Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date	**19/08/2025**
Time	**09:30 - 12:30**
Location	**Microsoft Teams Meeting/ Ystwyth Boardroom**

People, Organisational Development & Culture Committee Meeting

Table of contents

19/08/2025 09:30 - 12:30

1 - GOVERNANCE AND RISK 8

1.1 - Apologies for Absence 9

1.2 - Declarations of Interest 10

1.3 - Minutes and Matters Arising from the meeting held on 27 May 2025 11

Attachments

2025-05-27 - People, Organisational Development _ Culture Committee (PODCC)~ 12

1.4 - Table of Actions from the meeting held on 27 May 2025 29

Attachments

Table of Actions PODCC 27 May 2025 30

1.5 - Assurance and Risk Report 32

Attachments

1.5 PODCC - August 2025 FINAL 33

1.5 Appendix 1 PODCC Corporate Risk Register - July 2025 49

1.5 Appendix 2 PODCC Operational Risk Register - July 2025 62

1.5 Appendix 3 Audit and Inspection Reports Assigned to PODCC - July 2025 68

1.6 - Targeted Intervention Progress Report 70

Attachments

1.6 TI August 2025 - PODCC LG 71

1.6 Appendix 1 - PODCC - Inspection actions 76

2 - PEOPLE 77

2.1 - Staff Story - Hope 78

2.2 - Partnership Forum Update 79

Attachments

2.2 SBAR - SPF Update to People Committee - LG 80

2.3 - Joint Inspection of Child Protection Arrangements Report 85

Attachments

2.3 PODCC JICPA Paper Aug 25 86

2.3 Appendix 1 - CIW - Pembrokeshire - JICPA - 2024-25 - Report - FINAL - E~ 91

3 - CULTURE 122

3.1 - Equality Diversity and Inclusion Update 123

Attachments

3.1 EDI Update - 19 08 25 124

3.1 Appendix 1 - WRES Report 2025 - PODCC EDI Update - July 2025 131

3.2 - Strategic Equality Plan Annual Report, inc Workforce Equality & Pay Gap Reports (TI 48) 147

Attachments

3.2 SBAR PODCC - SEP ANNUAL REPORT 2024-25 148

3.2 Appendix 1 - Strategic Equality Plan Annual Report 2024-25 (PODCC draft~ 155

3.2 Appendix 1b - Executive Summary Strategic Equality Plan Annual Report 2~ 201

3.2 Appendix 2 - Workforce Equality intersectional analysis 2024 25 Final V~ 208

3.2 Appendix 3 - Annual Workforce Equality report SEP 2024-25 Final Version 219

3.2 Appendix 4 - Pay Gap Reports 2024-25 Final Version 269

3.3 - LGBTQ+ Action Plan 288

Attachments

3.3 SBAR PODCC LGBTQ+ action plan update August 2025 v2.2 289

3.3 Appendix 1 - LGBTQ+ Local Plan 2025-26 294

3.4 - Culture Overview Report 313

Attachments

3.4 Culture Overview Report SBAR August 25 - LG 314

3.5 - Speak Up, Make Meaningful Change: Update Report 322

Attachments

3.5 Speak Up agenda August 25 323

3.6 - HEIW Report on General Surgery at Withybush General Hospital 335

Attachments

3.6 SBAR HEIW Targeted visits - PODCC paper August 2025.1 HT 336

3.6 Appendix 1 - Final Report - HEIW Visit to General Surgery at Withybush 340

3.6 Appendix 2 - HEIW Visit Report - Medicine at Glangwili Hospital 349

3.6 Appendix 3 - HEIW Action Plan WGH Surgery - June 2025.1 358

3.6 Appendix 4 - Action Plan Targeted Visit GGH Medicine.final.2 368

3.7 - Sickness Rates and Cultural Challenges in Theatres - Deferred 376

4 - PLANNING 377

4.1 - Planning Objectives General Update Report 378

Attachments

4.1 PODCC PO Update SBAR Aug 2025 v1 379

4.2 - Community Nursing Update Report/ Community Staffing Update 388

Attachments

4.2 Community Nursing Update Report 389

5 - PERFORMANCE 404

5.1 - Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR) 405

Attachments

5.1 IPAR SBAR PODCC 19.08.25 406

5.1 Appendix 1 - Strategic Objectives DRAFT 411

6 - SUB-COMMITTEE UPDATE REPORTS 422

6.1 - Strategic People Planning and Education Group (SPPEG) Update - Deferred 423

7 - FOR APPROVAL 424

7.1 - Outcome of Advisory Appointments Committee (AAC) 425

Attachments

7.1 SBAR AAC PODCC August 25 - HH1 426

7.2 - Contractual and Legislative Changes 430

Attachments

7.2 Contractual and Legislative Changes Update 431

7.3 - Standards of Behaviour Policy 443

Attachments

7.3 Standards of Behaviour Policy v7 for Approval SBAR 444

7.3 Appendix 1 248-Standards of Behaviour Policy Draft v7 for PODCC approv~ 448

7.3 Appendix 2 EqIA Screening Policy - 248 Standards of Behaviour v.7 486

7.3 Appendix 3 - Summary of Changes to Standards of Behaviour Policy V7 492

7.4 - Workforce Policies for Approval 498

Attachments

7.4 SBAR - Workforce Policies - Aug 25 - V3 499

7.4 Appendix 1a - Policy 299 - Registration and Re-Registration of HP draf~ 504

7.4 Appendix 1b - EqIA Screening form Re-Registration policy 519

7.4 Appendix 2a - All Wales Recovery of Overpayments Procedure 524

7.4 Appendix 2b - EqIA Screening form - Recovery of overpayments Procedure~ 549

7.4 Appendix 3 - 2025_06_27 Policy Review Quarterly Schedule 554

7.4 Appendix 4 - Underpayments of Salary - FAQs - V2 557

8 - FOR INFORMATION 559

8.1 - Mwy Na Geiriau/More Than Words Report 560

Attachments

Mwy na geiriau - SBAR 561

Attachment A MNG annual update report 2024 25 566

_Adroddiad MNG Templed 2024-25 (Saesneg) 572

8.2 - PODCC Workplan 2025/26 600

Attachments

PODCC Work Programme 2025-26 601

9 - ANY OTHER BUSINESS 605

10 - DATE OF NEXT MEETING: 9.30am-12.30pm, Tuesday 04 November 2025 606

10.1 - Date of Future Meetings 607

1

09:30, 30 Mins

1 - GOVERNANCE AND RISK

1.1 **10:00,**

1.1 - Apologies for Absence

Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)

1.2

1.2 - Declarations of Interest

All

1.3

1.3 - Minutes and Matters Arising from the meeting held on 27 May 2025

Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)

Attachments

2025-05-27 - People, Organisational Development Culture Committee (PODCC)~.pdf

MINUTES OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE MEETING

Date of Meeting: **Tuesday 27 May 2025**
Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom**

Present:
Mrs Eleanor Marks, Vice-Chair, HDdUHB (Committee Chair)
Ms Anna Lewis, Independent Member (Committee Vice-Chair)
Cllr. Rhodri Evans, Independent Member
Ms Ann Murphy, Independent Member

In Attendance:
Mrs Lisa Gostling, Executive Director of Workforce and Organisational Development/ Deputy Chief Executive (Executive Lead)
Mr Mark Henwood, Executive Medical Director
Dr Ardiana Gjini, Executive Director of Public Health
Ms Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
Mr Andrew Carruthers, Chief Operating Officer (part)
Ms Alwena Hughes Moakes, Communications and Engagement Director (part)
Mr James Severs, Executive Director of Allied Health Professions and Health Science
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary
Mrs Amanda Glanville, Assistant Director of People Development
Ms Heather Hinkin, Assistant Director of People Management
Ms Michelle James, Head of Resourcing and Utilisation
Mr Daniel Owen, Senior Workforce Manager, People Effectiveness (part)
Mr Robert Blake, Head of Culture and Workforce Experience
Mrs Anna Bird, Assistant Director, Assistant Director - Business, Partnerships and Inclusion
Mrs Christine Davies, Assistant Director of Organisational Development.
Ms Corinna Lloyd-Jones, Head of Organisation Relations
Ms Suzanne Tarrant, Consultant Clinical Psychologist (part)
Ms Cathie Steele, Interim Assistant Director of Nursing Assurance and Safeguarding
Ms Lydia Hayward, Radiographer (for staff story)
Ms Ruth Bourke, Mental Health Act Administration Lead (for Carers item)
Ms Urvisha Patel, Audit Wales (Observing)

Minutes Ref.	Item	Action

PODCC (25)25 Apologies for Absence

Mrs Eleanor Marks, People, Organisational Development and Culture Committee (PODCC) Chair, welcomed everyone to the meeting.

Apologies for absence were received from:

- Anthony Dean, Trade Union Representative

PODCC (25)26 Declarations of Interest

The following declarations of interest were made:

- Ms Ann Murphy in her Trade Union role
- Mrs Eleanor Marks as the Board member for Wales on the Professional Standards Authority.

PODCC (25)27 Minutes and Matters Arising from the meeting held on 18 February 2025

The Minutes from the meeting held on 18 February 2025 were approved as an accurate record.

PODCC (25)28 Table of Actions from the meeting held on 18 February 2025

All actions from the PODCC meeting held on 18 February 2025 were complete.

PODCC (25)29 People, Organisational Development & Culture Committee (PODCC) Terms of Reference (ToRs)

The PODCC Terms of Reference were amended to reflect the change of frequency of the meetings, change of Membership and the removal of the Research and Innovation Sub-Committee, which now reports to the new Digital, Data and Innovation Committee.

No further discussion was made on this item.

The Committee were ASSURED by the report.

<u>Decision</u>:
The Committee APPROVED the People, Organisational Development & Culture Committee's Terms of Reference for onward ratification by the Board on 31 July 2025.

PODCC (25)30 PODCC Annual Report 2024-25

Mrs Marks believed that the PODCC annual report was well written and welcomed the new format, highlighting the work relating to the Anti-Racist Wales Implementation Group and Research and Innovation Sub-Committee.

Mrs Joanne Wilson thanked the previous Chair of PODCC, Mrs Chantal Patel for drafting the foreword of the report. The report will be submitted to Board in June 2025 for ratification.

Mrs Lisa Gostling expressed her gratitude to all Workforce and Organisational Development (W/OD) staff for their contributions during the previous year.

Mrs Marks also extended her thanks all staff for their work during the previous year, and formally acknowledged Mrs Patel for her service as Chair of PODCC.

The Committee were ASSURED by the report.

Decision:
The Committee APPROVED the PODCC Annual Report for onward approval by the Board on 26 June 2025.

PODCC (25)31 PODCC Self-Assessment of Committee Effectiveness – Outcome report 2025

Noting the low response rate to the survey, Mrs Marks commented that the findings would have greater validity with a higher number of responses, as this would better reflect the views of PODCC Members.

For assurance, feedback from the self-assessment has been fed back to the W/OD Team.

The Committee were ASSURED by the report.

Decision:
The Committee CONSIDERED the outputs from the Committee Self-Assessment process and AGREED the actions to be taken to improve its effectiveness.

PODCC (25)32 Targeted Intervention Progress Report

Mrs Gostling introduced the Targeted Intervention (TI) Progress Report, reminding Members that it summarises information collated by Mr Shaun Ayres. The report focuses on the leadership and governance aspects of TI. Going forward, an SBAR will incorporate information from the TI report, while also reflecting the organisational context to ensure a more balance presentation.

Mrs Marks commented that the report provided a thorough clinical context was, clearly linking leadership culture to clinical leadership and service delivery.

It was noted that several reports to PODCC and other Committees have described extremely small percentage changes, such as five-hundredth of a percentage, as indicators of improvement. However, such minimal variations are almost certainly due to natural variation rather genuine progress. Caution should be exercised when interpreting and presenting such minor changes as improvement or deterioration.

The Committee were ASSURED by the report.

Decision:
The Committee **CONSIDERED** and **AGREED** the revised and amended criterion and the alignment to each committee.

PODCC (25)33 **Corporate Risks Assigned to PODCC**

Whilst welcoming a detailed update within for Risk1978 "*Risk of insufficiently skilled workforce to deliver services due to limited labour market*", the Committee believed the target risk score of 12 was high.

Mrs Gostling explained that the score is reflective of the fragility of the current workforce and difficulties in recruiting staff. The score of 12 was therefore reasonable. **Mrs Gostling agreed to consider whether the target risk score of 12 for Risk 1978 (*Risk of insufficiently skilled workforce to deliver services due to limited labour market*) is too high.** **LG**

The Committee were ASSURED by the report.

Decision:
The Committee:

- **REVIEWED** and **SCRUTINISED** the risks included within the Corporate Register and **RECEIVED ASSURANCE** that all relevant controls and mitigating actions were in place.
- **DISCUSSED** whether all planned actions would be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises.

PODCC (25)34 **Operational Risks Assigned to PODCC**

Ms Anna Lewis sought clarification regarding Risk 737 "*Risk of Switchboard not complying with European Working Time Directive due to inability to cover single-handed shifts at 3 sites*", specifically regarding the extent to which the Health Board is currently non-compliant and whether the issue is marginal or represents a significant gap in compliance. In response Ms Heather Hinkin advised that the situation varies. Recent recruitment efforts have taken place, staff are aware of ongoing issues, and the situation continues to be actively monitored.

Following a query on timescales for achieving the target score, Ms Hinkin explained that the final consultation document would be shared shortly, recruitment was ongoing and issues with infrastructure was being progressed. **Ms Hinkin agreed to clarify the timings for achieving the target risk score for Risk 737 (*Risk of Switchboard not complying with European Working Time Directive due to inability to cover single-handed shifts at 3 sites*).** **HH**

Given that Risk 737 is a long-standing risk, in place since 2018 and recently increased in score, the Committee agreed to ADVISE the Board.

Decision:
The Committee were **NOT ASSURED** regarding Risk 737 (*Risk of Switchboard not complying with European Working Time Directive due to inability to cover single-handed shifts at 3 sites*).

PODCC (25)35 **Recovery in Nature Programme Report and Staff Story**

Ms Suzanne Tarrant shared a presentation as part of the staff story, outlining the benefits of the Recovery in Nature (RiN) programme. The RiN programme has made a significant contribution to staff wellbeing. The programme begun in 2022 with funding from Captain Tom's fund. 156 members of staff have taken part over the first three years.

The programme was designed with a very robust evaluation framework looking at both quantitative and qualitative data, as well as a participatory evaluation. The process of the programme includes ongoing inquiry and continuous improvement. There has been an improvement in staff mental health and a reduction in burnout experienced by staff. Staff also appreciated learning about the scientific evidence supporting the benefits of nature. The programme continues in 2025 following the same model including retreats and RiN days held across each of the three counties.

Following the evaluation framework there has been an improvement to workbooks, and it was identified that there is a need to work more on the promotion of RiN going forward. The programme has been a large team effort. Constraints included difficulties in releasing staff to attend events, and last-minute cancellations due to staff shortages.

There were 18 positive staff stories shared following the evaluation. Two of which presented to the Committee. Although, Angharad Chapman was unable to attend the meeting, Ms Tarrant shared her story “finding self-worth in nature.” Ms Lydia Haywood presented her story “enabling compassionate leadership through wellbeing.”

Dr Ardiana Gjini queried whether this initiative could expand across the organisation and whether fostering cultural change might reduce the requirement for such interventions. Dr Gjini noted that teams involved in Social Model for Health work collaborating with the Arts in Health team to explore how their work can be integrated.

In response, Ms Tarrant explained that the team had begun exploring this further and welcomed discussions with teams outside of the Workforce Directorate.

Ms Haywood discovered the programme through a global email. She believed it was the right time for her to participate, something she would not have considered previously.

Ms Murphy commented that the advertisement in Viva Engage was more visual and impactful than the Global email due to the ability to include photographs.

Mrs Sharon Daniel noted while the programme had capacity for 108 attendees, there has been an approximate 40% drop-off rate, and queried what measures the Health Board could take to help reduce this attrition.

Ms Tarrant explained that a number of cancellations were due to sickness, however, the largest constraint was staff being released to attend,

especially for the 4-day retreat. She suggested that the programme needs to be promoted as a proactive investment, aimed at reducing future sickness absences.

It was clarified that annual funding the programme is currently under £4k a year. Mrs Gostling added that additional funding could be secured should the Health Board decide to increase the scale of the programme, however emphasising the importance of managerial support to enable staff to attend.

Mrs Gostling highlighted the difficulty in obtaining funding from Charitable Funds to support workforce programmes in this way.

Ms Hinkin clarified that staffing costs are not included in the £4k per annum, emphasising that the programme is being managed as additional activity to the team's core roles.

The Committee were ASSURED by the report.

Decision:
The Committee **RECEIVED ASSURANCE** that:

- The Recovery in Nature programme for staff is making a significant contribution to supporting and improving the mental health of our staff and supporting recovery from work-related stress and burnout.
- The programme offers a valued alternative to the other psychological services and offers of mental health support currently available.
- The 2025 programme is well underway, drawing on learning from previous years and applying the same evaluation framework.

PODCC (25)36 Trade Union Update

No Trade Union update was provided at this time as all the Welsh Health Circulars work was completed in line with the Welsh Government report. Mrs Gostling is working with Trade Union colleagues to agree future updates to PODCC.

PODCC (25)37 Workforce Efficiency Update

Mr Daniel Owen presented the update report on workforce efficiencies.

The report focused on multiple staffing groups and significant workforce complexity. The overall stabilisation programme comprises two components, nursing and medical, and both are actively working to reduce reliance on agency and minimise variable pay costs. There are cross cutting themes of recruitment to retention and development, which are being addressed across all staff groups, and workforce planning is aligned with service needs through collaboration such as the Strategic People Planning and Education Group (SPPEG) and the People Professions Workforce Planning Forum.

Nursing agency usage has decreased by 72% from 332 WTE in March 2023 to 91.2WTE in March 2025. Correspondingly, monthly expenditure has

reduced from £3.1m to £464,000. Further plans are in place under Welsh Health Circular 2024031, aiming for an additional 30% reduction based on March 2024 figures. There is strong assurance that this target will be achieved.

The medical workforce agency spend has decreased by £1.8m year on year, falling from £5.85m to £4.67m. There are currently exit plans in place for 8 long term agency posts with international recruitment underway across a selection of roles. Further, two individuals are transferring from agency to bank locum posts, resulting in a significant reduction in costs. The 2024-25 workforce plan outlines 184 actions aimed at addressing inefficiencies and tackling the vacancies impacting on the medical workforce.

Agency spend within Allied Health Professions and Healthcare Science has reduced by £430k, from £1.4m to £977k.

A formal process has been in place for Administrative and Clerical variable pay requests requiring approval from the Financial Control Group. Between November 2024 and April 2025. 37 requests were reviewed, with focus on high usage areas to better understand the underlying causes.

Bank usage with Estates and Facilities has increased slightly from £2.11m to £2.17m

There are inefficiencies linked to rostering, and workforce gaps which are currently under review. There is strategic focus on contingencies within the workforce planning models, linking to service reconfiguration and workforce redesign. Ongoing work focused on refining the metrics and developing work plans to ensure measurable outcomes and effective risk management across all staff groups.

Although there are two stabilisation programmes in nursing and medical, the Health Board has continued implementation of agency reduction plans across all staff groups, focussing on international recruitment, roster management and exit plans to reduce the reliance on temporary staffing.

There are exit plans in place for all 28 agency workers. As of April 2025., the number of agency workers with the Medical Directorate has reduced to 18, with 8 long term workers scheduled to exit by March 2026.

It should be acknowledged that significant performance pressures and waiting lists continue to drive short term staff usage.

Ms Lewis expressed concern that the Health Board is heavily reliant to overseas recruitment, and suggested whether it is time to re consider this approach and explore alternative options.

Mrs Gostling explained that this is the final recruitment effort for overseas nursing staff. However, there are still plans to recruit 15 medical professionals from abroad. Adding that recruiting medics is more complex than nursing. The Health Boards needs to consider if it can grow our own medical workforce, especially as Wales receives a disproportionately low allocation of medical trainees compared to the rest of the UK.

Mr Mark Henwood acknowledged that international medical staff have been a large part of the NHS, however, there has been a shift in how proactively vacancies are promoted overseas. It should be acknowledged that the UK does not train sufficient medical professionals to meet demand. As a result, the Health Board relies on overseas recruitment to address staffing shortages. Mr Henwood agreed that it would be useful to debate the ethical position of international recruitment.

Mr Owen added that only medical workforce vacancies which are particularly challenging to fill will be targeted through overseas recruitment.

Councillor Rhodri Evans requested assurance that progress on this matter is heading in the right direction. In response, Mr Owen explained that the medical stabilisation work on nursing, included understanding the underlying data and the complex drivers. The medical workforce is highly complex, particularly at consultant level, as services are usually led by individual practitioners. A significant part of managing this complexity has involved negotiating with agency consultants who have transferred into permanent roles.

In terms of nursing, which is quite advanced, the Health Board has Standard Operating Procedures (SOPs) in place. There are programmes working on sickness, annual leave to understand how those elements are facilitated, and as such ensure best practice, which will be replicated for the medical workforce. There is a need ensure those elements are addressed gradually, with a primary focus on stabilising the workforce.

Referring to the reports data, which showed a £435k reduction in Allied Health agency spending but also noted that agency usage had increased at the start of 2025, due to ongoing performance pressures, Cllr Evans queried whether agency spending in Allied Health would rise again in the short term.

Mr Owen explained that the Workforce Team is working with the Clinical Care Group Director on those elements. There is an increase in demand for services like Radiology, as highlighted in an investment paper and improving Physiotherapy performance is vital to meet Welsh Government standards. Whilst there is currently no formal stabilisation programme for Allied Health Professionals and Health Sciences discussions are being undertaken.

Cllr Evans also requested assurance that figures are stabilising within Estates and Facilities. Mr James Severs explained that due to the large number of staff (300), the consultation will be phased over time. Planning for this is progressing well, and he expressed confidence in the process.

The Committee were informed that when the programme began, the Workforce Team had detailed data on bank and agency nurses, however lacked similar information for medical staff. Now, improved systems provide better data on medical staff bookings, which will significantly progress the work.

It was questioned whether initiatives to reduce cancer waiting times and deliver services, are impacting on agency worker requirements. Mrs Gostling explained that this provides a constant challenge. The emphasis

should be on the existing work programmes and outcomes they have achieved. A recurring theme is that Welsh Government funding often becomes available at short notice, raising the challenge of sourcing workforce quickly without the need to rely on agency staff.

Internal mitigations are in place including Workforce working with Clinical Care Group Directors, Assistant Deputy Directors of Allied Health Professionals and Health Sciences and service leads. There is also mitigation around the usage of bank additional hours and overtime to reduce the requirement for agency. The performance element is extremely complex and is challenging to manage.

The Committee were ASSURED by the report.

Decision:
The Committee **DISCUSSED** the Workforce Efficiency Update**.**

PODCC (25)38 Community Nursing Annual Report/ Community Staffing Update - Deferred

This item has been deferred to the August 2025 Committee meeting.

PODCC (25)39 Welsh Language Annual Report 2024/25

Ms Alwena Hughes Moakes introduced the Welsh Language Annual Report, highlighting the following:

- Funding has been secured for an additional 10-hour Welsh language course for staff.
- Translation requests have increased during the year, however it is believed this may be an anomaly due to the consultation on the Clinical Services Plan.
- Complaints figures are consistently low.
- The number of vacancies advertised with “Welsh not necessary” has increased from 26 in 2023/24 to 288 in 2024/25. The Welsh Language Team are working to understand the reasons for this.

Ms Hughes Moakes thanked her team for the work on the annual report.

Mrs Marks believed the report was very comprehensive and welcomed the number of measures and actions taken to progress the Welsh language policy.

The Committee were ASSURED by the report.

Decision:
The Committee **ENDORSED** the Welsh Language Annual Report 2024/25 as a reflection of the activity and progress made to enhance and embed the Welsh language and culture at Hywel Dda.

PODCC (25)40 Culture Progression Report, including PADR update (TI 47)

Ms Corinna Lloyd-Jones presented the culture progress report which captures work undertaken within the Organisational Development Team during the previous year, in addition to a Radiology Culture Journey Case Study.

Ms Lewis welcomed the inclusion of a cultural driver diagram, however queried whether the report focused on the organisation's cultural progress or the Health Board efforts to drive cultural change, noting that the two are subtly different. It was considered that this was a matter to be addressed collectively by the organisation, especially given the extensive scope of its business and operational activities.

Following a query from Ms Lewis relating to operational leadership, it was suggested that a discussion should take place outside of the meeting.

Whilst welcoming the evidence of leadership work taking place in the organisation, Mrs Marks queried the difference this is making to the Health Board's culture.

Whilst the results from the staff survey should provide an insight on this, Mrs Gostling agreed that further discussion is required outside of the meeting.

The Committee were ASSURED by the work undertaken during the previous year; however agreed to Advise the Board that further work and discussions are required to demonstrate the impact on the Health Board's culture. **CD/LG**

<u>Decision</u>:
The Committee**:**

- **RECEIVED ASSURANCE** of our cultural progression during the past year whilst recognising there is still work to do and with the potential to be accelerated, and;
- **NOTED** our future direction of travel as set out in the Cultural Driver Diagram

PODCC (25)41 **Staff Survey**

Mr Robert Blake presented the report on the results of the staff survey. The report included the organisational analysis for Hywel Dda University Health Board from the October 2024 results and outlines key findings and future actions. The report also outlined 3 areas for improvement.

Ms Murphy, noting that the survey is launched in October, and suggested that sharing some feedback from the previous survey in September, in order to encourage staff to survey participation this year. She also expressed concern that information is not consistently reaching all staff. Mr Blake confirmed that the team are exploring options to improve participation.

Mrs Gostling highlighted that 20% of the workforce have responded, with an action plan in place for corporate work to be progressed. As part of Executive Director's one-to-one meetings, Prof. Phil Kloer is introducing discussion on the top 3 priorities for directorates.

Ms Lewis expressed concern that staff do not feel confident in reporting near misses and enquired whether the urgency around the speaking up agenda is being adequately addressed. In response, Mrs Daniel advised that reporting continues to be a work in progress. It is important to ensure processes do not get in the way of staff reporting incidents. Mrs Daniel and her team have discussed how to triangulate resources with speaking up to ensure concerns are not overlooked.

Following a query from Ms Lewis regarding whether this is included on the corporate risk register, it was **proposed that an update on improving incident reporting should be presented to the Quality, Safety and Experience Committee**. **CSO/SD**

Members believed that 20% is a low response rate and enquired to the rationale for this and whether more could be done to encourage staff to complete the survey. In response, Mr Blake explained that 20% is the best response the Health Board has ever achieved, and it is on par with other health boards. He highlighted that there is a misconception that the survey is not confidential, and acknowledged that whilst improvements have been made, further work is required to increase completion.

Mrs Gostling noted survey fatigue amongst staff and emphasised the importance of how requests are communicated to staff. It was also observed that Mr Blake and his team had undertaken on site engagement with iPads during the last survey, which had helped to increase the response rate.

Mr Andrew Chapman emphasised the importance on developing individual action plans and providing staff feedback on survey outcomes. He suggested that staff apathy may stem from a lack of visible follow-up after surveys.

The Committee were ASSURED by the report.

Decision:
The Committee **NOTED** the results of the Staff Survey 2024 and RECEIVED ASSURANCE from actions presented.

PODCC (25)42 Equality, Diversity and Inclusion Taskforce Update

Mrs Anna Bird presented an update report on the Equality, Diversity and Inclusion (EDI) Task Force. The report included an update on the first task force workshop held. A draft Terms of Reference was also included for approval.

Ms Lewis recognised that a significant amount of work had been undertaken on forming the task force. She added that the group needs to be inclusive to be impactful. Ms Lewis commented that the membership of the task force should represent the workforce and not be ‘too corporate.’

Mrs Marks commended the report and noted her appreciation for the use of a task force approach rather than establishing a sub-committee.

The Committee were ASSURED by the report.

Decision:
The Committee**:**

- **NOTED** the update provided in this report on the progress of the EDI Taskforce.
- **APPROVED** the EDI Taskforce Terms of Reference.

PODCC (25)43 Armed Forces Annual Update

Mrs Bird introduced an end of year report on improving outcomes for veterans and the armed forces community. The Health Board has a duty to ensure it does not disadvantage veterans. The report highlights how the Business, Partnerships and Inclusion team support veterans. Highlights reported included:

- Confirmation of the 4 key priority areas.
- 60% of the veteran population that are recorded through the census are now registered with GP practices, a 16.68% increase from the previous year.
- Work is underway to ensure that patients who could be eligible for priority treatment or who are veterans are recorded in the Welsh Patient Administration System (WPAS). The project team worked collaboratively and within the scope and the principles of the EQIiP programme. This has resulted in a 368% increase of veterans recorded on WPAS.
- 131 staff have self-reported their status on the Electronic Staff Records (ESR) system, increased by 48.86% on the previous year.
- 217 applicants used the Guaranteed Interview Scheme in the last year. 47% of applicants were shortlisted for interview, and 27.5% of those interviewed were appointed.

Ms Murphy welcomed the report, noting that there is some ambiguity around the definition of a veteran, such as whether length of service or status as full time or a reserve is a determining factor.

Members were advised that Mr Michael Imperato has taken over as forces champion following Mrs Delyth Raynsford's retirement from the Health Board.

The Committee were ASSURED by the report.

Decision:
The Committee **RECEIVED ASSURANCE** that the Health Board is proactively implementing the Armed Forces Covenant and the Armed Forces Covenant Duty.

PODCC (25)44 Speak Up - Deferred

This item was deferred to the August meeting.

PODCC (25)45 Agile Working Plan

Sharon Hughes joined the meeting.

Ms Sharon Hughes presented a report on the agile working plan highlighting the extensive engagement involved in its development, expressing thanks to Mrs Anna Bird and Ms Hinkin for their support.

The report sets out the vision and direction of travel for agile working and acts as a supporting document for the toolkit published in 2024. It underpins the philosophy that work is an activity we do, and not necessarily a place we go. It also supports a number of Welsh Government strategies and legislation such as the remote working strategy for Wales, the NHS Wales decarbonisation plan and also the estate rationalisation letter received from Welsh Government in 2024 regarding considering rationalising the Health Board estate and how this might be achieved. It demonstrates that the Health Board is actively monitoring estate occupancy and recognises that certain areas are currently underutilised.

Ms Lewis expressed appreciation for the acknowledgement that some individuals may not feel safe at home. She also queried the potential risk of staff claiming work from home expenses, above the standard allowance.

Ms Hughes highlighted that this was not a policy but a vision document setting out direction of travel. It is important to distinguish between agile working from flexible working, which is more of a formal arrangement. The Health Board is not looking to formalise home working. Agility is ensuring staff work in the most appropriate location for their Health Board role.

Ms Hinkin clarified that in terms of flexible working; it is about choice rather than employers insisting that staff work at home. The tax system identifies payments for utilities for home working is for staff who are being directed to work from home (such as during the pandemic).

The Committee were ASSURED by the report.

Decision:
The Committee **NOTED** the content of the Agile Working Strategic Plan Report

PODCC (25)46 Planning Objectives General Update Report

Mrs Gostling introduced the summary report which provides an update for quarter 4 of 2024/25 as well as an overview for 2024/25.

Mrs Marks welcomed the comprehensive and report and praised the clarity of its presentation.

The Committee were ASSURED by the report.

Decision:
The Committee **RECEIVED ASSURANCE** on the year-end position in regard to the progress of the 2024/25 Planning Objective (PO1 Workforce Stabilisation) aligned to the People, Organisational Development, and Culture Committee, in order to assure the Board that the Planning Objective has been progressed and was on target.

PODCC (25)47 Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR)

Ms Michelle James presented the IPAR update report. Highlights to note were that agency spend continues to decrease, there has been a large reduction in sickness absences, and compliance for level 1 competencies remains above the 85% target currently at 87%.

Cllr Evans noted the report identified that sickness absences were reduced in 3 areas and queried the levels of absences in other areas. In response, Ms Hinkin explained that Ceredigion and Withybush Hospital were the primary areas of concern, though improvements are beginning to emerge. She noted that this has led to a reduction in the use of bank staff.

Mr Severs thanked the Workforce and Operational Development Teams for their work.

The Committee were ASSURED by the report.

Decision:
The Committee **RECEIVED ASSURANCE** of performance in key areas of the Workforce and OD agenda.

PODCC (25)48 Improving Outcomes for Unpaid Carers - End of Year Report 2024/25

Ms Ruth Bourke joined the meeting.

Mrs Bird presented the end of year report on improving outcomes for unpaid carers. The report is a summary of the breadth of work that has been delivered through the last reporting year to meet the needs of unpaid carers. Unpaid carers are a population group that specifically mentioned within the Social Services and Well-Being Wales Act (2014). The work undertaken as a Health Board is shaped around 4 priority areas that reflect both the regional and the national carer strategies, both of which are currently being refreshed.

The Health Board provides services for unpaid carers through voluntary sector partners. The number of unpaid carers receiving support has increased, with the 2021 census identifying that 51% of over 65s provide over 50 hours of care a week.

The Health Board aims to maintain individuals' health and well-being, enabling them to receive care within their own communities and where possible, in the comfort of their own homes. Concluding this work is vital for enabling self-identification signposting carers to available support. The Investors in Carers initiative plays a key role in early intervention and

prevention by helping to identify carers at an early stage and signpost them to the support that they need to help with their caring role.

Within the Health Board there are a number of staff who are unpaid carers, although they do not always identify themselves as such. It should be recognised that the number of staff with caring responsibilities is increasing.

Members noted that the Health Board has been successful in achieving the Level 3 Employees for Carers Ambassador Award.

Ms Ruth Bourke shared her experience of caring for her mother, which has also been included as a case study in the annual report. Ms Bourke highlighted the challenges she faced with her unpaid caring responsibilities and how these were overcome to enable her to stay in paid employment. She commented that managers had been very supportive.

Ms Murphy enquired of the support provided by the Health Board. In response, Ms Bourke commented that her managers reviewed appropriate policies, and considered how her work could be adapted, such as allowing her to briefly visit her mother during day and work the hours back flexibly. Ms Bourke was also able to work from home on certain days such as when her mother was receiving treatments. There is also a peer group to link in with and share experiences with others in a similar situation.

Ms Murphy queried whether Ms Bourke used the passport to leisure. Ms Bourke replied that it would not have benefitted her personally due to caring for her mother, however supported it as a good option for others.

Members discussed whether the Health Board as provider of healthcare, should ask “what it can do better” and give further consideration of looking at the carers role when patients are discharged. In response, Mrs Bird explained that considerable work has been undertaken with ward staff to ensure that when patients are admitted they are asked whether there is an unpaid carer.

Mrs Gostling highlighted that the Health Board contains multigeneration staff aged 16-70. There is an instinct to automatically consider staff with childcare responsibilities, however there is a need to also consider staff with other caring responsibilities.

Mr Severs queried whether successes are being celebrated enough within the Health Board.

Mrs Marks announced that she had been asked to be the Board Champion for Unpaid Carers. She also noted the increased number of referrals and queried whether the Health Board is set up to cope with that.

The Committee were ASSURED by the report.

Decision:
The Committee **NOTED** the Improving Outcomes for Unpaid Carers - End of Year Report 2024/25 report and received assurance that the Health Board is proactively addressing the priorities of the regional and national Carers

Strategies and making a positive difference for unpaid carers as a result.

PODCC (25)49 Strategic People Planning and Education Group (SPPEG) Update and SPPEG ToRs

Ms Amanda Glanville presented the SPPEG update report. She highlighted that there are ongoing challenges with staff not attending courses (Did Not Attend - DNA) which are either face to face or where numbers need to be limited to manage participation.

The challenge of meeting the demand for resuscitation training across the Health Board within the current resources have been raised in other sub-committees. For example, work is being undertaken by the Quality, Safety and Experience Committee. Work undertaken by SPPEG also feeds into the Health and Safety Committee (HSC). Consideration is now to be made on how to bring the work together to ensure there is no duplication. Consideration is also being made on how to integrate with medical and dental staff and agenda for change staff.

The review of statutory and mandatory training is ongoing, there is also work being undertaken by an independent body on an all-Wales basis.

Cllr Evans highlighted that challenges with training has been flagged by internal audit and enquired whether there is a timescale for improving attendance. In response, Mr Severs advised that SPPEG will liaise with the Education Team to consider what information is available and how to ensure timely oversight the Clinal Care Group (CCG) meetings and advanced planning in order to be in a position that the DNA rate is minimal. This work is scheduled to take place over the next two months. Meanwhile SPPEG, through the HSC, are also reviewing levels of attendance at for Level 2 fire training.

Cllr Evans suggested it would be useful to have sight of the SPPEG minutes. It was agreed that they would be included in future Committee papers.

The Committee were ASSURED by the report.

Decision:
The Committee **TOOK ASSURANCE** from the items that the Sub-Committee is providing assurance on.

PODCC (25)50 Outcome of Advisory Appointments Committee (AAC)

The Committee approved seven AAC appointments. No further discussion took place on this item.

The Committee were ASSURED by the report.

Decision:
The Committee **APPROVED** the AAC appointments on behalf of the Board.

PODCC (25)51 **Workforce Policies for Approval**

Following no questions, the Committee approved policies 133 and 863 and agreed to the extension of the review date of the Medication Errors, Relocation, and Underpayment and Overpayment of Salary Policies to 31 August 2025.

The Committee were ASSURED by the report.

Decision:
The Committee:

- **RECEIVED ASSURANCE** that the above documents have been reviewed in line with Policy 190.
- **APPROVED** the amendments made to the following policies:-
  - 133 - Equality, Diversity & Inclusion Policy
  - 863 - Translation & Interpretation Policy
- **EXTENDED** the review date of the Medication Errors, Relocation, and Underpayment and Overpayment of Salary Policies to 31 August 2025.

PODCC (25)52 **PODCC Workplan 2025/26**

It was agreed to **amend the workplan to bring forward the Strategic Equality Plan Annual Report to the agenda for the August 2025 PODCC meeting, and move the Employment Reduction Deep Dive to the agenda for the November 2025 meeting.** **CSO**

PODCC (25)53 **ANY OTHER BUSINESS**

No other business was discussed at this time.

PODCC (25)54 **DATE OF NEXT MEETING: 9.30am-12.30pm, Tuesday 19 August 2025**

Date of Future Meetings

Tuesday 4 November 2025
Tuesday 17 February 2026

1.4

1.4 - Table of Actions from the meeting held on 27 May 2025

Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)

Attachments

Table of Actions PODCC 27 May 2025.pdf

TABLE OF ACTIONS
PEOPLE, ORGANISATIONAL DEVELOPMENT AND CULTURE COMMITTEE (PODCC)
MEETING HELD ON 27 MAY 2025

MINUTE REFERENCE	ACTION	LEAD	TIME SCALE	PROGRESS
PODCC(25)07	**Targeted Intervention (TI) Progress Report:** • To discuss the above issue further outside the meeting.	**LG/AL**	**April 2025**	**Complete** Lisa Gostiling and Anna Lewis met to discuss and agreed that moving forward SBAR reports will reflect the information in TI report.
PODCC(25)33	**Corporate Risks Assigned to PODCC** • To further consider whether the target risk score of 12 for Risk 1978 (Risk of insufficiently skilled workforce to deliver services due to limited labour market) is too high.	**LG**	**31 July 2025**	**Complete** After considering the risk alongside feedback received from managers, staff and trade union representatives it was determined that the scores should remain unchanged. A further deep dive into this risk will take place and will be discussed in Executive Team
PODCC(25)34	**Operational Risks Assigned to PODCC** • To check the timings for achieving the target risk score for Risk 737 (Risk of Switchboard not complying with European Working Time Directive due to inability to cover single-handed shifts at 3 sites) and inform Committee Members.	**HH**	**31 July 2025**	**In Progress** Anthony Tracey provided an update on 27/07.25: “the changes to the Switchboard are indeed complex and multifaceted. Our primary goal is to ensure that patient safety remains uncompromised during this transition. I will provide a specific date for the timeline shortly. Rest assured, we are working diligently to address this risk and achieve the target risk score.”
PODCC(25)41	**Culture Progression Report** • To undertake further work and discussions on what difference is being made to the Health Board culture.	**CD/LG**	**31 July 2025**	**Complete** Culture Progress Update report on the agenda for the August PODCC meeting.

MINUTE REFERENCE	ACTION	LEAD	TIME SCALE	PROGRESS
PODCC(25)42	**Staff Survey** • To request the Quality, Safety and Experience Committee discusses whether "staff feel unsafe in reporting errors, near misses or incidents" which could potentially lead to a very high number of patient harm not being recorded, should be added to the Corporate Risk Register.	**CSO/SD**	**31 July 2025**	**Complete** This is on the agenda for discussion at the QSEC meeting on 10 June, as part of the Quality Assurance Report.
PODCC(25)52	**PODCC Workplan 2025/26** • To bring forward the Strategic Equality Plan Annual Report to the agenda for the August 2025 PODCC meeting, and move the Employment Reduction: Deep Dive to the agenda for the November 2025 meeting.	**CSO**	**31 July 2025**	**Complete** Workplan has been amended.

Leads:

LG: Lisa Gostling	CD: Christine Davies	CSO: Committee Support Officer	
AL: Anna Lewis	SD: Sharon Daniel		
HH: Heather Hinkin			

1.5

1.5 - Assurance and Risk Report

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

For assurance

Attachments

1.5 PODCC - August 2025 FINAL.pdf

1.5 Appendix 1 PODCC Corporate Risk Register - July 2025.pdf

1.5 Appendix 2 PODCC Operational Risk Register - July 2025.pdf

1.5 Appendix 3 Audit and Inspection Reports Assigned to PODCC - July 2025.pdf

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

Assurance and Risk Report

Situation

This report provides the People, Organisational Development & Culture Committee (PODCC) with the current status of the risks, audits and inspections recommendations, Welsh Health Circulars (WHCs) and Ministerial Directions (MDs) within its remit. The Committee is asked to seek assurance from the Lead Executive Directors that risks are being managed effectively, and that recommendations from audit and inspections, WHCs and MDs are being implemented by the Health Board.

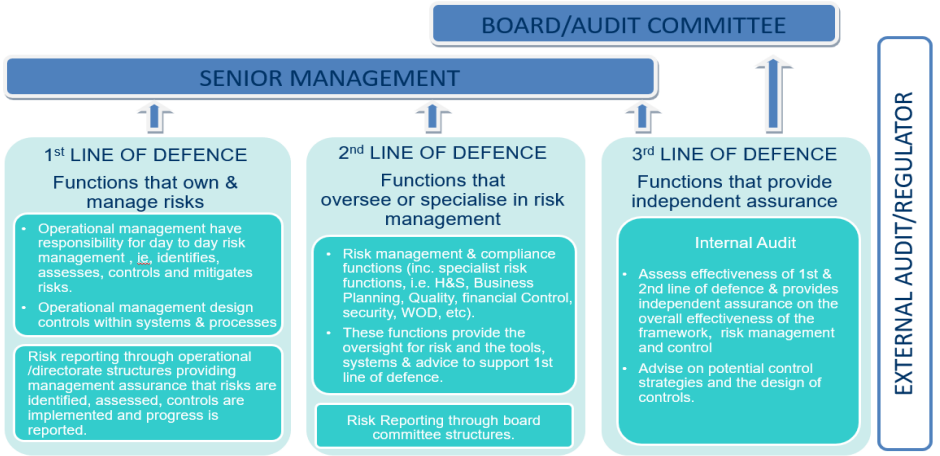
Principal Risks: 1	Corporate Risks: 2	Operational Risks 5
Audit and Inspection Reports 2	Welsh Health Circulars 0	Ministerial Directions 0

Risk Management - Overview

Effective risk management requires a ‘monitoring and review’ structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.

The Health Board’s risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either Principal, Corporate or Operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval processes and governance arrangements.

The Health Board operates within the widely accepted “Three Lines of Defence” model to ensure the appropriate responsibility is allocate for the management, reporting and escalation of risk.



Risks are aligned to an appropriate Clinical Care Group or Executive Function (hereto referred to as “Functions”), and each has a designated risk lead responsible for reviewing in a timely and comprehensive manner.

The Board’s Committees are responsible for the monitoring and scrutiny of corporate and operational risks within their remit and providing assurance to the Board that risks are being managed effectively and report areas of significant concern (eg where the risk appetite is exceeded, or there is a lack of action).

Committees are also responsible for reviewing risks over tolerance and where appropriate, recommend the ‘acceptance’ of risks that cannot be brought within risk appetite.

A revised approach to risk tolerance was agreed by the Board at its meeting in March 2025 to reflect the organisation’s readiness to bear the risk after risk treatment, in order to achieve its objectives. Risk leads are required to provide a rationale for the target risk score (TRS), and an expected date when the target risk score (TRS) will be achieved. These are mandatory fields on Datix as of 1 July 2025, and therefore where risks do not currently have this detail, risk leads will be asked to provide by the next report to DDIC.

Principal Risks Assigned to PODCC

Each risk on the Principal Risk Register (PRR) has been mapped to a Board level Committee to ensure that risks on the PRR are being managed appropriately, taking into account gaps in controls, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

Following the implementation of new Board Committee structure on 1 April 2025, principal risks have been re-aligned to the most appropriate Board level Committee.

These risks have been identified by the Executive Team via a top down and bottom-up approach and are associated with the delivery of the Health Board's strategic (long-term) objectives.

There is 1 principal risk currently aligned to PODCC (out of the 15 that are currently on the PRR).

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

The risk register attached at Appendix 1, provides full detail of the risk, including control measures in place, a risk action plan to further manage and mitigate the risk, and sources of assurance.

Principal Risk assigned to PODCC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1186 - Attract, retain and develop staff with the right skills	Deputy Chief Executive Officer and Director of Workforce & OD (Organisational Development)	**15** ↑ (Reviewed 17/06/25)	**10**	TBC

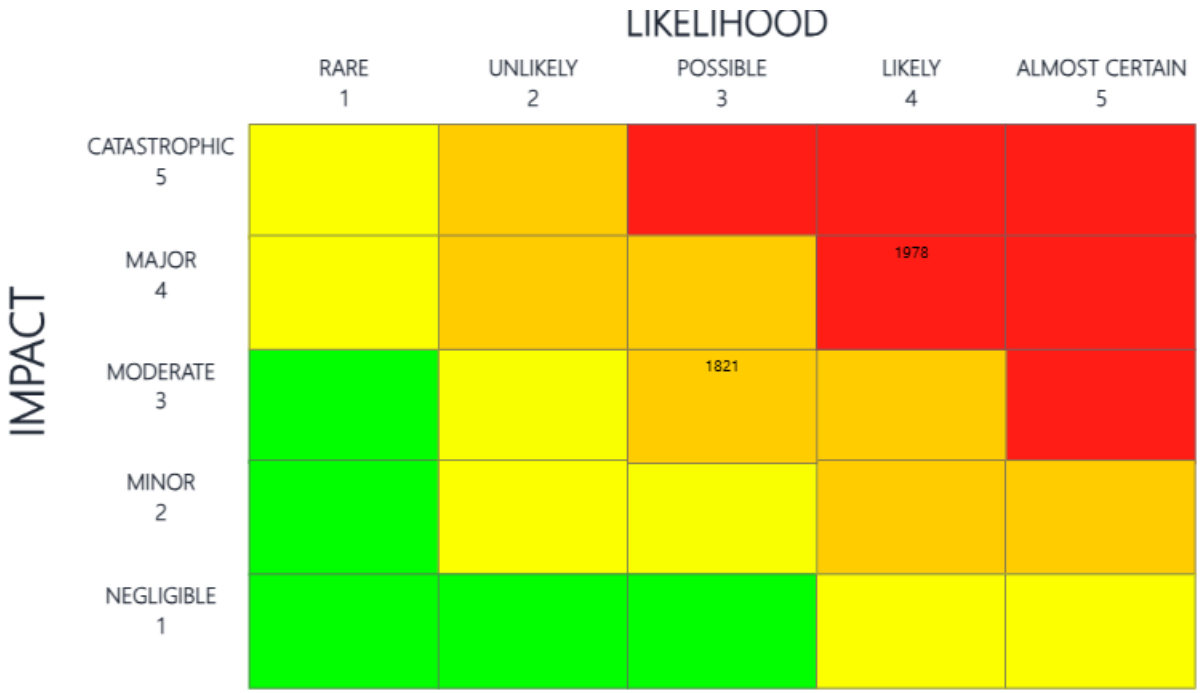
Rationale for Current Risk Score

There are a number of elements; how we prepare our current workforce to have the knowledge and skills to meet future demands, for example use of Artificial Intelligence, Biotechnology and wider Smart Technology & Sensors. To this point of preparedness - there is a daily occurrence where staff are not able to be released for training, vacancies exist and despite agency usage, deficits remain on a daily basis. To add if we do not enable capacity for learning or develop alternative methods to create easier access to learning, we will not be able to design or deliver the workforce of the future. This is inextricably linked to service design and future delivery of services, if we do not clearly understand our service models of the near and long term future, we will not be able to design the workforce we need; and we may then not have the time, capacity or provision to have built and/or developed the future capability we need.

Rationale for Target Risk Score (TRS)

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

Corporate Risks assigned to PODCC



Each risk on the Corporate Risk Register (CRR) has been mapped to a Board level Committee to ensure that risks on the CRR are being managed appropriately, taking into account gaps in controls, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

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

These risks have been identified by individual Directors via a top down and bottom-up approach and are either:

- Associated with the delivery of the Health Board objectives; or
- Significant escalated operational risks that are of significant concern and require corporate oversight and management.

There are 2 corporate risks currently aligned to PODCC (out of the 21 that are currently on the CRR).

The following slides provides a summary of the reportable corporate risks aligned to PODCC.

The corporate risk register attached at Appendix 1, provides full detail of the risk, including control measures in place, a risk action plan to further manage and mitigate the risk, and sources of assurance.

Corporate Risks assigned to PODCC
- 1 of 2

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1978 – Risk of insufficiently skilled workforce to deliver services due to limited labour market	Deputy Chief Executive Officer and Director of Workforce & OD (Organisational Development)	**16** → (Reviewed 17/06/25)	**12**	31/12/2025

Rationale for Current Risk Score

Staff sickness rate is reducing, and our establishment levels are increasing. The use of contingent workforce has reduced and plans i.e. agency and variable pay spend has reduced significantly over the last 12 months. Further work has been undertaken to understand the level of risk across each staff group (Nursing, Medical, Allied Health Professions and Health Care Support Workers) to comprehend the level of risk by each group. It is hoped as further action is taken through stabilisation programmes (operational & strategic workforce planning) and Improving Together, we will be able to reduce the risk score further during 2025/26.

Rationale for Target Risk Score (TRS)

The TRS reflects a reduction in the likelihood of the risk occurring. Other intelligence leads the Health Board to be alert to workforce issues as evidence suggests that patient acuity is increasing and therefore workforce requirements will increase by proxy until new models/methods to reduce or manage complexity can be identified. There could be concerns for the specific services and/or the annual risk based on season variation when at full capacity for recovery/ministerial priorities as we have a "finite" resource in our people that can only be stretched so far without causing detriment. Therefore, the probability sits between 75-90% when taking account of these factors. We hope we will be able to take mitigated actions through our interventions under the Regeneration Framework in the short term and, for the medium term begin to realign available workforce to new service design and models of care. This risk is wider than a 12-month period as actions taken or not taken today will have a long-term legacy on our available future workforce and capacity/capability to manage the associated challenges of service and workforce redesign. Taking account of our rurality, demographics and population health, a score of 12 is achievable within constraints identified.

Corporate Risks assigned to PODCC
- 2 of 2

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1821 – Risk to the welfare of Health Board staff due to current demands	Deputy Chief Executive Officer and Director of Workforce & OD (Organisational Development)	**12** ➔ (Reviewed 18/06/25)	**6**	31/03/2026

Rationale for Current Risk Score
The existing control measures currently in place described above, plus action taken to address the gaps in controls within the action plan have all been completed within the last 12-months and have mitigated the risk score. New actions have been added to reflect work in place to further mitigate the risk and to achieve the target risk score.
Rationale for Target Risk Score
The target risk score is based on assessment of the work ongoing across the Health Board within the management and executive tiers to ensure clarity and focus of work programmes. Reviewing and streamlining where appropriate. The actions below are across all staff groups and focus on specific actions that are within the gift of the Workforce and OD function to drive and support with managers.

Operational Risks assigned to PODCC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

5 operational risks on Datix have been aligned to PODCC which are all within review date.

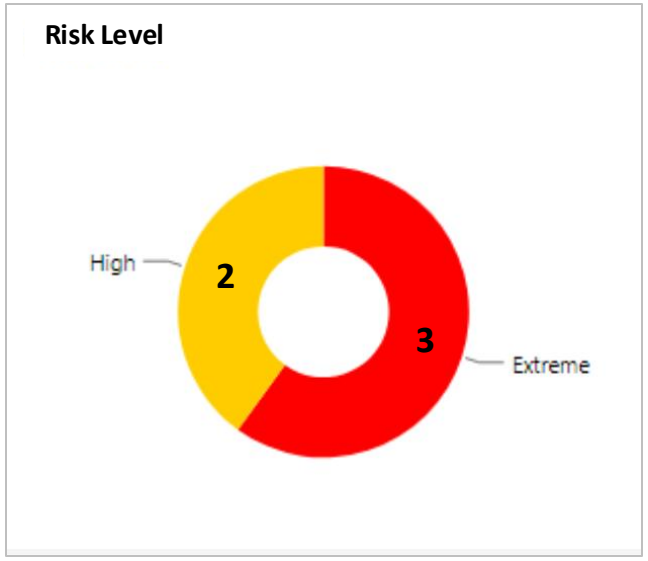
They have been identified as reportable to PODCC based on the following criteria:

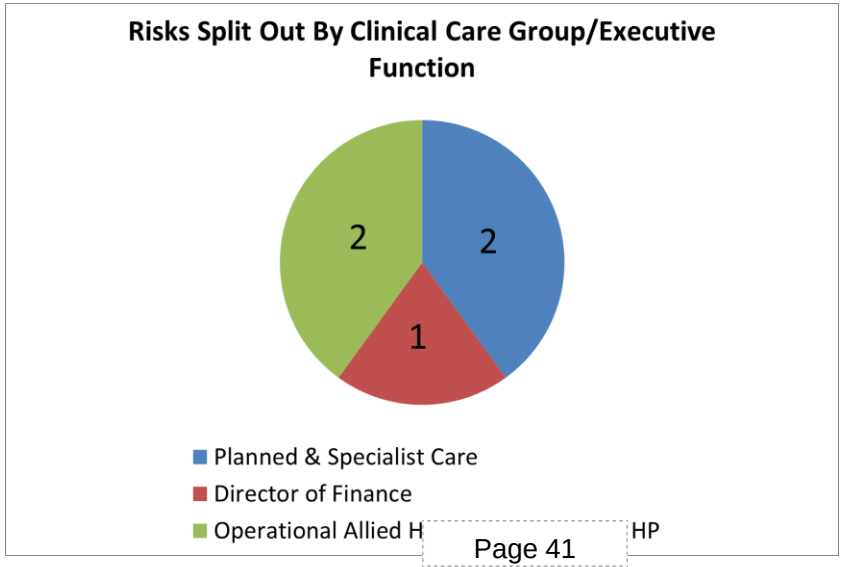
- PODCC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level (previously Service and Directorate level) on Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds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

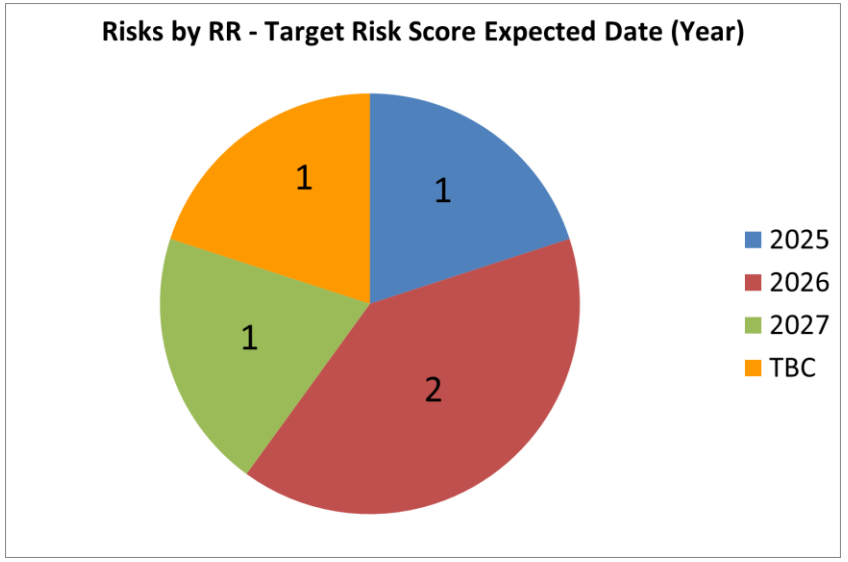
Detail in relation to target risk scores became mandatory fields on Datix as of 1 July 2025 and therefore where risks do not currently have this detail, risk leads will be asked to provide by the next report to PODCC.

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

The following slide summarises the operational risks aligned to PODCC. The operational risk register attached at Appendix 2, provides full detail of each risk, including control measures in place and the risk action plan to further manage and mitigate the risk.







Operational Risks reportable to PODCC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1409 - Risk of reduced workforce due to difficulty recruiting qualified specialist School Nurses	Planned & Specialist Care	Chief Operating Officer	**16 (New)****	6	30/09/2026	22/07/2025
2088 - Risk of staff burnout due clinical pressures, financial challenges and change processes	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	**20 (New)**	6	01/12/2025	27/06/2025
2102 - The risk of radiology service delivery due to leadership fragility	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	**20 (New)**	10	01/12/2026	25/07/2025
737 - Risk of Switchboard not complying with European Working Time Directive due to inability to cover single-handed shifts at 3 sites	Director of Finance	Director of Finance	12 ↓*	6	TBC	16/05/2025
1580 - Risk to endoscopy service provision due to challenges in recruiting consultant gastro / endoscopists	Planned & Specialist Care	Chief Operating Officer	12 (New)**	4	29/01/2027	14/07/2025

*Any movement in the current risk score since the risk was previously reported to Committee is denoted by the arrow under the risk score as at July 2025.
**Previously reported to another Committee

Audits and Inspections - Overview

The Health Board remains in Targeted Intervention (TI) (Level 4) status with Welsh Government (WG) as a result of challenges relating to financial sustainability, strategy and planning, service delivery and organisational performance. Whilst the Health Board has been de-escalated for 'Governance' from TI (Level 4) to Enhanced Monitoring (Level 3), the Health Board has to meet the revised set criteria:

- Evidence that all recommendations from the Royal Colleges / Health Inspectorate Wales (HIW) and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the Health Board's longer-term improvement plan
- Demonstrate a prompt response to any HIW inspections, concerns, incidents, never-events, coroners requests and regulation 28s
- The Board acts on, and addresses appropriately, concerns raised through NHS regulators such as HIW.

All reports from audits, inspections and reviews undertaken across the Health Board are logged and tracked on AMaT (Audit Management and Tracking), with progress updated by relevant service leads against each recommendation, with evidence required to be uploaded to demonstrating progress and implementation.

AMaT enables services to directly update progress against all recommendations via one central system, promoting a consistent approach with regards to processes and reporting, improvement in transparency and accountability, supporting services with their governance arrangements, and improvement in information flow.

Progress is monitored via the utilisation of a traffic light system based on performance against original completion dates.

Recommendations raised, along with the management responses and most recent Progress update provided by the lead officer can be found in Appendix 3.

Status	Explanation
Green	Recommendation has been confirmed as completed by the service / directorate lead (*AMAT Status: Complete and awaiting approval / Fully Complete*)
Amber	Recommendation is currently in progress, and within the agreed **original** timeframe for implementation (*AMAT Status: Partially Complete / In Progress*)
Red	Recommendation is in progress, but has exceeded its agreed **original** timeframe for implementation (i.e. overdue) (*AMAT Status: Overdue / Partially Complete (Overdue)*)
External	Recommendations considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation. Due to current system limitations, the action title has been amended to include the phrase "external" to denote this status.

Audits and Inspection Reports assigned to PODCC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The following reports have been assigned to PODCC to enable them to undertake the following responsibility:

Date of Report	Report Issued By	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Red (behind schedule)	Amber (on schedule)	Green Recs (completed)	External Recs	Any Barriers to Completion Noted?
Mar-24	Health Education and Improvement Wales (HEIW)	Trauma & Orthopaedics Glangwili Hospital March 2024 *	Medical Director	Medical Director	Aug-24	~~Aug-24~~ ~~Mar-25~~ Aug 26	8	4*	0	4	0	None Noted.
Apr-25	Health Education and Improvement Wales (HEIW)	Education & Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board	Medical Director	Medical Director	Aug-25	Aug-25	12	0	5	7	0	None Noted.

Overdue Recommendations:

* 3 Overdue Recommendations are noted as 'Partially Complete (Overdue)' on AMaT - Progress update advises that recommendation has been completed. However, evidence is required to be uploaded to AMaT by Responsible Owner (Clinical Lead, Trauma & Orthopaedics) before recommendation can be noted as 'Fully Complete'.

1 Overdue Recommendation has a revised completion date of 1 April 2026 noted on AMaT, however three overdue recommendations without revised completion dates therefore overall report completion date currently not known.

Welsh Health Circulars - Overview

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Welsh Health Circulars (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 (WG) website.

Committees have responsibility to seek assurance that the Health Board is compliant with WHCs and that these are implemented in line with stated/agreed timescales, and where this has not been possible, to receive assurance the impacts resulting from late/non-delivery are understood and managed appropriately.

Where WHCs are not clear in terms of implementation timescales, leads are requested to provide the planned date for implementation by the Health Board. The following RAG status is applied to WHCs:

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

WHCs included within this report come under the remit of PODCC and its Sub-Committee structure.

Progress updates relating to the implementation of WHCs are extracted from the AMAT system.

Welsh Health Circulars assigned to PODCC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

WHC	Issued On	Lead CCG / EF	Lead Director	Implementation Date	RAG Status	Progress Update
021-24: Croeso i Gymru / Welcome to Wales: Policy Guidance Framework	26/11/2024	Workforce & OD	Director of Workforce & OD	January 2025	Green	This WHC was closed on 7 February 2025, as fully compliant with the requirements of the WHC and whilst not currently recruiting for IENs, we would ensure compliance with the WHC for future rounds of IEN recruitment.

Recommendations

The committee is requested, in relation to the areas presented in this paper, to:

Risk Management

- **RECEIVE ASSURANCE** that identified controls are in place and working effectively;
- **RECEIVE ASSURANCE** that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise; and
- **CHALLENGE** where assurances are inadequate Acts of Parliament, Acts of Senedd Cymru, Assembly Measures and Assembly Acts enable Welsh Ministers to develop more detailed legislation, known as secondary or subordinate legislation, usually by means of Statutory Instruments (SI).

Audits, Inspections and Regulatory Reports

- **RECEIVE ASSURANCE** from the lead Executive Director or Supporting Officer on the management of recommendations raised in audit, inspection and regulatory reports within their area of responsibility, particularly in respect of confirming the full implementation of recommendations, any barriers to delivery and subsequent impacts of non/late delivery, and assurance that the risks associated with these are being managed effectively.

Welsh Health Circulars

- **RECEIVE ASSURANCE**, or otherwise, from the lead Executive Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

CORPORATE RISK REGISTER SUMMARY JULY 2025

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Jul-25	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
1978	Risk of insufficiently skilled workforce to deliver services due to limited labour market	Gostling, Lisa	Workforce/OD	4×4=16	4×4=16	→	3×4=12	31/12/2025	6
1821	Risk to the welfare of Health Board staff due to current demands	Gostling, Lisa	Workforce/OD	4×3=12	3×3=9	↓	2×3=6	31/03/2026	12

RISK SCORING MATRIX

Likelihood x Impact = Risk Score					
Likelihood	**1**	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
Frequency - How often might it/does it happen? (how many times will the adverse consequence being assessed actually be realised?)	**This will probably never happen/recur (except in very exceptional circumstances).**	**Do not expect it to happen/recur but it is possible that it may do so.**	**It might happen or recur occasionally.**	**It might happen or recur occasionally.**	**It will undoubtedly happen/recur, possibly frequently.**
	Not expected to occur for years.*	Expected to occur at least annually.*	Expected to occur at least monthly.*	Expected to occur at least weekly.*	Expected to occur at least daily.*
	* time-framed descriptors of frequency				
Probability - Will it happen or not? (what is the chance the adverse consequence will occur in a given reference period?)	**(0-5%*)**	**(5-25%*)**	**(25-75%*)**	**(75-95%*)**	**(>95%*)**
	*used to assign a probability score for risks related to time-limited or one off projects or business objectives.				
Risk Impact Domains	**Negligible - 1**	**Minor - 2**	**Moderate - 3**	**Major - 4**	**Catastrophic - 5**
Safety of Patients, Staff or Public	**Minimal injury requiring no/minimal intervention or treatment.**	**Minor injury or illness, requiring minor intervention.**	**Moderate injury requiring professional intervention.**	**Major injury leading to long-term incapacity/disability.**	**Incident leading to death.**
	No time off work.	**Requiring time off work for >3 days**	**Requiring time off work for 4-14 days.**	**Requiring time off work for >14 days.**	**Multiple permanent injuries or irreversible health effects.**
		Increase in length of hospital stay by 1-3 days.	**Increase in length of hospital stay by 4-15 days.**	**Increase in length of hospital stay by >15 days.**	**An event which impacts on a large number of patients.**
			Agency reportable incident.	**Mismanagement of patient care with long-term effects.**	
			An event which impacts on a small number of patients.		
Quality, Complaints or Audit	**Peripheral element of treatment or service suboptimal.**	**Overall treatment or service suboptimal.**	**Treatment or service has significantly reduced effectiveness.**	**Non-compliance with national standards with significant risk to patients if unresolved.**	**Totally unacceptable level or quality of treatment/service.**
	Informal complaint/inquiry.	**Formal complaint.**	**Formal complaint -**	**Multiple complaints/ independent review.**	**Gross failure of patient safety if findings not acted on.**
		Local resolution.	**Escalation.**	**Low achievement of performance/delivery requirements.**	**Inquest/ombudsman inquiry.**
		Single failure to meet internal standards.	**Repeated failure to meet internal standards.**	**Critical report.**	**Gross failure to meet national standards/performance requirements.**
		Minor implications for patient safety if unresolved.	**Major patient safety implications if findings are not acted on.**		
		Reduced performance if unresolved.			

Workforce & OD	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff.	Uncertain delivery of key objective/service due to lack of staff.	Non-delivery of key objective/service due to lack of staff.
			Unsafe staffing level or competence (>1 day).	Unsafe staffing level or competence (>5 days).	Ongoing unsafe staffing levels or competence.
			Low staff morale.	Loss of key staff.	Loss of several key staff.
			Poor staff attendance for mandatory/key training.	Very low staff morale. No staff attending mandatory/ key training.	No staff attending mandatory training /key training on an ongoing basis.
Statutory Duty or Inspections	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
		Reduced performance levels if unresolved.	Challenging external recommendations/ improvement notice.	Multiple breaches in statutory duty.	Prosecution.
				Improvement notices.	Complete systems change required.
				Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
				Critical report.	Severely critical report.
Adverse Publicity or Reputation	Rumours.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage – long-term reduction in public confidence.	National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. AMs concerned (questions in the Assembly).
	Potential for public concern.				Total loss of public confidence.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Finance including Claims	Small loss.	Loss of 0.1–0.25 per cent of budget.	Loss of 0.25–0.5 per cent of budget.	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget.	Non-delivery of key objective/ Loss of >1 per cent of budget.
	Risk of claim remote.	Claim less than £10,000.	Claim(s) between £10,000 and £100,000.	Claim(s) between £100,000 and £1 million.	Failure to meet specification/ slippage
					Claim(s) >£1 million.
Service or Business interruption or disruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours.	Loss/interruption of >1 day.	Loss/interruption of >1 week.	Permanent loss of service or facility.
		Some disruption manageable by altered operational routine.	Disruption to a number of operational areas within a location and possible flow onto other locations.	All operational areas of a location compromised. Other locations may be affected.	Total shutdown of operations.
Environmental	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.
Health Equity	Minimal or no impact on our attempts to improve health equity	Minor impact on our attempts to improve health equity or low level of certainty on the impact we are having on health equity	Moderate impact on our attempts to improve health equity or a lack of sufficient information that would demonstrate this. Indications that we are not having a positive impact on health improvement or health equity	Major impact on our attempts to improve health equity. Validated data suggesting that we are not improving the health of the most disadvantaged in our population whilst clearly supporting the least disadvantaged. Validated data suggesting we are having no impact on health improvement or health equity.	Validated data clearly demonstrating a disproportionate widening of health inequalities or a negative impact on health improvement and/or health equity.

RISK MATRIX

IMPACT ↓	LIKELIHOOD →				
	RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN
	1	2	3	4	5
CATASTROPHIC 5	5	10	15	20	25
MAJOR 4	4	8	12	16	20
MODERATE 3	3	6	9	12	15
MINOR 2	2	4	6	8	10
NEGLIGIBLE 1	1	2	3	4	5

RISK ASSESSMENT - FREQUENCY OF REVIEW

RISK SCORED	DEFINITION	ACTION REQUIRED (GUIDE ONLY)	MINIMUM REVIEW FREQUENCY
15-25	Extreme	Unacceptable. Immediate action must be taken to manage the risk. Control measures should be put into place which will have an effect of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required.	This type of risk is considered extreme and should be reviewed and progress on actions updated, at least monthly.
8-12	High	Very unlikely to be acceptable. Significant resources may have to be allocated to reduce the risk. Urgent action should be taken. A number of control measures may be required.	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	Not normally acceptable. Efforts should be made to reduce risk, providing this is not disproportionate. Establish more precisely the likelihood & harm as a basis for determining the need for improved measures.	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	Risks at this level may be acceptable. If not acceptable, existing controls should be monitored & reviewed. No further action or additional controls are required.	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Management	Tends to be detailed assurance but lack independence
2nd Line	Corporate Oversight	Less detailed but slightly more independent
3rd Line	Independent Assurance	Often less detail but truly independent

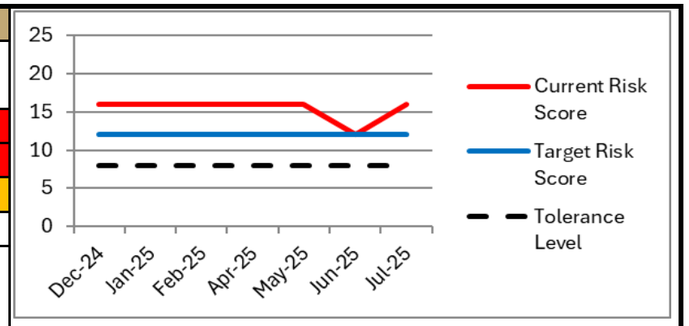
Key - Assurance Required	*NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you*
Detailed review of relevant information	
Medium level review	
Cursory or narrow scope of review	

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

Date Risk Identified:	Apr-24	**Executive Director Owner:**	Gostling, Lisa	**Date of Review:**	Jun-25
Strategic Objective:	1. Putting people at the heart of everything we do and 2. Working together to be the best we can be and 3. Striving to deliver and develop excellent services	**Lead Committee:**	People, Organisational Development and Culture Committee	**Date of Next Review:**	Aug-25

Risk ID:	**1978**	**Corporate Risk Description:**	There is a risk there will be insufficient skilled workforce within each of our professional groups (Nursing, Medical, Allied Health Professionals AHP, HCS, Pharmacists and Dental). This is caused by the scarce supply of healthcare professionals and a shrinking labour market, which is further exacerbated by the Health Board's current vacancy rates. This could lead to an impact/affect on the quality of care provided to patients, delays in care and poorer patient outcomes and experience. In addition, this may lead to the inability to meet statutory and professional requirements in terms of safe staffing levels that are needed to deliver quality patient care.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	3×4=12
Expected Date To Achieve TRS:	31/12/2025
Trend:	⟷



Rationale for CURRENT Risk Score:

Our staff sickness rate is reducing and our establishment levels are increasing. Our use of contingent workforce has reduced and plans i.e. agency and variable pay spend has reduced significantly over the last 12 months. Further work has been undertaken to understand the level of risk across each staff group (Nursing, Medical, AHP and HCS) to comprehend the level of risk by each group. It is hoped as further action is taken through stabilisation programmes (operational & strategic workforce planning), Improving Together we will be able to reduce the risk score further during 25/26.

A summary of the gaps & issues present in each professional group are noted below:
1) Nursing & Midwifery:
a) Destabilisation of the nursing workforce linked to introduction of RNA role
b) Destabilisation of the workforce due to the changes in Job Descriptions and Bandings 2 & 3 (leading to potential litigation) with potential implications for higher bands,
c) gaps in specific nursing skills sets i.e. Public Health (new role), Critical Care, Theatres (although wider workforce implication), Midwifery (SCBU) and Health Visiting (dependent on model of care to be provided locally).
d) Risk profile for nursing based on retirement and turnover generally in each branch of nursing

2) Medical and Maps Workforce
a) Destabilisation of

Rationale for TARGET Risk Score:

"The Target Risk score indicates the likelihood of the risk occurring (absence target 4.8% nationally). Other intelligence leads the Health Board to be alert to workforce issues as evidence suggests that patient acuity is increasing and therefore workforce requirements will increase by proxy until new models/methods to reduce or manage complexity can be identified. Also, it may be that there could be concerns for the specific services and/or the annual risk based on season variation when at full capacity for recovery/ministerial priorities as we have a ""finite"" resource in our people that can only be stretched so far without causing detriment. Therefore, the probability sits between 75-90% when taking account of multiple factors - respiratory infections, increased patient acuity on the population i.e. inability to access services needed, and workforce resilience. We hope we will be able to take mitigated actions noted below predominantly through our interventions under the Regeneration Framework in the short term and for the medium term begin to realign available workforce to new service design and models of care. This risk is wider than a 12 month period as actions taken or not taken today will have a long term legacy on our available future workforce and capacity/capability to manage the associated challenges of service & workforce redesign (linked to Principal Risk 1186 - Attract, retain and develop staff with the right skills). Taking account of our rurality, demographics and population health, a score of 12 is achieveable within constraints identified.
"

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Organisational Governance Structure Improving Together approach to be align to People Planning approach supported by People Planning Team to create an organisational wide approach to in year service challenges Organisational Gap Analysis based on a 10 year profile developed and annual assessment strategic & operational review of workforce (including Education Commissioning Assessment) Inter-People and Corporate Team & Planning Objectives Establishment Control Agency usage Bank Utilisation & ongoing onboarding of supply Efficient Rostering practice Roll out of new rostering system Overview of organisation and service wide risks (assessment of each service area based on workforce availability) Continuous process of assessment of services to be stood down and deployment options based on service needs (CDG) Targeted prioritisation of recruitment/onboarding of new employees to the highest areas of risk in terms of maintaining service delivery (People & OD Strategic Group) Temporary People Utilisation reports shared regularly to monitor levels of supply	To mature and develop focus underpinning SPPEG and alignment to new Clinical Care Group structure to ensure that service workforce establishments have the correct skill mix. Digital infrastructure currently not in place to support the short, medium and long term analysis and modelling.	Draft Workforce Plan in Place for Each Professional Group identified to address concerns above & monitored through relevant fora i.e. SPPEG, MDT Forum and PODCC	Walmsley, Tracy	Completed	Built into medical stabilisation and reports to V&S
		Each Professional Workforce Plan in place with an implementation action plan developed within 25/26. (This will be maintained as an iterative plan with ongoing monitoring and review by relevant fora i.e. SPPEG, MDT Forum and PODCC. The Professional groups relate to each "Staff Group" identified under ESR i.e. Estates and Ancillary, Admin and Clerical (although service level plans may need specific tailoring), Nursing and Midwifery, Medical and Dental, Healthcare Science, Allied Health Professionals, and Additional Professional and Technical.	Walmsley, Tracy	~~31/05/2025~~ 30/06/2025	A specific Radiology Paper is going to SPPEG on 28 June 2025 to cover risks, issues and investment. Meeting deferred to July. Plans need quality assurance and will be presented to a future SPPEG/PODCC
		Design an approach to primary and community workforce model for 25/26 against agreed priorities for Primary Workforce Planner and Annual Planning Objectives (NB Requires alignment to UEC, Primary Care and Community Programmes of work)	Walmsley, Tracy	~~31/05/2025~~ 30/06/2025	Ongoing, requires "Forum" to align Service, Programmes and Strategy discussion for Workforce to develop integrated approach to link with Workforce Planning Forum and Professional Group Plans. Primary Care Workforce Planner in post from March 2025. Challenges with engagement acknowledged. A summary report developed compiling challenges and opportunities has been developed.

Align and iterate to implementation groups i.e. Medical retention.

Annual completion and submission of Education Commissioning Plan to HEIW and critical assessment to known service level plans

Corporate Risks have been developed linked to Wellbeing as part of Risk Management approach.

Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans

SPPEG (Strategic People Planning & Education Group)

From April 2025, new operational governance structure implemented allowing clinical care groups to escalate concerns to IQFPDG.

Create task and finish group to analyse establishment control and develop tool to accurately reflect staffing requirements in partnership with Finance to ensure effective alignment to workforce changes and future profiling to include Education and Commissioning (3 year forward workforce "shape & spend" profile)	Walmsley, Tracy	30/06/2025	May need to align to National group.
Ensure effective methods of workforce utilisation across each professional group in place: Nursing, Medical, AHP and HCS. Critically assess and design plan for work that can be implemented by end of March 2026.	Walmsley, Tracy	31/03/2026	Roll out of Job Planning & Allocate across professional groups; plans required to a) strengthen current approach and b) develop for new professional groups as prioritised against resources. Workshop with Allocate Held. Business Plan to be developed for AHP/HCS. Medical progressing with challenges. OOH service progressing with challenges.
Completion of Education Commissioning Plan to HEIW and critical assessment to known service level plans as at January 2025 submission to Welsh Government.	Walmsley, Tracy	Completed	Completed. Signed off by Execs.
Recruitment plan aligned to each professional group (priority for medical for 25/26)	Walmsley, Tracy	~~31/03/2025~~ ~~31/05/2025~~ 30/06/2025	Business as usual in most cases with the exception for international recruitment for medical. Medical International Recruitment has presented chalenges. A paper on International Medical Recruitment will be presented to the Medical Stabilisation Group on next steps early June, with specific actions following this. Other plans may need revisiting i.e. Nursing and AHP based on above. Create new action for International Recruitment Plan only.
Education Plan aligned to each professional group (to 24/25 and reframed for 25/26)	Glanville, Amanda	~~31/03/2025~~ 30/09/2025	Analysis in train, based on in year and projections.

		Retention Plan aligned to each professional group (to 24/25 and reframed for 25/26)	Davies, Christine	Completed	Update paper on Staff Retention presented to PODCC to provide assurance in February 2025
		Evaluation of effectiveness of plans 24/25 & Lessons Learnt. (to 24/25 and reframed for 25/26)	Walmsley, Tracy	Completed	Built into medical stabilisation and reports to V&S
		A robust framework of competency based people planning and related training to underpin the Team around the Patient initiatives and new model development of care. Essential and necessary reliance on educational frameworks rather than new role development, which is an evolutionary aspiration. Practical next steps will be assessed linking into skills gaps within the workforce and the educational infrastructure to support.	Walmsley, Tracy	31/03/2026	Competency based workforce planning was undertaken in 2022/23 with support from HEIW. Refresh of training needed prior to delivery. Delivery may need to commence from March 2026 due to team levels.
		Machanisms & Process for International Recruitment to be devised to enable transparency and engagement	Walmsley, Tracy	31/12/2025	New Action. Engagement with NWSSP/Medical Director to clarify WG position. Meet with HEIW. Design process from local to national in line with partners.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
	Monitoring of workforce SIP and gaps in establishment control	1st				Assessment & continuous development mechanisms linked to Capacity and Capability (including any negative impacts on Wellbeing)	Maturity Matrix developed 31 June 20024 a) ongoing assessment & testing b) locally, c)regionally, d)nationally The intention over the next 12 months to achieve output a) and b) by March 2025, output c) by September 2025 and d) by December 2025 with any refinements of process/mechanics/content achieved by March 2026.	Walmsley, Tracy	Completed	External stakeholder engagement ongoing i.e. other SWP colleagues and HEIW. Shared with HEIW, Strategic Workforce Planning Institute. Discussed with HEIW in November 2024 as part of Strategic Engagement. Meeting with regional colleagues separately to link in as part of regional work programmes. Shared in November 2024 meeting of Regional Network - scheduled for review in workshop January 2025. Discussed with Strategic Workforce Planning Leads at HEIW and other Health Boards, agreement to pilot 2025/2026.
	Risk management approach to Workforce themed Risks	1st					Overarching Implementation Plan & Assessment of Impact (Approach defined 30/9/23) and delivered no later than 31/03/25 to link to Annual Planning cycles (identified in Audit Wales (AW) initial draft report)	Walmsley, Tracy	~~31/03/2025~~ ~~31/05/2025~~ 30/06/2025	Workforce Plan will take account of the needs to address the actions in the Wales Audit Office Report. Assessment of work by Service, Professional and People Pillar to develop a costed plan for P&OD and HB. Meeting With AW Auditor to agree "close off" based on evidence available. For example, current Workforce plan, MDS and People Plans. The issue is related to the 10 Year Strategy and Implementation Plan for Workforce. The Clinical Services Plan (CSP) work is critical here. Completion Date may need revising to 30 April 2026 to account for CSP. Met with WAO lead for report and agreed a way forward. TW to define and upload to AMAT to meet action based on work to date and outline next steps.

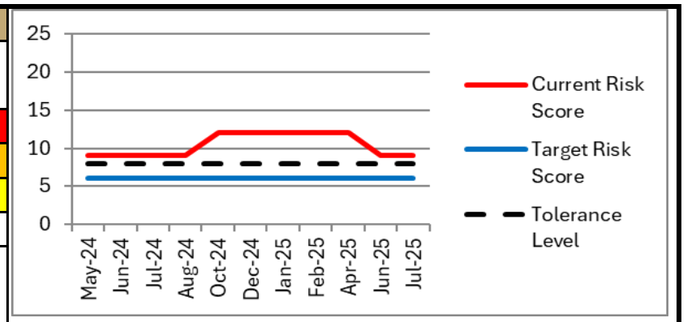
Strategic People Planning & Education Group	1st							Value & Sustainability Group to receive updates on variable pay and temporary staffing usage	Walmsley, Tracy	Completed	Business as usual. Completed.
Workforce levels monitored at Service Level, Professional Groups and Operational Delivery Group & Improving Together meetings	2nd							Pilot the Maturity Matrix independent assessment process across 2/3 Health Boards including Hywel Dda in 2025/2026.	Walmsley, Tracy	31/12/2025	New Action. Refreshing matrix based on All Wales Feedback. Meeting July 2025/26 of subgroup to agree process for pilot process. Being fed into AWOD for SWFP.
PODCC - IMTP Plan, and process mapped through Planning Sub Group	2nd										
Workforce Planning Internal Audit (Substantial Assurance) April 2022	3rd										
Wales Audit Office review of Workforce Planning (report - Summer 2023)	3rd										
Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans											

Date Risk Identified:	Oct-23
Strategic Objective:	1. Putting people at the heart of everything we do and 2. Working together to be the best we can be and 3. Striving to deliver and develop excellent services

Executive Director Owner:	Gostling, Lisa	**Date of Review:**	Jun-25
Lead Committee:	People, Organisational Development and Culture Committee	**Date of Next Review:**	Aug-25

Risk ID:	**1821**	**Corporate Risk Description:**	There is a risk that staff will have a poor experience while at work. This is caused by the inability of leaders to lead compassionately due the current climate within which the Health Board is operating within and competing demands. This could lead to an impact/affect on the work life balance, morale and satisfaction of staff at work, and negatively impact the culture which staff experience at work. This could cause detriment to staff wellbeing and create a negative cycle which could lead to increased employee relations issues, team dysfunction, increased sickness absence and a higher number of staff choosing to leave the organisation with a negative effect on staff engagement, productivity and performance.
Does this risk link to any Directorate (operational) risks?		Workforce themed risk register	

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	3×3=9
Target Risk Score (L x I):	2×3=6
Expected Date To Achieve TRS:	31/03/2026
Trend:	↓



Rationale for CURRENT Risk Score:
The existing control measures currently in place described above, plus action taken to address the gaps in controls within the action plan have all been completed within the last 12-months and have mitigated the risk score. It is proposed that the risk is reduced from June 2025 to reflect this work. New actions have been added to reflect work in place to further mitigate the risk and to achieve the target risk score.

Rationale for TARGET Risk Score:
The target risk score is based on assessment of the work ongoing across the Health Board within the management and executive tiers to ensure clarity and focus of work programmes. Reviewing and streamlining where appropriate. The actions below are across all staff groups and focus on specific actions that are within the gift of the Workforce and OD function to drive and support with managers.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Policies and procedures, which are readily available to staff via the Health Board intranet and the Wellbeing Single Portal. This provides guidance and resources for managers and staff. Forums in place with Executive oversight to review performance against objectives - Core Delivery Group, Directorate Improving Together Sessions, Clinical Services Plan Formal governance arrangements via Board and its sub-committees by Executives and Independent Members - People, Organisational Development and Culture Committee, Strategic Development and	Delivery of the WOD Planning Objective relating to the delivering a positive workplace culture.	Review the Staff Retention Discovery Work and ensure high level actions are delivered.	Gostling, Lisa	Completed	Deep dive report into the Retention Planning Objective and the Staff Retention Discovery report action plan was approved by PODCC in Dec 24. Completed.
		Ensure promotion of compassionate leadership principles through a) PADR quantity and quality b) compassionate management and leadership programmes c) localised cultural progression plans	Gostling, Lisa	Completed	Complete

Operational Delivery Committee. Performance dashboards to monitor sickness, vacancies, grievances Structure of Workforce and Organisational Development Directorate encompasses a number of pillars with a focus on supporting staff, promoting healthy working cultures, and providing support and resources.		Review the Best Practice Guidance on Health & Wellbeing Launched for All Wales by HEIW and map across actions to Hywel Dda Cultural Toolkit	Davies, Christine	Completed	Complete. Wellbeing Good Practice Guide mapped across to Hywel Dda Cultural Toolkit and available for access by managers and staff via the WOD Sharepoint page.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level		
Performance Dashboards	Wales Audit - Workforce Planning - External Audit	3rd			Cultural Progression Report to PODCC meeting in May 2025 NHS Staff Survey Report to PODCC meeting in May 2025 Workforce Metrics on sickness absence monitored monthly via Escalation processes
	Core Delivery Group	1st			
	Directorate/Executive Improving Together Sessions	1st			
	Workforce & OD Leadership Team Meetings (Risk led)	2nd			
	PODCC	3rd			
	Executive Team meetings (Risk led)	1st			
	Escalation Framework Meetings	1st			
	TI and JET assurance meetings				

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
	Evaluation of Action Plans to be fed back to PODCC	Walmsley, Tracy	Completed	All workforce themed risks are reviewed and highlighted to senior leadership team and People and OD committee on a regular basis. Last submission to PODCC in February 2025.

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
2088	Operational Allied Health Professions & Health Sciences	AHP&HS: Physiotherapy	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John	Davies, John	09-Jun-25	There is a risk of There is a risk ofâ€¦ Staff burnout in clinical, administration and managerial staff, resulting in emotional, physical, and mental exhaustion, psychological and behavioural changes in staff. This is caused by Sustained and prolonged work-related pressure and chronic stress. This is also due to multiple factors including high workloads,working in isolation, lack of control or autonomy, insufficient recognition, miss match in values,unfairness in work distribution and reward and negative work life balances.Moral and ethical distress also adds to the risk of burnout. This will lead to an impact/affect on Wellbeing, attendance at work, poor cognitive decision making, loss of clinical capacity, poor recruitment and retention of staff, patient safety. Team functioning and work and home relationships are often effected. Feelings of uselessness, cynicism, compassion fatigue. Risk location, Health Board wide.	Staff directed to HB staff psychological wellbeing services and tools on the website Staff directed to NHS counselling service (Canopi) ? Health board 1:1 support service Prevention of burnout resources circulated to managers Individual stress risk assessment completed, and action plans made Individual referral to occupational health Individual Job planning template completed Staff to book regular annual leave and managers to monitor Service and team leads to monitor overtime / TOIL workforce and OD interventions Engagement with medical leadership team in Carmarthenshire to escalate	Safety - Patient, Staff or Public	5	4	20	Systemic pressures are consistent despite wellbeing interventions. Gains in wellbeing are undone when returning to the environment that caused burnout in the first place. root cause analysis is required to understand and solve the cause of burnout at organisational level.	Staff to be made aware of all resources available to support wellbeing	Griffith, Susan	Completed	links to staff resources distributed throughout the service through the service leader communication infrastructure.	People, Organisational Development and Culture Committee	3	2	6	Managing the systemic risk factors and working conditions that contribute to burnout will minimise the risk of staff harm	Treat	27-Jun-25
																SG to link with psychology lead Suzanne Tarrant to confirm the most relevant resources available for staff and managers on burnout	Griffith, Susan	Completed	Meeting undertake with Suzanne Tarrant on 5/6/25 up to date resources confirmed and the service is advised that Suzanne is raising the concept of burnout at board level and the need for organisational workstreams.							
																SG to link with Workforce and OD to see what support is available to clinical and managerial teams	Griffith, Susan	Completed	Susan Jarvis is undertaking targeted work with Teams 22/06/25 - Date to be arranged . Colours workshop undertaken with senior staff July 25 with further cascade to the wider team planned through in service training programme.							
																JD to link with Sara Quarrie and Jo Bradburn regarding staffing level benchmarking exercise.	Davies, John	Completed	JD to raise with the care group meeting infrastructure. Update 11/07/25. CCG is piloting capacity demand modelling in podiatry. There is no specific time line for roll out in physio yet. CCG will advise later in the year. Action complete.							

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
2102	Operational Allied Health Professions & Health Sciences	AHP&HS: Radiology	AHP&HS: Radiology	Carruthers, Andrew	Quarrie, Sara	Roberts-Davies, Gail	Procter, Sarah	20-May-25	There is a risk of The risk of radiology service delivery This is caused by due to leadership fragility This will lead to an impact/affect on Adverse impact to patient and staff safety, experience, clinical effectiveness, finances, reputation, and performance. Scoring: Impact: Workforce = 5 (Non-delivery of key objective/service due to lack of staff/ Ongoing unsafe staffing levels or competence / Loss of several key staff No staff attending mandatory training /key training on an ongoing basis) Likelihood/probability = 5 (> 95%) Risk location, Health Board wide.	Daily meetings with Deputy Head of Service with CCG leadership Escalation of gap to wider CCG and Executive leadership - iQFPDG SBAR tabled 28/05/2025 and comms via GC Deputy COO to CCG leaders Cover from GGH Site lead for BGH site lead unexpected absence Clinical governance escalation via CCG leadership to manage expectations and pressure on remaining leadership Return to work meetings held as per policy	Workforce/OD	4	5	20	Impact: Workforce = 5 (Non-delivery of key objective/service due to lack of staff/ Ongoing unsafe staffing levels or competence / Loss of several key staff No staff attending mandatory training /key training on an ongoing basis) Likelihood/probability = 4 (75-95%) = reduced through controls	Complete radiology leadership restructure OCP	Quarrie, Sara	Completed	OCP drafted, QIA drafted, pending current org chart to be finalised OCP finalised and reviewed at iQPFDG (23.07.2025)	People, Organisational Development and Culture Committee	2	5	10	Impact: Workforce = 5 * Non-delivery of key objective/service due to lack of staff * Ongoing unsafe staffing levels or competence * Loss of several key staff * No staff attending mandatory training /key training on an ongoing basis Likelihood/probability = 2 (5-25%*) - will be reduced through controls		25-Jul-25
																Discussion with HR regarding options to further support single point of failure	Quarrie, Sara	Completed	GC agree to SQ proposal SQ email to HH to request advice on options to further support sent. 25/07/2025 - advice from HR recieved and to be submitted as per policy - action complete								
																Single point of failure remains - Submit REQUEST TO VARY AfC TERMS AND CONDITIONS and submit to HR (Lisa Hughes) and await outcome/decision	Quarrie, Sara	29/08/2025	25.07.2025 - New action, submitted form to HR pending decision (and email from GC in support: see attached evidence.								
																Leadership structure is historic and requires restructure and additional resource to meet basic Radiology regulator requirement - OCP Radiology Leadership structure approved by executives	Quarrie, Sara	29/08/2025	25.07.2025 - new action								

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
1409	Planned & Specialist Care	Children, Women & Family Health	CW&FH: School Nursing	Carruthers, Andrew	Goode, Paula	Owen, Tracy	Morgan, Barbara	20-Jun-22	There is a risk of to the health and wellbeing outcomes and high level of safeguarding concerns for Children and Young People (CYP) within the Health Board due to a shortage of School Nurses. This is caused by 1. Difficulty in recruiting School Nurses throughout the HB but particularly in Ceredigion. 2. There are not enough registered nurses opting to attend the SCPHN (Specialist Community Public Health Nurse)training for school nursing. 3.Location of the training, which is based in Swansea University, this is not always popular with staff from Ceredigion or Pembrokeshire due to the distance they have to travel. 4. The School Nursing service is unable to complete other aspects of its Public Health Role as the service is seen as providing an Immunisation Service. 5.There may be a negative perception by Registered Nurses on what the School Nursing Role actually entails. 6.There has been an impact to the service due to long term sickness in Carmarthenshire and Ceredigion. This will lead to an impact/affect on 1. Reduced input by the service on CYP's Health and Emotional Wellbeing due to lack of staff and increased demands in other areas of the service. 2. Limited capacity of staff to deal with increased Safeguarding and Domestic Abuse disclosure. 3.Reduction in the amount of Public Health key health messages provided by the school nurses. i.e sexual health	1. Handover of care from Health Visiting to School Nursing to ensure that vulnerable children and families are identified early and an appropriate package of care implemented continues. 2. Most contacts with at-risk children, young people and their families are carried out face to face. 3. In regards to increases in Safeguarding issues, supervision is available from the Safeguarding Team and support from Team Leaders or Senior Nurse Manager. 4. Face to face meetings have resumed with vulnerable CYP. 5. Skill mix model has been adopted where the service has appointed Band 5 Registered Nurses to fill the deficit and enable them to become SCPHNs as part of the grow your own model. 6. Continue to work with Culture team to improve the culture of the service with the aim of improving staff retention.	Workforce/OD	4	4	16	28/05/2025: The current score has increased from 12 to 16 due to an increases in the reduction in the specialist school nursing workforce within Ceredigion. This is further compounded by the location of the SCPHN course only being offered in Swansea University. The service has an ongoing recruitment campaign with involvement from Workforce and a meeting took place with Education leads across the 3 counties to consider the impact of a reduced number of Welsh Language speakers currently in the service, however there has been no further developments to date. To date, the we have been unsuccessful in our recruitment campaign which has had an effect on staff morale due to the increase in workload as they must cover caseloads. The Welsh language department have lowered the requirements for Welsh language posts to "level 3" which may encourage people who can speak Welsh (but not necessarily write, type, think in Welsh) to apply. The ageing workforce, in particular in Pembrokeshire and the senior management	Promote return to face-to-face Health Visitor to School Nurse Handover by all School Nurse Team Leaders	Morgan, Barbara	Completed	have made some progress in some areas however Ceredigion HV service still have significant vacancies. It was hoped that by Sept 2023 we may be in a position to carry out more face to face contacts but due to maternity leave and vacancies, this is now likely to happen at a later date in Ceredigion.	People, Organisational Development and Culture Committee	2	3	6	There will be two SCPHN-SNs qualifying this year which would help to reduce some of the current deficit in specialist school nurses across Hywel Dda.	Treat	22-Jul-25
																Provide safer support for CYP by resuming all safeguarding contacts with children back in school or home environment - driven by all School Nurse Team Leaders	Morgan, Barbara	Completed	Made some progress but very difficult when covering vacant caseloads. It was hoped that by Sept 2023 we may be in a position to carry out more face to face contacts but due to maternity leave and vacancies, this is now likely to happen at a later date.							
																Undertake recruitment campaign with Workforce, scoping and looking at the needs of the service	Morgan, Barbara	Completed	Completed the Workforce plan and continuing to promote the School Nursing service at every opportunity. The recruitment campaign is ongoing.							
																Meet with Education leads across the 3 counties to discuss the future Welsh Language criteria and current fluent welsh speaker recruitment challenges	Morgan, Barbara	Completed	Advice taken from Welsh Language lead for Health Board. Meeting has taken place with Education Lead in Ceredigion. Pembrokeshire and Carmarthenshire meetings planned for 2024. The possibility of complaints from parents remains as there is an expectation within Welsh language schools. The action has been completed but the issue is yet to be resolved.							

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
									and appropriate relationships sessions, internet safety, growing up talks in both primary and secondary schools. 4. Ongoing effects on staff wellbeing and morale due to staff shortages within the service. Risk location, Carmarthenshire, Ceredigion, Health Board wide.						team, along with the challenges the service are facing with succession planning, make School Nursing a fragile service.	Exploring the possibility of a blended model with the immunisation nurses to deliver school based immunisations which will reduce School Nursing workload	Morgan, Barbara	Completed	Supportive model was piloted during Autumn 2022 programme with mixed feedback due to HBs competing priorities of vulnerable groups. It is hoped that further discussions can be established with Public Health team ahead of Autumn 2024. This is ongoing. Discussions with the Public Heath Team took place in May 2025 however due to capacity it is unlikely that they will be able to support the School Nursing Service this year.							
																Workforce support to broaden our scope of recruitment to include Social Media etc.	Morgan, Barbara	31/03/2026	N/A							

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
1580	Planned & Specialist Care	Cancer & Scheduled Care	Scheduled Care: Endoscopy	Carruthers, Andrew	Goode, Paula	Humphrey, Lisa	Edwards, Sara	03-Jan-23	There is a risk of to the expansion of endoscopy service provision across the Health Board This is caused by - delayed and/or failed substantive recruitment of Consultant Gastroenterologist at Bronglais Hospital; - conflicting priorities of unscheduled and scheduled care, i.e. general medical priorities limiting sessional allocation available to undertake endoscopy within job plans This will lead to an impact/affect on - a failure to meet projected demand forecasts for endoscopy; - waiting list size: in the absence of a sustainable solution to increase the endoscopist workforce to clear the backlog and manage the waiting list; - an increased reliance on premium rate additional activity to increase capacity in the short term; Risk location, Bronglais General Hospital.	A review of current endoscopist job plans to review opportunities to increase endoscopy sessions; Consistent communication with the BGH site management team to discuss workforce opportunities; Exploration of alternative workforce models - i.e. clinical/non-medical endoscopists - to ascertain other avenues to increase endoscopist capacity	Workforce/OD	4	3	12	Given the challenges in medical workforce recruitment at Bronglais Hospital, it is unlikely the target score will reduce below 9. This risk is leading to further challenges in the management of Gastro and Endoscopy workload at BGH with current consultant working above and beyond agreed job plan. This cannot be sustained in the long-term and presents a further risk to the fragility of the service which is currently dependent on that one consultant. The geographical location of BGH presents a significant recruitment challenge, making this risk more difficult to mitigate than for GGH. Current restrictions on employing a locum consultant and the possibility of the current consultant being working beyond capacity mean that this risk has now increased since this risk was added to Datix.	Explore Physician Associate role to support Gastroenterology outpatient activity, ward-based work and consideration of training in endoscopy	Edwards, Sara	Completed	PA secured through HB streamlining process in May 2023 - commenced in post in November 2023 & due to start clinical endoscopist training in September 2024.	People, Organisational Development and Culture Committee	2	2	4	Given the challenges in medical workforce recruitment at Bronglais Hospital, it is unlikely the target score will reduce below 9. This risk is leading to further challenges in the management of Gastro and Endoscopy workload at BGH with current consultant working above and beyond agreed job plan. This cannot be sustained in the long-term and presents a further risk to the fragility of the service which is currently dependent on that one consultant. The geographical location of BGH presents a significant recruitment challenge, making this risk more difficult to mitigate than for GGH. Current restrictions on employing a locum consultant and the possibility of the current consultant being working beyond capacity mean that this risk has now increased since this risk was added to Datix.	Treat	14-Jul-25
																Develop strategic workforce plan - in collaboration with the National Endoscopy Programme, ARCH and Swansea Bay HB (Regional Collaboration) - to review recruitment & retention of workforce and a plan for workforce expansion in line with projected demand over the next 5 years.	Edwards, Sara	Completed	An away day between Swansea Bay and Hywel Dda was held on the 28th of September to review current establishments and identify opportunities for short term and long term plans. Outputs are being worked through.							
																Clinical Endoscopist post to be secured as part of endoscopy establishment.	Edwards, Sara	Completed	Funding identified, and trainee clinical Endoscopist post recruited to in July 2023. Commenced posted in September 2023 - 2 year training programme.							
																Recruit to GGH consultant vacancy	Edwards, Sara	Completed	Locum consultant recruited to GGH vacancy in April 2024							
																Work with WGH site team to discuss funding availability to recruit gastroenterologist in WGH- strategy required for gastro delivery in absence of funding availability	Edwards, Sara	31/03/2026	Joint action with Sally Farr, Ian Rees, Angela Puffet & Eiry Edmunds This is ongoing							
																Work with BGH site team to discuss approach to manage the Gastroenterology workload in BGH.	Edwards, Sara	31/03/2026	On-going discussion - mitigation: oversee clinic & endoscopy demand vs. capacity to limit impact.							

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
737	Director of Finance	Digital	Digital: Information and Communication Technology	Thomas, Huw -	Tracey, Anthony	Brain, Sarah	Brain, Sarah	01-May-18	There is a risk of that the staff working on the switchboards within the Health Board are not able to comply with the European Working Time Directive (EWTD). This is caused by the inability to cover single handed shifts at night, weekend and bank holidays at 3 out of the 4 hospital sites. This will lead to an impact/affect on the European Working Time Directive (EWTD) is an EU initiative designed to prevent employers requiring their workforce to work excessively long hours (specifically the right to a rest break if the working day is longer than six hours), with implications for health and safety, increased levels of sickness and potentially more time off work. Consequently this could have a direct impact on patient care. Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital.	Each switchboard has a lockable door. There is now a supervisor now on call for support. Ring-rounds are carried out to check on well-being of switchboard staff (carried out by the staff themselves) - buddying system. Health Board successful for an Invest to Save bid from Welsh Government and a replacement and modernised programme for the switchboard is now in place. The project is up and running. Call recording is allowed on new system if issues are raised. Post-implementation review of system was carried out on 19th January 2023. Digital side of system is operable. Update May 2025 - OCP is currently progressing to eliminate lone working and allow breaks in line with EWTD	Statutory duty/inspections	4	3	12	We are not able to facilitate the required compliance without significant investment with additional staff and support from the site management. However, the night staff will have to undertake significant switchboard training to ensure that they are able to respond to the emergency calls. No complaints have been received from staff to date and concerns in the teams are minimal. Risk score was reviewed following review of system which occurred in January 2023.	Review physical alarm systems in GGH and WGH switchboards No update from estates - highlighted in Health and Safety report regular workstream established with Estates to review the alarms on all sites and to progress to remote monitoring	Beynon-Thomas, Kelly	Completed	following recent meeting with estates on 8/11/23 switchboard will need to decant for RAAC plank, revised to February 2024 highlighted issues during meeting to Estates that remote monitoring of alarms is now essential	People, Organisational Development and Culture Committee	2	3	6	Assurance & Risk Officer has entered TRS date '01/01/1900' whilst undertaking housekeeping on this risk to allow the risk to be saved. Risk lead to input 'Rationale for the target risk score' and 'Expected date to achieve Target Risk Score' at next review.	Treat	16-May-25
																Review physical alarm systems in BGH and PPH switchboards Alarms highlighted in Health and Safety meetings and included in reports no update from estates	Beynon-Thomas, Kelly	Completed	meeting held with Estates to discuss alarms across all sites, currently project and work in place to try and develop ways to manage alarms remotely.							
																Health and Safety review of all sites to be carried out in May 2023 (inspecting physical environments and support mechanisms for staff) All Health and Safety Reviews have been carried out some actions already done clearing of areas, awaiting completed reports.	Beynon-Thomas, Kelly	Completed	Health and Safety advisor booked in to carry out review. Update Action at next review.							
																Develop work plan to enable switching between sites	Beynon-Thomas, Kelly	Completed	Work plan to be developed once review of alarms and Health and Safety inspection carried out.							
																OCP to be followed, merging of GGH and PPH teams, and merging of BGH and WGH out of hours to remove lone working and comply with EWTD	Brain, Sarah	09/01/2025	OCP currently in process							

Date of report	Report issued by	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Red (behind schedule)	Amber (on schedule)	Green (complete)	External Recs	Any Barriers to Completion Noted?	Monitored via AMAT?	Reported to ARAC as Opened Since Last Report (as part of UHB Tracker Update)	Reported to ARAC as Closed Since Last Report (as part of UHB Tracker Update)	EscalationReporting Month	Overdue?	Included in WG return	Overdue + 6 Months	Overdue + 6 Months- Yes/No?	Date Report Closed
Mar-24	Health Education and Improvement Wales (HEIW)	Trauma and Orthopaedics Glangwili Hospital March 2024	Medical Director	Medical Director	Aug-24	~~Aug-24~~ ~~Mar-25~~ N/K	8	4	0	4	0	06/06/2024 - meeting scheduled between Head of Assurance and Risk and Head of Medical Education to review	Yes	Aug-24					Feb-25	No	
Apr-25	Health Education and Improvement Wales (HEIW)	Education & Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board	Medical Director	Medical Director	Aug-25	Aug-25	12	0	5	7	0		Yes								

Date of report	Report issued by	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Red (behind schedule)	Amber (on schedule)	Green (complete)	External Recs	Any Barriers to Completion Noted?
Mar-24	Health Education and Improvement Wales (HEIW)	Trauma and Orthopaedics Glangwili Hospital March 2024	Medical Director	Medical Director	Aug-24	~~Aug-24~~ ~~Mar-25~~ N/K	8	4	0	4	0	
Apr-25	Health Education and Improvement Wales (HEIW)	Education & Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board	Medical Director	Medical Director	Aug-25	Aug-25	12	0	5	7	0	

1.6

1.6 - Targeted Intervention Progress Report

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

For approval

Attachments

1.6 TI August 2025 - PODCC LG.pdf

1.6 Appendix 1 - PODCC - Inspection actions.pdf

Escalation De-escalation – People, Organisational Development and Culture Committee

(August 2025)

Escalation De-escalation - Governance and Leadership Criteria – Evidence and Assessment

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

6. Full Substantive Executive Team, Clear Structure, Succession/Development Plans
Status – ASSURE
Committee: PODCC
Lead Executive: Lisa Gostling

Explanation
Committee records and Board self-assessment documents confirm that a full and substantive Executive Team is in place, with clear organisational structure charts presented and updated in 2025. Succession and development plans are actively reviewed and have owners/actions assigned.

Why Assure?

- **Team Stability -** No interim or acting gaps in key Executive roles.
- **Structure Visibility -** Up-to-date charts and plans in Board papers.
- **Development Actions -** Documented plans in OD/People strategies.
- **Conclusion -** This area is controlled and routinely scrutinised, supporting **Assure**.

Escalation De-escalation - Governance and Leadership Criteria – Evidence and Assessment

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

7. Leadership Programmes in Place to Strengthen Management Maturity

Status – ASSURE
Committee: PODCC
Lead Executive: Lisa Gostling

Explanation

A portfolio of OD-commissioned and in-house leadership programmes is underway, as detailed in workforce/OD reports. There is clear evidence of ongoing participation, with further support planned for lower-scoring areas and positive external feedback on course content/impact.

Why Assure?

- **Breadth and Depth -** Programmes reach multiple teams and levels.
- **Feedback Loops -** Evaluation and adaptation in place.
- **Evidence of Impact -** Staff survey and engagement metrics improving.
- **Conclusion -** Clear, ongoing commitment and participation support **Assure**.

Escalation De-escalation - Governance and Leadership Criteria – Evidence and Assessment

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

8. **Positive Staff Engagement (NHS Wales Survey)**

Status – ASSURE
Committee: PODCC
Lead Executive: Lisa Gostling

Explanation
Staff engagement metrics (e.g., survey response rates, engagement scores) are at or above Welsh average in key care groups, with significant improvement from 2023/24. Staff feedback on engagement and culture progression is routinely considered by the Board and informs ongoing OD action plans.

Why Assure?

- **Participation Up -** Increasing response and engagement.
- **Targeted Action -** OD/People support where needed.
- **Embedding Change -** Board and committee review staff experience.
- **Conclusion -** the engagement metrics in the staff survey show some improvement but in recognition that this is a single point of data, and that wider cultural issues are being considered, this is rated as limited assurance

Context and Next Steps

This update serves purely to advise the Committee on progress against the de-escalation criteria linked to the Governance and Leadership domain within Targeted Intervention. It is not intended to give a wider assessment of leadership and organisational culture based on staff experiences.

Therefore it is important to note the following items on the agenda which demonstrate that much more is needed to improve staff experience and the culture within which we work:-

- Workforce risks
- Staff story of how our processes impact on people.
- Equality, Diversity and Inclusion updates including the Strategic annual plan, pay gap reports, LGBTQ+ action plan and the HEIW Report on General Surgery in Withybush General Hospital
- Cultural overview report highlighting the pressures placed upon people and teams.
- Speak Up, Make Meaningful Change
- Workforce metrics where higher levels of sickness absence are present with long term sickness being the higher than short term absence.

Recommendation	Reference Number	Action	Person Responsible	Lead Person	Date Raised	Original Due Date	Current Due Date	Due Date Change Count	Date Last Updated	Last Updated By	Action Rating	Progress Status
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.	Targeted intervention/2025/559/MD1/2	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. Please provide a summary of the progress so far and the next steps.	Ms Lisa Gostling	Ms Lisa Gostling	22/07/2025	29/07/2025	29/07/2025		22/07/2025	Mrs Katrina Davies	Amber	Fully complete (Approved)
Effective leadership programmes are in place to support the ongoing development of leadership and management skills at all levels / professions to strengthen management maturity.	Targeted intervention/2025/559/MD2/3	Effective leadership programmes are in place to support the ongoing development of leadership and management skills at all levels / professions to strengthen management maturity. Please provide a summary of the progress so far and the next steps.	Ms Lisa Gostling	Ms Lisa Gostling	22/07/2025	29/07/2025	29/07/2025		22/07/2025	Mrs Katrina Davies	Amber	Fully complete (Approved)
Positive staff engagement in NHS Wales surveys.	Targeted intervention/2025/559/MD3/5	Positive staff engagement in NHS Wales surveys. Please provide a summary of the progress so far and the next steps.	Ms Lisa Gostling	Ms Lisa Gostling	22/07/2025	29/07/2025	29/07/2025		22/07/2025	Mrs Katrina Davies	Amber	Fully complete (Approved)

2

30 Mins

2 - PEOPLE

2.1

2.1 - Staff Story - Hope

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

For discussion

2.2

2.2 - Partnership Forum Update

Anthony Dean (Hywel Dda UHB - Estates)

For assurance

Attachments

2.2 SBAR - SPF Update to People Committee - LG.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Staff Partnership Forum Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce & Organisational Development and Deputy Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Anthony Dean (Unite) – Chair of Staff Partnership Forum

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Hywel Dda University Health Board provides publicly available annual assurance reports to its Board via its People Committee which receives updates from the Staff Partnership Forum (SPF) through appointed representatives. Reports in the past have summarised the joint approach to the Welsh Health Circular (017) on the non-pay deal and discussions are underway to ensure that a quarterly update on Staff Partnership Forum activity is captured going forward for this Committee. This is the first report in the new style which we will continue to develop over the coming cycle of meetings in 2025/26.

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

Cefndir / Background

The SPF has been established as an Advisory Committee of Hywel Dda University Health Board and was constituted from 1 October 2009. The SPF is the formal mechanism where NHS Wales employers and Trade Unions, professional bodies (hereafter referred to as Trade Unions) work together to improve health services for the people of Wales. It is the forum where key stakeholders will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues. The Trade Union Congress (TUC) principles of partnership working has been further embedded as a result of the Social Partnership & Public Procurement (Wales) Act 2023 which requires Welsh public sector organisations to engage collaboratively with trade unions and other stakeholders in decision-making processes to improve public service delivery and well-being in accordance with the Wellbeing of Future Generations Act 2015.

Feeding into the SPF are three local Partnership Forums, one for Pembrokeshire, Carmarthenshire and Ceredigion. Each one discusses issues at a local level and escalates matters that they have been unable to resolve at a local level or require escalation on a cross

county basis.

The PF also have a set Terms of Reference and an overarching Facilities Agreement which is under review. Ways of working do vary across all three county Partnership Forums (PF) and efforts will be made to streamline and standardise our operations over the coming months as this can only serve to enhance our contributions and joint working across the Health Board (HB).

Asesiad / Assessment

The Staff Partnership Forum last met on 15 July 2025 and was chaired by staff side. At that meeting the following issues had been escalated from the local partnership forums for discussion or resolution:-

1. Local Partnership Forums not being quorate – despite previous reminders to management attendees, this situation appeared to have worsened since the inauguration of the Critical Care Groups (CCG) and some of the management side issues appeared to be due to CCG meeting schedules conflicting with PF.

   Previously, SPF had been asked to consider the re-alignment of the local PF with the CCGs which may assist as some staff now had a Health Board wide remit rather than county specific which may result in them having to attend 3 PF rather than the former 1 which was clearly proving challenging. Following discussion, it was agreed that meeting arrangements would be reviewed to ensure quoracy going forward and further efforts would be made to review attendees and attendance in light of the new CCG responsibilities.

2. Staff being asked to join the bank rather than being offered overtime – concern was raised that this did not accord with terms and conditions. An action was taken to report back on this issue.

3. Parking Wardens – clarity was sought on whether the parking wardens would be provided through a private contractor. The HB confirmed that they would be HB employees.

4. Staff Morale – this is a standing item of concern and discussions around the staff survey, culture and sexual safety and resultant action plans are discussed across a number of the Workforce & Organisational Development (W/OD) papers discussed at SPF.

5. RIF Funding and the impact on staff – there was agreement that this needed more thought in terms of how we plan to either integrate and fund internally or end arrangements once funding ceased if the project had not proved viable.

6. Withholding Band 2/3 vacancies and impact on use of agency and variable pay – concern was raised that nursing colleagues were not releasing vacancies as a result of the All Wales work and this was causing pressure on staff and variable pay spend. The trade unions were collectively seeking a resolution to this issue even though there was acknowledgement that the All-Wales work and collective respect and resolution complaints within the Health Board were progressing. It was confirmed that the vacancies were being looked at by the Executive Director of Nursing and a response would be provided on which roles could be released.

7. Lifts at Bronglais – concern was raised that the lifts were increasingly breaking down and this was impacting on staff and patients alike. Assurance was sought that remedial action was in train to resolve the frequency of breakdowns.

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

Other issues discussed were in relation to:-

- 815 - Counter Fraud, Bribery and Corruption Policy which had recently been reviewed and had been out for consultation until 24 July 2025. The policy is now scheduled to go to ARAC for approval on 19 August 2025.
- The trade unions raised their concern over the lack of guidance around the recent Supreme Court ruling in relation to biological sex. During the discussion, colleagues from W/OD advised that the Equality & Human Rights Commission had issued interim guidance and a paper was being prepared for Executive Team consideration.
- Uniform – due to the hot weather the trade unions were concerned that manager discretion was variable when it came to allowing staff to wear shorts and differing practices were being seen across similar work environments. The unions asked for this to be looked at as a priority rather than waiting until our next meeting which would take place in the autumn and this was agreed.
- Concerns were raised with witnesses not attending disciplinary meetings or hearings. A discussion followed on some of the difficulties that are encountered, and it was agreed to set up a group to consider the issues including application of fast track procedures with 1 trade union representative for each county attending.
- The trade unions welcomed the financial report provided by the Assistant Director of Finance.

Argymhelliad / Recommendation

Committee is asked to:

- **NOTE** the report and **TAKE ASSURANCE** that our partnership forums promote the sharing of issues and concerns and working together to achieve appropriate resolution.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	All
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
Galluogwyr Ansawdd: Enablers of Quality:	2. Culture and valuing people

Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Striving teams
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:	N/A
Rhestr Termau: Glossary of Terms:	N/A included in report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Staff Partnership Forum

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:	Engagement with Staff representatives is essential
Risg: Risk:	N/A
Cyfreithiol: Legal:	N/A

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

2.3

2.3 - Joint Inspection of Child Protection Arrangements Report

Sharon Daniel (Hywel Dda UHB - Executive Director of Nursing, Quality & Patient Experience)

Attachments

2.3 PODCC JICPA Paper Aug 25.pdf

2.3 Appendix 1 - CIW - Pembrokeshire - JICPA - 2024-25 - Report - FINAL - E~.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 August 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Joint Inspection of Child Protection Arrangements
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: **REPORTING OFFICER:**	Mandy Nichols-Davies, Head of Safeguarding

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 purpose of this report is to provide the People, Organisational Development and Culture Committee (PODCC) with an overview of the Joint Inspectorate Review of Child Protection Arrangements (JICPA) report including areas for improvement and to highlight the recommendations in the report relevant to the Committee.

Cefndir / Background

On 22 January 2025, Hywel Dda University Health Board (HDdUHB) received notification that Care Inspectorate Wales (CIW), His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), Healthcare Inspectorate Wales (HIW), and Estyn were undertaking a Joint Inspectorate Review of Child Protection Arrangements (JICPA) in Pembrokeshire during the week commencing Monday 17 March 2025.

The inspection report was published on 26 June 2025 and can be viewed at Appendix 1.

The inspection focussed on the following areas.

- the response to allegations of abuse and neglect at the point of identification.
- the quality and impact of assessment, planning and decision-making in response to notifications and referrals.
- the protection of children aged 11 and under at risk of abuse and neglect.
- the leadership and management of this work.
- the effectiveness of the multi-agency safeguarding partner arrangements in relation to this work.

The methodology focussed on three main areas:

- evaluation of the multi-agency ‘front door’ for child protection when children at risk of harm first become known to local services.
- ‘deep dive’ evaluation of the experiences of children at risk.

- an evaluation of the quality of the leadership, management, and governance arrangements in place to develop and support service delivery.

Inspections focussed on direct practice by:
- meeting with children, parents and carers.
- scrutinising and discussing children's experiences alongside practitioners and staff working with the child.
- observing practice in multi-agency agency meetings.
- examining key documents and interviewing staff to understand the support provided by senior officers and the impact of quality assurance.
- evaluating the effectiveness of arrangements for safeguarding and protecting children at risk of harm.

Asesiad / Assessment

Based on the Joint Inspection of Child Protection Arrangements (JICPA) report for Pembrokeshire, the main areas identified for Health Board improvement are as follows.

Leadership and Governance
- Inconsistent leadership quality across services.
- Lack of supervision and professional challenge, especially in health visiting and school nursing.
- Deficit-based approach to risk, with limited focus on strengths or protective factors.
- **Poor safeguarding training compliance, particularly Level 3 training (only 37% compliance among medical and dental staff in Dec 2024).**
- Inadequate quality assurance and monitoring processes to ensure learning is embedded in practice.

Safeguarding Practice and Supervision
- Child protection supervision was not evident in reviewed files.
- Low compliance with group supervision and peer review sessions.
- Inconsistent record keeping, including minimal analysis and missing documentation (e.g., genograms, chronologies).
- Lack of safeguarding documentation in health records (e.g. Care and Support Protection Plans (CASPPs), core group minutes).
- Delayed health assessments for children in the child protection process.

Voice of the Child and Person-Centred Practice
- Limited evidence of 'what matters' conversations or structured, person-centred planning.
- Children's voices often absent from records and assessments.
- Clinical and impersonal documentation, lacking narrative or lived experience.
- Plans often led by professionals, not co-produced with families or children.

Information Sharing and Systems
- Fragmented IT systems hinder timely information sharing.
- No local child protection medical service, requiring out-of-county referrals, causing delays and stress.
- Inconsistent communication between school nurses and social workers.
- Lack of follow-up on significant events, such as domestic abuse incidents or Duty to Reports (DTRs).

Partnership and Integration
- Health Board not consistently included in strategy discussions or meetings.

- Missed opportunities for multi-agency collaboration, especially in early stages of child protection processes.
- Safeguarding interventions often designed for families, not with them—lacking shared responsibility and collaboration.

The HDdUHB has drafted an improvement plan in response to the themes improvements and Pembrokeshire Local Authority are to provide CIW as the lead inspection agency with a multi-agency action plan.

The HDdUHB action plan includes training compliance relevant to PODCC as follows.

Recommendation	Action	By when
All services to put in place improvement plans to achieve 85% compliance across all professional groups with Level 3 training by 31 March 2026	CCG Service Directors, Associate Medical Directors, Asst Directors of Nursing, Quality and Patient Experience/Assistant Director Quality and Patient Experience for Allied Health and Health Science	30/09/2025
Above plans to be reported to Strategic Safeguarding Steering Group	CCG Service Directors, Associate Medical Directors, Asst Directors of Nursing, Quality and Patient Experience/Assistant Director Quality and Patient Experience for Allied Health and Health Science	30/11/2025

The corporate safeguarding team provide sufficient capacity for all professional staff requiring Level 3 safeguarding children training to achieve 85% compliance. Where services are below this target, they should record the risk on service group risk registers and escalate within Clinical Care Groups (CCGs) and Strategic Safeguarding Steering Group accordingly.

Argymhelliad / Recommendation

The People, Organisational Development and Culture Committee is asked to:

- **TAKE ASSURANCE** that the Health Board improvement plan aims to address the deficit in Level 3 safeguarding training compliance.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1.4 That there are appropriate arrangements to ensure education and commissioning meets future workforce needs. 3.1.4 Ensure the Health Board is meeting its responsibilities with regard to statutory and mandatory training.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks relating to the arrangements to safeguard children across the Health Board include the following operational risks: 1398: Risk to safeguarding of children in ED due to failure to comply with reporting potential child at risk.

	2031: Risk of being unable to provide safeguarding supervision and non-core safeguarding children training due to team capacity
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 3. Effective 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership 2. Culture and valuing people 4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Great care 4. Positive futures
Amcanion Cynllunio Planning Objectives	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 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Pembrokeshire County Council Report of Joint Inspection of Child Protection Arrangements June 2025 Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019 National safeguarding training, learning and development standards
Rhestr Termau: Glossary of Terms:	CASPP - Care and Support Protection Plan CCG – Clinical Care Groups CIW – Care Inspectorate Wales DTR – Duty to Report IT – Information Technology
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Assistant Directors of Nursing, Quality and Patient Experience, Assistant Director of Quality and Patient Experience for Allied Health and Health Sciences.

Effaith: (rhaid cwblhau)

Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	No
Ansawdd / Gofal Claf: **Quality / Patient Care:**	The report highlighted areas relating to quality and patient care that required improvement. A summary is provided in the assessment section of this report. An action plan has been developed to mitigate the areas of risk.
Gweithlu: **Workforce:**	The report highlighted areas relating to workforce that required improvement. A summary is provided in the assessment section of this report. An action plan has been developed to mitigate the areas of risk.
Risg: **Risk:**	The report highlighted areas that required improvement. An action plan has been developed to mitigate the areas of risk. However, input from the Clinical Care Groups is required to ensure that these actions are implemented.
Cyfreithiol: **Legal:**	There is a risk of legal challenge if safeguarding procedures are not followed across the Health Board. The report highlighted areas that required improvement. An action plan has been developed to strengthen the safeguarding arrangements and reduce the likelihood of legal challenge.
Enw Da: **Reputational:**	There is a risk of reputational damage if safeguarding procedures are not followed across the Health Board. The report highlighted areas that required improvement. An action plan has been developed to strengthen the safeguarding arrangements and reduce the likelihood of reputational damage.
Gyfrinachedd: **Privacy:**	Safeguarding procedures within the Health Board are in place to reduce the 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.
Cydraddoldeb: **Equality:**	An Equality Impact Assessment has been undertaken for each Safeguarding written control document within the Health Board.

Pembrokeshire County Council

Report of Joint Inspection of Child Protection Arrangements

June 2025

This document is also available in Welsh.

Mae'r ddogfen hon hefyd ar gael yn Cymraeg.

OGL © Crown Copyright 2025 WG52460 Digital ISBN 978-1-83715-864-5

Introduction

Between 17 and 21 March 2025, Care Inspectorate Wales (CIW), His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), Healthcare Inspectorate Wales (HIW) and His Majesty's Chief Inspector of Education and Training in Wales (Estyn) carried out a joint inspection of the multi-agency response to abuse and neglect of children in Pembrokeshire.

This report outlines our findings about the effectiveness of partnership working and of the work of individual agencies in Pembrokeshire.

Scope of the inspection

The Joint Inspection of Child Protection Arrangements (JICPA) reviewed:

- the response to allegations of abuse and neglect at the point of identification
- the quality and impact of assessment, planning and decision-making in response to notifications and referrals
- the protection of children aged 11 and under at risk of abuse and neglect
- the leadership and management of this work
- the effectiveness of the multi-agency safeguarding partner arrangements in relation to this work.

We have endeavoured to use plain language to describe the findings from the JICPA. We refer to several terms throughout the report which are defined as follows:

Term or Phrase	Definition
AWARE	Capturing the Voice of the Child is required on every occasion a police officer investigates a child protection concern and staff are instructed to use their professional curiosity to consider the child's Appearance, Words, Activity and Behaviours, Relationships and Dynamics, and Environment (AWARE)
CAMHS	Child and Adolescent Mental Health Services
CASPP	Care and Support Protection Plan
CAT	Childcare Assessment Team
CID	Criminal Investigation Department
CLA	Children Looked After
CPR	Child Protection Register

CRU	Police Central Referral Unit for safeguarding concerns
CWMPAS	Collaborative Working & Maintaining Partnership in Adult Safeguarding
CYSUR	Child & Youth Safeguarding, Unifying the Region
DBS	The Disclosure and Barring Service helps employers make safer recruitment decisions by checking the criminal record of someone applying for a role.
DSP	Designated Safeguarding Person is a school or PRU's lead person on safeguarding and child protection
DTR	Refers to a professional's Duty to Report in respect of safeguarding concerns. This may also be referenced as a referral
EHE	Elective home education
ELSA	Emotional Literacy Support Assistant is a social and emotional intervention programme delivered by trained staff in primary, secondary schools and PRUs.
EWS/EWO	Education Welfare Service/Education Welfare Officer
FEO	Family Engagement Officers
Freebirth	Sometimes referred to as unassisted birth, is a practice where women intentionally give birth without healthcare professionals present
ICPC	Initial Child Protection Conference - The first child protection meeting consisting of family members, the child (where appropriate), and professionals involved with the child and family to make decisions about the child's future safety, health and development
ICMS	Information Case Management System
INTACT	Multi-agency partnership programme to tackle Serious Violence and Organised Crime in Carmarthenshire, Ceredigion, Pembrokeshire and Powys
LOG	Local Operational Group
MASH	Multi Agency Safeguarding Hub - A single point of contact for all new safeguarding concerns.
MWWSB	Mid and West Wales Safeguarding Board
NICHE	A police records management system used by several UK forces. It manages information in relation to the core policing entities of people, locations, vehicles, organisations (businesses or other groups), incidents (or occurrences) and property/evidence

Operation Encompass	A process which the police use to provide schools with information on domestic abuse incidents experienced by their pupils. Information on a domestic abuse incident affecting a child is provided by the police to a trained member of school staff the day after officers have attended a domestic abuse incident. Appropriate support can then be given, dependent upon the needs and wishes of the child
Part 6 CASP	Refers to the care and support plan for a Child Looked After
PIT	Multi-agency threshold forum, being piloted, named Partnership Integrated Triage
PPN	A PPN is an information sharing document that records safeguarding concerns about an adult or child. PPNs are shared with partner agencies to inform a multi-agency response.
PRU	A Pupil Referral Unit is a type of school established and maintained by a local authority to provide suitable education for children and young people who, by reason of illness, exclusion or otherwise, may not receive such education (section 19 of the Education Act 1996)
PRUDiC	Procedural Response to Unexpected Death in Childhood - sets out a minimum standard for the multi-agency response to the unexpected death of a child or young person. The aim of the PRUDiC is to ensure that this response is safe, consistent and sensitive to those concerned and that there is uniformity in the approach taken across Wales
RSB	Regional Safeguarding Board
Section 47 (s47)	Under s47 Children Act 1989, a local authority has a duty to investigate if it appears to them that a child in its area is suffering or is at risk of suffering significant harm
SMART	Specific, measurable, achievable, relevant, time-bound
SoS/Signs of Safety	Signs of Safety approach is a relationship-grounded, safety-organised approach to child protection practice, created by researching what works for professionals and families in building meaningful safety for vulnerable and at-risk children
TAPPAS	Meeting forum for agencies to ‘Team Around the Pupil Parent and School’
THRIVE	Threat, harm, risk, investigation, vulnerability and engagement model – a model used to assess the right initial police response to a call for service. It allows a judgement to be made of the relative risk posed by the call and places the individual needs of the victim at the centre of that decision.
VAWDASV	Violence Against Women, Domestic Abuse and Sexual Violence

WSP/Wales Safeguarding Procedures	The WSPs detail the essential roles and responsibilities for practitioners to ensure that they safeguard children and adults who are at risk of abuse and neglect

Summary

The safeguarding context in Pembrokeshire is one whereby increasing numbers of children need care, support, and protection. The number of children named on the Child Protection Register (CPR) has doubled in the last two years, from 58 children in March 2023 to 118 in February 2025. The complexity of referrals is also rising, and more children are needing to enter local authority care. In March 2023 there were 242 Children Looked After (CLA) by the local authority, which has risen to 312 as at February 2025.

Safeguarding and protecting people is everybody's responsibility, and all partners have experienced this rise in complexity and demand. Moreover, this is occurring at a time of significant budgetary pressures for all agencies. It is increasingly important partners work together to provide a joined up and efficient response to safeguarding issues.

Each of the four local authorities within the Mid and West Wales Safeguarding Board (MWWSB) area host Local Operational Groups (LOGs). LOGs monitor and analyse safeguarding practice locally, rather than regionally. This can promote improved coordination and collaboration across the partnership. We note key areas of current focus within the LOG include strengthening Duty to Report (DTR) submission quality, multi-agency collaboration, and addressing capacity challenges to improve standards.

Partner agencies mostly work well together to embed a positive culture in respect of safeguarding children. It is positive to note that education and the police have followed up on improvements required from previous inspections.

Inter-agency communication requires improvement in many practice areas, for example between school nurses and social workers. The absence of safeguarding records, including Care and Support Protection Plans (CASPP) and core group minutes, from health records is an indicator of disjointed communication. There can also be delays in health assessments being completed for children involved in the child protection process. Whilst the health board has identified improvements to address these concerns, ongoing delays mean protective actions to address risk can be adversely impacted.

The Signs of Safety (SoS) methodology is a relationship-grounded, safety-organised approach to child protection practice. It is used in Pembrokeshire and the method is mostly understood by partners. Some records and plans do not have sufficient focus on the strengths of the family and ‘what matters’ to them. The local authority and all partners should strengthen focus on the voice of individual children, the impact of harm, strengths, safety, protective factors, and outcomes. Local authority leaders plan to recruit two consultant social workers to address these improvements.

The impact of workforce pressures on morale and staff wellbeing remains a significant risk in child and family services, which is impacting some teams more than others. Staff across the whole service consistently reference workforce demands outstripping supply, having insufficient support for their wellbeing, and being unable to consistently deliver against their roles and responsibilities. Leaders and members should urgently work with staff to review workforce sufficiency and increase workforce wellbeing and resilience.

Professionals work well with local authority staff in the Childcare Assessment Team (CAT) and value their support. Nearly all Health Board and education staff told us they feel well-supported when they have a concern regarding a child’s safety or wellbeing and need to make a referral. These positives must be strengthened further by improving the timeliness of CAT responses and confirming the outcome of referrals in writing to the individual or agency who is making the referral.

Most child protection enquiries are thorough and focus on the safeguarding needs of the child. Interventions would be improved further by having increased emphasis on partnership working at an earlier stage in the process. Nearly all strategy discussions are between social services and the police, and strategy meetings are not consistently convened before Initial Child Protection Conference (ICPC). This means practitioners are not consistently involved in a timely way, to share information and agree subsequent actions. Leaders should ensure practice aligns with the requirements of the Wales Safeguarding Procedures (WSP).

The conference process is a significant strength in Pembrokeshire. Attendance is good and partners make an important contribution to discussions about risk and need. Conference chairs provide good oversight and analysis of decision-making, which supports the development of clear outline plans to meet the care and support needs of children. Despite this strength, the local authority should ensure the ICPC is timely and takes place within 15 working days of the last strategy discussion/meeting.

Leaders across the education directorate make a valuable contribution to the safeguarding culture of the local authority. For example, educational psychologists, the educational welfare service, youth services, and improvement advisors work collaboratively and share information to provide effective support for children and

young people. All agencies benefit from the high-quality support they receive from these teams, which helps improve outcomes for vulnerable pupils.

There is variation in the quality of leadership across Hywel Dda University Health Board (HDUHB), ranging from proactive approaches to safeguarding practices to missed opportunities for professional challenge and the absence of supervision. Safeguarding training compliance is generally poor and requires a renewed focus and drive by managers to improve attendance.

Quality assurance can be inconsistent, capacity being a specific factor, notably for children's services and HDUHB. In the absence of clear quality assurance processes being implemented, leaders do not have sufficient line of sight on compliance or practice quality.

Overall, children in Pembrokeshire are protected and safeguarded from abuse, neglect, and other types of harm through an adequate multi-agency response. They experience reasonable involvement in their care and support and most people achieve sufficient outcomes. However, there can be inconsistencies in safeguarding arrangements, ranging from excellent contribution by agencies at child protection case conference to insufficient quality assurance and inadequate communication in other aspects of the inter-agency partnership. Improved local authority corporate support, including additional funding for children's services, provides opportunity to take forward required improvements.

Key findings and evidence

Well-being

Partnership Arrangements – Strengths

Partners generally have a shared understanding of their roles and responsibilities and there is a focus on effective inter-agency working.

There are examples of excellent collaboration between the police and social services when safeguarding children. This leads to prompt and effective decision-making during investigations.

Children Looked After (CLA) and children named on the CPR receive a collaborative response from professionals. Overall, there is good multi-agency attendance and contributions at core groups, child protection conferences, and CLA Reviews. This provides essential oversight of actions and outcomes linked to the Care and Support Protection Plan (CASPP) or Part 6 CASP. However, general practitioners and

midwifery services are not consistently invited to conference, and this should be addressed.

Leaders have implemented a rapid response process for learning following serious incidents where a child has been harmed. This takes place prior to the Child Practice review and the approach provides the local authority with opportunities to develop recommendations and improve practice in a timely way.

Leaders understand the benefits of multi-agency training. The police and local authority plan to jointly provide safeguarding training to 32 social workers and police officers; and the Health Board delivers multi-agency training on specialist topics such as Fabricated and Induced Illness and PRUDiC multi-agency training provides opportunity for strengthening safeguarding arrangements.

There is a wide range of useful local authority organised safeguarding training available for school and PRU staff and members of the management committee and governors. This includes generic child protection training and specific training, including on Prevent duties, safer recruitment, and Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV). Bespoke training is available if schools and the PRU request it. Training is evaluated following feedback, to support improvements.

Conference chairs facilitate inclusive child protection case conferences. They support the views of family and stakeholders to be shared; and practitioners constructively challenge when there is professional difference. Professional concerns are escalated through appropriate channels, when this is needed.

What needs to improve

ICPCs are frequently being delayed when social work and partner reports are not completed in a timely way. The WSP state a conference chair should be satisfied sufficient information is likely to be available, for the conference to make an informed judgement about continuing risk of harm to the child.

In exceptional circumstances the chair may wish to postpone the conference, but in doing so they must be satisfied the child is protected, and the conference is rearranged as soon as possible. All partners should strengthen efforts to complete reports in a timely way and the ICPC should take place within 15 working days of the last strategy discussion/meeting. Leaders should quality assure that this only happens in those circumstances outlined in the WSP.

Individual Agency - Strengths

Hywel Dda University Health Board

Robust governance structures and policies for safeguarding are in place. There is strong leadership in the management of CLA statutory processes with all health assessments being quality assured by the CLA Team and mostly completed within statutory timescales.

Learning from local and national reviews is widely shared across the Health Board and GP practices, and the Health Board acts swiftly to identify immediate learning as incidents occur. There are good well-being and support services in place for staff involved in traumatic safeguarding incidents.

A new safeguarding module in the Datix Cymru reporting system has enhanced scrutiny and oversight of safeguarding incidents. The recent pilot of having a safeguarding lead in one of the Health Board's Emergency Departments was instrumental in improving safeguarding training compliance and quality assurance processes and is a model that should be considered for future adoption.

Child and Adolescent Mental Health Services (CAMHS) waiting times for assessment and intervention have reduced significantly over the last year, with most children assessed within 28 days of referral and most interventions commencing within 28 days of assessment.

There is evidence of strong documentation in some areas, reflecting health service engagement in the child protection process. For example, some GP records demonstrate good safeguarding practice with clear documentation of domestic abuse incidents, safeguarding meetings, and reports for child protection conference.

There is an encouragement of professional curiosity and staff feel empowered to escalate safeguarding concerns.

Education

The Chief Executive Officer and elected members have established a clear vision for Pembrokeshire of *'working together to improve lives'*. Working closely with the Director of Education, they have established a strong safeguarding culture, and robust processes and systems at both corporate, school, and PRU levels.

As the lead corporate safeguarding officer for the local authority, the Director of Education articulates and secures a clear and well-considered vision for safeguarding. This is underpinned by a shared understanding that it is everyone's responsibility to ensure schools and the PRU are safe and supportive learning environments for the children and young people of Pembrokeshire. This vision is shared effectively across all local authority service areas.

Safeguarding is a high priority for all leaders across the education service. There is an appropriate corporate safeguarding policy, which covers all staff employed by the council. This is further strengthened by the role of safeguarding champions across the council, which includes elected members and senior leaders.

The education service provides a range of worthwhile safeguarding training. All elected members, school governors, management committee members, council employees, school and PRU staff complete the corporate safeguarding training upon appointment. Despite financial pressures, the local authority continues to renew Disclosure and Barring Service (DBS) checks every three years for all elected members, staff who are centrally employed, and those in schools and the PRU including school governors and management committee members.

Governors and members of the management committee have a good understanding of safeguarding procedures. They have developed their role as strategic leaders of safeguarding in their schools and the PRU. They understand their responsibilities to ensure policies and effective practices in respect of safeguarding. Safer recruitment practices are secure. There is highly effective support from the local authority for managing allegations against staff.

Leaders have an Information Case Management System (ICMS) which provides senior leaders with a wide range of purposeful and current safeguarding information. As a result, leaders accurately identify where a school or the PRU requires additional support, the support they need, and who will coordinate and lead the response. This provides effective management of resources and supports schools and the PRU to successfully improve their practice. The Safeguarding in Education manager receives alerts each time this happens.

There are highly effective systems to audit each school and the PRU's safeguarding practices on an annual basis. The Safeguarding in Education manager reviews each school and PRU's audit in detail to consider strengths and areas to improve. Each school and the PRU receive bespoke feedback when needed. This is a significant strength of the local authority.

The annual cycle of school and PRU visits ensures in-depth on-site reviews of safeguarding are undertaken. Prior to each visit, the Safeguarding in Education manager gathers a wide range of data about the school and PRU from different partners. This ensures the manager is well-prepared, leading to more informed and effective safeguarding decisions that ultimately enhance the safety and wellbeing of pupils. Schools and the PRU receive a written report that includes strengths and recommendations for improvement. Any recommendations are followed up by the Safeguarding in Education manager to evaluate progress.

Dyfed-Powys Police

The force has strong governance processes, which provides leaders with quantitative and qualitative child protection performance information.

The force recently reviewed its child abuse investigation arrangements and has introduced a joint investigation team of two detective sergeants and four detective constables. These officers work the same core hours as social services staff and they have received specialist training.

Officers and staff are highly motivated and committed to their work and understand the need to maintain their skills and knowledge. There is supportive working between the general Criminal Investigation Department (CID) and the specialist joint investigation team officers.

The force has strong oversight of its human resources. It plans to build resilience in its services which safeguard vulnerable people. It arranges specialist courses and uses performance information to decide which topics should be included, for continual professional development. For example, this year all frontline staff will receive training on neglect.

The force provides its workforce with well-being and psychological support. Supervisors can refer staff and officers or individuals can access these services directly.

A sequence of force risk management meetings support the coordination of police and partner agency activity, to disrupt offenders and protect children and their families. Force communication centre staff use the THRIVE risk assessment to decide the timing and type of response to child safeguarding incidents. This is effective and supervisors actively review open incidents to ensure the police response remains appropriate.

Children’s Services

Children’s services are experiencing increased complexity and demand, against a backdrop of significant financial pressures. In this context, it is positive to note the recent shift and improved focus of corporate leaders and members on social services. This includes increased funding for children’s services and will provide opportunity to address acute need, whilst strengthening emphasis on early intervention and prevention.

Operational staff are highly dedicated and committed to promoting the safety and wellbeing of children. Staff are managing increasing complexity and demand, but their wellbeing is being significantly impacted. Senior managers are experienced and most staff describe them as being accessible and supportive. Leaders have

understandably focused on increasing capacity and reducing demand to support staff wellbeing.

The approach of conference chairs and Independent Reviewing Officers (IROs) is a notable positive, which provides reassurance about practice quality. Conferences are effectively chaired to ensure parents understand the process. Chairs explain each step clearly and provide opportunities for parents to ask questions, supporting their understanding and engagement. Conference chairs and IROs provide high-quality analysis and oversight of care planning.

Mid-point reviews are consistently held in a timely way to monitor the effectiveness of CASPP and part 6 Care and Support Plans. But the service is not immune from resource pressures and staff caseloads have risen significantly. This impacts service capacity to maintain standards and leaders should review whether increased capacity is needed.

Individual Agency - What needs to improve

Hywel Dda University Health Board

The quality of leadership varies significantly by service. In some areas, such as health visiting and school nursing, there is strong professional ownership and proactive approaches to safeguarding. However, the absence of supervision, professional challenge, and reflection is notable. Records frequently show repeated concerns without escalation, suggesting missed opportunities to lead safeguarding practice with vision and purpose.

The approach to risk is predominantly deficit-based, with a focus on presenting problems rather than potential strengths or protective factors. Although some cases mention interventions such as Care and Support Plans, FRAIT tools, or Early Help assessments, these are not consistently used to empower the individual or their family to understand risks and make informed decisions. The lack of follow-up or feedback loops also makes it difficult to determine whether the interventions improved well-being or merely met procedural requirements.

Training compliance is a concern, particularly for Level 3 safeguarding children training. Only 37% of medical and dental staff were compliant in December 2024. The provision of training is regularly available, but attendance levels are often low.

Consistent quality assurance and monitoring processes are required for the Health Board to assure itself that learning is embedded in practice. Whilst compliance data is reported via safeguarding governance meetings, actions to address deficits require strengthening.

Child protection supervision was not evident in the sample of files reviewed. There were inconsistencies in record keeping, with examples of minimal recordings and a lack of analysis.

Staffing capacity (in some teams) has impacted the Health Board's management of safeguarding, including in the areas of quality assurance, training and supervision compliance. Where staffing deficits have improved, there is evidence of a refreshed focus on these key areas of practice.

Safeguarding group supervision compliance is low due to poor attendance and the approach not being implemented for some relevant groups (such as CAMHS, Sexual Health Services and Allied Health Professionals). Similarly, attendance at monthly peer review sessions is inconsistent. Safeguarding supervision is an important element of reflection and learning which should be prioritised, alongside safeguarding training.

The Health Board's numerous IT systems do not support the timely collation and sharing of information, when safeguarding concerns arise. Leaders should identify opportunities to strengthen information sharing arrangements.

The reliance on child protection medicals being completed by acute paediatricians in an out-of-county hospital, due to the lack of a service in Pembrokeshire, presents a long-standing and unresolved challenge to all agencies involved. This has a significant impact on the timeliness and quality of child protection medicals; not least because people experience undue stress when they most need support. The Health Board should consider how best to resolve these issues to ensure a more timely and seamless service, both for agencies and for the children and families involved.

School Nurses follow the All Wales Framework for School Nursing. Whilst there is some evidence of school nurses being involved in the child protection process, this should be strengthened further. There is inconsistent communication between school nurses and social workers, to gather updates and share information. We found evidence of delays in health assessments being completed when children are subject to the child protection process. Such delays can impact the timely identification and management of health and safeguarding concerns.

There was variability in the completion and quality of safeguarding documentation across services. This includes missing or incomplete genograms, chronologies, and front sheets. This results in significant gaps in information sharing and an under-developed understanding of risks, which may lead to missed opportunities for intervention.

Education

Currently the Safeguarding in Education Manager is a sole role which would benefit from additional resources to build capacity and sustain the strong practice currently in place.

Dyfed-Powys Police

The force is continuing to improve its information systems, so its personnel can access more comprehensive information about risk and vulnerability. Leaders and managers review performance management data and operational teams use the information to prioritise their activity. However, there remains inconsistency in where information and records of incidents and child protection meetings are held on police systems.

This means that although the force holds information relevant to a child's risk and vulnerability, it is not always accessible to staff. In these circumstances, relevant information about the child's vulnerability and those who are a risk to them may not be fully taken into consideration when making safeguarding decisions. Accurate recording and the use of flags on Niche could improve the accessibility of this information for frontline officers and staff.

Children’s Services

Corporate leaders and members have recently improved their understanding of the social care landscape and the needs of people in Pembrokeshire. Recent investment in the CAT and prevention services being a demonstration of this improvement and greater commitment to social care.

Despite this, operational staff express a significant gap between operational capacity and demand. This is negatively impacting the self-efficacy and morale of the workforce, with teams feeling unsafe in their practice. The local authority should ensure it retains priority focus on social care capacity and the needs of vulnerable children in Pembrokeshire.

With morale low, staff need to be included and heard. They want to overcome frustrations and support improvements. However, they are disconnected from corporate leaders and strategic plans. To support recruitment and retention, leaders should work with staff to co-produce plans for service development and communicate developments in a supportive and compassionate way.

Practitioners state their well-being needs are not met in a meaningful way and they do not experience sufficient support following critical events. Corporate leaders should renew focus on the wellbeing of staff to support workforce stability.

Practitioners and team managers across the service consistently describe caseloads as being too high. This was observed to undermine practice quality, with waiting lists for assessments and delays with s47 enquiries and ICPCs. Sufficient staffing resource must be in place to ensure children receive effective care and support. Specific attention must be given to current caseload expectations and whether these are realistic.

Whilst there are some good examples of records containing clear analysis of risks and actions, practice was variable and should be strengthened. Practitioners and managers must ensure the consistent recording of key decisions and SMART (specific, measurable, achievable, relevant, time-based) actions regarding child protection decision-making.

The local authority must maintain a consistent focus on identified risks and ensure actions to mitigate/eliminate them are sufficient. Specific improvement is required around responses to risks known about sexual offenders within a family context.

The Emergency Duty Team needs to respond to risk for all adults and children in Pembrokeshire. There are times when information sharing is inadequate, and we identified specific risks when matching children to placements out of hours. Leaders should review these arrangements to ensure safe practices are in place.

The local authority has moved to a new Information Case Management System (ICMS). Practitioners, managers, and leaders are not assured about the availability or reliability of data being received. The local authority must ensure timely improvements are made, so leaders can confidently monitor practitioner compliance with statutory standards and performance.

Child and family services have a quality assurance framework which is not fully being implemented. Leaders have diverted resource to the implementation of the new ICMS system. In the absence of reliable data or consistent quality assurance activities, leaders do not have sufficient line of sight on compliance or practice quality. Leaders should renew focus on quality assurance to ensure practice is consistently in line with agreed standards.

Staff do not consistently receive supervision which meets their needs. The quality of supervision is also variable. Specific improvements are required with support for staff well-being, the consistent use of SMART actions, and reflective practice. Leaders are aware of this issue and should ensure planned improvements are taken forward in a timely way.

Teams do not have systems or capacity to support reflective and strength-based practice. Leaders should explore opportunities to strengthen these arrangements and promote practice quality and workforce resilience.

People

Partnership Arrangements – Strengths

Overall, professionals effectively identify children in need of protection and promote their safety through the timely sharing of concerns.

Whilst the voice of the child is not consistently captured by all agencies, this is a strength for education and children's services. This is supported by trauma-informed approaches.

The Signs of Safety (SoS) methodology promotes a consistent approach to communication with families in child protection case conference. Conference chairs will not facilitate conferences unless professionals have shared their reports with parents. This supports parents to prepare for conference in a meaningful way.

What needs to improve

There is a tendency to lose focus on individual children if a sibling's situation is regarded as more urgent or complex. Assessments, plans, and meetings must maintain focus on the individual needs and outcomes of all children in sibling groups.

The recording of ethnicity and language on the Health Board and police records is not consistent. Leaders should ensure accurate and clear record keeping of important demographic information.

Individual Agency - Strengths

Hywel Dda University Health Board

Health Visitor assessments and recordings evidence the context of visits, observations of the child, a picture of the child's daily lived experience, and refers to contextual risks and parenting response.

There was evidence of professional curiosity in Health Visitor and Children's Community Nursing records.

The voice of the child was evident in the health assessments of Children Looked After and there are several initiatives to capture the voice of CLA.

Education

Members of the public can make anonymous referrals about the welfare of a child. Following a referral, the Education Welfare Service (EWS) do a home visit/welfare check. This makes an important contribution to keeping children and young people safe.

Increasing numbers of schools in Pembrokeshire employ Family Engagement Officers (FEOs). FEOs play a strong role in schools and the PRU, by building positive relationships with families and helping to support their needs. Through regular FEO network meetings, workers have the opportunity to share and improve their knowledge to strengthen their role and a deeper understanding of the work of other agencies.

The positive working relationships between school/PRU staff and parents/carers is a significant strength. Schools and the PRU develop trusting relationships with parents and carers, which positively supports a cohesive approach to supporting the needs of the child. Schools and the PRU know and understand the needs of their most vulnerable pupils and families exceptionally well. There are strong examples of the voice of the child and the family being listened to and included in plans and decisions. Schools and the PRU are a source of support for families and build trusting relationships for the benefit of the child.

The voice of the child is a significant strength. Where appropriate, pupils contribute to their plans and can make their needs and wishes known. They are confident to discuss these with trusted school staff. Children feel listened to, and their wellbeing is important to the adults around them. There are trusted adults for pupils to turn to for support.

Dyfed-Powys Police

No specific areas to record under this section.

Children's Services

The Welsh language Active Offer is made routinely by staff in CAT. This ensures people receive the Active Offer as soon as they contact the local authority.

Despite the pressures across social work teams, staff are dedicated and focused on improving the lives of children and families in Pembrokeshire. Staff focus on working positively with partners and families to keep children safe.

Practitioner capacity to record visits and meetings in a timely manner is impacted by demand pressures. However, most files have evidence of frequent contact between staff and families, and most visits and core groups are completed in a timely way.

Children are seen/seen alone where appropriate. Practitioners generally maintain focus on understanding the child's wishes and feelings. We found positive examples of direct work methods, including the use of toys and the SoS 'three houses' model to engage with children.

Practitioners consistently engage parents and promote their voice. CAT staff recognise the importance of parental consent and mostly take a strength-based approach. We found examples of well-documented attempts by practitioners to work through parental challenge, showing professional curiosity and perseverance in the process.

CASPP and conference minutes clearly explain concerns to children and families. Conference chairs nearly always write a summary of conference in the first person, directly to the child. This is positive practice and ensures practitioners and families retain focus on the child's lived experience.

There is evidence of CASPP and Part 6 CASP being completed to a high-standard and written effectively for children.

Individual Agency - What needs to improve

Hywel Dda University Health Board

There is little to no evidence that 'what matters' conversations are taking place in a structured or person-centred way. Individual views, wishes, or goals are rarely documented; and where professional concern is evident, it tends to dominate over the voice and perspective of the child or family. In particular, the absence of the child's voice is a recurring theme which limits opportunities for informed and collaborative planning.

When interactions are recorded, they are often brief, clinical, and lacking in plain language. There is little use of narrative to reflect the child or families' lived experience, or how their circumstances might impact their ability to stay safe, build resilience, or regain independence. This undermines the principle of acknowledging individuals as experts in their own lives and raises concerns about whether safeguarding approaches are genuinely collaborative and rights based.

There are some positive exceptions, such as school nurses and health visitors providing consistent input and showing attempts to engage meaningfully. However, these examples are not the norm and are not embedded consistently across services or professional roles. Leaders should maintain focus on strengthening the voice of the child in practice.

Education

No specific areas to record under this section.

Dyfed-Powys Police

There is inconsistency in how police personnel record the voice of the child. Senior officers closely monitor completion rates and the quality of the recordings on the voice of the child in PPNs. This action reinforces force policies and is increasing the quality of these reports. New officers are trained to use the 'AWARE' acronym and input through continual professional development supports existing staff to follow this guidance consistently. Leaders should maintain focus on strengthening the way officers capture and record the voice of the child in practice.

Children's Services

Practitioners across children's services state they are under-resourced and unable to meet demand in a timely way. This is impacting staff resilience and practice quality, with people experiencing inconsistent standards due to workforce pressures.

Children and families would benefit from greater focus on the role of extended family members in children's lives. Staff are able to refer to Family Group Conferencing and safety planning meetings could be convened using the SoS methodology. However, these approaches are not consistently used in practice.

In conference and CLA review meetings, parents and children are not always given the opportunity to speak with chairpersons to share their views. The Child Protection Conference and IRO Team need improved capacity to be able to consistently meet standards outlined in the WSP and IRO standards[1].

Core group minutes are often updates of the situation, rather than an evaluation of the effectiveness of the CASPP in reducing the risk of significant harm. The local authority must ensure core group minutes consistently review actions undertaken and reflect the extent to which they have contributed to improving the lived experience of the child and protected them from harm.

Children's services often use 'written agreements' with parents and carers as a means of promoting the child's safety. Whilst these may support the family to understand what has been agreed, consideration should be given as to whether written agreements provide false assurance to professionals about the safety of children. The local authority should review the effectiveness of such agreements and revisit more appropriate strength-based approaches.

[1] Review and monitoring of a child or young person's care and support plan

The quality of statutory visit recordings is variable. The WSP outline that records must include reference to the child's wishes and feelings and changes in the child's life resulting from the implementation of the CASPP. Promoting the voice of younger children at conferences could also be strengthened. We observed frequent reference to the child being 'too young' to contribute, despite being above preschool age.

There is evidence of advocacy being offered to children. However, this practice is not consistent and there are examples of missed opportunities. The numbers of children referred for formal advocacy are low. This indicates the Active Offer of advocacy is not being consistently made. Leaders must ensure the Active Offer of advocacy is consistently made for CLA and children on the CPR.

Partnership & Integration

Partnership Arrangements – Strengths

Partnerships contribute to safeguarding decision-making and constructively challenging each other. Partner input at core groups and conferences supports effective decision-making and planning. We have seen elements of strengths-based practice and SoS used in these forums. This should be strengthened further to bring consistency to the experience of children and families.

Police personnel use the 'AWARE' acronym to help record relevant and detailed information about risk, vulnerability, and the voice of the child on public protection notices (PPNs). This means information about risk to children is generally communicated to multi-agency professionals.

An innovative pilot has recently run, named Partnership Integrated Triage (PIT), to consider all PPNs. Regular PIT attendees include the local authority, police, health, education, and youth justice. The meeting assesses and signposts information for multi-agency interventions. The forum provides opportunity to enhance approaches to threshold and information sharing. The partnership has received an evaluation and are considering implementation.

There are examples of excellent communication between schools and social services. Partners value the support of CAT staff and frequent 'team around the pupil, parent and school' (TAPPAS) meetings enable effective information sharing. Schools are invited to all child protection meetings. They feel that they are equal partners and their voices are heard.

The local authority organises useful network meetings where schools and the PRU Designated Safeguarding Persons (DSPs) meet to discuss concerns, share good practice, and receive targeted training and updates. Schools and the PRU staff value these opportunities very highly as they foster collaboration, enhance the skills and knowledge of the DSPs, and contribute to a safer and more supportive environment for pupils.

The Safeguarding in Education manager has a strong knowledge and understanding of all schools and the PRU. Advice to schools and the PRU is timely and useful. Schools and the PRU have regular safeguarding updates as part of the weekly education newsletters.

There are strong and effective communication systems in place between schools, the PRU, the Safeguarding in Education manager, and local authority services. These provide leaders and officers with effective means of sharing information and identifying potential risks and strengths in practice. Schools and the PRU value the highly effective and supportive role of the Safeguarding in Education manager when they identify concerns which they believe are not being acted upon in a timely manner.

Operation Encompass is used to provide schools with information about children who are at risk from domestic abuse. The partnership is extending this arrangement to include early years care providers. This positive step will improve the safety of vulnerable younger children and their parents.

A team of police officers are dedicated to local schools. These officers are trained to investigate and safeguard children at risk from digital online child abuse, such as sexting and child sexual abuse materials. The officers work closely with school communities to safeguard children and make sure they are not unnecessarily criminalised.

What needs to improve

Whilst there is evidence of effective sharing of information between partners, this should be strengthened in some areas.

Practitioners do not consistently follow-up on DTR referrals. If, having made the initial report in writing, the report-maker has not received an acknowledgement from social services within seven working days, they must contact social services again. The outcome of any discussion and the resulting decision must be recorded by the practitioner making the report.

In the absence of a multi-agency safeguarding hub or co-located safeguarding teams, initial strategy discussions are routinely held between children’s services and

police in the Central Referral Unit (CRU). Some records also highlight missed opportunities to convene a strategy meeting, when strategy discussions have progressed straight to s47 investigations and ICPC.

There are occasions when it would be beneficial to have wider multi-agency contributions to these meetings. For example, referrers and allocated social workers are rarely included in strategy discussions, as these meetings are convened by CAT and the police. Input from Corporate Safeguarding Leads in Health and Education would also be able to support information sharing and decision-making in the absence of involved practitioners.

At a minimum, appropriate practitioners, with responsibility for child protection in the police and social services, should be involved. The local authority should consider how urgent is the discussion, how many agencies need to be involved, and the seriousness of the risk. The more complex and high risk the concerns, the more valuable a face-to-face strategy meeting can be. What is important is to gather sufficient information to form an initial judgement. Partners should work together to develop effective systems for partners to consistently contribute to strategy discussions and meetings.

Ensuring systems are in place to support timely information sharing would also enhance safeguarding practice. For example, the outcome of and minutes of strategy meetings are not routinely shared with involved staff in a timely way. Any information shared, all decisions reached, and the basis for those decisions, must be clearly recorded and circulated within one working day to all parties relevant to the discussion.

ICPCs are routinely delayed when practitioners and partners do not complete and share reports, before conference. Involving professionals at an earlier stage in the child protection investigation would support improved timeliness of reporting. It would further ensure that practitioners' assigned tasks at the strategy discussion/meeting are clear about those tasks and can initiate ascribed actions without waiting to receive the record.

All outline CASPP should be shared with relevant partners in a timely manner. This practice is inconsistent. The outline plan should be implemented and developed by a core group of practitioners, in direct contact with the child and family. It requires partnership working between the core group and the child and family. However, the practice of sharing detailed plans and core group minutes is variable, and this may cause delays implementing actions to achieve safety and agreed outcomes.
The Local Authority must maintain and share the CASPP with the family and partner agencies.

Individual Agency - Strengths

Hywel Dda University Health Board

The Health Board is consistently represented at multi-agency meetings, including those of the Regional Safeguarding Board and its subgroups.

Records demonstrate that health staff are committed to working in partnership with other agencies, and there is evidence of attendance at child protection conferences and core groups.

CAMHS are represented on the Youth Justice Board and Corporate Parenting Group, they are involved in the schools 'In Reach' programme, and engage well with statutory processes, where they have information to share.

There are 10 residential children's homes in Pembrokeshire and the paediatrician and Children Looked After (CLA) nurse visits them on a regular basis to provide support, training, and health assessments.

There is evidence of good communication between multi-disciplinary teams and social care, with the child or unborn child being at the centre of their discussions. For example, there are frequent meetings between perinatal mental health teams and safeguarding leads, and multi-disciplinary teams for children with complex needs.

There is a structured handover process between midwives and health visitors and the use of a digital SharePoint system supports information sharing.

Education

Schools and the PRU are well represented at core group meetings and child protection conferences. They carry out their roles and responsibilities diligently to ensure their pupils' safety and wellbeing is of the highest priority.

All schools and the PRU have a named Education Welfare Officer (EWO). EWOs provide a high level of support to schools, the PRU, and their pupils. For example, they make regular welfare checks to pupils' homes, typically if children are missing from education or absent without reason. Their work has a positive impact on improving the attendance of many vulnerable pupils.

Dyfed-Powys Police

No specific areas to record under this section.

Children's Services

Improvements have been made to transition to not-for-profit models of care for children looked after and plans are in place to increase placement sufficiency. The local authority opened a new children's home in September 2024 and opportunities for further developments are being considered. This is a national challenge, and it is positive to hear members are supporting improvements in this area. The development of commissioning officers has also supported market shaping and the quality assurance of placements.

Individual Agency - What needs to improve

Hywel Dda University Health Board

The absence of the child's voice and lived experience was a theme in respect of some school aged children. Leaders should work with practitioners and the local authority to strengthen the voice of the child in records and ensure timely information sharing of important documents.

There were no CASPP or core group minutes in the health records seen, therefore it is difficult to evidence progress, and it would be difficult to challenge any drift or delay.

Safeguarding interventions are often designed for people, not in partnership with them. Plans are led by professionals, with little evidence that families or individuals have been involved in setting priorities, identifying solutions, or shaping what success looks like. Even where multi-agency meetings take place, the language used in documentation suggests a focus on professional accountability rather than shared responsibility.

Professionals do not consistently articulate their concerns in ways that would support a shared understanding or co-produced plans. Where worries are expressed, there is a lack of clear, accessible communication that invites the individual into a collaborative process. Partnerships with people should be strengthened. This requires a cultural shift from process-led safeguarding to person-centred practice that supports people to live safely and independently.

Education

No specific areas to record under this section.

Dyfed-Powys Police

No specific areas to record under this section.

Children's Services

Referrers are not consistently informed of the outcome of (DTR) referrals they have made and there is professional difference about the appropriateness of many referrals. The local authority should provide referrers with the outcome of referrals, as outlined in the WSP. By meeting this statutory duty, partners will also be able to collate information about trends and outcomes from referrals. The local authority is commissioning an independent review of thresholds and should include partners in this review. Leaders should use this information to develop an improved understanding of DTR thresholds.

Prevention

Partnership Arrangements – Strengths

The local authority sends a monthly update of all children named on the child protection register, to the police. The Force Communication Centre updates systems with this information, which informs front line officers who attend calls for service about the presence of vulnerable children. A similar arrangement is in place for registered sex offenders.

Police intelligence analysts regularly update profiles on community vulnerability and child criminal and sexual exploitation. This information supports multi-agency activity to disrupt offenders and prevent child victimisation.

The local authority approach to supporting the mental health and wellbeing of children and young people is a significant strength. A range of high-quality initiatives are well-established and embedded. This is enabling the local authority to see improvements in the wellbeing and outcomes of children and young people.

Well-established trauma informed approaches are embedded in schools' and the PRU's practice. These include daily check-ins with key staff, Emotional Literacy for Support Assistant (ELSA) sessions, emotionally available adults, and 1:1 therapeutic interventions. These approaches are underpinned by a professional development programme for staff, which maintains high levels of expertise in supporting the emotional wellbeing of pupils. This local authority led approach is positively impacting on the attendance of pupils, with a clear reduction in the levels of both fixed term and permanent exclusions across schools and the PRU.

The local authority has strengthened its support for pupils who are electively home educated (EHE). For example, improved funding to increase the number of officers has enabled the local authority to provide social events. Pupils who are EHE are carefully tracked to identify potential support. The local authority education service

offers advice and guidance for the families of EHE children. This supports building positive working relationships with families to safeguard the needs of pupils well.

What needs to improve

This inspection identified some specific trends and themes in respect of safeguarding arrangements, in Pembrokeshire. Leaders across partner agencies reported variable awareness of these themes.

There is an inconsistent approach to reporting children missing. The guidance to schools/PRU and staff in children's homes is not always understood and followed, before contacting the police to report children missing. This impacts police operational time and stigmatises some children, including those in local authority care.

Freebirth is a growing area of concern for the Health Board, which will require wider collaborative working. The local authority also identified an increasing trend of primary aged children being harmed through the ingestion of illicit substances, including crack cocaine. Partners should ensure timely information sharing about emerging safeguarding themes and work together to disrupt and reduce such risks within the population and for individual children.

Whilst there are strengths in the local authority and education response to EHE pupils, the police had not been sufficiently included in these discussions and would like to explore opportunities for improved information sharing.

The EHE community has more than doubled in Pembrokeshire since 2019. *WG elective home education guidance*[2] stipulates it is essential local authorities continuously work with partner agencies and have arrangements in place to identify children not known to the Local Authority. Support to families should be delivered as part of a co-ordinated multi-agency approach. The ability to work across and between agencies is essential to build a better understanding of the whole family's circumstances and their needs for care and support. Strong working relationships and a multi-agency approach can prevent needs escalating and identify when a child or family member is at risk.

Within legal parameters, partners should maximise opportunities to share information and make use of available resource to better identify and safeguard those EHE children who may be vulnerable to the risk of harm. The local authority should seek to develop an information sharing protocol which clarifies the circumstances under which information can and should be shared between agencies that support children.

[2] Elective home education guidance [HTML] | GOV.WALES

Individual Agency - Strengths

Hywel Dda University Health Board

We saw evidence of appropriate DTRs being completed, following the identification of safeguarding concerns during home visits and hospital attendances. When appropriate, the health visiting service identifies families requiring additional support and instigates a package of intense visiting.

Education

In schools and the PRU, there are well planned curriculum opportunities to teach pupils the importance of strong mental health, emotional wellbeing, and healthy relationships.

Schools and the PRU forge beneficial links with other agencies and organisations to support vulnerable pupils' needs. In addition, they provide valuable opportunities for parents and carers to benefit from the support of external organisations within their school day.

Dyfed-Powys Police

The force ensures that risk in domestic abuse incidents is accurately assessed. Specialist personnel review all domestic abuse incident reports and allocate investigations and safeguarding actions to support victims. This means children are recognised as victims themselves and are referred for help.

The police led INTACT program is designed to support children and young people assessed as at risk from becoming involved in criminality. Clear terms of reference make sure this targeted support is focused on children who are not receiving other statutory interventions.

Force communication centre managers check to see if call handlers record information on the system about the caller's vulnerability; and whether prompts to record the voice of the child and use body-worn cameras are given to responders.

There is a clear process for reports of missing children. All reports are recorded against a question set and then risk assessed by the force intelligence manager. The force has reappointed a missing persons coordinator, who makes sure all incidents are accurately recorded and shared with relevant partners. Positively, missing children are never recorded as low risk.

Children's Services

In the context of workforce pressures, it is positive that staff retain focus on prevention to support families to meet their needs, whilst reducing the risk of escalation and harm to the child.

An emphasis on prevention is evident to support families to address issues at an early stage. For example, the Family Support Team (FST) work closely with families to reduce risks and the Edge of Care Team aim to prevent children from entering the care system. However, practitioners express concern about the limited resources in these teams, and the impact this has on the timeliness of support and step-down arrangements.

Leaders are actively exploring opportunities to increase capacity across the service and initial investment focused on prevention. This includes thirteen additional posts provided to the CAT. It is envisaged this ensure people have their needs met in a timely way, whilst supporting qualified social workers to focus on statutory interventions.

The local authority is now exploring opportunities to strengthen workforce capacity by developing more preventative and statutory posts across children's services. This will include expansion of the Parent and Baby Early Intervention project, the Step-Up Step-Down Fostering project, and the local authority Edge of Care Team. Practitioners and families speak highly of these services. It is positive members are supporting with funding and part of the additional money is ring-fenced to fund more of these posts.

Children and families can be referred to the Pembrokeshire Families' Support Network (PFSN) for support with early help and prevention. This single point of access is well regarded, but practitioner awareness of available early help and prevention services is variable. This could be enhanced by leaders working together to ensure there is clearly communicated and consistent understanding of what is available and the pathways to preventative support.

Individual Agency - What needs to improve

Hywel Dda University Health Board

Health practitioners do not consistently follow-up on significant events such as domestic abuse incidents or following the receipt of DTRs. Records do not evidence any analysis of the incidents or plans to respond to them. Practitioners should work with children and their families to avoid situations arising that are likely to lead to the child experiencing abuse, neglect and harm. Effective safeguarding requires each practitioner and organisation to play their part, contribute to safeguarding, and promote the wellbeing of the child.

Education

No specific areas to identify under this section.

Dyfed-Powys Police

We found some variation in the completeness of police investigations. Generally, the focus on crime investigation was clear but, in some cases, we saw that officers and supervisors did not record comprehensive safety planning. This means that the impact of the incident and risks linked to behaviours of those around the child, was not fully assessed or addressed. A holistic approach to investigations would ensure the needs of all the children were considered and appropriate interventions considered.

Children's Services

Leaders report the increased resource in CAT is resulting in more assessments being completed by non-qualified staff, who subsequently assess the need for statutory interventions. Whilst it is positive that need is being identified, this means demand is continuing to outstrip resource and workforce resilience remains a concern.

CAT practitioners prioritise responding to immediate risks to ensure children are protected, but they cannot consistently meet demand in a timely way. Children's services should closely monitor and evaluate the level of demand in CAT and whether resources are sufficient for ensuring practice consistently aligns with statutory requirements.

Next steps

On behalf of the partnership, the local authority should prepare a written statement of proposed action responding to the findings outlined in this report. This should be a multi-agency response involving Social Services, Education, Hywel Dda University Health Board, and Dyfed-Powys Police. The response should set out the actions for the partnership and, where appropriate, individual agencies. The head of service for children's services should send the written statement of action to CIWLocalAuthority@gov.wales by 31 July 2025. This statement will inform the lines of enquiry at any future joint or single agency activity by the inspectorates.

Methodology

Fieldwork

Most inspection evidence was gathered by reviewing the experiences of people through sampling agency records and file tracking children's care and support arrangements. We case sampled thirty files and tracked six.

Tracking a child's record includes having conversations with the child where appropriate, their family or carers, key worker, the key worker's manager, and other professionals involved.

We held focus groups with staff and two professional groups focused on the working arrangements and outcomes for two of the tracked files.

We visited a small sample of primary and secondary schools where we conducted meetings with the headteacher, the designated safeguarding lead and groups of pupils.

We met with representatives from a range of schools and the PRU including head teachers, DSPs and governors.

We interviewed a range of employees across different agencies.

We interviewed a range of partner organisations, representing both statutory and the third sector.

We reviewed supporting documentation sent to the inspectorates for the purpose of the inspection.

We administered surveys to children's services and healthcare staff, third sector organisations, schools and children and family members.

We observed a strategy discussion and child protection conference as part of our inspection activity.

Acknowledgements

The inspectorates would like to thank the people, staff, and partners who gave their time and contributed to this inspection.

3

60 Mins

3 - CULTURE

3.1

3.1 - Equality Diversity and Inclusion Update

Anna Bird (Hywel Dda UHB – Strategic Partnerships)

Attachments

3.1 EDI Update - 19 08 25.pdf

3.1 Appendix 1 - WRES Report 2025 - PODCC EDI Update - July 2025.pdf

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 August 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Equality, Diversity and Inclusion (EDI) Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling, Executive Director of Workforce and Organisational Development / Deputy Chief Executive Anna Lewis, Independent Member
SWYDDOG ADRODD: **REPORTING OFFICER:**	Anna Bird, Assistant Director of Business, Partnerships and Inclusion

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper provides a general update on equality, diversity and inclusion matters, in order to keep the People, Organisational Development and Culture Committee (PODCC) cited on key issues. This update is presented in five key sections:

- Health Board statutory reports
- Equality, Diversity and Inclusion (EDI) Taskforce
- Welsh Government assurance
- NHS Staff Survey analysis
- National consultation and legislative changes

Cefndir / Background

The Health Board's Strategic Equality Plan 2024-2028 sets out four key strategic equality objectives and is supported by an implementation plan. Each year a Strategic Equality Plan (SEP) Annual Report is published, alongside reports on workforce equality data and pay gap data. Feedback from Staff Partnership Forum and members of our staff networks have helped to shape the reports which are scrutinised by PODCC, who then recommend their publication to Board; the Annual Report for 2024/25 will be presented to PODCC as a separate agenda item.

Following Board scrutiny of the 2023/24 SEP Annual Report and subsequent Board Seminar held in December 2024 an 'Equality, Diversity and Inclusion Taskforce' was established in April 2025 led by Anna Lewis, Independent Member. Progress on this work, which aims to build on existing initiatives and broaden the voice and representation of our staff in actions to address discrimination and create lasting cultural change, will be regularly reported to the People, Organisational Development and Culture Committee.

In addition to a statutory annual report, each year the Health Board is asked to provide a bi-annual assurance report to Welsh Government on the progress being made to implement equality related actions including:

- our Health Board strategic equality objectives
- the Anti-Racist Wales Action Plan

- the LGBTQ+ Action Plan
- the all-Wales Accessible Communication and Information standards.

The Health Board subsequently receives an assurance feedback report on the above from Welsh Government. In addition, the Health Board also receives a report on the Workforce Race Equality Standards (WRES) data which is drawn from data sources including the Electronic Staff record (ESR) and the annual NHS Staff Survey data.

Asesiad / Assessment

This update report is presented in five key sections:

- Health Board statutory reports
- EDI Taskforce
- Welsh Government assurance
- NHS Staff Survey analysis
- National consultation and legislative changes

Health Board statutory reports

The Strategic Equality Plan Annual Report 2024/25 and accompanying reports on workforce equality data, pay gap reporting and intersectional analysis have been completed and will be considered at PODCC in August 2025, prior to presentation at Board in September 2025. The statutory requirement is to publish an annual report by 31 March in the year following the reporting period. However, the Business, Partnerships and Inclusion team who co-ordinate the completion of these reports, continue to be proactive in ensuring that reporting is undertaken as close as possible to financial year end to make the information meaningful and to support timely governance and scrutiny processes. A draft version of the annual report has been discussed at Staff Partnership Forum and contributions and feedback have also been sought from members of our eight staff networks. An Executive Summary document has also been produced this year to provide a high-level overview of key activities and to draw out evidence of impact. It is hoped that this will serve as an accessible summary to share with our wider workforce and the public, alongside a the more detailed and comprehensive annual report.

Equality, Diversity and Inclusion (EDI) Taskforce

The EDI Taskforce, chaired by Independent Member Anna Lewis, has met on two occasions during the year, and the work undertaken to date has been supported by the Quality Improvement Team using a Theory of Change approach. The Taskforce aims to accelerate our work to eliminate discrimination and foster an inclusive and equitable environment within our organisation and links closely to the Health Board values of ensuring that every voice is heard and respected, and all staff have a sense of belonging.

The second workshop took place in June and whilst the ‘Theory of Change’ approach has helped to facilitate discussions about existing data, intelligence and current initiatives, it is recognised that there is a continued need to secure wider engagement in this agenda from all staff groups, at every grade, if embedding positive cultural change is to be successful. As a result of stakeholder mapping and reviewing existing activity some spread and scale actions have been identified, however the immediate priority and focus over the autumn will be building on existing networks and champions to broaden the staff voice and representation in this agenda. The Taskforce are exploring how to establish a “Big Conversation” approach, with support from the Communications Team, and have an ambition to hold an engagement event in the autumn which will seek to focus on:

- Encouraging participants to identify how they can play their part in cultural change, and
- Co-producing a Health Board pledge, to include an anti-racism pledge

Welsh Government Assurance

In line with national reporting requirements a comprehensive bi-annual assurance report was submitted to Welsh Government in April 2025 on the progress being made to implement equality related actions including:

- the Health Board's strategic equality objectives,
- the Anti-Racist Wales Action Plan
- the LGBTQ+ Action Plan
- the all-Wales Accessible Communication and Information standards.

A feedback report has been received from Welsh Government which provided an overall assessment of the Health Board's progress as a RAG status of "Green". In the supportive narrative Welsh Government acknowledged that an extensive summary of activity being undertaken across the organisation had been provided in several supporting documents but would like future reports to have a greater focus on demonstrating and measuring the impact of actions. Expectations about the content of the assurance report have been the subject of recent discussions with the Welsh Government Equality Team, and the Health Board EDI leads were invited to propose changes to the format and requirements of the documentation to better meet Welsh Government expectations. It is anticipated that a new reporting template will be issued in preparation for the next submission which is due in October 2025.

The Health Board has recently received the 2025 Workforce Race Equality Standard **(**WRES) report from Welsh Government, attached as Appendix 1). This report draws information from the NHS Staff Survey results, ESR and TRAC. Welsh Government noted that it has been encouraging to see some examples of good anti-racism practice emerging across NHS Wales and as a Health Board we have had an opportunity to present different aspects of our work to Welsh Government through the Integrated Quality Performance Delivery (IQPD), Joint Executive Team and organisational SEP review meetings.

While meaningful change takes time to be fully reflected in the data, Welsh Government reported that this year's WRES findings do show signs of progress. The notable data findings within our Health Board report were:

- There has been a rise in the NHS staff survey response rate, with 20% of the workforce completing the survey. This is positive, as WRES analysis is in part drawn from NHS staff survey data.
- Ethnicity declaration rates were very high, with only 4.7% of staff having no declaration, against an NHS Wales average of 9.9%. However, it was noted that there remain high rates of non-declaration of ethnicity by Board members and the data reports a growth in the deficit of Board representation.
- There remains no evidence of ethnicity related inequality in the application of either disciplinary or capability processes.
- There has been an improvement in the number of ethnic minority staff above band 5, from 4.0% to 4.5%.
- The perception of equal progression opportunity (percentage difference between Black, Asian and Minority Ethnic and White staff) has an improvement and is -5.4% against the Wales average of -5.6%.
- The disparity ratios, which reflect the likelihood of minoritised staff in higher positions in HDdUHB, have not improved.
- There has been a deterioration in the likelihood of ethnic minority staff being appointed from shortlist in clinical roles, and Black staff are least likely to be appointed.
- There has been a reduction in the experience of bullying and harassment of staff from both public and peers, except for Black and Mixed/Other staff. In addition, the WRES

data reports that discrimination from managers or team leaders towards minoritised staff remains a critical issue.

Whilst the WRES data set is limited as it draws on NHS Staff survey and ESR data, it does resonate with some of the priority areas that the Health Board had previously identified i.e. bullying and harassment and the career progression of Black, Asian and Minority Ethnic staff. Work to address these concerns will continue to be monitored through the implementation of the Anti-Racist Wales Local Action Plan.

NHS Staff Survey analysis

In addition to the national WRES analysis described above, the Workforce Culture and Experience team have also been proactive in undertaking analysis of the 2024 NHS staff survey data using the lens of protected characteristics. A comprehensive report has been produced to explore how different demographic groups experience workplace culture across the ten key themes of the NHS staff survey. This analysis was based on thirteen different categories:

- Age group
- Gender
- Sexual Orientation
- Ethnicity
- Religion
- Neurodiversity
- Disability
- Grade
- Recruited from outside of the UK
- Works in Mental Health
- Homework frequency
- Caregiver status

This is the first year that this type of analysis has been undertaken and it provides a new source of data although it should be noted that the sample sizes remain small as they're based on self-disclosure of characteristics. Some of the key findings include:

- Disclosure: Staff who selected the "prefer not to say" option across EDI categories consistently reported lower positivity scores, suggesting a potential link between non-disclosure and disengagement or lack of psychological safety.
- Inclusion: Notable disparities were observed among ethnic, religious, and gender identity groups. For example, Buddhist respondents consistently reported the highest positivity, while Doctors in Training and some ethnic minorities reported lower scores.
- Highest and lowest scoring groups: The most positive experiences were reported by staff identifying as Buddhist, aged 66+, or with less than one year of tenure. However, "Doctors in Training" and those who preferred not to disclose demographic information were among the lowest scoring across multiple themes.
- Positive Experiences: Employees with less than one year of tenure and those who frequently work from home reported the highest positivity across most themes.

The report provides a foundation for future data-driven analysis to inform the identification of action to enhance equity, inclusion and staff experience. Whilst acknowledging the limitation of small sample sizes, the report authors outlined a number of recommendations based on their analysis:

1. Encourage disclosure and engagement by fostering a culture of psychological safety.
2. Target support and inclusion efforts towards underrepresented or lower-scoring groups.
3. Leverage onboarding and flexible working practices that are shown to contribute to higher positivity.

National consultations and legislative changes

On 16 April 2025 the UK Supreme Court ruled that the definition of sex in the Equality Act 2010 should be interpreted as "biological" sex only. This means that for the purposes of the Equality Act a person's legal sex is the one that was recorded at birth. This is a change to the previous interpretation adopted by courts which was that the definition of sex also included people who have obtained a Gender Recognition Certificate.

The Equalities and Human Rights Commission (EHRC) published interim guidance which made it clear that, for workplaces and services open to the public *"trans women (biological men) should not be permitted to use the women's facilities and trans men (biological women) should not be permitted to use the men's facilities, as this will mean that they are no longer single-sex facilities and must be open to all users of the opposite sex".*

Welsh Government published a holding position on 29 April 2025 saying that: "*The Welsh Government respects the decision of the Supreme Court. We will take the time to consider the judgement carefully and take the steps that are required to meet our obligations under the Equality Act 2010 as clarified by the ruling"*.

The recent ruling and the interim guidance have created significant uncertainty for individuals (staff and patients) who are either affected personally or have friends or family who are impacted by the ruling. Whilst Welsh Government and a few health boards did publish statements, in Hywel Dda we specifically focused communication with members of our LGBTQ+ network to offer reassurance and highlight sources of support which could be accessed if required.

The Equality and Human Right's Commission consultation on the Code of practice for services, public functions and associations was opened on 14 May and closed on 30 June 2025. A Health Board response to the consultation was submitted and highlighted concerns about the robustness, lack of clarity and poor quality of examples provided by EHRC within the guidance which could place the Health Board at risk of discrimination, if the guidance and how it defines application of the Equality Act (following the Supreme Court ruling) is misinterpreted. Legal guidance may be required to make sure that the Health Board is protected from claims of discrimination and non-compliance with the Equality Act, while we await the full guidance from the EHRC.

It is important to note that:

1. The EHRC guidance is only from the perspective of service provision. There has been no updated guidance available for employers. The Diversity and Inclusion team have received feedback from some trans staff who are extremely worried and upset regarding what the ruling means for them both in and outside of the workplace.
2. If the Health Board is required to make changes to the way we provide single sex facilities, this would have an impact on our operational services and our estates.
3. There is a potential that the number of Freedom of Information (FOI) requests may increase as a way of 'challenging' the Health Board's reaction to the Supreme Court ruling.

The publication of the final EHRC guidance is now awaited, but implementation is likely to be complex and will require the active involvement of Directors, senior leaders and staff from across the organisation to identify specific actions which are needed and to prioritise consideration of changes to estate configuration as well as relevant operational and corporate policies and procedures.

On 15 May, Welsh Government published its consultation on the draft Disabled People's Rights Plan 2025-2035. The plan is based on the work of the Disability Rights Taskforce and sets out a cross-government 10-year ambition and the long-term outcomes to ensure disabled people can flourish as equal members of Welsh society. It is expected that all organisations across Wales and people themselves, will need to work together to realise this ambition. This consultation is open until 7 August, and a Health Board response is being developed.
Argymhelliad / Recommendation The Committee are asked to: • **NOTE** the updates provided in this report on key areas of equality, diversity and inclusion work and recent public consultations.

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:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
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:	• Equality Act 2010 • Public Sector Equality Duties (Wales) 2011

	• Is Wales Fairer (2023) – Equality and Human Rights Commission
Rhestr Termau: Glossary of Terms:	Included within the document
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:	A Financial Impact Assessment has not been undertaken as this an update report.
Ansawdd / Gofal Claf: Quality / Patient Care:	There is evidence to show that protected groups do experience disadvantage at all stages relating to the planning, development and delivery of public sector services. The development of realistic and deliverable objectives set through an equality lens and underpinned by human rights principles, and positive progress against those objectives, will improve the quality of services delivered and patient care, not just for protected groups but for the whole population.
Gweithlu: Workforce:	There is evidence to show that protected groups do experience disadvantage when seeking employment and during their careers. Embedding equality considerations aligned to the Health Board's values and proactively taking action will result in recruitment and retention of a diverse workforce, increasing staff knowledge and breaking down barriers faced by protected groups.
Risg: Risk:	Challenges from staff or the public in relation equality and human rights can result in financial and reputational damage to the Health Board.
Cyfreithiol: Legal:	Breaches of compliance with the duties of the Equality Act 2010 risks the issue of a letter of non-compliance by the Equality and Human Rights Commission and legal challenges through judicial review and employment tribunals.
Enw Da: Reputational:	Non-compliance with Equality Act 20210 duties as well as experience of discrimination could result in both legal and reputational damage to the organisation.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	An Equality Impact Assessment has not been undertaken as this an update report.

GIG CYMRU NHS WALES

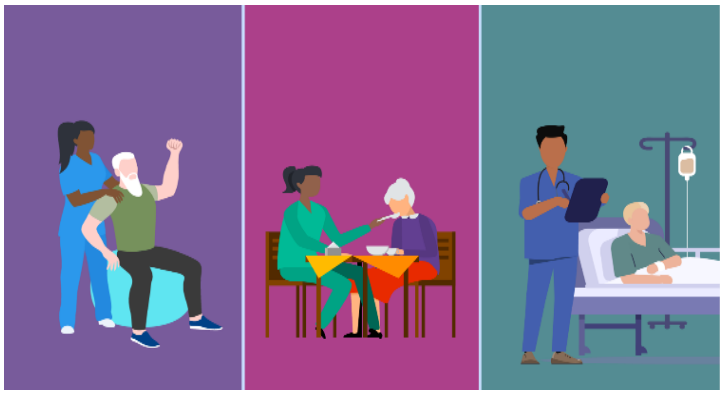
Gofal Cymdeithasol Cymru
Social Care Wales

Llywodraeth Cymru
Welsh Government

Safon Cydraddoldeb Hil y Gweithlu (SCHG)
Gweithlu cynhwysol sy'n darparu'r gofal gorau

Workforce Race Equality Standard (WRES)
An inclusive workforce provides the best care

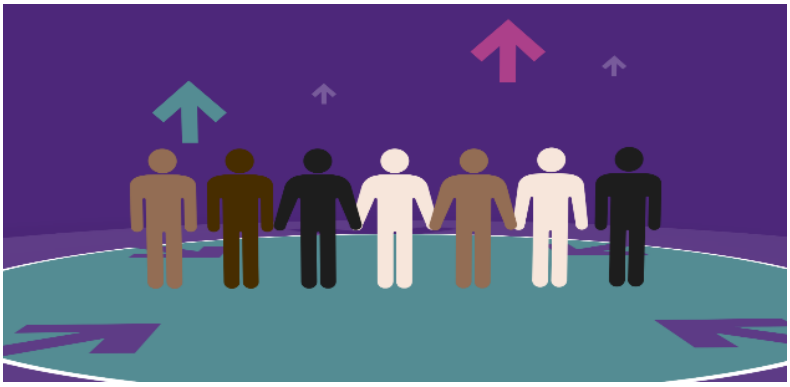
The Workforce Race Equality Standard for Wales



WORKFORCE RACE EQUALITY STANDARD ORGANISATIONAL REPORT

HYWEL DDA UNIVERSITY HEALTH BOARD

2025



WORKFORCE RACE EQUALITY STANDARD ORGANISATIONAL REPORT 2025

HYWEL DDA UNIVERSITY HEALTH BOARD

Foreword

In response to the Anti-racist Wales Action Plan (ArWAP), an agreed action was to implement the Workforce Race Equality Standard (WRES) in order to ensure employees from Black, Asian and Minority Ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The inaugural dataset was published last year, and local data reported back to each organisation.

There are twelve WRES indicators structured around the themes of representation, development, disciplinary equality, and institutional culture. Six of the indicators focus on workforce data, five are derived from the NHS Wales Staff Survey, and one indicator focuses on Board representation. The WRES highlights any differences between the experience and treatment of White staff and ethnic minority staff with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time. Following publication of that initial report, there have been biannual meetings with organisational leads in order to identify evidence-based actions that need to be implemented. Additionally, each organisation has shared their strategic equality plans that outline the practical approach needed to continuously improve their respective organisation with regard to workforce race equality.

All of that information has been used in this report, which shows the detail for the workforce in Hywel Dda University Health Board (HDUHB), tracking change since the 2024 dataset. It also references the content of the strategic equality plans to identify if actions have been taken to address areas of identified racial inequality. This iterative cycle of improvement is one which is a core part of the work of each organisation, and it is our ambition that the WRES report is a vital dataset that helps drive strategic action and accountability for change in HDUHB.

Anton Emmanuel, Lead for the WRES NHS Wales and Social Care

KEY FINDINGS WRES 2025

HYWEL DDA UNIVERSITY HEALTH BOARD

	HDUHB	NHS Wales
Undeclared ethnicity rate overall (%)	4.7%	**9.9%**
Undeclared ethnicity number Band 8 +	18	**526**
Full appointment data available (Ind 5)	no	**incomplete**
Staff survey completion rate	19.7%	**21.9%**
% staff survey response from BME staff	7.8%	**9.2%**
% BME staff	9.3%	**10.6%**
Ind 1: Board representation (difference between workforce and Board)	-5.3%	**-6.7%**
Ind 2: ESP representation (difference between workforce and ESP)	-4.5%	**-7.8%**
Ind 2: Disparity ratio lower to middle	1.65	**1.65**
Ind 2: Disparity ratio middle to upper	1.71	**1.71**
Ind 2: Disparity ratio upper to senior	0.34	**1.13**
Ind 3: Perception of equal progression opportunity (% difference BME vs White)	-5.4%	**-5.6%**
Ind 5: Equitable likelihood ratio of appointment (All roles)	0.48	**0.49**
Ind 5: Equitable likelihood ratio of appointment Non-clinical	0.41	**0.38**
Ind 5: Equitable likelihood ratio of appointment Clinical	0.47	**0.47**
Ind 5: Equitable likelihood ratio of appointment Medical	no data	**0.63**
Ind 6: Equitable likelihood ratio of accessing non-mandatory training	0.97	**0.96**
Ind 8: Equitable likelihood of entering formal disciplinary process	0.74	**0.88**
Ind 9: Equitable likelihood of entering local capability process	no cases reported	**2.22**
Ind 10: Experience harassment from patients/public (% difference BME vs White)	3.9%	**2.7%**
Ind 11: Experience harassment from colleagues (% difference BME vs White)	4.6%	**3.1%**
Ind 12: Experience discrimination from managers (% difference BME vs White)	12.4%	**4.6%**

Colour rating explanation:
Green = at least 10% improvement from 2024
Red = at least 10% worsening from 2024

Introduction

This second WRES data report requires the organisations employing these staff to report against eleven indicators of race equality. The data is presented to enable leaders to identify the primary foci of necessary action to reverse inequity. Rather than simply addressing an overarching metric like a pay gap, the data looks at the component factors that result in such inequalities. The indicators cover the four core domains which comprise this workforce experience:

- Representation and leadership (5 indicators)
- Professional development and training (2 indicators, one is not reported in 2025)
- Disciplinary and capability (2 indicators)
- Discrimination, bullying and harassment (3 indicators).

In Hywel Dda University Health Board (HDUHB), this report highlights the following data:

1. **inequitable progression of ethnic minority staff to senior grades**
2. **likelihood of ethnic minority staff being appointed after shortlisting**
3. **under-representation of ethnic minorities on the Board compared to workforce**
4. **improved staff survey completion rates**

The data presented in this report serve both as a catalyst for improvement and a driver of transformation. Improving productivity requires a workforce that have a sense of engagement, agency, wellbeing and goodwill towards their workplace and colleagues. It is the job of leaders at all levels to ensure that inclusion is not just talked about as an aspiration, but is actively targeted by positive action.

The indicators are presented at the organisational level and benchmarked against the national (all-Wales) context. This approach is intended to help organisations prioritise areas of greatest need while situating their progress within a broader comparative framework.

The theory of change for strategic planning requires goals to be set, with specific outcomes, actions to achieve those outcomes and metrics to track progress. The WRES dataset is central to that process, and we look forward to continuing to work with leadership in HDUHB to deliver an inclusive workplace that provides best quality care for patients and public.

Methodology

Data collection

NHS Wales delivers services through 7 local health boards and 3 NHS trusts (Velindre University NHS Trust, Welsh Ambulance Services University Trust, Public Health Wales); additionally there are two strategic health authorities (Health Education and Improvement Wales, Digital Health and Care Wales) and there is the NHS Wales Shared Services Partnership.

The WRES mandates all organisations to self-assess against twelve indicators of workforce experience. Six are based on data derived from the NHS electronic staff record and electronic recruitment systems, five on data from the national NHS staff survey questions, and one considers Black, Asian and minority ethnic representation on boards. The detailed definition for each indicator can be found in the WRES Technical Guidance.

Data collection was as of October 2024 for the staff survey derived indicators and April 2025 for the other indicators.

Data analyses

We have analysed the data for all 13 organisations against each indicator. The presentation in this report shows your organisational data, compared with the aggregated national picture and with the previous year.

We have identified and corrected minor errors in the previously published version of this report. These issues do not affect the overall findings or recommended actions. They relate to data transcription and assignment errors from the 2024 dataset, and have no impact on the conclusions of the report.

We have presented the data in a granular way as a method of optimising understanding of what the indicators reveal. This disaggregation is by gender (men and women) and by ethnicity (broken into sub-categories of Black, Asian and Mixed/Other). Further disaggregation by specific ethnicity was not possible due to the risk of displaying small numbers. Where there is an issue with small numbers even with the current categories, it has been shown as “less than 10, <10”.

Following last year’s baseline data, we have moved away from showing RAG-rated data in favour of showing changes from the 2024 data in order to highlight trends, both positive and negative.

Data caveats

Five of the WRES indicators (3, 4, 10, 11, 12) are drawn from questions in the national NHS staff survey. The reliability of the data drawn from those indicators is dependent upon the overall size of samples surveyed, the response rates to the survey questions, and whether the numbers of BME staff are large enough to not undermine confidence in the data.

We didn’t adjust the national score based on the number of staff employed by each organisation. Instead, we considered the results in relation to the number of survey respondents, accounting for disaggregated comparisons by ethnicity and gender.

The data for indicator 5 is from the Trac, the recruitment admin system, and only includes Agenda for Change (AfC) recruitment processed by NWSSP Recruitment. Specifically, it does not include all medical appointments and any processed by the organisations themselves. This will however be sought for future data collections.

We have not published data for indicator 7, since the mandate for all NHS staff to complete the anti-racist training programme was only available for part of the last year.

For indicators 8 and 9, the calculation uses a review of the period April 2024 to April 2025.

The results in this report are as at **31st March 2025**, and revisions were permitted up to 31st May 2025.

Terminology

Throughout this report, we use the term 'Black, Asian and minority ethnic'. For the purpose of brevity and visualisation, this is abbreviated to 'BME' in figures and tables, but written in long-form in the text. Where possible we have followed guidance to disaggregate into more specific categories, but avoid the information governance risks associated with small numbers we have kept to categorisations of 'Black', 'Asian', and 'Mixed/Other' to refer to those members of the NHS workforce who are not White. This is largely driven by the data collection process. As set out in the WRES technical guidance, the definitions of ethnicity used in the WRES have followed the national reporting requirements of ethnic category in the NHS data model and dictionary.

'ESP' refers to Executive and Senior Posts.

RACE COMPOSITION OF HDUHB (AND NHS WALES)

Ethnicity	Headcount	%
Asian	656	5.4%
Black	164	1.4%
Mixed & Other	309	2.5%
White	10,419	86.0%
Unknown	573	4.7%
Total	**12,121**	**100.0%**

HDUHB

Ethnicity	Headcount	%
Asian	6,721	5.9%
Black	2,097	1.8%
Mixed & Other	3,261	2.9%
White	90,583	79.5%
Unknown	11,309	9.9%
Total	**113,971**	**100.0%**

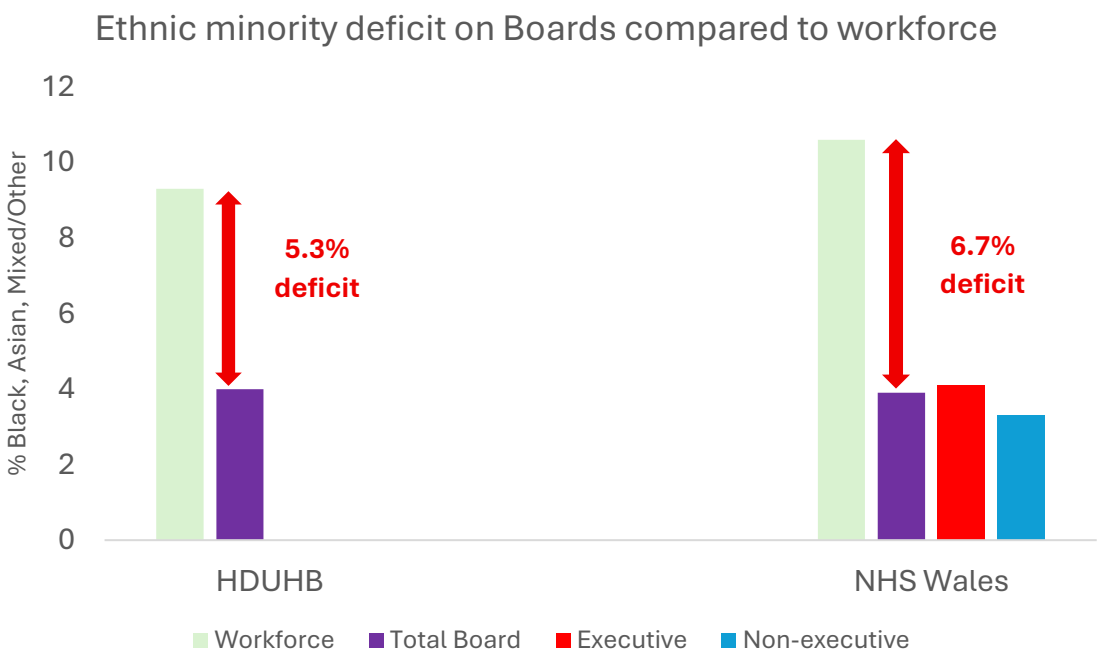
NHS Wales

DATA TREND AND SUMMARY

There has been an increase of ethnic minority workforce from 7.9% to 9.3% (a 17.7% increment)

INDICATOR 1: Percentage difference by ethnicity between the organisations' Board executive and non-executive membership and its overall workforce

DATA DISPLAY 1

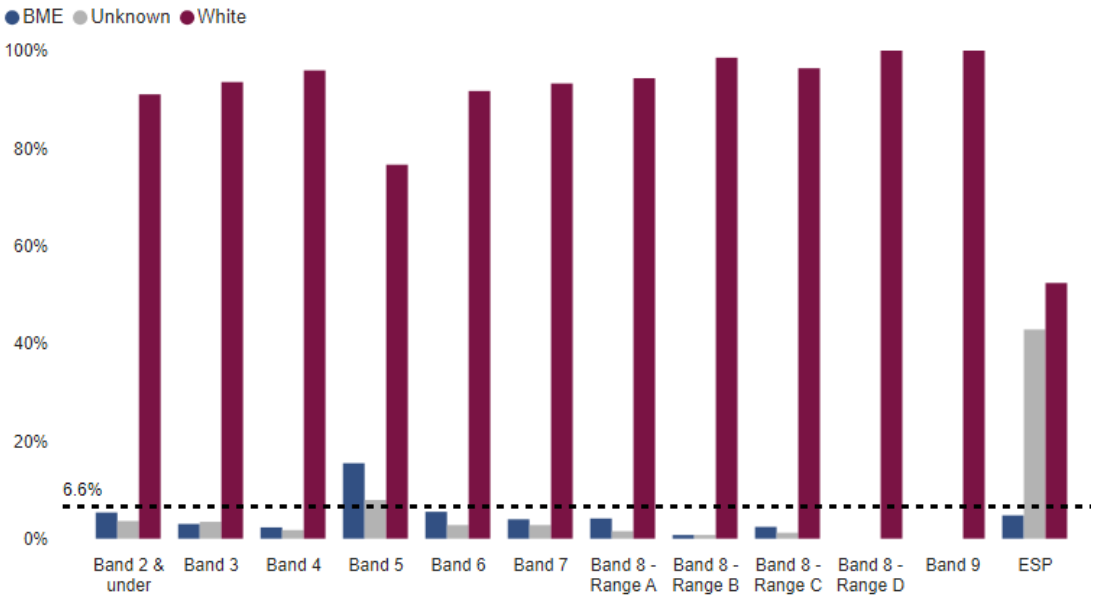


DATA TREND AND SUMMARY 1

1. There is one ethnic minority member of the Board in HDUHB – unchanged from last year
2. The deficit between workforce has increased with the increase in ethnic minority workforce (7.2% to 7.8%)
3. The rate of non-declared ethnicity on the Board remain high at 32% from 36.8% in 2024
4. The increased ethnic minority composition of HDUHB workforce means the deficit of Board representation has grown

INDICATOR 2: Percentage of staff by ethnicity in each of the AfC Bands 1-9 and ESP compared with the percentage of staff in the overall workforce

DATA DISPLAY 2.1

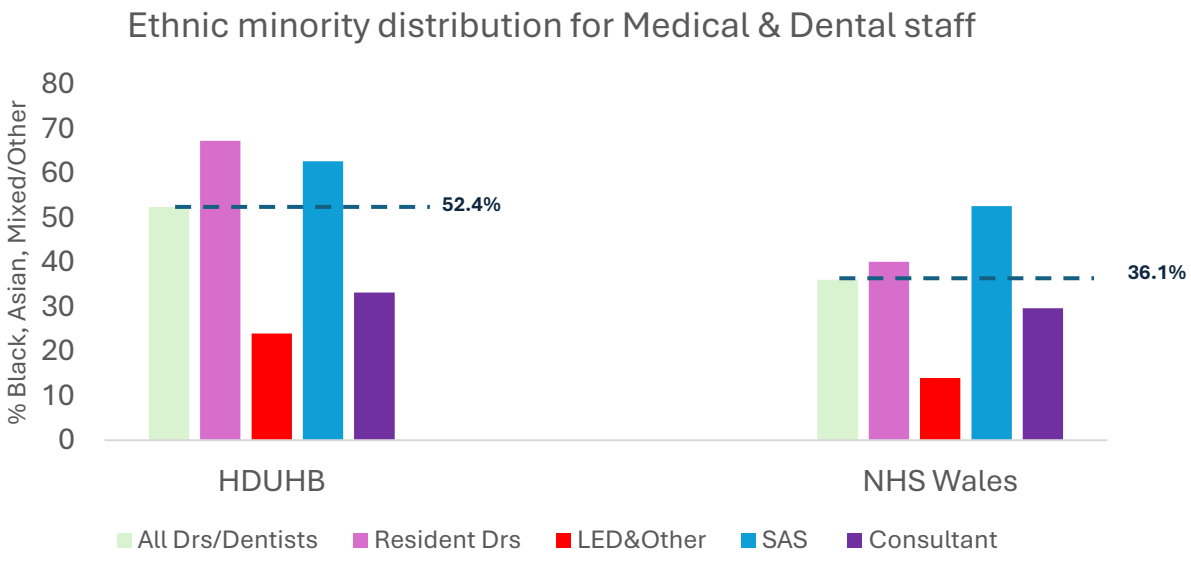


6.6% dotted line reflects % of staff on AfC bands (not doctors and dentists)

DATA TREND AND SUMMARY 2.1

1. Ethnic minority staff under-represented above Band 5 – unchanged from last year
2. Percentage minoritised staff above Band 5 has risen to 4.5% from 4.0% in 2024
3. There is one ethnic minority staff member at ESP level in HDUHB
4. 4.7% staff have no declared ethnicity, half the average of NHS Wales.

DATA DISPLAY 2.2



DATA TREND AND SUMMARY 2.2

1. Ethnic minority doctors and dentists are under-represented at Consultant grade (also LED/Other)

DATA DISPLAY 2.3

	DISPARITY RATIO		
	Lower – Middle	**Middle – Upper**	**Upper – Senior**
HDUHB	**1.65** (1.34)	**1.71** (1.84)	**0.34** (0.28)
NHS Wales	**1.65** (1.51)	**1.71** (1.81)	**1.13** (0.77)

The disparity ratio is a reflection of staff representation across pay bands, comparing Black and ethnic minority with White staff. 'Lower bands' refer to band 5 and below, 'Middle' bands 6 and 7, 'Upper' bands 8a to 9, and 'Senior' relates to ESPs. A ratio of 1 reflects parity of progression, and values higher than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below

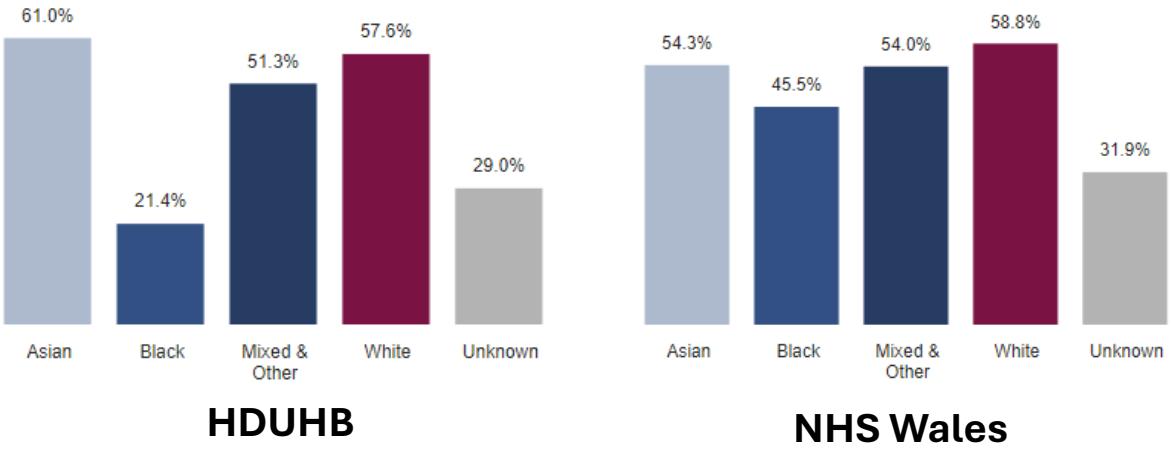
DATA TREND AND SUMMARY 2.3

The disparity ratio is essentially unchanged since 2024, reflecting a persisting inequality in the progression process in HDUHB (and NHS Wales as a whole)

INDICATOR 3: Percentage of staff by ethnicity believing their organisation provides equal opportunities for career progression or promotion

Based on staff survey: response rate 19.7%

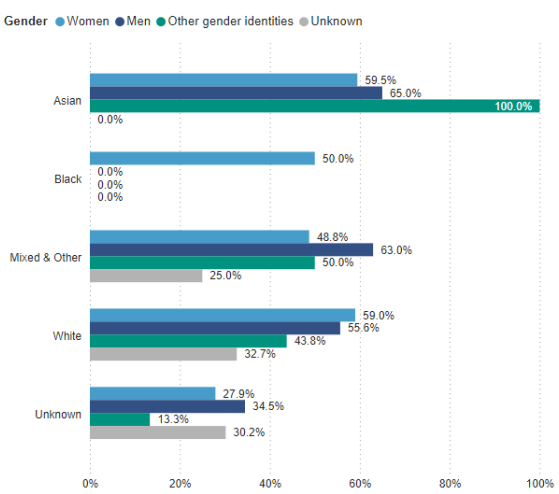
DATA DISPLAY 3.1

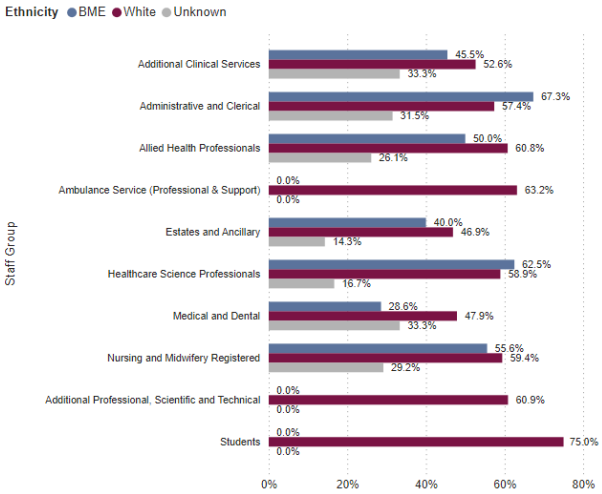


DATA TREND AND SUMMARY 3.1

Black staff are especially likely to feel HDUHB does not provide equitable promotion opportunities. This is essentially unchanged from last year. Staff who don't declare ethnicity are the second most likely group to feel this inequality.

DATA DISPLAY 3.2





DATA TREND AND SUMMARY 3.2

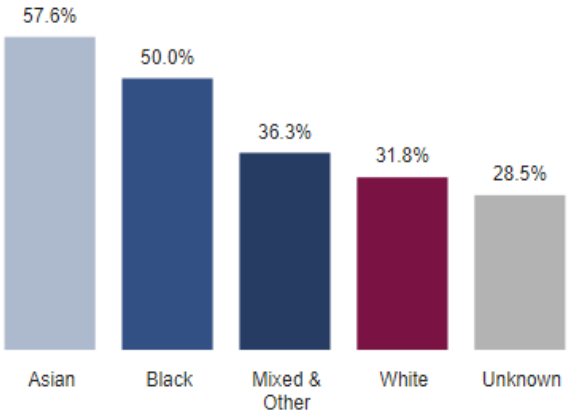
Minoritised women staff are most likely to report this inequality. Clinical staff (medical, dental, allied health professionals) and estates and ancillary are the most likely to report this race related inequity.

INDICATOR 4: Percentage of staff (a) who have sought a progression opportunity in the last 12 months and (b) who would consider seeking a progression opportunity, comparing Black and ethnic minority staff compared to White colleagues

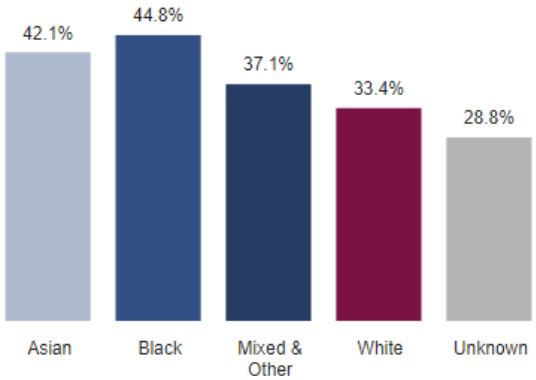
Based on staff survey: response rate 19.7%

DATA DISPLAY 4

a) Have sought progression

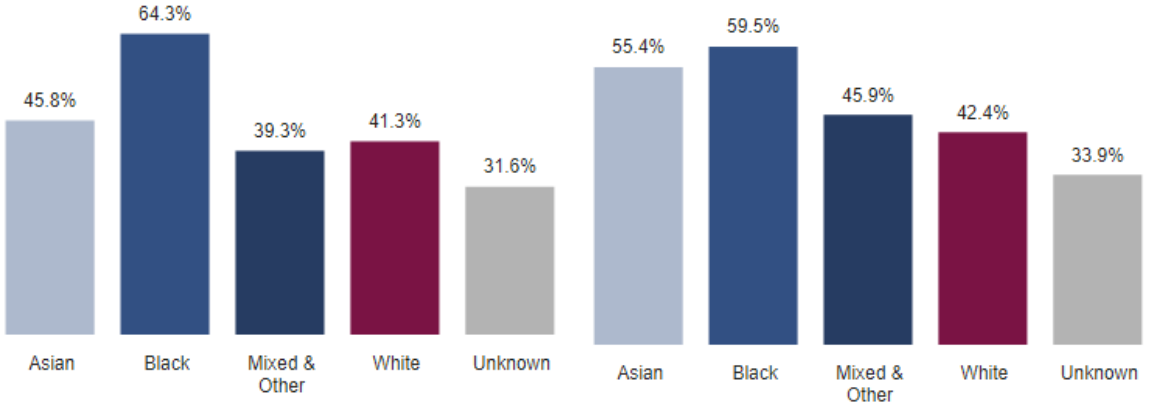


HDUHB



NHS Wales

b) Considering future progression



HDUHB **NHS Wales**

DATA TREND AND SUMMARY 4

Ethnic minority staff, especially Asian and Black, were more likely to have sought progression in HDUHB.

And Black staff in particular were more likely to plan pursuing future progression opportunities.

INDICATOR 5: Relative likelihood of staff being appointed from shortlisting across all posts

DATA DISPLAY 5

	HDUHB	NHS Wales
All roles	**0.48** (0.55)	**0.49** (0.57)
Non-clinical roles	**0.41** (0.35)	**0.38** (0.47)
Clinical roles	**0.47** (0.62)	**0.47** (0.58)
Medical roles	**NA** (NA)	**0.63** (0.57)
Asian	**0.57** (0.47)	**0.53** (0.58)
Black	**0.26** (0.41)	**0.35** (0.48)
Mixed/Other	**0.87** (1.07)	**0.75** (0.82)

The likelihood ratio is a reflection of Black, Asian and Mixed/Other applicants being appointed after shortlisting compared to White peers. A ratio of 1 reflects parity of appointment process, and values lower than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below (NA = not available)

DATA TREND AND SUMMARY 5

1. Minoritised staff are half a likely to be appointed after shortlisting compared to White applicants – this has got worse since 2024
2. This appointment inequity is seen in seen in both non-clinical and clinical posts.
3. In HDUHB, as in NHS Wales as a whole, Black staff are least likely to be appointed from shortlist; White applicants are almost four times more likely to be successful than Black ones in HDUHB

INDICATOR 6: Relative likelihood of white staff accessing non-mandatory training and CPD compared to Black, Asian or Minority Ethnic colleagues

DATA DISPLAY 6

	Likelihood ratio overall
HDUHB (%BME : %White)	**0.97** (92.5% : 95.4%)
NHS Wales (%BME : %White)	**0.96** (91.3% : 95.6%)

DATA TREND AND SUMMARY 6

There is no racial inequality in access to training in HDUHB or NHS Wales

INDICATOR 8: Relative likelihood of Black, Asian, or Minority Ethnic staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation compared to White colleagues

DATA DISPLAY 8

	Likelihood ratio overall
HDUHB	**0.74** (0.75)
NHS Wales	**0.88** (1.07)

A ratio of 1 reflects parity of application of disciplinary process, and values greater than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below

DATA TREND AND SUMMARY 8

There is no racial inequality in referral into the formal disciplinary process in HDUHB

INDICATOR 9: Relative likelihood of Black Asian or minority ethnic staff entering capability processes compared to white colleagues

DATA DISPLAY 9

	Likelihood ratio overall
HDUHB	**0** (2.77)
NHS Wales	**2.22** (3.46)

A ratio of 1 reflects parity of application of disciplinary process, and values greater than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below

DATA TREND AND SUMMARY 9

1. No ethnic minority staff were reported as entering capability process in HDUHB, noting that there was twofold inequity the year before

INDICATOR 10: Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months compared to White staff

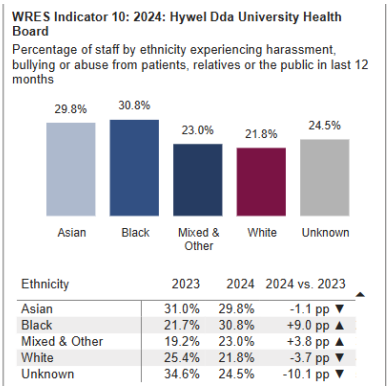
INDICATOR 11: Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from staff in last 12 months compared to White staff

INDICATOR 12: Percentage of Black, Asian or Minority Ethnic staff compared to White staff, experiencing personally experiencing discrimination at work from either manager/team leader or other colleagues

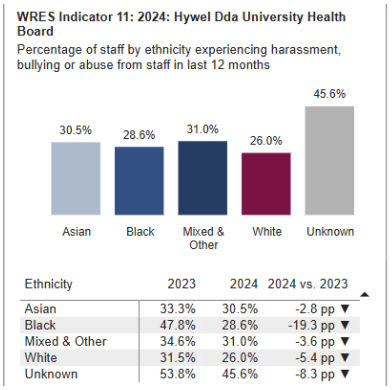
Based on staff survey: response rate 19.7%

DATA DISPLAY 10-12

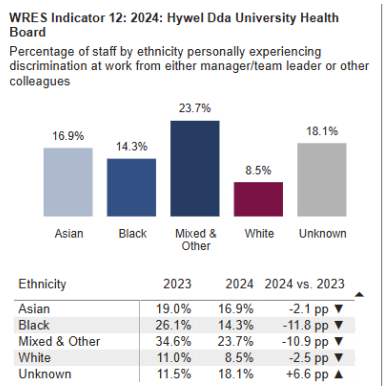
HDUHB



Ethnicity	2023	2024	2024 vs. 2023
Asian	31.0%	29.8%	-1.1 pp ▼
Black	21.7%	30.8%	+9.0 pp ▲
Mixed & Other	19.2%	23.0%	+3.8 pp ▲
White	25.4%	21.8%	-3.7 pp ▼
Unknown	34.6%	24.5%	-10.1 pp ▼

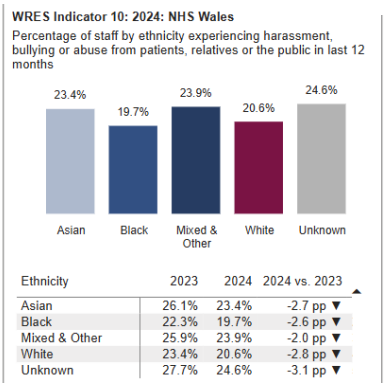


Ethnicity	2023	2024	2024 vs. 2023
Asian	33.3%	30.5%	-2.8 pp ▼
Black	47.8%	28.6%	-19.3 pp ▼
Mixed & Other	34.6%	31.0%	-3.6 pp ▼
White	31.5%	26.0%	-5.4 pp ▼
Unknown	53.8%	45.6%	-8.3 pp ▼

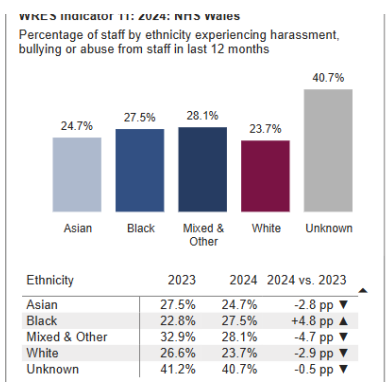


Ethnicity	2023	2024	2024 vs. 2023
Asian	19.0%	16.9%	-2.1 pp ▼
Black	26.1%	14.3%	-11.8 pp ▼
Mixed & Other	34.6%	23.7%	-10.9 pp ▼
White	11.0%	8.5%	-2.5 pp ▼
Unknown	11.5%	18.1%	+6.6 pp ▲

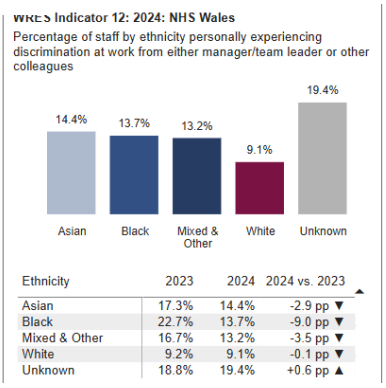
NHS Wales



Ethnicity	2023	2024	2024 vs. 2023
Asian	26.1%	23.4%	-2.7 pp ▼
Black	22.3%	19.7%	-2.6 pp ▼
Mixed & Other	25.9%	23.9%	-2.0 pp ▼
White	23.4%	20.6%	-2.8 pp ▼
Unknown	27.7%	24.6%	-3.1 pp ▼



Ethnicity	2023	2024	2024 vs. 2023
Asian	27.5%	24.7%	-2.8 pp ▼
Black	22.8%	27.5%	+4.8 pp ▲
Mixed & Other	32.9%	28.1%	-4.7 pp ▼
White	26.6%	23.7%	-2.9 pp ▼
Unknown	41.2%	40.7%	-0.5 pp ▼



Ethnicity	2023	2024	2024 vs. 2023
Asian	17.3%	14.4%	-2.9 pp ▼
Black	22.7%	13.7%	-9.0 pp ▼
Mixed & Other	16.7%	13.2%	-3.5 pp ▼
White	9.2%	9.1%	-0.1 pp ▼
Unknown	18.8%	19.4%	+0.6 pp ▲

DATA TREND AND SUMMARY 10-12

There has been a reduction in the experience of bullying and harassment of staff from both public and peers in HDUHB – the exception being the experience of Black and Mixed/Other staff from patients and public. Discrimination from managers or team leaders towards minoritised staff compared to White counterparts continues to be a problem in HDUHB. Additionally, it is clear that staff who did not declare ethnicity also significantly report bullying, harassment and discrimination.

Conclusions and Next Steps

In the complex setting of modern healthcare and the 21st century workplace, embracing inclusion is more than a choice, it's a strategic imperative to meet the needs of Wales in 2025. The data shared in this report reflects the complexity of race inequality in HDUHB and the NHS in Wales. But while it is easy to talk about the importance of equality and inclusion, the history of continued inequity is testament to how difficult it has been to translate that ambition into practical policies and sustained change. In HDUHB there has been a notable increase in the ethnic minority composition of the workforce in the last year – it is not clear if this is related to attraction of individuals from Wales or purely related to international recruitment

The notable data findings were:

- There has been an improvement in the number of ethnic minority staff above Band 5, from 4.0% to 4.5%
- The disparity ratios, reflection of likelihood of minoritised staff in higher positions in HDUHB, have not improved

Additional notable data findings:

- There has been a deterioration in the likelihood of ethnic minority staff being appointed from shortlist in clinical roles
- There remain high rates of non-declaration of ethnicity on the Board at HDUHB.

Where there are positive areas of progress in the last year are:

- Ethnicity declaration rates were very high, with only 4.7% staff having no declaration
- There remains no evidence of ethnicity related inequality in application of either disciplinary or capability processes
- There has been a notable rise in staff survey response rate, with over a quarter of the workforce completing the survey.

During the WRES implementation discussions, there was mention of audits of culture being undertaken, and it would be important to see how they have fed into HDUHB's WRES actions and the strategic equality plans, in order channel progress into effective actions and an accountability framework. Similarly how the proposed local training module has been developed, what the uptake has been and how it complements the mandatory NHS Wales training module on antiracism would be important to understand in terms of how that may address some of the issues around unequal experience of harassment and discrimination by minoritised staff.

Having read this report, the ambition is that it will trigger a deep consideration of how effective – or not – current plans are likely to be in actually disrupting the data. At a time of rapid change and pressure in the NHS, standing still is not an option. And bringing international staff into discriminatory systems is neither morally just nor cost-effective.

The Health Board may want to disaggregate the data to see whether some of the above metrics (especially around capability processes and appointments) have arisen from a single site where focussed action is needed. This sort of curiosity about the data and staff experience is an often effective way to quickly improve conditions, based on feedback from other organisations. That and an overhaul of recruitment and promotion processes are twin strategies to help target future equality actions.

The ambitions of delivering workforce equality in Wales will see the work of the WRES continue. We have, for the last two years, reported by race and gender in an attempt to help understand the impact of staff adverse experience in the commonest themes of discrimination. Future work will deepen this form of intersectional analysis in order to drive inclusion in health and social care in Wales. The goal of workforce equality is important in its own right, but is also vital in the mission to improve health outcomes for the whole population of Wales.

3.2

3.2 - Strategic Equality Plan Annual Report, inc Workforce Equality & Pay Gap Reports (TI 48)

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

Attachments

3.2 SBAR PODCC - SEP ANNUAL REPORT 2024-25.pdf

3.2 Appendix 1 - Strategic Equality Plan Annual Report 2024-25 (PODCC draft~.pdf

3.2 Appendix 1b - Executive Summary Strategic Equality Plan Annual Report 2~.pdf

3.2 Appendix 2 - Workforce Equality intersectional analysis 2024 25 Final V~.pdf

3.2 Appendix 3 - Annual Workforce Equality report SEP 2024-25 Final Version.pdf

3.2 Appendix 4 - Pay Gap Reports 2024-25 Final Version.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 August 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Strategic Equality Plan Annual Report 2024/25 (incorporating workforce equality and pay gap reports)
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: **REPORTING OFFICER:**	Helen Sullivan, Head of Partnerships, Diversity and Inclusion

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Public Sector Equality Duty (PSED) Wales requires that the Health Board produces an annual report by 31 March each year for the preceding year which details the progress made against the health board's Strategic Equality Plan (SEP) and objectives. The requirement to publish an annual workforce equality report has been integrated into the SEP Annual Report and statistical information is presented as Appendix 1 based on staff employed on 31 March 2025, in line with the PSED requirements.

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

As we did last year, we have used an intersectional approach for the analysis of our workforce equality information as we know that people with more than one protected characteristic can experience greater disadvantage and multiple challenges. We have therefore drawn out our findings at Appendix 2 with an action plan, that shows the broader actions to be taken for 2025 – 2026, to support our aim to be an accessible and inclusive workplace. Appendix 2 is an additional resource that will be used internally and will not be published with the reports.

The final version of the consolidated reports was shared with Staff Partnership Forum prior to presentation at the People, Organisational Development and Culture Committee (PODCC).

PODCC is requested to receive the SEP Annual Report 2024-2025 noting that this is a consolidated report bringing together all reporting requirements established under the Equality Act 2010, and agree its submission to Board for approval and publication.

Cefndir / Background

Hywel Dda University Health Board (HDdUHB) is committed to providing outstanding patient care and we do this by ensuring we have a diverse, talented and high performing workforce. We are working hard to create an inclusive and compassionate culture and to ensure that equality is considered throughout the employee life cycle.

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

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

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

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

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

The Pay Gap report presents an analysis of the difference in average earnings between groups of colleagues within the organisation, regardless of what role they are in. This is a useful way to measure pay equality due to its simple calculation, however it does not measure the pay difference between people at the same pay grade, doing the same job, with the same working pattern. It also does not include any of the personal characteristics that may determine a person's pay, such as age.

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

Although not required, reporting pay differences between ethnically diverse and disabled colleagues is encouraged as a means of improving inclusion and to tackle inequality in the workplace. In the Pay Gap report we have used the mean average to demonstrate the pay gap for disability and ethnicity and hope to build on the analysis for future years.

Asesiad / Assessment

The Health Board continues to be committed to working together across the organisation and with our partners to ensure that the services we provide remain accessible. During the reporting period (2024/25) progress has been made against each of the four Strategic Equality Objectives set out in the 2024-2028 Strategic Equality Plan, and examples of these are described within the report. Some case studies are used drawing on feedback from staff, patients and members of the community. Names have been removed to protect the identity of individuals.

Some of the achievements outlined in the report include:

Leadership By All

- LEAP (leadership) Programme: our leadership development programme focused on compassionate and inclusive leadership and was completed by 67 senior leaders.
- Aspiring Board Members Programme: the Health Board is participating in this national programme which will help create a robust pipeline of diverse applicants for future board level roles and help to promote diversity in our leadership roles.
- Cultural Intelligence Training: a programme was delivered to 71 staff to enhance understanding of cultural dynamics in leadership.
- Anti-Racism Training: 64.9% of staff completed the all-Wales e-learning module. This will support individuals and teams in understanding anti-racism and taking action to support the organisation in meeting its anti-racism goals.

Working Together to Improving Health and Wellbeing for All

- Working with local authorities, Third Sector partners to support asylum seekers, refugees, Gypsy and Traveller and homeless communities, and those who experience socio-economic disadvantage to access health and care services and reduce the barriers and disadvantage which is experienced.
- Arts and Health Charter: Integrates creative arts into healthcare to support mental health and well-being. It establishes principles to embed the arts into healthcare services, particularly benefiting vulnerable populations such as older adults, individuals with dementia, and those facing mental health challenges.
- Support for Gender Diverse Communities: Training sessions and resources were developed to improve care for LGBTQ+ individuals, with a specific emphasis on providing a better understanding of how staff can support the Trans community when accessing health care.

Embedding a person-centred approach

- Person-Centred Approach Training: training was delivered to 176 staff, with additional sessions tailored to meet the needs of newly arrived internationally educated nurses. By integrating the principles outlined in this course into daily practice, Health Board staff can demonstrate that they embrace diversity and inclusivity in all aspects of service delivery.
- Sensory Loss Support: Implementation of the Sensory Loss Friendly Assessment (SLFA) checklist and increased use of the Welsh Patient Administration System (WPAS) sensory loss marker is helping the Health Board to better meet the needs of people with sensory loss.

- British Sign Language (BSL) Lunch Club: the Health Board has a growing number of members attending the lunch club which aims to build staff confidence in using British Sign Language to enable them to communicate more effectively with patients, families and colleagues.
- Veterans' Health: Implementing the Armed Forces Covenant Health Action Plan and improving veteran identification has helped reduce disadvantage and uphold our duty to prioritise treatment for health needs related to Armed Forces service.

Being an Employer of Choice

- Organisational Development: Our Organisational Development Relationship Managers have supported local teams to develop People Culture Plans and this work actively promotes healthy working cultures across the Health Board addressing wider cultural issues, including bullying and harassment, as identified in the All-Wales Staff Survey.
- International Nurse Recruitment: the Health Board provides support for internationally educated nurses through buddy schemes and tailored induction.
- Equality, Diversity and Inclusion Training: 74 training sessions were delivered on a range of topics helping to increase the knowledge, skills and understanding of our staff and the role that they play in our culture of inclusivity.
- Staff Networks: the Health Board has eight active staff networks. Each network is tailored to meet the unique needs of our employees and have played a crucial role in promoting a culture of inclusivity and support, ensuring that all staff members feel valued and empowered within our organisation.
- Celebrating Diversity: Activities such as Black History Month, LGBTQ+ History Month, Diwali, and Menopause Awareness Month ensure the Health Board's commitment to being an inclusive employer is visible and encourage staff to be their true selves at work.

Workforce equality data and pay gap reports:
The workforce equality report (Appendix 3) and pay gap reports (Appendix 4) provide an overview of the characteristics of our workforce and highlight a number of areas where further action may be required in order to build a more inclusive and equitable workforce.

The ethnicity pay gap data shows that as an average overall, our Black, Asian and Minority Ethnic colleagues earn more than their White colleagues. However, when an analysis of difference in average pay has also been carried out by staff group and pay band this shows that, apart from Additional Clinical Services and Estates and Ancillary, they earn less across all other staff groups. The same analysis by Agenda for Change (AfC) pay band shows that our Black, Asian and Minority Ethnic colleagues earn less than their White colleagues for bands 3 – 5, and band 8a, with the highest difference at band 8b.

The gender pay gap has remained relatively static, with no significant improvement over the years, with the biggest decrease seen in 2021 and 2022 but for other years it has remained over 21%, with an increase from 21.11% in 2024 to 22.33% in 2025. The highest pay gap by staff group can be seen for Administration and Clerical, and male staff earning more than female staff for AfC bands 1-3, 6-7 and 8d.

Work has also been ongoing to present some intersectional analysis (Appendix 2) which shows that the representation of females at AfC band 8c is lower than the Health Board profile and significantly lower for band 9, which is the same as last year. However, during 2024-2025 an increase in recruitment of female staff into band 8d positions has brought the percentage split by gender closer to the overall Health Board profile.

An analysis of data by ethnicity and gender has previously shown no representation by our Black, Asian and Minority Ethnic colleagues (male or female) at AfC bands 8b, 8d and 9 and while 2024-2025 saw appointments at band 8b, there are still no Black, Asian and Minority Ethnic colleagues at band 8d and band 9.
Argymhelliad / Recommendation The People, Organisational Development and Culture Committee (PODCC) is requested to: • **RECEIVE** the SEP Annual Report 2024-2025 noting that this is a consolidated report bringing together all reporting requirements established under the Equality Act 2010, and **AGREE** its submission to Board for approval and publication. • **NOTE**: the examples of work which has been undertaken to meet the Public Sector Equality Duties and SEP Objectives 2024-2028. • **NOTE**: the intersectional analysis and action plan which sets out the actions which will be taken in 2025-26; this will be a document for internal use only.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	5.1.2 Enable employers and staff organisations to put forward issues affecting the workforce. 5.1.10 Consider national developments in NHS Wales Workforce & Organisational Strategy and the implications for the Board including matters of service re-profiling.
Cyfeirnod Cofrestr Risg Risk Register Reference:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention Improve efficiency and quality of services through collaboration with people, communities and partners Support people to live active, happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	• Equality Act 2010 • Public Sector Equality Duties (Wales) 2011

	• Health Board's Strategic Equality Plan and Objectives
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Updates were provided by members of the Equality Implementation Group, and examples of good practice were sought from our staff networks. The current draft of the Strategic Equality Plan Annual Report has been shared with both the Equality Implementation Group and our staff networks for comment.

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	There will be costs associated with providing specialist training to staff in relation to meeting identified training needs on equality issues where external expertise and/or lived experience is required/recommended. While there is a dedicated budget for Strategic Partnerships, Diversity and Inclusion and some courses will be delivered corporately and through these funds, some external training provided to individuals as an identified training need will need to be met from relevant departmental and corporate budgets.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	There is evidence to show that generally, protected groups are disadvantaged at all stages relating to the planning, development and delivery of public sector services. The development of realistic and deliverable objectives set through an equality lens and underpinned by human rights principles, and positive progress against those objectives, will improve the quality of services delivered and patient care, not just for protected groups but for the population as a whole.
Gweithlu: **Workforce:**	There is evidence to show that generally, protected groups are disadvantaged when seeking employment and during their careers, facing prejudice and discrimination within exclusive working environments. Also, it is known that staff perform better when they can be themselves in the workplace. Embedding equality into core functions and HDdUHB's value base, setting objectives which engender the recruitment and retention of a diverse workforce, increasing staff knowledge and breaking down barriers faced by protected groups will lead to increased wellbeing amongst staff and can result in lower sickness absence levels, conserving valuable staff and financial resources.
Risg: **Risk:**	Challenges from staff or the public in relation equality and human rights can result in financial and reputational damage to the health board.

Cyfreithiol: **Legal:**	Non-compliance with the duties of the Equality Act 2010 risks the issue of a letter of non-compliance by the Equality and Human Rights Commission and legal challenges through judicial review and employment tribunals.
Enw Da: **Reputational:**	The SEP Objectives are designed to reduce the likelihood of reputational damage by prescribing fair and equitable treatment of staff and service users and taking action to meet the objectives. Producing an annual report on equality objectives is a requirement of the PSED. Non-compliance with the PSED would result in legal challenges and consequent financial and reputational damage to the organisation.
Gyfrinachedd: **Privacy:**	Information gathered for equality data monitoring purposes can include details on sensitive personal information, but this data is anonymised in reports and cannot be traced back to the individuals concerned. Information will already be held on Electronic Staff Records and Health Records if individuals have agreed to supply the information on a voluntary basis. An explanation of why the information is being collected and what it will be used for is included on the relevant data collection forms.
Cydraddoldeb: **Equality:**	The report describes progress towards meeting the PSED and meeting the health board's stated equality objectives. Publishing the Strategic Equality Plan annual report and Pay Gap reports within the prescribed timescale is one of the specific Public Sector Equality Duties.

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Strategic Equality Plan Annual Report 2024/2025

Table of Contents

Introduction 2
About the Hywel Dda area 4
Our strategic equality plan and objectives 2024-2028.....7
Spotlight on: Leadership by all 9
Spotlight on: Working together to improve health and well-being for all.....15
Spotlight on: Embedding a person-centred approach 20
Spotlight on: Being an employer of choice 29
Looking forward to 2025-26.....45

Introduction

Hywel Dda University Health Board (the Health Board) is dedicated to placing people at the core of all our activities. Our vision is to foster an accessible and inclusive organisational culture and environment for everyone. This encompasses our staff, those receiving care, their families and carers, as well as our partners, whether they are statutory organisations, third sector partners, or our communities. We aim to treat everyone as individuals, adopting a person-centred approach that ensures fairness, integrity, dignity, and respect for all, regardless of their background or beliefs.
The Equality Act 2010 mandates fair treatment for everyone. This legislation protects individuals from being treated less favourably due to:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief (including non-belief)
- Sex
- Sexual orientation

To ensure we treat people fairly, we must collect and utilise information about the experiences of our staff and service users. It is crucial that our services meet the needs of all groups and that we maintain fairness in the workplace. Our report includes case study examples, with fictitious names used to protect the identities of those who have shared their stories or feedback.

We employ various methods to gather and compile information about our communities and staff, including:

- Siarad Iechyd/Talking Health: Our involvement and engagement scheme that allows the public to voice their opinions on the planning, development, and delivery of local health services.
- Engagement and consultation: With staff and communities at public events and through surveys.
- Data collection: From our patient administration systems.
- Patient feedback: Including compliments and complaints about their experiences with our services.
- Staff surveys: Data from our electronic staff records and grievance reports.
- Welsh Government initiatives and national reports: Such as those from the Equality and Human Rights Commission, Older People's Commissioner, Stonewall, and others.
- Public Service Board Wellbeing Assessments: For each of the three counties.

We are continually striving to enhance the collection and reporting of equality data for those using our services. This involves adapting our existing systems to gather this data and raising awareness about its importance and how it will be used to improve services and outcomes for patients. The same applies to collecting equality data for our staff, and we are collaborating with the Welsh Government and other NHS Wales Health Boards and Trusts to improve our national information systems.

Our efforts to advance the equality agenda are interconnected with several pieces of legislation, policy drivers, and key reports, including:

- The Welsh Language (Wales) Measure 2011 – National Assembly for Wales
- Well-being of Future Generations (Wales) Act 2015
- The Welsh Language Standards (No.8) Regulations 2022 – Welsh Government
- More than just words – Welsh Government
- The Socio-economic Duty – Welsh Government
- The Armed Forces Covenant Duty – UK Government
- Anti-racist Wales Action Plan – Welsh Government
- LGBTQ+ Action Plan – Welsh Government
- Is Wales Fairer? (2023) – Equality and Human Rights Commission

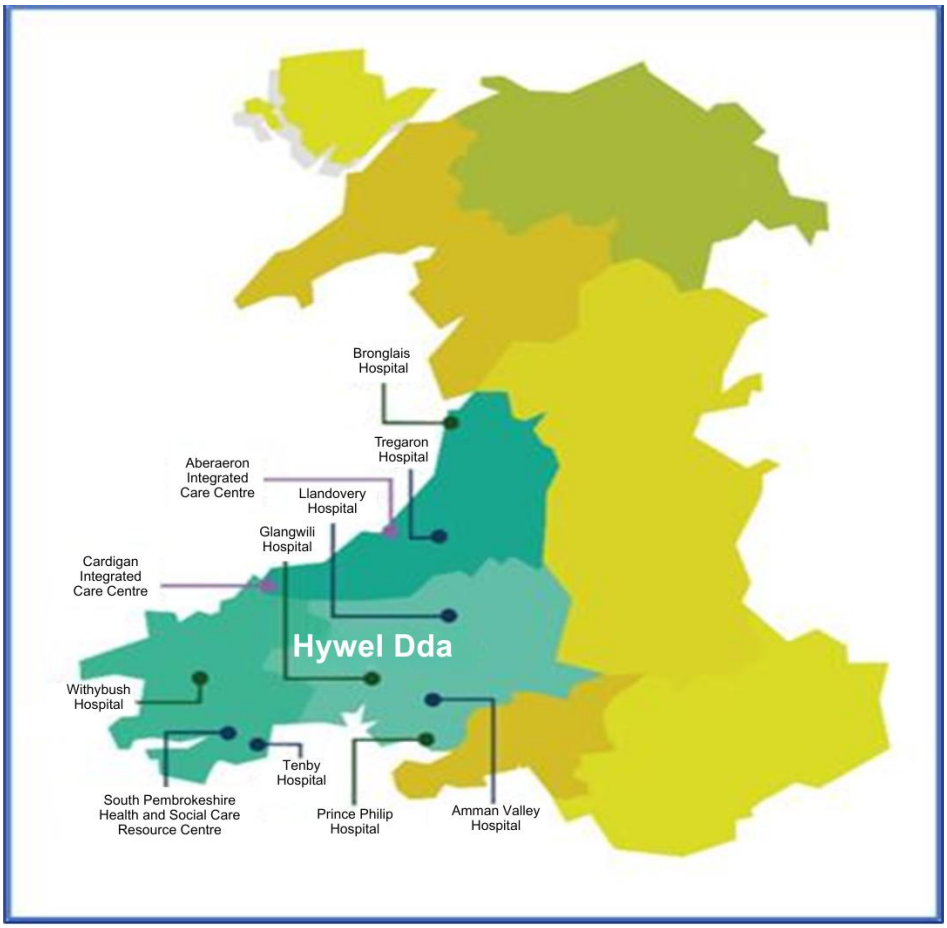
While our annual report provides an overview of the Health Board's efforts to promote equality, diversity, and inclusion, it should be read alongside other key documents listed below, with hyperlinks provided:

- Hywel Dda University Health Board Annual Report
- Director of Public Health Annual Report
- Our 20-year strategy - A Healthier Mid and West Wales: Our Future Generations Living Well
- Our Well-being of Future Generations Annual Report
- NHS Charities Together Communities Partnerships Interim Report (2024)

About the Hywel Dda area

Hywel Dda University Health Board plans and provides NHS healthcare services for the residents of Carmarthenshire, Ceredigion, Pembrokeshire, and neighbouring counties. Below are some key facts about our Health Board. For more detailed information, please refer to our Health Board Annual Report 2024-2025:

- Our Health Board covers a quarter of the land mass of Wales.
- We employ approximately 13,000 staff members and have a growing number of volunteers and apprentices.
- Based on the 2021 Census, we provide healthcare services to around 383,000 residents, as well as numerous visitors to our area.
- We support 48 general practices, 47 dental practices, 99 community pharmacies, and 44 general ophthalmic practices.
- Our facilities include four main hospitals, seven community hospitals, and eleven health centres.
- We collaborate with our three local authorities and partners from the public, private, and voluntary sectors.



We recognise that many individuals within our diverse populations, including those with protected characteristics, experience socio-economic deprivation. This deprivation is a significant factor contributing to poorer health outcomes, limited access to education and employment opportunities, and the perpetuation of the cycle of deprivation.

Our goal is to break this cycle in alignment with the aspirations of the Well-being of Future Generations (Wales) Act 2015, striving to create a healthier, more equal Wales with resilient communities working together towards a better future for all.

Information on health and socio-economic factors across the three counties is available from the Public Health Wales Observatory, the Welsh Index of Multiple Deprivation, and Stats Wales. Further details about the characteristics and needs of our population can also be found in the local assessments of wellbeing published by the Public Services Boards in each local authority area.

Ceredigion Local Well-being Plan - Ceredigion County Council

Carmarthenshire Local Well-being Assessment – the Carmarthenshire We Want

Well-being Assessment - Pembrokeshire County Council

Demographic information for the Hywel Dda region is available on the Office for National Statistics website. Historically, our population has experienced temporary changes, with significant increases during the summer months due to the tourism industry and transient student populations throughout the year.

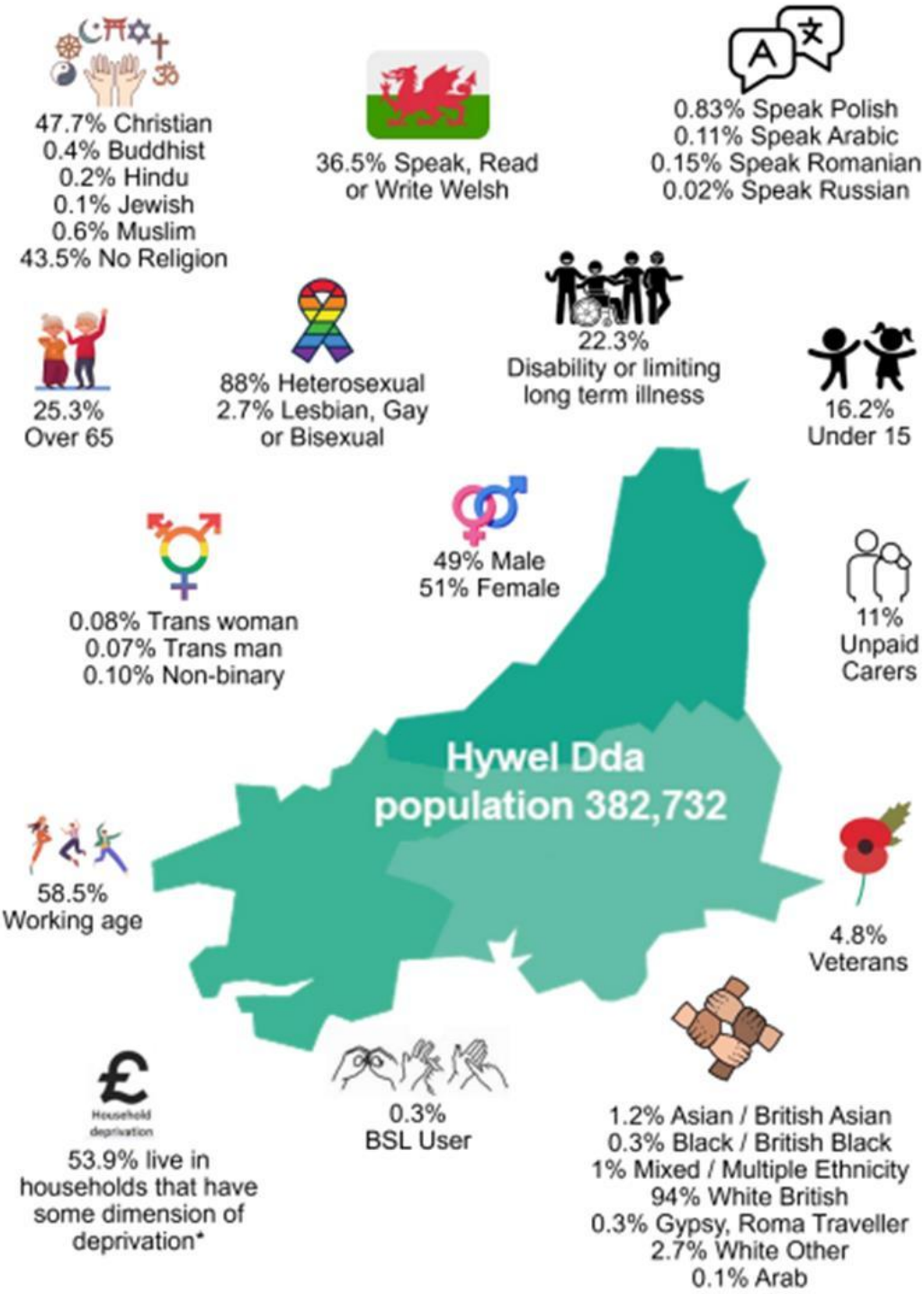
We recognise the importance of continually striving to ensure that our diverse communities have opportunities to communicate their needs, receive appropriate services, and have equal opportunities for employment and career progression.
There are high concentrations of Welsh speakers in some areas across the three counties, and we are committed to providing an active offer to patients who wish to receive their services in Welsh. We aim to identify our Welsh-speaking service users and encourage our Welsh-speaking staff to register their language skills on their Electronic Staff Record (ESR). In accordance with the Welsh Language Standards (No.7) 2018 Regulations, we have an action plan in place to meet the requirements of the Standards through our Bilingual Skills Strategy. Further details can be found in our Welsh Language Annual Reports.

Appendix 1 Annual Workforce Equality Report 2024-2025, illustrates “life in Hywel Dda” across the protected groups. This information is extracted from data held on the Electronic Staff Record’s Business Intelligence database. All Health Board employees are encouraged to record and regularly update their personal data on this system to help collect more complete and accurate information about our workforce as a whole.

An overview of the population of Hywel Dda University Health Board can be found on the following page.

Our population

The infographic below provides an illustration of the characteristics of the people living in Hywel Dda and is drawn from the averages of the data for each local authority area.



*The dimensions of deprivation used to classify households are indicators based on four selected household characteristics. - Education, Employment, Health & Housing (Household deprivation - Census Maps, ONS). Data provided by ONS Census 2021 https://www.ons.gov.uk/census

Our strategic equality plan and objectives 2024-2028

We have four overarching strategic equality objectives outlined in our 2024-2028 Strategic Equality Plan.

The strategic equality objectives for 2024-28 are:

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

Our Strategic Equality Plan (SEP) 2024-2028 reaffirms our dedication to advancing equality, eliminating discrimination, and fostering good relations between those who share a protected characteristic and those who do not. This comprehensive plan reflects our dual role as an employer and a service provider, ensuring that our commitments extend to patients, families, carers, and the broader community.

Our Strategic Equality Plan (SEP) objectives are closely aligned with the Health Board's Wellbeing Objectives, which are interconnected with the wellbeing goals established by the Well-being of Future Generations (WFG) (Wales) Act 2015. The WFG Act is a cornerstone of our long-term strategy, 'A Healthier Mid and West Wales: Our Future Generations Living Well'.

The Health Board has six strategic objectives that reflect our vision: 'Together we are building kind and healthy places to live and work in Mid and West Wales'. These objectives relate to our people (staff, service users, and communities) and our services:

The examples provided in this annual report illustrate how the Health Board is actively embedding and promoting principles to achieve the best possible health and wellbeing outcomes for everyone.

The Health Board is diligently working to address the worsening health inequalities within our communities. The disproportionate effects on those with protected characteristics and vulnerable individuals continue to be increasingly evident and are being further exacerbated by ongoing socio-economic pressures, political instability, and leadership changes across the UK. Conflict across the World and local tensions also contribute to these disproportionate impacts.

We are committed to mitigating these impacts and improving health outcomes for all, particularly for those most affected by external societal factors beyond their control. Our efforts include targeted initiatives and collaborations with partners and stakeholders to drive continuous improvements for the most vulnerable members of our communities.

Examples of our efforts can be found throughout this report.

Spotlight on: Leadership by all

Our Aim

Staff at all levels, including Board members, actively promote and facilitate a culture of inclusion and wellbeing across the organisation.

Anticipated Outcome

• The Health Board recognises and values the needs and differences of all staff and service users.

• Staff, including Board members, will use their lived experiences and act as role models to create positive experiences for colleagues and service users.

• Staff and service users will stand up to racism and all forms of discrimination and are empowered to voice any concerns

Developing our staff

Over the past 12 months, Hywel Dda University Health Board has introduced several initiatives to enhance staff development. These efforts underscore our commitment to fostering a supportive and growth-orientated environment for all employees. Key initiatives include:

- Enhanced learning opportunities: Expanding access to professional development programmes, including workshops, online courses, and seminars.
- Wellbeing support: integrating occupational health services and psychological wellbeing resources to promote mental and physical health.
- Leadership development: Implementing programmes aimed at cultivating leadership skills among staff, preparing future leaders within the organisation.

These initiatives reflect our dedication to continuous improvement and the professional growth of our workforce.

Active bystander

Hywel Dda University Health Board continues to facilitate a rolling programme of Active Bystander training, providing staff with the skills and confidence to call out discrimination and inappropriate behaviour. The provision of Active Bystander training is also recorded as a key action within the Health Boards Anti-Racist Wales Local Action Plan. Over the course of this financial year 6 Active Bystander sessions have been delivered to a total of 151 members of staff.

The Active Bystander sessions are evaluated and feedback from attendees is used to ensure the course is effective and that the learning objectives are being achieved. 73% of attendees highlighted that they would like to attend further training on this subject and 95% indicated that they would recommend the session to others. Here are some examples of the feedback received from the programme:

"A well-structured format excellently delivered - very useful. I would like refresher training if available in the future."

"I really enjoyed the session and thought it very thought provoking. Some of the scenarios were familiar to me. Personally, I was reluctant to put my thoughts/'answers' in the chat when I knew that I could be asked to explain my answer/thought. For me, I'd have been more comfortable to be able to add my comments to the chat and listen to the feedback."

"I just wanted to say the session was fantastic. It was the most engaging online training I've attended, and I think an amazing job was done engaging with participants. Thank you so much!"

"This was certainly a thought-provoking session, and I would encourage my whole team to attend future training opportunities. It was delivered well, thank you."

LEAP (Leadership Engagement with Awesome People)

Leaders at Hywel Dda need to be agile, vibrant, responsive, innovative and diverse. LEAP was created to develop and support leaders to be able to respond and adapt to the challenges both now and in the future.

This innovative and progressive leadership development programme is for senior leaders and focuses on compassionate, collective and inclusive leadership. The programme includes a diversity and inclusion session 'Creating an environment where everyone can flourish and thrive' which is delivered by the Diversity and Inclusion team. This session covers topics such as the benefits of diversity and inclusion in the workplace, equality and diversity law and legislation, discrimination and unconscious bias.

Four cohorts of the LEAP programme have been delivered over the last 12 months to a total of 67 senior leaders within the Health Board.

The Hywel Dda Manager programme

The Hywel Dda Manager programme is designed for supervisors, managers, and those aspiring to these roles. It's designed to empower supervisors and managers, to become more effective, inclusive, resilient, and compassionate focusing on essential day-to-day skills such as effective communication, supportive management, and motivational leadership.

Datblygu timau rheoli tosturiol a chynhwysol
RHEOLWR HYWEL DDA MANAGER
Developing compassionate and inclusive management teams

A key component of the programme is the diversity and inclusion session titled 'Being an Inclusive Manager.' Upon completing the Hywel Dda Management Programme, managers will be well-equipped to ensure fair treatment of staff, understand steps to eliminate discrimination and bias, and foster a sense of value and retention within the Health Board.

Over the past 12 months, eight different cohorts, comprising 157 staff members, have embarked on their Hywel Dda Management programme journey. Evaluations from this period indicate that 75% of attendees reported a significant increase in their knowledge about being an Inclusive Manager as a result of the 'Inclusive Manager' session.

Talent Management and Succession Planning

Over the past 12 months, Hywel Dda University Health Board has focused on enhancing Talent Management and Succession Planning. We have done this through:

- **Structured Talent Management Programmes**: The Health Board has implemented comprehensive talent management programmes to identify and nurture high-potential employees. These programmes include targeted training, mentorship, and career development opportunities.
- **Succession Planning Framework**: A robust succession planning framework has been established to ensure continuity in leadership and critical roles. This framework involves identifying key positions, assessing potential successors, and providing tailored development plans to prepare them for future roles.
- **Performance Reviews and Development Plans**: Regular performance reviews are conducted to evaluate employee progress and identify areas for improvement. These reviews are complemented by personalised development plans to support career growth and readiness for higher responsibilities.
- **Leadership Pipeline Development**: Efforts have been made to create a strong leadership pipeline by investing in leadership development programmes and workshops. This ensures that the Health Board has a pool of well-prepared leaders ready to step into key roles as needed.

The Coach Approach: During this reporting period, Hywel Dda University Health Board has continued to develop and implement the "Coach Approach" to support staff development and enhance workplace culture. The Coach approach consists of:

- **Training and Development**: The Health Board has provided extensive training for managers and leaders to adopt coaching techniques in their daily interactions with staff. This includes formal training sessions and ongoing support to ensure the effective application of these skills.
- **Enhanced Communication**: By fostering a coaching culture, the Health Board aims to improve communication across all levels of the organisation. This approach encourages open dialogue, active listening, and constructive feedback
- **Employee Empowerment**: The Coach Approach focuses on empowering employees to take ownership of their development and career progression. This involves setting personal goals, identifying areas for improvement, and creating actionable plans to achieve these goals.
- **Supportive Environment**: Creating a supportive and collaborative work environment is a key objective. The Health Board has implemented regular check-ins and mentoring sessions to provide continuous support and guidance to staff.

Making a Difference programme

The “Making a Difference” Customer Service programme is designed to foster positive interactions with Hywel Dda customers, including our patients, families, and visitors. This programme emphasises effective communication, provides tools to manage conflict and incivility, and reinforces the Hywel Dda Values and Behaviours framework.

The goal of the Making a Difference Programme is to equip staff with the tools and skills necessary to provide excellent customer service. By the end of the programme, staff are expected to:

- Create positive interactions with Hywel Dda customers, our patients, families, and visitors
- Demonstrate the use of tools provided to manage conflict and establish positive working relationships
- Identify various support mechanisms to promote health, wellbeing, and empower individuals to fulfil their potential

During 2024, 27 Making a Difference sessions have been delivered to 354 staff members. Since the programme's inception, a total of 1,518 staff members have completed the training across the Health Board. Course evaluations revealed that 100% of participants would recommend the Making a Difference programme to their colleagues.

Leading with Cultural Intelligence training

The Health Board’s Organisational Development Relationship Manager service, in collaboration with the Learning and Development team, has developed and delivered training to enhance the cultural intelligence skills of our managers and leaders. These sessions delve into how our cultural preferences shape our behaviour, attitudes, and the

ways we lead, interact, and engage with others. Ongoing support is provided by the OD Relationship Manager service, with continuous training made available by Learning & Development.

By the end of this workshop managers will have developed their understanding of what cultural intelligence is. Through the tools introduced, managers will be able to lead and engage more effectively, empathetically, and inclusively with teams and patients who are from diverse cultural backgrounds. Over the past 12 months, five "Leading with Cultural Intelligence" training sessions/workshops have been delivered to a total of 71 staff members across the Health Board.

Autism Awareness training

Hywel Dda University Health Board has made significant progress in Autism Awareness training. During this reporting period Hywel Dda University Health Board became the first Health Board in Wales to achieve 'Autism Understanding' status. This accreditation, awarded by the National Neuro-Divergence Team, recognises the Health Board's commitment to increasing autism awareness and understanding. To achieve this status, 85% of Hywel Dda's 13,000 staff completed e-learning modules focused on autism awareness. This training aims to equip staff with the knowledge and skills to better support neuro-divergent individuals.

In addition, the Health Board has developed a comprehensive strategy to increase awareness and understanding of autism and other neuro-divergent conditions. This includes partnership working with the National Neuro-Divergence Team to deliver webinars and bespoke training packages.

The training and initiatives are designed to create a more inclusive and supportive environment for both staff and patients. This includes making reasonable adjustments in the workplace to better support neuro-divergent employees.

Anti Racism Wales Action Plan

Anti-racism training

Throughout the year, the Business, Partnerships and Inclusion team facilitated training to enhance awareness and inclusion in the workplace and in the delivery of services. Our sessions aimed to deepen understanding of minority ethnic communities, religious diversity, and the importance of anti-racism in professional practice.

Working with Minority Ethnic Children, Young People and Families

This training provided insights into cultural diversity, discrimination, and best practice for supporting minority ethnic communities. Participants explored the barriers to accessing services, the significance of inclusive support, and the value of partnership working.

Religion and Belief

This session addressed challenges faced by religious individuals in the workplace, fostering inclusivity and allyship. Key topics included the distinction between religion,

culture, and identity, workplace discrimination, and the creation of safe and inclusive environments.

Anti-Racism for Practitioners
This programme focused on anti-racism in Wales, equipping professionals with the knowledge to support minority ethnic individuals effectively. Topics included the racially diverse population of Wales, the Anti-Racist Wales Action Plan, the impact of racism in work settings, and cultural considerations in mental health. The training empowered staff to foster inclusivity, recognise discrimination, and take meaningful action.

In addition to these training modules an all-Wales e-learning module on anti-racism was launched by Welsh Government during this reporting period and has been made mandatory for all staff to complete. As of the end of March 2025 64.9% of Health Board staff had completed the anti-racism module.

Aspiring Board Members Programme
As part of the Anti-racist Wales Action Plan, Welsh Government committed to the development of an Aspiring Board members programme. The first cohort joined the programme in May 2025. It is recognised that Boards need to be representative of their workforce and diversity of membership draws on wider lived experiences and provides a greater understanding of under-represented groups. The aim of the programme is to create a robust pipeline of diverse applicants but, as well as non-executive Director positions, the programme is intended to help individuals recognise the wider opportunities that exist within Health.

Board Seminar and Equality, Diversity, and Inclusion Progress
In December 2024, a Board seminar was held to address systemic inequalities and discrimination. Discussions highlighted key themes from the annual SEP report and the role of Equality, Diversity, and Inclusion (EDI) in Board deliberations. Board members were encouraged to reflect on their individual and collective responsibilities in driving change.

The session presented uncompromising data on gender, discrimination, race, and disability, supplemented by lived experiences. Board members engaged in discussions on shaping the organisation’s future, addressing key challenges, and setting priorities.

The seminar prompted difficult but necessary conversations, reinforcing the urgency of addressing critical issues to foster growth. As a result, an EDI Task Force has been established to lead this work, supported by the Board and reporting to the People, Organisational Development and Culture Committee (PODCC). With support from the Health Board’s Quality Improvement team, the Task Force will adopt a quality improvement approach, to achieve system-wide change.

Spotlight on: Working together to improve health and well-being for all

Our Aim

Our staff will actively work to reduce health inequalities.

Anticipated Outcome

• We will continue to listen to our population, especially those who traditionally find it difficult to access services and often have poorer health outcomes. We will use their feedback and experience to help us when we are planning and providing services.

• The Health Board will work with partners, such as other organisations, Third Sector and communities to reduce health inequalities and remove barriers to accessing health and care services.

Supporting our diverse populations

The Community Development Outreach Team (CDOT) continues to actively engage with our diverse populations, gathering insights into their needs and providing essential information, advice, and support to facilitate access to healthcare services. The CDOT team undertakes the following activities:

Healthcare Empowerment:
They empower individuals to access healthcare services and promote vaccine uptake.

Community Events:
In partnership, they plan and attend community events to celebrate diversity and inclusion.

Interpretation Services:
They support health staff in using interpretation services to ensure patients have access to interpreters when needed, enhancing patient and clinician experiences.

Community Engagement:
They meet and converse with community members, encouraging participation in public engagement events.

Public Health Messaging:
They disseminate crucial public health information.

Agency Connections:
They connect people with other agencies and third-sector organisations.

Over the past year, the CDOT has strengthened its partnership with third sector organisations and the local authorities. They have organised and delivered well-being events across our three counties and over the past 12 months these events have been particularly vital as a larger number of individuals and households have experienced greater impacts because of the cost-of-living crisis.

Working with our Gypsy Roma Traveller Communities

The Hywel Dda area is home to a significant Gypsy and Traveller population. Members of the Community Development Outreach Team (CDOT) make regular visits to sites, fostering relationships with residents and promoting key healthcare messages. Their ongoing presence helps individuals overcome barriers, such as difficulties in reading or understanding correspondence and confusion around appointments, ensuring better access to essential health services.

Summary: Gypsy Roma Traveller Arts Tackling Health Inequality through the Arts

Led by Hywel Dda's Arts and Health and Community Outreach Teams, in partnership with Carmarthenshire County Council and arts partners People Speak Up and Arts4Wellbeing, this project aimed to promote wellbeing, encourage healthy behaviours and foster trust.

Gypsy and Traveller communities face significant social challenges, including poverty, unemployment, and housing insecurity, which contribute to chronic ill health and reduced life expectancy. Limited literacy and distrust of health services further hinder access to vital healthcare information.

The initiative involved six weeks of weekly art workshops at two Gypsy and Traveller sites, incorporating mural painting and creative activities. Healthcare staff participated, using the informal setting to deliver health messages on smoking cessation, healthy eating, and mental wellbeing. This approach helped reduce stigma and encouraged informed health choices.

A thematic analysis of interviews with community members and outreach workers identified five key impacts: increased confidence, stronger friendships, lasting change, improved trust, and empowerment through participation. Meaningful engagement and cultural sensitivity played a crucial role in encouraging ongoing interaction with healthcare services.

The project's legacy includes displaying artwork and findings at Hywel Dda's headquarters. It highlighted the arts' potential to address systemic health inequalities and will continue to inspire community-driven change.

Full report available: Gypsy Roma Traveller Arts Tackling health inequality through the arts | Wales Arts Health & Well-being Network

Supporting asylum seekers and refugees

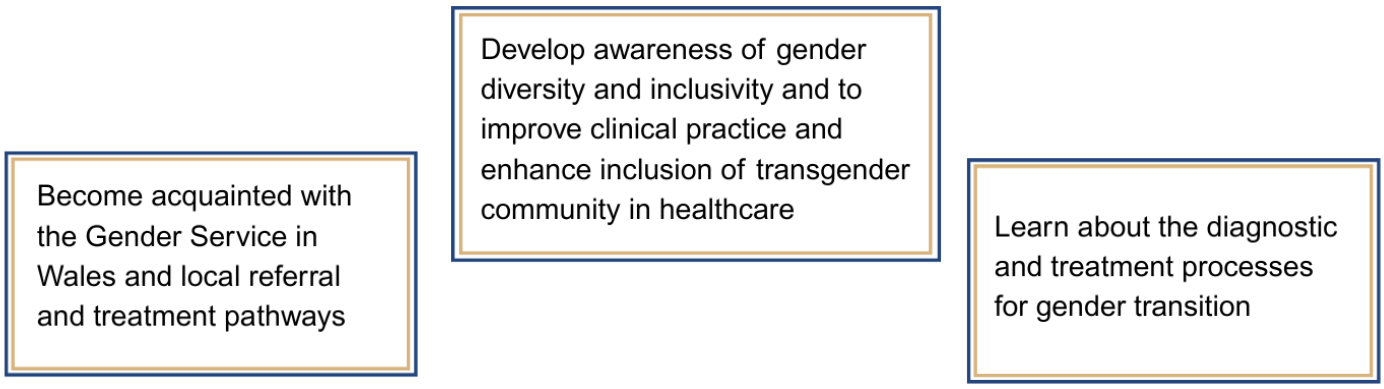
The Health Board actively supports refugees and asylum seekers through various local partnerships. Over the last 12 months the CDOT have been instrumental in providing information in different languages ensuring clarity on how to access healthcare services. The CDOT deliver health messages through ESOL (English for Speakers of Other Languages) classes, on navigating and understanding NHS Wales with particular emphasis on using the NHS emergency 999 service and the Wales 111 healthcare advice service. The CDOT also work in partnership with local authority and third sector organisations to refer individuals to wellbeing support services, liaise with Public Health Midwives to ensure patients receive pregnancy information and support, and collaborate with the Community Immunisation team to provide information about the vaccine and immunisation schedules.

Supporting our Gender Diverse Communities

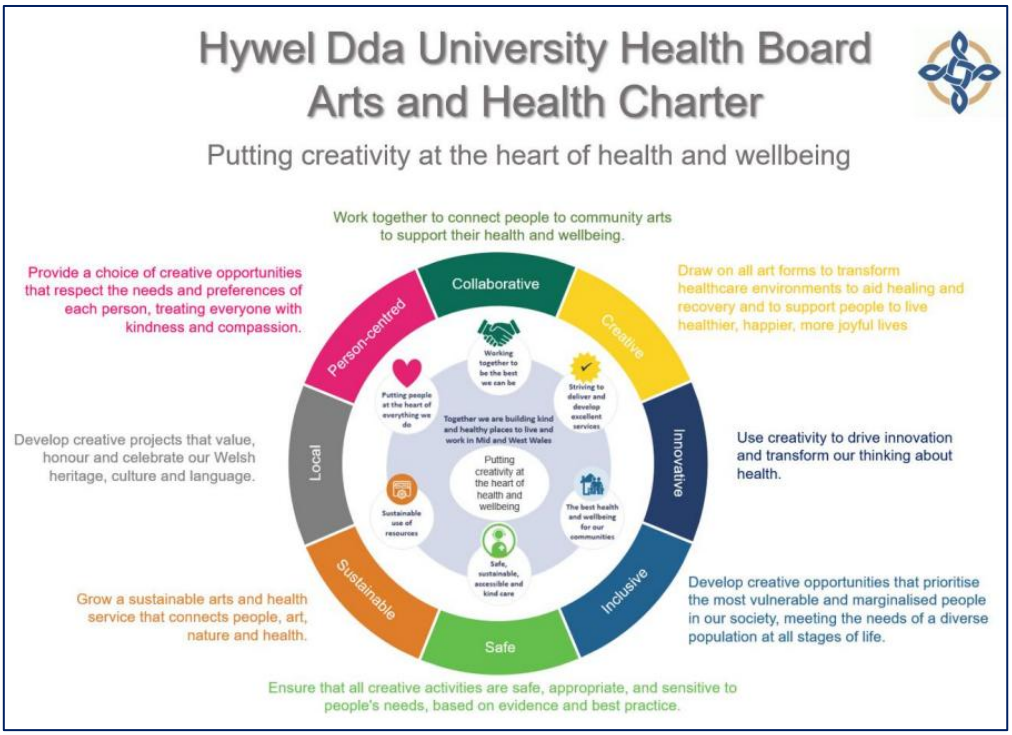
To better support our staff in supporting patients and colleagues who are gender diverse, the Business, Partnerships and Inclusion team have facilitated several training sessions. During the past 12 months the team arranged the delivery of two Stonewall sessions, one of which covered LGBTQ+ terminology and the second covered Trans awareness. Due to the demand for spaces on these sessions a further two 'Trans awareness' sessions were delivered by the Health Board's Gender Nurse Specialist. These sessions were able to be more specific to the role health care providers have and aimed to provide a better understanding of the Trans community and how we can support Trans individuals when accessing health care.

The Business, Partnerships and Inclusion team also created specific learning resources to complement this training, including an 'Understanding LGBTQ+ Inclusive language' resource and 'LGBTQ+ terms' poster, which have been promoted across the Health Board.

Hywel Dda University Health Board's Arts and Health Charter



The Hywel Dda University Health Board's Arts and Health Charter is a pioneering initiative integrating the arts into healthcare to enhance patient experiences, promote healing, and support wellbeing. As the first of its kind in Wales, it was co-created through extensive engagement with staff, patients, the public, and arts professionals. The Charter recognises creativity as a vital tool in illness prevention, wellbeing improvement, and recovery support. It establishes principles to embed the arts into healthcare services, particularly benefiting vulnerable populations such as older adults, individuals with dementia, and those facing mental health challenges. Current applications include live music to comfort patients, dance for falls prevention, singing to improve lung health, and visual arts to support mental health. The Charter also contributes to the social prescribing agenda, empowering individuals to take control of their health and wellbeing.



Below is a taste of what was offered as part of the Arts and Health Charter in 2024-25.

Creative Prescribing Discovery Programme

Initially launched in 2022, Hywel Dda University Health Board's Creative Prescribing Discovery Programme integrates the arts into healthcare through social prescribing. Developed in collaboration with Public Health Wales, Health Education Improvement Wales, and arts organisations, the initiative aims to reduce health inequalities across Pembrokeshire, Carmarthenshire, and Ceredigion.

Key activities included establishing wellbeing programmes for social prescribers and patients, developing training for healthcare professionals, creating an Arts in Health Network, running Creative Prescribing Cafes, and launching an Artist in Residence programme.

An independent evaluation demonstrated the programme's impact:

- 866 participants engaged, including patients, healthcare staff, and community members
- 126 professionals joined discussions through Creative Prescribing Cafes
- 195 individuals took part in Artist in Residence workshops across 108 sessions

The initiative has shown significant benefits in improving mental health, fostering social connections, and enhancing overall wellbeing, reinforcing the therapeutic power of creativity in healthcare.

Artists In Residence (AIR)
The Arts and Health project steering group collaborated to create an Artist in Residence programme at Hywel Dda, where arts partners joined health care teams in each county. They worked with a team and/or a priority beneficiary group that had a protected characteristic and matched the county's needs and priorities. A series of 4 artist in residencies were held, based on a model of 1 per county to design and develop a pilot project that was designed to meet the needs of 3 different protected characteristic groups.

DanceWell Project – Carmarthenshire
The DanceWell project in Carmarthenshire provided dance-for-health prescriptions for patients in the Tywi and Taf GP cluster who had chronic conditions or mobility issues.

The project aimed to develop links between community Multi-Disciplinary Teams, specialist nurses, and GP surgeries to facilitate arts-on-prescription initiatives. It also sought to collaborate with local arts partners to deliver a high-quality programme and improve patient access to arts-based health interventions and physical activity.

For patients attending the DanceWell sessions, the goals included improving health and wellbeing, increasing physical activity, reducing social isolation, and enhancing mental health. Over the pilot period, 168 patients participated in 96 sessions, with a total of 734 individual attendances across various locations.

Feedback from participants was overwhelmingly positive, highlighting significant benefits for both physical and mental health. All respondents expressed a willingness to continue with the programme if it remained available.

Spotlight on: Embedding a person-centred approach

Our Objective

Our staff use the Health Board values to deliver a person-centred approach in everything they do.

Anticipated Outcome

• Staff will have access to training and development opportunities to enhance their knowledge of equality, diversity and inclusion.

• Staff will have an awareness and understanding of the individual needs of our service users and diverse population and strive to meet those needs.

• We will actively engage with and listen to the diverse population that we serve, and ensure their needs are at the centre of all that we do.

Person Centred Approach training

The Health Board remains committed to fostering an inclusive workplace, ensuring fairness, dignity, and respect for all. The Person-Centred Approach training programme provides staff with an overview of equality and human rights legislation and equitable treatment for protected groups, carers, and vulnerable individuals.

The course explores unconscious bias and stereotypes, highlighting their impact on interactions and care delivery. It also introduces the Business, Partnerships and Inclusion Team, who offer ongoing support. Embedded in staff induction, the programme sets clear expectations on inclusivity and signposts further training.

During the reporting period, 12 sessions were delivered, with 176 staff members completing the programme. Additionally, tailored sessions supported 102 internationally educated nurses. Regular evaluations ensure continuous improvement, with 95% of attendees applying their learning daily. Feedback from participants includes:

By integrating these principles into daily practice, the Health Board continues to promote equitable, person-centred care, supporting a workforce that embraces diversity and inclusivity in all aspects of service delivery.

Improving Services for Staff and Service Users with Sensory Loss

The Health Board has continued to build upon the progress made in meeting the All-Wales Standards for Accessible Communication and Information for People with Sensory Loss. These standards outline the priorities for health boards to ensure that services for people with sensory loss are accessible.

The Standards require all patient areas to assess and address the needs of people with sensory loss. To support this, the Sensory Loss Friendly Assessment (SLFA) checklist was developed through the Enabling Quality Improvement in Practice (EQIiP) programme in 2022-23. Tested in Audiology and Outpatients in 2024, it helped benchmark accessibility across communication, patient environment, and service delivery, leading to improvements where needed. To expand this work, a dedicated project team was formed in 2024 and successfully secured a place on the Bevan Commission Exemplar programme, further enhancing visibility and support.

The Bevan Commission Exemplar Programme 2024-25

The programme provides independent advice to government and NHS leaders, with a dedicated project team advancing the SLFA Checklist through networking, leadership, and innovation training. The Health Board's Bevan Exemplar project, 'Meeting the Communication and Information Needs of People with Sensory Loss', supports the All-Wales Standards for Accessible Communication. It aims to enhance patient experience, boost staff confidence in accessibility, and ensure equitable healthcare.

Piloted across multiple service areas, the SLFA Checklist is continuously refined in collaboration with key partners, including Llais and Wales Council of the Blind. Beyond sensory loss, the project addresses wider communication needs, such as disabilities and language barriers, ensuring compliance with the Equality Act (2010) to prevent discrimination.

Staff Sensory Loss training

As part of the EQIiP programme, the Sensory Loss Project Team reviewed staff completion rates for the NHS Wales Sensory Loss e-learning module. Over the past year, the Business, Partnerships and Inclusion team has actively promoted the module through awareness-raising training sessions. Staff engagement continues to grow, with 320 Health Board employees having completed the module. This upward trend is expected to continue as the SLFA checklist expands to more service areas.

WPAS Sensory Loss Marker

The Patient Administration System for Wales (WPAS) features a sensory loss marker to highlight patients' communication needs. To promote its use, the Health Board developed a WPAS Recording of Sensory Loss staff guide, widely shared across the organisation and partnership forums. Through training and awareness initiatives, staff have actively collected and recorded patient communication preferences, leading to a significant increase in recording patients who have a sensory loss. As of 15th March 2025, 222 patients were recorded on WPAS, reflecting a 164% rise in the past six months and a 1750% increase since April 2024.

Success story

During this reporting period the Outpatients Team were successful in the NHS Wales Awards under the category of Equitable Care. It is recognition of their incredible quality improvement work, transforming the experience and outcomes for people with sensory loss in Hywel Dda.

BSL Lunch Club

The BSL Lunch Club meets monthly, helping staff build confidence in British Sign Language. During this reporting period, members learned to sign common phrases, including introductions, weather, numbers, directions, and basic healthcare conversations. To showcase their progress, the club performed a signed Christmas carol at the Health Board's carol service. By March 2025, membership had grown to 94, with a dedicated MS Teams channel for support and resource sharing.

> It's great to see health professionals and hospital staff engaging with a language which is challenging to learn, but bring a significant benefit to Hywel Dda patients.
>
> **BSL Club Member**

Digital Inclusion

Hywel Dda University Health Board recognises digital healthcare as a vital component of service delivery, encompassing video appointments, online support, healthcare apps, and digital communication. To ensure accessibility, the Health Board is committed to a digital inclusion programme focused on improving digital skills, recognising digital access as a social determinant of health, co-designing digital services, and enhancing health literacy.

The Digital Inclusion Team provides staff support, while the Business, Partnerships and Inclusion team participates in the Regional Digital Inclusion Steering Group to help ensure accessibility for those with protected characteristics and our most vulnerable communities.

During this reporting period, key initiatives included expanding the Digital Inclusion Champions Network, enhancing digital skills among staff and the community, addressing the digital divide, collaborating across sectors, and maintaining a strong commitment to Digital Inclusion in partnership with Digital Communities Wales. These efforts reinforce the Health Board's dedication to reducing digital inequalities and ensuring all community members benefit from advancements in healthcare.

Staff Psychological and Wellbeing Support

The Staff Psychological Wellbeing Service plays a central role in supporting and promoting the mental health and emotional wellbeing of all our staff. A stepped care model ensures that work continues to support cultural and systemic change; to equip leaders, managers and staff with the skills, knowledge and resources needed for good mental health at work; as well as to provide appropriate therapeutic interventions and referral pathways for teams and staff who are struggling.

The Staff Health and Wellbeing Gateway was launched online in May 2023, bringing the full range of staff support services together into one place making it easier for staff to know what is available and how to access it when needed. There have been just under 12,000 views since publication. Printed promotional material with QR codes that would enable staff to access the Gateway with their own devices without needing to be on the Hywel Dda system remains in development.

The service offers regular webinars, attendance at wellbeing days, celebration of national mental health days (including Mental Health Awareness week and World Mental Health Day) and input into a range of programmes across different professional groups to support emotional literacy, mental health awareness and strategies for staying well. Recordings of webinars are available to provide easy access, and each one is evaluated to capture feedback and identify potential improvements.

> The webinar was extremely valuable and having an opportunity to reflect on my feelings following the last couple of months in particular was extremely valuable.
>
> Very informative and provided me with all the resources and considerations needed to explore, identify and manage stress risk within my team

Staff have access to a range of one-to-one therapeutic support services both internal and external, and these are regularly promoted. Clinical outcomes on the effectiveness of the psychological interventions demonstrate clinically significant improvements in mental health. In addition to this, Qualitative feedback from staff on this aspect of our service remains very positive and demonstrates how staff are helped to remain in work and to return successfully after being on sick leave. The Recovery in Nature Programme has continued with evaluation demonstrating clinically significant improvements in mental health along with a reduction in symptoms of burnout. A new layer of participatory qualitative evaluation has been added (the Most Significant Change Approach) with themes of personal transformation through reconnection with self, others and nature.

The service has its own dedicated SharePoint site, which is regularly updated, providing a wide range of quality assured resources to support staff mental health.

There are specific resources to support managers and leaders in creating the conditions for good wellbeing at work, and new pages are introduced as needs are identified. A resource page on Menopause was published late 2024 and resources specific to Men's mental health are in development.

Improving the health of veterans

The Health Board serves approximately 382,800 people in West Wales, and the 2021 census recorded that 15,637 (4.08%) had served in the UK Armed Forces. Currently, the Health Board employs 131 staff members who have declared their armed forces status.

Armed Forces Covenant Health Action Plan (2024–2026)

Hywel Dda University Health Board has implemented the Armed Forces Covenant Health Action Plan, setting priorities until 2026. Coordinated by the Business, Partnerships, and Inclusion team and Armed Forces champions, the plan focuses on understanding veterans' healthcare needs, reducing disadvantage, providing support through events and training, and positioning the Health Board as an employer of choice for the Armed Forces community.

To benchmark best practice and drive continuous improvement, the Health Board actively participates in accreditation schemes, including:

- Veterans Covenant Healthcare Alliance (VCHA) – Recognised as a Veteran Aware organisation.
- Defence Employer Recognition Scheme (DERS) Gold – Accredited, with re-validation due in 2026.
- HEIW Veteran-Friendly Practices Scheme – Specialist GP training, with four practices completing accreditation during 2024–25.
- Pride in Veterans Standard (PiVS) – Demonstrating commitment to LGBT+ veterans and their families.

This approach reinforces the Health Board's commitment to supporting and improving healthcare services for veterans and the Armed Forces community.

Quality Improvement Project to Identify Veterans

Through the Enabling Quality Improvement in Practice (EQIiP) programme, the Health Board has strengthened veteran identification and support mechanisms. Initially launched in 2023, but running throughout 2024 the EQIiP project has led to:

- Increased veteran self-identification among patients
- Creation of the WPAS Recording of Armed Forces Keynote: A Staff Guide
- Enhanced Waiting List Support Service actions via updated Call Handler scripts
- Development of a Patients' Journey Map for staff
- Identification of system changes for simplified veteran identification within the All-Wales WPAS

This project has significantly contributed to the improved identification and management of veterans within the Health Board, ensuring they receive the care and support they deserve.

Success story - Staff Recognition

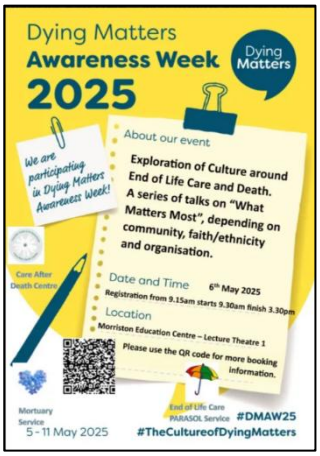
A member of the Armed Forces Staff Network received a bronze award in the Leadership category at the 2024 Welsh Veterans Awards. This accolade was in recognition of his outstanding leadership during a critical hospital incident, where he demonstrated his military work ethic and values, significantly contributing to his team's success. Throughout his tenure at Hywel Dda University Health Board, he has actively encouraged and supported ex-military colleagues to participate in Health Board initiatives, promoting the organisation as an employer of choice for veterans and the Armed Forces community. This leadership award underscores the importance and value of the transferable skills that military veterans bring to civilian roles.

Supporting our Faith Groups - Enhancing Holistic Care and Organisational Support

Over the past year, the Chaplaincy service has provided holistic, person-centred support to patients and healthcare professionals, ensuring inclusivity for individuals of all faiths and beliefs, including non-religious groups.

The Chaplaincy team advises on faith-based healthcare needs, facilitates reflective spaces, and supports religious observances such as Ramadan, Lent, Diwali, and Christmas. It also leads commemorative events, including Remembrance Day and, in 2025, the five-year anniversary of the COVID-19 pandemic, while responding to global and local challenges affecting staff and patients. At the end of life, the Chaplaincy team collaborates with funeral directors and registrars to ease legal and practical processes, reducing pressure on hospital services while respecting family wishes. Working within a multidisciplinary framework, it provides guidance on spiritual, cultural, and social aspects to complement NHS medical care.

As beliefs continue to diversify, the Chaplaincy team remains committed to adapting and ensuring equitable access to high-quality spiritual care, reinforcing its role in positive health outcomes.



Supporting unpaid carers

Hywel Dda University Health Board collaborates with statutory and third-sector organisations through the West Wales Regional Partnership Board (RPB). The RPB's Carers Strategy, published in November 2020, outlines four regional priorities to improve outcomes for unpaid carers:

- Enhancing early identification, including Young Carers and Young Adult Carers
- Providing a range of services to support carers' wellbeing
- Helping carers access education, training, and employment
- Supporting carers to develop digital confidence and inclusion.

Investors in Carers (IiC) Scheme

Led by the Health Board, the Investors in Carers (IiC) scheme supports unpaid carers of all ages, focusing on early identification, staff training, a Carers Champions Network, and legislative compliance. Key achievements include identifying and supporting 666 carers over the past year, integrating early identification of unpaid carers into quality improvement work within Mental Health and Learning Disabilities services, delivering training sessions to Health Board staff and arranging events for Carers Week 2024.

Recent Investors in Carers successes within the Health Board

During this reporting period both the Health Board's Community Children Nurses Service, Ty Bryngwyn Hospice (Palliative Care), Bereavement Counselling services and the Business Partnerships and Inclusion Team as well as 2 GP surgeries have achieved the bronze award in the Investors in Carers scheme.

Bespoke training

Between April 2024 and March 2025, the Carers Team delivered 8 sessions for line managers as part of the continual awareness raising work. One manager who attended said:

> Thank you - very informative and helpful, I will definitely be implementing the passport.

Working Carer Registration

The Electronic Staff Record (ESR) system enables staff to record supplementary roles, such as being a Working Carer. Promotion of this facility, alongside the Carers online information resources, is embedded in various training programmes, including corporate induction, manager sessions, and staff checklists. As of 31st March 2025, 274 staff members had used the ESR system to tell us they are a carer, an increase by 113 or 70.19% since the last reporting year.

Carer Aware e-learning

Since May 2023, the Carer Aware e-learning course has been mandatory for all staff, recognising the vital role of unpaid carers in the health and care system. As of 31st March 2025, 88% of staff have completed the training. This e-learning provides essential foundational knowledge, ensuring staff understand the significance of unpaid carers within the community, many of whom support individuals living with one or more protected characteristics. By highlighting the relevance of these characteristics in the lives of care receivers, the training enables staff to tailor support more effectively and respond to diverse needs with empathy and fairness.

Case Study: Supporting an unpaid carer and an employee

A long-serving Health Board employee became a full-time unpaid carer when their mother's health declined. After her multiple strokes in 2020, they managed all aspects of her care while maintaining their job, supported by the Carers Peer Support Group and a flexible manager. Sadly, their mother passed away, but as a result of the organisation's support, which allowed them to balance caregiving and career, ensuring their mother remained at home as she wished, the employee has remained in employment.

Spotlight on: Being an employer of choice

Our Objective

We will offer equal opportunities for employment and career progression and support the health and well-being of our staff and volunteers within a fair and inclusive environment.

Anticipated Outcome

• Staff and volunteers are encouraged to develop and progress in their roles and are supported in their health and well-being.

• Any inequalities, unfair practice and bullying and harassment are identified and addressed promptly.

• The Health Board's commitment to being an inclusive employer is visible, and staff are able to be their true selves at work.

Future Workforce Initiatives

The Health Board remains committed to engaging with young people, reaching 8,567 pupils this year, including 2,855 through the medium of Welsh. 22 out of 26 schools in the Hywel Dda region have now achieved Valued Partner School Status, strengthening collaboration in education. Partnerships with colleges have expanded the Health for the Future and Destination NHS programmes, enabling 1,527 students to access work experience and masterclasses, while 337 individuals completed work experience placements and 36 participated in virtual taster sessions.

The Medical Education Team continues to support aspiring doctors, with 67 students enrolling in the 'Becoming a Doctor' 2025 programme. This initiative provides access to clinical skills training, simulation workshops, and placements, enhancing realism and immersion in medical training. To enhance the candidate experience, simulation scenarios have been incorporated into the school and college offering, increasing realism and providing more immersive opportunities. Encouragingly, post-engagement feedback showed interest in a Health Board career rising from 35% to 63%.

Through the Pathway 4 programme, we have continued to expand access and create meaningful opportunities for individuals requiring additional support. Recognising the diverse nature of Additional Learning Needs, we provide a tailored and structured approach to support each participant effectively. This year, 19 students across the three counties have gained invaluable work experience, equipping them with essential skills for their future endeavours. This initiative has led to tangible outcomes, with one Pathway 4 learner securing employment within the health board and three others joining the volunteering network.

The Health Board now engages with 100% of secondary schools across the three counties, as well as the three main colleges, ensuring inclusive outreach through Pupil Referral Units and community partnerships.

Collaboration with third sector partners has been instrumental in supporting employability and educational initiatives. The Pathway 4 model, which fosters access to work experience for individuals requiring additional support, is now successfully implemented across all three counties, marking a significant achievement in our commitment to inclusive workforce development.

Collaborative partnerships have also facilitated employability sessions at job centres, engaging 257 individuals who were not in education, employment, or training (NEET). Further outreach through wider community events has successfully engaged 1,425 members of the public, contributing to the diversity of the 210 active volunteers within the Health Board. In recognition of the Health Board's commitment to supporting young adults, it was honoured to receive the prestigious Careers Wales Outstanding Achievement Award.

The Future Workforce team is expanding volunteering opportunities by working alongside Trade Union representatives and the Governance Group to assess interest and feasibility for new roles. Combined with broader recruitment strategies, these efforts have fostered a diverse and engaged volunteer community, contributing over 10,000 hours of meaningful activity in 2024–2025. Volunteers range in age, with 42% between 16–24 years old and 25% aged 65 and above. The group is also varied in background, with 20% in employment, 40% in education, 29% retired, and 11% classified as NEET (Not in Education, Employment, or Training). Additionally, 14% of volunteers have disclosed a disability, highlighting the inclusive and accessible nature of the programme.

Apprenticeship pathways

The Apprenticeship Academy has continued to thrive, welcoming 42 new apprentices into its programmes, including the Healthcare Apprenticeship Programme and opportunities within the Finance team. This brings the current staff community to a total of 162 apprentices.

The Academy's commitment to collaboration was recognised with the Health Board's Chairs Award for its partnership with Iechyd Dda in supporting young apprentices.

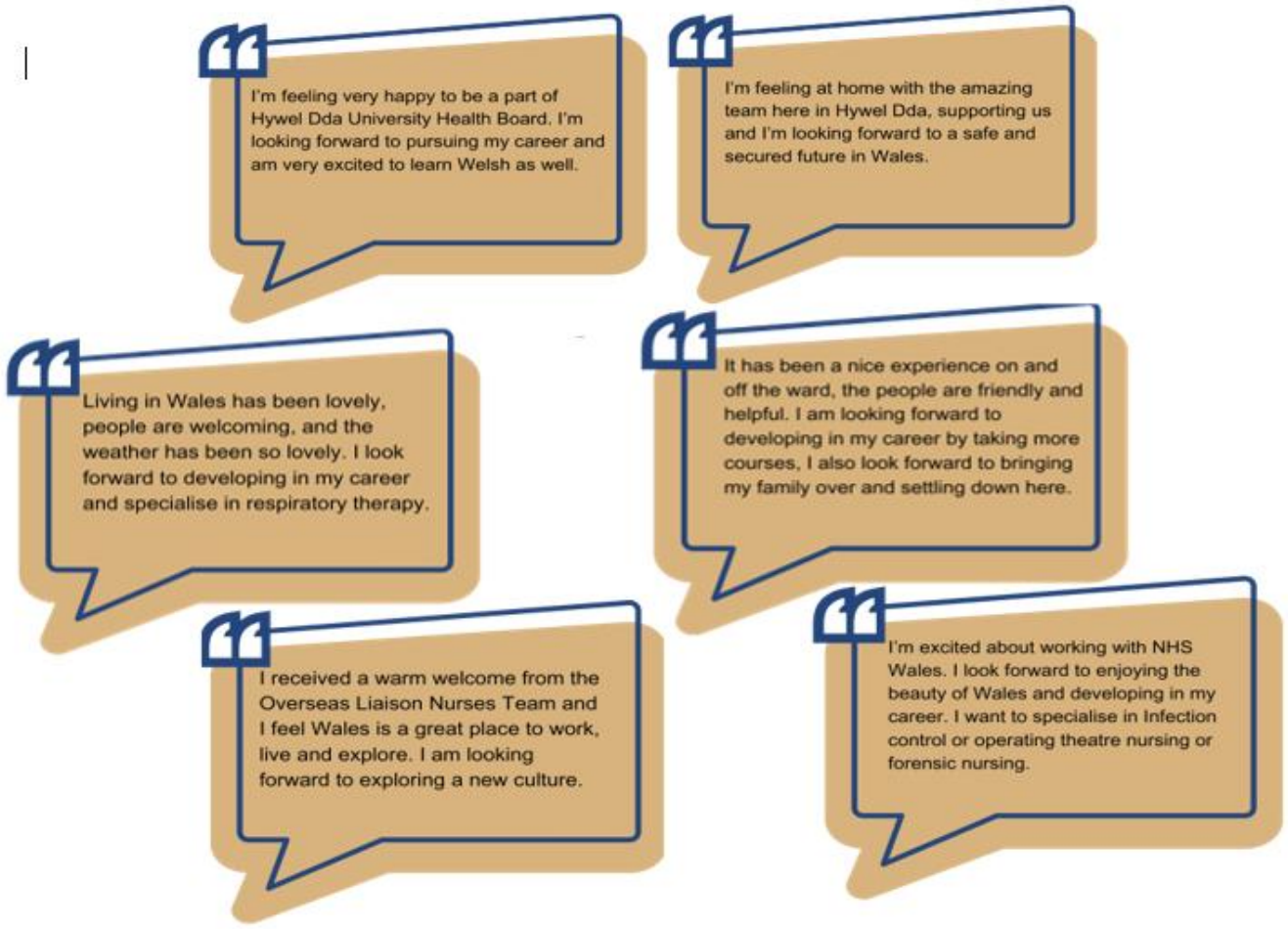
In addition, a healthcare apprentice from Glangwili Hospital was selected as a Welsh Language Ambassador by Coleg Cymraeg Cenedlaethol. In her role as a Coleg Cymraeg Cenedlaethol Apprenticeship Ambassador, she promotes the Welsh Language within her

apprenticeship by creating content for Coleg Cymraeg's social media platforms, emphasising the importance of the Welsh Language in patient care.

Recruiting and Supporting our International Educated Nurses

Since May 2022, Hywel Dda University Health Board has been actively delivering its International Registered Nurse Recruitment Programme, designed to attract and integrate internationally trained nurses into the healthcare workforce. This initiative forms part of a centrally coordinated recruitment effort in collaboration with NHS Wales Shared Services Partnership, local health boards, and the Welsh Government. The programme plays a key role in expanding nursing capacity, ensuring high-quality patient care across the region's hospitals.

Feedback from International Educated Nurses



Recognising the importance of supporting new staff—particularly those from overseas—the Health Board has tailored its recruitment and induction processes to provide essential guidance and resources. This includes the introduction of a Workplace Buddy scheme, which pairs new nurses with experienced colleagues who offer support, foster good practice, and help with settling into the work environment. The International Recruitment Project Team, Culture and Workforce Experience Team and Workforce and Organisational Development team have continued to work closely throughout 2024/25 with our International Educated staff, providing holistic support in addition to being a point of contact for them to raise any issues they may face in their new roles and surroundings.

During this reporting period, Phase 3 of the International Registered Nurse Recruitment Programme was successfully completed, resulting in the recruitment of 99 nurses from Kerala, India.

To facilitate their integration into the Health Board, International Liaison Nurses (ILNs) provided essential pastoral support, greeting the new nurses upon arrival, helping them familiarise themselves with the locality, and introducing them to available services. A comprehensive support package was implemented, extending beyond initial onboarding to include guidance during Objective Structured Clinical Examination (OSCE) preparation, ward placements, and ward rounds, through to the point of professional revalidation. Additionally, a dedicated welcome, wellbeing, and ward preparation day was arranged during the nurses' initial months to further support their transition.

Securing private rental accommodation was identified as a priority to ensure nurses felt safe and experienced minimal anxiety during their early days within Hywel Dda University Health Board. The ongoing wellbeing of the International Educated Nurses (IENs) remains a priority, with ILNs maintaining regular contact and support.
A dedicated OSCE team provided structured training to help nurses successfully complete their Nursing and Midwifery Council (NMC) OSCE exam, with all IENs achieving a successful outcome. The induction period, featuring prescribed classes delivered by OSCE trainers over several months, ensured that all nurses were fully prepared and supported for their examinations.

Throughout the process, the ILNs and OSCE team worked in close collaboration to meet the holistic needs of the IENs, ensuring their professional and personal transition was as smooth and supportive as possible.

The Diversity and Inclusion team also played a crucial role in welcoming overseas nurses, encouraging open discussions and providing a platform for them to share experiences and concerns. Dedicated sessions have ensured that nurses are aware of the support available from the Business, Partnerships, and Inclusion team, how to access that support, and the various staff networks within the Health Board. As part of Person-Centred Approach training, the Diversity and Inclusion team has also promoted the Speak Up scheme, which enables staff to raise concerns anonymously. Delivering this training in person has strengthened efforts to ensure that new nurses feel supported, welcomed, and informed about local resources as they settle into their roles and communities.

The Workplace Buddy scheme plays a vital role in easing the transition for new staff, helping them integrate more comfortably while promoting high-quality and safe practice. Support during the initial weeks and months has a significant impact on a new colleague's experience, contributing to staff retention and overall well-being.
Through these initiatives, Hywel Dda University Health Board remains committed to fostering a welcoming, inclusive, and supportive environment for all nurses, ensuring they have the resources, mentorship, and opportunities to thrive in their new roles.

Celebrating Diversity

The Health Board's Business, Partnerships and Inclusion Team produces an annual Diversity Calendar, encouraging teams to promote cultural and religious events relevant to their service areas. To further support awareness, a monthly 'What's On' newsletter is shared, reminding staff of key celebrations. Both resources are distributed throughout the year via various communication channels.

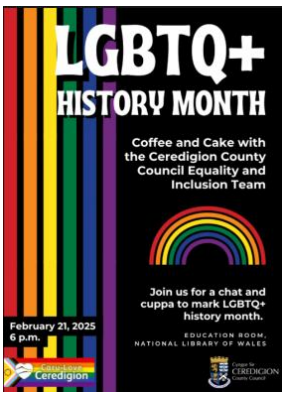
During 2024-2025, several celebration events took place, with a selection highlighted below:

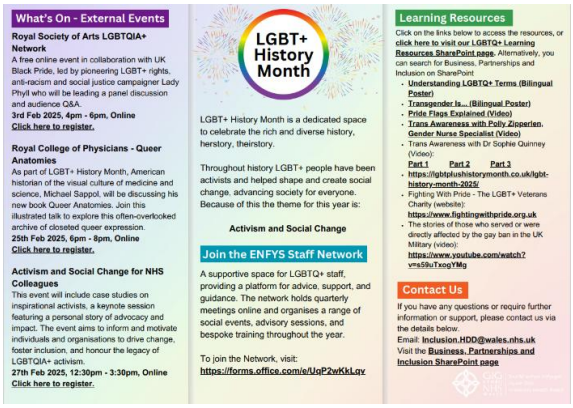
Black History Month

The Black History Month theme for 2024 was Reclaiming Narratives. To mark the occasion the Business, Partnerships, and Inclusion Team promoted several local and national events including 'Cynefin in Ceredigion - A family fun day to celebrate the richness of diverse cultures and heritages of people that live in Ceredigion and a Windrush @75 Documentary. The Business, Partnerships, and Inclusion Team also promoted the Anti Racism - ESR learning, several in house learning resources as well as a selection of books relevant to Black History Month available from the Health Board libraries. We also promoted the Black, Asian and Minority Ethnic staff network.

LGBTQ+ History Month

Throughout history LGBTQ+ people have been activists and helped shape and create social change, advancing society for everyone. Because of this the theme for LGBTQ+ history Month in 2025 was: Activism and Social Change. To mark the event the Business, Partnerships, and Inclusion Team promoted several local and national events covering topics such as 'Activism and Social Change for NHS Colleagues'. The Business, Partnerships, and Inclusion Team also promoted learning resources and it's Enfys staff network.





Menopause Month

October is Menopause Awareness Month, with World Menopause Day observed annually on 18 October. This initiative aims to break taboos and enhance women's health and wellbeing by raising awareness about menopause symptoms and available support options. To mark this occasion, the Business, Partnerships, and Inclusion Team facilitated a Menopause Q&A Session with the Health Board's Consultant Obstetrician and Gynaecologist. Additionally, they promoted various local and national events covering topics such as "Menopause at Work," "The Menopause and Your Pensions," and "Perimenopause Q&A on Black Women's Experiences."

Furthermore, the staff psychological wellbeing team compiled a range of resources to help the Health Board become more menopause-aware and supportive. These resources were made accessible to staff via our online information resource.

Supporting Pride events

Members of the Business, Partnerships and Inclusion team alongside members of the Health Board's Enfys LGBTQ+ staff network represented the Health Board at several local Pride events, including PRIDE Cymru (Cardiff), Swansea Pride, Llanelli Pride, Pembrokeshire Pride and Aber Pride (Aberystwyth).

Other speciality services, including Immunisations and vaccinations, midwifery, Community Development Outreach Team and the Wellbeing Team attended various events to promote the Health Board's commitment to LGBTQ+ communities both as an employer and as a healthcare provider. During Pride events members of the public were able to access health promotion information, discuss any matters of concern and seek advice.

Diwali Celebration Unites Cultures at Hywel Dda Health Board

On 10th November 2024, Hywel Dda University Health Board celebrated Diwali in an event organised by the Black, Asian, and Minority Ethnic Staff Network and allies. Recognising the significance of Diwali in the lives of many of our colleagues, the celebration, featuring vibrant decorations, Rangoli, and flickering Diyas lamps, also aimed to promote diversity and inclusivity among Health Board staff members and colleagues.

The event opened with a warm welcome, a brief introduction (delivered by a member of the staff network) highlighting the significance of Diwali and providing an insight into the customs and traditions of the celebration. Attendees at the event were captivated by cultural performances, including traditional dances and music as well as several interactive party games and a short quiz.

Members of the Black, Asian, and Minority Ethnic Staff Network also shared homemade dishes, representing various cultural backgrounds as part of a multicultural feast on offer at the event.

Senior leadership team members were also in attendance at the event and conveyed messages of support and encouragement, wishing attendees health, wealth, and happiness.

The celebration reinforced a sense of belonging, demonstrating how embracing cultural diversity can strengthen community bonds and enrich shared experiences.

Staff Networks

The Business, Partnerships and Inclusion Team has contributed to fostering a supportive and inclusive workplace environment throughout 2024-2025. Through the facilitation of a diverse range of staff support networks, each tailored to meet the unique needs of our employees.

These networks include:

- **Armed Forces Network**: Providing support and resources for staff who are current or former members of the armed forces community.
- **Black, Asian and Minority Ethnic (BAME) Network**: Focusing on the needs and experiences of our Black, Asian and Minority Ethnic staff, promoting diversity and inclusion within the workplace.
- **Enfys (LGBTQ+) Network**: Offering a safe and supportive space for LGBTQ+ employees, advocating for equality and inclusion.
- **Menopause Network**: Addressing the specific needs of staff experiencing menopause, as well as those who want to learn more, providing support and raising awareness.
- **Respectability Networks**: We have two distinct Respectability Staff Networks:
    - One for staff with any disability or long-term condition.
    - Another for colleagues who are Neurodivergent, ensuring tailored support and resources.
- **Unpaid Carers Network**: Supporting staff who have unpaid caring responsibilities, offering resources and a community of understanding.
- **50+ Café**: Creating a space for staff aged 50 and above to connect, share experiences, and access relevant support.

These networks have played a crucial role in promoting a culture of inclusivity and support, ensuring that all staff members feel valued and empowered within our organisation.

As well as providing space for peer support, the Staff Networks are a place for shared learning, with several guest speakers delivering sessions on a variety of topics. These include the Health Boards ‘Speak up safely’ platform, Coaching opportunities for staff network members, Staff Psychological Wellbeing Service, Access to work and Developing a Health Passport for staff. Topics delivered during staff network sessions are aligned to the interests expressed by staff network members.

Armed Forces Staff Network

The Health Board’s Armed Forces Staff Network is now well-established, with over 85 members actively contributing to collaborative meetings and partnership initiatives. In June 2024, a Reservist co-presented the Armed Forces Covenant Report at the People, Organisational Development and Culture Committee (PODCC) meeting, sharing their experiences.

Members regularly participate in the Armed Forces Covenant Steering Group and are consulted on relevant projects. The network also benefits from a dedicated Microsoft Teams channel, fostering ongoing discussion and information sharing on staff wellbeing and training opportunities.

Black, Asian and Minority Ethnic Staff Network

The Black, Asian and Minority Ethnic Staff Network has remained proactive in leading cultural celebrations throughout 2024-2025. This year, it hosted its third annual Diwali celebration and actively promoted Black History Month and World Food Day to highlight achievements and cultural diversity.

The Network also explored the creation of a book club to foster reading and cultural awareness, further enriching workplace inclusivity. Through these initiatives, it continues to enhance engagement and understanding across the organisation.

The Aspiring Board Members Programme was also shared with all Black, Asian, and Minority Ethnic staff network members, offering a structured leadership development opportunity to support and prepare people from Black, Asian and minority ethnic backgrounds for Independent Board Member roles within health bodies in Wales. The programme seeks to enable a wider diversity of individuals to play their part in the future of NHS Wales.

Case Study: Promoting Diversity through World Food Day

In October 2024, the Black, Asian and Minority Ethnic Staff Network, led by the Vice Chair, organised World Food Day to enhance diversity awareness.

The primary goal was to celebrate cultural diversity and foster appreciation for different cultures. within our workplace. This was part of our broader strategy, driven by the Diversity Calendar 2024, to bring diversity awareness to life through various events and activities planned during our staff network meetings.

To achieve this, we dedicated the day to offering staff and patients in our local canteens a chance to enjoy international cuisine from around the world. The Catering Teams were instrumental in this effort, showcasing their creativity not only in preparing diverse dishes but also in designing eye-catching flyers and posters to promote the event.

The engagement from the catering staff was exceptional. Their enthusiasm and creativity were evident in the variety of dishes prepared and the vibrant promotional materials created. This collaborative effort ensured that the event was well-publicised and eagerly anticipated by both staff and patients.

The feedback received was overwhelmingly positive. Many individuals expressed their enjoyment of the exotic dishes and their eagerness to experience more such culinary events in the future. The success of World Food Day highlighted the importance of celebrating diversity and the positive impact it can have on workplace culture.

Enfys - LGBTQ+ Staff Network

During this reporting period the Enfys staff network have welcomed a new Chair and a new vice chair who will be supported by the Diversity and Inclusion team to further develop the network. The Enfys staff network currently contains 65 members of staff and meets on a quarterly basis.

Members of the Health Board's Enfys LGBTQ Staff Network continued to represent the Health Board at several local Pride events throughout 2024. Members of the network were joined by members of the Business, Partnership and Inclusion team as well as several speciality services from across the Health Board. Attendance at these events enable members of the public to provide feedback, discuss any matters of concern and seek advice from the Diversity and Inclusion team, Sexual Health team, Immunisations and Vaccinations team, Smoking Cessation team and our Maternity Services team.

Menopause Café

The Health Board's Menopause Café continues to thrive, supporting staff affected by or preparing for menopause. Membership has grown to over 206 members during 2024-2025. Facilitated by a Consultant Obstetrician Gynaecologist, sessions cover key topics such as menopause and perimenopause symptoms, Hormone Replacement Therapy, weight management, and nutrition, while also dispelling myths.

Participants can ask questions—either anonymously or during sessions—to shape future discussions and enhance workplace support. A dedicated MS Teams channel enables ongoing resource sharing and peer support.

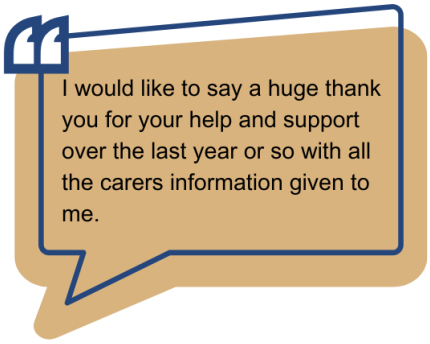
Respectability Staff Network

Throughout 2024/25, the Health Board's RespectAbility Staff Network continued to grow, with 80 members in the physical disabilities and long-term conditions group and 63 in the neurodivergent group. The network hosted guest speakers on topics such as access to work, digital platforms, and VIVA Engage, offering valuable insights. It also facilitated staff feedback on the proposed Health Passport, aimed at improving workplace support. Additionally, RespectAbility contributed to resources for key awareness events, including Autism Awareness, ADHD Awareness Month, and Neurodiversity Celebration Week, reinforcing its commitment to inclusivity and staff wellbeing.

Unpaid Carers staff peer support group

The Carers Team facilitates a carers peer support group for Health Board staff who have a caring role. This continues to be run monthly over MS Teams, during this reporting period the support group sessions were attended by 78 Health Board staff. Sessions included presentations from guest speakers, addressing topics based on members' interests and providing opportunities for involvement in policy and strategy development.

A dedicated Microsoft Teams channel was created to facilitate discussion, information sharing, and access to recordings of past meetings with guest speakers.



50+ Cafe

The Health Board's 50+ Café continues to grow, supporting staff in the later stages of their careers. Membership reached 101 in 2024/2025, with discussions covering topics such as VIVA Engage, a new communication platform, and the development of a staff health and wellbeing tool. The Café also promoted pension-focused webinars and roadshows, which have been highly sought after, with plans for additional sessions in the future.

Equality, Diversity and Inclusion (EDI) Training

Throughout 2024-2025 the Diversity and Inclusion Team continued to offer a range of specialist equality, diversity and inclusion training to staff members across the Health Board to help them develop a better understanding of the challenges faced by people with a protected characteristic and marginalised communities.

During 2024-2025 the Diversity and Inclusion team delivered a total of 74 training sessions to staff on a broad range of topics including:

- First Steps to LGBTQ+ Inclusion and First Steps to trans Inclusion
- Trans Awareness Training
- Religion and Belief Training, Anti-Racism for practitioners and Working with Minority Ethnic Children, Young People and families
- Disability Awareness and Making Reasonable Adjustments
- Carers and Sensory loss

Feedback from staff that attended Equality, Diversity and Inclusion training throughout 2024-2025 included:

The Business, Partnerships and Inclusion team continue to develop and build their library of learning resources which Health Board staff can access via the Business, Partnerships and Inclusion online information resources page. This includes recordings of MS Teams training sessions, YouTube videos, podcasts, links to online webinars and information categorised by protected characteristic allowing staff to access relevant information as and when required.

Inclusive Recruitment Training

Hywel Dda University Health Board remains committed to equality, diversity, and inclusion through its Inclusive Recruitment Training. This initiative ensures fair and accessible hiring practices by providing managers with guidance on best recruitment practices, interview techniques, and the Health Board's recruitment system.

The programme also includes education on the Equality Act 2010, emphasising the importance of reasonable adjustments for staff and applicants. Accessible recruitment guidance is available via the Health Board's intranet, supporting managers in implementing inclusive strategies.

To enhance its impact, the Health Board collaborates with organisations such as the Department for Work and Pensions (DWP) and the Welsh Government's Disabled People's Employment Champions, helping to recruit individuals with disabilities and improve workplace inclusivity.

Equitable Access to Training
The Learning and Development team has established a system to monitor study leave requests and course enrolments, allowing them to identify under-represented staff groups and provide targeted support. Organisational Development Relationship Managers are actively working to address cultural barriers within teams to ensure fair access to training.

Over the past year, significant progress has been made in centralising training data to enhance engagement metrics, particularly from an Equality, Diversity, and Inclusion (EDI) perspective. Collaboration with partners is ongoing to integrate external data, providing a more comprehensive understanding of training participation across the organisation.
The Health Board has partnered with Health Education and Improvement Wales (HEIW) to secure funding for training opportunities aimed at staff in bands 2-4. These opportunities focus on developing skills in areas such as digital proficiency, minute taking, and basic project management. Despite promotional efforts through Viva Engage, engagement levels have been lower than expected. To address this, outreach strategies are being refined to increase participation among Facilities, Estates, administrative, and digital staff.

Payroll data collection through study leave and higher award systems has improved EDI reporting. However, this data currently only reflects access to external learning opportunities. To ensure a more unified and effective approach, work is underway to centralise all training data, providing a complete picture of staff engagement.
While challenges remain, these initiatives demonstrate ongoing efforts to build a strong foundation for inclusive training and development, ensuring all staff members can access the opportunities they need to grow.

Listening to our staff - Speak Up and Make Meaningful Change
The Speak Up and Make Meaningful Change initiative continues to drive cultural change across the Health Board by fostering psychological safety and reinforcing trust, openness, and honesty. Ensuring that staff feel confident to raise concerns and report incidents is essential in maintaining a transparent and supportive working environment.

Findings from the 2024 NHS Wales Staff Survey indicate encouraging progress in fostering a culture of transparency and support. Seventy-four percent of staff agree that the organisation encourages reporting of errors, near misses, or incidents, reflecting a 4% increase from 2023. Staff confidence in speaking up about unethical behaviours remains strong at 76%, aligning with national results. Additionally, 50% of respondents believe that staff involved in incidents are treated fairly, reflecting a 12% improvement compared to the previous year. Meanwhile, 57% recognise that appropriate action is taken to prevent repeated incidents, marking a 7% increase. Although these findings indicate some progress compared to the 2023 survey, we acknowledge that further efforts are needed to enhance these experiences. To address this, a new action plan has been developed and is currently under discussion and agreement at the People, Organisational Development and Culture Committee.

Additionally, the staff survey results have been presented to Board members, leading to the identification of three corporate themes for targeted focus in 2025:

- Nurturing healthy working environments – addressing negative experiences
- Patient safety
- Morale

While the Health Board is recognised as an exemplar organisation across Wales, embedding a strong speaking-up culture remains a priority. The next phase of the Speak Up and Make Meaningful Change agenda will focus on strengthening staff confidence through targeted engagement initiatives, enhancing leadership accountability to ensure concerns are addressed appropriately, and further developing training and support mechanisms. Efforts will also be made to expand communication channels, making it easier for staff to report concerns and engage in open discussions.

By prioritising psychological safety and transparency, the Health Board reinforces its commitment to meaningful cultural change, ensuring staff feel empowered, valued, and supported in raising concerns.

Organisational Development Programme

Over the past 12 months, significant progress has been made in our Organisational Development programme aimed at fostering healthy and happy working cultures. The introduction of the Relationship Manager role in 2021 has been pivotal in providing proactive and responsive support to local teams. This role has been instrumental in promoting staff well-being and improving workplace culture, ultimately benefiting patient care.

In 2022, we co-developed a culture framework in partnership with our Trade Union colleagues, based on seven key themes identified by our staff. This framework has guided the creation of People Culture Plans, which are corporately aligned and locally owned, enhancing staff experiences and supporting our attraction and retention strategies.

From April to October 2024, each directorate across the Health Board received support from an Organisational Development Relationship Manager (ODRM). These managers engaged with services to understand and improve staff experiences using qualitative and quantitative data, including insights from a bespoke culture survey. This informed the co-creation of People Culture Plans, fostering local ownership and continuous progress measurement. Additionally, we began scoping methods to layer data from various sources for a richer understanding of cultural patterns, further informing our Organisational Development responses.

Between October 2024 and March 2025, ODRMs continued their efforts to promote healthy working cultures. They engaged with teams to understand staff needs, and supported conflict resolution through restorative approaches like mediation and facilitated conversations. These initiatives have been crucial in addressing wider cultural issues, including bullying and harassment, as identified in the 2023 All Wales Staff Survey.

Overall, the Organisational Development programme has made substantial strides in enhancing staff well-being and workplace culture, with positive feedback and anticipation for future developments.

Equality Impact Assessment (EqIAs)
The Health Board remains committed to ensuring that all policies, new services, and service developments undergo Equality Impact Assessments (EqIAs). These assessments help identify potential impacts across the nine protected characteristics, as well as considerations related to Welsh language, socio-economic disadvantage, and the Armed Forces Covenant Duty. Data sources such as Local Assessments of Well-being, Census 2021, and Regional Pharmaceutical Needs Assessments inform these evaluations.

Over the past year, the Diversity and Inclusion team has enhanced EqIA support by introducing a guided template, an updated screening tool, a new guidance document with examples to consider, and a video resource. Staff feedback has been positive, and the improved EqIA format includes a new scoring matrix that better captures impact and opportunities, leading to more informed decision making.

To improve record-keeping, an automated EqIA log has been developed, ensuring easy access to documentation and quality assurance before assessments are presented to boards and committees. Additionally, the team continues to provide regular training, delivering EqIA-specific sessions across various departments and embedding EqIA training within the Enabling Quality Improvement in Practice (EQIiP) programme to support service improvements.

Members of the Diversity and Inclusion team actively participate in policy approval groups and service redesign steering committees to ensure thorough EqIA processes. Furthermore, the Health Board utilises Engagement HQ and Tractivity software to enhance communication and engagement with communities, ensuring diverse voices are heard during consultations.

Throughout 2024-2025, the Diversity and Inclusion team has supported the completion of 222 EqIAs, reinforcing its commitment to inclusive and equitable healthcare development and decision making.

Staff wellbeing Events

Over the last 12 months the Diversity and Inclusion team have linked in with Staff Wellbeing events. These Staff Wellbeing events provide a better engagement environment where the Diversity and Inclusion team have greater access to more staff members, and can provide advice on equality, diversity and inclusion matters. The Diversity and Inclusion team are also able to promote other services the team offer; these include:

- Training – training and learning resources available on each of the protected characteristics
- Equality Impact Assessment - support on completing Equality Impact Assessments
- Advice – advice on all EDI related concerns and queries
- Interpretation and Translation – help with using interpretation and translation services.
- Promotion of our staff networks

Consultation and Engagement during 2024-2025

Throughout 2024-2025, we have continued to work collaboratively with key stakeholders and partners to advance consultation and engagement efforts for the development of a new urgent and planned care hospital, as well as the wider Programme Business Case outlined in the *Healthier Mid and West Wales* strategy. Extensive engagement has been carried out with staff, service users, stakeholders, and the public to ensure comprehensive representation and input.

During this reporting period, significant consultation work has been undertaken on:

- Prince Philip Hospital Minor Injuries Unit (MIU) services
- Carmarthen Hwb scheme
- Pentre Awel scheme

Detailed equality monitoring of attendees has ensured that engagement efforts reach individuals and groups who share protected characteristics, as well as those who may be reluctant or face barriers in accessing Health Board discussions. The Diversity and Inclusion Team remains committed to promoting dialogue and engagement with individuals from marginalised communities, ensuring that all voices are heard and included in the decision-making processes surrounding healthcare services.

By continuing to prioritise inclusivity and meaningful engagement, we strive to create a healthcare system that reflects the diverse needs of our community while ensuring equal access to high-quality care for all.

Looking forward to 2025-26

This annual report highlights the extensive work undertaken by the Health Board during 2024-25 to implement the strategic equality objectives outlined in the Strategic Equality Plan 2024-2028.

Our Strategic Equality Plan is built around four key objectives:

- **Equality Objective 1:** Leadership by all
- **Equality Objective 2:** Working together to improve health and well-being for all
- **Equality Objective 3:** Embedding a person-centred approach
- **Equality Objective 4:** Being an employer of choice

To support these objectives, we have developed a comprehensive Action Plan, detailing specific actions, responsibilities, timelines, and intended outcomes. A mid-point review of the plan will be conducted during 2025-26, allowing us to assess progress, refine strategies, and adapt actions for the remaining two years of the Strategic Equality Plan.

Engagement and collaboration with our communities remain at the heart of our approach, ensuring equal opportunities and promoting health and well-being across our population. The responsibility for implementing these objectives extends to all employees, including Board members, staff, volunteers, and contractors delivering services on behalf of the Health Board.

Creating a fair and inclusive environment requires cultural transformation, challenging long-standing practices, and dismantling barriers. Through collective effort, we will continue working towards a more equitable and inclusive healthcare system that benefits everyone.

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Strategic Equality Plan Annual Report Executive Summary 2024/2025

Introduction

Hywel Dda University Health Board (the Health Board) recognises that the equality, diversity and inclusion agenda is complex, but we continue to move forward with positive intent and are committed to fostering an inclusive, equitable, and person-centred environment for our staff and patients.

This annual report outlines the progress made in 2024–25 towards the four strategic equality objectives set out in the Strategic Equality Plan (SEP) 2024–2028. Our overarching strategic equality objectives are:

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

The report is presented in sections aligned to each strategic equality objective and reflects the Health Board's dual role as both a healthcare provider and an employer. Within the report we have highlighted our efforts to reduce inequalities, promote diversity, and ensure fairness for all staff, patients and communities.

About the Hywel Dda Area

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

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

Leadership by All

The Health Board aims to embed inclusive leadership at all levels. Key initiatives during 2024-25 include:

- Active Bystander Training: we have continued to deliver training as part of a rolling programme. 151 staff attended, empowering them to challenge discrimination.
- LEAP Programme: our leadership development programme focused on compassionate and inclusive leadership and was completed by 67 senior leaders.
- Hywel Dda Manager Programme: The programme was attended by 157 staff, enhancing their knowledge and inclusive management skills.
- Talent Management and Succession Planning: we have introduced structured frameworks to identify and nurture future leaders.
- Coach Approach: we have continued to develop our coaching programmes to promote a coaching culture and enhance communication skills of our staff.
- Cultural Intelligence Training: a programme was delivered to 71 staff to enhance understanding of cultural dynamics in leadership.
- Autism Awareness: 85% (~11,356 members) of staff completed e-learning training, earning the Health Board 'Autism Understanding' status (the first Health Board in Wales to achieve this status).
- Anti-Racism Training: 64.9% (~8,671 members) of staff completed the all-Wales e-learning module. This will support individuals and teams in understanding anti-racism and taking action to support the organisation in meeting its anti-racism goals.
- Aspiring Board Members Programme: the Health Board is participating in this national programme which will help create a robust pipeline of diverse applicants for future board level roles and help to promote diversity in our leadership roles.

Leadership commitment

Board members participated in a seminar in December 2024 to explore a range of data and case studies based on lived experience. This reinforced the importance of leadership action to embed equality, diversity, and inclusion (EDI) considerations in all the Health Boards work and take action to tackle evidence of inequalities. This resulted in the formation of an EDI Taskforce led by an Independent Board member who will identify key actions that can be taken to address systemic inequalities and discrimination across the Health Board.

Working Together to Improve Health and Wellbeing for All

The Health Board collaborates with communities and partners to reduce health inequalities. Key initiatives during 2024-25 include:

- Community Development Outreach Team: The team engages with diverse populations, including Gypsy Roma Traveller communities, asylum seekers, and refugees. They gather insights into their needs and experiences and provide information and support to facilitate access to healthcare services.
- Arts and Health Charter: Integrates creative arts into healthcare to support mental health and well-being. It establishes principles to embed the arts into healthcare services, particularly benefiting vulnerable populations such as older adults, individuals with dementia, and those facing mental health challenges.
- Creative Prescribing Discovery Programme: Engaged 866 participants in arts-based health interventions. The initiative has shown significant benefits in improving mental health, fostering social connections, and enhancing overall wellbeing, reinforcing the therapeutic power of creativity in healthcare.
- DanceWell Project: Delivered dance-for-health sessions to 168 patients with chronic conditions. Feedback from participants was overwhelmingly positive, highlighting significant benefits for both physical and mental health.
- Support for Gender Diverse Communities: Training sessions and resources were developed to improve care for LGBTQ+ individuals, with a specific emphasis on providing a better understanding of how staff can support the Trans community when accessing health care.

These initiatives demonstrate a commitment to inclusive service delivery and the reduction of barriers to healthcare access.

Reducing health inequality and breaking down barriers

The Hywel Dda area is home to a significant Gypsy and Traveller population. Members of the Community Development Outreach Team make regular visits to sites, fostering relationships with residents and promoting key healthcare messages. Their ongoing presence helps individuals overcome barriers, such as difficulties in reading or understanding correspondence and confusion around appointments, ensuring better access to essential health services. As a result of this work vaccination uptake levels have increased.

Embedding a Person-Centred Approach

The Health Board promotes a culture of dignity, respect and inclusivity in all interactions. Key actions during 2024-25 include:

- Person-Centred Approach Training: was delivered to 176 staff, with additional sessions tailored to meet the needs of newly arrived internationally educated nurses. Integrating the principles outlined in this course into daily practice enables staff to embrace diversity and inclusion in all aspects of service delivery.
- Sensory Loss Support: Implementation of the Sensory Loss Friendly Assessment (SLFA) checklist and increased use of the Welsh Patient Administration System (WPAS) sensory loss marker is helping the Health Board to better meet the needs of people with sensory loss. The commitment of the Outpatients Team resulted in an NHS Wales award for their work to make their service more inclusive.
- British Sign Language (BSL) Lunch Club: the Health Board has a growing number of members attending the lunch club which aims to build staff confidence in using British Sign Language to enable them to communicate more effectively with patients, families and colleagues.
- Bevan Commission Exemplar Programme: the Health Board has an exemplar programme supporting innovation in accessible communication, helping improve access to healthcare. The project addresses communication needs linked to disability and language, ensuring compliance with the Equality Act 2010 and preventing discrimination.
- Veterans' Health: Implementing the Armed Forces Covenant Health Action Plan and improving veteran identification has helped reduce disadvantage and deliver on our duty to prioritise treatment for health needs related to Armed Forces service.
- Support for Unpaid Carers: The Health Board recognises the vital role of unpaid carers supporting family members who rely on them and the importance of their involvement in hospital discharge planning. 88% (~11,757 members) of staff have completed mandatory e-learning, reflecting our commitment to making carers visible, valued, and supported. The training equips staff with essential knowledge about the importance of unpaid carers, many of whom care for individuals with protected characteristics.

Digital inclusion

The Digital Inclusion Champions Network has expanded, improving digital skills among staff and the community, and working across sectors in partnership with Digital Communities Wales. These efforts reflect the Health Board's commitment to reducing digital inequalities and ensuring everyone benefits from digital healthcare advancements.

Being an Employer of Choice

The Health Board strives to create a fair, inclusive, and supportive workplace. Key actions during 2024-25 include:

- Future Workforce Initiatives: the Health Board engaged over 8,500 pupils and 1,500 students through outreach and work experience programmes. This work aims to secure a growing future workforce that's diverse and informed, inspiring young people to consider a career in healthcare.
- Apprenticeship Academy: the Health Board welcomed 42 new apprentices, with a total of 162 apprentices working across the organisation. The Apprentice Academy's commitment to collaboration was recognised with the Health Board's Chairs Award.
- International Nurse Recruitment: the Health Board continues to provide support for internationally educated nurses through buddy schemes and tailored induction.
- Celebrating Diversity: celebration of key dates e.g. Black History Month, LGBTQ+ History Month and Diwali encourage staff to be their true selves at work.
- Staff Networks: the Health Board has eight active staff networks tailored to meet the unique needs of our employees. They play a crucial role in promoting a culture of inclusivity and support, ensuring that all staff members feel valued and empowered.
- Equality, Diversity and Inclusion Training: 74 training sessions were delivered on a range of topics helping to increase the knowledge, skills and understanding of our staff and the role that they play in our culture of inclusivity.
- Inclusive Recruitment Training: ensures that our staff members have a better understanding of the challenges faced by people with a protected characteristic and our marginalised communities when applying for jobs.
- Organisational Development Relationship Managers: have supported local teams to develop People Culture Plans and this work actively promotes healthy working cultures across the Health Board addressing wider cultural issues, including bullying and harassment, as identified in the All-Wales NHS Staff Survey.
- Equality Impact Assessments (EqIAs): 222 EqIAs were completed in 2024–25. A new EqIA template was introduced which includes a new scoring matrix that better captures impact and opportunities, leading to more informed decision making.

Accessible learning and development opportunities

The Learning and Development team established a system to monitor study leave requests and course enrolments drawing on key demographic information. This enables them to identify under-represented staff groups and provide targeted support to access learning and development opportunities.

Workforce equality data insights

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

- Since we began reporting on the gender pay gap, the overall figures have remained largely unchanged—except for 2021 and 2022, when we saw a slight improvement. We recognise that more work is needed to understand and address the underlying causes of these disparities.
- Medical and Dental staff have the highest levels of underreporting equality information on the Electronic Staff Record (ESR) system.
- Older staff are less likely to self-report their equality information on ESR.
- Younger staff are more likely to share their sexual orientation status. This may reflect growing confidence among younger people and the impact of our efforts to be a visibly inclusive and welcoming employer for LGBTQ+ communities.
- Female representation at more senior pay bands remains lower than the Health Board profile. However, we're encouraged by progress at Agenda for Change (AfC) band 8d, where all external appointments in the past year were women—bringing us closer to reflecting the wider workforce.
- While there is still no representation of Black, Asian and Minority Ethnic colleagues at AfC bands 8d and 9, we have seen progress with appointments at band 8b this year and we remain committed to improving representation at all levels of the organisation.

Looking Ahead to 2025–26

The Strategic Equality Plan and objectives will continue to be implemented through a detailed action plan which is overseen by a multi-professional EDI Implementation Group. Some of the key priorities for the coming year include:

- Continue to expand our knowledge through the review and analysis of our data sources, including workforce equality data, workforce race equality standard data, pay gap data, NHS staff survey data and other forms of cultural intelligence or feedback to identify areas where action needs to be prioritised.
- The EDI Taskforce identifying action to prioritise progress in significant areas e.g. addressing barriers to career progression for Black, Asian and Minority Ethnic staff.
- Continue to engage and collaborate with our communities to ensure that their lived experience shape the provision of our current and future services.
- Continuing our journey to provide a fair and inclusive environment through cultural transformation, challenging long-standing practices, and dismantling barriers.
- Create a more equitable and inclusive healthcare system that benefits everyone, including identifying opportunities to reduce barriers experienced by veterans, unpaid carers and vulnerable populations, both staff and our patients.

Exploring our workforce equality and pay gap data:

Action Plan 2025/26

Introduction

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

Our work to progress the equality agenda is inter-linked with several pieces of legislation, policy drivers and the findings of key reports including:

- The Welsh Language (Wales) Measure 2011 – National Assembly for Wales
- Well-being of Future Generation (Wales) Act 2015
- The Welsh Language Standards (No.8) Regulations 2022 – Welsh Government
- More than just words – Welsh Government
- The Socio-economic Duty – Welsh Government
- The Armed Forces Covenant Duty – UK Government
- Anti-racist Wales Action Plan – Welsh Government
- LGBTQ+ Action Plan – Welsh Government
- Is Wales Fairer? (2023) – Equality and Human Rights Commission

Each year, the Health Board publishes an annual workforce equality report and pay gap reports and undertake analysis including comparisons with previous year's data and any available Census data.

However, many people will have more than one protected characteristic and certain aspects of who we are, for example, our race, gender, faith and socio-economic status can increase our positive experiences or contribute to negative experiences, made worse by the combined effects of multiple discrimination, barriers and challenges.

When preparing our 2024 - 2025 workforce equality report we sought to use an intersectional approach to understand the experiences of our staff and most importantly, to identify action that could be taken to remove disadvantage, and ensure that what we do as an employer doesn't create barriers.

Intersectional Analysis

People can have more than one protected characteristic and, aspects of who we are, for example, our gender, race, sexual orientation and socio-economic status can increase our positive experiences or contribute to negative experiences. This can be made worse by the combined impacts of multiple discrimination, barriers and challenges. We therefore use an intersectional approach when analysing our workforce data, to identify any negative impacts of having a combination of protected characteristics, to better understand the experiences of our staff and take action to remove disadvantage and ensure that, what we do as an employer, doesn't create barriers.

The workforce equality data in Appendix one is presented by individual protected characteristic, so we have carried out a more detailed analysis of the data and used an intersectional approach, to find out whether staff who have more than one protected characteristic experience greater disadvantage. Some of the key findings are described below.

The profile split of our workforce by gender is the same as last year, showing that the percentage of female staff is higher overall (Figure one) and remains the same for the Agenda for Change (AfC) senior pay bands 8a and 8b (Figure two). However, the percentage of female staff is lower than the Health Board profile for pay band 8c. Last year, band 8d also showed a similar decrease in female representation but due to recruitment into these senior roles during 2024 – 2025, the percentage split by gender for band 8d is now closer to the overall Health Board profile.

Last year band 9 showed a significantly higher percentage of males (63%) compared to females (37%) but, this year, while female representation is still notably lower than the other AfC bands, the split is more even with 57% male and 43% female.

We will continue to explore the reasons for some of our senior roles not being representative of the overall Health Board profile by gender, to ensure that there are no traditionally held gender biases or other contributory factors and that opportunities for career progression at senior levels are available to all.

DRAFT

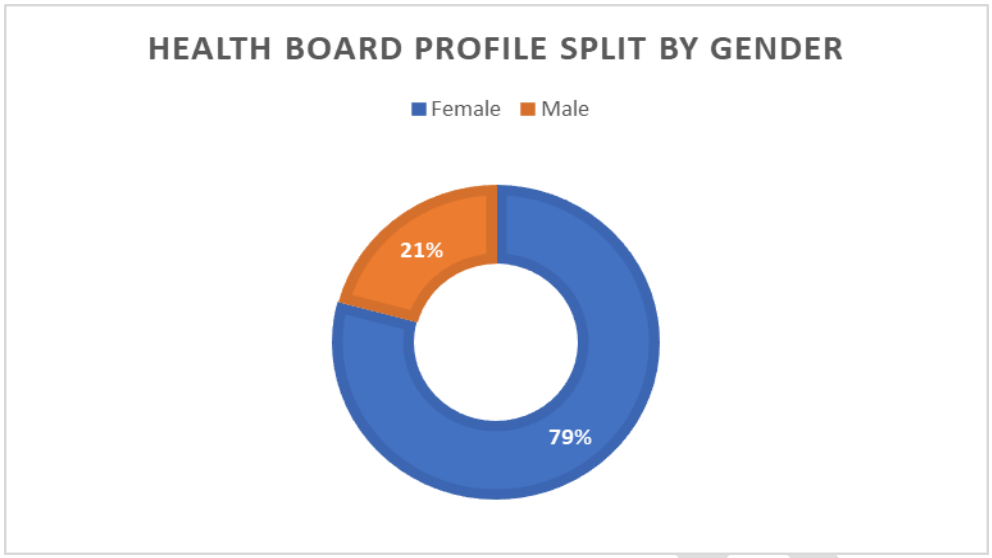


Figure one

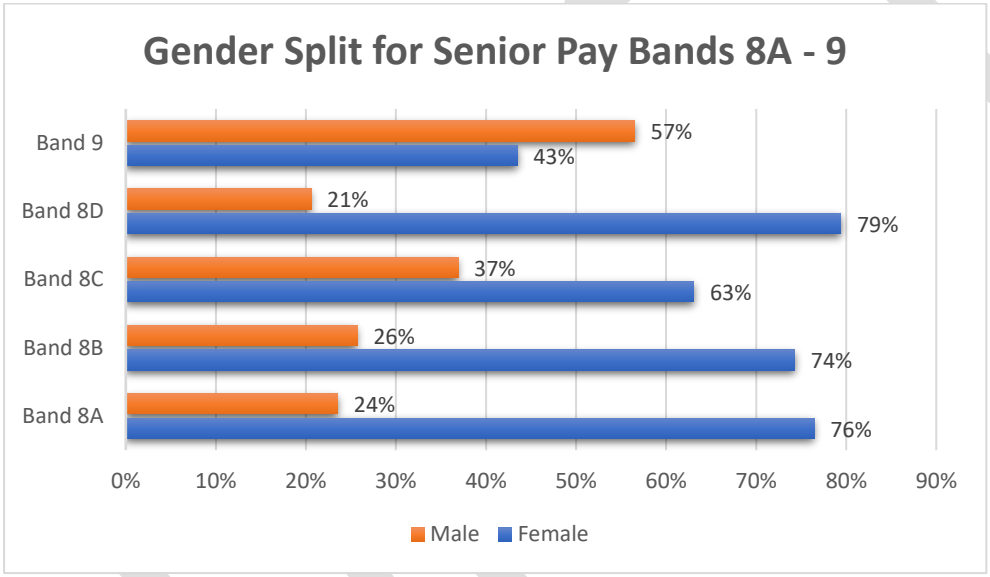


Figure two

An analysis of the workforce data by ethnicity and gender for AfC pay bands (Figure three) with comparisons to last year, shows that, for Black, Asian and Minority Ethnic staff, the percentages by gender remained mostly equal, with band 5 still showing a similar gender split to the Health Board overall, with females (12%) and males (2%). However, while this year has seen appointments at band 8b, there are still no Black, Asian and Minority Ethnic staff (male or female) at pay bands 8d and 9. Work is ongoing to progress the Health Board's local action plan for the Welsh Government Anti-racist Wales Action Plan and the Workforce Race Equality Standard and an internal task force has been established to eliminate discrimination and ensure that all individuals, regardless of their background or identity, have equal access to education and training, recruitment, promotion and support in the workplace.

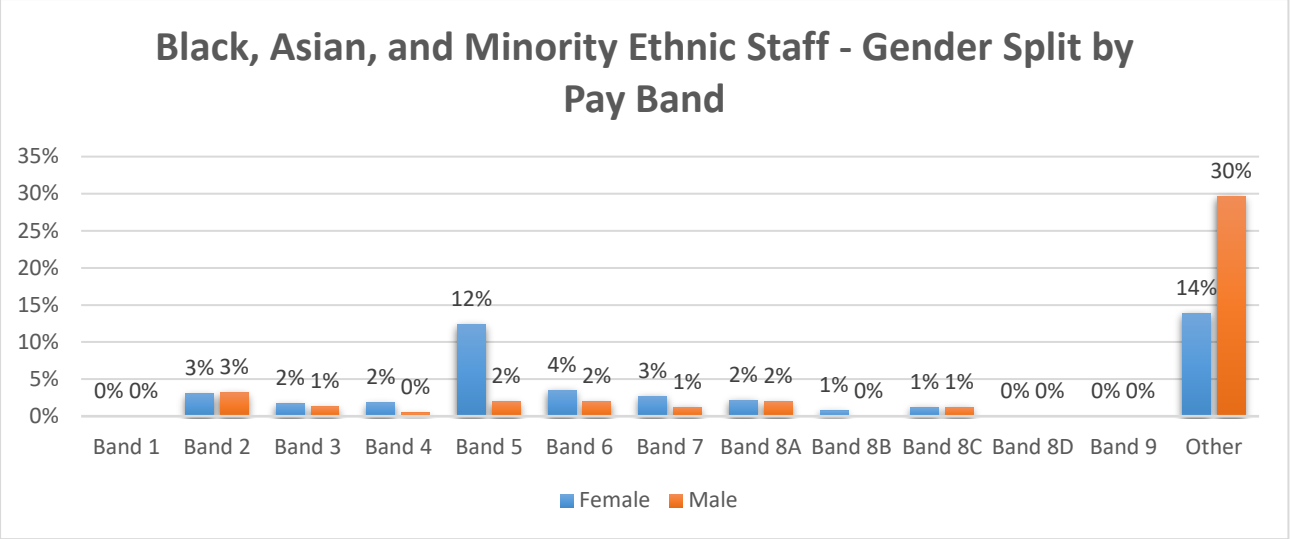


Figure three

Respect and Resolution and Disciplinary case analysis

Analysis has been undertaken of the equality data for both formal Respect & Resolution and formal Disciplinary cases. Although the Workforce Teams continue to provide advice and support in respect of informal cases we are unable to capture the full extent of informal cases within the Health Board as some managers' deal with these themselves without operational workforce intervention, and others are picked up by the Culture or Organisational Development Relationship team.

Overall, we have seen the number of formal disciplinary and respect and resolution cases significantly increase this year. The reasons for this increase will be varied and it is evident that the Health Board's approach to encouraging a culture of speaking up continues to encourage employees to raise their concerns.

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

The number of cases brought under the Medical & Dental Upholding Professional Standards in Wales (UPSW) process, have increased this year.

Action Plan 2025-26

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
Monitoring and reporting of any cases of bullying, harassment or discrimination involving staff will include the accurate capture of protected characteristics.	Q4	Workforce and Organisational Development (Workforce team)	Workforce, Organisational Development and Education 10-year strategy Anti-racist Wales Action Plan Workforce Race Equality Standard	Any inequalities, unfair practice and bullying and harassment are identified and addressed promptly.
The Health Board has committed to the Aspiring Board Members Programme, ensuring education, mentoring and support to participants, particularly people from a Black, Asian and minority ethnic background.	Q4	Workforce and Organisational Development (Board members and Organisational Development team)	Anti-racist Wales Action Plan	Increase the number of people who are able to evidence more effectively their ability to undertake the role of a non-executive member and increase the diversity on Boards.
Take steps to gain a deeper understanding of our organisation's culture. NHS staff survey results have led to a structured Culture Plan and identification of three	Q4	Workforce and Organisational Development (Organisational Development team)	Discovery report: staff retention – our people's perspective	As part of the next stage of the Health Board's cultural progression, we will gain a deeper understanding of our culture and, in particular behavioural norms and issues that have been perceived as acceptable in the past.

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
corporate themes for targeted focus in 2025: • Nurturing healthy working environments – addressing negative experiences • Patient safety • Morale In 2025/26 staff survey results for teams will be identified and leaders will be issued specific service/team reports and asked to identify three local priorities for attention during the next 12 months. Progress against these priorities will form part of the review of performance within Improving Together discussion meetings.				
Create a culture of psychological safety, where people can speak up to influence change.	Q4	Workforce and Organisational Development	Discovery report: staff retention – our people's perspective	A commitment to organisational learning and being able to adapt will see learning reflected in our organisation's values and our approach to equality, diversity and

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
		(Organisational Development team)		inclusion, enabling a sense of belonging for all of our staff.
Develop a refreshed apprenticeship model to extend the range of apprenticeship roles and offer diversity within career pathways.	Q4	Workforce and Organisational Development (Future Workforce team)	Workforce, Organisational Development and Education 10-year strategy	Increased participation, in particular within under-represented groups with multiple entry points for healthcare apprentices by December 2024. 10% increase in non-clinical apprenticeships.
Continue to run Pathway 4 projects which are targeted work experience opportunities across the Health Board for people with additional learning needs.	Ongoing	Workforce and Organisational Development (Future Workforce team)	Workforce, Organisational Development and Education 10-year strategy	The programme supports development of employability skills for people with additional learning needs through work experience within the Health Board.
Actively support Appointing Managers to ensure awareness regarding reasonable adjustments providing one to one support if required.	Ongoing	Workforce and Organisational Development (Recruitment)	Workforce, Organisational Development and Education 10-year strategy	Applicants and new recruits will have a positive experience of recruitment carried out by the Health Board and reasonable adjustments will be made, where required. This will help

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
				individuals to perform at their best during recruitment and in their roles contributing to staff retention.
After achieving the "Autism Understanding Organisation" certification, continue to promote two additional e-learning modules for staff to complete - Understanding Effective Communication and Autism and Understanding Assessment and Autism.	Q4	Workforce and Organisational Development (Learning and Development)	Workforce, Organisational Development and Education 10-year strategy	Staff have increased knowledge, skills and confidence to provide support to their colleagues, staff, patients and families.
Promote apprenticeship, volunteering and work experience opportunities to our marginalised communities.	Q4	Workforce and Organisational Development (Future Workforce team)		Attracting applications for the apprenticeship programme, volunteering and work experience from marginalised communities who may not have considered working or volunteering for the Health Board previously.
Nursing, Medical and Allied Health Professionals (AHP) Retention Task and Finish Groups will identify	Q4	Workforce and Organisational Development	Workforce, Organisational Development and Education 10-year strategy	The aim will be to achieve a reduction in staff turnover:

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
opportunities that enable staff to share unique cultural experiences in order to identify, deliver and realise opportunities to work differently across the Health Board.		(Workforce team)	Discovery report: staff retention – our people's perspective	Less time spent managing vacancies. The Health Board will retain valuable skills. The productivity and focus of the team is not impacted by loss of staff. The potential to reduce the negative impact on the morale of our staff; There is a positive impact on the quality of patient care.
We ensure that all of our recruitment practices for talent management/leadership development programmes are inclusive and record EDI data of participants for monitoring purposes (with permission). This helps us to understand the demographics of our applicants for these programmes and helps us to consider how best to reach	Q4	Workforce and Organisational Development	Workforce, Organisational Development and Education 10-year strategy	Greater awareness of the protected characteristics of staff participating in talent management and leadership development programmes to inform targeted action to encourage participation from under-represented groups.

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
any under-represented groups.				
Increase self-reporting of disability, ethnicity, religious belief and sexual orientation on the Electronic Staff Record.	Q4	Workforce and Organisational Development		Reporting rates will increase and we will have a better understanding of the demographics of our staff, to help remove disadvantage and create opportunities for all.
Fostering a culture of continuous professional development (CPD), with clear pathways to support career progression for all staff. Progression frameworks for Bands 2–4 are currently in development, aimed at addressing and overcoming barriers to CPD and, promoting engagement and consequently, enhancing progression opportunities. In Soft Facilities Management, a temporary Education and Development Officer role will focus on supporting induction	Q4	Learning and Development	Workforce, Organisational Development and Education 10-year strategy	Barriers to career progression will be removed and all staff are supported to develop within their roles. There are opportunities for all.

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
programmes for new staff, as well as engaging with existing employees to strengthen their understanding of their roles and to raise awareness of available CPD opportunities. Digital support is provided for statutory and mandatory training requirements. Additionally, the Hywel Dda Manager Programme is in place for all current and aspiring line managers. A new Express Manager Programme is also being developed to offer rapid-access training for those requiring immediate support and for all new starters with line manager responsibilities.				

Workforce Equality Information

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

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

Comparisons are provided, between workforce equality data published as at 31 March 2025 against data published at 31 March 2024 and where possible, comparisons are drawn between the March 2025 workforce data and the 2021 Census. However, it should be noted that the Census reports information for people of all ages, not just those of working age. To help us better understand our workforce data, we have also undertaken some intersectional analysis.

This section also includes a summary of analysis of Respect and Resolution and Disciplinary cases.

The Health Board has separately published pay gap reports on disability, ethnicity and gender (Appendix 2). The data within the pay gap reports reflect individuals who received payment during the year whilst the workforce equality data is based on all staff engaged as workers (including locum and bank staff).

Age Profile

The 2021 Census identified between 57-60% of the population across the 3 counties being of working age (16-65 years). The majority of the workforce as at 31 March 2025 were aged between 31–60 years which accounted for approximately 71% of staff.

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

Source: Office of National Statistics, Census 2021

Compared to 2024, workforce information data on 31 March 2025 showed:

- The percentage of staff identifying within the age profile for the ages of 55 and below has increased by 0.01%.
- The percentage of posts offered to candidates above 60 years is lower than the younger age groups. However, in comparison to the number of applications received from these age groups, candidates aged above 60 have a better success rate (16.35%) compared to those aged Under 24 (6.91%), 95 offers of employment were made to candidates over 60 years old.
- Around 29% of leavers are in the age bracket 16-35, 21% are in the age bracket 36-50, 32% are in the age bracket 51-65 and 10% in the age of 66 and above.
- Analysis of the reasons why employees left the organisation shows:
    - The majority of employees aged 16-35 was Voluntarily Resigned. The main reasons for Voluntary Resignation included: Other/Not Known, (43%) and Relocation, (18%).
    - The highest proportion of those aged 36-50 Voluntarily Resigned with 38% of leavers in this category shown as Other/Not Known and 15% left the organisation because of Work Life Balance.
    - Around 38% of leavers aged 51-65 were of Retirement Age. Around 5% opted for early retirement.

Disability

At 31 March 2025, the Health Board employed 718 staff who identified as Disabled, which accounted for 5.37% of our workforce. 10.95% of staff had not recorded their response to this characteristic on their ESR record. Based on 2021 Census data for Carmarthenshire, out of 100 people 23% of the population declared a limiting long-term illness. In Ceredigion 21.9% and in Pembrokeshire 22%. Whilst workforce data reflects those of working age, it is important to note that Census data captures people of all ages.

County	% of the population who are disabled under the Equality Act
Ceredigion	21.9%
Pembrokeshire	22%
Carmarthenshire	23%

Source: Office for National Statistics, Census 2021

Compared to 2024, workforce information data on 31 March 2025 showed:

- The percentage of staff identifying as not disabled has increased by 1.32%.
- The percentage of staff identifying as having a disability has increased in the reporting period by 0.98%.

- The percentage of staff preferring not to provide this information has remained the same as that reported in 2023/24 as 0.40%
- It should be noted that since 2023/24 the number of employees having not recorded their Disability status on ESR has fallen by 2.30% indicating an increased use of ESR for recording data.
- Of a total 56,682 applications submitted for vacancies, 3.1% (1,730) of candidates declared themselves as having a disability. Of those 1,730 applicants, 166 (9.6%) were offered employment, which is 9.6% of all offers made. 1.4% of applicants chose not to disclose whether they had a disability or not at the time of application.
- 6% of those leaving the Health Board identified as having a disability. Their reasons for leaving included:

    - Voluntary Resignation due to Other/Not Known
    - Retirement Age
    - Voluntary Resignation Work Life Balance

Ethnicity

At 31 March 2025 the Health Board employed 1,249 staff who identified their ethnic group as Asian or Asian British, Black or Black British, Mixed, or any other ethnic group. This accounted for 9.34% of our workforce and an increase of 219 staff compared with 2024 data. Based on 2021 Census data for Carmarthenshire and Pembrokeshire, over 2% of the population identified as being a minority ethnic group, whereas in Ceredigion, around 3% of the population identified as being a minority ethnic group. 687 employees (5.14%) have chosen not to record their ethnicity on ESR which makes data analysis and comparisons less accurate.

Compared to 2024, workforce information data on 31 March 2025 showed:

- The percentage of staff identifying as White has fallen by 1.39%.
- The percentage of staff identifying as Black or Black British has increased between the reporting periods by 0.12%.
- The percentage of staff identifying as Asian or Asian British rates increased by 1.29%.
- The percentage of staff identifying as having mixed ethnicity has increased by 0.08%.
- The percentage of staff identifying as from Any Other Ethnic Group has increased by 0.9%.
- Those staff whose records are not recorded on ESR has decreased by 0.20%.
- The above increases will be influenced by an increase in headcount between the 2023/24 and 2024/25 years of 71 employees.
- Of a total 56,682 applications submitted for vacancies, 22.33% (12,657) of candidates declared themselves as White. Of those 5,803 applicants were

shortlisted (70.90%), and 1,991 (74.9%) were offered employment. 1.34% of applicants chose not to disclose whether their Ethnicity at the time of application.

- The main reasons given by Black, Asian and Minority Ethnic employees leaving the organisation include:

    - Voluntary Resignation – Other/Not Known
    - Relocation

Sex

On 31 March 2025, the Health Board employed 13,361 staff of which 79.13% identified as female and 20.87% identified as male. Census data for 2021 showed the following male/female percentages.

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

Source: Office for National Statistics, Census 2021

The medical and dental staff group is the only staff group where there are more males employed than females.

Of a total 56,682 applications submitted for vacancies during the year 38.73% (21,954) were from male candidates compared to 60.91% (34,525) from females with 0.36% not disclosing their gender. Of the 8,185 applicants shortlisted 27.54% were male applicants and 71.65%% were female applicants. Of the total offers of employment (2,663 jobs), 25% (656) were male compared to 74% (1,983) of females. This shows that females were more successful in their applications at shortlisting and in offers of employment.

76.21% of those leaving the Health Board were female compared to 23.79% who were male. Reasons for voluntary resignation included:

- Other/not known – Female 199/Male 84
- Retirement – Female 180/Male 44
- Work Life Balance – Female 86/Male 15
- Relocation – Female 74/Male 26

Gender Identity

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

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

*An average of 7% did not answer the question on Gender Identity.
Source: Office for National Statistics, Census 2021

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

Marital Status

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

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

Source: Office for National Statistics, Census 2021

Compared to 2024, workforce information data on 31 March 2025 showed:

- The percentage of staff detailing marital status information has decreased by 0.20%.
- The above decrease will be influenced by an increase in headcount between the 2 years of 71.
- A higher number of 'Married' employees left because of 'Retirement Age' compared to those who are single.
- More 'Single' employees left the organisation compared to the others, due to Voluntary Resignation - Other/Not Known, and Relocation.

Maternity & Adoption

No pregnancy and maternity data was collected in the 2021 Census. However the number of employees recorded as taking maternity and adoption leave is 614, which is 4.60% of the workforce. This is an increase of 0.01% on the data reported on 31 March 2024.

Religious Beliefs

According to the 2021 Census, around 46-48% of our counties' population are Christian, around 43-44% have no religion and 6-7% would prefer not to say.

County	% of the population who identify as Christian	% of the population who identify as having no religion	% of the population who did not answer
Ceredigion	46.7%	43%	7.7%
Carmarthenshire	48.8%	43%	6.6%
Pembrokeshire	47.6%	44.4%	6.2%

Source: Office for National Statistics, Census 2021

The percentage of staff identifying a specific religion or belief has risen by 1.76% compared to data reported on 31 March 2024. The workforce profile of Hywel Dda highlights that 42.62% are Christian, 13.76% are of other religion, 17.39% reported as atheists and 18.45% preferred not to say. 7.78% of the workforce are not recorded on ESR which makes drawing a conclusion on the data more difficult.

Sexual Orientation

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

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

Source: Office for National Statistics, Census 2021

At 31 March 2025 Health Board data showed that 2.61% of staff had recorded their sexual orientation as Lesbian, Gay or Bisexual, which is an increase of 0.19% from 31 March 2024.

Compared to 2024, workforce information data on 31 March 2025 showed:

- The percentage of staff identifying as heterosexual or straight has increased by 1.93%
- The percentage of staff choosing not to disclose this information has decreased by 0.78%.
- Those staff whose records are not recorded on ESR has fallen by 1.4% to 7.67%.
- Of a total 56,682 applications submitted for vacancies 2.70% of candidates identified themselves as lesbian, gay or bisexual (LGB) whilst 2.90% chose not to disclose their sexual orientation at the time of application. 3.60% of those offered employment identified as LGB were offered employment.

Welsh Language

According to the National Population Survey 2022 published by the Welsh Government, around 48% of the Hywel Dda population are able to speak Welsh. The 2021 Census data reported significantly different profiles of Welsh Speaking across the 3 counties. Ceredigion has 45.3%, Carmarthenshire was slightly lower at 39.9% whilst Pembrokeshire has 17.2%.

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

Source: Office for National Statistics, Census 2021

At 31 March 2025, Health Board data recorded that:

- 35.0% of the workforce have Welsh language skills at foundational level or higher, whilst it shows a slight decrease of 0.03% there is an increase in headcount of an additional 106 employees at foundation level and above.
- 40.4% of the workforce have recorded their ability as having no Welsh language skills which has increased by 0.7% from the previous year.
- Those staff whose Welsh Language Skills are not recorded on ESR is 2.6% (312 employees). This has increased when compared to the headcount reported in 2023/24 by 22.

Intersectional Analysis

People can have more than one protected characteristic and, aspects of who we are, for example, our gender, race, sexual orientation and socio-economic status can increase our positive experiences or contribute to negative experiences. This can be made worse by the combined impacts of multiple discrimination, barriers and challenges. We therefore use an intersectional approach when analysing our workforce data, to identify any negative impacts of having a combination of protected characteristics, to better understand the experiences of our staff and take action to remove disadvantage and ensure that, what we do as an employer, doesn't create barriers.

The workforce equality data in Appendix one is presented by individual protected characteristic, so we have carried out a more detailed analysis of the data and used an intersectional approach, to find out whether staff who have more than one protected characteristic experience greater disadvantage. Some of the key findings are described below.

The profile split of our workforce by gender is the same as last year, showing that the percentage of female staff is higher overall (Figure one) and remains the same for the Agenda for Change (AfC) senior pay bands 8a and 8b (Figure two). However, the percentage of female staff is lower than the Health Board profile for pay band 8c. Last year, band 8d also showed a similar decrease in female representation but due to recruitment into these senior roles during 2024 – 2025, the percentage split by gender for band 8d is now closer to the overall Health Board profile.

Last year band 9 showed a significantly higher percentage of males (63%) compared to females (37%) but, this year, while female representation is still notably lower than the other AfC bands, the split is more even with 57% male and 43% female.

We will continue to explore the reasons for some of our senior roles not being representative of the overall Health Board profile by gender, to ensure that there are no traditionally held gender biases or other contributory factors and that opportunities for career progression at senior levels are available to all.

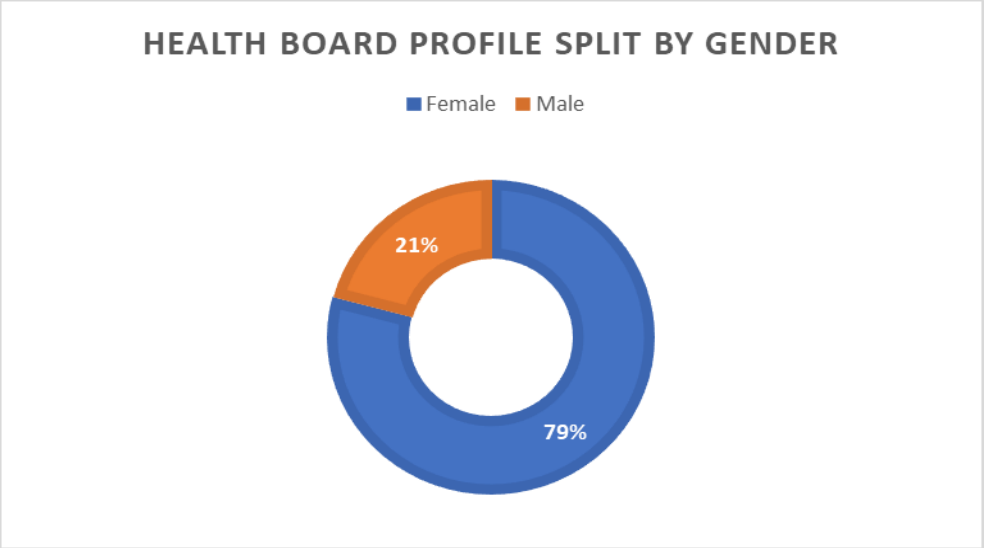


Figure one

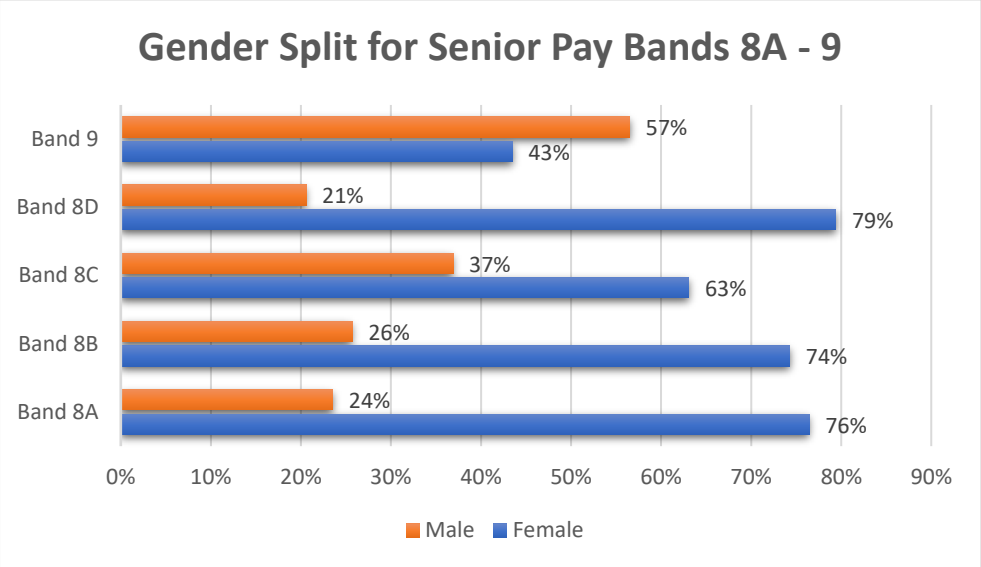


Figure two

An analysis of the workforce data by ethnicity and gender for AfC pay bands (Figure three) with comparisons to last year, shows that, for Black, Asian and Minority Ethnic staff, the percentages by gender remained mostly equal, with band 5 still showing a similar gender split to the Health Board overall, with females (12%) and males (2%). However, while this year has seen appointments at band 8b, there are still no Black, Asian and Minority Ethnic staff (male or female) at pay bands 8d and 9. Work is ongoing to progress the Health Board's local action plan for the Welsh Government Anti-racist Wales Action Plan and the Workforce Race Equality Standard and an internal task force has been established to eliminate discrimination and ensure that all individuals, regardless of their background or identity, have equal access to education and training, recruitment, promotion and support in the workplace.

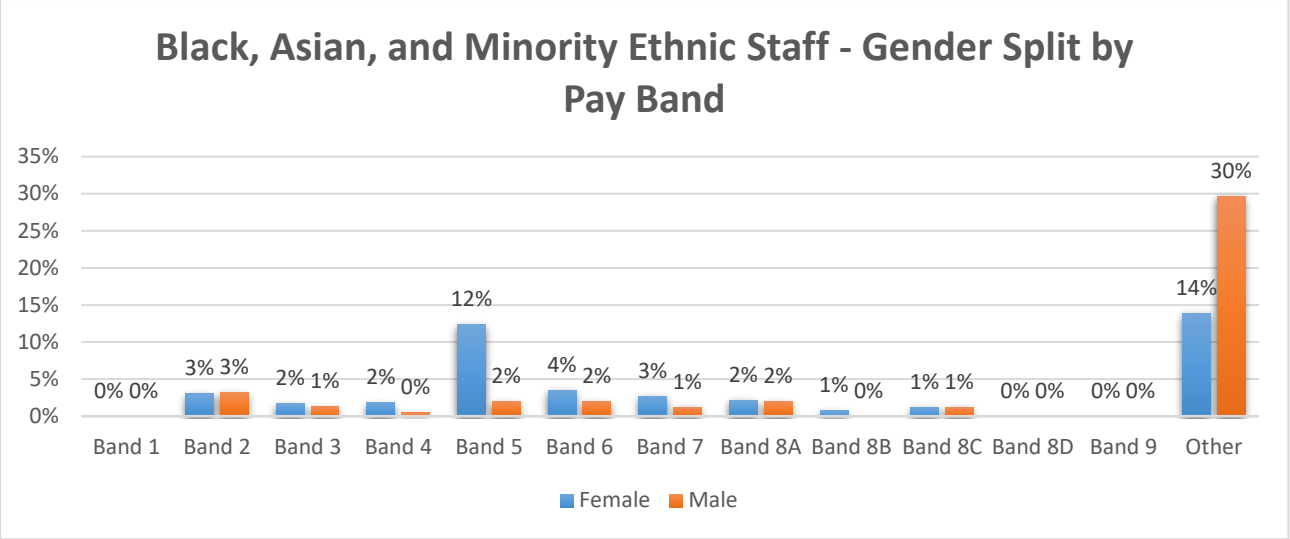


Figure three

Respect and Resolution and Disciplinary case analysis

Analysis has been undertaken of the equality data for both formal Respect & Resolution and formal Disciplinary cases and a summary has been provided in this section. Although the Workforce Teams continue to provide advice and support in respect of informal cases we are unable to capture the full extent of informal cases within the Health Board as some managers' deal with these themselves without operational workforce intervention, and others are picked up by the Culture or Organisational Development Relationship team.

Overall, we have seen the number of formal disciplinary and respect and resolution cases significantly increase this year. The reasons for this increase will be varied and it is evident that the Health Board's approach to encouraging a culture of speaking up continues to encourage employees to raise their concerns.

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

The number of cases brought under the Medical & Dental Upholding Professional Standards in Wales (UPSW) process, which are included in this data set, have increased this year.

Narrative on the protected characteristics in relation to Respect & Resolution:

The following points should be noted when comparing the case data with the corresponding data for headcount:

- This year, there is a higher proportion of staff between the **age** of 51-55 and 36-40 raising concerns under the Respect & Resolution process which differs from last year. Staff aged 56-60 have remained in the highest three.
- There is no discernible trends in regard to staff with a declared disability who have raised concerns under the R&R process, those concerns were not confirmed as relating to their disability.
- There were no discernible trends in the information provided on **ethnicity** and the information is broadly comparable with the Health Board's overall ethnicity headcount figures.
- The information relating to **gender** has seen a shift from broadly comparable in terms of the proportion of male to female complainants (in 2023/2024) to an increase in female complainants for 2024/2025, some of which may be explained by a number of collective complaints received.
- The information on **Marital Status (Marriage and Civil partnerships)** is broadly comparable with the Health Board's overall marital status information and there have been no cases within the reference period which have referenced marital status as a contributing factor.
- There were no discernible trends in the information provided on **Religion and Belief** which suggested a disproportionate impact upon any groups of staff.
- We were unable to discern any trends in relation to **sexual orientation** on the basis of the information supplied. Employee relations cases within the reference period however, did not reference sexual orientation as being an issue which contributed to the concern itself that had been raised.

Narrative on the protected characteristics in relation to Disciplinary cases:

- There is a slightly higher proportion of staff between the **ages** of 26-30, 31- 35 and 51 – 55 undergoing a formal disciplinary processes which would correlate to our percentages of head count in these age demographics. We were unable to discern any trends in relation to age this year on the basis of the information supplied.
- There is an increase in staff with a declared **disability** involved in formal disciplinary cases. Reasonable adjustments and Occupational Health advice will be considered in all instances throughout the process.
- There were no discernible trends in the information provided on **ethnicity** and the information is broadly comparable with the Health Board's overall ethnicity headcount figures.
- We were unable to discern any trends in relation to **gender** this year on the basis of the information supplied.

- The information on **Marital Status (Marriage and Civil partnerships)** is broadly comparable with the Health Board's overall marital status information although there does appear to have been a small decrease in the proportion of staff who identify as married who have been subject to a disciplinary process in 2024/2025 and an increase in those who identify as single.
- There was an increase in the number of staff who identified their **religious beliefs** as atheism, however it was noted that religion and belief was not referenced as an issue in any disciplinary case.
- There is an increase in staff who have indicated that their **sexual orientation** is gay or lesbian undergoing a formal disciplinary process, however sexual orientation was not referenced as an issue in these cases.

Next steps

As a result of our analysis of workforce equality and pay gap data we have developed an Action Plan for 2025-2026. By monitoring our action plan throughout the year we can demonstrate that we are continuing to develop our understanding of the information that we have about our workforce, and when the data tells us that inequality may exist, what we are going to do to investigate further and take action to remove disadvantage.

Appendix 1 – HDUHB Workforce Equality Data 2024-25 Age

Our Workforce

1.1 Headcount

	Headcount	%
<= 20 years	257	1.92%
21 to 25	926	6.93%
26 to 30	1,290	9.65%
31 to 35	1,531	11.46%
36 to 40	1,636	12.24%
41 to 45	1,553	11.62%
46 to 50	1,475	11.04%
51 to 55	1,694	12.68%
56 to 60	1,568	11.74%
61 to 65	1,051	7.87%
66 to 70	296	2.22%
>= 71 years	84	0.63%
Total	**13,361**	**100%**

	<= 20 years	21 to 25	26 to 30	31 to 35	36 to 40	41 to 45	46 to 50	51 to 55	56 to 60	61 to 65	66 to 70	>= 71 years	Total
Prof Scientific and Technical	0	19	47	72	77	70	52	49	27	12	4	6	**435**
Additional Clinical Services	154	395	386	385	346	324	258	309	327	206	51	11	**3,152**
Administration and Clerical	17	70	162	213	284	289	296	399	380	238	56	24	**2,428**
Allied Health Professionals	0	64	107	133	124	131	99	88	67	45	11	2	**871**
Estates and Ancillary	86	105	67	78	87	109	119	121	174	162	53	17	**1,178**
Healthcare Scientists	0	19	15	29	26	29	34	25	24	9	4	1	**215**
Medical and Dental	0	6	104	109	129	134	116	122	99	57	45	13	**935**
Nursing and Midwifery Registered	0	248	401	511	563	467	501	581	470	322	72	10	**4,146**
Students	0	0	0	1	0	0	0	0	0	0	0	0	**1**
Total	**257**	**84**	**1,290**	**1,531**	**1,636**	**1,553**	**1,475**	**1,694**	**1,568**	**1,050**	**296**	**84**	**13,361**

1.2 Analysis of Pay by Staff Group and Band

	<= 20 years	21 to 25	26 to 30	31 to 35	36 to 40	41 to 45	46 to 50	51 to 55	56 to 60	61 to 65	66 to 70	>= 71 years	Total
Band 1	0	0	0	0	0	1	1	1	1	2	2	0	**8**
Band 2	234	431	324	302	275	264	229	285	363	284	90	31	**3,112**
Band 3	15	76	123	187	157	156	155	160	214	146	29	11	**1,429**
Band 4	5	42	92	98	140	136	126	198	149	85	22	8	**1,101**
Band 5	1	281	338	360	335	269	252	274	236	171	47	6	**2,570**
Band 6	0	76	222	286	314	249	267	286	217	151	28	11	**2,107**
Band 7	0	13	70	120	195	195	191	214	170	102	25	1	**1,296**
Band 8a	0	0	15	57	61	97	78	74	59	19	2	1	**463**
Band 8b	0	0	0	9	21	28	32	26	15	8	0	1	**140**
Band 8c	0	0	0	2	5	12	15	28	15	5	1	1	**84**
Band 8d	0	0	0	0	0	1	5	13	8	7	0	0	**34**
Band 9	0	0	0	0	1	6	2	4	7	3	0	0	**23**
Consultant	0	0	0	3	32	51	60	72	56	32	24	7	**337**
Speciality Doctors	0	0	6	20	47	45	30	19	11	5	5	0	**188**
Other Doctors in Training	0	6	75	52	30	16	6	2	4	4	1	0	**196**
Hospital Practitioners & Clinical Assistants	0	0	0	0	0	0	0	0	0	0	1	0	**1**
Other Medical and Dental Staff	0	0	0	0	3	3	6	10	11	7	5	0	**47**
Other	2	1	25	35	20	24	20	28	32	20	14	2	**225**
Total	**257**	**926**	**1,290**	**1,531**	**1,636**	**1,553**	**1,475**	**1,694**	**1,568**	**1,051**	**296**	**84**	**13,361**

Average Salary

	Prof Scientific & Technical	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Nursing & Midwifery Registered	Students	Total
>=20 years	£0.00	£24,132.80	£25,222.41	£0.00	£24,170.83	£0.00	£0.00	£0.00	£0.00	**£24,261.87**
21 to 25	£40,162.25	£25,419.67	£26,142.88	£34,381.66	£24,631.43	£35,783.73	£42,721.80	£31,838.76	£0.00	**£29,244.01**
26 to 30	£45,586.65	£26,138.57	£29,538.89	£39,190.50	£25,431.69	£41,540.00	£45,567.64	£35,578.00	£0.00	**£33,423.11**
31 to 35	£49,716.61	£25,884.71	£31,515.99	£43,603.06	£25,738.03	£46,646.47	£59,831.82	£37,858.64	£32,810.00	**£36,244.56**
36 to 40	£49,623.39	£26,129.37	£35,148.41	£47,855.70	£26,706.57	£45,958.49	£88,056.59	£40,301.22	£0.00	**£40,605.34**
41 to 45	£52,374.16	£26,324.24	£40,440.69	£49,589.91	£26,495.12	£47,850.64	£98,273.86	£42,957.89	£0.00	**£43,923.95**
46 to 50	£52,274.82	£26,469.91	£39,818.59	£49,549.47	£25,966.98	£49,586.94	£110,497.67	£44,002.35	£0.00	**£44,817.07**
51 to 55	£54,869.95	£26,989.90	£38,495.47	£51,844.74	£26,118.10	£50,970.57	£123,089.92	£45,455.30	£0.00	**£45,455.30**
56 to 60	£55,791.34	£26,257.43	£36,503.16	£51,949.58	£25,619.42	£55,022.99	£126,167.17	£46,552.13	£0.00	**£43,090.44**
61 to 65	£55,614.80	£26,288.66	£34,598.74	£49,585.76	£26,014.93	£50,009.16	£125,921.36	£46,074.09	£0.00	**£40,153.23**
66 to 70	£49,094.75	£25,709.05	£28,910.93	£54,119.02	£26,656.85	£52,274.50	£128,882.19	£46,511.01	£0.00	**£49,200.15**
>= 71 years	£58,653.02	£26,306.70	£30,835.59	£45,637.00	£24,787.34	£0.00	£125,476.97	£42,466.45	£0.00	**£44,065.60**
Total	**£50,606.83**	**£26,097.22**	**£35,929.92**	**£46,189.24**	**£25,844.82**	**£47,425.74**	**£98,736.59**	**£41,401.13**	**£32,810.00**	**£40,363.27**

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2025.

1.3 Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
<= 20 years	168	8	0	0	81	**257**
21 to 25	666	57	0	0	203	**926**
26 to 30	1,001	117	10	0	162	**1,290**
31 to 35	1,302	91	15	0	123	**1,531**
36 to 40	1,448	65	13	0	110	**1,636**
41 to 45	1,371	73	9	0	100	**1,553**
46 to 50	1,350	50	5	2	68	**1,475**
51 to 55	1,561	48	5	1	79	**1,694**
56 to 60	1,448	42	4	2	72	**1,568**
61 to 65	897	47	7	2	98	**1,051**
66 to 70	217	22	5	2	50	**296**
>= 71 years	59	3	5	0	17	**84**
Total	**11,488**	**623**	**78**	**9**	**1,163**	**13,361**

Working Pattern			
	Full Time	Part Time	Total
<= 20 years	117	140	**257**
21 to 25	531	395	**926**
26 to 30	793	497	**1,290**
31 to 35	798	733	**1,531**
36 to 40	875	761	**1,636**
41 to 45	863	690	**1,553**
46 to 50	908	567	**1,475**
51 to 55	965	729	**1,694**
56 to 60	682	886	**1,568**
61 to 65	262	789	**1,051**
66 to 70	62	234	**296**
>= 71 years	6	78	**84**
Total	**6,862**	**6,499**	**13,361**

1.4 Recruitment

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

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
<= 20 years	839	1.5%	342	4.2%	126	4.7%
20 to 24	5,488	9.7%	925	11.3%	311	11.7%
25 to 29	20,243	35.7%	1,388	17.0%	469	17.7%
30 to 34	12,572	22.2%	1,322	16.2%	396	14.9%
35 to 39	7,372	13.0%	1,205	14.7%	364	13.7%
40 to 44	4,376	7.7%	932	11.4%	302	11.3%
45 to 49	2,622	4.6%	702	8.6%	238	8.9%
50 to 54	1,642	2.9%	660	8.1%	233	8.7%
55 to 59	945	1.7%	451	5.5%	129	4.8%
60 to 64	464	0.8%	209	2.6%	72	2.7%
>= 65 years	117	0.2%	47	0.6%	23	0.9%
Undisclosed	0	0.0%	0	0.0%	0	0.0%
Total	**56,680**		**8,183**		**2,663**	**100%**

Note: The figure shown as 56,680 (rather than the overall total of 56,682) of the Total Number of Applications Received and the figure shown as 8,183 (rather than the overall total of 8,185 of the Total Number of Applications Shortlisted were due to protecting confidentiality. Any reported number with a value less than 5 has been rounded down to zero.

1.5 Leavers

	Headcount	%
<= 20 years	29	2.80%
21 to 25	74	7.16%
26 to 30	99	9.57%
31 to 35	95	9.19%
36 to 40	83	8.03%
41 to 45	65	6.29%
46 to 50	68	6.58%
51 to 55	101	9.77%
56 to 60	178	17.21%
61 to 65	138	13.34%
66 to 70	85	8.22%
>= 71 years	19	1.84%
Total	**1,034**	**100%**

1.6 Training Attendance

	Attendance / Courses Completed	%
<= 20 years	3,423	4.13%
21 to 25	9,107	10.98%
26 to 30	9,383	11.31%
31 to 35	10,022	12.08%
36 to 40	9,640	11.62%
41 to 45	9,027	10.88%
46 to 50	8,509	10.25%
51 to 55	9,049	10.91%
56 to 60	8,462	10.20%
61 to 65	4,839	5.83%
66 to 70	1,387	1.67%
>= 71 years	118	0.14%
Total	**82,967**	**100%**

1.7 Staff Involved in Disciplinary Procedures

	Headcount	%
<= 20 years	2	1.48%
21 to 25	7	5.19%
26 to 30	16	11.85%
31 to 35	20	14.82%
36 to 40	14	10.37%
41 to 45	17	12.59%
46 to 50	11	8.15%
51 to 55	22	16.30%
56 to 60	17	12.59%
61 to 65	6	4.44%
66 to 70	3	2.22%
>= 71 years	0	0.00%
Total	**135**	**100%**

1.8 Staff Involved in Respect and Resolution Procedures

	Headcount	%
<= 20 years	0	0.00%
21 to 25	1	1.82%
26 to 30	4	7.27%
31 to 35	7	12.73%
36 to 40	8	14.55%
41 to 45	5	9.09%
46 to 50	6	10.91%
51 to 55	10	18.18%
56 to 60	9	16.36%
61 to 65	4	7.27%
66 to 70	1	1.82%
>= 71 years	0	0.00%
Total	**55**	**100%**

Disability

Our Workforce

2.1 Headcount

	Headcount	%
Disabled	718	5.37%
Not Disabled	11,127	83.28%
Prefer Not to Say	53	0.40%
Not Recorded on ESR	1,463	10.95%
Total	**13,361**	**100%**

	Disabled	Not Disabled	Prefer Not to Answer	Not Recorded on ESR	Total
Prof Scientific and Technic	26	369	0	40	**435**
Additional Clinical Services	147	2,746	13	246	**3,152**
Administrative and Clerical	167	1,996	14	251	**2,428**
Allied Health Professionals	66	720	0	85	**871**
Estates and Ancillary	58	920	2	198	**1,178**
Healthcare Scientists	7	167	1	40	**215**
Medical and Dental	16	745	4	170	**935**
Nursing and Midwifery Registered	231	3,463	19	433	**4,146**
Students	0	1	0	0	**1**
Total	**718**	**11,127**	**53**	**1,463**	**13,361**

2.2 Pay by Staff Group by Band

	Disabled	Not Disabled	Prefer Not to Answer	Not Recorded on ESR	Total
Band 1	0	3	0	5	**8**
Band 2	155	2,636	11	310	**3,112**
Band 3	91	1,193	7	138	**1,429**
Band 4	57	883	5	156	**1,101**
Band 5	137	2,122	14	297	**2,570**
Band 6	146	1,759	5	197	**2,107**
Band 7	80	1,086	5	125	**1,296**
Band 8a	20	405	2	36	**463**
Band 8b	4	128	0	8	**140**
Band 8c	3	74	0	7	**84**
Band 8d	3	29	0	2	**34**
Band 9	2	20	0	1	**23**
Consultant	6	258	2	71	**337**
Speciality Doctors	1	153	1	33	**188**
Other Doctors in Training	7	179	0	10	**196**
Hospital Practitioners & Clinical Assistants	0	0	0	1	**1**
Other Medical and Dental Staff	0	31	0	16	**47**
Other	6	168	1	50	**225**
Total	**718**	**11,127**	**53**	**1,463**	**13,361**

Average Salary

	Disabled	Not Disabled	Prefer not to Answer	Not Recorded on ESR	Total
Prof Scientific & Technical	£51,444.38	£50,986.69	£0.00	£45,561.01	**£50,606.83**
Additional Clinical Services	£26,248.70	£26,028.62	£26,326.48	£26,699.32	**£26,097.22**
Admin & Clerical	£34,640.23	£36,087.10	£35,341.89	£35,551.33	**£35,929.92**
Allied Health Professionals	£42,989.05	£45,952.77	£0.00	£50,854.22	**£46,189.24**
Estates and Ancillary	£25,554.69	£26,022.20	£24,755.98	£25,445.47	**£25,884.82**
Healthcare Scientists	£44,666.23	£46,942.15	£49,254.00	£49,953.35	**£47,425.74**
Medical & Dental	£90,389.33	£95,124.37	£121,764.55	£116,005.45	**£98,736.59**
Nursing & Midwifery Registered	£41,349.33	£41,584.65	£38,277.84	£40,023.63	**£41,401.13**
Students	£0.00	£32,810.00	£0.00	£0.00	**£32,810.00**
Total	**£37,611.89**	**£40,087.29**	**£40,132.87**	**£43,855.99**	**£40,363.27**

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2025.

2.3 Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Disabled	641	23	1	1	52	**718**
Not Disabled	9,471	556	61	6	1,033	**11,127**
Prefer Not to Answer	48	1	16	0	4	**53**
Not Recorded on ESR	1,328	43	0	2	74	**1,463**
Total	**11,488**	**623**	**78**	**9**	**1,163**	**13,361**

Working Pattern			
	Full Time	Part Time	Total
Disabled	368	350	**718**
Not Disabled	5,772	5,355	**11,127**
Prefer Not to Answer	31	22	**53**
Not Recorded on ESR	691	772	**1,463**
Total	**6,862**	**6,499**	**13,361**

2.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Disability: Yes	1,730	3.1%	579	7.1%	166	6.2%
Disability: No	54,154	95.5%	7,204	88.0%	2,298	86.3%
Disability: Undisclosed	798	1.4%	402	4.9%	199	7.5%
Total	**56,682**	**100%**	**8,185**	**100%**	**2,663**	**100%**

2.5 Leavers

	Headcount	%
Disabled	62	6.00%
Not Disabled	813	78.62%
Prefer Not to Answer	3	0.29%
Not Recorded on ESR	156	15.09%
Total	**1,034**	**100%**

2.6 Training Attendance

	Attendance / Courses Completed	%
Disabled	2,574	3.10%
Not Disabled	40,241	48.50%
Prefer Not to Answer	230	0.28%
Not Recorded on ESR	39,922	48.12%
Total	**82,967**	**100%**

2.7 Staff Involved in Disciplinary Procedures

	Headcount	%
Disabled	14	10.37%
Not Disabled	113	83.70%
Not Recorded on ESR	8	5.93%
Total	**135**	**100%**

2.8 Staff Involved in Respect and Resolution Procedures

	Headcount	%
Disabled	6	10.91%
Not Disabled	43	78.18%
Not Recorded on ESR	6	10.91%
Total	**55**	**100%**

Ethnicity

Our Workforce

3.1 Headcount

	Headcount	%
Asian or Asian British	735	5.50%
Black or Black British	185	1.38%
Mixed	119	0.89%
White	11,425	85.52%
Any Other Ethnic Group	210	1.57%
Not Recorded on ESR	687	5.14%
Total	**13,361**	**100%**

	Asian or Asian British	Black or Black British	Mixed	White	Any Other Ethnic Group	Not Recorded on ESR	Total
Prof Scientific and Technic	5	5	8	399	8	10	**435**
Additional Clinical Services	74	30	25	2,909	31	83	**3,152**
Administrative and Clerical	27	11	21	2,291	10	68	**2,428**
Allied Health Professionals	24	25	6	780	5	31	**871**
Estates and Ancillary	42	2	7	1,042	15	70	**1,178**
Healthcare Scientists	8	4	3	188	1	11	**215**
Medical and Dental	290	60	19	326	63	177	**935**
Nursing and Midwifery Registered	265	48	30	3,489	77	237	**4,146**
Students	0	0	0	1	0	0	**1**
Total	**735**	**185**	**119**	**11,425**	**210**	**687**	**13,361**

3.2 Pay by Staff Group and Band

	Asian or Asian British	Black or Black British	Mixed	White	Any Other Ethnic Group	Not Recorded on ESR	Total
Band 1	0	0	0	7	0	1	**8**
Band 2	111	25	18	2,814	38	106	**3,112**
Band 3	9	9	15	1,337	9	50	**1,429**
Band 4	8	4	7	1,055	6	21	**1,101**
Band 5	245	44	22	2,003	58	198	**2,570**
Band 6	44	31	20	1,928	20	64	**2,107**
Band 7	21	9	11	1,206	10	39	**1,296**
Band 8a	7	2	4	437	6	7	**463**
Band 8b	0	0	1	138	0	1	**140**
Band 8c	0	0	2	81	0	1	**84**
Band 8d	0	0	0	34	0	0	**34**
Band 9	0	0	0	23	0	0	**23**
Consultant	102	16	7	161	18	33	**337**
Speciality Doctors	68	22	8	39	19	32	**188**
Other Doctors in Training	71	17	3	38	17	50	**196**
Hospital Practitioners & Clinical Assistants	0	0	0	1	0	0	**1**
Other Medical and Dental Staff	16	1	0	19	4	7	**47**
Other	33	5	1	104	5	77	**225**
Total	**735**	**185**	**119**	**11,425**	**210**	**687**	**13,361**

Average Salary

	Asian or Asian British	Black or Black British	Mixed	White	Any Other Ethnic Group	Not Recorded on ESR	Total
Prof Scientific & Technical	£43,731.84	£43,746.00	£48,026.49	£50,903.60	£50,643.08	£48,235.01	**£50,606.83**
Additional Clinical Services	£25,106.40	£24,771.78	£27,747.02	£26,112.32	£25,418.77	£26,453.75	**£26,097.22**
Admin & Clerical	£33,917.02	£29,805.62	£34,498.26	£36,134.34	£32,388.43	£31,857.84	**£35,929.92**
Allied Health Professionals	£43,194.19	£39,769.69	£47,742.88	£46,504.26	£38,910.34	£47,857.44	**£46,189.24**
Estates and Ancillary	£24,841.92	£24,755.98	£24,255.81	£26,001.32	£24,631.63	£25,133.41	**£25,884.42**
Healthcare Scientists	£41,736.22	£41,073.30	£41,877.00	£47,804.89	£45,637.00	£49,689.92	**£47,425.74**
Medical & Dental	£92,589.97	£84,510.70	£97,766.46	£118,498.06	£91,854.63	£84,118.52	**£98,736.59**
Nursing & Midwifery Registered	£33,832.77	£35,911.18	£39,709.80	£42,717.47	£37,733.61	£35,525.03	**£41,401.13**
Students	£0.00	£0.00	£0.00	£32,810.00	£0.00	£0.00	**£32,810.00**
Total	**£56,177.03**	**£52,579.78**	**£47,102.42**	**£38,525.57**	**£51,647.12**	**£44,183.19**	**£40,363.27**

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2025.

3.3 Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Asian or Asian British	541	115	15	0	64	**735**
Black or Black British	130	33	0	1	21	**185**
Mixed	101	11	0	0	7	**119**
White	10,023	395	38	1	968	**11,425**
Any Other Ethnic Group	178	19	3	0	10	**210**
Not Recorded on ESR	515	50	22	7	93	**687**
Total	**11,488**	**623**	**78**	**9**	**1,163**	**13,361**

Working Pattern			
	Full Time	Part Time	Total
Asian or Asian British	539	196	**735**
Black or Black British	143	42	**185**
Mixed	73	46	**119**
White	5,624	5,801	**11,425**
Any Other Ethnic Group	140	70	**210**
Not Recorded on ESR	343	344	**687**
Total	**6,862**	**6,499**	**13,361**

3.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Asian or Asian British	21,800	38.46%	1,184	14.47%	312	11.8%
Black or Black British	17,137	30.23%	620	7.57%	90	3.4%
Mixed	1,843	3.25%	156	1.91%	43	1.6%
White	12,657	22.33%	5,803	70.90%	1,991	74.9%
Any Other Ethnic Group	2,484	4.39%	177	2.16%	59	2.2%
Undisclosed	761	1.34%	245	2.99%	163	6.1%
Total	**56,682**	**100%**	**8,185**	**100%**	**2,658**	**100%**

Note: The figure shown as 2,658 (rather than the overall total of 2,663) of the Total Number of Applicants Offered was due to protecting confidentiality as any reported number within the Ethnic Group subcategories of a value less than 5 has been rounded down to zero.

3.5 Leavers

	Headcount	%
Asian or Asian British	38	3.68%
Black or Black British	24	2.32%
Mixed	13	1.26%
White	889	85.97%
Any Other Ethnic Group	7	0.68%
Not Recorded on ESR	63	6.09%
Total	**1,034**	**100%**

3.6 Training Attendance

	Attendance / Courses Completed	%
Asian or Asian British	7,630	9.20%
Black or Black British	2,075	2.50%
Mixed	913	1.10%
White	64,747	78.04%
Any Other Ethnic Group	1,451	1.75%
Not Recorded on ESR	6,151	7.41%
Total	**82,967**	**100%**

3.7 Staff Involved in Disciplinary Procedures

	Headcount	%
White	124	91.85%
Asian or Asian British	5	3.71%
Black or Black British	3	2.22%
Any Other Ethnic Group	2	1.48%
Not Recorded on ESR	1	0.74%
Total	**135**	**100%**

3.8 Staff Involved in Respect and Resolution Procedures

	Attendance / Courses Completed	%
White	39	70.91%
Asian or Asian British	4	7.27%
Black or Black British	2	3.64%
Mixed	1	1.81%
Any other Ethnic Group	5	9.10%
Not Recorded on ESR	4	7.27%
Total	**55**	**100%**

Gender

Our Workforce

4.1 Headcount

	Headcount	%
Female	10,573	79.13%
Male	2,788	20.87%
Total	**13,361**	**100%**

	FTE	%
Female	8,221.87	78.11%
Male	2,303.79	21.89%
Total	**10,525.66**	**100%**

	Female		Male		Total	
	Headcount	%	Headcount	%	Headcount	%
Prof Scientific and Technic	334	3,16%	101	3.62%	**435**	**3.26%**
Additional Clinical Services	2,654	25.10%	498	17.86%	**3,152**	**23.59%**
Administrative and Clerical	1,991	18.83%	437	15.67%	**2,428**	**18.17%**
Allied Health Professionals	676	6.39%	195	6.99%	**871**	**6.52%**
Estates and Ancillary	643	6.08%	535	19.19%	**1,178**	**8.82%**
Healthcare Scientists	114	1.08%	101	3.62%	**215**	**1.61%**
Medical and Dental	332	3.14%	603	21.64%	**935**	**7.00%**
Nursing and Midwifery Registered	3,828	36.21%	318	11.41%	**4,146**	**31.02%**
Students	1	0.01%	0	0.00%	**1**	**0.01%**
Total	**10,573**	**100%**	**2,788**	**100%**	**13,361**	**100%**

4.2 Pay by Staff Group and Band

	Female		Male		Total	
	Headcount	%	Headcount	%	Headcount	%
Band 1	6	0.06%	2	0.07%	**8**	**0.06%**
Band 2	2,431	22.99%	681	24.43%	**3,112**	**23.29%**
Band 3	1,129	10.68%	300	10.76%	**1,429**	**10.70%**
Band 4	973	9.20%	128	4.59%	**1,101**	**8.24%**
Band 5	2,265	21.42%	305	10.94%	**2,570**	**19.24%**
Band 6	1,759	16.64%	348	12.48%	**2,107**	**15.77%**
Band 7	1,084	10.26%	212	7.60%	**1,296**	**9.70%**
Band 8a	354	3.35%	109	3.91%	**463**	**3.47%**
Band 8b	104	0.98%	36	1.29%	**140**	**1.05%**
Band 8c	53	0.50%	31	1.11%	**84**	**0.63%**
Band 8d	27	0.26%	7	0.25%	**34**	**0.25%**
Band 9	10	0.09%	13	0.47%	**23**	**0.17%**
Consultants	106	1.00%	231	8.29%	**337**	**2.51%**
Specialty Doctors	67	0.63%	121	4.34%	**188**	**1.41%**
Other Doctors in Training	68	0.64%	128	4.59%	**196**	**1.47%**
Hospital Practitioners & Clinical Assistants	0	0.00%	1	0.04%	**1**	**0.01%**
Other Medical and Dental	19	0.18%	28	1.00%	**47**	**0.35%**
Other	118	1.12%	107	3.84%	**225**	**1.68%**
Total	**10,574**	**100%**	**2,788**	**100%**	13,361	100%

Average Salary

	Female	Male	Total
Prof Scientific & Technical	£49,843.69	£53,050.10	**£50,606.83**
Additional Clinical Services	£26,075.34	£26,200.49	**£26,097.22**
Admin & Clerical	£34,124.50	£43,398.30	**£35,929.92**
Allied Health Professionals	£46,113.69	£46,438.89	**£46,189.24**
Estates and Ancillary	£24,863.92	£26,842.71	**£25,884.82**
Healthcare Scientists	£47,267.49	£47,595.52	**£47,425.74**
Medical & Dental	£93,119.69	£101,623.27	**£98,736.59**
Nursing & Midwifery Registered	£41,333.28	£42,157.08	**£41,401.13**
Students	£32,810.00	£0.00	**£32,810.00**
Total	**£37,782.56**	**£49,550.45**	**£40,363.27**

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2025.

4.3 Contract Type and Working Pattern

Contract Type						
	Female		Male		Total	
Assignment Category	Headcount	%	Headcount	%	Headcount	%
Permanent	9,231	87.31%	2,257	80.95%	**11,488**	**85.98%**
Fixed Term Temp	417	3.94%	206	7.39%	**623**	**4.66%**
Locum	23	0.22%	55	1.97%	**78**	**0.58%**
Non-Exec Director/Chair	4	0.04%	5	0.18%	**9**	**0.07%**
Bank	898	8.49%	265	9.51%	**1,163**	**8.71%**
Total	**10,573**	**100%**	**2,788**	**100%**	**13,361**	**100%**

Working Pattern						
	Female		Male		Total	
Employee Category	Headcount	%	Headcount	%	Headcount	%
Full-Time	4,908	46.42%	1,954	70.09%	**6,862**	**51.36%**
Part-Time	5,665	53.58%	834	29.91%	**6,499**	**48.64%**
Total	**10,573**	**100%**	**2,788**	**100%**	**13,361**	**100%**

4.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Female	34,525	60.91%	5,865	71.65%	1,983	74.46%
Male	21,954	38.73%	2,254	27.54%	656	24.64%
Undisclosed	203	0.36%	66	0.81%	24	0.90%
Total	**56,682**	**100%**	**8,185**	**100%**	**2,663**	**100%**

4.5 Leavers

	Headcount	%
Female	788	76.21%
Male	246	23.79%
Total	**1,034**	**100%**

4.6 Training Attendance

	Attendance / Courses Completed	%
Female	67,520	81.38%
Male	15,447	18.62%
Total	**82,967**	**100%**

4.7 Staff Involved in Disciplinary Procedures

	Headcount	%
Female	91	67.41%
Male	44	32.59%
Total	**135**	**100%**

4.8 Staff Involved in Respect and Resolution Procedures

	Headcount	%
Female	36	65.45%
Male	19	34.55%
Total	**55**	**100%**

Marital Status (Marriage and Civil Partnership)

Our Workforce

5.1 Headcount

	Headcount	%
Civil Partnership	282	2.11%
Divorced	951	7.12%
Legally Separated	101	0.76%
Married	6,575	49.21%
Single	4,471	33.46%
Widowed	161	1.20%
Not Recorded on ESR	820	6.14%
Total	**13,361**	**100%**

	Civil Partnership	Divorced	Legally Separated	Married	Single	Widowed	Not Recorded on ESR	Total
Prof Scientific and Technic	10	18	0	226	150	2	29	**435**
Additional Clinical Services	99	206	33	1,249	1,389	38	138	**3,152**
Administrative and Clerical	39	223	25	1,315	667	40	119	**2,428**
Allied Health Professionals	15	50	5	439	309	7	46	**871**
Estates and Ancillary	27	88	6	475	489	22	71	**1,178**
Healthcare Scientists	2	9	1	117	69	0	17	**215**
Medical and Dental	10	30	4	612	225	4	50	**935**
Nursing and Midwifery Registered	80	327	27	2,141	1,173	48	350	**4,146**
Students	0	0	0	1	0	0	0	**1**
Total	**282**	**951**	**101**	**6,575**	**4,471**	**161**	**820**	**13,361**

5.2 Pay by Staff Group and Band

	Civil Partnership	Divorced	Legally Separated	Married	Single	Widowed	Not Recorded on ESR	Total
Band 1	0	0	0	4	2	0	2	**8**
Band 2	88	201	21	1,139	1,470	55	138	**3,112**
Band 3	48	121	16	665	493	20	66	**1,429**
Band 4	19	102	12	591	312	16	49	**1,101**
Band 5	47	168	13	1,141	889	28	284	**2,570**
Band 6	41	164	14	1,104	646	16	122	**2,107**
Band 7	19	96	11	789	297	12	72	**1,296**
Band 8a	7	28	4	316	88	2	18	**463**
Band 8b	2	13	2	92	22	3	6	**140**
Band 8c	1	8	2	58	10	3	2	**84**
Band 8d	0	9	1	19	5	0	0	**34**
Band 9	0	5	0	16	1	0	1	**23**
Consultant	4	16	0	254	34	2	27	**337**
Speciality Doctors	1	5	0	146	31	0	5	**188**
Other Doctors in Training	4	3	0	82	101	1	5	**196**
Hospital Practitioners & Clinical Assistants	0	0	0	1	0	0	0	**1**
Other Medical and Dental Staff	0	3	0	35	7	0	2	**47**
Other	1	9	5	123	63	3	21	**225**
Total	**282**	**951**	**101**	**6,575**	**4,471**	**161**	**820**	**13,361**

Average Salary

	Civil Partnership	Divorced	Legally Separated	Married	Single	Widowed	Not Recorded on ESR	Total
Prof Scientific & Technical	£44,638.88	£46,018.43	£0.00	£53,885.27	£47,207.92	£80,882.33	£47,910.04	**£50,606.83**
Additional Clinical Services	£25,480.05	£26,086.61	£26,978.93	£26,417.04	£25,804.80	£25,322.96	£26,411.34	**£26,097.22**
Admin & Clerical	£30,526.94	£38,890.40	£42,092.10	£37,805.04	£31,720.33	£32,500.06	£35,811.90	**£35,929.82**
Allied Health Professionals	£44,379.71	£48.489.54	£51,876.43	£49,327.16	£42,041.29	£46,492.23	£45,050.68	**£46,189.24**
Estates and Ancillary	£25,392.10	£25,912.56	£24,755.98	£26,374.89	£25,397.35	£24,936.63	£25,873.09	**£25,884.82**
Healthcare Scientists	£53,524.50	£47,969.33	£37,898.00	£49,694.26	£43,766.64	£0.00	£46,741.42	**£47,425.74**
Medical & Dental	£94,334.80	£120,231.13	£135,140.28	£103,926.54	£73,182.79	£107,979.71	£116,173.10	**£98,736.59**
Nursing & Midwifery Registered	£40,945.06	£45,425.68	£47,193.32	£43,340.69	£38,791.40	£41,674.18	£35,934.54	**£41,401.13**
Students	£0.00	£0.00	£0.00	£32,810.00	£0.00	£0.00	£0.00	**£32,810.00**
Total	**£34,917.60**	**£40,367.54**	**£39,700.31**	**£44,501.12**	**£34,982.76**	**£35,762.86**	**£38,809.05**	£40,363.27

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2025.

5.3. Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Civil Partnership	247	14	1	0	20	**282**
Divorced	842	37	5	0	67	**951**
Legally Separated	87	4	0	0	10	**101**
Married	5,816	307	32	6	414	**6,575**
Single	3,601	237	34	1	598	**4,471**
Widowed	147	6	0	1	7	**161**
Not Recorded on ESR	748	18	6	1	47	**820**
Total	**11,488**	**623**	**78**	**9**	**1,163**	13,361

Working Pattern			
	Full Time	Part Time	Total
Civil Partnership	143	139	**282**
Divorced	464	487	**951**
Legally Separated	55	46	**101**
Married	3,155	3,420	**6,575**
Single	2,457	2,014	**4,471**
Widowed	57	104	**161**
Not Recorded on ESR	531	289	**820**
Total	**6,862**	**6.499**	**13,361**

5.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Civil Partnership	829	1.46%	253	3.09%	92	3.45%
Divorced	949	1.67%	381	4.65%	112	4.22%
Legally Separated	135	0.24%	27	0.33%	12	0.45%
Married	25,223	44.51%	3,277	40.04%	993	37.29%
Other	953	1.68%	369	4.51%	135	5.07%
Single	27,777	49.00%	3,549	43.36%	1,134	42.58%
Widowed	182	0.32%	40	0.49%	13	0.49%
Unknown	460	0.81%	125	1.53%	39	1.46%
Unspecified	174	0.31%	164	2.00%	133	4.99%
Total	**56,682**	**100%**	**8,185**	**100%**	**2,663**	**100%**

5.5 Leavers

	Headcount	%
Civil Partnership	23	2.23%
Divorced	84	8.12%
Legally Separated	15	1.45%
Married	504	48.74%
Single	324	31.33%
Widowed	23	2.23%
Not Recorded on ESR	61	5.90%
Total	**1,034**	**100%**

5.6 Staff Involved in Disciplinary Procedures

	Headcount	%
Civil Partnership	4	2.96%
Divorced	15	11.11%
Legally Separated	2	1.48%
Married	44	32.59%
Single	61	45.19%
Widowed	1	0.74%
Not Recorded on ESR	8	5.93%
Total	**135**	**100%**

5.7 Staff Involved in Respect and Resolution Procedures

	Headcount	%
Civil Partnership	1	1.82%
Divorced	7	12.73%
Married	28	50.91%
Single	12	21.81%
Not Recorded on ESR	7	12.73%
Total	**55**	**100%**

Maternity and Adoption (Pregnancy and Maternity)

Our Workforce

6.1 Headcount

	Headcount	%
Staff taken Maternity Leave & Adoption Leave	614	4.60%

6.2 Leavers

	Headcount	%
Leaving Reason due to Maternity or Adoption	0	0.00%

Religion and Belief (Including No Belief)

Our Workforce

7.1 Headcount

	Headcount	%
Atheism	2,324	17.39%
Buddhism	82	0.61%
Christianity	5,694	42.62%
Hinduism	135	1.01%
Islam	190	1.42%
Jainism	3	0.02%
Judaism	8	0.06%
Sikhism	7	0.05%
Other	1,415	10.59%
I Do Not Wish to Disclose my Religion/Belief	2,464	18.45%
Not Recorded on ESR	1.039	7.78%
Total	**13,361**	**100%**

	Atheism	Buddhism	Christianity	Hinduism	I do not wish to disclose my religion/belief	Islam	Jainism	Judaism	Other	Sikhism	Not Recorded on ESR	Total
Prof Scientific and Technic	98	4	196	1	54	4	0	0	45	0	33	**435**
Additional Clinical Services	631	5	1,324	9	527	13	0	2	444	0	197	**3,152**
Administrative and Clerical	422	9	1,150	8	369	10	0	2	242	1	215	**2,428**
Allied Health Professionals	183	2	382	5	151	8	2	0	74	0	64	**871**
Estates and Ancillary	192	3	487	2	196	1	0	0	117	0	180	**1,178**
Healthcare Scientists	48	3	67	4	39	2	0	0	21	0	31	**215**
Medical and Dental	47	40	141	81	376	141	1	1	17	3	87	**935**
Nursing and Midwifery Registered	702	16	1,947	25	752	11	0	3	455	3	232	**4,146**
Students	1	0	0	0	0	0	0	0	0	0	0	**1**
Total	**2,324**	**82**	**5,694**	**135**	**2,464**	**190**	**3**	**8**	**1,415**	**7**	**1,039**	**13,361**

7.2 Pay by Staff Group and Band

	Atheism	Buddhism	Christianity	Hinduism	I do not wish to disclose my religion/ belief	Islam	Jainism	Judaism	Other	Sikhism	Not Recorded on ESR	Total
Band 1	0	0	0	0	1	0	0	0	1	0	6	**8**
Band 2	594	7	1,334	11	532	12	0	1	370	0	251	**3,112**
Band 3	262	3	617	1	226	6	0	0	192	0	122	**1,429**
Band 4	165	5	495	2	156	3	0	2	127	0	146	**1,101**
Band 5	487	9	1,082	29	494	12	0	2	281	0	174	**2,570**
Band 6	416	9	976	6	352	7	1	0	219	1	120	**2,107**
Band 7	208	4	632	5	203	4	1	1	151	2	85	**1,296**
Band 8a	95	2	235	0	62	4	0	0	40	1	24	**463**
Band 8b	30	2	80	0	16	0	0	0	7	0	5	**140**
Band 8c	9	1	51	0	12	0	0	1	1	0	9	**84**
Band 8d	4	0	23	0	5	0	0	0	1	0	1	**34**
Band 9	2	0	12	0	5	0	0	0	3	0	1	**23**
Consultant	20	15	61	33	115	36	0	1	8	1	47	**337**
Speciality Doctors	8	11	31	18	52	56	1	0	1	1	9	**188**
Other Doctors in Training	8	13	23	19	83	44	0	0	3	1	2	**196**
Hospital Practitioner & Clinical Assistants	0	0	0	0	0	0	0	0	0	0	1	**1**
Other Medical and Dental Staff	2	1	12	3	10	2	0	0	2	0	15	**196**
Other	14	0	30	8	140	4	0	0	8	0	21	**225**
Total	**2,324**	**82**	**5,694**	**135**	**2,464**	**190**	**3**	**8**	**1,415**	**7**	**1,039**	**13,361**

Average Salary

	Prof Scientific & Technical	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Nursing & Midwifery Registered	Students	Total
Atheism	£47,869.12	£26,127.36	£35,817.34	£42,940.86	£25,845.10	£44,229.84	£102,365.34	£40,169.75	£32,810.00	**£37,044.45**
Buddhism	£52,596.13	£26,618.30	£32,168.78	£38,142.63	£24,755.98	£52,236.64	£88,917.29	£43,752.02	£0.00	**£65,397.12**
Christianity	£54,684.28	£25,987.92	£36,855.38	£46,770.93	£26,201.81	£48,799.18	£100,581.35	£42,649.42	£0.00	**£39,119.18**
Hinduism	£37,898.00	£24,799.12	£32,586.81	£41,091.00	£24,755.98	£38,007.59	£95,076.60	£33,738.53	£0.00	**£71,400.29**
I do not wish to disclose my religion/belief	£50,434.96	£25,967.68	£34,436.98	£46,950.31	£25,684.09	£46,939.18	£100,799.89	£39,948.38	£0.00	**£42,595.23**
Islam	£53,131.43	£25,012.41	£44,372.73	£36,030.81	£24,755.98	£42,503.67	£82,446.20	£35,905.94	£0.00	**£71,764.65**
Jainism	£0.00	£0.00	£0.00	£42,884.49	£0.00	£0.00	£84,989.00	£0.00	£0.00	**£60,046.68**
Judaism	£0.00	£26,928.00	£57,544.21	£0.00	£0.00	£0.00	£116,600.00	£37.030.00	£0.00	**£60543.30**
Sikhism	£0.00	£0.00	£53,602.00	£0.00	£0.00	£0.00	£80,586.33	£53,550.33	£0.00	**£65,144.57**
Other	£42,711.52	£26,242.43	£33,636.91	£47,701.66	£25,468.48	£49,531.69	£109,457.92	£41,007.45	£0.00	**£35,625.56**
Not Recorded on ESR	£45,679.32	£26,750.48	£36,008.75	£51,052.04	£25,604.95	£49,687.08	£128,590.78	£40,919.01	£0.00	**£42,633.23**
Total	**£50,606.83**	**£26,097.22**	**£35,929.92**	**£46,189.24**	**£25,884.82**	**£47,425.74**	**£98,736.59**	**£42,633.56**	£32,810.00	**£40,363.27**

The table above shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2025.

7.3 Contract Type and Working Pattern

	Contract Type					
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Atheism	1,962	106	3	0	253	**2,324**
Buddhism	57	25	0	0	0	**82**
Christianity	5,045	192	1	2	454	**5,694**
Hinduism	97	25	1	0	12	**135**
I do not wish to disclose my religion/belief	1,973	140	62	6	283	**2,464**
Islam	118	61	5	0	6	**190**
Jainism	3	0	0	0	0	**3**
Judaism	3	2	0	0	3	**8**
Other	1,247	56	1	0	111	**1,415**
Sikhism	6	1	0	0	0	**7**
Not Recorded on ESR	977	15	5	1	41	**1,039**
Total	**11,488**	**623**	**78**	**9**	**1,163**	**13,361**

Working Pattern			
	Full Time	Part Time	Total
Atheism	1,275	1.049	**2,324**
Buddhism	59	23	**82**
Christianity	2,918	2,776	**5,694**
Hinduism	103	32	**135**
I do not wish to disclose my religion/belief	1,151	1,313	**2,464**
Islam	160	30	**190**
Jainism	2	1	**3**
Judaism	3	5	**8**
Other	702	713	**1,415**
Sikhism	7	0	**7**
Not Recorded on ESR	482	557	**1,039**
Total	**6,862**	**6,499**	**13,361**

7.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Atheism	4,062	7.2%	1,798	22.0%	593	22.3%
Buddhism	1,278	2.3%	111	1.4%	38	1.4%
Christianity	25,351	44.7%	3,414	41.6%	1,048	39.5%
Hinduism	7,685	13.6%	270	3.3%	69	2.6%
Islam	12,170	21.5%	604	7.4%	166	6.2%
Jainism	59	0.1%	0	0.0%	0	0.0%
Judaism	18	0.0%	7	0.1%	0	0.0%
Sikhism	129	0.2%	5	0.1%	0	0.0%
Other	2,312	4.1%	887	10.8%	282	10.6%
Undisclosed	3,618	6.4%	1,085	13.3%	464	17.4%
Total	**56,682**	**100%**	**8,181**	**100%**	**2,660**	**100%**

Note: The figure shown as 8181 (rather that the overall total of 8185) of the Applications Shortlisted and the figure shown as 2660 (rather than the overall total of 2663) of the Applicants Offered were due to protecting confidentiality any reported number with a value less than 5 has been rounded down to zero.

7.5 Leavers

	Headcount	%
Atheism	151	14.60%
Buddhism	9	0.87%
Christianity	439	42.46%
Hinduism	10	0.97%
Islam	21	2.03%
Other	86	8.31%
Judaism	1	0.10%
I Do Not Wish to Disclose my Religion/Belief	203	19.63%
Not Recorded on ESR	114	11.03%
Total	**1,034**	**100%**

7.6 Training Attendance

	Attendance / Courses Completed	%
Atheism	15,109	18.21%
Buddhism	620	0.75%
Christianity	34,513	41.60%
Hinduism	1,368	1.65%
Islam	1,978	2.38%
Judaism	59	0.07%
Jainism	26	0.03%
Sikhism	21	0.03%
I Do Not Wish to Disclose my Religion/Belief	16,212	19.54%
Other	8,248	9.94%
Not Recorded on ESR	4,813	5.80%
Total	**82,967**	**100%**

7.7 Staff Involved in Disciplinary Procedures

	Headcount	%
Atheism	25	18.52%
Christianity	62	45.92%
Hinduism	1	0.74%
I Do Not Wish to Disclose my Religion/Belief	22	16.30%
Judaism	1	0.74%
Other	16	11.85%
Not Recorded on ESR	8	5.93%
Total	**135**	**100%**

7.8 Staff Involved in Respect and Resolution Procedures

	Headcount	%
Atheism	2	3.64%
Christianity	28	50.91%
I Do Not Wish to Disclose my Religion/Belief	11	20.00%
Islam	5	9.09%
Other	5	9.09%
Not Recorded on ESR	4	7.27%
Total	**55**	**100%**

Sexual Orientation

Our Workforce

8.1 Headcount

	Headcount	%
Bisexual	153	1.15%
Gay or Lesbian	195	1.46%
Heterosexual or Straight	10,585	79.22%
Not Stated – Person Asked but Declined to Provide a Response	1,358	10.16%
Not Recorded on ESR	1,025	7.67%
Other Sexual Orientation Not Listed	28	0.21%
Undecided	17	0.13%
Total	**13,361**	**100%**

	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not stated (Person Asked but Declined to provide a Response)	Other sexual orientation not listed	Undecided	Not Recorded on ESR	Total
Add Prof Scientific and Technic	10	7	363	20	2	0	33	**435**
Additional Clinical Services	47	49	2,666	184	7	7	192	**3,152**
Administrative and Clerical	27	41	1,981	160	5	3	211	**2,428**
Allied Health Professionals	14	13	692	90	1	1	60	**871**
Estates and Ancillary	12	18	866	102	6	1	173	**1,178**
Healthcare Scientists	2	4	154	23	0	1	31	**215**
Medical and Dental	5	4	490	347	2	0	87	**935**
Nursing and Midwifery Registered	36	59	3,372	432	5	4	238	**4,146**
Students	0	0	1	0	0	0	0	**1**
Total	**153**	**195**	**10,585**	**1,358**	**28**	**17**	**1,025**	**13,361**

8.2 Pay by Staff Group and Band

	Bisexual	Gay or Lesbian	Heterosexual or straight	Not Stated (Person Asked but Declined to Provide a Response)	Not Recorded on ESR	Other Sexual Orientation not Listed	Undecided	Total
Band 1	0	0	1	1	6	0	0	**8**
Band 2	55	55	2,529	213	242	11	7	**3,112**
Band 3	12	20	1,184	86	121	4	2	**1,429**
Band 4	13	14	865	62	145	2	0	**1,101**
Band 5	31	32	1,999	321	181	2	4	**2,570**
Band 6	22	33	1,769	163	116	1	3	**2,107**
Band 7	7	23	1,084	99	79	4	0	**1,296**
Band 8a	6	10	404	18	23	1	1	**463**
Band 8b	2	2	121	9	6	0	0	**140**
Band 8c	0	1	64	9	9	1	0	**84**
Band 8d	0	0	32	1	1	0	0	**34**
Band 9	0	0	18	4	1	0	0	**23**
Consultant	1	3	189	96	48	0	0	**337**
Speciality Doctors	2	0	119	57	9	1	0	**188**
Other Doctors in Training	2	1	112	79	2	0	0	**196**
Hospital Practitioner & Clinical Assistants	0	0	0	0	1	0	0	**1**
Other Medical and Dental Staff	0	0	22	10	15	0	0	**47**
Other	0	1	73	130	20	1	0	**225**
Total	**153**	**195**	**10,585**	**1,358**	**1,025**	**28**	**17**	**13,361**

Average Salary

	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not Stated (Person Asked but declined to Provide a Response)	Other Sexual Orientation	Undecided	Not Recorded on ESR	Total
Prof Scientific & Technical	£45,684.17	£39,533.48	£51,192.45	£52,457.49	£67,243.57	£0.00	£45,679.32	**£50,606.83**
Additional Clinical Services	£26,222.01	£25,379.40	£26,020.51	£26,865.20	£25,275.71	£24,528.35	£26,708.14	**£26,097.22**
Admin & Clerical	£27,919.50	£35,940.48	£36,154.40	£34,738.30	£29,001.24	£30,005.00	£35,943.64	**£35,929.92**
Allied Health Professionals	£38,438.59	£50,491.31	£45,633.62	£47,930.98	£53,602.00	£0.00	£51,328.89	**£35,929.92**
Estates and Ancillary	£24,595.42	£24,911.51	£26,097.40	£25,233.36	£24,424.06	£23,970.00	£25,515.73	**£46,189.24**
Healthcare Scientists	£45,637.00	£48,170.75	£46,829.17	£48,243.92	£0.00	£37,898.00	£50,455.14	**£25,884.82**
Medical & Dental	£81,964.60	£103,813.25	£94,236.71	£98,719.44	£59,727.00	£0.00	£128,969.38	**£47,425.74**
Nursing & Midwifery Registered	£39,203.33	£42,589.12	£41,967.28	£37,229.03	£44,698.61	£47,883.00	£40,259.97	**£98,736.59**
Students	£0.00	£0.00	£32,810.00	£0.00	£0.00	£0.00	£0.00	**£32,810.00**
Total	**£35,769.93**	**£37,901.41**	**£39,458.57**	**£47,867.00**	**£35,656.43**	**£32,505.08**	**£42,752.28**	**£40,363.27**

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2025.

8.3 Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Bisexual	115	6	0	0	32	**153**
Gay or Lesbian	173	7	0	0	15	**195**
Heterosexual or Straight	9,194	491	16	2	882	**10,585**
Not Stated (Person Asked but Declined to Provide a Response)	1.005	96	56	6	195	**1,358**
Not Recorded on ESR	970	15	5	1	34	**1,025**
Other Sexual orientation not listed	21	1	1	0	3	**28**
Undecided	10	5	0	0	2	**17**
Total	**11,488**	**623**	**78**	**9**	**1,163**	**13,361**

Working Pattern			
	Full Time	Part Time	Total
Bisexual	80	73	**153**
Gay or Lesbian	129	66	**195**
Heterosexual or Straight	5,564	5,021	**10,585**
Not Stated (Person Asked but Declined to Provide a Respond)	582	776	**1,358**
Not Recorded on ESR	486	539	**1,025**
Other Sexual Orientation no Listed	11	17	**28**
Undecided	10	7	**17**
Total	**6,862**	**6,499**	**13,361**

8.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Bisexual	989	1.7%	201	2.5%	53	2.0%
Gay or Lesbian	554	1.0%	158	1.9%	43	1.6%
Heterosexual or Straight	53,365	94.1%	7,326	89.5%	2,323	87.2%
Other	125	0.2%	23	0.3%	7	0.3%
Undecided	80	0.1%	27	0.3%	9	0.3%
Undisclosed	1,569	2.9%	450	5.5%	228	8.6%
Total	**56,682**	**100%**	**8,185**	**100%**	**2,663**	**100%**

8.5 Leavers

	Headcount	%
Bisexual	12	1.16%
Gay or Lesbian	19	1.84%
Heterosexual or Straight	765	73.98%
Not Stated (person asked but declined to provide a response)	121	11.70%
Other sexual orientation not listed	1	0.10%
Undecided	1	0.10%
Not Recorded on ESR	115	11.12%
Total	**1,034**	**100%**

8.6 Training Attendance

	Attendance / Courses Completed	%
Bisexual	1,174	1.42%
Gay or Lesbian	1,165	1.40%
Heterosexual or Straight	65,961	79.50%
Not Stated (person asked but declined to provide a response)	9,576	11.54%
Other sexual orientation not listed	158	0.19%
Undecided	178	0.21%
Not Recorded on ESR	4,755	5.74%
Total	**82,967**	**100%**

8.7 Staff Involved in Disciplinary Procedures

	Headcount	%
Bisexual	2	1.48%
Gay or Lesbian	7	5.19%
Heterosexual or Straight	109	80.73%
Not Stated (person asked but declined to provide a response)	9	6.67%
Not Recorded on ESR	8	5.93%
Total	**135**	**100%**

8.8 Staff Involved in Respect and Resolution Procedures

	Headcount	%
Bisexual	1	1.82%
Gay or Lesbian	1	1.82%
Heterosexual or Straight	40	72.73%
Not Stated (person asked but declined to provide a response)	9	16.36%
Not Recorded on ESR	4	7.27%
Total	**55**	**100%**

Welsh Language

Our Workforce

9.1 Headcount by Staff Group

	0 – No Skills	1 – Entry	2 – Foundation	3 – Intermediate	4 – Higher	5 – Proficiency	Not Recorded on ESR	Total
Add Prof Scientific and Technic	132	103	45	24	43	80	1	**428**
Additional Clinical Services	999	604	243	235	220	287	22	**2,610**
Admin & Clerical	820	675	257	223	190	231	14	**2,410**
Allied Health Professional	325	181	82	57	67	117	6	**835**
Estates and Ancillary	454	187	73	52	70	114	71	**1,021**
Healthcare Scientists	74	42	18	15	25	36	1	**211**
Medical & Dental	482	98	21	12	6	26	94	**739**
Nursing & Midwifery Registered	1,605	785	336	266	301	464	103	**3,860**
Students	0	1	0	0	0	0	0	**1**
Total	**4,891**	**2,676**	**1,075**	**884**	**922**	**1,355**	**312**	**12,115**
%	**40.37%**	**22.09%**	**8.87%**	**7.30%**	**7.61%**	**11.18%**	**2.58%**	**100%**

9.2 Leavers - Welsh Language Skills 2024/25

	Primary Headcount	%
Not Recorded / NA	127	8.33%
0 – No Skills / Dim Sgiliau	602	39.47%
1 – Entry / Mynediad	299	19.61%
2 – Foundation / Sylfaen	135	8.85%
3 – Intermediate / Canolradd	87	5.70%
4 – Higher / Uwch	105	6.89%
5 – Proficiency / Hyfedredd	170	11.15%
Total	**1,525**	**100%**

9.3 Hires - Welsh Language Skills 2024/25

	Primary Headcount	%
Not Recorded / NA	209	14.44%
0 – No Skills / Dim Sgiliau	700	48.34%
1 – Entry / Mynediad	174	12.02%
2 – Foundation / Sylfaen	83	5.73%
3 – Intermediate / Canolradd	71	4.90%
4 – Higher / Uwch	82	5.66%
5 – Proficiency / Hyfedredd	129	8.91%
Total	**1,448**	**100%**

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

www.hywelddahb.wales.nhs.uk

Pay Gap Report for Disability, Ethnicity & Gender

Reporting Period 01 April 2024 - 31 March 2025

Contents

Contents 1
Introduction 2
What is the Pay Gap? 3
Gathering the Information 3
Regulatory Requirements for Gender Pay Gap 3
Disability Pay Gap 4
Rates of Pay 5
Ethnicity Pay Gap 6
Rates of Pay 6
Gender Pay Gap 10
Our Workforce 10
Yearly Comparison of our Mean Gender Pay Gap 10
Rates of Pay 11
Pay Quartiles 14
Pay Quartiles Split 15
Bonus Payments 16
Actions to support an Inclusive Workplace 17

Introduction

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

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

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

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

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

What is the Pay Gap?

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

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

We aim to look at the pay differences between men and women, our ethnically diverse and white colleagues, and those identified as having a disability and those who do not.

Gathering the Information

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

All pay gap data provided in this report was obtained through the national Pay Gap dashboards via the ESR Business Intelligence report as of 31 March 2025. The data includes staff on Agenda for Change, staff on non-Agenda for Change terms and conditions. Clinical Excellence Awards for medical staff are included in both ordinary and bonus pay calculations.

Regulatory Requirements for Gender Pay Gap

According to the Regulations, this report presents the following:

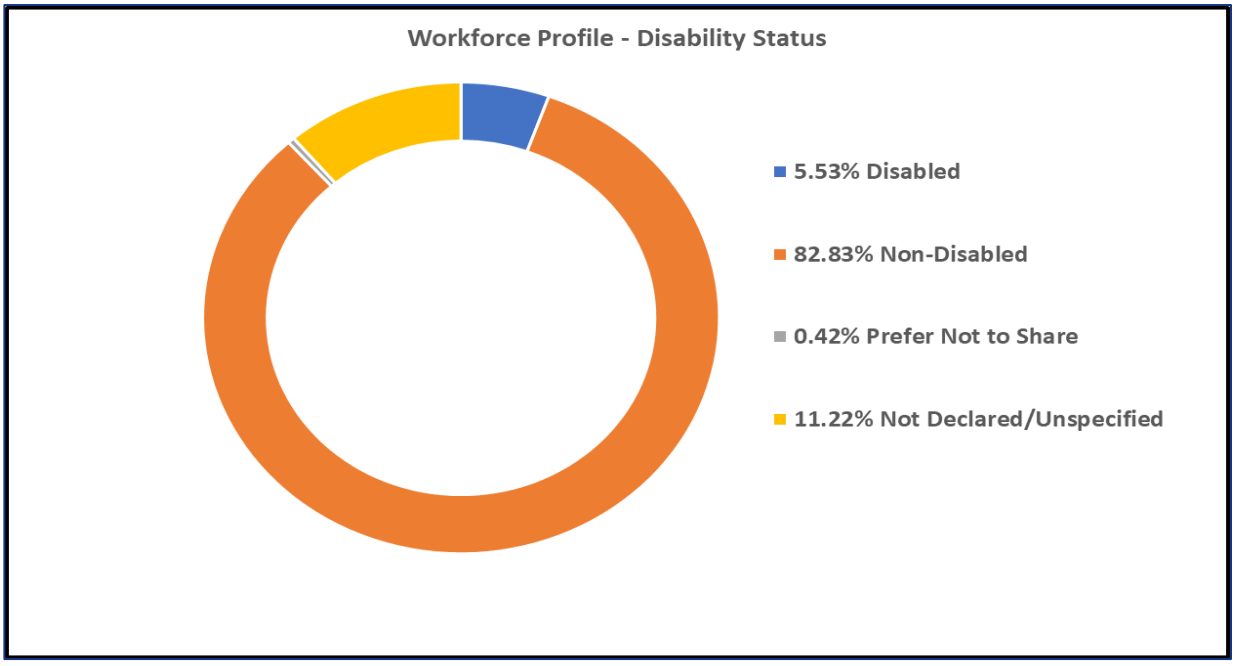
1. Average gender pay gap as a mean average
2. Average gender pay gap as a median average
3. Proportion of males/females when divided into four groups, ordered from lowest to highest pay
4. Average bonus gender pay gap as a mean average
5. Average bonus gender pay gap as a median average
6. Proportion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

Disability Pay Gap

This is the fourth year that we are voluntarily publishing our information on our disability pay gap. This helps us to be more open and transparent about our people.

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

According to the Office for National Statistics, around 22% of people in Wales have some form of disability that affects their daily lives. Analysis of our internal equality data indicates our workforce profile as:



Only 5.53% of our workforce have shared with us that they have a disability which is considerably lower than the Wales average. The percentage of people that preferred not to share this information was 0.42%, and 11.22% of people have not declared this information on ESR.

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

Rates of Pay

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

The average hourly rate of pay is calculated from a specific pay period, in this case March 2025. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay.

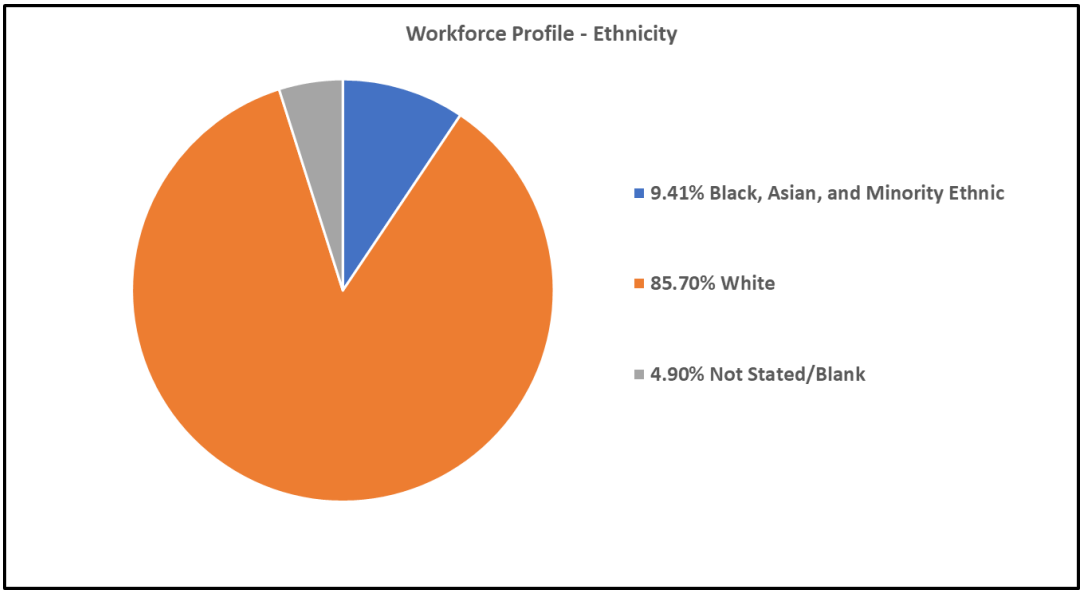
Disability	Ave Hourly Rate
Non-Disabled	£21.34
Disabled	£19.55
Difference	£1.79
Pay Gap %	8.39%

The figures above shows that the mean hourly rate for colleagues identifying as having a disability is £19.55 compared to £21.34 for non-disabled colleagues; our colleagues identifying as having a disability received on average £1.79/hour less than non-disabled colleagues, a pay gap as a mean average of 8.39%.

Ethnicity Pay Gap

Unequal pay between males and females has been illegal in the UK since 1975, however that is not the case for people from ethnic minority backgrounds. Although not required, reporting pay differences between ethnically diverse colleagues, is encouraged as a means of improving inclusion and to tackle inequality in the workplace.

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



9.41% of our workforce identify as being from a Black, Asian and minority ethnic background, which is significantly higher than the percentage of the Hywel Dda population. 4.90% of employees have not provided this information on ESR or have left this section blank.

Rates of Pay

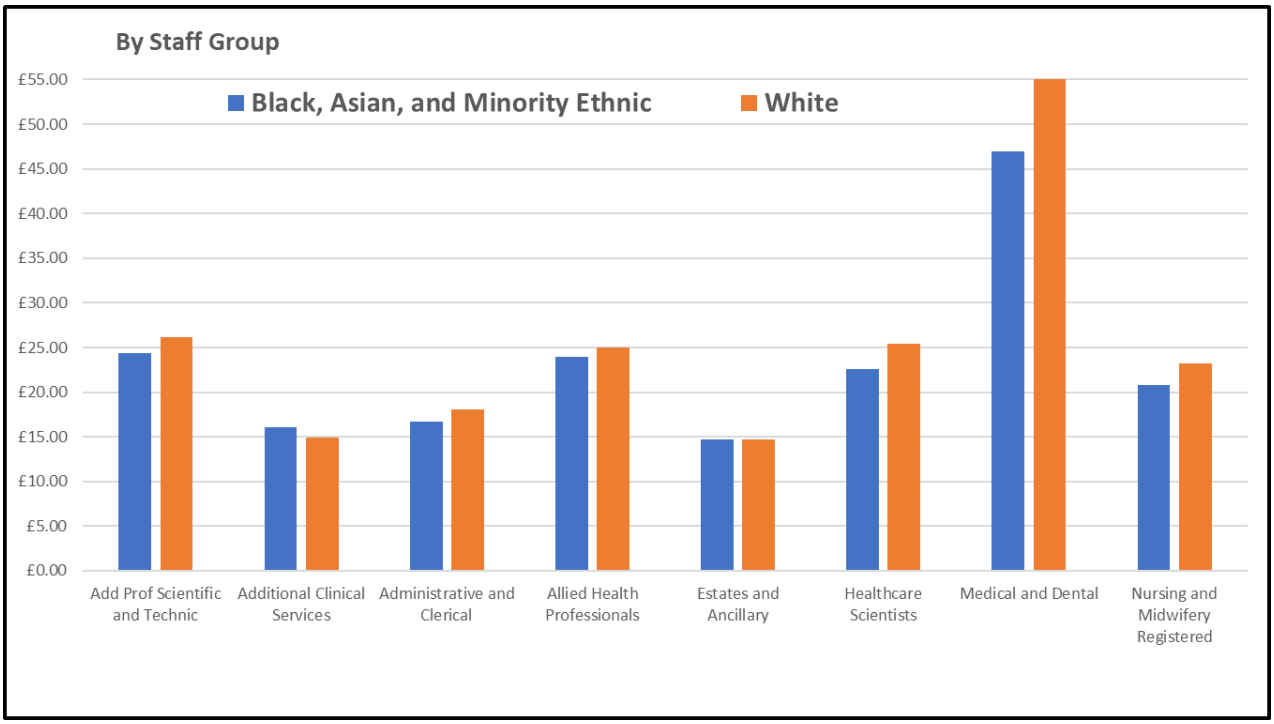
The mean ethnicity pay gap is defined as the difference between the average hourly rate of pay of our ethnically diverse and white colleagues.

Ethnicity	Ave Hourly Rate
White	£20.44
Black, Asian, and Minority Ethnic	£28.89
Difference	-£8.45
Pay Gap %	-41.34%

The average hourly rate of pay is calculated from a specific pay period, in this case March 2025. The hourly rate is calculated for each employee based on ‘ordinary pay’ which includes basic pay, allowances and shift premium pay.

The figures above show that the mean hourly rate for our ethnically diverse colleagues is £28.89 compared to £20.44 for white colleagues; our ethnically diverse colleagues received on average £8.45/hour more than white colleagues, a negative pay gap as a mean average of -41.34%. However, it is important to note that while the pay gap is useful in measuring pay equality, it is calculated using average hourly rates and it does not measure the pay difference between people at the same pay grade, doing the same job, with the same working pattern. As you will see demonstrated by the data below, while there will be ethnically diverse colleagues who have a higher hourly rate, which increases the average overall, for most staff groups, white colleagues earn more than our ethnically diverse colleagues.

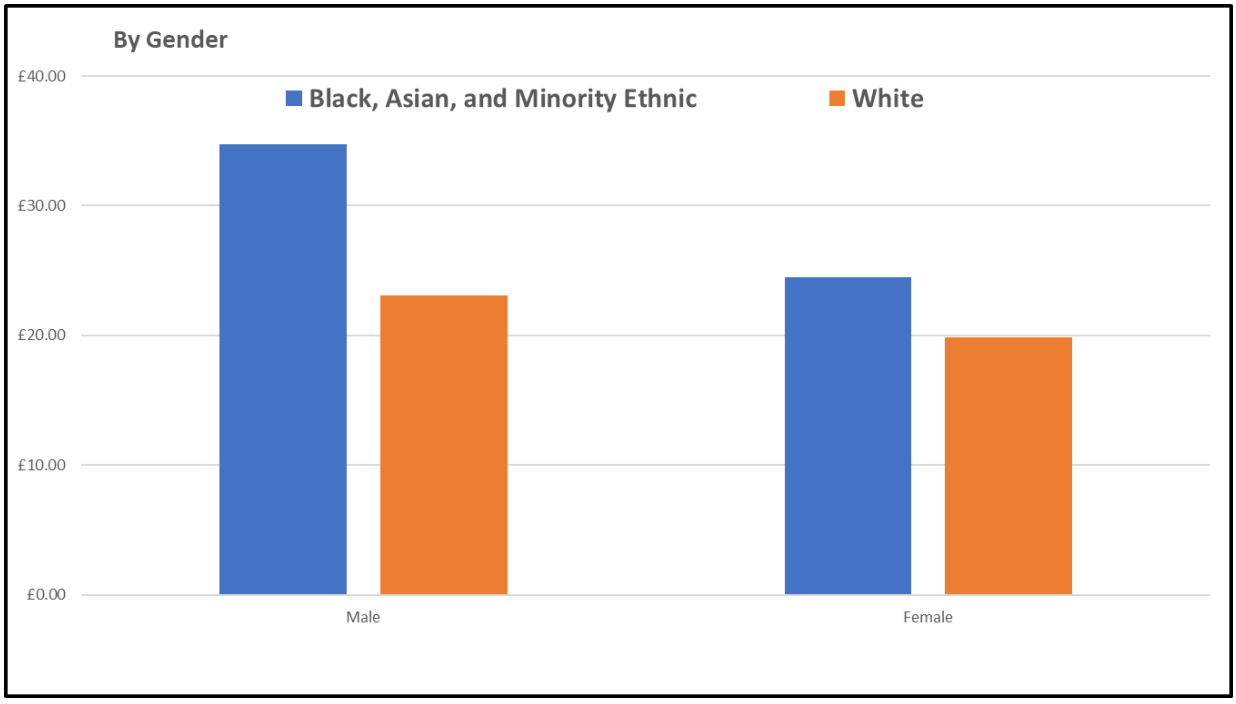
By Staff Group



Further analysis of the information by staff group has highlighted that there is a negative pay gap for ethnically diverse colleagues working in Additional Clinical Services and Estates and Ancillary. This means that ethnically diverse colleagues within these staff groups earn more than white colleagues.

In all other staff groups there is a pay gap whereby white colleagues earn more than our ethnically diverse colleagues. This is most significant in the Medical and Dental staff group with a pay gap of £9.44 per hour (16.75%).

By Gender



The figures show that the mean hourly rate for our ethnically diverse male colleagues is £34.77 compared to £23.09 for white male colleagues; our ethnically diverse male colleagues received on average £11.68/hour more than white male colleagues, a negative pay gap as a mean average of -50.58%.

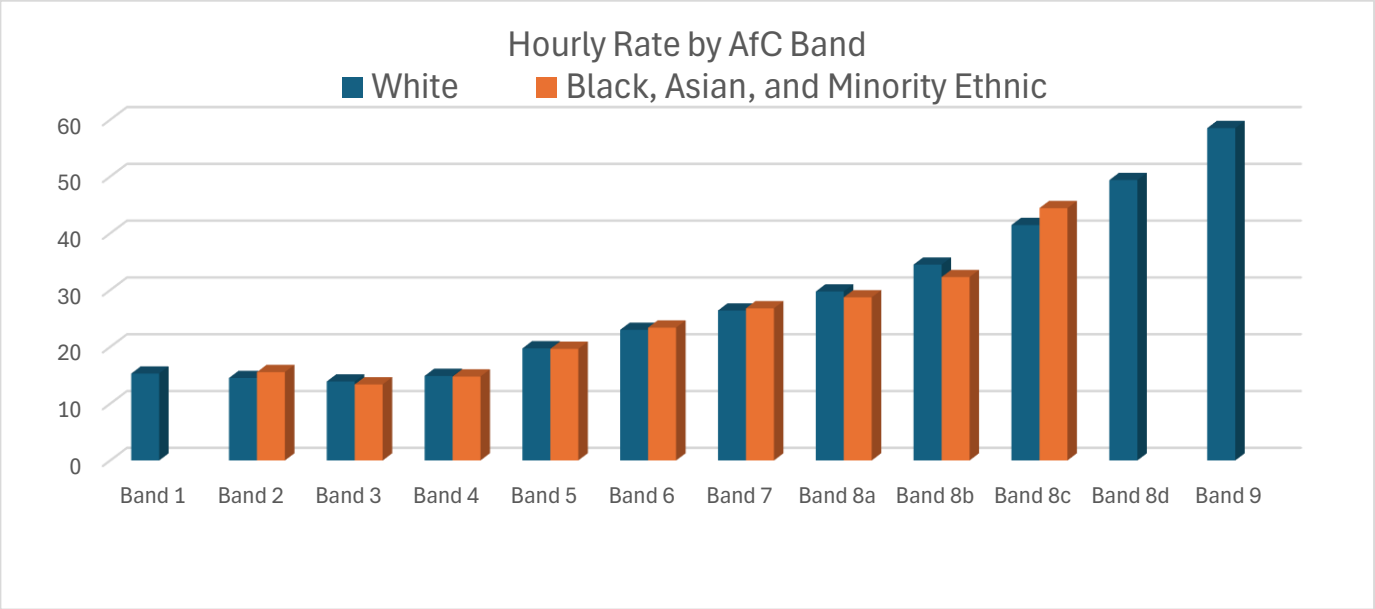
The mean hourly rate for our ethnically diverse female colleagues is £24.49 compared to £19.86 for white female colleagues; our ethnically diverse female colleagues received on average £4.63/hour more than white female colleagues, a negative pay gap as a mean average of -23.31%.

By Pay Band

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

The AfC pay bands where ethnically diverse colleagues have a lower average hourly rate than their white colleagues are band 3 (3.70%), band 4 (0.74%), band 5 (0.43%), band 8a (3.46%) and the highest gap is seen for band 8b (6.37%). The highest negative pay gap, where ethnically diverse staff have a higher average hourly rate than their white colleagues is for band 2 and band 8c, both with a negative pay gap of – 7.18%.

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



Pay Band	White	Black, Asian, and Minority Ethnic	Difference	Gap
Band 1	£15.30			
Band 2	£14.53	£15.57	-£1.04	-7.18%
Band 3	£13.91	£13.40	£0.51	3.70%
Band 4	£14.90	£14.78	£0.11	0.74%
Band 5	£19.74	£19.66	£0.09	0.43%
Band 6	£23.01	£23.40	-£0.39	-1.71%
Band 7	£26.40	£26.79	-£0.39	-1.47%
Band 8a	£29.76	£28.73	£1.03	3.46%
Band 8b	£34.49	£32.30	£2.20	6.37%
Band 8c	£41.46	£44.43	-£2.98	-7.18%
Band 8d	£49.38			
Band 9	£58.53			

Gender Pay Gap

Our Workforce

Agenda for Change and Medical and Dental pay evaluation ensures that jobs are evaluated and not the post holder, it makes no reference to gender of existing or potential job holders. Some of our employees are appointed on a fixed rate salary such as our apprentices, whilst other staff groups are employed on a band which includes salary progression through a national scale.

The calculations used within this report are based on a total of 12,153 employees as at 31 March 2025. Analysis of our internal equality data indicates our gender split is:

79%
Female
Employees (9,613)

21%
Male
Employees
(2,540)

Yearly Comparison of our Mean Gender Pay Gap

Our first Gender Pay Gap report was published in 2019, where there was a difference of 22.90% between the average earnings of male and females. Due to the Covid pandemic in 2020, we were unable to report on our gender pay gap at that time (but this information has since been included), however in 2021 we saw a decrease of around 5% in the average pay gap compared to 2019. In 2022 and 2023 we saw an increase in the pay gap, but last year's figure reduced from the 2023 figure. This year, the % pay gap has risen slightly from the 2024 figure to 22.33%.

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

Rates of Pay

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

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

Gender	Ave Hourly Rate
Male	**£26.06**
Female	**£20.24**
Difference	**£5.82**
Pay Gap %	**22.33%**

The average hourly rate of pay is calculated from a specific pay period, in this case March 2025. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay.

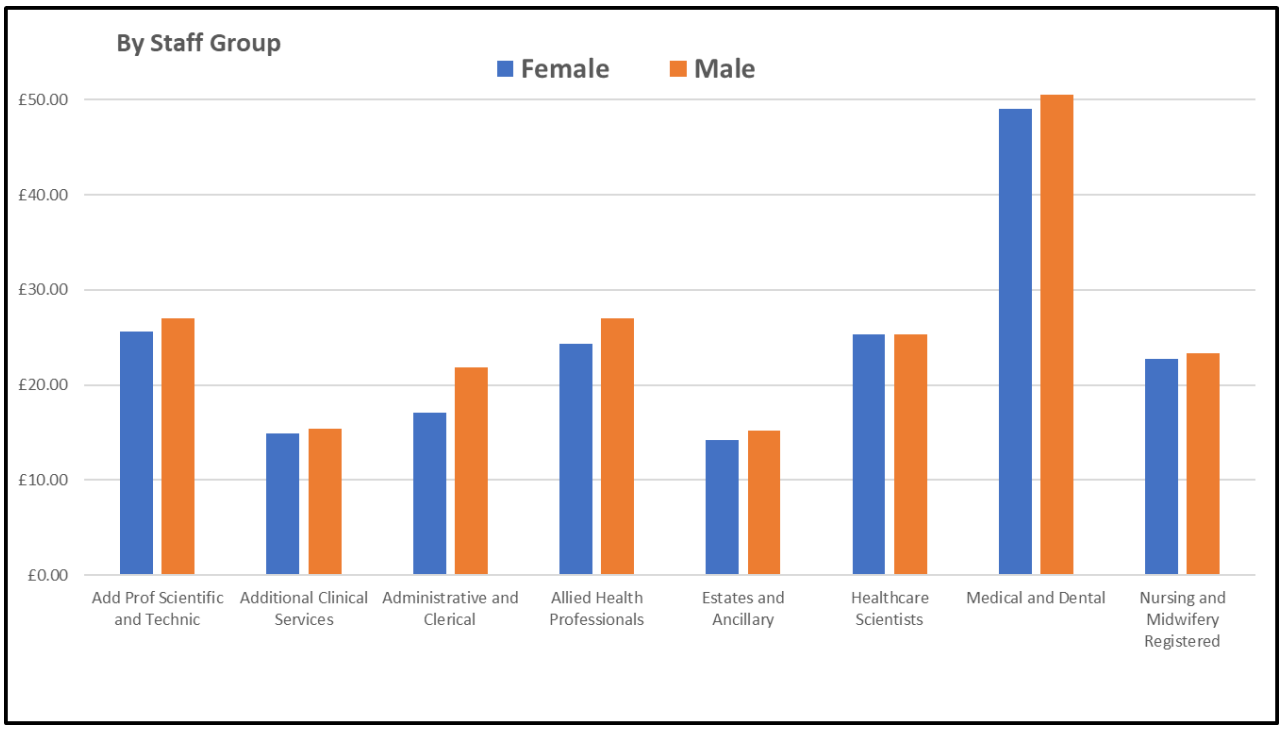
The figures above shows that the mean hourly rate for a male is £26.06 compared to £20.24 for female staff members; males received on average £5.82/hour more than females, a pay gap as a mean average of 22.33% (the 2024 figure was 21.11%).

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

Gender	Median Hourly Rate
Male	**£20.28**
Female	**£18.94**
Difference	**£1.35**
Pay Gap %	**6.64%**

As a median average, males received £1.35/hour more than females, a pay gap at a median of 6.64% (the 2024 figure was 5.46%).

By Staff Group



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

- Additional Professional Scientific and Technical
- Admin and Clerical
- Allied Health Professionals
- Estates and Ancillary
- Healthcare Scientists (though the gap here is only 1p/hour)
- Medical and Dental
- Nursing and Midwifery
- Additional Clinical Services

Administration and Clerical have the highest percentage gender pay gap of 21.69% (£4.74 per hour), followed by Allied Healthcare Professionals with a pay gap of 9.98% (£2.70 per hour). It should be noted that the pay gap for Allied Healthcare Professionals has fallen significantly since last year when it was 16.26% (£4.48 per hour).

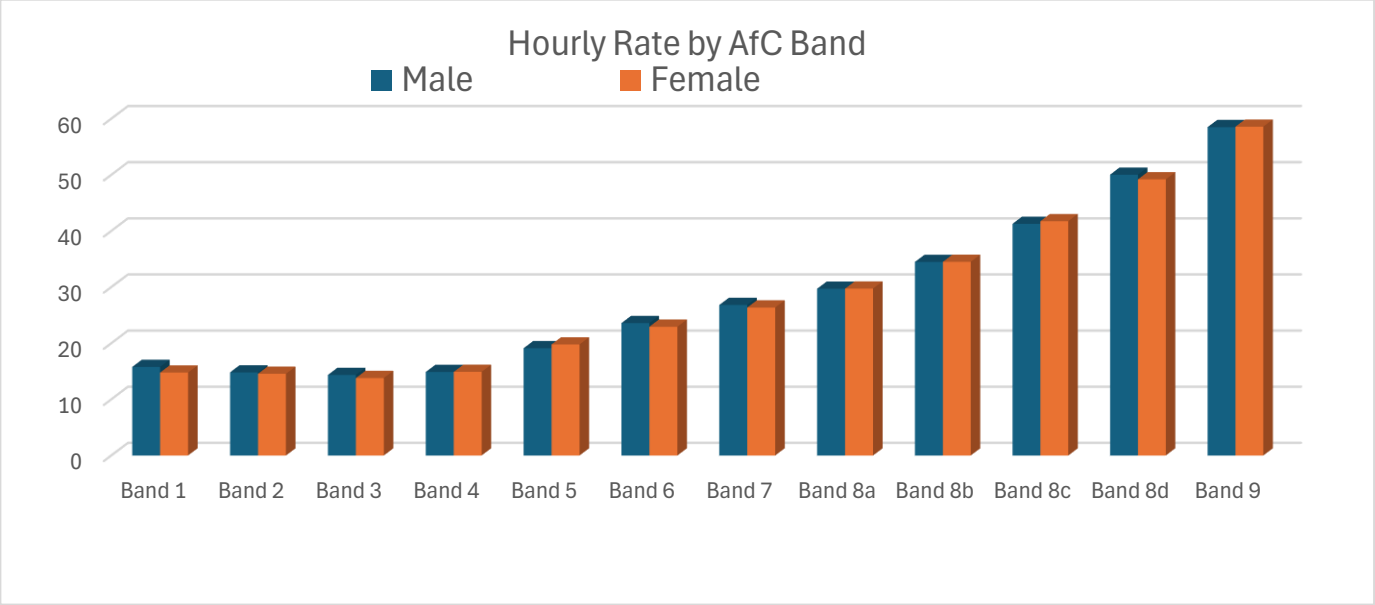
The male average hourly rate for Medical and Dental was £1.54 higher than females (the 2024 figure was £2.30). This is an average hourly pay gap of 3.04%, which is lower than the previous year (the figure was 5.02%).

By pay band

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

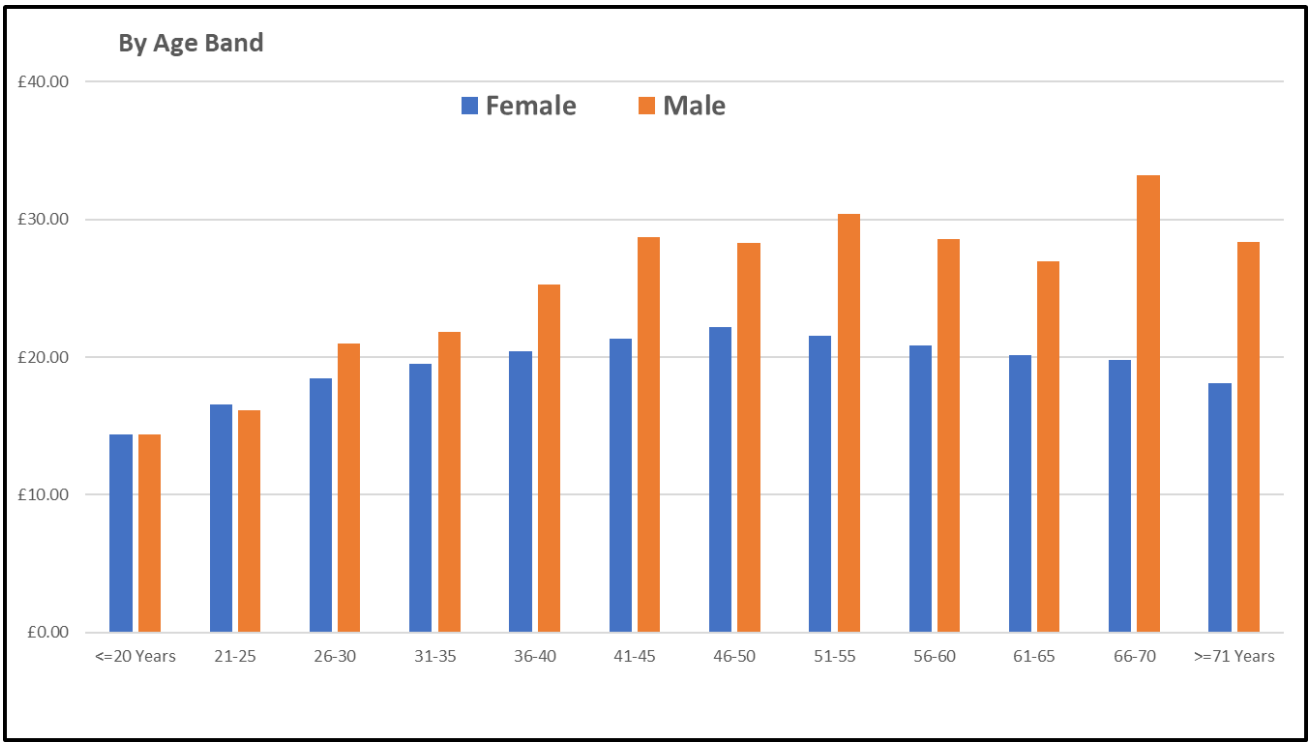
Males have a higher hourly rate than females for AfC pay bands 1-3, 6-7 and band 8d, where the highest difference is band 1 at 6.31%, band 3 at 3.86% and band 6 at 2.78%.

Females have a higher average hourly rate than males for bands 4-5, 8a – 8c and band 9, where the highest difference is band 5 with a negative pay gap of -3.50% and band 8c at -1.15%.



Pay Band	Male	Female	Difference	Gap
Band 1	£15.78	£14.78	£1.00	6.31%
Band 2	£14.80	£14.55	£0.25	1.68%
Band 3	£14.35	£13.80	£0.55	3.86%
Band 4	£14.88	£14.90	-£0.02	-0.12%
Band 5	£19.11	£19.78	-£0.67	-3.50%
Band 6	£23.60	£22.94	£0.66	2.78%
Band 7	£26.82	£26.36	£0.46	1.72%
Band 8a	£29.71	£29.73	-£0.03	-0.08%
Band 8b	£34.49	£34.50	-£0.01	-0.03%
Band 8c	£41.27	£41.74	-£0.47	-1.15%
Band 8d	£50.02	£49.20	£0.82	1.65%
Band 9	£58.50	£58.58	-£0.08	-0.13%

By Age Band



Females aged 21 to 25 years of age have a higher average hourly rate than males of the same age. In other age bands, males have a higher average hourly rate than females of the same age.

There is a pay gap of 36.07% (£10.24 per hour) for those aged 71 years and over, and a pay gap of 40.43% (£13.42 per hour) for those aged 66 - 70 years old.

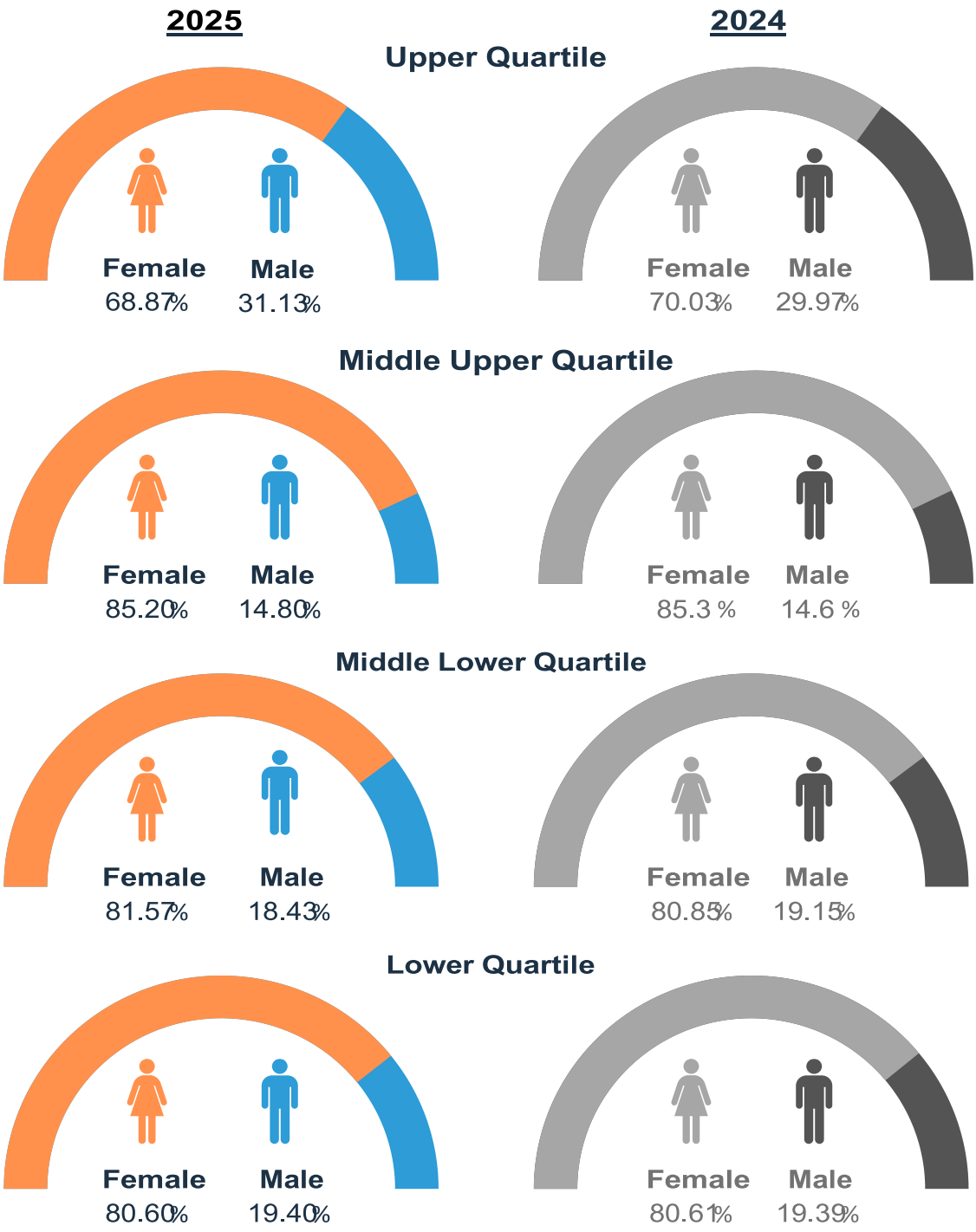
Pay Quartiles

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

Quartile	Hourly Rate Range (from)	Hourly Rate Range (to)
Upper	£24.06	and over
Middle Upper	£18.94	£24.06
Middle Lower	£14.57	£18.94
Lower	up to	£14.57

Pay Quartiles Split

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



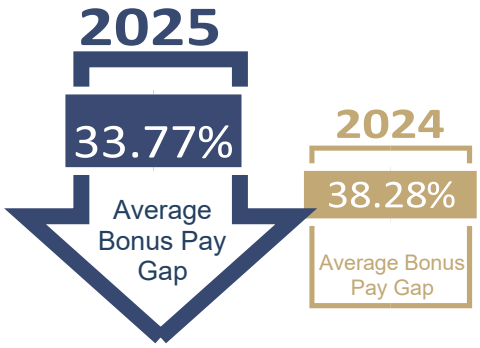
Females were over-represented in the first three quartiles (81%, 82% and 85%), and underrepresented in the upper quartile (69%), compared to the proportion of women in the workforce (79%).

Bonus Payments

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

£2,703.35
Average Bonus Pay for **Female** employees.

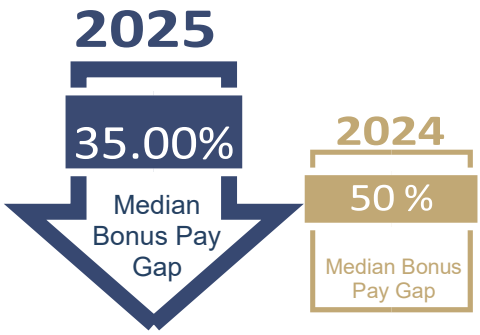
£4,081.79
Average Bonus Pay for **Male** employees.



Male bonus pay as an average was £1,378.44 higher than females (2024 was £2,786.84). This equates to a 33.77% average bonus pay gap, which is less than the previous year.

£2,708.89
Median Bonus Pay for **Female** employees.

£4,167.50
Median Bonus Pay for **Male** employees.



Male median bonus pay was £1,458.61 higher than females (2024 was £3,334.08). This equates to a 35.00% median bonus pay gap, which is lower than the previous year.

Staff Receiving a Bonus

0.46%
Female employees
Received bonus payment
compared to 0.52% in 2024

3.98%
Male employees
Received bonus payment
compared to 3.91% in 2024

1.19%
Overall Workforce
Received bonus payment
compared to 1.25% in 2024

Actions to support an Inclusive Workplace

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

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

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

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

Data analysis:

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

Recruitment:

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

Employee experience:

- Progress our evidence towards achieving ‘Disability Confident Leader - Level 3’ whereby the Health Board will actively promote and show disabled people that we are leading the way in getting businesses to become a more inclusive workplace.
- Continue to reinforce our health board values through senior leaders and managers, to develop a working environment that fosters diversity and does not tolerate bias towards people with a protected characteristic, even if it is unconscious.
- Cultural Intelligence training
- NHS staff survey results have led to a structured Culture Plan and identification of three corporate themes for targeted focus in 2025:
    - Nurturing healthy working environments – addressing negative experiences
    - Patient safety
    - Morale
- Continue the success of programmes to raise awareness of individual needs including learning disabilities, disability, dyslexia, ASD, ADD/ADHD. For example Autism Wales allowed the Health Board to deliver its ‘Introduction to Autism’ online training session via the Health Board’s electronic staff record system and this is now mandatory for all staff. As of March 2025, 85% of Health Board staff had completed the ‘Introduction to Autism’ module on ESR; the highest compliance of all Health Boards across Wales.
- Roll out a programme of bite size learning sessions remain ongoing on a broad variety of topics e.g. sensory loss awareness, carer awareness etc. that are open to all Health Board staff.
- Support a climate of disclosure, whereby employees feel comfortable to disclose their equality information (e.g. disability which is not reported by over 11% of employees) and request any additional organisational support they may need.
- Continue to increase promotion and recognition of the Health Board’s staff networks, including our networks for Black, Asian and Minority Ethnic staff, those with a disability, long term condition or are neurodivergent and our Menopause and 50+ cafes.
- Continue to explore and understand the reasons why our ethnically diverse employees consider leaving/leave the organisation by using the exit interview process.
- Adopt the recommendations outlined in the Welsh Government’s Anti-racist Wales Action Plan and as a result of the annual Workforce Race Equality Standard reports and align these with our cultural development plan.

Career progression:

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

3.3

3.3 - LGBTQ+ Action Plan

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

For assurance

Attachments

3.3 SBAR PODCC LGBTQ+ action plan update August 2025 v2.2.pdf

3.3 Appendix 1 - LGBTQ+ Local Plan 2025-26.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Supporting improved health and well-being outcomes of LGBTQ+ people
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce & Organisational Development and Deputy CEO
SWYDDOG ADRODD: REPORTING OFFICER:	Anna Bird Assistant Director Strategic Partnerships Diversity and Inclusion

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

With its ambition to make Wales the most LGBTQ+ friendly nation in Europe, Welsh Government launched its LGBTQ+ Action Plan in February 2023. The Action Plan sets out how Welsh Government intend to advance LGBTQ+ equality and inclusion and make a real difference to the life chances, prospects, rights and outcomes for LGBTQ+ people, into the future.

This update for the People, Organisational Development and Culture Committee (PODCC) includes details of how local action is already being taken to advance this work.

Cefndir / Background

LGBTQ+ Action Plan
In the summer of 2020, Welsh Government commissioned a survey to capture the lived experiences of LGBTQ+ people in Wales and held a series of focus groups. In November 2020 an LGBTQ+ External Reference Group was formed, and in January 2021 an Independent LGBTQ+ Expert Panel was established to provide detailed advice on LGBTQ+ equality in Wales. Their report included recommendations for a broad range of policy areas which were used to develop the LGBTQ+ Action Plan.

Welsh Government included LGBTQ+ rights in its Programme of Commitments for 2021 which has led to the development of their first LGBTQ+ Action Plan to demonstrate their clear commitment to respecting, protecting and fulfilling the human rights of all LGBTQ+ people in Wales.

It is widely recognised that LGBTQ+ communities are more likely to experience a range of inequalities or worse outcomes compared with heterosexual and cisgender populations. LGBTQ+ communities reported experiencing:

- lower life satisfaction levels
- poorer access to healthcare services
- bullying, discrimination and hate crime in school, the workplace or in their communities

- higher-level of substance misuse, including alcohol and smoke
- poorer mental health including loneliness, depression, and suicide

Emerging evidence also suggests:

- LGBTQ+ individuals continue to face significant challenges in accessing healthcare and/or medication
- being at increased risk of violence, abuse, domestic abuse, homelessness, lower rates of employment, social isolation and loneliness

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

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

Data provided by ONS Census 2021 https://www.ons.gov.uk/census

When asked about their gender identity, 91-93% of the population across our three counties identify as being the same sex registered at birth with 7% choosing not to answer the question.

County	Non-Binary	Trans Man	Trans Woman	Different to registered at birth (not specified)
Ceredigion	0.23%	0.06%	0.12%	0.14%
Pembrokeshire	0.04%	0.06%	0.06%	0.12%
Carmarthenshire	0.04%	0.06%	0.06%	0.14%

Data provided by ONS Census 2021 https://www.ons.gov.uk/census

On 31 March 2025 the Health Board employed 13,361 staff. Based on self-reported data within the Electronic Staff Record (ESR) system, there were 348 staff who identified as gay / lesbian or bisexual. This accounted for 2.61% of the workforce and an increase of 0.19% compared with 2024 data. The 2021 Census population asked a question on gender identity for the first time, however ESR does not currently record gender identity of our staff.

A link to the full Welsh Government LGBTQ+ Action Plan has been included for information.
LGBTQ Action Plan English purple and green (gov.wales)

Stonewall Diversity Champion Programme

Hywel Dda University Health Board has ceased its membership of the Stonewall Diversity Champion Programme following a strategic review. Despite a clear and proactive commitment to LGBTQ+ inclusion, and significant effort to meet the criteria of the Workplace Equality Index, concerns remained regarding inconsistent assessment outcomes, limited transparency in the scoring process, and the lack of meaningful feedback.

Considering the financial pressures the Health Board is experiencing and the limited measurable impact of the programme, the Diversity and Inclusion Team carried out a consultation with members of the Enfys staff network to gauge views on continued membership. Based on the feedback received, and following further consideration, the Health

Board determined that the return on investment did not justify the annual fee (£2,575 + VAT). Consequently, the decision was made not to renew membership for 2024/25.

This change has enabled resources to be redirected to locally led and more responsive initiatives, including the delivery of the LGBTQ+ action plan, support for staff networks, inclusive recruitment and training, and improved visibility through community engagement. The Health Board remains firmly committed to creating and sustaining an inclusive and supportive workplace for all staff.

It should be noted that membership of the Stonewall Diversity Champion Programme is not required in order to submit evidence for assessment and ranking in the Workplace Equality Index.

A portion of the discontinued membership fee has already been reallocated to promotional resources that will further increase the profile of the Enfys staff network and help position the Health Board as an employer of choice. Discussions with the network are ongoing to determine further uses of the remaining funds, including potential support for a face-to-face network session or an LGBTQ+ celebration event in 2025.

Asesiad / Assessment

LGBTQ+ Action Plan
Hywel Dda University Health Board has developed its LGBTQ+ Action Plan 2025–2026 (Appendix 1) through a collaborative approach aimed at improving experiences for LGBTQ+ individuals across its workforce, patient population, and wider community. The Enfys LGBTQ+ Staff Network played a central role in shaping the plan, ensuring that lived experiences and diverse voices were actively included.

The Diversity and Inclusion Team worked closely with stakeholders, including network members and key staff to create a locally focused plan aligned with the Welsh Government's national LGBTQ+ Action Plan. It sets out priority actions for the year ahead, reflecting the organisation's commitment to continual improvement both as a healthcare provider and employer.

Governance arrangements have been established to monitor progress, with regular updates presented to the People, Organisational Development and Culture Committee for assurance.

Argymhelliad / Recommendation

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

- **NOTE** the update provided on progress against the Health Board's LGBTQ+ local action plan **ACKNOWLEDGE** that the Health Board are no longer a member of the Stonewall Diversity Champions Programme

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)	5. Equitable 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
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:	Welsh Governments LGBTQ+ Action Plan
Rhestr Termau: Glossary of Terms:	LGBTQ+ (the umbrella term for those who are Lesbian, Gay, Bisexual, Transgender, Queer or questioning)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial planning continues to be one of the key considerations to achieve the actions within the LGBTQ+ Action Plan for employment and service delivery Stonewall Diversity Champion Programme fees are being used to support our workforce in other ways.
Ansawdd / Gofal Claf: Quality / Patient Care:	Services and policies are more inclusive and consider the specific needs of LGBTQ+ Service Users
Gweithlu: Workforce:	Improved recruitment and retention of LGBTQ+ staff. More support and inclusivity of LGBTQ+ staff and service users. Increase in diversity of workforce.

Risg: **Risk:**	Lack of staff awareness of issues faced by LGBTQ+ people. Lack of funding to achieve some of the actions set out by Welsh Government due to not having a dedicated budget. Many of the actions within Welsh Government's LGBTQ+ action plan are dependent upon other organisations undertaking their actions before Health Boards and Trusts can fulfil their required contribution
Cyfreithiol: **Legal:**	Breaches in Equality Act 2010 where LGBTQ+ staff and service users may be discriminated against. Non-compliance with the Public Sector Equality Duty.
Enw Da: **Reputational:**	Could be at risk of reputational damage if unable to provide adequate support for LGBTQ+ individuals and demonstrate progress against the LGBTQ+ Action Plan to achieve the vision of the most LGBTQ+ friendly nation in Europe.
Gyfrinachedd: **Privacy:**	Procedures will need to be scrutinised around patient and staff information in relation to gender in accordance with legislation.
Cydraddoldeb: **Equality:**	The LGBTQ+ Action Plan outlines the actions that the Health Board needs to take, to contribute to equity of wellbeing and addressing issues faced by LGBTQ+ individuals. Being an employer of choice and improving the health and well-being for all are Health Board Strategic Equality Objectives.

LGBTQ+ Local Plan

2025 - 2026

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

Contents

Executive Summary 2

Introduction 3

Our population 4

Our staff 5

Hywel Dda Actions 6

Welsh Government Actions ..... Appendix 1

Executive Summary

The Welsh Government has been bold in its intent to make Wales the most LGBTQ+ friendly nation in Europe. In order to provide the foundations for that goal, it has developed the LGBTQ+ Action Plan for Wales, which is intended to help coordinate action by the Welsh Government and other agencies in doing so. The plan sets out an overarching vision to improve the lives of, and outcomes for, LGBTQ+ people in Wales and acts as a framework for LGBTQ+ policy development in this area.

The Welsh Government has set out steps it will take to strengthen equality for LGBTQ+ people, to challenge discrimination, and to create a society where LGBTQ+ people are safe to live and love authentically, openly and freely as themselves. In support of that, and in order to build on the work that has been done to support our LGBTQ+ colleagues and patients during recent years, this Local Action Plan sets out a range of actions which will be taken by Hywel Dda University Health Board.

Introduction

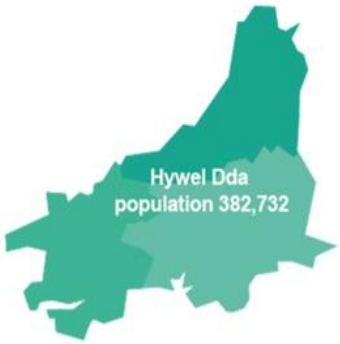
Work has been ongoing for some time to eliminate discrimination and improve the experiences of LGBTQ+ people, including our patients, workforce and local population. Work in this area has included, and been driven by, our LGBTQ+ staff network (Enfys). We have sought to ensure that all voices are heard and that, as an organisation, we learn from the lived experiences of our colleagues, patients, and local communities.

Building on our achievements so far, the 2025 - 2026 LGBTQ+ Local Plan outlines the priority actions for the Health Board for the year ahead. We are committed to working continuously to improve both as a service provider and employer and have set out the actions we will take in to implement our objectives.

To ensure that the Health Board has a robust governance structure in place for this crucial work, regular progress updates are also presented to the People, Organisational Development and Culture Committee for assurance.

Our Population

Hywel Dda University Health Board (the Health Board) is committed to putting people at the heart of everything we do. We serve a population of 382,732 and deliver services across the counties of Carmarthenshire, Ceredigion and Pembrokeshire. Our vision is to create an accessible and inclusive organisational culture and environment for everyone; patients, carers, family members and staff.



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

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

Data provided by ONS Census 2021 https://www.ons.gov.uk/census

When asked about their gender identity, 91-93% of the population across our three counties identify as being the same sex registered at birth with 7% choosing not to answer the question.

County	Non-Binary	Trans Man	Trans Woman	Different to registered at birth (not specified)
Ceredigion	0.23%	0.06%	0.12%	0.14%
Pembrokeshire	0.04%	0.06%	0.06%	0.12%
Carmarthenshire	0.04%	0.06%	0.06%	0.14%

Data provided by ONS Census 2021 https://www.ons.gov.uk/census

Staff

At 31 March 2025 the Health Board employed 13,361 staff. Based on self-reported data within the Electronic Staff Record system, there were 348 staff who identified as gay / lesbian or bisexual. This accounted for 2.61% of our workforce and an increase of 0.19% compared with 2024 data. Overall, 79.22% of our employees have recorded their sexual orientation as heterosexual / straight.

Compared to 2024, workforce information data on 31 March 2025 showed:

- The percentage of staff identifying as heterosexual or straight has increased by 1.93%
- The percentage of staff choosing not to disclose this information has decreased by 0.78%.
- Those staff whose records are not recorded on ESR has fallen by 1.4% to 7.67%.
- Of a total 56,682 applications submitted for vacancies 2.70% of candidates identified themselves as lesbian, gay or bisexual (LGB) whilst 2.90% chose not to disclose their sexual orientation at the time of application. 3.60% of those offered employment identified as LGB were offered employment.

RED – significantly behind schedule/high risk area AMBER – behind schedule, but no issues GREEN – in progress & on target BLUE – complete & compliant

Hywel Dda – Local Action Plan					
Local Action	**Primary Action Number (LGBTQ+ action plan)**	**By When**	**Lead Person / Team**	**Outcomes**	**Progress**
Identification of a Health Board Lead Executive for equality and human rights, including LGBTQ+ .		Complete		Lisa Gostling, Director of Workforce and OD and Deputy Chief Executive of the Health Board is the appointed Executive Lead Champion. A governance structure is in place to ensure LGBTQ+ matters receive due consideration at Board level.	
Identification of an Independent Member for equality and human rights, including LGBTQ+		Complete		Anna Lewis, Independent Member is the appointed champion. A governance structure is in place to ensure LGBTQ+ matters receive due consideration at Board level.	
EqIA and EHIA are carried out for all new developments, service change and policies to eliminate bias and mitigate against any negative impacts that may be identified.	5	Ongoing	Diversity and Inclusion team	The Health Board meets the requirements placed upon it by the Equality Act through the Public Sector Equality Duty and Socio-economic Duty. Decisions are assessed and due regard is given to the impacts on those with protected characteristics and actions to mitigate against negative impacts are identified.	

				The LGBTQ+ community are involved in the design of Health Board services and have a voice in strategic decisions.	
Update EqIA training and guidance for staff in carrying out an EqIA.	5	Ongoing	Diversity and Inclusion team	Staff are aware of when EqIA need to be carried out and are confident in the process. Templates and guidance documents are readily available to all staff on the Diversity and Inclusion teams SharePoint page.	
Public engagement and consultation activity is supported by the Diversity and Inclusion team to ensure participation and representation from all protected characteristics.	5	Ongoing	Diversity and Inclusion team	The Diversity and Inclusion Team support engagement and consultation carried out by the Health Board and all protected characteristics and marginalised communities are encouraged to have a say in services delivered by the Health Board. Enfys network members have had the opportunity to comment on: • HDUHB CSP consultation • HDUHB PPH MIU consultation	
The Enfys Staff Network is a key stakeholder and members are encouraged to participate in consultations, engagement activity and inform service change and development.	5	Ongoing	Chair Enfys Staff Network	The Enfys Staff Network is a thriving, active network where members participate in consultations, engagement and helping to shape inclusive Health Board Services. Enfys network members have had the opportunity to comment on: • EHRC code of conduct July 2025	

				• WG disabled peoples rights plan July 2025	
The Enfys Staff Network is a forum to share views and experiences, provide peer support and influence change.	18	Ongoing	Chair Enfys Staff Network	Network members feel supported in the workplace and able to share their experiences and provide peer support to others. Enfys network members were offered the opportunity to share their stories of what life is really like for a LGBTQ+ staff member in HDdUHB during a Enfys session where both the Health Boards CEO and Chair attended.	
Establish links with wider LGBTQ+ networks within the Hywel Dda area.	18	Ongoing	Chair Enfys Staff Network	The Enfys Staff Network will be fully engaged with other LGBTQ+ staff networks across NHS Wales and seek opportunities for collaboration and mutual support.	
Establish links for joint working with other NHS Wales LGBTQ+ staff networks.	18	Ongoing	Chair Enfys Staff Network	The Enfys Staff Network will be fully engaged with other LGBTQ+ staff networks across NHS Wales and seek opportunities for collaboration and mutual support. Efforts have been made to collate a contact register of all LGBTQ+ staff networks across NHS Wales. The Equality Leadership Group (ELG) is also promoting this work.	
The Health Board will continue to work with LGBTQ+ communities and the Enfys Staff Network to develop messaging on key themes, topics or issues and celebration of	5, 18	Ongoing	Diversity and Inclusion team	Support is visible for staff and patients by sharing messages regarding key themes, topics and issues and by celebrating key events throughout the year.	

key dates throughout the year to support LGBTQ+ communities, patients and staff.					
The Health Board is visible and continues to support and participate in a range of Pride events.	5, 18	Ongoing	Diversity and Inclusion team	The Health Board will attend local Pride events and Pride Cymru, to show support and engage with LGBTQ+ communities on their experiences of using NHS services and promoting the Health Board as an employer of choice. HDdUHB have been represented at Pride Cymru and Swansea pride during 2025. Plans are in place to attend Carmarthen Pride in August 2025. Unfortunately, Pembrokeshire and Aberystwyth Pride were cancelled during 2025.	
Visible support for LGBTQ+ communities can be seen across the Health Board by raising flags during key dates throughout the year, availability of rainbow lanyards for staff ID badges and the inclusion of pronouns on staff ID badges.	18	Ongoing	Diversity and Inclusion team	LGBTQ+ communities, staff and patients see evidence of the support shown for LGBTQ+ communities and people can be their true selves when using Health Board services and as members of staff. The Health Board is seen as an employer of choice.	
Each month the Health Board will contact people who have used Health Board services, to ask them for feedback on their experience.	18	Ongoing	Patient Experience team	Within Civica the real-time dashboards can provide high-level results at a glance with real time response rates and recommendation scores. This evidence can be used as a guage of	

				the experiences of service users who are LGBTQ+.	
The Community Development Outreach Team have links with the LGBTQ+ community and are able to provide feedback on people's experience of accessing health care services.	5, 18	Ongoing	Community Development Outreach team	This information can feed into service development and reviews and inform equality impact assessments. Where there are health harming behaviours, referrals can be made to support services, e.g. smoking cessation.	
Further work to listen to the voices of those who are seldom heard, including ethnic minority groups, bisexual communities regarding their experiences to improve health services	18	Ongoing	Diversity and Inclusion team	The LGBTQ+ community are involved in the design of Health Board services and have a voice in strategic decisions.	
Colleagues from sexual health services and maternity services regularly attend public events such as Pride, to engage with LGBTQ+ communities and, when appropriate, support access and referral to services.	18, 22	Ongoing	Sexual Health	Services that are available are promoted and barriers to health and wellbeing are removed.	
The Diversity and Inclusion Team deliver a range of intersectional equalities training within the Health Board including as part of the corporate induction, managers training and bespoke sessions.	18, 43	Ongoing	Diversity and Inclusion team	Ensuring staff have the training, knowledge and understanding to support LGBTQ+ patients, their families/carers as well as other colleagues that they work with. The Diversity and Inclusion team are in the process of sourcing specific training on 'Sex',	

				'Gender' and 'Trans' as these topics had been highlighted as key themes following the EHRC code of conduct consultation after the Supreme Court ruling on the definition of sex as a protected characteristic of the Equality Act 2010.	
Remain members of the Pride in Veterans Standard (PiVS), a programme developed by Fighting with Pride, open to any organisation that provides Veterans support or services who are committed to being inclusive and welcoming to LGBT+ Veterans, serving personnel and their families.	18, 43	Ongoing	Strategic Partnerships, Diversity and Inclusion	Ensure all staff, volunteers and members have an awareness of the different challenges faced by LGBT+ people, in particular, those who were impacted by the Armed Forces "gay ban". Have a clear understanding of the needs of LGBT+ Veterans and tailor support to meet their specific needs. Understand that for some LGBT+ Veterans, their experiences have impacted their mental health, so ensure any support in this area is tailored to meet their specific needs. Promote inclusion, dignity and respect for LGBT+ people. Recognise the different groups in the LGBT+ community and understand their needs may be different.	
Liaise with relevant clinical teams to review available services and procedures for LGBTQ+ persons (SLT Trans Voice Therapy, Cancer	19, 22	Ongoing	Diversity and Inclusion team	Continue to promote the services that are available and remove barriers to health and wellbeing.	

Screening Services, Sexual Health Services, Maternity Services, CAMHS)					
Ensure that gender neutral and inclusive language is used within Health Board policies	18, 19	Ongoing	Diversity and Inclusion team	Through the new policy development and review process and completion of Equality Impact Assessment, policy owners will be supported to ensure that gender neutral and inclusive language is used within policies.	

Appendix 1

Welsh Government LGBTQ+ Action Plan - Health				
Action	**Activities**	**Outcome**	**Timeline**	**Action owners**
5. Involve LGBTQ+ Communities in designing public services	Public bodies in Wales include LGBTQ+ people in service design by default, in line with the Public Sector Equality Duty (PSED) and Strategic Equality Duty (SED). Review Welsh Public Sector Equality Duty (PSED) regulations and reporting.	LGBTQ+ communities feel included in public life in Wales. The review of Welsh PSED regulations takes account of, and includes LGBTQ+ people and needs	Ongoing	WG Equality and Human Rights Division Local Authorities WLGA Public bodies
18. Understand and improve the experience of LGBTQ+ people in the health and social care sectors	**18.1 Training and workplace** Undertake a review of existing training for NHS Wales staff on inclusive healthcare practices, identifying and addressing any gaps. Work with partners including the NHS Wales Partnership Forum to understand the experience of LGBTQ+ staff in the NHS workplace. Take any appropriate action (including development of training) as a result. Work with Social Care Wales to design, roll-out and evaluate the impact of specific training for staff in social care setting.	LGBTQ+ people feel safe, respected, and understood when using health and social care services. LGBTQ+ people feel safe, respected, and understood in care homes.	Ongoing and Long Term	NHS Wales organisations Health Inspectorate Wales Care Inspectorate Wales ADSS Cymru Citizen Voice Body (CVB) Equality Staff networks MoU on Banning Conversion Therapy

	18.2 Inspection Health Inspectorate Wales (HIW) to consider LGBTQ+ service users and patients in their review of inspection methodology in line with the 6 domains of Quality (specifically 'equitable'). As part of inspection, Care Inspectorate Wales (CIW) to consider the extent to which people receiving care and support, including LGBTQ+ individuals, are treated with respect and sensitivity, having regard to any relevant protected characteristics. **18.3 Complaints** Encourage health bodies to record equality data, where possible, to ascertain whether LGBTQ+ people are raising complaints about their care. They should review the data and report to their equality and diversity and Equality and Safety committees. Consider the needs of LGBTQ+ people of all ages in the process of reviewing codes of practice and statutory guidance under the Social Services and Well-being (Wales) Act 2014 and Regulation and Inspection of Social Care Wales Act 2016.			WG Health and Social Services Group WG Quality & Nursing Directorate WG Population Health Team WG Social Services & Integration Team WG Equality, Race and Disability Evidence Unit/Knowledge and Analytical Services

	18.4 Outcomes and experiences Through a review of existing research and evidence, identify the barriers facing LGBTQ+ people accessing health and social care, including any experiences of anti-LGBTQ+ attitudes, and the impact these barriers have on people's behaviours in maintaining their health and wellbeing. This includes, for instance, cancer screening and sexual health provisions. Share the results of the research reviews with the NHS Health Inequalities Group and ADSS Cymru to look into implementation. In the context of healthcare and social care, review evidence concerning the impact of certain behaviours (e.g., substance misuse behaviour, tobacco use, sexual health, and mental health) that may disproportionately affect LGBTQ+ individuals. Use the review to identify best pathways to commission services.			

19. Ensure maternity and fertility services are accessible and straightforward to use for LGBTQ+ people	Review and improve fertility referral pathways and services for LGBTQ+ people. Identify, review, and improve access for IVF, including financial costs for LGBTQ+ people. WHSSC fertility guidance – open for public consultation in Nov/Dec 2022 – to make reference to female assigned at birth and male assigned at birth and patients on an NHS funded pathway for gender reassignment and include information on how they access fertility preservation.	Single sex families can access fertility treatment equally. Trans people have timely access to gamete storage that does not unduly delay a medical transition.	Long Term	Welsh Government Health and Social Services Group WG Quality and Nursing Team
20. Ensure the development of the new mental health strategy takes account of LGBTQ+ people	Identify and consider the needs of LGBTQ+ people, refugees and people seeking asylum as part of engagement work to develop the Strategy. Develop actions to reduce inequalities in access and outcomes from mental health services.	LGBTQ+ people are confident that mental health services meet their needs.	Long Term	Welsh Government Health and Social Services Group WG Quality and Nursing Team
21. Publish and act on a new HIV Action Plan	Publish a draft HIV Action Plan for Wales and open consultation. Review responses and publish a revised HIV Action Plan for Wales which includes a focus on prevention, late diagnosis, education, equitable service provision, and removal of stigma. Establish an oversight group to monitor delivery of the actions within our HIV Plan.	People living with HIV feel satisfied with their quality of life and quality of care. Reduce cases of late diagnosis. Wales meets the target of zero new HIV transmissions by 2030.	Ongoing	Welsh Government Health and Social Services Group Public Health Wales (PHW) Health boards WG Health Protection

22. Overcome barriers to LGBTQ+ people accessing sexual health services	Raise awareness, through targeted campaigns, with LGBTQ+ people of available remote services, including postal testing (see HIV Action Plan for Wales). Increase telemedicine and remote services to cater for people across all areas of Wales that are currently underserved, taking account of people who are digitally excluded.	LGBTQ+ people in all regions of Wales feel they can have easy, private, and confidential access to sexual health service.	Medium Term	Welsh Government Health and Social Services Group WG Health Protection PHW Health boards
43. Provide equalities training that includes the needs of LGBTQ+ people to all public sector organisations	Review Welsh Public Sector Equality Duty (PSED) regulations and reporting, including training. Identify existing resources for training required by public sector organisations in line with the PSED. Identify any gaps in current provision in this area and work with other equalities groups to ensure those gaps are filled. Ensure that intersectional equalities training is devised and delivered to public sector organisations in line with the PSED. Collaborate, where appropriate and relevant, with Wales TUC and Trade Unions to maximise workplace resources and reach.	All public service workers understand LGBTQ+ rights, needs and barriers. Public sector employers understand their legal obligations in relation to equality legislation. Training required under PSED meets LGBTQ+ needs	Medium to Long Term	WG equalities Team – Strategic Equality Local Authorities WLGA Public bodies Wales TUC Trade Unions WG Equality and Human Rights Team

3.4

3.4 - Culture Overview Report

Christine Davies (Hywel Dda UHB - Assistant Director of Organisation Development)

For assurance

Attachments

3.4 Culture Overview Report SBAR August 25 - LG.pdf

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 August 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Culture Overview Q1 2025/26
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling, Executive Director of Workforce & OD / Deputy CEO
SWYDDOG ADRODD: **REPORTING OFFICER:**	Christine Davies, Assistant Director of OD Corinna Lloyd-Jones, Head of Organisation Relations

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 cultural overview paper comes in succession to the 2024/25 Cultural Progression Report presented to the People, Organisational Development and Culture Committee (PODCC) in May 2025 which was able to provide assurance about the milestones having been achieved in the previous 12 months.

This paper provides an overview to the cultural landscape of Hywel Dda University Health Board (HDdUHB) during the first quarter of 2025/26. The Committee is asked to consider the factors currently impacting on the cultural progression of the organisation. .

Cefndir / Background

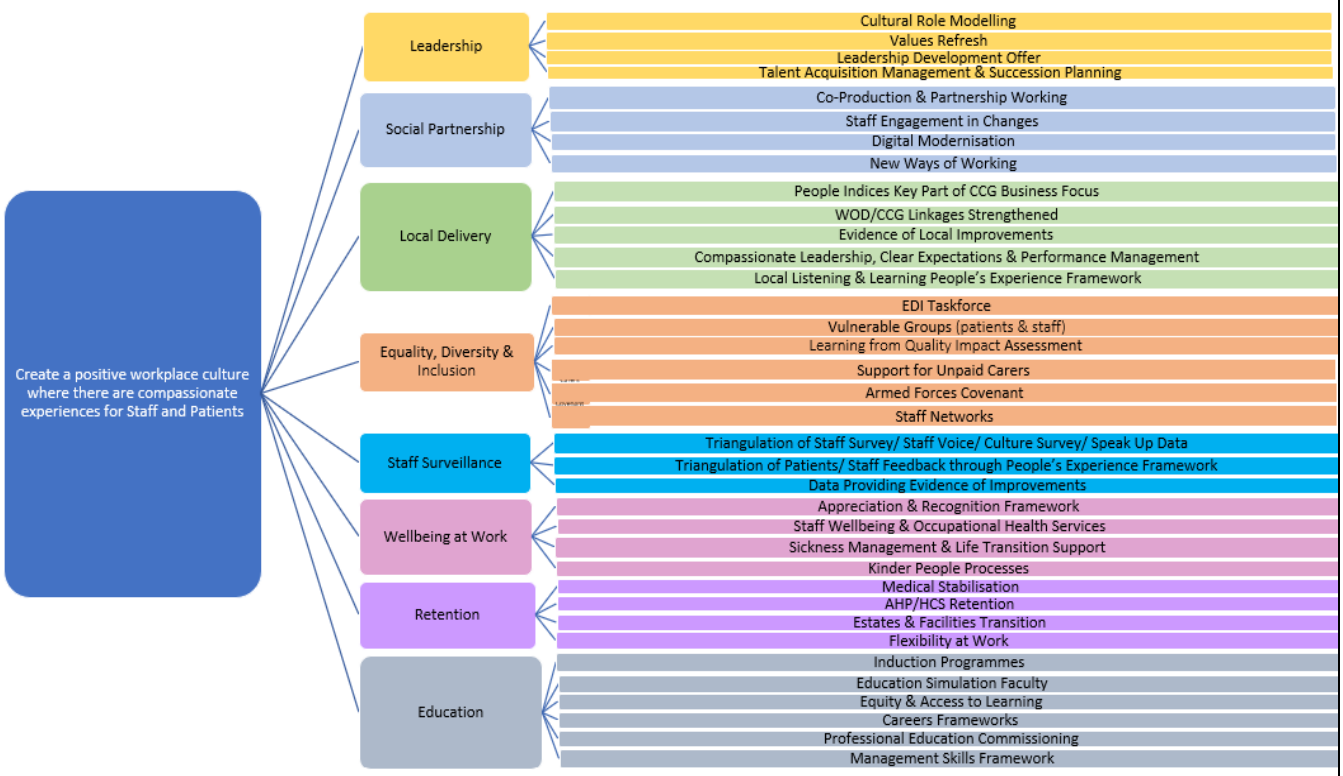
The first quarter of the year has seen the organisation experiencing a number of challenges which are complex in nature and serve to impede the rate at which cultural progression can be made.

When combined together, they can create confusion and chaos for leaders and staff, resulting in pockets of discontent and examples of disaffected behaviours. These need containment and significant management, and Workforce and Organisational Development (W&OD) attention in partnership with Tade Union colleagues.

Whilst on the whole overall staff engagement indices and retention rates remain stable and consistent with last year's progress, there are some great examples of teams and staff working well together.

Asesiad / Assessment

The Cultural Progression Report presented to PODCC in May 2025 shared a driver diagram showing the direction of travel in terms of cultural intent from April 2025 to March 2026.



Progression against the aspects in this diagram will be shared as appropriate with the Committee as the work is progressed in year, however some headlines to indicate early progression include:

- **LEAP Data**

Since its inception in March 2023, the leadership team has continued to deliver LEAP (leadership training) cohorts to leaders across the system in positions of Band 7-8c. To date a total of 164 delegates have attended.

- 7 cohorts have completed with 107 graduates
- 3 cohorts are in progress with 57 delegates

- **New Consultant Programme (NCP) Data**

Since its inception in March 2022, the leadership team has continued to deliver NCP cohorts to clinicians across the system which includes medical, dental and GP's. To date a total of 59 delegates have attended.

- 3 cohorts have completed with 47 graduates
- 1 cohort is in progress with 12 delegates

- **Talent Management Data**

Aspiring Assistant Director Talent Pool – 6 senior leaders were placed in the talent pool in December 2023 and results to date are:

- 2 have achieved a promotion
- 3 have achieved stretch opportunities
- 1 has worked on various new projects although currently continues within the same role

Talent Acquisition - since its inception in June 24, we have successfully recruited 30 senior leaders at band 8c and above. However, a total of 84 candidates have been through the talent acquisition process (54 unsuccessful candidates)

- **W&OD Link Roles**

Interim W&OD Link roles have been established to support Clinical Care Groups (CCGs) with more permanent role arrangements being progressed.

- **SOLT Organisational Development Programme**

A new OD programme is underway for the Senior Operations Leadership Team, including the CCG Triumvirate Leads. Elements include:

- Psychometric Profiling and feedback, personal development planning and coaching support.
- System Leadership Collective Programme
- Clinical Care Group Team Effectiveness Programme
- Vanguard CCG Systems Change Project
- Reverse Mentoring EDI Module
- 360° Feedback
- Personal Development Action Planning Phase 2

- **Culture Survey**

Between its introduction up to 30 June 2025, our Organisation Development Relationship Managers (ODRMs) have closed and reported on culture surveys for 60 teams across Hywel Dda as part of the exploration phase of their culture journey, with a total of 1367 staff participating. Additionally, during this time, over 700 staff have shared their HDdUHB employment experiences in culture conversations with our ODRMs. The rich feedback from this exploration phase informs the co-creation of strategically aligned people culture plans grounded in accurate organisational evidence and learning. To date, some 42 people culture plans are in place, with progress continuously supported and measured.

In terms of the correlation of Planned Care Programmes (PCPs) to conflict or other issues, we do not accurately know that yet, however we are now starting to re-survey teams and are confident some great case studies will form where survey scores improve, along with turnover, sickness data etc.

- **Staff Survey**

Staff Survey paginated results have been shared with leadership teams across the organisation with local action plans being developed. A significant first step in local ownership.

2024 Staff Survey results have been reviewed from an EDI lens; further refinement is required nationally for future years.

- **Appreciation & Recognition**

A revised Appreciation and Recognition Framework Workshop has been held to enable the co-production of a new, revitalised approach.

- **Sexual Safety**

Sexual safety in the workplace task and finish group work is progressing well and sub-groups are working on the three areas:

1) Measurement and Evaluation - how do we measure, benchmark and evaluate the current situation in HDdUHB?
2) Education and Engagement - how do we educate, communicate with and engage the workforce effectively?
3) Reporting and Response - how do we build a culture of safety that encourages reporting and ensures effective and compassionate case management, as well as organisational learning?

Current Cultural Context

The first quarter of 2025/26 sees the organisation experiencing a range of pressing demands which are impacting on the ability of our leadership body as a whole to progress the cultural intent.

These include:

- Entry into year 2 of Targeted Intervention (TI) and the requirements to meet De-escalation. Whilst progress has been made in key domains, the level 4 categories are still placing significant pressures upon the leadership and clinical delivery arms of the organisation.

- The changing financial ask of the organisation is significant from year one of TI and year 2 of TI; similarly the increased quantum of that ask from the start of quarter one and the end of quarter one is causing significant service and leadership pressures and can generate feelings of inevitability; hopelessness and lack of commitment to patient quality and safety.

- The current transformational ask of the organisation, in the context of the above, is particularly challenging. There are large scale transformation asks at play in terms of Urgent and Emergency Care (UEC), planned care and a digital revolution, as well as the shift towards the social model for health.

- The need for HDdUHB to proactively evaluate their response to the Worker Protection (Amendment of Equality Act 2010) Act 2023, which came into force on 26 October 2024. This legislation represents a significant shift in the legal framework governing workplace conduct, introducing a new statutory duty on employers to take reasonable and proactive steps to prevent sexual harassment, moving beyond the previous reactive approach that relied on post-incident intervention.

- Ministerial expectations associated with Regional Partnership working are also creating demands for the leadership and management capacity across the organisation.

- The current process of key public consultations around Minor Injuries Unit (MIU) and the Clinical Services Plan (CSP) programme is also a major factor in terms of both clinical and leadership capacity.

- The added pressures of trying to contain and maintain service delivery models for fragile services during these consultation periods mean added pressure for local leaders, teams and staff on the ground.

- The large-scale Organisational Change Programme across the Operations function is also a factor in increasing organisational turbulence and anxiety. Although phase 1 is now complete, phase 2 is still in its implementation phase. Those appointed to roles and teams in phase 1 are still bedding in and these new teams will need to progress through their forming, storming and norming phases of evolution.

- Our Board, rightly have an ambition to do the best for our population and an appetite to do that at pace. Given all the challenges above, this can lead to significant pressures on our organisation as a whole system.

- Our staff survey feedback whilst showing progress in some areas from the survey in 2023 there remains much for us to do in the domains where the responses tell us that we have a staff engagement, compassionate culture, inclusion have all deteriorated.

- We also still have work to do in terms of unpicking the historical and sometimes present legacies around staff psychological safety.

This context represents a 'perfect storm'.

Manifestation of Cultural Pressures

In our Cultural Progression Report to the PODCC in May 2025, we highlighted the significant pressures being exoerienced by our leaders and staff. Balancing financial constraints with the need to protect patient safety and deliver substantial efficiency savings, especially during a period of considerable change, has placed a heavy burden on our workforce and poses a real risk to morale. In terms of how this change is being experienced, our ODRMs are increasingly hearing personal accounts from staff regarding the negative emotional and professional impact. These concerns have also been echoed in recent meetings with our Trade Union colleagues, who have expressed growing unease in relation to staff wellbeing.

Over the past year, the pace and scale of transformation, from fundamental restructuring to more subtle shifts in service delivery, have tested our teams' resilience. The large-scale organisational changes within our Operations function have been especially demanding. Many leaders have experienced uncertainty in relation to job security, evolving roles and future career prospects. More recently, the consultation phase of the Clinical Services Programme has added to this turbulence.

In line with the current climate of uncertainty and pressure, over recent months our OD team has observed a noticeable increase in conflict within teams, rather than solely between individuals, which is requiring additional conflict resolution support. Respectful and constructive interactions between staff are essential to fostering healthy and positive work environments, however we are seeing a rise in incivility and a growing reluctance to engage in open, patient dialogue to resolve differences. In response, we continue to prioritise restorative approaches that promote understanding, constructive dialogue and, where possible, forgiveness, over harmful confrontation and recourse to formal processes. While this approach aligns with our values and cultural progression work, it currently demands significant OD time and resources to implement effectively. As a longer-term solution, we are also developing tools and resources to increase manager capability in conflict resolution at source.

In addition, questions are being more frequently posed by our clinicians – 'Is this a Clinically or Financially led organisation?'

The perceptions of the dissonance between messaging about values and behaviours and the continually increasing demands placed on leaders given the context above is further eroding self-belief and the personal resilience needed to navigate and lead through such complexities.

Amongst our staff, experiences are still heard of a lack of psychological safety with a reluctance to speak up, and even when that courage is there, some scepticism about the organisation's true commitment:

- Do we listen to hear?
- Do we listen to learn?
- Do we listen with the courage to act for resolution?

Enabling Cultural Progression for Quarter 2 & 3

Committee members are invited to consider the context above and the implications for cultural progression when faced with the scale of change that is required.

Some considerations which might be helpful in this debate include:

- The option to develop and stick to a consistent organisational narrative which is realistic and grounded and behind which our leadership, clinical and staff bodies can rally behind.

- Recognition of the need for the organisation to enter a 'soothing' phase to enable restoration and recovery, so that the cultural progression can continue in good faith. An organisational acknowledgment of the current challenges.

- Recognition of the staff side role and partnership working as part of the 'soothing' process alongside leadership presence.

- Realisation of the need to continue the presence of the ODRM and wider Workforce teams to offer local and specific support, containment and trust building towards reconciliation and progression.

To share an example, the ODRMs recently facilitated six separate conversations between individuals in one team, which took considerable time to organise and deliver, however each of them reached a positive outcome, with staff feedback including:

Thank you- you've saved me from walking away from something I love doing. Without your teams input I don't think we would have a team. I deal with the worst type of conversations with my patients daily, but the relationship breakdown and incivility was becoming unbearable and causing sleepless nights, not my patients but my work colleagues. Things are so much better now and I am back to myself and we feel like a team again.

- Senior leaders at Board level being determined to find the examples of wonderful people doing amazing things, of which there are so many. To spotlight and share them to help build a new organisational narrative.

- CCG's being encouraged to nurture and share examples of green shoots of transformation.

These are challenging times for the organisation as a whole and they require a whole system approach in order for us to realise our collective ambition for *'creating a positive workplace culture where there are compassionate experiences for staff and patients'.*

Argymhelliad / Recommendation

The Committee is asked to:

- **DISCUSSED** the content of the paper outlining the cultural overview of the landscape of the organisation during Quarter one, 2025/26.

- **TAKE ASSURANCE** that there are mechanisms in place to secure organisational feedback about factors affecting the cultural progression of the organisation and that these challenges will need to be further managed throughout 2025/56.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	To provide an overview to PODCC on the cultural landscape of Hywel Dda during the first quarter of 2025/26. 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:	Reference 1186/score 15. Reference 1821/score 12.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
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:	Included within the body of the report.
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol:	N/A

Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	

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:	None arising from this paper.
Cyfreithiol: Legal:	None arising from this paper.
Enw Da: Reputational:	None arising from this paper.
Gyfrinachedd: Privacy:	None arising from this paper.
Cydraddoldeb: Equality:	None arising from this paper.

3.5

3.5 - Speak Up, Make Meaningful Change: Update Report

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

For assurance

Attachments

3.5 Speak Up agenda August 25.pdf

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 August 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Speak Up – Make Meaningful Change update on progress
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling – Deputy Chief Executive/ Executive Director of Workforce and Organisation Development
SWYDDOG ADRODD: **REPORTING OFFICER:**	Robert Blake – Head of Culture / Workforce Experience Christine Davies – Assistant Director of Organisation Development Louise O'Connor – Assistant Director Legal and Patient Support

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

NHS Wales introduced its Speak Up agenda to promote a culture of openness, safety, and continuous learning. The aim is to empower staff at all levels to raise concerns confidently—whether it's about patient care, workforce wellbeing, or systemic issues—without fear of reprisal. By ensuring staff voices are heard, the agenda strengthens public trust, supports professional accountability, and helps prevent future failures in care. It's a proactive step toward creating a more compassionate, responsive health service for everyone in Wales.

This report provides an update on the continued implementation and advancement of the Speak Up, Make Meaningful Change (SUMMC) agenda, as initially introduced in the committee briefing dated 14 June 2023. It constitutes the first in a series of bi-annual reports, as requested by the Committee, to provide assurance and insight into the extent to which the Speak Up agenda is being embedded across the organisation.

The contents of this report will also be formally submitted for review by the Quality, Safety and Experience Assurance Committee at its forthcoming meeting. The SUMMC agenda continues to be implemented across Hywel Dda University Health Board (HDdUHB). All actions in both the self-assessment and development action plan and speak up audit action plan on the Audit Management and Tracking (AMaT) system are completed with the submission of this first paper.

Cefndir / Background

Following the launch of the national Speak Up toolkit, HDdUHB refined its local approach to embedding a culture of psychological safety and openness. This evolved into the SUMMC agenda, officially launched in October 2024.

SUMMC is an informal process designed to support the raising of both clinical and non-clinical concerns, including errors, near misses, and mistakes. It has been introduced to create a

psychologically safe environment in which staff feel encouraged to report issues without the immediate need to engage formal processes such as Datix or the Respect and Resolution Policy. Whilst SUMMC complements these established procedures, it does not replace them. Where concerns raised through the agenda are deemed too serious to be addressed informally, they will be appropriately escalated into the relevant formal channels.

In support of the initiative, the organisation implemented key platforms including the Work In Confidence (WIC) system and the Speak Up Safely Champions (SUSC) programme. A dedicated SharePoint site (internal access only) was created, hosting a range of resources including an introductory video, guidance materials, and a process map. These assets enable staff to make informed decisions about how to raise concerns — whether anonymously or face to face — through various safe mechanisms.

To align with counterparts in England and across parts of Wales, HDdUHB rebranded Speak Up Champions as Speak Up Guardians (SUG), empowering them to respond to concerns through both direct and anonymous channels. Guardians received training on the WIC platform to further support this role, particularly in relation to clinical issues.

An additional mechanism, the Voices Network, was established to escalate high-level concerns to a group of senior leaders. Operating within defined timescales, this network ensures shared ownership of risk and timely resolution.

This cultural shift moves away from the traditional “All-Wales” narrative and instead positions speaking up as a normalised part of organisational life. The intention is to reduce stigma around error, promote continuous learning, and demonstrate visibly that appropriate actions are taken when concerns are raised.

Asesiad / Assessment

HDdUHB remains committed to the ongoing implementation and deep-rooted integration of the SUMMC agenda across the organisation. As one of the earliest adopters of the WIC platform, the Health Board pioneered the use of confidential mechanisms to support speaking up and has subsequently seen increasing uptake and meaningful outcomes from staff engagement through this channel.

While a growing number of health organisations across Wales have since adopted similar approaches, HDdUHB continues to lead in terms of volume of concerns raised. The WIC platform has slowly become a credible and trusted route for staff to raise issues, enabling timely and effective action and reinforcing the organisation’s commitment to responsiveness and safety.

The historical memory of the organisation does provide barriers in embedding the new agenda. Some staff are still very cynical due to past experiences of speaking up and them not being positive or resulting in actions.

The National Staff Survey 2024 outlined progress made, it is encouraging to find that:

- ✓ **75 %** agreed or strongly agreed that the organisation encourages staff to report errors, near misses or incidents. **+4.6 %** on 2023 survey
- ✓ **76.2 %** felt secure to speak up around unethical behaviours. Aligning to the 2023 result and in line with all Wales result.
- ✓ **51.2%** felt that the organisation treats staff involved in error, near miss or incident fairly, a huge increase from 2023 by **+12.8 %**
- ✓ When errors, near misses or incidents are reports, my organisation takes appropriate action, so they don’t not happen again rose from **50.4 %** in 2023 to **57.7 %** in 2024.

The survey findings also indicate that further efforts are required to fully embed a culture of speaking up across the organisation -

- **55.7 %** felt safe to speak up around anything that concerned them. Which was **+ 4%** against the 2023 result but still **-2.8%** on all Wales average.

Question	Year	Positive responses (%)	Positive responses (%) - NHS	Negative responses (%)
We are all able to speak up				
14a) I always know what my work responsibilities are.	2023	79.8%	81.2%	10.9%
	2024	81.5%	81.6%	9.2%
14b) I am trusted to do my job.	2023	85.7%	87.5%	6.1%
	2024	86.6%	86.9%	6.0%
14c) There are frequent opportunities for me to show initiative in my role.	2023	68.2%	72.6%	14.6%
	2024	71.9%	72.5%	12.4%
14d) I have a choice in deciding how to do my work.	2023	66.0%	67.2%	15.0%
	2024	71.7%	71.8%	12.3%
14i) I would feel secure raising concerns about unsafe clinical practice.	2023	72.1%	73.4%	9.8%
	2024	73.9%	74.5%	9.7%
14j) I would feel secure raising concerns about unethical behaviour.	2023	76.0%	76.7%	11.4%
	2024	76.2%	75.7%	11.6%
14k) I am confident my organisation would address my concern.	2023	50.4%	51.3%	20.5%
	2024	53.7%	53.5%	20.7%
17d) I feel safe to speak up about anything that concerns me in this organisation.	2023	51.7%	55.8%	20.8%
	2024	55.7%	58.5%	19.9%
17e) If I spoke up about something that concerned me, I am confident my organisation would address my concern.	2023	36.7%	40.1%	25.6%
	2024	41.2%	43.6%	25.6%
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	2023	52.6%	54.2%	27.7%
	2024	47.5%	47.9%	28.3%

The Patient Safety theme also showed signs of encouragement where -

- √ There was a **12.2%** swing in staff feeling the organisation treated staff involved in an error, near miss or incident fairly.
- √ **7.1%** increase in staff feeling that the organisation took appropriate actions when errors, near misses or incidents are reported.
- √ **9.8%** more staff felt that they were given feedback about changes made in response to errors, near misses and incidents.

Patient safety				
13b) My organisation treats staff who are involved in an error, near miss or incident, fairly.	2023	38.1%	43.7%	13.6%
	2024	50.3%	51.8%	14.4%
13c) My organisation encourages us to report errors, near misses or incidents.	2023	69.7%	73.5%	9.3%
	2024	74.2%	76.1%	10.5%
13d) When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	2023	50.0%	52.6%	12.2%
	2024	57.1%	57.2%	15.1%
13e) We are given feedback about changes made in response to reported errors, near misses and incidents.	2023	36.1%	42.7%	23.0%
	2024	45.9%	48.4%	25.2%

While these findings are highly encouraging, it remains concerning that a significant proportion of survey respondents still reported feeling adversely affected by the patient safety-related questions. This highlights the need for continued focus on fostering a psychologically safe environment where staff feel confident to speak up.

A report published by the National Guardian's Office, Listening to the Silence (July, 2024), highlighted that, despite Freedom to Speak Up Guardians handling a record number of cases, there has been little progress in improving the culture of speaking up within the NHS, as evidenced by findings from the NHS Staff Survey in England.

The report draws attention to a persistent disconnect between staff raising concerns and the subsequent actions taken by organisations. It also underscores the continued perception of unfair treatment following the act of speaking up, particularly in relation to errors, near misses, or incidents. Notably, the report reveals a decline in the confidence of medical professionals to raise concerns about clinical safety.

As Dr Jayne Chidgey-Clark, National Guardian for the NHS, poignantly stated:
"We ask people to speak up, and yet, when they do, often nothing changes."

HDdUHB remains committed to dispelling the myths and negative perceptions surrounding the agenda. This process requires time and patience, as there has been limited communication available to develop suitable case studies, largely due to staff members' preference to maintain anonymity. Nonetheless, the continued efforts and growing awareness signal a promising shift towards greater openness and understanding, laying the groundwork for meaningful progress.

Speak Up Make Meaningful Change statistics

Since the launch of SUMMC's new organisational identity in October 2024, the period from January to June 2025 has seen the creation of **39** new user accounts, with **34** successfully activated on the WIC platform. This uptake indicates that colleagues are increasingly engaging with the system, supported by ongoing workshops and development sessions designed to enhance familiarity and confidence in its use.

The platform now hosts **22 active responders**, enabling timely and effective responses to concerns raised, reflecting a growing commitment to collaborative communication and continuous improvement

The categories on the system keep broadening out and now include –

- Benefits, Rewards and Recognition
- Breach of Confidentiality
- Bullying and Harassment
- Clinical Concerns - (to which only Speak Up Guardians can reply to)
- Discrimination
- Diversity and Inclusion Matters
- Leadership and Management
- Other
- Patient Safety – (to which only Speak Up Guardians can reply to)
- Resources to do my Job
- Sexual Safety
- Support around Finances
- Thinking of leaving
- Unpaid Carer's Concerns
- Values/Behaviours
- Wellbeing

Anonymous concerns

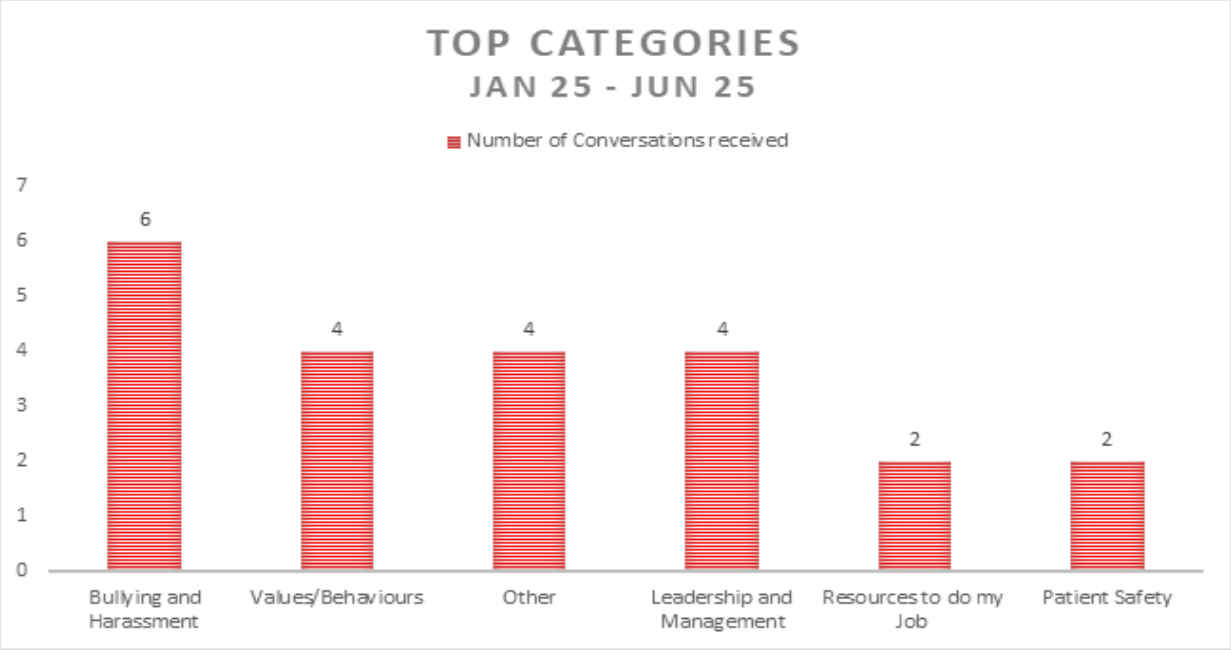
During the period of the last 6 months, the system has seen:

Concerns raised	Closed	Open	Average time to first respond	Average time to close
27	22	5	2 days	30 days

The average time taken to close conversations has been influenced by a small number of extended cases, which required longer resolution periods due to their sensitive nature and the range of options explored in collaboration with the individuals who raised the concerns.

Currently, open conversations relate to the following areas:

- Bullying and Harassment
- Breach of Confidentiality
- Values and Behaviours
- Patient Safety
- Clinical Concerns
- Other



The statistics show that the most popular day to start a conversation is a ***Friday*** with the most popular hour to start a conversation being **1pm**.

The Direction of Travel

The period has seen an increase of **42%** in concerns raised, this totalling **27** conversations.

The average time to first respond has reduced from **4** days to **2** days with a huge decrease in the average time to close to only **30** days from **43** days.

Time period	Concerns raised	Closed	Open	Average time to first respond	Average time to close
January 25 - June 25	27 **(+42%)**	22 **(+16%)**	5	2 days	30 days
July 24 - December 24	19 **(+90%)**	19 **(+90%)**	0	4 days	43 days
January 24 - June 24	10	10	0	1 day	56 days

Category breakdown

The largest increase in concerns being raised is within the Bullying and Harassment category and Benefits, Rewards and Recognition, conversely Values/Behaviours and Discrimination have both reduced over the last 6 months.

The inclusion of Patient Safety and Clinical Concerns as categories, in which only the SUG can only be accessed to respond, has seen just a small number of concerns raised. The majority were appropriately signposted to be raised as DATIX issues as the Guardians did not feel that an informal process could be utilised to resolve the issue. The other has been escalated up to the Director of Nursing to gain a suitable response to the concern raised.

Concern Category	Jan 24 - Jun 24	Jul 24 – Dec 24	Jan 25 – Jul 25	Difference
Bullying and Harassment	1	4	6	+2
Leadership and Management	4	3	4	+1
Other	4	4	4	
Benefits, Rewards and Recognition	0	1	1	
Resources to do my Job	0	1	2	+1
Discrimination	1	2	0	-1
Patient Safety	0	0	2	+2
Thinking of leaving	0	0	1	-1
Values/Behaviours	0	4	4	
Clinical Concerns	0	0	1	+1
Support around Finances	0	0	1	+1
Wellbeing	0	0	1	+1
	10	**19**	**27**	**+8 (42%)**

Responders utilise the system to foster confidence and trust with colleagues who raise concerns. In certain instances, it may be necessary for the colleague to disclose their identity for appropriate actions to be taken. This process can require a considerable amount of time and may not always be feasible, particularly in cases where psychological safety is compromised.

The Voices Network

The Voices Network comprises a multi-disciplinary group of senior leaders, representing the domains of Workforce, Medicine, Allied Health Professionals, Patient Safety, and Nursing. This group serves as the designated first point of escalation for any concerns that cannot be resolved at initial contact.

A clearly defined escalation protocol ensures accountability and timeliness. Any concern escalated to the Network must be actioned within 30 calendar days. Should resolution not be achieved within this timeframe, the matter is escalated to the relevant Director, who is also subject to the same 30-day resolution expectation. If unresolved at Director level, the concern will be referred onward to the Chief Executive and Chair for final consideration and action. The Network has been utilised on a limited number of occasions, each yielding highly effective outcomes. The clearly defined **30-day** response timeframe has played a crucial role in ensuring that colleagues seeking action or resolution feel acknowledged. This structured approach supports a timely and appropriate organisational response, reinforcing our commitment to accountability and responsiveness.

Interpretation of Current Data

Analysis of trends since the launch of the SUMMC agenda indicates a sustained increase in the volume of concerns being raised via the WIC platform. The majority of these have been resolved informally at the point of contact, which may suggest several possible underlying factors:

- Residual Mistrust Across the Organisation: Staff survey results from 2024 suggest a lingering mistrust around the process of speaking up. This may reflect historical experiences or cultural norms that inhibit open disclosure.

- Limited Recognition of SUMMC Identity: Despite ongoing internal communications efforts, it appears that awareness and understanding of the SUMMC agenda and its associated processes are not yet fully embedded across the workforce.

Insights from the agenda indicate a steady increase in the number of concerns being raised through the Speak Up initiative. Many of these concerns are relatively straightforward in nature, particularly those related to workforce issues. These are being effectively addressed through signposting to appropriate resources, offering options, providing coaching, and collaborating with other Workforce and Organisational Development (WOD) teams to facilitate suitable actions or resolutions. Organisation Development (OD) teams have consistently promoted the importance of speaking up through various interventions and development programmes. These efforts have played a key role in educating staff about the mechanisms available to raise concerns related to workforce issues

Uptake of the mechanisms provided within the agenda to raise clinical concerns has been slower. Despite this, a small number of clinical issues have been reported and all have been successfully resolved using the Voices Network, demonstrating the system's potential when utilised. Clinical teams are now encouraged to reflect on how they actively support and reinforce the message of speaking up, particularly in relation to clinical matters. It is essential to address and reduce the fear that staff may experience when raising concerns, and to dispel any misconceptions about potential negative consequences for those who speak out. Furthermore, clinical teams should evaluate how they establish and maintain effective feedback loops that clearly demonstrate the actions taken in response to concerns raised. Normalising

these conversations and visibly acting on feedback are critical steps in fostering a culture of openness, trust, and continuous improvement.

These findings indicate a need for continued cultural development and targeted educational interventions. Further strengthening visibility of the SUMMC identity—alongside amplifying positive staff experiences—will be critical to fostering trust and advancing psychological safety.

Evolving the agenda

1. Learning event

A dedicated learning event for all Responders, SUG, and members of the Voices Network was held on 16 July. This workshop brought together all individuals involved in Speak Up mechanisms to reflect on current practices and support continuous improvement in the implementation and management of the agenda.

The event focused on the positive aspects of the SUMMC agenda, particularly the growing recognition and implementation of its mechanisms across the organisation.
However, attendees engaged in discussions exploring potential reasons why staff may feel unsafe when raising concerns, and what underlying factors contribute to the low levels of psychological safety within the organisation. It is anticipated that the Culture/Workforce Experience team will facilitate these workshops on a biannual basis to promote continuous learning and sustained improvement.

Some of the areas the discussion concentrated on were:

Leadership

It was collectively acknowledged that HDdUHB may have a leadership team that lacks maturity around building psychological safety. Many leaders have not had sufficient exposure to effective role modelling that encourages and supports speaking up safely—whether to colleagues, peers, or senior leaders. The group emphasised the importance of normalising conversations that involve constructive challenge, recognising that such dialogue should be embedded within the organisation's culture. Attendees were reminded of the ***"Art of the Honest Conversation"*** e-learning module, which is included within the organisation's performance management guidance, as a valuable resource to support this cultural shift.

Furthermore, it was agreed that role modelling the ability to speak up must begin with Executive colleagues. The need to visibly demonstrate openness to appropriate questioning, constructive challenge, and feedback should be driven from the top, forming a key part of the leadership agenda.

Mind the Gap

The group also reflected on evolving workforce expectations, particularly across generational lines. Emerging generations of staff increasingly expect their voices to be heard and valued within the workplace. In contrast, previous generations, such as Generation X and early Millennials, were often managed under a traditional command-and-control leadership model. This approach has, in many cases, led to a culture of silence, where individuals may feel that speaking up is discouraged or even detrimental. As a result, some staff have become disengaged or hesitant to raise concerns, fearing negative consequences or reputational damage.

The group proposed several initiatives aimed at fostering psychological safety within the organisation:

- **Development of a Standardised Meeting Narrative**: A draft script for use in virtual meetings that reinforces the organisation's core values of respect, openness, and transparency. This narrative is intended to encourage positive challenge and inclusive dialogue.
- **Establishment of a Leadership Peer Network**: A support network for leaders to build confidence in their decision-making capabilities, particularly during times when their leadership is questioned or challenged.
- **Collaborative Measurement Framework:** A joint initiative between the Patient Safety and Organisational Development teams to develop a set of metrics that can identify and assess correlations between patient safety concerns and workforce-related issues.
- **Speak-Up Support Toolkit**: A resource designed to provide colleagues with accessible and appropriate language to use in situations where they feel the need to speak up but may lack confidence in how to express their concerns effectively. The toolkit will look to include suggested narratives and phrasing to help navigate honest conversations with clarity and respect with a long term outcome of normalising these.
- **Speak Up Guardians:** the SUG programme requires targeted development, including a formalised role design and enhanced recruitment efforts across all counties, particularly Pembrokeshire and Ceredigion, where representation remains limited.
- **Storytelling:** The OD team will further enhance the robust communication strategy, with increased focus on storytelling as a mechanism to foster cultural change. Real-life staff narratives illustrating how speaking up has resulted in tangible improvements will be shared to demystify the process, dispel misconceptions, and build trust in the agenda.

2. The People Experience Framework

The People Experience Framework has been designed by the Patient Experience (PA)Team. The Framework will be utilised to evaluate the current state of staff and patient experience through a values-based lens. This framework will be distributed to all Care Groups to support a self-assessment process, enabling the establishment of a baseline dataset. This will form part of the new quality and governance business working arrangement within the new care groups.

3. Listening and Learning Sub-Committee

The Listening and Learning Sub-Committee has been established to support organisational learning through the creation of effective feedback loops from both clinical and non-clinical incidents. Rob Blake has recently joined the committee as an attendee; however, the formal connection between SUMMC and the Sub-Committee has yet to be fully defined.

To address this, the Sub-Committee will review this paper and its contents and will formally incorporate "Speaking Up" as a standing agenda item. The format through which the Sub-Committee receives feedback, whether in the form of reports, case studies, or other mechanisms, will be discussed and agreed upon to ensure consistency and impact.

There is also a recognised need to develop a comprehensive dashboard that provides an overview of this data, alongside other relevant metrics, to support the ongoing enhancement of both patient and staff experience. The Culture and Workforce Experience (CWE) team will collaborate with the PA team to explore opportunities for co-developing a dashboard that effectively captures and presents relevant data. This joint effort aims to identify innovative approaches to visualising and utilising data to enhance both patient and staff experience. A key challenge in this endeavour remains the fragmentation of data across multiple software platforms, each housing distinct data fields. The complexity of extracting and consolidating this

information into a single, comprehensive data source will require careful consideration and technical alignment.

Conclusion

The importance of fostering a culture of speaking up and establishing psychological safety is well-evidenced in healthcare literature. HDdUHB has made significant progress in meeting national expectations for organisations seeking to embed such frameworks. The Health Board is now considered an exemplar site across Wales, with many colleagues and external partners seeking insights into its successful approach.

This agenda is being advanced within the context of a "perfect storm", shaped by the weight of historical organisational memory, a diverse generational workforce, and the relentless pressures of a high-demand system. While incremental progress is being made, these gains are often undermined by recurring incidents that set the agenda back. This is not solely the responsibility of Organisational Development, Workforce, or Clinical teams, it is a collective organisational imperative. The consequences of inaction are well documented, with clear evidence of the detrimental impact on staff wellbeing, patient safety, and the overall quality of care.

Speaking Up is increasingly gaining momentum across NHS Wales, with HDdUHB recognised as an exemplar in this area due to the governance structure and framework it has implemented. However, all indications suggest that embedding this practice into the organisational culture will be a gradual and complex process, for which no definitive best practice currently exists.

The organisation remains committed to advancing this agenda, acknowledging that progress may be uneven and that setbacks are an inherent part of transformational change. To navigate these challenges effectively, HDdUHB must continue to reflect, review, and evolve its approach, ensuring that the environment remains safe, inclusive, and conducive to staff flourishing.

Argymhelliad / Recommendation

The Committee is asked to

- **NOTE** the update provided within this report regarding speak up
- **TAKE ASSURANCE** from the progress outlined.

The organisation acknowledges that further work is required to ensure the consistent and sustainable embedding of a Speak Up culture across all operational areas.

Hywel Dda University Health Board remains firmly committed to this agenda, recognising the significant benefits it brings to the workforce, patients, and wider organisational culture.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed),**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.6 Ensure robust mechanisms are in place to deliver effective staff engagement in accordance with the Health Board's values and behaviour framework.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:	N/A

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 2 Financial recovery and route map
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:	'Speaking Up' for patient safety and staff well-being: a qualitative study | BMJ Open Quality 2024-NSS-2023-report.pdf
Rhestr Termau: Glossary of Terms:	Hywel Dda University Health Board (HDd UHB) Speak Up, Make Meaningful Change (SUMMC) Work In Confidence (WIC) system Speak Up Safely Champions (SUSC) programme Speak Up Guardians (SUG) Workforce and Organisational Development (WOD) Organisation Development (OD)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Listening and Learning Sub-Committee

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:**	N/A
Risg: **Risk:**	N/A
Cyfreithiol: **Legal:**	N/A
Enw Da: **Reputational:**	N/A
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	N/A

3.6

3.6 - HEIW Report on General Surgery at Withybush General Hospital

Mark Henwood (Hywel Dda UHB - Executive Medical Director)

Attachments

3.6 SBAR HEIW Targeted visits - PODCC paper August 2025.1 HT.pdf

3.6 Appendix 1 - Final Report - HEIW Visit to General Surgery at Withybush.pdf

3.6 Appendix 2 - HEIW Visit Report - Medicine at Glangwili Hospital.pdf

3.6 Appendix 3 - HEIW Action Plan WGH Surgery - June 2025.1.pdf

3.6 Appendix 4 - Action Plan Targeted Visit GGH Medicine.final.2.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update - Health Education and Improvement Wales (HEIW) Targeted Visits to General Surgery, Withybush Hospital & General Medicine, Glangwili Hospital
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Mark Henwood, Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Mrs Helen Thomas, Head of Medical Education & Professional Standards

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 presents an update on the Health Education and Improvement Wales (HEIW) quality assurance processes which monitor and report on the quality of medical education and training across Hywel Dda University Health Board (HDdUHB). There have been 2 targeted visits to specialties in HDdUHB since April 2025. The first visit was made to the General Surgery Department of Withybush Hospital on the 24 April 2025 and the other visit was made to the General Medicine Department of Glangwili Hospital on the 16 June 2025.

Cefndir / Background

Tthe General Medical Council (GMC) run the annual National Training Survey (NTS) to gain a deeper understanding of the experiences of our trainees and trainers. The survey is open for responses between the months of March and May and is an integral part of the GMC's work to monitor and report on the quality of medical education and training. HDdUHB employs a total of 275 trainees, which the survey is reflective of, therefore it is important to ensure that we are able to provide the best training experience possible.

As part of their role in the commissioning, delivery and quality management of postgraduate medical education and training across Wales, HEIW's Quality Unit review the results of the National Training Survey (NTS) to ensure that training and educational experiences meet national standards. Acknowledgement is made of areas of good practise identified and where the results of the survey suggest that further improvement is needed, risks are created and included as part of the HEIW risk register.

Where the risks are ongoing, or for higher scoring risks, targeted visits to the respective specialties are arranged. In the event of ongoing challenges in ensuring the delivery of a sustainable solution, specific GMC input may be recommended, with an escalation to enhanced monitoring. GMC input can be useful for complex issues and experiences from similar challenges in other parts of the UK can be beneficial. However, GMC involvement will also raise the level of scrutiny both around the concern and the management of the concern.

Enhanced monitoring concerns are published on the GMC website in collaboration with HEIW and the LEP to enhance transparency.

It should be noted that HEIW does not limit its evidence sources to the NTS and will consider all sources of evidence in the management of training concerns. However, all current risk register concerns have come to light via the GMC survey.

Asesiad / Assessment

There are currently 18 risks on the HEIW risk register. HEIW request regular updates on the risks included on the register and meetings are held three times a year between the Quality Unit and the Senior Medical Education Faculty Team, to discuss progress and updates. Of the risks included on the register, 4 are considered high risk, 12 are considered medium risk and there are 2 which are considered low risk. Many of the lower scoring risks are those which have scored higher in the past are managed sufficiently that they are no longer considered a priority. These will be removed where no further concerns are reported.

There were 21 risks included on the HEIW risk register in August 2024, which was the last time that a report was provided to PODCC and so progress has been made in terms of the educational experience offered in some departments. Significant improvements have been made in Trauma & Orthopaedics at Glangwili and in General Medicine at Bronglais, resulting in a notable decrease in the risks associated with the training experience in these areas. However, the level of risk associated with other areas including, the General Medicine and General Surgery departments of Glangwili and Withybush Hospitals has increased, as well as the department of Clinical Radiology in Glangwili.

The increase in risk led to a targeted visit being made to the General Surgery Department of Withybush Hospital on the 24 April 2025 and to the General Medicine Department of Glangwili Hospital (GGH) on the 16 June 2025. A date for a further visit to the General Medicine Department in Withybush Hospital (WGH) is in the process of being confirmed and it is likely that a visit will be made to the Clinical Radiology Department of GGH, although this has yet to be confirmed by HEIW. Despite the high scoring risk associated with General Surgery in GGH, HEIW has not indicated whether a visit will be made to this department.
During the visit to the General Surgery Department at WGH, HEIW expressed appreciation for the department's commitment to supporting trainee development, particularly in facilitating their attendance. Several positive developments were acknowledged, including notable improvements to the rota—such as the removal of the 12-day stretch—and the rescheduling of the teaching programme to improve accessibility. Trainees also reported increased opportunities to gain theatre experience and the inclusion of dedicated educational development time within rotas. Additionally, there was strong evidence of collaboration among trainees, with reports highlighting effective teamwork across the department.

Despite this progress, trainees raised additional concerns. These included instances of unprofessional behaviour by senior medical staff, excessive workload for Foundation Doctors, absence of teaching ward rounds, insufficient induction for clinical fellows, and a lack of professional, constructive feedback. As a result, the risk score was elevated, prompting the need for a follow-up visit.

Findings from the targeted visit to General Medicine department in GGH demonstrated that although improvements were observed in areas such as supervision (including out-of-hours), induction, handover, and the reporting of concerns, significant issues remained. In particular, reduced staffing levels on Tuesdays, Thursdays, and weekends were resulting in increased workloads and raised patient safety concerns. Resident doctors reported challenges in

providing timely care and treatment during these periods. HEIW considered these issues serious enough to refer the findings to Healthcare Inspectorate Wales (HIW) and the GMC. The GMC is currently assessing whether enhanced monitoring of the department's training offering is warranted and will work closely with HEIW to track progress in accordance with the educational risk management framework.

In response to the requirements and recommendations arising from both visits, action plans were submitted to HEIW, and efforts are ongoing to implement the necessary measures. Visit reports can be found at Appendix 1 and 2, and action plans at Appendix 3 and 4.

Dates for follow up visits are in the process of being confirmed but both visits will most likely go ahead before the end of December 2025.

For all other risks listed in the register, the Medical Education Teams collaborate closely with educational and clinical supervisors, service leads, and managers to support improvements in the quality of training provided to trainees and to help lower associated risk scores.

Argymhelliad / Recommendation

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

- NOTE the outcome of the targeted visits from the Health Education and Improvement Wales (HEIW) to General Surgery, Withybush Hospital and General Medicine, Glangwili Hospital and subsequent recommendations .
- TAKE ASSURANCE from the attached action plans which outline the completed and planned work being undertaken to address identified areas for improvement.

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:	To be confirmed
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership 2. Culture and valuing people 3. Data to knowledge 4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. 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. Putting people at the heart of everything we do
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:	Promoting excellence - GMC (gmc-uk.org)
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:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	Potential positive impact on staff morale and future engagement opportunities
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

HEIW Education & Training Targeted Visit Report

General Surgery

Withybush General Hospital

Hywel Dda University Health Board

Thursday, 24th April 2025

Table of Contents

Section One: Visit Remit 3

Section Two: Summary Findings.....4

Requirements and Recommendations 7

Chair's Signature.....9

Section One: Visit Remit

Health Board	Hywel Dda University Health Board	**Site**	Withybush General Hospital
Visit Date	24th April 2025	**Risk Rating (Pre visit)**	**9**
Specialty	General Surgery	**Grade(s)**	Foundation
Visit Panel	• Malcolm Gajraj, Director of Quality Management (Chair) • Antony Varekattu Matthew, Foundation Programme Director (Withybush Hospital) • Ilona Schmidt, Faculty Lead (Residents) • Sarah Davidson, Faculty Lead (Trainers) • Jon Morris, Faculty Lead (Quality) • Leanne MacPherson, Specialty Training Manager Secondary Care* • Mandy Martin, Quality Manager • Vicky Collins, Quality Officer • Ronnie Alexander, Lay Representative		
LEP Representatives	• Mark Henwood, Interim Medical Director • Anand Ganesan, Assistant Medical Director (Education and Training) • Andrew Burns, Withybush Hospital Director • John Evans, Deputy Director for Medical Directorate • Caroline Lewis, Service Delivery Manager for ENT & General Surgery • David Lewis, Service Manager for General Surgery & Associated Services • Rebecca Noyce, Assistant Head of Workforce • Jegadish Mathias, Colorectal Surgeon and Health Board Cancer Lead • Helen Thomas, Head of Medical Education and Professional Standards • Shirly Mathias, Medical Education Manager for Withybush Hospital		
Evidence Considered	• Agenda • Evidence Timeline • 2024 GMC National Training Survey Results • Health Board Action Plan in response to 2024 NTS Results.		
Residents Present	Foundation x 10	**Trainers Present**	x 2
Status Summary	• This is the first visit to the department. • This concern is not in Enhanced Monitoring status with the GMC.		

* In attendance for Resident feedback session only.

In the context of this report, the term 'Residents' refers to Postgraduate Doctors in training unless otherwise specified.

Visit Background

Targeted Visits are the responsive component of HEIW's quality framework. The overall purpose of visits is to support the identification of areas which are working well and those which may require further attention. Evidence obtained prior to and at the visit is considered in relation to GMC standards outlined within Promoting Excellence. The visits provide a constructive way of enabling HEIW and Local Education Providers to collaborate in supporting the provision of high quality postgraduate medical education and training in Wales.

Concerns within General Surgery at Withybush General Hospital were originally identified through the 2021 GMC National Training Survey. The results identified Reporting Systems and Overall Satisfaction as below outliers, and Clinical Supervision Out-of-hours, Adequate Experience, Curriculum Coverage, Feedback, Rota Design and Educational Governance as lower quartiles. Between 2021 and 2023, the Health Board implemented rota adjustments to increase on-call coverage, and access to senior support. Senior staff members had been nominated to lead on teaching programmes and surgical pathway changes throughout the Health Board were reviewed. Resident feedback had been incorporated into changes implemented. Discussions by the Health Board regarding potential closure of the surgery department at Withybush took place in in 2023 but this was not agreed. There were also reconfiguration issues with regard to RAAC (Reinforced Autoclaved Aerated Concrete) at the site which impacted training, and which required additional mitigation to be in place.

GMC National Training Survey results from 2023 and 2024 showed further concerns in Clinical Supervision, Overall Satisfaction, Reporting Systems, Teamwork, and Clinical and Educational Supervision. The Health Board encountered challenges in maintaining implemented improvements due to staffing constraints, balancing varying curriculum requirements alongside service provision within the rota, and the ongoing debate around the future of Surgery within Withybush General Hospital. Subsequently, targeted visits with HEIW were initiated to support, feedback and monitor the education and training of residents undertaking placements in General Surgery.

A summary of the Health Board action plan in response to the 2024 GMC National Training Survey Results is provided below.

- Allocation of Supporting Professional Activities (SPA) time for training roles would be taken forward.
- To emphasise to residents when bedside teaching is taking place.
- Implementation of a twelve-day rota was to be considered.
- To inform residents of how to raise concerns and where to access support outside of the department.
- To provide advanced notification of Morbidity and Mortality meetings to residents, as well as to enable them to participate more meaningfully.
- Ensure adequate induction and on-call support for residents transitioning from Foundation year 1 (F1) to Foundation year 2 (F2).
- To ensure teaching is consultant led by moving teaching sessions to a Monday. Attendance at teaching sessions was to be monitored.
- To increase senior led teaching and clinical skills training.
- To formalise theatre allocations and agree learning outcomes at the start of the placement.

Section Two: Summary Findings

Resident presence during the targeted visit was good, with Foundation residents from the previous cohort also in attendance.

Residents that had recently started their placements in General Surgery received a thirty-minute departmental induction from a senior member of the General Surgery team at the beginning of their placements. The induction included a departmental information handbook; however, the information within the booklet was outdated.

Residents were informed of their Named Clinical Supervisors with plenty of notice and initial meetings with Named Clinical Supervisors had been arranged for the current resident cohort. Residents from the previous group had experienced difficulties contacting and arranging meetings with their Named Clinical Supervisors. A few were still awaiting their end of placement meetings, though these had now been diarised. Consultants' high workload and cross site working were recognised as contributing factors towards the obstacles experienced in arranging meetings with supervisors. Nevertheless, when meetings with Named Clinical Supervisors were scheduled, the feedback received was constructive and beneficial to learning.

Consultants attended the ward to undertake ward rounds, but outside of these times consultant presence on the ward was minimal. Residents were able to access beneficial support from surgical and medical registrars when needed. Residents were given the phone numbers of some consultants; however, this had not been the case across the consultant body, limiting consultant accessibility for residents.

There was confusion amongst residents about the escalation protocols for patients that experienced complications post-surgery. If the patient's complication appeared to be of medical origin, residents would directly contact the on-call medical registrar for support, rather than contacting a member of the General Surgery team for guidance first. Department leads confirmed that a member of the General Surgery team should be contacted in the first instance, however, there had previously been a medical registrar working within the General Surgery team to optimise the management and discharge of post-operative patients as well as providing medical support for residents in the team. Department leads felt this may have contributed to confusion in the escalation process and confirmed that clarity of this process would be included in future inductions.

Teaching sessions were regularly rostered, and a member of the consultant body would be present for the sessions. A rota for the presentation of surgical cases had been incorporated into the teaching sessions and residents were encouraged to take part. Designated theatre lists had also been made available so residents could attend and have minor involvement in theatre procedures.

Residents regarded their rota more positively following recent changes that had decreased the number of days residents would work in a row. The increased workload of consultants' "Take week" was cited as challenging, particularly towards the end of residents' long shift periods.

Consultants' team structures within General Surgery had varying numbers of team members. The experience levels throughout these teams also varied. Disparity between the workloads of Foundation residents and locally employed 'Senior House Officers' (SHOs) was also raised as a concern. Furthermore, some SHOs employed by the Health Board had not been informed of hospital and departmental procedures and systems prior to undertaking their roles, leading to them seek support from less experienced members of their teams, including residents.

Residents experienced challenges in completing Workplace Based Assessments (WBAs) with a consultant due to consultants' limited ward presence, however residents were able to complete WBAs under the supervision of registrars during on-call shifts.

Residents recognised efforts made to make ward rounds a learning opportunity by some of the consultants. Feedback about patient management from some consultants was at times negative, non-constructive and relayed to residents in public spaces. Registrar grades recognised the inappropriate methods of feedback and would often provide residents with constructive feedback following these public incidents. However,

registrars also advised residents not to raise concerns about the format in which feedback was provided, as no changes had been apparent following previous concerns raised.

During the visit, examples were given of some consultants exhibiting unprofessional, inappropriate and undermining behaviours towards members of their teams, including residents. Residents suggested these behaviours were normalised within the wider General Surgery team.

Departmental leads confirmed that previous issues of uncivil behaviour within General Surgery had been investigated, and appropriate actions taken, including non-renewal of a locum consultant's contract. Health Board leads and the Medical Education team were also aware of wider concerns about unprofessional behaviours in Withybush Hospital and had arranged group meetings and anonymous surveys to gather feedback to accurately target areas of particular concern.

Overall, residents believed their current placements were tailored towards service provision rather than towards education and training. None of the residents in attendance at the visit would recommend their posts for learning.

Areas Working Well	Areas for Improvement
• Regularly scheduled and good quality teaching programme. • Rostered Educational Development Time. • Good input and feedback from Named Clinical Supervisors. • Changes in rota structure. • Exposure to theatre. • Support and accessibility of registrar grades.	• Methods of feedback that are of benefit to learning. • Equitability of workload between 'Senior House Officers' and Foundation residents. • Updating of departmental handbook. • The level of workload was very high and had little educational value. • Tackling the normalised culture of unprofessional behaviours. • Provision of adequate information to locally employed doctors prior to them starting their roles. • Clarification of escalation pathways for patients requiring post-operative escalation. • Accessibility of the consultant body within the ward setting. • Implementation of a teaching ward round. • Awareness and encouragement of reporting channels. • Openness of feedback following concerns being raised.

Requirements and Recommendations

The following requirements and recommendations were made in response to the findings of the visit process.

Requirements

1. The Health Board must ensure that:
   a. Inappropriate behaviours, including bullying, discrimination, misogyny, and undermining are eliminated from the workplace.
   b. Robust monitoring must be implemented, with an appropriate response to transgression and feedback provided to the reporter.
   c. Pathways for reporting inappropriate behaviours should be promoted and encouraged, to ensure that any such behaviours are reported and challenged promptly.

   GMC Requirement 3.3
   Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance, or self-esteem.

   GMC Requirement 2.7
   Organisations must have a system for raising concerns about education and training within the organisation. They must investigate and respond when such concerns are raised, and this must involve feedback to the individuals who raised the concerns.

2. The Health Board must review the workload of Foundation Year 1 residents to ensure that they are able to complete their work requirements before the end of their workday. Furthermore, the tasks undertaken by other clinical staff within the department should be monitored to ensure an equitable distribution of the team workload.

   GMC Requirement 1.12
   Organisations must design rotas to:
   a. make sure doctors in training have appropriate clinical supervision.
   b. support doctors in training to develop the professional values, knowledge, skills, and behaviours required of all doctors working in the UK.
   c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.
   d. give doctors in training access to educational supervisors.
   e. minimise the adverse effects of fatigue and workload.

3. The Health Board must ensure that a minimum of one teaching ward round takes place per week within the General Surgery department.

   GMC Requirement 1.16
   Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and for attending organised educational sessions, training days, courses, and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.

4. The Health Board and the Directorate must ensure that clinicians new to the Health Board, particularly International Medical Graduates, are provided with adequate information to be able to undertake their clinical duties, before starting their roles. This process should not be overly reliant upon Foundation doctors.

GMC Requirement 1.7
Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.

5. The Health Board must make sure that feedback provided to residents about their management of patients is constructive and beneficial to learning.

GMC Requirement 1.15
Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.

Recommendations

1. The Health Board should ensure there is clarification on the roles and responsibilities of 'Senior House Officers' (SHOs). The workload of SHO's should be monitored to ensure patient care is optimised.

GMC Requirement 1.7
Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.

2. The Health Board should review the deployment of medical staff throughout the General Surgery team to help ensure a fair division of departmental workload.

GMC Requirement R1.17
Organisations must support every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.

3. The Health Board should ensure that escalation protocols for deteriorating patients under the care of the General Surgery team are clearly and widely communicated, to ensure patients are appropriately managed by the surgical team prior to external team involvement. This approach should be monitored.

GMC Requirement 1.6
Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.

4. The Health Board should update the departmental information handbook provided to residents during induction.

GMC Requirement 1.13
Organisations must make sure learners have an induction in preparation for each placement that clearly sets out:
   a. their duties and supervision arrangements.

b. their role in the team.
c. how to gain support from senior colleagues.
d. the clinical or medical guidelines and workplace policies they must follow.
e. how to access clinical and learning resources.

5. The Health Board should ensure that all Foundation Year 1 residents are able to achieve two consultant-led Workplace Based Assessments per rotation.

GMC Requirement 1.15
Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.

6. HEIW will visit again in approximately six months.

GMC Requirement 2.6
Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.

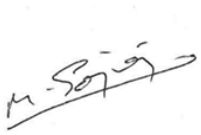
Next Steps

The aforementioned requirements and recommendations were provided to the Health Board verbally on the day of the visit and in writing on **Monday, 28th April 2025.** An action plan has been requested with a response required by **Tuesday, 10th June 2025.**

Risk Rating Recommendation

It was agreed that the risk rating of **nine** (high) would be increased to **twelve** (high) given the concerns raised around training and unprofessional behaviours. A further review of the risk rating would be undertaken at the next Targeted Visit, which will be scheduled in around six months' time.

Chair's Signature

Signature: 

Malcolm Gajraj, Director of Quality Management

Date: 13th June 2025

Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

HEIW Education & Training Targeted Visit Report

Medicine

Glangwili General Hospital

Hywel Dda University Health Board

Monday, 16th June 2025

Table of Contents

Section One: Visit Remit 3

Section Two: Summary Findings.....5

Requirements and Recommendations 7

Chair's Signature.....9

Section One: Visit Remit

Health Board	Hywel Dda University Health Board	**Site**	Glangwili General Hospital
Visit Date	16th June 2025	**Risk Rating (Pre visit)**	**9**
Specialty	Medicine	**Grade(s)**	Foundation, GPST, IMT & ST
Visit Panel	• Lee Wisby, Associate Dean for Quality (Chair) • Shaun Smale, Head of School for Medicine • Sarah Davidson, Faculty Lead (Trainers) • Jon Morris, Faculty Lead (Quality) • Ilona Schmidt, Faculty Lead (Residents) • Jo McCarthy, Local Foundation Programme Director • Islam Abdelrahman, Local Foundation Programme Director • Mandy Martin, Quality Manager • Vicky Collins, Quality Officer • Lynda Davies, Lay Representative		
LEP Representatives	• Eiry Edmunds, Deputy Medical Director • Anand Ganesan, Assistant Medical Director (Education and Training) • John Evans, Interim County Director (Pembrokeshire) • Robin Ghosal, Hospital Director for Glangwili General Hospital • Clive Weston, Clinical Director for Medicine • Nicholas Coles, Royal College Tutor • Aashish Kumar, Consultant Gastroenterologist • Nicola Evans, Hospital Service Manager for Glangwili General Hospital • Nicky Pearce, Medical Education Manager • Stuart Bancroft, Assistant General Manager (HDUHB) • Peta Spiller, Unscheduled Care Rota Manager • Sarah Price, Unscheduled Care Rota Co-ordinator • Suzan Abdelgafar, Resident Representative (IMT) • Lisa Jones, Resident Representative (Foundation)		
Evidence Considered	• Evidence Timeline • 2024 GMC National Training Survey Results • Health Board Action Plan in response to the 2024 GMC National Training Survey Results		
Residents Present	18 across Foundation and IMT grades	**Trainers Present**	5
Status Summary	• This is the first visit to the department. • This concern is not in Enhanced Monitoring status with the GMC.		

In the context of this report, the term 'Residents' refers to Postgraduate Doctors in training unless otherwise specified.

Visit Background

Targeted Visits are the responsive component of HEIW's quality framework. The overall purpose of visits is to support the identification of areas which are working well and those which may require further attention. Evidence obtained prior to and at the visit is considered in relation to GMC standards outlined within Promoting Excellence. The visits provide a constructive way of enabling HEIW and Local Education Providers to collaborate in supporting the provision of high quality postgraduate medical education and training in Wales.

The visit was undertaken due to fluctuating feedback reported in GMC National Training Surveys over time, particularly in relation to clinical supervision. Whilst local efforts were made to address these concerns, with some evidence of improvement suggested by the 2024 GMC National Training Survey results, adverse feedback in relation to clinical supervision continued and visit processes were therefore instigated to understand the challenges and collaborate with the Health Board to implement sustainable solutions.

The Health Board has indicated the following progress in response to the 2024 GMC National Training Survey.

- Residents reported feeling adequately supervised for the most part. However, supervision concerns were raised by residents working with the Gastroenterology and Care of the Elderly (COTE) teams.
- Out-of-hours supervision was described as very good. Residents reported that they were well supported by the Hospital at Night Team.
- Internal Medicine Training (IMT) residents undertook a survey following concerns being raised about high workload during on-calls. Two-thirds of the recommendations suggested by IMTs had been taken forward by their team for senior signoff.
- Resident attendance at teaching sessions had been monitored by the Health Board. This had identified that 52% of available teaching sessions had been attended by residents on placement in Medicine. Reasons for non-attendance were a lack of staff, high workload, and ward commitments. Supervisors had been requested to encourage residents to attend teaching sessions.
- The induction provided by the Medical Education Centres had been effective, however the value of departmental inductions varied. A Foundation Programme Director, Educational Supervisors and local leads had commenced reviews of departmental inductions.
- Handover had been made a standing item on the Resident Doctors' Forum agenda. Handovers in Medicine specialities were described as good, thorough, and contained a list of patients prepared for discussion.
- The Health Board included information about how to raise and escalate concerns in the hospital induction. This information was reaffirmed with residents throughout their placements, including at the Resident Doctors' Forum.
- Challenges with staffing and supervision had been recognised and were in the process of being addressed.
- The Health Board had appointed a fixed-term Teaching Fellow to support medical departments and had also begun to review the possibility of adding a Teaching Registrar to the team.
- The department had introduced a new process whereby annual leave was arranged through the clinical team as opposed to the rota co-ordinators, following concerns from Foundation residents about accessing leave.

Section Two: Summary Findings

Good attendance from resident doctors of all grades, trainers and Health Board representatives was evident at the visit. Residents' main concerns raised during the visit related to low staffing which resulted in an unmanageable workload and significant compromise to patient safety, particularly during out-of-hours and at weekends.

Residents found the consultant body, as well as their wider teams, to be approachable and supportive. However, staffing structures and high workload levels had limited residents' time working alongside consultants as well as learning from peers with more experience.

Workplace Based Assessments were manageable, but workload had led to residents staying behind after their shifts had ended to facilitate signoff and obtain feedback from consultants.

Educational Development Time (EDT) had been incorporated into residents' rotas. Internal Medicine Training (IMT) residents had been able to utilise EDT to attend taster days and to undertake quality improvement projects.

Weekly teaching had been scheduled for Foundation and IMT grades and the sessions had been beneficial to learning. Residents were encouraged to attend monthly Mortality and Morbidity meetings and found these informative. However, residents suggested including concerns raised via Datix, alongside those raised via patient complaints would have provided a more rounded understanding of the concerns process.

Clinics had not been incorporated into rotas, but were confirmed to be of good training experience, with valued guidance provided by consultants. Some IMT residents had struggled to attend clinics due to workload and, when able to attend, had to continue to answer their bleeps.

Residents found the rotas to be challenging due to the frequency of consecutive shifts without a break, alongside the consistently high volume of work within the department. They had also experienced challenges accessing annual leave, with responses to requests for annual leave often delayed.

Limited access to enough computers to undertake clinical duties had been raised as a concern. Residents also raised concerns about a lack of rooms in Acute Medicine contributing to delays in the timely review of patients. This was echoed by trainers, as minimal room availability had led to them being unable to access a confidential space to provide residents with feedback about their patients and performance.

Generally, trainers believed their job plans adequately reflected the time required for their educational and clinical responsibilities. They did, however, raise concerns about the effectiveness of the Health Board trainer appraisal processes and perceived there to be a lack of recognition of Continuing Professional Development credits specific to training roles.

Both residents and trainers considered Acute Medicine to be inadequately staffed and the workload to be chaotic, particularly during on calls and at the weekends. Multiple members from the same team could be rostered for on-calls at the same time, which regularly left their main speciality with very limited staffing. Support from auxiliary staff had been limited and irregular, further increasing residents' workloads.

Patient safety concerns had been raised during the visit. Examples of delays in responses to urgent blood test results and to the provision of intravenous antibiotics, painkillers and medication for syringe drivers were conveyed to be commonplace due to the heavy workload. Residents had raised concerns about the impact of low staffing and high workload at the Resident Doctors' Forum and had also undertaken quality improvement projects to highlight the lack of staffing across Medicine, but a lack of apparent improvement and re-assurance had led to disillusionment, causing reporting systems such as Datix being underutilised to record incidents. The consultant body and department leads had also submitted suggestions to the

Health Board to bolster the workforce across Medicine, but regular refusals had led to these efforts seeming like an ineffective use of consultants' time.

Overall, both residents and trainers expressed concern around the chaotic working environment and the impact of workload and low staffing levels upon patient safety. They stated that patients were coming to harm on almost every weekend shift and that the majority of these incidents went unreported. Exposure to an unmanageable workload and a lack of varied training had left residents demoralised. The evidence in the action plan provided by the Health Board was not reflected in the feedback provided during the Targeted Visit and the lack of effective incident reporting had led to both residents and trainers being discouraged and unsure of how service and training provision would be improved.

Areas Working Well	Areas for Improvement
• Residents had been able to complete their Workplace Based Assessments (WBAs). • Educational Development Time was accessible and IMTs had been able to attend taster days. • Teaching was scheduled weekly and was of good quality. • The Consultant Body and their wider teams were approachable and supportive. • Attendance at Mortality and Morbidity meetings had been a beneficial learning experience. • Consultant job plans reflected their clinical and educational duties.	• Frequently need to stay beyond their scheduled working hours to complete WBAs. • Inadequate room availability within Emergency Department and Acute Medicine for patients to be reviewed in a timely manner and for consultants to provide feedback to residents in a confidential setting. • Accessibility of computers and IT systems. • The uneven distribution of on-call responsibilities across Medicine specialities. • Clinic access for IMT grades was insufficient and where access was possible residents were often disturbed. • Responses to annual leave requests were not provided in a timely manner. • Inadequate staffing levels to ensure patient safety and access to training for residents. • Prioritisation and monitoring of Datix reporting. • Effective feedback channels between residents, Trainers and the Health Board. • Inadequate medical and non-medical staffing. • Ineffective Trainer appraisal process.

Requirements and Recommendations

The following requirements and recommendations were made in response to the findings of the visit process.

Requirements

1. HEIW will share the evidence regarding patient safety concerns gathered at the Targeted Visit with Health Inspectorate Wales, to facilitate greater support to the Health Board to remedy the patient safety and staffing level concerns in Acute Medicine.

   GMC Requirement 2.17
   Organisations must have a process for sharing information between all relevant organisations whenever they identify safety, wellbeing or fitness to practise concerns about a learner, particularly when a learner is progressing to the next stage of training.

2. The Health Board should undertake an urgent review of resident workload, particularly during on-calls and weekends, to ensure patient safety and to support staff wellbeing and training opportunities. This will need to be facilitated by ensuring that the level of medical staffing is appropriate for the demand and that there is trust and faith in a system for reporting incidents as they occur. Guidance from the Royal College of Physicians on safe staffing levels should be consulted in assessing the workforce need.

   GMC Requirement 1.12
   Organisations must design rotas to:
   a. make sure doctors in training have appropriate clinical supervision.
   b. support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK.
   c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.
   d. give doctors in training access to educational supervisors.
   e. minimise the adverse effects of fatigue and workload.

3. The Health Board should review and support the usage of the clinical incident reporting system by front-line staff. A significant majority of known incidents of harm are currently not being reported.

   GMC Requirement 1.1
   Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.

4. The Health Board should review processes for approving annual leave so that responses are received in a timely manner.

   GMC Requirement 1.12
   Organisations must design rotas to:
   a. make sure doctors in training have appropriate clinical supervision.
   b. support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK.

c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.
d. give doctors in training access to educational supervisors.
e. minimise the adverse effects of fatigue and workload.

Recommendations

1. The Health Board should ensure that IMT residents are able to access and complete an adequate number of clinics to meet their curriculum requirements, particularly residents in Internal Medicine Training (IMT) posts.

   GMC Requirement 1.16
   Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and for attending organised educational sessions, training days, courses, and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.

2. The Health Board should review working arrangements to ensure that residents are able to achieve Acute Care Assessment Tool (ACAT) workplace-based assessments as required by their curriculum.

   GMC Requirement 1.15
   Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.

3. The Health Board should ensure there is sufficient space to allow timely patient review, and subsequent discussion, training and confidential resident feedback within Acute Medicine areas.

   GMC Requirement 1.19
   Organisations must have the capacity, resources, and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.

4. The Health Board should improve access to necessary IT equipment across Medicine areas.

   GMC Requirement 1.19
   Organisations must have the capacity, resources, and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.

5. The Health Board should make efforts to ensure that the appraisal of educational roles is meaningful and robust.

   GMC Requirement 4.1
   Educators must be selected against suitable criteria and receive an appropriate induction to their role, access to appropriately funded professional development and training for their role, and an appraisal against their educational responsibilities.

6. HEIW will discuss escalation of concern and the need to consider an Enhanced Monitoring arrangement with the GMC and organise a review visit in approximately 6 months.

GMC Requirement 2.6
Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.

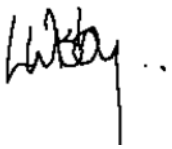
Next Steps

The aforementioned requirements and recommendations were provided to the Health Board verbally on the day of the visit and in writing on **Wednesday, 18th June 2025.** An action plan has been requested with a response required by **Thursday, 31st July 2025.**

Risk Rating Recommendation

It was agreed that the risk rating of **nine** (high) would be increased to **twelve** (high) given the patient safety concerns associated with Acute Medicine. A further review of the risk rating would be undertaken at the next Targeted Visit.

Chair's Signature

Signature: 

Associate Dean for Quality

Date: **16th July 2025**

Action plan arising from the HEIW Targeted Visit

to

Surgery, Withybush

24th April 2025

Requirement	Actions to be taken	Timeline	Teams affected	Responsible Person	Progress/Current status
1. The Health Board much ensure that: 1. Inappropriate behaviours, including bullying, discrimination, misogyny, and undermining must be eliminated from the workplace.	**General Surgery** The clinical lead for general surgery will send an email to all senior clinicians within the general surgery department, health board wide. The email will be a reminder that inappropriate behaviour is not acceptable and that it must be eliminated from the workplace in line with the health board values.	30/06/2025		Clinical Lead/ Management Team	Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. The clinical lead and management team has verbally addressed the concerns regarding inappropriate behaviour with the team and ensured that it must be eliminated from the workplace. There was agreement to this and an agreement for the clinical lead to share the message with the winder team across the health board.
2. Robust monitoring must be implemented, with an appropriate response to transgression and feedback provided to the reporter.	Monitoring will be undertaken locally by consultants and in the wider department by the clinical lead and management team. Appropriate will be taken and fed back to the reporter.	Immediate effect		Site Consultants, Clinical Lead	Pathways for reporting concerns were agreed and it was agreed that these will be included in the departmental induction handbook and shared verbally during departmental induction.
3. Pathways for reporting inappropriate behaviours should be promoted and encouraged, to ensure that any such behaviours are reported and challenged promptly.	Pathways for reporting inappropriate behaviours will be formalised and encouraged. These will be included in the email from the clinical lead and the departmental induction handbook.	Pathways verbally reiterated during the meetings on 11/06/2025		Clinical Lead	

	The service has ensured that there are a number of methods of reporting inappropriate behaviours within the department, some of which are not on the site that they work on to ensure there is confidence that they will be dealt with impartially. Methods of reporting within the department: Assigned educational supervisor – on site Another consultant – on site Clinical lead – from another site Management team – health board wide **Wider Health Board** Microsoft Teams Link to be sent to trainees for the anonymous escalation of unprofessional behaviours Professionalism, active bystander and speaking up workshop to be mandated for all trainers in the department.	Email 30/06/2025 Induction Handbook August 2025 Immediate August 2025		Clinical Lead/ Management Team Medical Education & management Team Medical Education/ Professional Standards Team Professional Standards Team/ Equality & Diversity Team/ Workforce & OD	Handbook has been updated in readiness of the August changeover. Teams link created and shared with trainees:- https://forms.office.com/e/50evZGi2P6 Trainees have submitted concerns via the form and this has led to further action being taken in accordance with the professional standards processes. Half day educational workshop is in the process of being put together incorporating an introduction to professionalism and unprofessional

					behaviours, active bystander training and speaking up training, this will start to be piloted from the end of August 2025 and will start in the Withybush Surgery Department.
	Professionalism in providing feedback to be included as part of the Trainer Development Day agenda (20/06/2025) Well-being support to be offered to those trainees who have been subject to/witnessed unprofessional behaviour. This will be taken forward by medical education.	20/06/2025 Immediate		Medical Education Medical Education	Trainer development day agenda includes professionalism in providing feedback – taking place on the 20th June 2025. Trainees have been sign posted to the Health Board's wellbeing services as well as the PSU.
2. The Health Board must review the workload of Foundation Year 1 residents to ensure that they are able to complete their work requirements before the end of their workday. Furthermore, the tasks undertaken by other clinical staff within the department should be monitored to ensure an equitable distribution of the team workload.	The rota will be updated to move away from the F1, F2 and clinical fellows being under a named consultant, resident doctors will be clearly allocated duties on the rota and the team will be split into: On call team Post take team Ward team During the ward team week, trainees will be given the	August 2025	Resident doctors SAS Level doctors Clinical fellows Consultants Management team	Mr J Mathias David Lewis Mr M Elmorsy	Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. The arrangments were agreed at all levels and it was agreed that Mr Mathias, Mr Elmorsy and David Lewis would work on the rota in readiness for the August rotation of trainees. The SAS level doctors were reminded about the importance of providing support and supervision during the working day. They were also reminded that, whilst undertaking the on-call,

	opportunity to attend theatre, clinics and MDT as part of their learning. There will be a designated specialty doctor responisble for co-ordinating the rota and monitoring the equitable distribution of duties alongside the management team. The resident doctors are verbally fully informed of how to escalate clinical information and ask for advice from senior colleagues when on call. The formalised escalation procedure will be written and shared.	July 2025	Rota co-ordinator		between the hours of 5pm-9pm Monday to Friday and 9am-5pm weekends, they are resident on-call and are expected to be in the hospital.
3. The Health Board must ensure that a minimum of one teaching ward round takes place per week within the General Surgery department.	Whilst daily ward round take place and there is an opportunity for teaching, the Wednesday and Thursday ward round by the on-call consultant will become a formalised teaching ward round. The actions undertaken in point 2 will allow the resident doctors to attend teaching ward rounds under multiple consultants.	Formal teaching ward round 18/06/2025 Induction handbook updated by August 2025	Resident doctors SAS Level doctors Clinical fellows Consultants Management team	Consultants SAS Level doctors Management team	Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. The arrangments were agreed at all levels. The first formal teaching ward round will take place on 18/06/2025, during Mr Umughele's on-call.

	Daily handover takes place in the registrars room and this is also a teaching opportunity and an opportunity for resident doctors to present cases. This will be reiterated in the induction handbook. Resident doctors will be informed that they should complete a WBA on each of their on-call weeks. 1 with a consultant and 1 with an SAS level doctor. This will be included in the induction handbook.				
4. The Health Board and the Directorate must ensure that clinicians new to the Health Board, particularly International Medical Graduates, are provided with adequate information to be able to undertake their clinical duties, before starting their roles. This process should not be overly reliant upon Foundation doctors.	From a general surgery perspective, the service will be prepared for clinicians that are new to the health board and international medical graduates, by ensuring that rotas are adequately covered for a sufficient shadowing period, an educational supervisor is in place to offer support and that the new recruit is released to attend supportive training sessions available within the health board. These arrangments will be discussed and put in place on the day that	August 2025	Recruitment team Medical education Consultants Management team Rota co-ordinator	Recruitment team Medical education Consultants Management team Rota co-ordinator	Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. It was agreed that the responsibility of supporting of international medical graduates falls on the consultants and SAS level doctors and not the foundation doctors. Discussions regarding what support is available from the wider health board and an agreement for the managemnt team to take this forward.

	the candidate accepts the post rather than when they start in the health board. A named person within the department will be responsible for sharing the induction handbook with all newly recruited doctors on their first day. It has been reiterated that it is the responsibility of the consultants and SAS level doctors to support and guide newly recruited international clinical staff.				
5. The Health Board must make sure that feedback provided to residents about their management of patients is constructive and beneficial to learning.	The clinical lead will be sending an email to all consultants and SAS Level doctors across general surgery, health board wide. Formal feedback should be given during WBA's, Good practice shared during teaching ward rounds. Remediation should be done privately and delivered constructively, examples can be used to generate points of teaching.	30/06/2025	Clinical lead Consultants SAS Level doctors Resident doctors	Clinical lead	Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. A detailed discussion took place regarding providing constructive feedback to resident doctors. The clinical leadv agreed to send out an email to senior clinicians within general surgery, across the health board.

Recommendation	Actions to be taken	Timeline	Teams affected	Responsible Person	Progress/Current status
1. The Health Board should ensure there is clarification on the roles and responsibilities of 'Senior House Officers' (SHOs). The workload of SHO's should be monitored to ensure patient care is optimised.	The SAS level doctors have been informed that they are responsible for the supervision of SHO's and that the SHO's are responsible for the supervision of foundation doctors. Any concerns should be escalated to the consultants or management team. SHO's to be reminded about time keeping and the management of the bleep whilst on-call. They will also be reminded of their supisory responsibilites towards the resident doctors. The resident doctors are verbally fully informed of how to escalate clinical information and ask for advice from senior colleagues when on call. The formalised escalation procedure will be written and shared.	11/06/2025 15/07/2025 July 2025	Resident doctors SAS Level doctors Clinical fellows Consultants Management team Rota co-ordinator	SAS Level doctors Management team	Completed – SAS Level
2. The Health Board should review the deployment of	The rota will be updated to move away from the F1, F2 and clinical fellows being under a	August 2025	Resident doctors	Mr J Mathias David Lewis	Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025.

	medical staff throughout the General Surgery team to help ensure a fair division of departmental workload.	named consultant, resident doctors will be clearly allocated duties on the rota and the team will be split into: On call team Post take team Ward team During the ward team week, trainees will be given the opportunity to attend theatre, clinics and MDT as part of their learning. There will be a designated specialty doctor responisble for co-ordinating the rota and monitoring the equitable distribution of duties alongside the management team.		SAS Level doctors Clinical fellows Consultants Management team Rota co-ordinator	Mr M Elmorsy	The arrangments were agreed at all levels and it was agreed that Mr Mathias, Mr Elmorsy and David Lewis would work on the rota in readiness for the August rotation of trainees.
3.	The Health Board should ensure that escalation protocols for deteriorating patients under the care of the General Surgery Team are clearly and widely communicated, to ensure patients are	The resident doctors are verbally fully informed of how to escalate clinical information and ask for advice from senior colleagues when on call. The formalised escalation procedure will be written and shared.	July 2025	Resident doctors SAS Level doctors Clinical fellows Consultants	Consultants SAS Level doctors Management team	Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. Escalation procedure was agreed and it was agreed for the management team to formally write it and share with the team.

appropriately managed by the surgical team prior to external team involvement. This approach should be monitored.					
4. The Health Board should update the departmental information handbook provided to residents during induction.	Departmental handbook to be updated and reviewed regularly to ensure it's relevant and accurate for new starters.	August 2025	Resident doctors SAS Level doctors Clinical fellows Consultants Management team	Consultants Management team	Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. The departmental induction handbook has been updated in May 2025, there are additional pieces of information to be added following the discussion. It was agreed that this would be updated in readiness for the August 2025 intake of resident doctors.
5. The Health Board should ensure that all Foundation Year 1 residents are able to achieve two consultant led Workplace Based Assessments per rotation.	Resident doctors will be informed that they should complete a WBA on each of their on-call weeks. 1 with a consultant and 1 with an SAS level doctor. This will be included in the induction handbook.	August 2025	Resident doctors Consultants SAS Level doctors	Consultants SAS Level doctors Management team	Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. Arrangments regarding WBA's were discussed and agreed by the consultants and SAS Level doctors. The management team will update the induction handbook in readiness for the August 2025 intake of resdent doctors.

Action plan arising from the HEIW Targeted Visit

to

General Medicine, Glangwili

16/06/2025

Requirement	Actions to be taken	Timeline	Teams affected	Responsible Person	Progress/Current status
1. HEIW will share the evidence regarding patient safety concerns gathered at the Targeted Visit with Health Inspectorate Wales, to facilitate greater support to the Health Board to remedy the patient safety and staffing level concerns in Acute Medicine.	HEIW action		General Medicine Deparment, Glangwili Hospital	Quality Management Team, HEIW	
2. The Health Board should undertake an urgent review of resident workload, particularly during on-calls and weekends, to ensure patient safety and to support staff wellbeing and training opportunities. This will need to be facilitated by ensuring that the level of medical staffing is appropriate for the demand and that there is	Re-escalate the need for additional doctor on-call cover for a Tuesday and Thursday to the Financial Control Sub Group.	End of July 2025	Resident on call team	S Bancroft	The healthboard recognises the shortfall in Tuesday and Thursday resident doctor on call cover, originally omitted due to shortfall in rota funding for an additional doctor on the team. The requirement for a rota change and banding increase to permanently cover this had been escalated to the Financial Control Sub Group prior to the targeted visit and a funding stream is in the process of being identified. Interim measure put in place with locum shifts to ensure cover whilst seeking approval for funding to cover permanently.

trust and faith in a system for reporting incidents as they occur. Guidance from the Royal College of Physicians on safe staffing levels should be consulted in assessing the workforce need.	Schedule the Medical Education Teaching Fellow/Quality Improvement Fellow's clinical sessions on days where there is a shortfall in staff.	August 2025	Resident on call team/ Teaching Fellows	Helen Thomas	The Medical Education Department is in the process of recruiting a Quality Improvement Fellow whose weekly timetable will include 2 days of clincial work, scheduled for a Tuesday and Thursday. This will help to alleviate some of the pressure on the medical teams on the shortfall days however, this arrangement will be based on a 9am-5pm shift, rather than an 8am-8:30pm shift. We will have locums in place until a more substantive solution is confirmed. It is anticipated that the new QI Fellow will be in place by the 6th August 2025.
	Exploration of the moving of Internal Medical Trainee doctors from Prince Philip Hospital to Glangwili Hospital is in the process of being discussed. This will be proposed to new and existing IMTs in August.	August 2025	IMTs	Dr Robin Ghosal	An SBAR has been written reporting the staffing issue to the Chief Operating Officer. This will be discussed with the Health Board Executive team, who will then agree a substantive solution.
	An indepth Healthboard review of medical staffing structures is being undertaken in line with Royal College of Physicians guidance which will feed into a wider medical	Review to be completed by Oct 2025.	All resident on call doctors	Carly Hill, Assistant Director – Medical Directorate	

	workforce plan for the Health Board.				
3. The Health Board should review and support the usage of the clinical incident reporting system by front-line staff. A significant majority of known incidents of harm are currently not being reported.	Include safety incident reporting in clinical simulations that include a safety incident. Debrief with a focus on how and why to report, and what happens afterward. Include incidents as part of the Resident Doctor Forum agenda so that they can be discussed and that doctors can be further encouraged to report (if not already done so). Display posters in key areas which highlight the importance of reporting incidents, the reasons why as well as how it can be done - QR code to incident reporting form. Include incident reporting session during induction, include information around what happens when an incident is reported and present anonymized examples	July/August Changeover 2025 Immediately July 2025 August 2025	Teaching Fellows/Trainees Medical Education Teams and Resident Doctors Medical Education Teams/Clinical Staff Datix Team/Medical Education Teams/Trainees	Helen Thomas	Complete - Teaching Fellows and Simulation Tutors have developed scenarios which will be used during simulation sessions offered during induction on the 30th & 31st July and ongoing during future sessions. Complete - Agenda template has been updated to include incident reporting and dates of meetings confirmed. Agenda%20Resident%20Doctor%20Foru Dates%20of%20Resident%20Doctors%2 Complete - Poster has been created and displayed in key areas. Incident reporting poster July 2025.pdf Currently awaiting a confirmed date for training delivery. Session will take place before the end of the August rolling induction programme.

	of incidents where reporting led to system improvements or prevented future harm.				
4. The Health Board should review processes for approving annual leave so that responses are received in a timely manner.	Remind doctors of the new leave approval process and ensure that they are responded to in a timely manner by the leave approvers.	Annual Leave requesting procedure to be re-circulated through Medical Education team by end July 2025	All resident doctors	Peta Spiller	Complete - over the last 6 months we have introduced a new way of requesting annual leave that ensures consultant/registrar teams are authorisors of annual leave, with the rota co-ordinators completing the admin task of signing it off Intpreid when updating the rotas. This has had a positive impact on the leave application process which has since seen a lesser number of incidents where annual leave has not been processed in a timely way.
Recommendation	**Actions to be taken**	**Timeline**	**Teams affected**	**Responsible Person**	**Progress/Current status**
1. The Health Board should ensure that IMT residents are able to access and complete an adequate number of clinics to meet their curriculum requirements, particularly residents in Internal Medicine Training (IMT) posts.	Ensure that time for clnics is incorporated into rotas. Collate clinic information and contact details for access from across the Health Board to share with IMT trainees. Develop SharePoint page which includes the	Sept 2025 August 2025 Oct 2025	Medical Education Teams/IMT trainees	Peta Spiller Helen Thomas Helen Thomas	This is in the process of being explored. Clinic information from across the Health Board has been collated and will be shared with new IMTs during the August induction. SharePoint page is in progress.

	information above and which can be accessed easily by IMTs.				
2. The Health Board should review working arrangements to ensure that residents are able to achieve Acute Care Assessment Tool (ACAT) workplace-based assessments as required by their curriculum.	Ensure that Requirement no.2 is addressed. This will mean that the trainee workload becomes more manageable and thus provide adequate time to facilitate sign off and obtain feedback.	Oct 2025	Resident doctors	Service management team	As per progress Requirement no.2
3. The Health Board should ensure there is sufficient space to allow timely patient review, and subsequent discussion, training and confidential resident feedback within Acute Medicine areas.	Estate review of general medicine and the emergency care departments to ensure that there is sufficient capacity to appropriately asses and treat patients with dignity, along with enabling effective and confidential training discussion and feedback.	December 2025	Trainers	Sarah Perry	We are in the process of redesigning the Front Door with a particular focus on Medical SDEC expansion with greater intergration with ICMDT/virtual wards and hot clinics and potentially enhancements of the acute frailty model. This means the vast majority of the medical intake could run through SDEC allowing a better training environment for the resident doctors to complete and get feedback on ACATs and other asessments
4. The Health Board should improve access to necessary IT equipment across Medicine areas.	Review of IT requirements is being arranged with the IT team	Dec 2025	Resident doctors/ Medical Education/Service and IT Teams	Stuart Bancroft/Helen Thomas/Gavin Jones	Meeting took place on the 22/07/2025 to discuss IT issues encountered by the trainees. Issues reported relating to IT systems in A&E. The department uses Imprivata software which requires

					additional log in details to access and this can at times cause issues, especially upon commencement in post. This has been noted by the Medical Education Team who will link in with the IT department to ensure that access is arranged prior to them starting in post. The software also currently blocks the reliable clinical decision making sites such as NICE and antimicrobial guidance and so IT have asked that the sites which trainees need to be able to access are collated so that the blocks can be lifted. Being able to access a physical computer on the medical wards was also reported as an issue and so a review is to be undertaken of what is currently available and what is required in order that this can be addressed. Findings will inform a QI project for the new QI fellow, and will be reported to the Chief Clinical Information Officer.
5. The Health Board should make efforts to ensure that the appraisal of educational roles is meaningful and robust.	Reminder will be sent out to all educational and clinical supervisors on the need to include evidence of CPD which relates to their trainer roles as part of the Whole	End of July 2025	Educational and Clinical Supervisors	Dr Robin Ghosal	Complete – message has been sent out to all trainers.

	Practice Educational Appraisal requirements. Appraisers to be reminded of the need to discuss educational roles as part of the appraisal discussion and to highlight areas for development (i.e. sufficient CPD etc).	Appraiser Forum 01/10/2025 Email reminder end of July 2025	Appraisers	Helen Thomas	This will be included as a standing item on Appraiser Forum Agendas.

3.7

3.7 - Sickness Rates and Cultural Challenges in Theatres - Deferred

4

10 Mins

4 - PLANNING

4.1

4.1 - Planning Objectives General Update Report

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

For assurance

Attachments

4.1 PODCC PO Update SBAR Aug 2025 v1.pdf

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 August 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 / Deputy CEO)
SWYDDOG ADRODD: **REPORTING OFFICER:**	Angharad Lloyd-Probert Senior Project Manager (Strategic Planning) Anna Bird, Assistant Director of Strategic Partnerships,

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 set of 10 Planning Objectives (PO) have been developed and reviewed through Quarter1 of 2025/26 as an integral part of the Hywel Dda University Health Board's (HDdUHB) Annual Plan for 2025/26. 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 2025/26, one Planning Objective has been aligned to the People, Organisational Development and Culture Committee (PODCC), namely PO1 Happy healthy workforce ensuring equality, diversity and inclusion.

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

Cefndir / Background

The Planning Objectives are the bedrock of our Annual Plan for 2025/26, and this report is presented as both an update on the key elements of Planning Objective 1 through the development of a 'Plan on a Page; and to demonstrate where progress has been made in delivering the Planning Objective through Quarter 1.

The PO is made up of several different components, and the overarching narrative is described as follows:
"To foster a workplace culture of connection, appreciation and positivity, enabling our people to thrive."
"To Create a compassionate, inclusive and respectful experience for colleagues and patients"

The description and specific measurable actions of the PO through the Plan on a Page, can be found in annex 1. The Committee should note that the Value and Sustainability Group has reviewed the PO before coming to the Committee for approval.
Asesiad / Assessment The overarching status of the PO is **On Track**. Highlight reports for the individual components of the PO can be found in annex 2 demonstrating evidence of the work which has been completed, as well as actions which are planned over the forthcoming months
Argymhelliad / Recommendation The Committee is asked to: • Receive **ASSURANCE** on the current position regarding the progress of the Planning Objective aligned to the People, Organisational Development, and Culture Committee, in order to assure the Board that the Planning Objective is progressing and is on target, and to raise any concerns where a Planning Objectives is identified as behind in its status and/or not achieving against its key deliverables.

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 *Discover* 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 Termau: Glossary of Terms:	Explanation of terms is included 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:	Value and Sustainability Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
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

Annex 1: Scope and Actions for Planning Objective 1: Happy healthy workforce ensuring equality, diversity and inclusion.

PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/26) **Foster a workplace culture of connection, appreciation and positivity, enabling our people to thrive.**					
PROJECT GOVERNANCE **Responsible Officers** **Executive Lead**: Lisa Gostling **Strategic Lead**: All Pillar Leads **Delivery Leads**:			**Programme oversight through**: WOD Senior Leadership Group **Governance through**: People, Organisational Development and Culture Committee **Delivery through**: WOD Business Group		
KEY DELIVERABLES*			**MEASURES***		
KEY ACTIONS*	**BY WHOM**	**BY WHEN**	**QUANTIFIABLE OUTCOME*:**	**TRAJECTORY OVER NEXT 12 MONTHS:**	**DATA SOURCE**
1.1 - Establish a group to support staff wellbeing through the provision of proactive occupational health and staff wellbeing services, which includes cultural conversations around health and wellbeing and encourages wellbeing through healthy lifestyles.	Assistant Directors for People Management and Organisational Development	Q4	• Improved update of Flu vaccines by staff • All Wales KPI targets met for Occupational Health • All Recovery in Nature Programmes take place with fewer DNAs. • Mechanism to measure application of reasonable adjustments recommended by Occupational Health which on implementation enable an earlier return to work. • Each county holds one wellbeing day per year. • All People Culture Plans includes an element of health and wellbeing. • All workforce plans link to Culture Plans to embed & focus on good planning to enhance wellbeing	• Increase flu vaccine uptake across all job families resulting in a HB wide increase above 31/3/25 baseline of 31.86% • Reduction in DNA's through more staff absent with stress attending the Recovery in Nature programme. • Phase 2 of ER Case Management system comes online to enable analysis of reasonable adjustments uptake. • Increase in the number of CCGs completing People Culture Plans. • Increase of alignment PC Plans with operational and strategic workforce Plans where possible	• End of year Flu update report from Public Health Wales • Internal data • Culture Plans • Workforce Plans

1.2 - Strengthen the workforce by: a) equipping all with the knowledge, skills and development needed through education and simulation b) by attracting high calibre candidates to vacancies c) by collaborating with schools, colleges and universities to ensure future generations think of careers in health	All Pillar Leads	Q4	• Work collaboratively to extend the delivery of Band 2-4 development programmes. • Design and develop and pilot an Interprofessional Preceptorship programme. • Attraction of high calibre candidates for all our vacancies linked with our stabilisation programmes and creation of an environment which enables a positive experience for staff at work. • Minimise bias by implementing fair and transparent recruitment practices, including inclusive language in job descriptions. • Increase in the number of applicants accessing the Armed Forces Guaranteed Interview scheme. • Provide opportunities for local children and young adults to pursue a career in health. • Evaluation of the Primary School Engagement pilot to assess its impact on early career awareness.	• Strengthen care skills across community and primary care settings. • Increased interprofessional engagement. • Reduction in agency and variable pay. • Increase of alignment PC Plans with operational and strategic workforce Plans where possible. • Improvement of metrics related to culture and stabilisation. • Retain the Gold Defence Employers Recognition Scheme award. • Development of a sustainable, inclusive pipeline for the future health and care workforce.	• Pilot evaluation • IPAR data linked to hotspot areas • Apprentice Programme • Schools Programme • Grow Your Own programme • TRAC data
1.3 - Improve the experience of staff and patients by ensuring happiness at work and excellent customer service.	Assistant Directors for Organisational Development and Business, Partnerships and Inclusion	Q4	• Ensure appropriate staff voice and surveillance mechanisms are in place and learning for the organisation is identified. • Refresh the appreciation and recognition programme for staff. • Enhance our staff support networks to provide opportunities for connection and staff voice to shape policies, services and future working environments.	• New programme is approved via the Staff Partnership Forum by September 2025. • Additional funding is secured from the Charitable Funds Committee. • Increased engagement in staff networks as demonstrated by staff stories. • Thematic learning from each staff network is discussed at Staff Partnership Forum.	• Speak Up platform • Culture conversations • Board Survey • NHS Staff Survey • Annual Reports

RISKS	**RISK DESCRIPTION**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**MITIGATING ACTIONS**
	Capacity of staff within the WOD directorate to progress delivery of the actions.				• Integrated oversight via WOD SLT, of delivery plans to meet Planning Objectives. • Regular review of staff capacity and prioritisation of time to mitigate the impact on capacity to deliver.

LINKS TO	**BAF**	**HB RISK REGISTER**	**OTHER PLANNING OBJECTIVES**	**MINISTERIAL &/OR LOCAL PRIORITY**	**OTHER, EG, AHMWW**
		1978 Risk of insufficiently skilled workforce to deliver services.	Underpins all objectives to enable service delivery of Health Board actions plans.	Underpinned by local and ministerial priorities as well as key legislation e.g. Armed Forces Covenant	Underpins AHMWW, CSP and Annual Planning Cycles.
		1821 Risk of welfare of HB staff due to current demands.			

PLANNING OBJECTIVE SCOPE (What are you aiming to achieve in 2025/26) **Create a compassionate, inclusive and respectful experience for colleagues and patients.**					
PROJECT GOVERNANCE **Responsible Officers** **Executive Lead**: Lisa Gostling **Strategic Lead**: All Pillar Leads **Delivery Leads**:	**Programme oversight through**: WOD Senior Leadership Group **Governance through**: People, Organisational Development and Culture Committee **Delivery through**: WOD Business Group				
KEY DELIVERABLES*			MEASURES*		
KEY ACTIONS*	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS:	DATA SOURCE
2.1 - Enhance the operational efficiency and workplace culture of the Health Board by implementing comprehensive support strategies for staff, fostering compassionate communication and reinforcing our commitment to inclusive values. This will include people practices, values refresh, compassionate visible leadership, acting upon staff survey results.	Assistant Director for OD	Q3	• Complete Health Board Values refresh and gain engagement from Staff Partnership Forum representatives. • Each CCG develops an NHS Staff Survey action plan, in conjunction with a corporate Staff Survey action plan. • Delivery of a comprehensive suite of leadership development programmes to promote compassionate and inclusive practice.	• Values framework adopted and used across the organisation to promote cultural intent. • EITS process monitors the NHS Staff Survey action plans. • Regular cohorts of leadership development programmes are delivered each quarter.	• Staff Survey Action Plans • Qualitative and quantitative data from programme evaluations monitored via SPEG.

2.2 - Identify and implement strategies to mitigate operational pressures by supporting individuals through a range of improvements including enhanced workforce planning, dissemination of best practice across the Health Board, including HR process improvement and enhanced flexible work approaches using volunteers as appropriate.	All Pillar leads	Q4	• Enhance the performance dashboard to include further workforce metrics i.e. medical stabilisation data, to support managers in workforce planning. • In collaboration with TU colleagues, expand the range and availability of volunteering opportunities. • Delivery of the Employee Relations action plan to reduce case timelines and provide kinder people processes. • Increase in the number of flexible working requests received and approved. • Increase the number of staff who self-identify as unpaid carers and are supported in the workplace via use of the Carers Passport. • Expand the range and availability of volunteering opportunities.	• Improvement in use of metric and WFP outcomes linked to stabilisation programmes • Phase 2 of ER Case Management system to enable analysis of flexible working uptake. • Increase in the number of Carers recorded on ESR. • Increase in the use of the Carers Passport. • Increase operational and strategic workforce Plans where possible. • Increase the number of volunteering roles to reflect evolving needs.	• NHS Staff Survey • Flexible working requests • Volunteer hours • ESR data • Workforce Planning Action Plans
2.3 - Build an inclusive and respectful organisational culture where everyone feels a deep sense of belonging. This includes the establishment of an EDI Task force to progress improvement in workforce experience within the organisation.	All Pillar leads		• To embed the Social Partnership model in service redesign and new ways of working (in accordance with WBFGA). • Increase in the number of staff who are supported with Reasonable Adjustments via the use of the Disability Passport. • Eliminate bias from development opportunities to support equitable progression. • Develop, promote and implement a range of EDI initiatives to drive forward national and local action plans i.e. ArWAP, LGBTQ+ • Identification of key actions through the EDI Taskforce.	• Increased NHS Staff Survey positivity scores for the themes “we are compassionate and inclusive” and “we nurture healthy working environments”. • Increased number of staff receiving EDI training. • Improvement in reported Pay Gap data in 2026	• Evaluation of EDI training • WRES data • NWIP Bullying and Harassment data

	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
RISKS	Capacity of staff within the WOD directorate to progress delivery of the actions.				• Integrated oversight via WOD SLT, of delivery plans to meet Planning Objectives. • Regular review of staff capacity and prioritisation of time to mitigate the impact on capacity to deliver.

	BAF	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW
LI					

		1978 Risk of insufficiently skilled workforce to deliver services.	Underpins all objectives to enable service delivery of Health Board actions plans.	Underpins local and ministerial priorities e.g. Welsh Government Anti-racist Wales Action Plan; Welsh Government LGBTQ+ Action Plan; West Wales Regional Partnership Board Carers Strategy.	Underpins AHMWW, CSP and Annual Planning Cycles

4.2

4.2 - Community Nursing Update Report/ Community Staffing Update

Tracey Evans (Hywel Dda UHB - Head of Community Nursing - Ceredigion), Lyanne Lewis (Hywel Dda UHB - Acting Head of Community Nursing)

For assurance

Attachments

4.2 Community Nursing Update Report.pdf

PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 August 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Community nursing Update/Staffing Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Peter Skitt, Clinical Care Group Service Director - Community & Integrated Medicine

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 paper outlines the key achievements of the Community Nursing Services across the three counties for the period April 2024 to March 2025. It demonstrates progress made towards national objectives and the key work undertaken towards the development of robust and sustainable community services.

Cefndir / Background

In line with the Government objectives to provide effective, high quality and sustainable healthcare, the Strategic Programme for Primary Care has led on work to develop a National Community Nursing Specification. This document outlines at a strategic level the overarching principles, characteristics, and functions of Community Nursing in Wales for individuals aged 16 and over.

The National specification aims to:

- Standardise care where possible to reduce variation and raise quality.
- Simplify systems and processes to make people's experience better and nurses working lives easier.
- Promote collaboration with other nurses and professional.

Community nursing services should ensure there is a consistent approach to the provision of services which:

- Places the individual and carer at the centre of community nursing services adopting key principles focused on providing person centred, preventative, safe and effective services.
- Recognises the value and contribution Community Nursing offers to individuals, local communities and health and care professionals across primary, community and secondary care.
- Promotes closer working and a clearer understanding of each other's roles, creating more resilient and effective relationships.

- Reduces variations in the service provided to individuals and carers and to those services or professionals that interface with them.

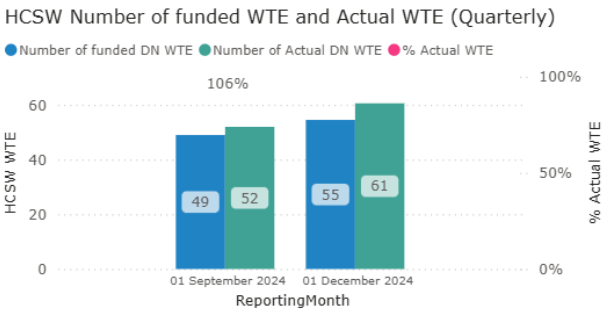
All community nursing services across Wales are required to demonstrate how they are achieving the National Community Nursing Specification and its outcomes – self-assessment tool and measures to demonstrate how the outcomes of this specification will be achieved provide community nursing services with greater awareness and understanding of how their services currently meets the principles, characteristics and functions set out in this specification and any actions required to achieve these.

Asesiad / Assessment

Succeses and Achievements

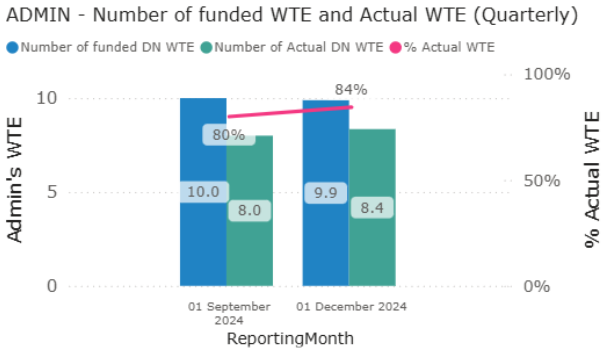
- Neighbourhood Team Integration
  District nursing teams aligned with Primary Care Clusters. In 2024/25, over 45,000 home visits were conducted—an 8% increase from the previous year.
- SPQ numbers supported
- Development of robust ambulatory clinics
- Trial With Out Catheter project transferring care closer to home.
- Community Nursing Assessment document piloted, demonstrating improvements in record keeping
- Restructuring of Ceredigion Community nursing teams, providing resource for District Nursing Teams and supporting development of Enhanced community care.
- Development of District Nursing to administer Intravenous medications, to further support patient flow and reduce hospital admissions.
- Development of Fundamentals of Wound Care training
- Reduction in number of open patient safety incidents
- Development of Professional Collaboratives
- Development of Enhanced Community Care and Clinical Streaming
- Development of Community Nursing Assessment Documentation
- Implementation of frailty risk screening
- Improving Palliative Care – Message in a bottle

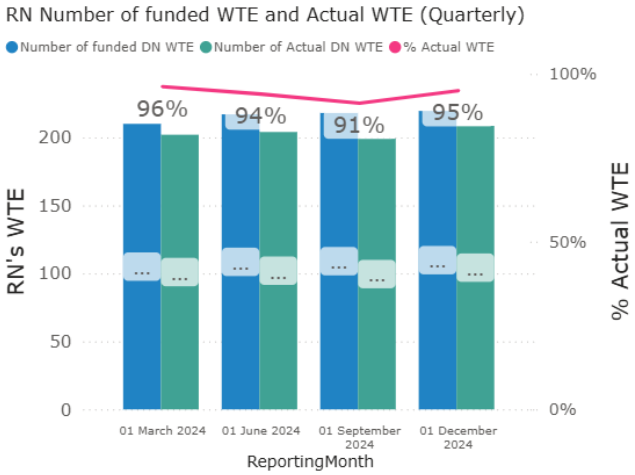
In 2024 Further Faster funding enabled us to invest in additional staffing for our District Nursing Teams, supporting the development of a robust and sustainable workforce and achievement of key objectives outlined within the National Community Nursing Specification.
The funding received from Welsh Government was specifically directed toward increasing the workforce and enhancing weekend community nursing services within the District Nursing teams across the three counties of Carmarthenshire, Ceredigion, and Pembrokeshire.
The additional funds were primarily used to recruit Health Care Support Workers (HCSWs), Assistant Practitioners and Registered Nurses, dependent on the need of the service, to bolster existing weekend staffing within the District Nursing Service. This measure was aimed at supporting registered nurses in delivering essential care and enhancing patient outcomes over weekends. The graphs below demonstrate the increased funded workforce across community teams.



The reporting template for WTE data changed September 2024.

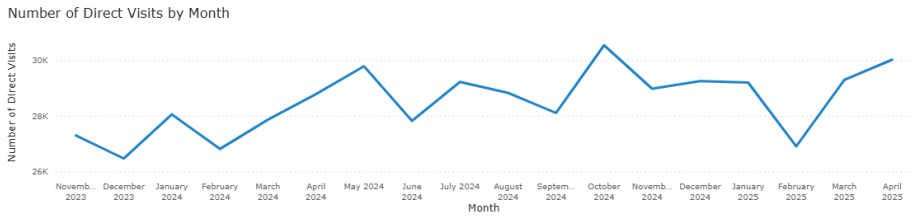
Data has been reviewed and assumptions applied to match the data to the new template where possible.

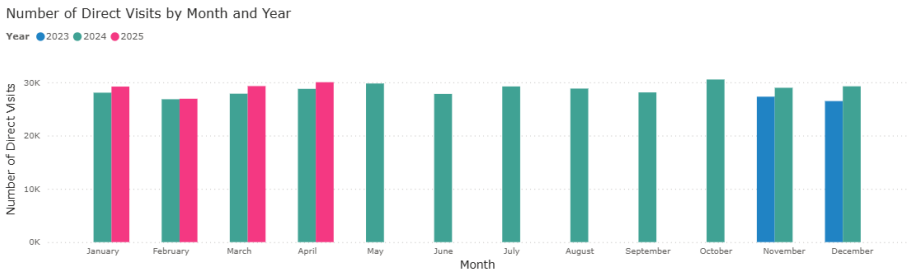




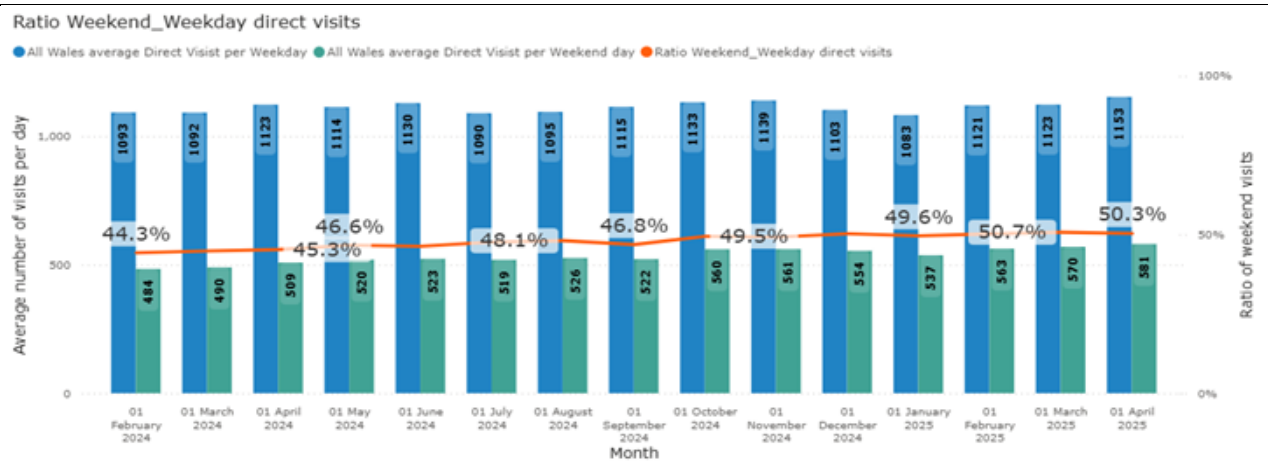
Impact and Outcomes:

There has been an increase in activity undertaken across the week, with a small increase in the percentage of nurses working weekends across the 3 Counties, as seen in the graphs below, indicating progress toward a more resilient and consistent 7-day service. The teams provided a total of 378,178 direct patient care visits throughout 2024, with 84% of visits carried out during the weekday.





Although the 80% target coverage for weekend nursing has not yet been achieved, current figures (graph below) suggest a positive trajectory, but continued focus is needed to reach the desired threshold.



- Average number of visits that occur on a weekday compared to the average number of visits that occur on a weekend day.
- Reporting on the average number of visits on a given weekday vs a weekend day.
- Bank Holidays are considered week days

N.B. Averages are calculated with the available data, some months may not include all HB's.

Ongoing Actions and Learning:

A comprehensive caseload review is currently underway across all three counties, with the aim of identifying:

- Non-urgent weekday work that can be safely and appropriately rescheduled to weekends.
- Opportunities for redistributing workload to maximise weekend staff effectiveness.
- A significant system-wide challenge remains: the need for cross-service alignment to a true 7-day operational model. Without equivalent weekend availability from allied services (e.g. pharmacy, therapies, GP out-of-hours), the impact of increased nursing alone may be limited.

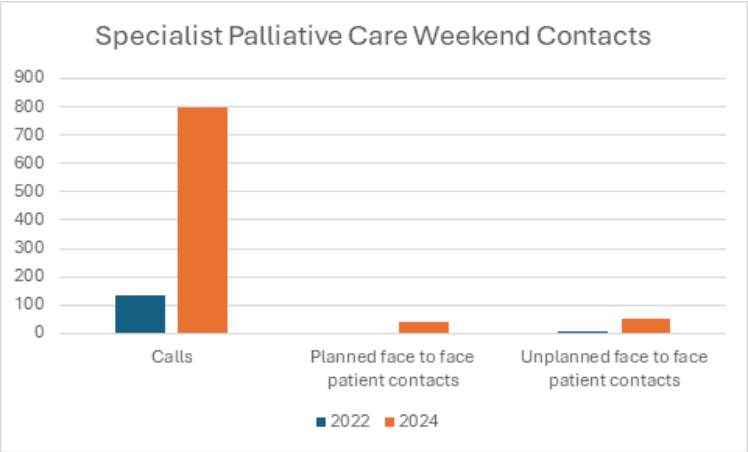
Best Practice and Recommendations:

While full transformation to a 7-day community nursing service is still in progress, the WG funding has supported critical steps toward this goal. Continued system-wide alignment, data-driven decision-making, and investment in the workforce will be key to maximising impact and sustainability.

- Cross-service collaboration: Progress is most sustainable when aligned with other health and care services shifting to 7-day models. Shared protocols, handover pathways, and aligned service hours are essential.
- Data-led planning: Utilise digital caseload management and acuity tools to identify patterns in weekend care demand, and to forecast safe workforce requirements.
- Workforce development: Continue investment in training and upskilling HCSWs to undertake delegated clinical tasks safely and effectively, freeing up nursing time for complex care.
- Patient feedback: Gathering and analysing patient and family feedback on weekend care experiences will support improvement and demonstrate the value of the service changes.
- Standardisation of data used to calculate staffing for core District Nursing work to reflect impact of funding on weekend staffing.

In 2024 Further Faster investment also supported Hywel Dda Palliative Care Specialist Nursing Teams to improve equality of urgent assessment of the complex deteriorating patient, provide safe, rapid and reliable advice and support, put in place and review advance care plans, admission avoidance and improved flow, particularly at weekends.

Previously weekend cover was provided by one CNS for the three Counties. Since April 2024 CNS cover for each county on the weekend is provided from the county CNS team. The following chart compares the weekend activity between Qtr1 in 2022 and Qtr 1 in 2024:



Impact:

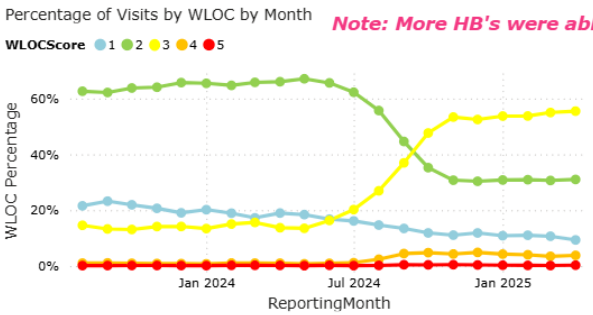
- Patient benefit – access to Specialist Palliative Care in a timely manner.
- Patients with complex needs can access face to face review
- Avoidance of unscheduled acute admissions
- Support for HCP, social care and third sector colleagues in all settings

Challenges

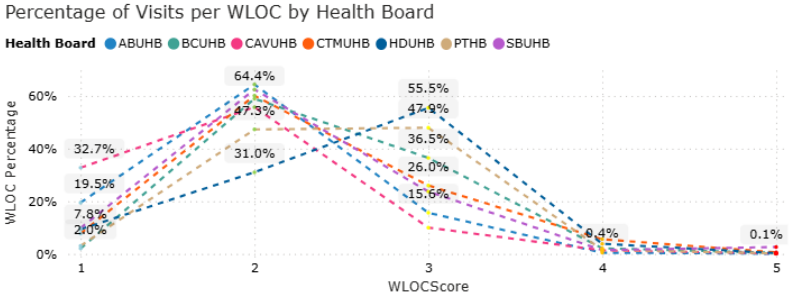
- Impact for weekday staffing (less staff) & core service activities
- Access to local core services
- Potentially increasing Consultant and GP weekend work.
- Periods when weekends cannot be covered fully

Welsh Levels of Care

Further education was provided to staff in the scoring of Welsh Levels of Care, which has enabled a more accurate reflection of the complexity and acuity of care being provided within our communities.



Level 5: Immediate/ Emergency Care - An exceptional, high risk, emergency/ crisis situation requiring escalation and immediate intervention from professionals/ services.
Level 4: Urgent Care - The patient is in a highly unstable and unpredictable condition either related to their primary problem or an exacerbation of other related factors. Can be managed in the community.
Level 3: Complex Care - The patient may have a number of identified problems, some of which interact, making it more difficult to predict the outcome of the visit.
Level 2: Managed Care - The patient has a predictable and clearly defined problem but there may be a small number of variations in care that are easily managed with minimal impact.
Level 1: Routine Care - The patient has a clearly identified problem, with minimal other complicating factors.



Number and % of visits per WLOC

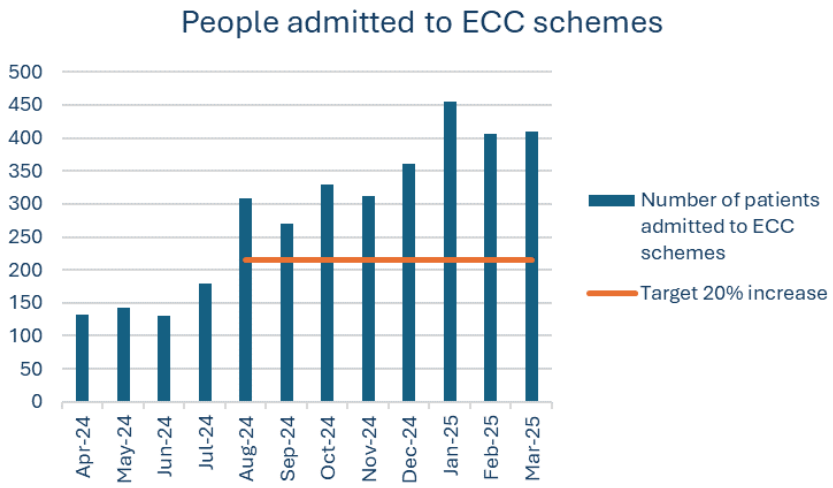
WLOCScore	Sum of Response	WLOC_Percentage
1	2,232.00	9.35%
2	7,402.00	31.02%
3	13,239.00	55.48%
4	914.00	3.83%
5	75.00	0.31%

Enhanced Community Care

In line with the ambitions of the Six Goals for Urgent and Emergency Care and providing care closer to home, considerable progression has been made in developing new and innovative services across the 3 counties to meet key community objectives such as ensuring coordination care planning - seven days a week, enabling use of technology, preventing avoidable hospital admissions and attendances, developing community services to enable patients to be 'turned around' at the front door, providing rapid crisis response utilising community services in a step up model of care and focussing on a home first approach to care supporting services to discharge patients for assessment to be done at home.

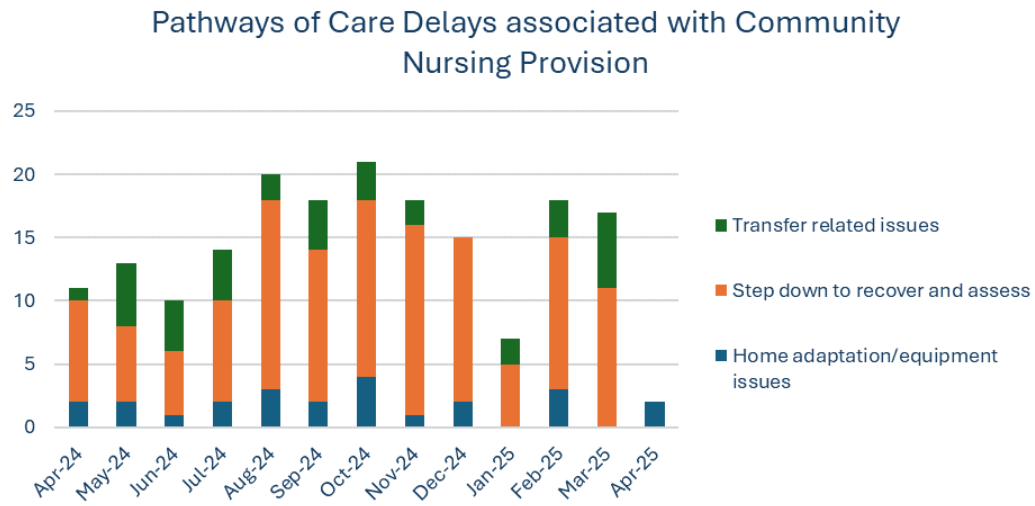
In the Welsh Government letter dated 26 July 2024, the Care Action Committee (CAC) set out its priorities for its key areas for 2024/25. The priorities for action in the 2024/25 linked to Enhanced Community Care (ECC) are:

Increased count of people (at home and in care homes) benefiting from 'step up' care as safe alternative to conveyance / hospital admission and 'step down' care from hospital, with the ambition to increase the number of people accessing Enhanced Community Care (Level 4) by March 2025. The chart shows the progress made, exceeding the targeted 20% increase.



Pathway of Care Delays

A total of 184 delays were recorded in relation to Community Nursing Provision (including community hospitals and wrap-around provision), in comparison to 2739 total delays over the same period for all reasons; therefore, less than 7% of delays are associated with Community Nursing Provision.



Care Closer to Home

The Health Board now has a robust community clinic model across the three counties, offering nurse-led services for patients over 18 years of age. The clinic profile consists of:

- Scheduled re-catheterisation
- Trial without Catheter
- Leg ulcer management and prevention
- Ear wax management

The clinics are dedicated to delivering high-quality, safe, and effective healthcare in a timely manner, ensuring that all patients are seen within three weeks of referral. The clinics are designed to provide local services in accordance with the guidelines set forth in 'A Healthier

Mid and West Wales' and are aligned with the principles of 'A Healthier Wales'. The focus of ambulatory clinics includes:

- Providing care closer to home
- Supporting health and wellbeing with a focus on prevention
- Delivering seamless, user-centred services
- Building community resilience
- Empowering localities to determine health approaches
- Ensuring sustainability of primary and community care services
- Reducing pressure on secondary care

Benefits include:

- Timely Access to Care: Patients are seen within three weeks of referral, ensuring prompt attention to their health needs.
- High-Quality, Safe, and Effective Care: The clinics provide reliable and professional healthcare services, maintaining high standards of patient safety and treatment efficacy.
- Local Service Delivery: By offering services closer to home, the clinics reduce the need for patients to travel long distances, making healthcare more accessible and convenient. Preventative Focus: Emphasising prevention and wellbeing, the clinics help manage and prevent conditions like leg ulcers and ear wax build-up, reducing the likelihood of complications.
- Seamless, Patient-Centred Services: Care is designed to be seamless and tailored to individual needs, ensuring a holistic approach to patient health.
- Community Resilience: By supporting local communities, the clinics help build resilience, empowering residents to take an active role in their health and wellbeing.
- Sustainability of Primary and Community Care: The clinics contribute to the sustainability of primary and community care services, ensuring these essential services remain available and effective.
- Reduced Pressure on Secondary Care: By managing conditions at the primary care level, the clinics help alleviate the burden on secondary care facilities, allowing them to focus on more complex cases

Trial Without Catheter (TWOC)

The TWOC clinics, now well-established across Pembrokeshire, Ceredigion, and Carmarthenshire, are led by our Ambulatory Clinic Nursing Team, and are a key achievement for 2024, supporting the delivery of care closer to home. Since the introduction of the triage nurse and the launch of community TWOC clinics in June 2024, supported initially via Primary care Cluster funding, the positive impact of this service has been unmistakable:

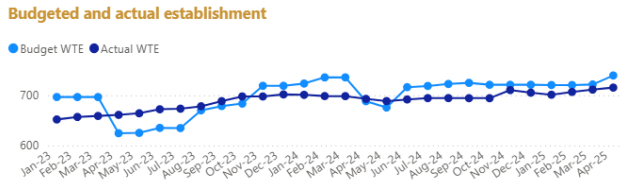
- Reduced Waiting Times: Waiting times have decreased from an estimated 120 days to just 17 days—an 86% improvement, showcasing the exceptional efficiency and effectiveness of the TWOC Improvement Project. o Timely Procedures: 100% of patients underwent TWOC within 28 days.
- Patient Satisfaction: Achieved 100% patient satisfaction, as reflected in PREMs Scores.
- Cost Savings: Annual catheter-related expenditure was reduced by £98,068.93, with notable savings on Foley catheters (£25,654.37), leg bags (£44,423.63), and catheter maintenance (£11,132.45).
- Increased Capacity: Enhanced capacity within Urology services has enabled restoration of nurse-led histology/MDT clinics for prostate and bladder cancer patients.

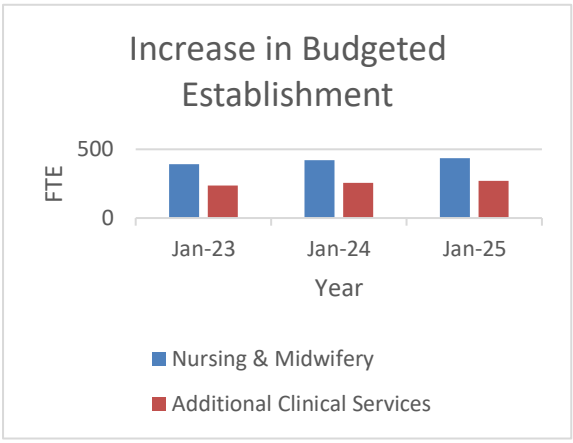
The community TWOC clinic model has successfully integrated primary, community, and secondary care, ensuring that patients receive the right care, in the right place, at the right time. This approach not only brings care closer to home in a supportive environment but also educates patients on managing their catheter. HDUHB achieved an impressive TWOC success

rate of 61.78% from the 157 TWOCs conducted between June 2024 - January 2025, exceeding both national and global benchmarks. National TWOC success rates range from 23% to 40%, while global success rates vary between 23% and 54%.

Workforce

Additional Welsh Government funding has supported a 5% increase in staff when compared to April 2024, with an increase in both Registered and Unregistered posts across services. This equates to an additional 31 Full Time Equivalent (FTE) including substantial investment in Band 4 Assistant Practitioner posts.

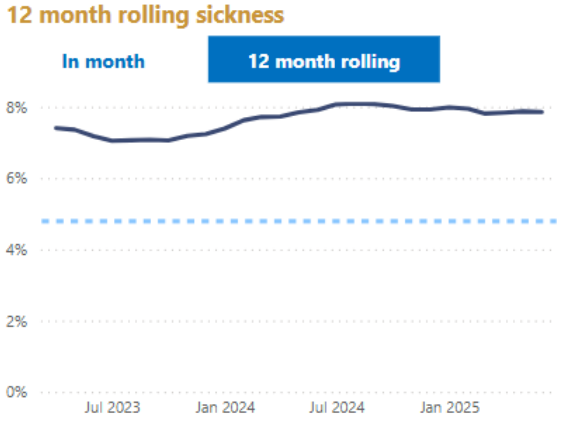




The age of the community nursing workforce remains a risk. Actions being taken to mitigate and prepare for the potential number of staff retiring over the next 5 years includes:

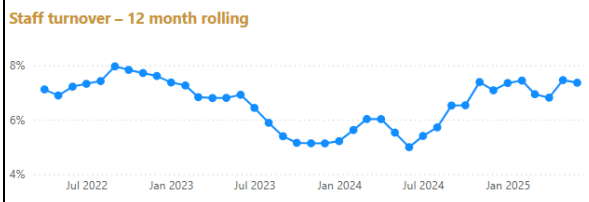
- Supporting development of the HCSW through to registered practitioners and grow your own schemes.
- Recruitment and retention strategies
- Newly registered Nurses recruited at risk, to be offset by future vacancies
- Offer recruitment events to promote and highlight community nursing
- Use of non-SPQ Community Sister post to attract leadership from outside service area

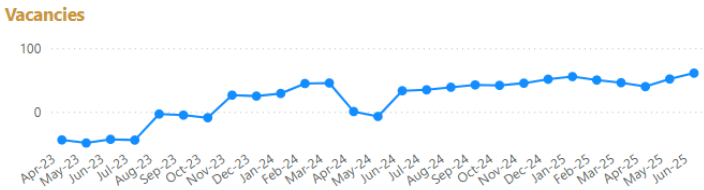
12 month rolling sickness, turnover and vacancies have increased throughout 2024 and there has been a renewed focus on supporting staff well-being and development. Stress and anxiety continue to be the highest reason given for absence, resulting in a focus on staffing, leadership and management, capacity and demand, flexible working and staff well-being.



Key actions include:

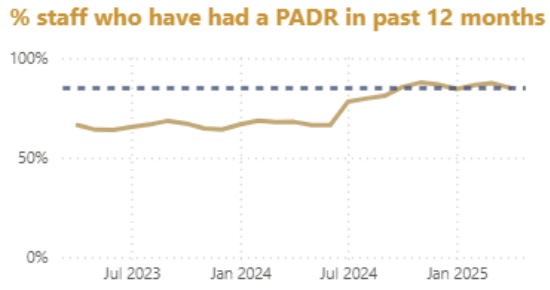
- Promoting uptake of restorative supervision
- Deep dives into long term sickness
- Audits of absence management process
- Promoting exit interview and review of themes
- Organisational Development supporting teams as required
- Support of flexible working requests
- Increased signposting to well-being services and
- resources
- Increasing opportunities for staff development
- Supporting staff to undertake Grow Your Own programme





Staff Training and Development

Throughout 2024 there was a focus on supporting line managers to carry out annual development reviews in to achieve and maintain 85% compliance, increased from 69%. Likewise, the facilitation of mandatory training days supported by the Community Professional and Practice Development Nurses across the three teams have supported staff to maintain compliance with mandatory training.



Throughout 2024 the Professional and Practice Development Nurses have provided training to staff across Community Nursing Teams, with 314 members of staff trained in Basic Life Support, 63 Health Care Support Workers trained in the Fundamentals of Wound Care and 30 Health Care Support Workers trained in Administration of Medication. Training has also been provided to up skill staff within District Nursing Teams to administer intravenous medication to patients at home, providing further capacity to support admission avoidance and earlier discharge. The team has also worked closely with the Clinical Skills Team to develop an oral suctioning training package, providing education and competency assessment for staff and carers.

Restorative Supervision

We now have several staff trained as professional Nurse Advocates supporting delivery of restorative supervision across our Community Teams, with supervision being delivered in a variety of ways. Specific forums have been developed to support staff development and well-being in a peer group setting, with some supported by Organisational Development colleagues. Drop-in sessions are also provided, alongside virtual sessions to improve accessibility. RCS sessions April 2024 – March 2025

Evaluation Results (n=19)

- 100% wanted further RCS sessions
- 76% believed RCS would help improve practice (18% said maybe)
- 94% felt RCS improved their wellbeing (1 person (6%) said maybe)
- 76% felt RCS helped them stay in their role (18% said maybe)
- 100% would recommend RCS to a colleague

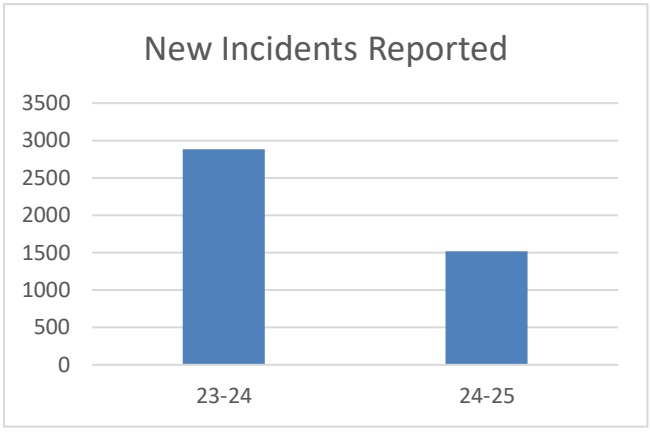
Staff Feedback

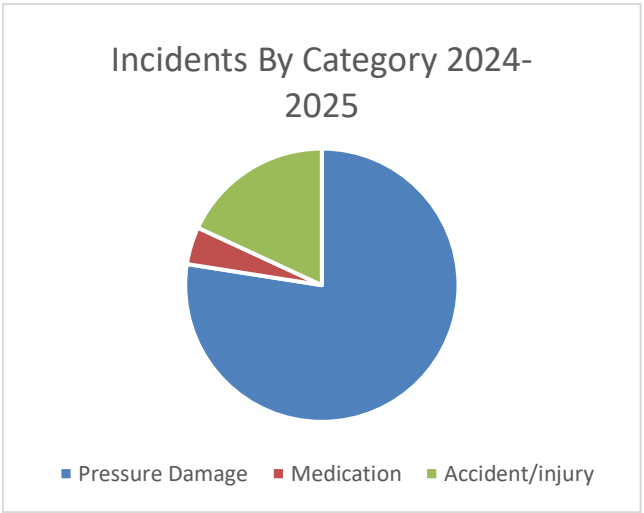
"I did not know what to expect but I found just talking and reflecting on events that have occurred do make things clearer. I felt better after my session"
"Able to offload to someone removed from team. Good ideas for professional development discussed that not aware of"
"I am neurodivergent. Clinical supervision has really helped me to improve my skills, fInd coping mechanisms and work arounds, and helped with my well-being."
"I have found the experience very beneficial for my well-being. It is an opportunity to talk through difficulties faced in clinical practice and work through them to find solutions."
"Very valuable, it has helped me to develop resilience and plan better."
"Really easy to chat with facilitator, non-judgemental and allowed me to explore ideas, thoughts and feelings."

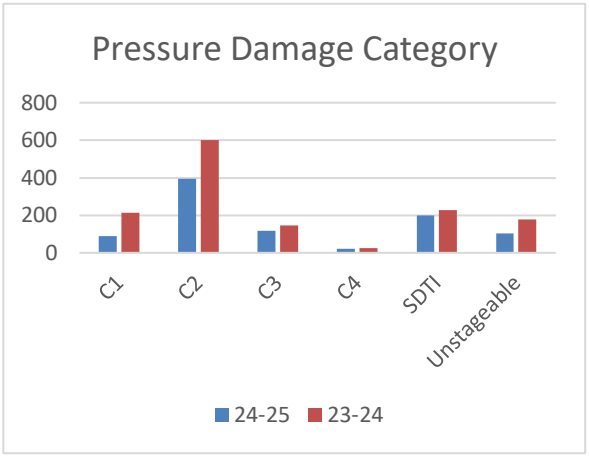
Quality, Safety and Patient Experience

2024 saw a significant reduction in the number of patient safety incidents reported across all categories, likely because of education around incident reporting, and changes to process e.g no longer a requirement to report moisture damage. Most incidents reported, as in previous years, are relating to pressure damage, with 1118 incidents reported throughout the year.

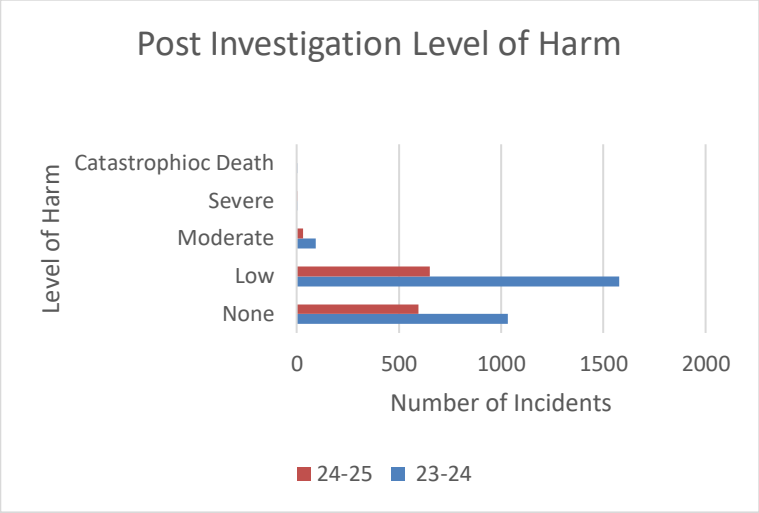
While there continues to be high numbers of pressure damage reported, the data suggests a 47% decrease in reported pressure damage when compared with incidents reported in 2023, with 52% of incidents reported at Category 2 and below, demonstrating the impact of training and education undertaken in order to identify the risk of pressure damage and take appropriate action early on. 2024 also saw a 37% decrease in reported medication incidents.







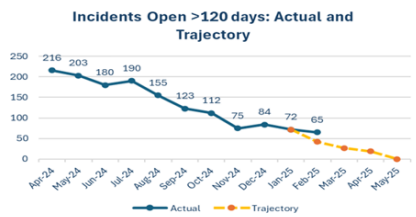
While around 50% of pressure damage is reported to have developed or worsened within the care of our service, like the previous year, 96% of all investigated incidents report either no or low level of harm, with many incidents deemed to be unavoidable following review in assurance meetings. Where incidents are found to be avoidable, this is often due to a combination of factors such as complexity of clinical condition, environment, non-concordance or poor documentation, (eg, lack of care plans and wound care charts).



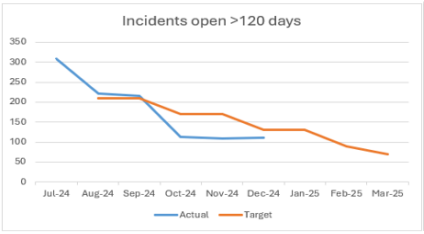
All 3 counties hold monthly assurance meetings and have adopted a learning culture to share and disseminate learning and good practice. Avoidable incidents and learning are also shared through each county's Quality, Safety and Experience (QSE) meetings and escalated either through to the Community and Primary Care Safeguarding Delivery Group or Operational Quality, Safety and Experience Committee (QSEC).

Significant progress has been made towards reducing the number of open incidents, with a focus on early screening and identification of harm for newly reported incidents. Early screening enables us to ensure learning is identified and shared in a timely manner, improving the quality of care delivered to patients within our communities.

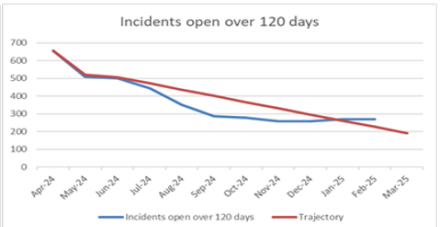
Carmarthenshire



Ceredigion

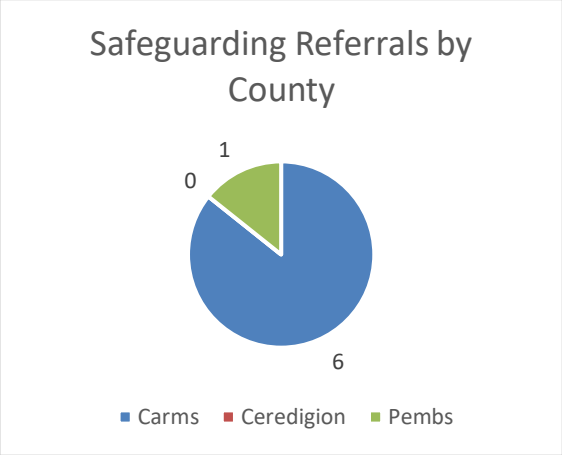


Pembrokeshire

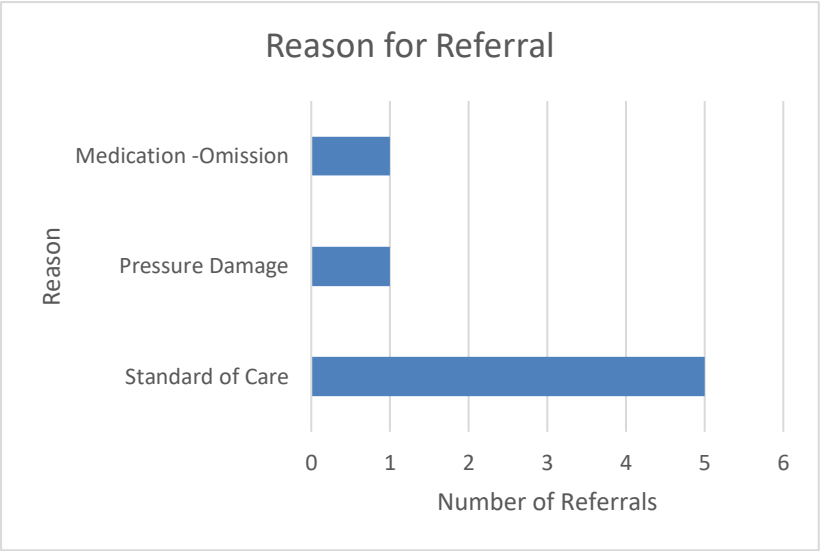


Safeguarding

7 safeguarding referrals were made against Community Nursing services across Pembrokeshire and Carmarthenshire in 2024. 85% of referrals were for alleged neglect with the standard of care being the most common reason for referral. Safeguarding referrals are reported via the 3 county Primary and Community Care Safeguarding Delivery Group on a quarterly basis, and those reports shared within county QSE meetings.



74 patient safety incidents record that safeguarding was considered as part of the reporting or investigation of the incident.



Patient Experience

The Civica Experience System provides a tool to capture feedback from patients, relatives, and other users of our community health care services. The system uses a variety of contact methods to engage with those that use our services, and feedback is being captured by our Community Teams in a variety of ways, including via QR code, paper survey and telephone survey.

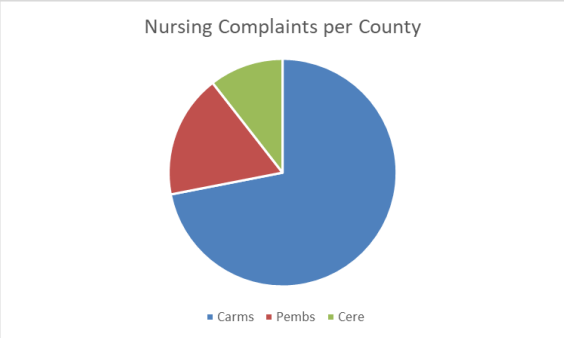
While we have had positive engagement with patients of our community nursing teams, further work is required to roll this out across all our community services, across the three counties. Services continue to welcome and receive feedback from patients, and this is shared through our county Quality, Safety and Experience Groups. Work is also ongoing to ensure teams can capture compliments via the Civica Experience system.

Our teams also receive feedback from patients and families by way of cards and letters. Below are some quotes from feedback received by teams.

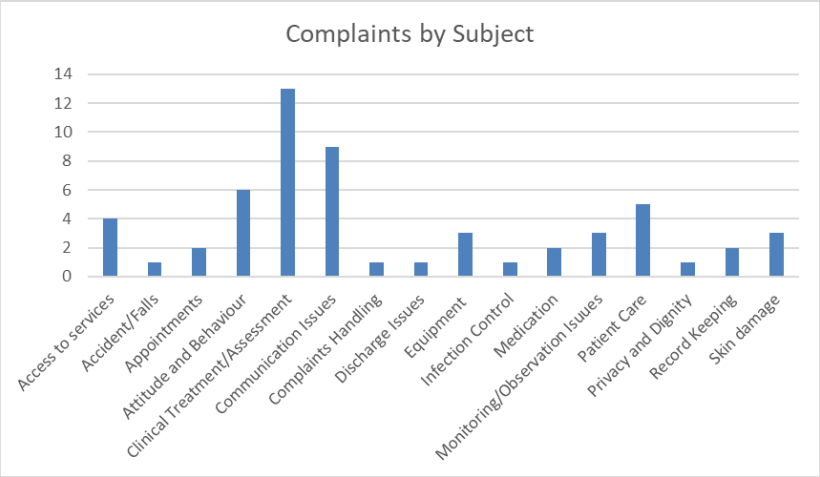
- *If all NHS provision was like this the world would be a better place'*
- *'What a positive experience, I was treated with kindness and efficiency'*
- *'I was cared for by a highly knowledgeable and competent team'*
- *'Without doubt this was the most positive and best experience I have had'*
- *'Nothing was too much trouble'*
- *'Caring, reassuring and professional'*
- *'The team were all so happy in their work'*
- *'So many smiles'*
- *'The sheer tenderness, love and skill'*
- *'You should be so proud to have such wonderful staff in your organisation*

Complaints

Throughout 2024 the Community Nursing Services across the three counties received a total of 57 complaints involving nursing teams or services, 4 of which were managed through Early Resolution. The top three reasons for complaints included communication issues, attitude and behaviour and clinical treatment/assessment.



Most complaints are closed within 30 days, with delays in closure generally due to awaiting responses from other services involved. Managing complaints through early resolution process is a key focus for 2025.



Argymhelliad / Recommendation

The Committee is asked to:

- **TAKE ASSURANCE** that high standards of care, professional practice, staff development and service delivery have remained key priorities for sustainable community nursing services.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.2 To provide assurance to the Board on the implementation of the UHB's Workforce and OD Strategy, and 'all Wales Health & Social Care Workforce Strategy', ensuring these are consistent with the Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A

Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 4. Efficient 6. Person-Centred 2. Timely
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	7 Primary and community strategic plan
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:	A Healthier Wales (Welsh Government, 2018) Primary Care Model for Wales (Welsh Government, 2015) National Community Nursing Service Specification (NHS Wales, 2022) NHS Wales long-term vision for sustainable, community-based care (Welsh Government, 2021).
Rhestr Termau: Glossary of Terms:	Community Nursing Clinical Governance Continuing Professional Development (CPD) Incident reporting Patient safety Quality improvement Safeguarding Restorative supervision and well – being support
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	None

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:**	N/A
Risg: **Risk:**	N/A
Cyfreithiol: **Legal:**	N/A
Enw Da: **Reputational:**	N/A
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	N/A

5

10 Mins

5 - PERFORMANCE

5.1

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

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

For assurance

Attachments

5.1 IPAR SBAR PODCC 19.08.25.pdf

5.1 Appendix 1 - Strategic Objectives DRAFT.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Assurance & Workforce Metrics
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce and Organisation Development (OD) and Deputy CEO
SWYDDOG ADRODD: REPORTING OFFICER:	Michelle James, Head of Resourcing and Utilisation

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

A purpose of the People, Organisational Development & Culture Committee (PODCC) is to provide assurance to the Board on best practice around the workforce and organisational development (OD) agenda.

This report provides assurance of delivery against national delivery framework targets. The dataset presented is accurate as at 30 June 2025 (unless stated otherwise e.g. for NHS Wales benchmarking datasets).

Cefndir / Background

The dashboard has been developed to report on the individual delivery plans for the 12 specific requirements, targets have been identified against the eight strategic statements of intent in the 10 year strategy to demonstrate the link between the target and progress in delivery of our strategy.

The frequency in which the dashboard in Appendix 1 is produced has been amended in line with the committee frequency and as such is reported quarterly with the full range of metrics and Key Performance Indicators (KPI's) presented annually in February.

Asesiad / Assessment

The dashboard in Appendix 1 presents performance against the following national delivery framework targets:

Overall staff engagement score – scale score method

- The response rate has fluctuated through 2024/25 from its lowest at 13% to the apex of 23%. In June 25 there was a 16% response rate. Ways to increase participation are continually being explored.

- More detailed methods of reporting are being explored with the focus on maintaining anonymity.
- Engagement score has been continuously above 70% although it has fluctuated between 75% in April 20204 and 70%; current rate in June 2025 shows 73% engagement.
- There are a number of strategies created to help build staff engagement across the organisation and instigate feelings of pride from working for Hywel Dda University Health Board. These Include
    - Recognition and Appreciation programmes
    - Positive/Supportive Work Environment
    - Professional Development and Opportunities for Growth
    - Strong Leadership Programmes such as LEAP.

Agency spend as a % of total pay bill; Variable pay (agency, locum, bank & overtime: monthly position).

- Work has been undertaken to bring a reduction in all temporary workforce to drive costs down. There is a continued trend of reducing nursing agency use in line with the Nursing Stabilisation Plans.
- A Medical Stabilisation Group has been established to oversee the stabilisation of the medical workforce. This group aims to assess, analyse, and implement action plans to reduce agency reliance across professional groups while aligning workforce pipelines to ensure high retention rates.
- A phased approach is being implemented to reduce allied health professional and health science premium costs, with bank staff being utilised as a cost-saving measure.
- For variable pay we only have this level of granularity from this current financial year and moving forward.

Education and Commissioning template to Health Education and Improvement Wales (HEIW) aligned to the Integrated Medium-Term Plan (IMTP) submission on an annual basis.

Data in relation to Health Care Support Worker (HCSW) framework on annual basis and related requirements for funding

- We are awaiting the receipt of all Wales information for the year 2023.
- HEIW has confirmed that once a HCSW has enrolled on the Clinical Induction, they are on the All Wales Career Framework (AWCF) pathway. This has resulted in a measurable increase in compliance for the Health Board for Bands 2, 3 and 4.
- Moving forward, the following actions will be undertaken:
    - Increase opportunities to raise the profile of the AWCF compliance in Senior Manager Team meetings 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).

Percentage of sickness absence rate of staff

- The Health Board sickness absence target is a reduction on the 2024/25 outturn 6.60%, in June the 12 month rolling sickness rate was a reduction of 0.04% to 6.56%.

- Anxiety, stress and depression continues to account for the highest reasons for absence across the health board at 31.7%. This is in line with other organisations.
- Designated support from Workforce & OD continues to be utilised to help address concerns aligned to ER matters which are impacting on employee's wellbeing and attendance.

Qualitative report providing evidence of available learning and development in line with the Good Work – Dementia Learning and Development Framework.

- The Percentage of staff completing dementia training is consistently well above the 85% target.
- The only staff group not above the 85% target are medical and dental.
- Bespoke support will be offered to any areas who are not currently demonstrating compliance with Dementia training.

Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation

- Our performance has steadily been increasing; we continue to be above our 85% target.
- We have 2 staff groups that are below the 85% target: Estates & Ancillary (83.0%) and Medical & Dental (52.6%). These rates continue to steadily increase.
- The Learning and Development team are currently working closely with both Medical and Dental, and Estates and Facilities. Action plans remain in place; these have enabled bespoke training packages to be developed collaboratively with key stakeholders.

Percentage of headcount by organisation who have had a Performance Appraisal Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training).

- The combined appraisal compliance has continued to increase raising month on month, currently sitting at 83.9%.

Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job

- The rate has fluctuated between 67% and 80% in the last six months, with the current rate being the highest at 79.6%.

Consultant/Specialty and Associate Specialist (SAS) doctors with a job plan & Consultants/SAS doctors with an up-to-date job plan (reviewed with the last 12 months).

- Continued progress and clear improvements have been seen, although there has been a 4% decrease since March 2025. Current job plans are recorded at 82% against a target of 90%.
- The slight decline in trend has been impacted by a large number of job plans expiring.
- An escalation process is in place to encourage clinicians to sign off their job plans.

Percentage of compliance for staff appointed into new roles where an adult or child barred list check is required.

- We continue to maintain 100% compliance over the last 12 months.

The targets are presented in a format which will allow PODCC to assess the alignment between the key performance indicator and the intentions as set out in the 10-year Workforce, Organisational Development & Education Strategy.

Argymhelliad / Recommendation

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

- **NOTE** the content of the Performance Assurance and Workforce Metrics report and **RECEIVED 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:	2.1 To provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, ensuring (HDdUHB) is recognised as a leader in this field
Cyfeirnod Cofrestr Risg Datix 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:	4. Positive futures
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:	Data extracted from a range of workforce information systems.
Rhestr Termau: Glossary of Terms:	Included within the body of the report.

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Not Applicable

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

Strategic Planning Objective 1:
Develop and implement plans to deliver, on a sustainable basis, NHS delivery framework targets related to Workforce within the next 3 years.

National Delivery Framework Target	Operational Delivery Lead
Overall staff engagement score – scale score method	Head of Culture and Workforce Experience
Agency spend as a % of total pay bill	Senior Workforce Manager – Workforce Efficiency
Variable pay (Agency, Locum, Bank & Overtime: monthly position)	Senior Workforce Manager – Workforce Efficiency
HEIW Planning Objective 3.B: Deliver requirements of regulators – a) Submit Education and Commissioning template to HEIW aligned to IMTP submission on an annual basis	Assistant Director of People Planning
HEIW Planning Objective 3.B: Deliver requirements of regulators – b) Submit data in relation to HCSW framework on annual basis and related requirements for funding	Future Workforce Programme Manager
Percentage of sickness absence rate of staff	Assistant Director of People Management
Qualitative report providing evidence of provided learning and development in line with the Good Work – Dementia Learning and Development Framework	Clinical Education Manager
Percentage of employed NHS staff completing dementia training at an informed level	Clinical Education Manager
Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	Learning & Development Manager
Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job	Head of Culture and Workforce Experience
Percentage of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (exc Drs and Dentists in training)	Head of Culture and Workforce Experience
Percentage of staff who have had a medical appraisal in the previous 12 months (exc Drs and Dentists in training) and Consultant/SAS doctors with a job plan & Consultants/SAS doctors with an up to date job plan (reviewed with the last 12 months)	Head of Medical Education & Professional Standards
Percentage of compliance for staff appointed into new roles where a child barred list check is required	Head of Recruitment and Workforce Equality, Diversity & Inclusion
Percentage of compliance for staff appointed into new roles where an adult child barred list check is required	Head of Recruitment and Workforce Equality, Diversity & Inclusion

KEY: 8 Statements of Intent Contained within the 10 Year Workforce, Organisational Development(OD) and Education Strategy

1 - Delivering Collective and Compassionate Leadership
2 - Recruiting and Retaining Great People
3 - Engaging our Staff
4 - Delivering a Workforce Fit for the Future
5 - Enabling Our People to Release Their Potential
6 - Developing High Performing Teams
7 - Delivering Innovation, System Learning and Change Agility
8 - Developing Workforce Efficiency and Effectiveness

NHS delivery framework target: 1.i - Develop plans to deliver, on a sustainable basis – Overall staff engagement score – scale score method Strategic Delivery Lead: Assistant Director of Organisation Development; Operational Delivery Lead: Head of Culture and Workforce Experience

This target aligns to the following statement of intent:

3 - Engaging our Staff

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Staff Engagement Score Year on Year

Year Of Survey	Sent to	Number Completed	Response Rate	Engagement Score
2023 Sample in January	1006	144	14%	74%
2023 Sample in February	1010	162	16%	75%
2023 Sample in March	999	168	17%	75%
2023 Sample in April	1001	178	18%	72%
2023 Sample in May	990	181	18%	74%
2023 Sample in June	994	175	18%	76%
2023 Sample in July	985	181	18%	74%
2023 Sample in August	1002	170	17%	73%
2023 Sample in September	972	182	19%	74%
2023 Sample in November	997	152	15%	73%
2023 Sample in December	977	107	11%	72%
2024 Sample in January	939	135	14%	73%
2024 Sample in February	944	94	10%	76%
2024 Sample in March	935	120	13%	70%
2024 Sample in April	931	132	14%	75%
2024 Sample in May	947	123	13%	71%
2024 Sample in June	914	157	17%	71%
2024 Sample in July	917	171	19%	71%
2024 Sample in August	909	157	17%	72%
2024 Sample in September	900	207	23%	73%
2024 Sample in October	901	198	22%	73%
2024 Sample in November	886	203	23%	73%
2024 Sample in December	902	139	15%	71%
2025 Sample in January	899	190	21%	71%
2025 Sample in February	888	188	21%	70%
2025 Sample in March	886	166	19%	72%
2025 Sample in April	901	184	20%	73%
2025 Sample in May	877	195	22%	74%
2025 Sample in June	897	147	16%	73%

Engagement Score by Staff Group

Role	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Administrative and Clerical	70%	76%	72%	75%	76%	73%	76%	73%	73%	72%	73%	71%
Allied Health Professionals	71%	70%	74%	72%	72%	71%	69%	69%	73%	71%	75%	73%
Estates, Facilities & Support Services	81%		66%		74%			56%		77%	72%	
Healthcare Scientists	46%	83%	70%	78%			77%	69%			72%	
Medical and Dental	72%	67%	77%	67%	79%	65%	62%	61%	72%	77%	62%	78%
None of these			71%				70%	73%				
Nursing and Midwifery	75%	72%	74%	73%	71%	70%	73%	70%	70%	71%	75%	72%
Other Clinical Services	64%	66%		71%	61%	69%		73%			80%	76%
Other Scientific and Technical			70%									
Other	71%				66%	80%			70%			

Note -

Any area with less than 5 responses will not be reported on so as not to identify anyone and respect confidentiality

Current Performance

The staff engagement score for the staff voices survey fluctuates monthly but has an average of 73%, this was above the engagement score for national staff survey of 71%.

Performance Against Trend

The survey is a thermometer measure so there are many aspects that impact the measure. The organisation is still seeing data that aligns with the monthly average.

Future Positive Actions

The organisation has many agendas that are driving positive action for staff engagement. These include speak up – make meaningful change, appreciation and benefits programmes, cultural work in services, leadership and staff development and local accountability for staff survey results at tier 2 and 3 levels.

NHS delivery framework target: 1.i - Develop plans to deliver, on a sustainable basis – agency spend as a % of total pay bill.
Variable pay (Agency, Additional, Bank & Overtime: monthly position) Strategic Delivery Lead: Assistant Director of People Planning
Operational Delivery Lead: Senior Workforce Manager – Workforce Efficiency
This target aligns to the following statement of intent:
8 - Developing Workforce Efficiency and Effectiveness

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Current Performance

Medical Agency Staff
Total Medics Engaged: 20
Breakdown by Service Area:
-Unscheduled Care (USC), Glangwili (GGH): 6
-USC, Prince Philip (PPH): 1
-USC, Withybush (WGH): 2
-Mental Health & Learning Disabilities (MH&LD): 5
-Planned Care: 2
-Blood Services (Haematology/Histopathology): 3
Grades: Range from Consultant to F2 and Resident Doctor level

Upcoming Addition: 1 medic due to start on 21 July (total remains at 20 for the month)

Key Drivers of Increase:
Doctor handover period for training posts (first Wednesday in August)
Short planning window to identify gaps in HEIW training allocations
Internal recruitment delays for temporary cover
Outflow of doctors progressing to higher training posts

Financials:
Agency Spend Target: £259,768.10 Current Trend: Usage increasing.

AHP/HCS Agency Staff
Total AHP/HCS Engaged: 15
Breakdown by Profession:
-Radiology: 8
-Blood Sciences: 2
-Cellular Pathology: 2
-Dietetics: 1
-Physiology: 1
-Occupational Therapy (OT): 1

Key Drivers of Increase:
Ongoing vacancies
Sickness absence

Financials:
Agency Spend Target: £38,559.25 Current Trend: Usage increasing.

Nursing Agency Staff
Current Usage: 61.11 WTE (as of June 2025)
Key Actions:
Ongoing implementation of agency exit strategies
Alignment with onboarding of Newly Qualified Nurses from September 2025

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

Month Name	2025/2026
April	0.95%
May	1.59%
June	1.11%

Performance Against Trend

Agency spend has remained below 5% of the total pay bill since November 2023.

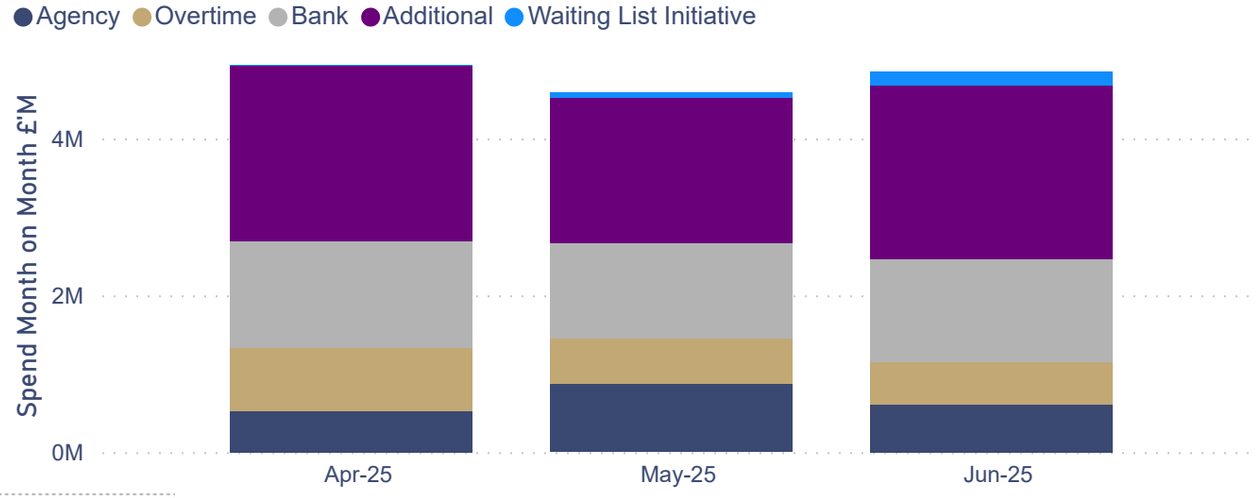
Future Positive Actions

Medical
Medical Stabilisation Group Established to:
-Oversee workforce stabilisation
-Reduce agency reliance
-Align workforce pipelines for retention
-Establishment Review with Pilot GGH Gen Med

AHP/HCS
Phase One Approach to reduce premium costs
Increased Use of Bank Staff as a cost-saving measure
Workforce Plan in Development to support implementation and reduce agency need
Radiology recruitment plan started with most roles out to advert.

Nursing
Introduction of Newly Qualified Nurses from September 2025 to reduce vacancies
Continued Risk Management for:
-Surge demand
-Enhanced support
-Sickness absence

Variable Pay Month on Month



NHS delivery framework target: 3.B: Deliver requirements of regulators – a) Submit Education and Commissioning template to HEIW aligned to IMTP submission on an annual basis Strategic Delivery Lead: Assistant Director of People Planning. Operational Delivery Lead: Assistant Director of People Planning

This target aligns to the following statement of intent:

2 - Recruiting and Retaining Great People & 4 - Delivering a Workforce Fit for the Future

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Plan	Education Commissioning	Status
2020/21	Out turn c2023	
2021/22	Out turn c2024	
2022/23	Out turn c2025	✓
2023/24	Out turn c2026	✓
2024/25	Out turn c2027	✓
2025/26	Out turn c2028	

Key	
	Output known
✓	Completed
	In Progress

Current Performance

Submission for financial year 2024/25 to cover the period up to c2027 complete. Awaiting refreshed placement matrix from HEIW for next round.

Performance Against Trend

Submission to HEIW are completed as per guidance for all years from 2021 to date based on our current funded establishments. Detailed analysis of submissions available on request.

To note alternative workforce roles noted under APP, PA and CAAP have nominal figures included until a defined “future establishment” can be defined that includes a fuller model for development and expansion in the workforce.

Future Positive Actions

HEIW are due to publish a dashboard as part of the "observatory" offering to allow HB's to track the education commissioning process. Details to follow. Once known we will be able to assess further work linked to the People Regeneration work and our approach to future analytics fir education commissioning. Alignment has been made to the Higher Awards process which will continue to be strengthened.

NHS delivery framework target: 3.B: Deliver requirements of regulators – b) Submit data in relation to HCSW framework on annual basis and related requirements for funding. Strategic Delivery Lead: Assistant Director of People Development

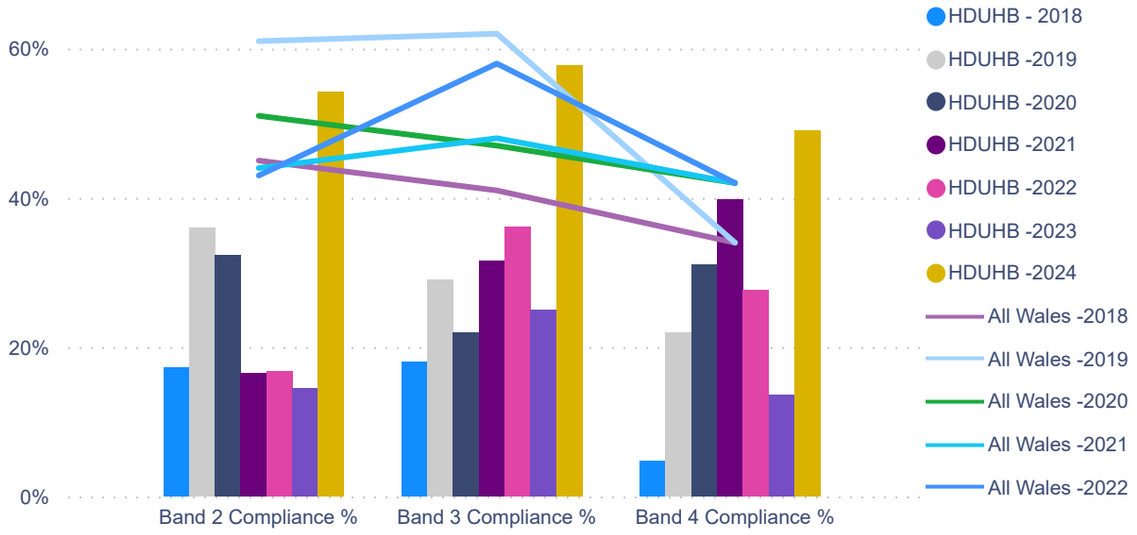
Operational Delivery Lead : Learning & Development Manager

This target aligns to the following statement of intent:

2 - Recruiting and Retaining Great People , 4 - Delivering a Workforce Fit for the Future

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Career Framework Data



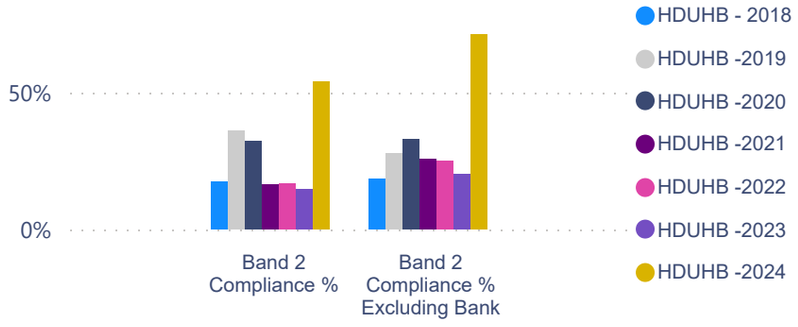
Current Performance

Compliance levels continue to show a positive upward trend, largely attributed to previous strategic actions including the provision of dedicated administrative support and comprehensive data cleansing efforts. Collaborative work is underway with Health Education and Improvement Wales (HEIW), who are preparing to establish a formal review of the career framework. Requests have been made to address identified anomalies in role definitions and equivalency recognition, particularly concerning long-standing staff, ensuring that the framework reflects current workforce realities and supports fair progression.

Career Framework- Percentage with requisite level of health related qualification

Profession	% Level 2	% Level 3	% Level 4
Speech and Language service	0.0%	25.0%	0.0%
Radiology	100.0%	24.2%	0.0%
Physiotherapy	0.0%	52.4%	23.9%
Operating Theatres	68.2%	64.0%	100.0%
Occupational Therapy	0.0%	20.0%	6.8%
Nursing Mental Health	74.0%	73.1%	20.0%
Nursing Learning Disability	50.0%	50.0%	42.9%
Nursing Community	75.3%	70.0%	85.0%
Nursing Child	88.5%	72.4%	90.7%
Nursing Adult	70.9%	58.7%	64.6%
Maternity	57.4%	50.0%	0.0%
Dietetics	0.0%	0.0%	33.3%
Bank / Temporary Staff (on Bank only contracts)	40.9%	50.7%	58.1%

Impact of Bank Compliance on Career Framework Data



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

Future Positive Actions

Collaborate with HEIW to review and address skews in compliance data and positively influence the review of the AWCF.

Continue to refine existing datasets and enhance data quality and reliability

Expand engagement through formal channels such as senior team meetings and other communication channels

Maintain biannual reporting to SPPEG, with updates provided in May and November of each year.

Performance Against Trend

Current compliance continue to remain on a positive trajectory, reflecting the sustained impact of interventions. While overall trends remain positive, some areas have been highlighted to HEIW for consideration including a equivalency for long standing staff members, which may positively impact compliance in future reporting periods.

Headcount

Profession	Headcount B2	Number at L2	Headcount B3	Number at L3	Headcount B4	Number at L4
Bank / Temporary Staff (on Bank only contracts)	1455	595	337	171	43	25
Dietetics	0	0	0	0	6	2
Maternity	61	35	2	1	0	0
Nursing Adult	846	600	143	84	65	42
Nursing Child	26	23	29	21	43	39
Nursing Community	85	64	190	133	20	17
Nursing Learning Disability	4	2	46	23	14	6
Nursing Mental Health	77	57	78	57	20	4
Occupational Therapy	0	0	5	1	44	3
Operating Theatres	22	15	25	16	7	7
Physiotherapy	1	0	21	11	46	11
Radiology	1	1	33	8	7	0
Speech and Language service	0	0	4	1	5	0
Total	**2578**	**1392**	**913**	**527**	**320**	**156**

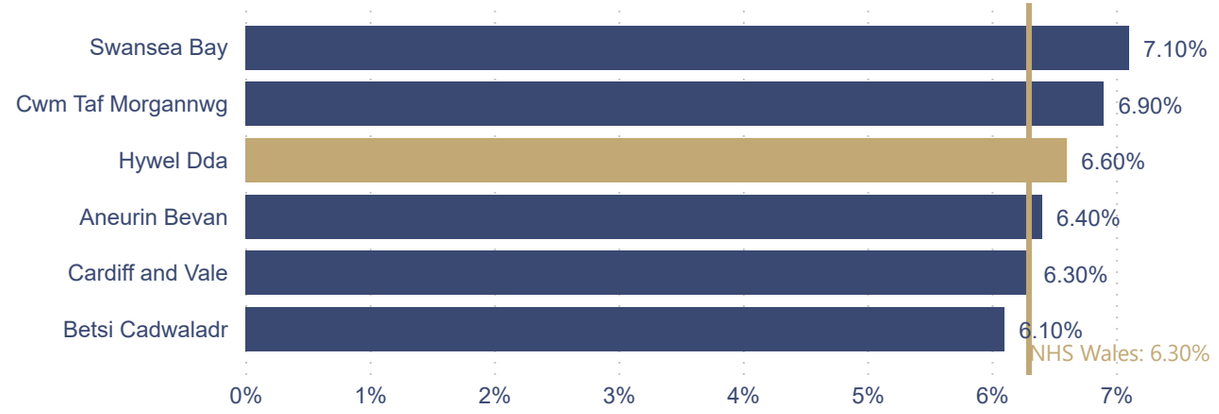
NHS delivery framework target: 5.A.i - Develop plans to deliver, on a sustainable basis - Percentage of sickness absence rate of staff Strategic Delivery Lead: Assistant Director of People Management Operational Delivery Lead: : Head of Workforce

This target aligns to the following statement of intent:

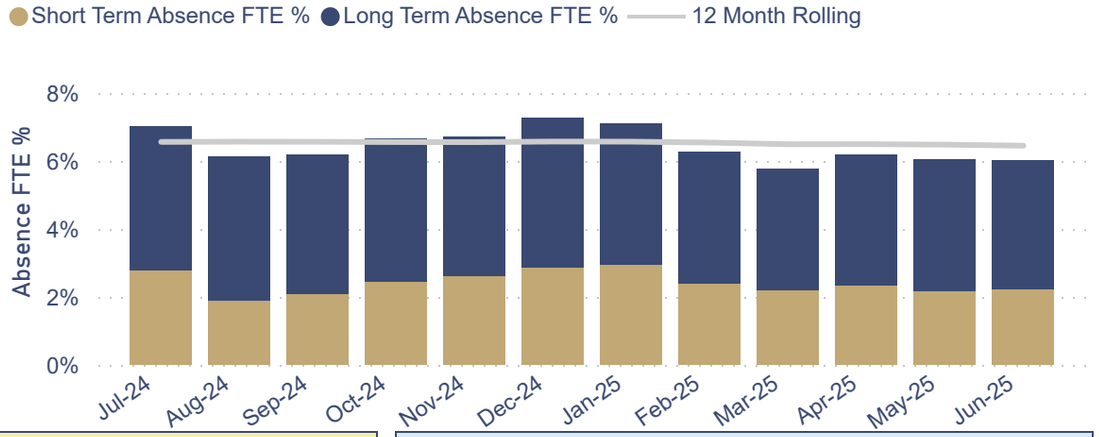
3 - Engaging our Staff

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

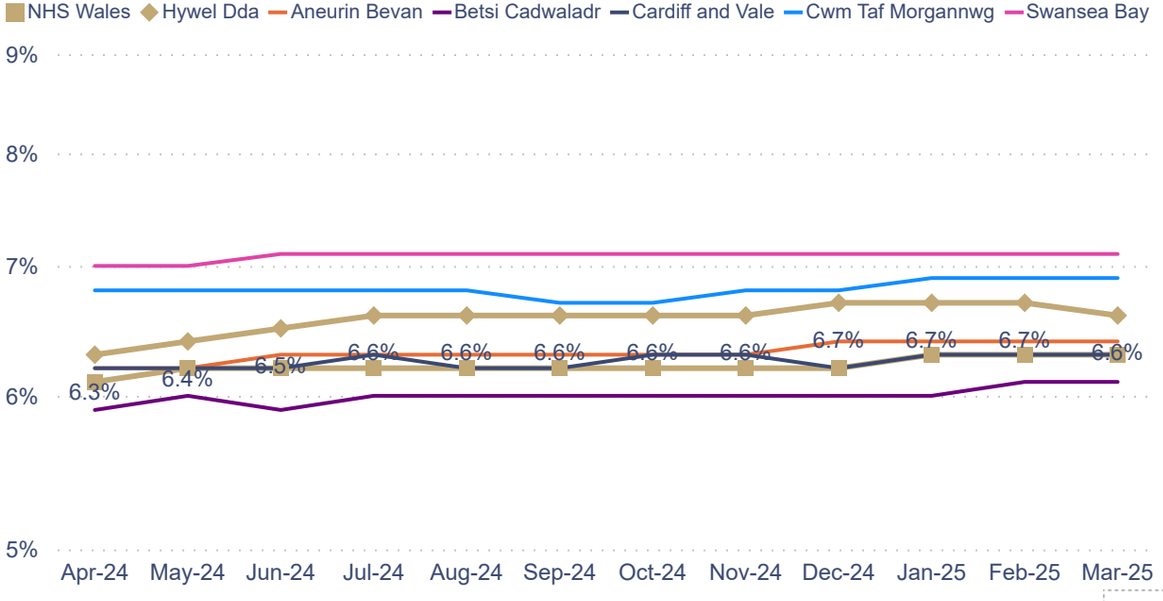
12 month rolling sickness absence rates (UHBs only) to March 2025



Hywel Dda In Month Sickness Absence by Long Term & Short Term compared to Rolling 12m



Rolling 12-month sickness absence rates, Apr'24 to Mar'25



Current Performance

Sickness rates have plateaued over the last 2 months (May and June) at 6% which is a slight improvement on comparative months last year (May 24 – 6.27%, June – 6.39%) The cumulative absence rate remains at 6.6%

Performance Against Trend

Anxiety, stress and depression continues to account for the highest reasons for absence across the Health Board (31.7%). Which is in line with other organisations. Absence due to other musculoskeletal problems has increased, moving from the 4th highest sickness reason to the second (9.9%), gastro problems remain as the third highest sickness absence reason (9.6%)

Future Positive Actions

Bite size training sessions: 9 session are in development and the first session – "How to conduct a Return-to-Work meeting" has been produced and is available on SharePoint : Sickness Absence Policy - Support For Managers - Bitesize training modules. Work has progressed on the development of the session on the OH referrals process. Workforce are liaising with colleagues in Swansea Bay who are developing a similar package of bite size training with a view for both HB to share/utilise work on this training package going forward.

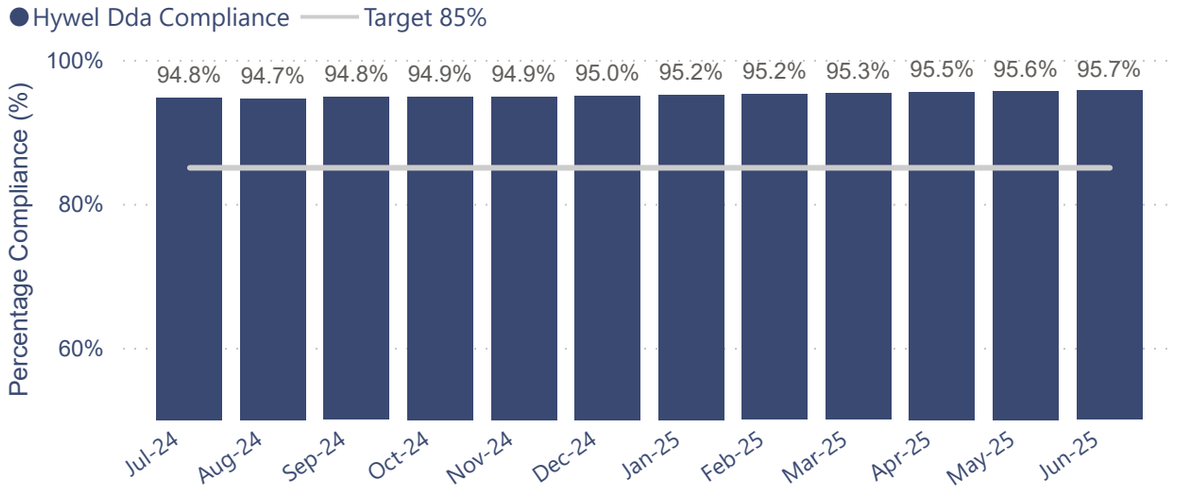
OH referral how to guide: To assist managers a useful “how to guide” is being developed to ensure managers can elicit the detail required from their Occupational Health referral in order to support individuals back to work in a timelier manner. Various examples of best practice referrals (reflecting the different job families) will be available for managers to use as a template to assist with more effective referrals.

Targeted support for sickness absence: Ongoing focused support from the WF Team continues in collaboration with Senior Managers with a focus on hot spots across all CCGs. Significant improvements have been made but it is duly notes rates are beginning to plateau. Designated support from WF & OD continues to be utilised to help address concerns aligned to ER matters such as R&R, Raising Concerns etc which are impacting on employee’s wellbeing and attendance.

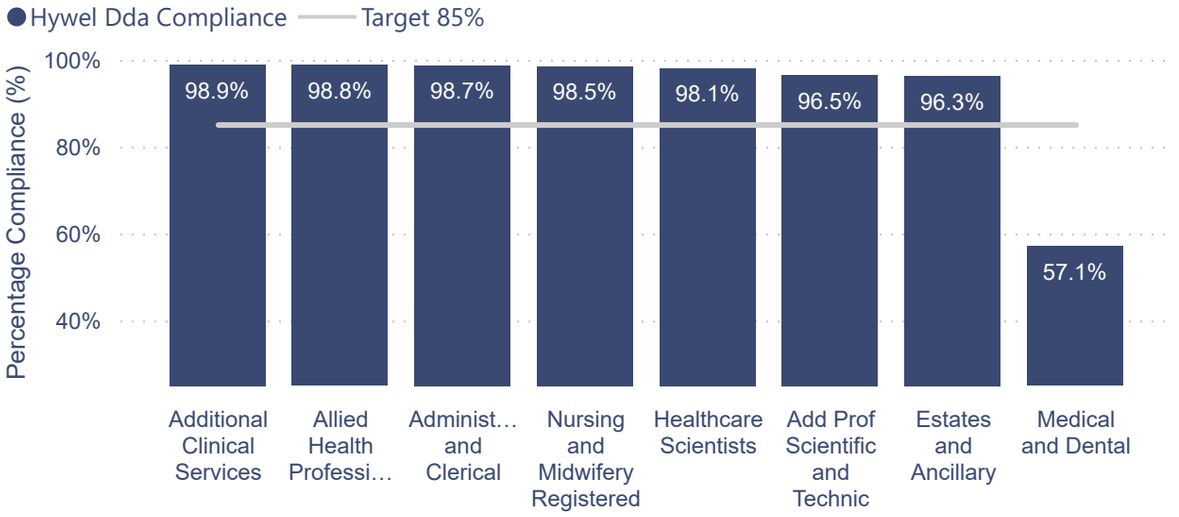
NHS delivery framework target: 5.A.i - Qualitative report providing evidence of provided learning and development in line with the Good Work – Dementia Learning and Development Framework & Percentage of employed NHS staff completing dementia training at an informed level Strategic Delivery Lead: Assistant Director of People Development Operational Delivery Lead: Learning & Development Manager
This target aligns to the following statement of intent:
6 - Developing High Performing Teams

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Percentage of Staff completing Dementia Training



Percentage of Staff completing Dementia Training



Current Performance

Health Board compliance for staff completing Dementia training, currently stands 10.7% above the target of 85%. When looking at service areas, all areas are currently compliant with this training by at least 11.3% above the 85% target (with Additional Clinical Services showing the biggest increase above target by 13.9%), an overall increase of 1.6% since March 2025, with the exception of Medical and Dental. Learning and Development continue to work closely with Medical and Dental, including service leads, to identify pockets of low compliance, and to facilitate targeted support to drive compliance.

Performance Against Trend

Over the last 12 months (July 2024 to June 2025), we have seen Health Board compliance in the successful completion of Dementia training, continuing to trend upwards from 94.8% in July 2024 to 95.7% in June 2025. This is an overall increase of 0.9%.

Future Positive Actions

To sustain and further improve upon our current compliance with Dementia training, we will,
* Continue to monitor progress made across areas not achieving compliance.
* Look for opportunities to share good practice.
* Continue to reflect on data and using this data to drive strategies for improved completion of this training.
* Bespoke support will be offered to any areas who are not currently demonstrating compliance with Dementia training.
* Revisiting work carried out with service area leads for Medical and Dental to support with improved compliance within these areas.

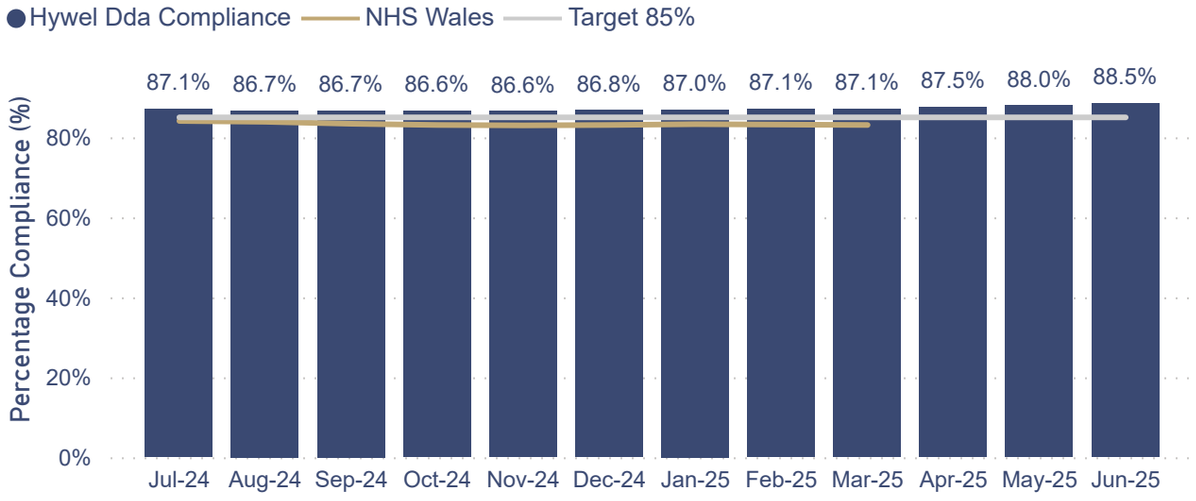
NHS delivery framework target: 5.A.i -Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation. Strategic Delivery Lead: Assistant Director of People Development Operational Delivery Lead: : Learning & Development Manager

This target aligns to the following statement of intent:

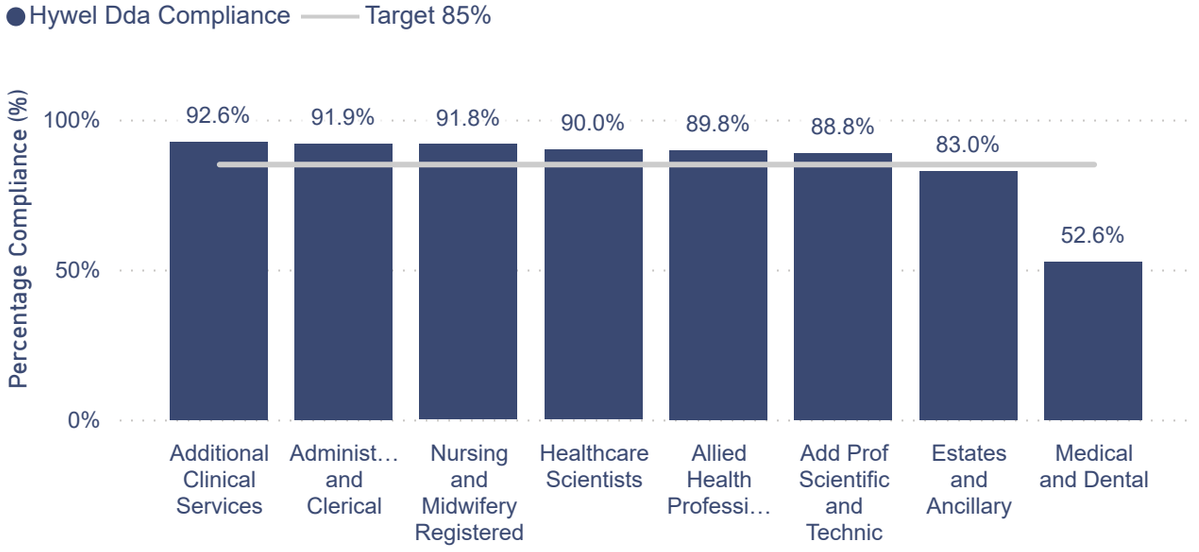
6 - Developing High Performing Teams

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Core Skills Training Framework (CSTF) compared to NHS Wales Performance and Target of 85%



Core Skills Training Framework (CSTF) compared to Target of 85% by Staff Group



Current Performance

Currently the Health Board is performing at 3.5% above the target of 85% for compliance with the Core Skills Training Framework, a notable improvement since March where compliance sat at 2.1% above target, growth of 1.4%, and we continue to be performing higher than the NHS Wales target. Furthermore, the majority of Staff Groups are performing above the 85% target by a minimum of 3.8%, with Additional Clinical Services achieving 7.6% above target, demonstrating continued growth since March 2025. Medical and Dental and Estates and Facilities are not currently reaching 85% compliance and action plans were put in place to support areas of low compliance and Learning and Development continue to work closely with these areas to monitor and improve compliance.

Performance Against Trend

Overall, compliance has grown by 1.4%, an increase in performance 1.1% from the 0.3% seen in March 2025, increasing from 87.1% to 88.5%.

Future Positive Actions

The Learning and Development team continue to work closely with both Medical and Dental, and Estates and Facilities. Action plans remain in place and continue to be modified. The introduction of action plans has allowed Learning and Development to work with key stakeholders to develop bespoke training packages and support which are already yielding improvements and are informing future plans. We should continue to see improvements over-time in terms of increasing compliance data across these areas, the use of action plans is a dynamic process that allows for the development of innovative future positive actions as and when opportunities are identified.

NHS delivery framework target: 5.A.i - Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job & Percentage of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (exc Drs and Dentists in training)
Strategic Delivery Lead: Assistant Director of Organisation Development Operational Delivery Lead: Head of Culture and Workforce Experience
This target aligns to the following statement of intent:
2 - Recruiting and Retaining Great People, 3 - Engaging our Staff , 4 - Delivering a Workforce Fit for the Future , 5 - Enabling Our People to Release Their Potential & 6 - Developing High Performing Teams

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

Percentage of Staff from the engagement Survey who Strongly Agree or Agree that their PADR helps improve how they do their job

- Dec-24 77.0%
- Jan-25 67.4%
- Feb-25 74.5%
- Mar-25 72.3%
- Apr-25 73.9%
- May-25 68.2%
- Jun-25 79.6%

Current Performance

The current position for PADR is 83.9%, the highest achieved by the organisation and only just short of the Welsh Government target of 85%.

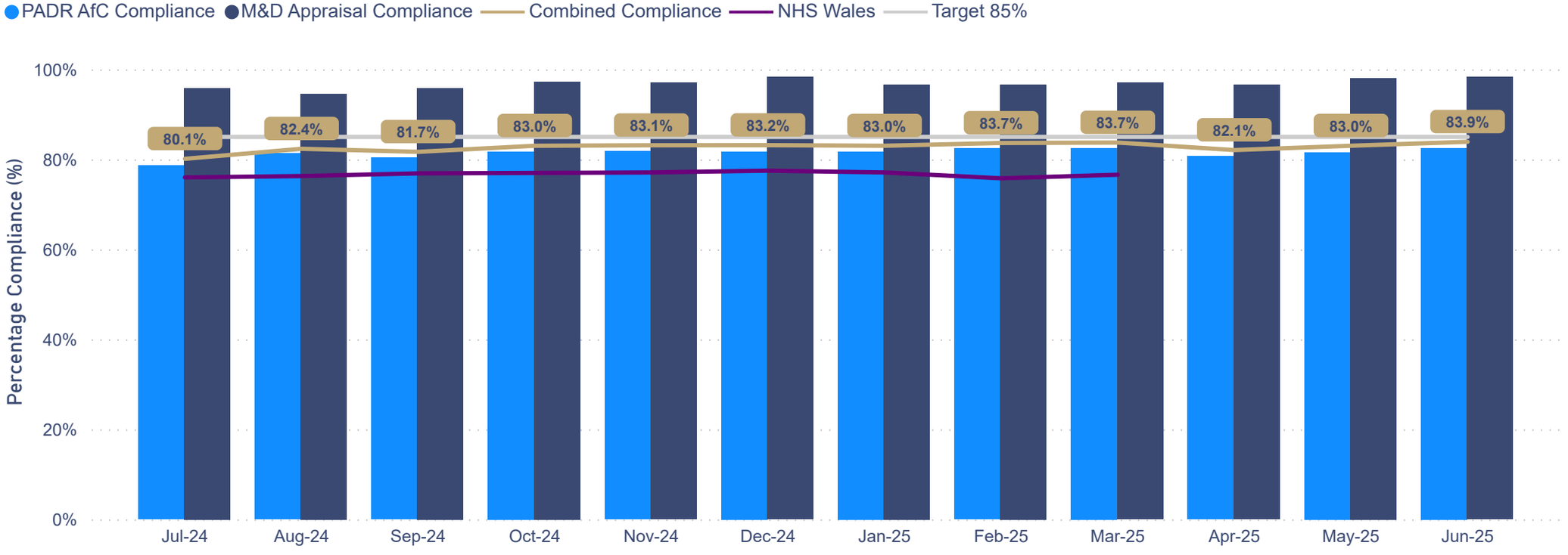
Performance Against Trend

Managing performance agenda continues to build the compliance rate of PADRs being done. The module is still being held monthly and regular attendance is good. The OD team are now looking at areas of historical low compliance and contacting them to offer bespoke support in raising this

Future Positive Actions

OD have launched a performance management hub which houses all information regarding this agenda, it includes a poor performance toolkit and e-learning module “the art of the honest conversation”. The team have also modified the learning module to concentrate on more action learning and building confidence in completing performance conversations successfully.

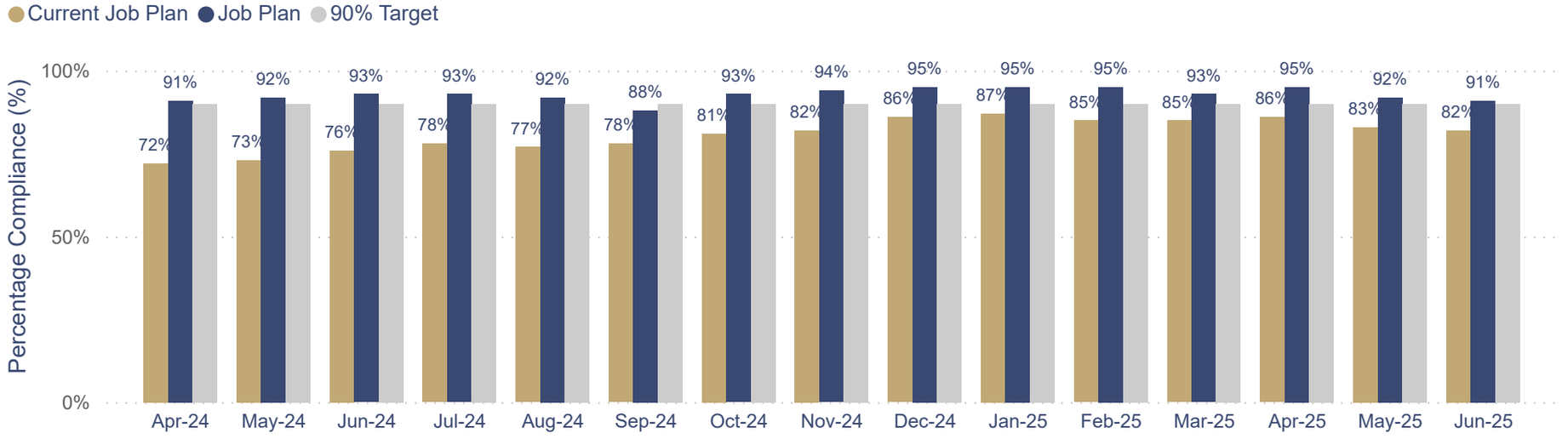
PADR Compliance to NHS Wales Performance and Target of 85%



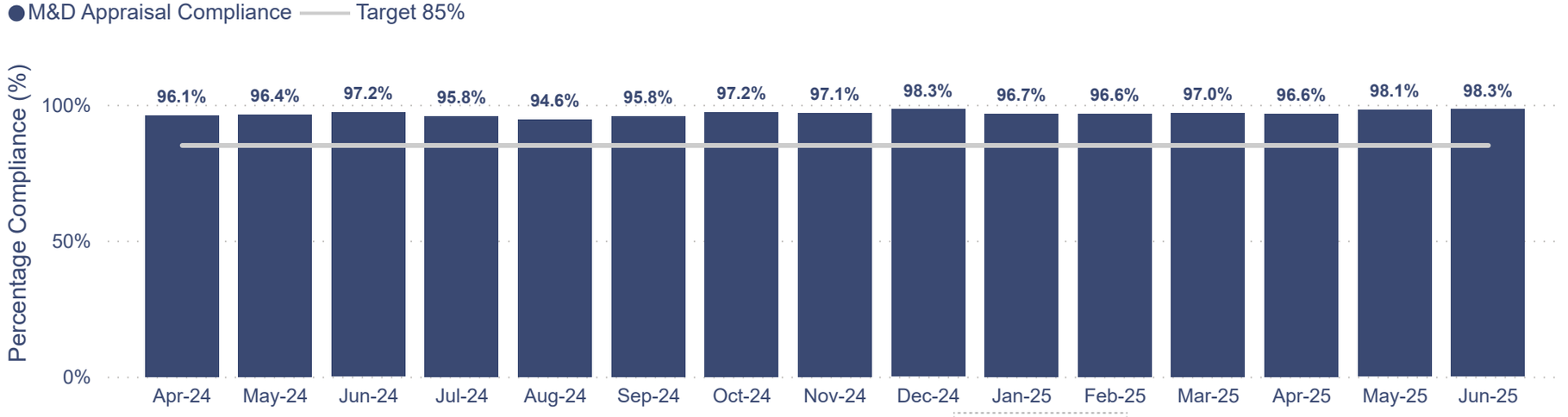
NHS delivery framework target: 5.A.i - Percentage of staff who have had a medical appraisal in the previous 12 months (exc Drs and Dentists in training) and Consultant/SAS doctors with a job plan & Consultants/SAS doctors with an up to date job plan (reviewed with the last 12 months).
Strategic Delivery Lead: Medical Director Operational Delivery Lead: Head of Medical Education & Professional Standards
This target aligns to the following statement of intent:
2 - Recruiting and Retaining Great People, 3 - Engaging our Staff , 4 - Delivering a Workforce Fit for the Future , 5 - Enabling Our People to Release Their Potential & 6 - Developing High Performing Teams

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

Consultants/SAS doctors with a Job Plan (Current is within 12 Months)



Medical Appraisal Compliance Performance against Target of 85%



Current Performance

There was a decrease in compliance in May and June 2025, due to a large numbers of job plans expiring.

Performance Against Trend

Slight decline from trend due to a large number of job plans expiring affecting our current performance.

Future Positive Actions

Process in place for chasing up all clinicians to sign off their job plan. Escalation process in place, Medical Director will meet with Service Delivery Managers to ensure they have a plan in place to improve compliance. Maintaining compliance, All Service Delivery Managers are advised monthly of the job plans expiring and advised to focus on these.

NHS delivery framework target: 5.B.i Percentage of compliance for staff appointed into new roles where a child barred list check is required. & Percentage of compliance for staff appointed into new roles where an adult child barred list check is required.
Strategic Delivery Lead: Assistant Director of People Management
Operational Delivery Lead: Head of Recruitment and Workforce Equality, Diversity & Inclusion
This target aligns to the following statement of intent:
6 - Developing High Performing Teams

SWYDDI JOBS

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

Current Performance

Performance remains compliant as per targets / expectations.

Performance Against Trend

Performance is consistently at 100%

Future Positive Actions

Continue to perform to a high standard with robust processes to achieve required outcomes.

Compliance for staff appointed into new roles where an Adult or Child barred list check is required.
Note : All overseas recruits would have provided Overseas police checks as they cannot have a DBS until they have been in UK for 3 Months.

DBS Checks Processed

	Adult Barred Lists	Child Barred Lists	New Starters - Overseas	% Compliance
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%
Jan-25	164	156	5	100.0%
Feb-25	125	125	6	100.0%
Mar-25	137	125	2	100.0%
Apr-25	93	90	7	100.0%
May-25	111	112	2	100.0%
Jun-25	137	130	2	100.0%

6

0 Mins

6 - SUB-COMMITTEE UPDATE REPORTS

6.1

6.1 - Strategic People Planning and Education Group (SPPEG) Update - Deferred

For assurance

7

25 Mins

7 - FOR APPROVAL

7.1

7.1 - Outcome of Advisory Appointments Committee (AAC)

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

For approval

Attachments

7.1 SBAR AAC PODCC August 25 - HH1.pdf

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 August 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Advisory Appointments Committee
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling – Executive Director of Workforce & Organisational Development and Deputy Chief Executive Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Heather Hinkin - Assistant Director of People Management

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

To update the People, Organisational Development & Culture Committee (PODCC) on the outcome of the Advisory Appointments Committees (AAC's) held between 30 April 2025 to 16 July 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 Breast Surgeon;
- Consultant in Obstetrics & Gynaecology;
- Consultant in Gastroenterology;
- Consultant in General Medicine with specialist interest in Cardiology;
- Consultant in Public Health Medicine/Consultant in Public Health.

Asesiad / Assessment

Consultant Breast Surgeon

The AAC, comprising of Chantal Patel, Independent Board Member representing the Chair of Hywel Dda University Health Board (HDdUHB); Lisa Gostling, Director of Workforce and OD / Deputy Chief Executive Officer representing the Chief Executive Officer; Dr Catherine Burrell, Clinical Director/Deputy Associate Medical Director – Primary Care and Community Services representing the Medical Director; Ms Lynda Wyld, representing the Royal College and Mr Andrew Deans and Saira Khawaja representing the department met on 1 May 2025 to interview two candidates for the role of Consultant Breast Surgeon.

Both Ms Asma Munir (internal) and Ms Danielle Banfield-Brown were appointed to the post of Consultant Breast Surgeon. Ms Asma Munir's start date 30 June 2025 and Ms Danielle Banfield-Brown's anticipated start date is 6 October 2025.

Consultant in Obstetrics & Gynaecology

The AAC, comprising of Dr Neil Wooding, Chair of Hywel Dda University Health Board (HDdUHB); Prof Phil Kloer, Chief Executive Officer; Dr Eiry Edmunds, Interim Deputy Medical Director representing the Medical Director; Dr Srividhya Budithi representing the Royal College and Mr Ihab Abbasi, Dr Prem Pitchaikani and Mr Letchuman Shankar representing the department met on 10 June 2025 to interview two candidates for the role of Consultant in Obstetrics & Gynaecology.

Ms Tipswalo Day (internal) was appointed to the post of Consultant in Obstetrics & Gynaecology. Start date was 7 July 2025.

Consultant in Gastroenterology

The AAC, comprising of Maynard Davies, 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 For Quality & Safety representing the Medical Director; Dr Karen Yearsley representing the Royal College and Dr Ian Rees and Dr Robin Ghosal representing the department met on 16 June 2025 to interview one candidate for the role of Consultant in Gastroenterology.

Dr Aashish Kumar (internal) was appointed to the post of Consultant in Gastroenterology. Start date to be confirmed.

Consultant in General Medicine with specialist interest in Cardiology

The AAC, comprising of Dr Neil Wooding, Chair of Hywel Dda University Health Board (HDdUHB); Andrew Carruthers, Chief Operating Officer representing the Chief Executive Officer; Dr Subhamay Ghosh, Associate Medical Director For Quality & Safety representing the Medical Director; Dr Richard Cowell representing the Royal College and Dr Donogh McKeogh, Dr Clive Weston and Dr Annette Snell representing the department met on 1 July 2025 to interview one candidate for the role of Consultant in General Medicine with specialist interest in Cardiology.

Dr Kevin Joseph (internal) was appointed to the post of Consultant in General Medicine with specialist interest in Cardiology. Start date to be confirmed.

Consultant in Public Health Medicine/Consultant in Public Health

The AAC, comprising of Maynard Davies, Independent Board Member representing the Chair of Hywel Dda University Health Board (HDdUHB); Prof Phil Kloer, Chief Executive Officer; Dr June Picton, Associate Medical Director representing the Medical Director; Dr Ellis Friedman representing the Royal College and Dr Ardiana Gjini and Dr Bruce Bolam representing the department met on 8 July 2025 to interview three candidates for the role of Consultant in Public Health Medicine/Consultant in Public Health.

Dr Eleanor Messham was appointed to the post of Consultant in Public Health Medicine/Consultant in Public Health. Anticipated start date is November 2025.

Argymhelliad / Recommendation The PODCC is requested to: • **APPROVE** the appointment of the consultants on behalf of the Board.

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)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
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:	AAC – Advisory Appointments Committee

Parties / Committees consulted prior to People, Organisational Development & Culture 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

7.2 - Contractual and Legislative Changes

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

Attachments

7.2 Contractual and Legislative Changes Update.pdf

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 August 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Contractual and Legislative Changes Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling, Executive Director of Workforce & Organisational Development and Deputy Chief Executive Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Heather Hinkin, Assistant Director of People Management

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

In accordance with the Terms of Reference for Committee, this report provides an overview of the contractual and legislative changes that have or may impact our workforce in relation to our approach to people management, policies, procedures and our terms and conditions of employment. It also outlines where UK legislation may diverge as a result of devolved responsibilities in Wales.

The report will provide an overview of recent changes and some insight into proposed or potential changes that may also impact on the way we manage or discharge our people responsibilities.

This report focuses on the period 1 April 2025 to date as well as outlining any forward planning requirements to maintain our compliance and support best practice in workforce management.

Cefndir / Background

It is imperative that Hywel Dda University Health Board (HDdUHB) keeps up to date with both contractual and legal changes which impact on our staff. This enables us to offer and promote the most recent terms and conditions of employment for our staff and raise awareness of forthcoming changes that may impact them so that they can make informed choices where required. It also enables the Health Board to minimise any associated risks with our offering not being compliant with employment law requirements.

Since April 2024, the UK Governments (Conservative and Labour) have enacted a series of employment law reforms under the Employment Rights Bill plus other initiatives. These changes aim to modernise protections, enhance workplace fairness, and address longstanding gaps in equality and inclusion. Welsh health boards, including HDdUHB, must adapt to these changes while managing potential operational and the financial impacts of such changes.

The employment law reforms target key areas such as flexible working, zero-hours contracts, new parent rights, protections against harassment, and fair pay. In addition to these changes, the new Labour Government has outlined further reforms aimed at promoting equality, reducing work-related stress, and creating a fairer labour market.

This report builds on previous updates to Committee as more detail relating to the above reforms become available.

Asesiad / Assessment

The following section details the legislation, its implications for Welsh health boards, and any specific impacts for HDdUHB.

Contractual and Legal Changes

Maternity, paternity and statutory sick pay changes
The Department for Work and Pensions (DWP) confirmed pay rates would increase as follows with effect from 6 April 2025:-

1. Statutory maternity, paternity, adoption, shared parental, and parental bereavement pay will increase from £184.03 per week to £187.18 per week (or 90% of the employee's weekly earnings if that amount is lower).
2. Statutory sick pay will increase from £116.75 to £118.75 per week.

These are relevant changes for our staff as some are only entitled to the statutory elements rather than occupational allowances depending on their ability to meet the eligibility thresholds including length of service.

Changes to Pension Tiers and Auto Enrolment

Pension Tiers
We were advised of the new contribution rates on 28 March 2025. This information was communicated to staff via a Global message. Member contribution rates were assessed as part of the Annual Rebanding Exercise in April 2025 and some staff may have reduced a tier as a result of the slight increases to the maximum pay for tiers 2-6. Staff were further advised that, once this year's pay award was implemented (August 2025 payroll), the pension tier would be reassessed again and backdated to 1 April 2025. This may result in staff moving up a tier.

The new rates are outlined below:-

1	£0 to £13,259	5.2%
2	£13,260 to £27,288	6.5%
3	£27,289 to £33,247	8.3%
4	£33,248 to £49,913	9.8%
5	£49,914 to £63,994	10.7%
6	£63,995 and above	12.5%

N.B. as Pensionable Salary Range Contribution Rates are based on actual pensionable pay, it is not possible to align the pay bands to any particular tier.

Auto Enrolment

The Health Board received its re-enrolment and re-declaration letter from the Pensions Regulator in March 2025 and has until 2 December 2025 to submit. Failure to submit on time can result in penalties for non-compliance. However, the Health Board is proactive in the management of this requirement and tends to submit early.

As part of HDdUHB's statutory obligations, we, along with other employers, are required to ensure that all employees who are not members of a pension scheme are automatically enrolled into one and then, to review this on a 3-yearly basis.

The auto re-enrolment date for HDdUHB was 1 July 2025. Global communications were issued to staff in June 2025 to advise them of this exercise and the Pensions Team wrote to all staff with details of the scheme they would be re-enrolled into and how to opt out if they did not wish to remain a scheme member.

Plans are in place to ensure the Health Board complies with its statutory duties in this respect by the due date.

The Government is also considering a wide range of additional pension-related developments. These include a possible reduction in the benefits of salary sacrifice for pensions contributions and the key issues to consider regarding life assurance benefits. We will monitor these developments and advise staff accordingly of any proposed changes that will come into effect.

Pay Awards

The Government accepted both pay review body recommendations (AfC and DDRB) in respect of the pay awards for 2025/26. These were as follows:-

Staff Group	Uplift	Effective Date
Agenda for Change (AfC) N.B. this does not apply to those staff previously covered by the advanced pay circular (01/2025 – living wage foundation rate)	3.6%	1.4.25
Executive and Senior Pay (ESP) NHS Employers wrote to Welsh Government in June 2025 to request an update.	Unknown at this stage.	1.4.25
Medical & Dental Consultants, speciality doctors, GPs and dentists Resident Doctors (junior doctors)	 4% on basic pay 5.4% total uplift (4% basic plus £750)	 1.4.25

Backpay is due to be paid in the August 2025 pay. There was no option this year for staff to spread their back pay over 3 months.

Immigration and DBS Update

Immigration
The UK Government has indicated its intention to review the right-to-work (RTW) check regulations, particularly regarding the gig economy, as part of broader immigration enforcement and fair work reforms. These potential changes stem from concerns that irregular employment structures (e.g. platform-based work) can be exploited to bypass proper RTW vetting.

Skilled Worker Visa salary thresholds now reflect the revised rates for NHS roles. From 22 July 2025 the threshold will increase to £41,700 for the general category. We will keep these changes under review and ensure compliance for any sponsored staff however we don't anticipate any impact for the Health Board as this increase in the salary threshold does not cover the Health & Care Worker visa.

Proposed or Emerging Immigration Changes

- Extension of Employer Liability: The Home Office is considering tightening accountability, so that organisations using indirect labour (e.g. via apps, agencies, or platforms) are responsible for ensuring workers have valid immigration status.
- Clarification of "employer" status: The definition of an employer in RTW checks may be expanded to include end users of labour in some gig-style arrangements.
- Digital RTW updates: further automation and biometric verification may become required for short-term or flexible workers under new proposed compliance frameworks.
- More stringent checks for health and social care sectors: These sectors are considered as high-risk due to volume of visa-sponsored roles.

Health Boards using bank staff, outsourced contractors, or third-party apps for locum, care, or auxiliary services may therefore face increased RTW verification duties and Health Boards could in future be held jointly liable with outsourced providers for any illegal working if documentation is not adequately checked or retained.

The Health Board will continue to review its processes in respect of any updates required to the RTW checks in place with outsourced providers with a review of the contract with such providers to ensure more robust RTW responsibilities and audit rights are included and also review/update our internal staff bank protocols.

Any such statutory changes, if implemented, may require Health Boards to consider the use of digital ID verification tools internally before work commences going forward. The Health Board will continue to monitor Home Office guidance and Welsh Government's engagement with the immigration enforcement strategy and update staff responsible for such compliance in terms of any changes to the RTW requirements.

Disclosure and Barring Service (DBS) Identity Documents
We were advised on 28 July 2025 that there are changes to identity document requirements for the DBS Identity Check. Shared Services have clarified the new guidance with the DBS Agency and Trac. Under the new guidance, there is no requirement from a DBS perspective for all applicants to provide address documentation to be validated provided that the applicant's address history is provided on the application form, as this will be sufficient. Internal processes may need to change as there will now be significant differences between a DBS ID check and an NHS Employers ID Check. Trac (online NHS jobs platform) plans to make the changes required during November 2025 and DBS have advised that a transition

period will apply for 6 months. We await further information from Shared Services of the impact of the changes.

Employment Law Updates

Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE)
There have been no transfers that have taken place in the period either as transferor (from the Health Board) and transferee (into the Health Board).

TUPE continues to apply to outsourced or restructured service functions, and the Health Board continues to work with the regulations when such options emerge to ensure staff rights are safeguarded and our trade unions are consulted in accordance with the All-Wales Organisational Change policy.

Social Partnership Duty
Under the Social Partnership and Public Procurement (Wales) Act 2023, Health Boards must work in partnership with recognised trade unions to advance fair work outcomes. The Act mandates inclusive dialogue in strategic workforce decisions and ensures public procurement reflects fair work objectives. This Act provides a robust alternative to Westminster's Fair Work Agency.

The Welsh Social Partnership Duty (Section 338 S.I. 2025) specifically mandates co-design and social partnership in policy, service, employment practices, especially in procurement and workforce planning. It is imperative therefore that our managers engage at an early stage with our trade union colleagues when considering transforming services, service changes including any organisational change programmes (OCPs) before a proposal is written.

The Health Board is in the process of finalising its first annual report for the Social Partnership Council and has worked with its trade union colleagues in the co-production of the report. A copy of the report will be shared with Committee by our Public Health colleagues in due course.

Worker Protection (Amendment of Equality Act 2010) 2023
This legislation is now in force (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 in regard to their employees rather than just redress it once it has occurred. It will also make employers liable for harassment of their employees by third parties.

The key requirement of this Act is that employers must now take all reasonable steps to prevent harassment, including third-party incidents. This sends a clear signal to all employers that they must take reasonable preventative steps against sexual harassment, encourage cultural change where necessary, and reduce the likelihood of sexual harassment occurring.

The Equality and Human Rights Commission's guidance on sexual harassment has been updated to reflect the new legal requirements under the Act for employers and this document has been shared with Senior Workforce colleagues to support them in their management of case work.

Employees will not be able to bring a claim for the preventative duty but in successful Tribunal claims for alleged sexual harassment, it will naturally follow that a breach of the employment duty will automatically be examined. The Employment Tribunal system does

expect to see a rise in the number of claims under this legislation, but this is often the case with any new piece of legislation.

We are cognisant that patients and visitors can be significant third-party risks, particularly in high-stress areas like Accident and Emergency and mental health services. Work is ongoing jointly across Wales in terms of this agenda and the Health Board is actively engaged in those discussions. Separately, colleagues across Workforce and Organisational Development (W&OD), Safeguarding and frontline services are also actively working on plans to ensure we can meet the new duties included in the act.

An All-Wales Sexual Safety policy, charter, toolkit and resources are nearing completion and these will be put forward for adoption by the Health Board at a future meeting. In the interim work continues across W&OD and Medical Education to encourage and strengthen staff confidence in reporting such concerns and reinforcing professional boundaries.

The Assistant Director of People Management and the Chair of our Staff Partnership Forum attended the 'Tackling Workplace Sexual Harassment in the Public Sector' conference in Aberystwyth in July 2025. This event was led by the Trade Union Congress (TUC), Welsh Government and the Police. A summary of the conference was shared with our Staff Partnership Forum in July 2025. The conference was also delivered in Cardiff and North Wales.

Neonatal Care (Leave and Pay) Act 2023
This Act came into effect on 6 April 2025 albeit it received Royal Assent on 24 May 2023. This Act provides support for when a baby is admitted to neonatal care within 28 days of birth and remains continuously in care for at least 7 consecutive days.

The changes provide a new day one employment statutory entitlement of up to 12 weeks' paid leave for both parents so they can spend more time with their babies and would cover the time spent in neonatal care. Depending on when the leave is taken, there are rules around whether the leave is taken in continuous or non-continuous blocks of one week. This legislation now means that an employee could be absent from work for a period of 68 weeks when taken with full maternity leave and annual leave entitlement.

We were advised by NHS Employers that Section 15 of the would be updated in April 2025 to reflect the statutory provisions. However the changes made merely stated:

Neonatal care (leave and pay)
15.118 All NHS employers must ensure local policies incorporate the statutory neonatal care Act 2023 provisions. This provision provides statutory leave and pay provisions for parents whose newborns have received medical or palliative neonatal care for a period of seven days or more in the first 28 days post birth.

We have therefore developed a new local policy which is currently out to consultation and will be brought to Committee's next meeting for approval.

The Equality & Human Rights Commission (EHRC) Consultation on Gender
Following the April 2025 Supreme Court ruling (For Women Scotland Ltd v The Scottish Ministers) on legal sex in service provision, the EHRC issued interim guidance and launched a consultation focused on how gender should be treated under the Equality Act 2010.

The ruling on the definition of “woman” or “man” within the Equality Act 2010 was clarified in this case as referring to biological sex only.

The dedicated consultation (20 May – 30 June 2025) was in relation to revisions to its Services Code of Practice, focusing on how public-facing services (like healthcare settings and patient spaces) should now interpret and manage sex-based protections.

The Health Board submitted a response to the consultation and will continue to monitor developments closely and, where required, will review our equality impact assessments and Human Resources (HR) policies accordingly.

Whilst the focus remains primarily on service access, future outcomes may affect workforce policies — particularly in occupational requirements, staff facilities, and safeguarding. For example, the Health Board’s Supporting Transgender Staff Policy states that trans staff can use the changing, showering and toilet facilities which they feel most comfortable with, unless another member of staff raises concerns in relation to sharing facilities with a trans employee, at which time a reasoned decision will need to be made by the manager, sensitively and carefully balancing the issues. A further Supreme Court case due in October 2025 may expand the scope to include workforce policies.

To date, we have not received any guidance on an All-Wales basis and whilst we await the outcome of the consultation, the Health Board has not made any changes to its patient or staff policy frameworks as these may require financial investment, and it may therefore be more prudent to await the final position. A paper, with recommendations, has therefore been prepared for the Executive Team’s consideration in relation to applying the status quo to our existing policy frameworks or following the interim guidance issues by the EHRC.

The Royal College of Nursing has published a position statement on the Supreme Court ruling and our Staff Partnership Forum has also voiced its concerns for the lack of clarity for staff as employees and in their provision of services to patients and their families.

A follow-up case due in October 2025 may further clarify an employer’s obligations to provide or restrict access, with potential ripple effects on internal policies—especially regarding staff-patient interface zones.

Outcomes related to the consultation may therefore affect how health boards manage access to clinical and non-clinical spaces, single-sex wards or facilities, and patient-facing protocols.

The Health Board therefore needs to remain cognisant of any requirement to:

- Consider the impact on patient access procedures for single-sex accommodations
- Ensure that sex-based exemptions are clearly defined, justifiable and communicated
- Train staff in navigating nuanced guidance balancing sex and gender reassignment protections.

We are expecting the EHRC to publish its revised Services Code in late 2025. This will be a statutory code and may require policy changes across our patient facing policies and, potentially, our workforce policies depending on the breadth of the confirmed changes.

Employment Rights Bill

On 1 July 2025, the UK Government published its phased implementation plan for the Employment Rights Bill. Major changes include repeals of previous trade union restrictions,

new day-one rights to leave, and a statutory ban on ‘fire-and-rehire’ practices. Some reforms, such as the creation of a Fair Work Agency and Fair Pay Agreements, apply in England only.

Implications for Welsh Health Boards include aligning policies with UK-wide changes (e.g. unfair dismissal protections, sick pay reforms), while continuing to operate under devolved frameworks such as the Social Partnership and Public Procurement (Wales) Act 2023. Committee has already received more detailed updates on these proposals. Details of key proposals are covered in the “Looking Forward” Section.

Tribunal Case Law Developments
There have been a number of high-profile judgments since April 2025 which may have implications for staff management practices in respect of:

- Racial Harassment: Recent findings reinforced the employer's duty to respond to subtle and repeated conduct.
- Disability Discrimination: Adjustments must be timely and meaningful; failure to act promptly has been penalised.
- Belief-based Harassment: A case is ongoing regarding ‘gender critical’ beliefs and workplace inclusion.

The Workforce Team reviews such decisions to consider how best we can mitigate similar concerns arising in the Health Board.

A brief summary of those cases is listed below:-

1. Assan v Vigilant Security – £361,000 was awarded after persistent racial harassment (“slave” comments) and victimisation; insufficient proactive steps were found to have been taken by the employer
2. Rooke v NHS Blood & Transplant – £30k for detriment related to a colleague likening her to Darth Vader; this case highlights the risk of “harassment via role-play or unprofessional comments”, especially post a disclosure
3. Blewitt v Mach Recruitment Ltd – (£188k) where a regional director was unfairly dismissed post-cardiac arrest; tribunal cited lack of reasonable adjustments and failure to seek occupational health input
4. Campbell v Sheffield Teaching Hospitals NHS Foundation Trust & Mr Hammond - EAT decision – Employer successfully defended racist comment liability by demonstrating “all reasonable steps” had been taken; this case is considered as setting a benchmark for evidence-based policies and builds on the “Canniffe” test (identify what was done and then check if any other reasonable steps exist).

The Health Board is therefore reviewing the above cases with a view to ensuring as far as reasonably practicable that our policy and its application supports best practice in employee relations matters in relation to:-

- Strengthening its approach to microaggressions, role-based offensiveness, and belief-based incidents.
- Any reinforcement needed to ensure reasonable adjustment pathways are considered, particularly after long-term staff illness or disability.

- Thorough HR investigations and record-keeping which support the “all reasonable steps” defences.

There have been no published Employment Tribunal decisions yet directly applying the Worker Protection (Amendment of Equality Act 2010) 2023 however Tribunals have recently considered parallel claims where workers alleged harassment or discrimination by third parties, which the Act now explicitly covers. This is an area of case law that we will continue to monitor closely as the principles around ‘reasonable steps’ and injury awards now apply more broadly to cover harassment by third parties.

Looking Forward

The Employment Rights Bill
Many of the high-profile changes such as day-one unfair dismissal rights and changes to zero hours contracts are now not expected until 2027. The main reforms now proposed by the Employments Rights Bill are detailed below: -

October 2025 – The ban on fire and rehire practices becomes law. Committee will have received a summary of this outline proposal in a previous report.

Late 2025/early 2026 – One or both NHS pay review bodies may propose structural reforms are made as part of their recommendations for the next pay round.

April 2026 – New rights to parental leave, Statutory Sick Pay enhancements, day one unfair dismissal protections and zero-hours reform. Committee will have received a summary of the outline proposals in a previous report.

April 2027 onwards – Introduction of guaranteed-hours contracts and improved bereavement leave rights. Further detail on these aspects will be covered in a subsequent report.

Welsh Health Boards will need to scenario plan for workforce contract models, internal consultation processes and policy adaptations to reflect these future rights once they become statute. Our continued engagement with Social Partnership structures will be essential during such changes.

Summary

Health boards in Wales, as significant public sector employers, may experience unique challenges in implementing some of these legislative proposals while maintaining service delivery.

However, HDdUHB must prepare for these changes by continuing to invest in workforce development, enhancing data systems, and further embedding Equality, Diversity & Inclusion (ED&I) principles into its culture. These steps will support compliance, maintain workforce morale, and improve health outcomes for diverse patient populations.

As always, there are clearly implications for the Health Board to consider: -

- Cost pressures - Potential for increased staffing costs due to higher rates of pay, guaranteed minimum hours and administration however, this may also present opportunities for better rostering and reduced high costs agency spend.
- Operational – We may need to re-evaluate our staffing models and contractual arrangements to ensure alignment with the new regulations. This could involve

transitioning more bank or locum workers to fixed-term or permanent contracts to maintain compliance.

- Recruitment and Retention - While the Bill could improve job satisfaction and reduce turnover by providing workers with greater job security, it may also limit the flexibility that attracts some workers to zero-hour contracts in the first place, potentially affecting recruitment.
- Legal - Employers must navigate new legal requirements, which may increase the risk of non-compliance and associated penalties. This necessitates investment in training and systems to ensure adherence to the new rules.
- Systems – We may need to review existing system capability and ensure that we future proof our procurement of systems over the next few years as best we can.

To reduce or mitigate the challenges and leverage opportunities presented by the new legislation and those proposed in the Employment Bill, the following may assist employers including the Health Board to remain compliant and be prepared: -

- Complete our Pension Auto Enrolment assessment by the due date of 2 December 2025.
- Monitor any further government consultations and prepare for the legal changes due in October 2025 and April 2026 to avoid any last-minute disruption.
- Continue to conduct assessments of current workforce strategies and include the impact of the changes on the use of zero-hour contracts.
- Explore alternative employment models that align with any new requirements while maintaining operational flexibility.
- Embed any proposed changes within any new rostering tools or models to accommodate flexible working requests thus enabling more to be agreed and to manage the increased complexity of compliance with any new pay and scheduling regulations.
- Develop contingency plans for staffing shortages caused by expanded leave rights.
- Continue to foster open communication with our trade unions and zero-hour workers to understand preferences and concerns.
- Ensure our career development pathways provide opportunities for our zero-hour workers to upskill or transition into roles with guaranteed hours where available.
- Continue to collaborate with industry associations and government bodies to provide feedback on forthcoming consultation exercises and advocate for any necessary adjustments to address the unique challenges faced by the healthcare sector, particularly in maintaining flexible staffing to meet patient care demands.

By addressing these areas, the Health Board will meet legal requirements, uphold staff morale, and proactively manage the financial and procedural demands of these changes.

Argymhelliad / Recommendation

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

- **NOTE** the Contractual and Legislative Changes Report.

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
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 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership
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 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Tribunal Judgements and Government publications
Rhestr Termau: Glossary of Terms:	Included in the paper
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:	None arising directly from the report – for information only

Ansawdd / Gofal Claf: **Quality / Patient Care:**	N/A
Gweithlu: **Workforce:**	None arising directly from the report – for information only
Risg: **Risk:**	None arising directly from the report – for information only
Cyfreithiol: **Legal:**	None arising directly from the report – for information pre-statute or post implementation.
Enw Da: **Reputational:**	N/A
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	N/A

7.3

7.3 - Standards of Behaviour Policy

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

For approval

Attachments

7.3 Standards of Behaviour Policy v7 for Approval SBAR.pdf

7.3 Appendix 1 248-Standards of Behaviour Policy Draft v7 for PODCC approv~.pdf

7.3 Appendix 2 EqIA Screening Policy - 248 Standards of Behaviour v.7.pdf

7.3 Appendix 3 - Summary of Changes to Standards of Behaviour Policy V7.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Revised Standards of Behaviour Policy 248
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joanne Wilson, Director of Corporate Governance and Board Secretary
SWYDDOG ADRODD: REPORTING OFFICER:	Sian Marie James, Assistant Director of Corporate Legal Services and Public Affairs and Sonja Wright, Business Support

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The People, Organisational Development and Culture Committee (PODCC) is asked to approve Version 7 of the Standards of Behaviour Policy (248), attached at Appendix 1, which has been revised in accordance with its review schedule and in line with processes set out in Policy 190 - Written Control Documentation.

Cefndir / Background

The Standards of Behaviour Policy enables Hywel Dda University Health Board (HDdUHB) to ensure that its employees and Independent Members practice the highest standards of conduct and behaviour. This policy sets out the expectations required and provides supporting guidance so that all Employees and Independent Members are supported in delivering that requirement.

The policy is applicable across the whole of HDdUHB. It applies to all Independent Members and employees and includes, but is not limited to, agency staff, bank workers, locums, clinical placements, work experience placements, volunteers, associate members, those with honorary contracts and certain sessional arrangements.

Asesiad / Assessment

During the review, the revised policy was sent for comment to the following key stakeholders:

- Head of Counter Fraud (HDdUHB)
- Assistant Directors, Workforce & Organisational Development (OD)
- Director of Research, Innovation and Value
- Head of Hywel Dda Health Charities
- HDdUHB Information Governance Team
- Carmarthenshire Local Partnership Forum
- Pembrokeshire Local Partnership Forum
- Ceredigion Local Partnership Forum
- Staff Partnership Forum

- Medical Workforce Group (LNC – Local Negotiating Committee)
- Health Play Specialists and Lead Nurses, Paediatric and Antenatal Units and Wards within HDdUHB
- Executive Directors, Heads of Service and Service Managers
- NWSSP to confirm process for submitting Declarations of Interest for Procurement staff

A targeted review was undertaken of the staff groups who should be defined as 'High Risk' within the policy, in terms of their requirement to submit annual Declarations of Interest due to the duties and nature of their roles.

The policy defines 'High Risk' in this context as including *'senior managers and clinicians, those whose role necessarily brings them into contact with external companies, contractors or suppliers, those who are able to initiate orders or those who are budget holders. This includes any interests that may influence, or be perceived to influence, the member of staff's judgment in the course of undertaking their duties whilst working for HDdUHB'.*

The definitions provided for these groups in version 6 of the Policy had been broad in range but, in some cases, lacking in specificity. As a result, a large number of staff members who were not actually 'High Risk' were included in the groups and this in turn led to a low compliance rate in the numbers of staff submitting Declarations.

In order to refine the definitions of 'High Risk Groups' within the policy, Executive Directors and Senior Managers have been consulted in respect of those roles (and pay banding levels) within their individual Directorates and teams that should be included in the 'High Risk' category, and the recommendations arising from this consultation are reflected in Version 7 of the policy.

Further queries/ requests for comment have been directed to staff members regarding specific points included in the policy which sit within their respective areas of knowledge/ Directorates.

Other Welsh Health Boards' and Public Health Wales's Standards of Behaviour and Standards of Business Conduct policies have been reviewed to check that the HDdUHB policy is in alignment with these and to identify any additional wording/ requirements which may need to be incorporated within version 7 of the policy.

The policy has been made available for Global consultation between 8 July 2025 and 28 July 2025. All comments received from this and from targeted consultation have been considered in the revised version of the policy. The policy is presented to PODCC on 19 August 2025 and for onward approval by the Board on 25 September 2025.

A summary of comments and revisions received and reflected in version 7 of the policy is included as Appendix 3.

Argymhelliad / Recommendation

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

- APPROVE the Standards of Behaviour Policy (248).

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:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	2. Timely
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
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:	Legislation, national policy and local policies
Rhestr Termau: Glossary of Terms:	Contained within each written control document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Carmarthenshire Local partnership Forum Pembrokeshire Local partnership Forum Cerdigion Local partnership Forum Staff Partnership Forum Further parties as detailed in the assessment

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Unforeseen and unbudgeted costs of investigations and/or defence of any legal action could arise from non-adherence to the Policies
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	The Standards of Behaviour policy applies to all staff

Risg: **Risk:**	Not Applicable
Cyfreithiol: **Legal:**	Bribery Act 2010 Section 199 of the Economic Crime and Corporate Transparency Act 2023
Enw Da: **Reputational:**	Non-adherence to the Standards of Behaviour Policy could result in reputational harm to the HB.
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	A full equality impact assessment has been undertaken for each separate policy/procedure (attached as Appendix 2)

Standards of Behaviour Policy
DRAFT for Approval

Policy information
Policy number: 248
Classification: Corporate
Supersedes: Previous versions
Version number: 7 (Draft)
Date of Equality Impact Assessment: 22/07/2025

Approval information
Approved by: People, OD & Culture Committee (PODCC)
Date of approval:
Date made active:
Review date:

Summary of Document:
The Standards of Behaviour Policy enables Hywel Dda University Health Board (HDdUHB) to ensure that its Employees and Independent Members practice the highest standards of conduct and behaviour. This policy sets out the expectations required and provides supporting guidance so that all Employees and Independent Members are supported in delivering that requirement.

Scope:
This policy is applicable across the whole of HDdUHB. It applies to all Independent Members and Employees and includes, but is not limited to, agency staff, bank workers, locums, clinical placements, work experience placements, volunteers, Associate Members, those with honorary contracts and certain sessional arrangements.

To be read in conjunction with:

Standing Orders & Standing Financial Instructions
The Codes of Conduct and Accountability for NHS Boards and the Code of Conduct for NHS Managers Directions 2006 – opens in a new tab
Economic Crime and Transparency Act 2023
201 – AW Disciplinary Policy – opens in a new tab
172 - Confidentiality Policy– opens in a new tab
815 – Counter Fraud, Bribery and Corruption Policy – opens in a new tab
435 - Procedure for NHS staff to raise concerns (AW document) – opens in a new tab
495 – Internet Usage Policy – opens in a new tab
420 - Charitable Funds Financial Administration and Governance Procedure – opens in a new tab
465 – Social Media Policy – opens in a new tab
113 – Learning & Development Policy – opens in a new tab

313 - Study Leave Policy for all Medical and Dental Staff in training – opens in a new tab
334 – Personal Relationships at Work Guideline [link to be attached once uploaded to intranet]
347 – Corporate Records Management Policy – opens in a new tab
002 - Underpayments and Overpayments of Salary Policy – opens in a new tab *check link to new AW policy which will be approved at PODCC Aug 2025 and also update link at p31 - Overpayments*
1088 – Information Rights Procedure – opens in a new tab

Patient information: Not applicable

Owning group:
Task & Finish Group

Executive Director job title:
Director of Corporate Governance/ Board Secretary

Reviews and updates:
Version 1 – 14.11.2021
Version 2 – August 2016
Version 3 – 31.03.2017
Version 4 – 29.08.2019
Version 5 – 12.08.2020
Version 6 - 20.10.2022
Version 7 – 19.08.2025

Keywords
Corporate Governance, Standards of Business Conduct, Declarations and Register of Interests, Gifts, Hospitality, Honoraria and Sponsorship.

Glossary of terms

NWSSP	NHS Wales Shared Services Partnership
HDdUHB	Hywel Dda University Local Health Board
ARCH	A Regional Collaboration for Health
ABPI	Association of British Pharmaceutical Industry
IPR	Intellectual Property Rights
NIC	National Insurance Contributions
LCFS	Local Counter Fraud Specialist
HCPC	Health and Care Professions Council
GMC	General Medical Council
NMC	Nursing and Midwifery Council

Queries
Any queries in respect of the contents of this policy should be directed to:
standardsofbehaviour.hdd@wales.nhs.uk

DRAFT

Contents

Policy information 1
Approval information 1
INTRODUCTION 4
AIM AND OBJECTIVES 6
RESPONSIBILITIES 6
REGISTER OF INTERESTS 13
DECLARATIONS OF INTEREST AT MEETINGS 13
GIFTS, HOSPITALITY, HONORARIA AND SPONSORSHIP 14
Sponsorship 21
USE OF THE HDdUHB LOGO 26
RESEARCH, DEVELOPMENT AND INNOVATION 26
CHARITABLE FUNDS 27
SECONDARY EMPLOYMENT & PRIVATE PRACTICE 27
REWARDS FOR INITIATIVE 28
SOCIAL NETWORKING SITES 30
TIME KEEPING 31
ELECTION CAMPAIGNS 32
FAILURE TO ADHERE TO STANDARDS OF BEHAVIOUR POLICY 33
CONFIDENTIALITY 33
EQUALITY 34
RESOURCES 34
TRAINING 34
IMPLEMENTATION 34
PUBLICATION OF REGISTERS 35
AUDIT AND MONITORING 35
DISTRIBUTION 36
SOURCES 36
REFERENCES 36
ACKNOWLEDGEMENTS: 37
Appendix 1 - STANDARDS OF BEHAVIOUR FRAMEWORK 37

DRAFT

INTRODUCTION

Recognising that public service values and associated behaviours must be at the heart of the NHS in Wales, Hywel Dda University Health Board (HDdUHB) is strongly committed to following and maintaining high standards of public life and behaviour, including openness, honesty, customer service standards, diversity and engaged leadership.

The 'Seven Principles of Public Life' (the *'Nolan Principles'*), form the basis of HDdUHB's Standards of Behaviour requirements for its Employees and Independent Members. These are:

- **Selflessness** – Individuals should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or friends;
- **Integrity** – Individuals should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties;
- **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, recommending individuals for rewards and benefits, choices should be made on merit;
- **Accountability** – Individuals are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate for their position;
- **Openness** – Individuals should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it;
- **Honesty** – Individuals have a duty to declare any private interests relating to their duties and to take steps to resolve any conflicts arising in a way that protects the public interest; and
- **Leadership** – Individuals should promote and support these principles through leadership and by example.

In support of these principles, Employees and Independent Members must be impartial and honest in the way that they go about their day-to-day functions. They must remain beyond suspicion at all times. They can achieve the seven principles of public life by:

- Ensuring that the interests of service users remain paramount;
- Being impartial and honest in the conduct of their official business;
- Using public funds to the best advantage of the service and the service users, always seeking to ensure value for money;
- Not abusing their official position for personal gain or to benefit family or friends;
- Not seeking advantage or to further private business or other interests in the course of their official duties; and
- Not seeking or knowingly accepting preferential rates or benefits in kind for private transactions carried out with companies, with which they have had, or may have, official dealings on behalf of HDdUHB.

The Standards of Behaviour Policy sets out the principles HDdUHB expects all Employees to uphold, and the steps which HDdUHB as an employer will take to safeguard the organisation where conflicts of interest arise. It builds on the provisions of Section 8 'Values and Standards of Behaviour' of the

HDdUHB's Standing Orders and re-emphasises the commitment of HDdUHB to ensure that it operates to the highest standards.

The policy is supported by a short guide on the Standards of Behaviour Framework (see Appendix 1 – opens in a new tab) that provides a summary of expected conduct and is intended to complement the various professional Codes of Conduct to which HDdUHB Employees should refer as appropriate. These include (the list is not exhaustive):

- Nursing and Midwifery Council: https://www.nmc.org.uk/standards/code/ (opens in a new tab)
- Health and Care Professions Council: https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-conduct-performance-and-ethics-2024.pdf (opens in a new tab)
- Academy for Healthcare Science: Home - The Academy For Healthcare Science (opens in a new tab)
- Register of Clinical Technologists Code of Professional Conduct (opens in a new tab)
- British Association for Behavioural and Cognitive Psychotherapists Standards of Conduct, Performance and Ethics
- NHS Consultants and General Practitioners: http://www.gmc-uk.org/guidance/index.asp (opens in a new tab)
- General Pharmaceutical Council: Standards for pharmacy professionals | General Pharmaceutical Council (pharmacyregulation.org) (opens in a new tab)
- Code of Conduct for Healthcare Support Workers in Wales: https://heiw.nhs.wales/files/educational-development/code-of-conduct-for-health-support-workers-in-wales-pdf/ (opens in a new tab)
- Society of Radiographers Code of Professional Conduct: https://www.sor.org/learning-advice/professional-body-guidance-and-publications/documents-and-publications/policy-guidance-document-library/code-of-professional-conduct-2025 (opens in a new tab)
- Chartered Society of Physiotherapy Code of Members' Professional Values and Behaviour (opens in a new tab)

AIM AND OBJECTIVES

The aim of this policy is to set out the organisation's expectations in relation to the standards of conduct expected of all Employees and Independent Members, to ensure that arrangements are in place to support Employees and Independent Members to act in a manner that upholds the Standards of Behaviour Framework. It clarifies the roles and responsibilities of those employed by HDdUHB, and explains processes for declaring interests, gifts, hospitality, honoraria and sponsorship, which can be recorded and submitted using standard automated forms which are accessible from the Forms Library on HDdUHB's intranet site here (opens in a new tab)

All Employees are expected to be familiar with the content of this policy, and Departmental/ Line Managers have a responsibility for bringing the policy to the attention of their staff.

DRAFT

RESPONSIBILITIES

Chair

The Chair holds responsibility for managing the performance of the Health Board's Independent Members through the annual individual performance review process on behalf of the Cabinet Secretary for Health and Social Care and is also responsible for managing the performance of the Health Board's Associate Members and for holding the Chief Executive to account. Any actual or potential/ perceived conflicts of interest would be discussed and managed within this remit.

Chief Executive

The Chief Executive is the 'Accountable Officer' with overall responsibility for ensuring that HDdUHB operates efficiently, economically and with probity. The Chief Executive will ensure a policy framework is set and that arrangements are in place to support the delivery of that framework.

Director of Corporate Governance/ Board Secretary

The Director of Corporate Governance/ Board Secretary has delegated responsibility for ensuring that the Health Board is provided with competent advice and support regarding the contents and application of this policy and the Standards of Behaviour Framework.

The Director of Corporate Governance/ Board Secretary will ensure that:

- A Register of Interests is established and maintained as a formal record of interests declared by Employees and Independent Members. The Register will include details of directorships, pecuniary (financial) and non-pecuniary interests in organisations that may have dealings with the NHS and membership of professional committees and Third Sector bodies. Where relevant, it will also include details of interests of close family members (spouse, partner, civil partner, children, etc).
- Arrangements are in place to prompt Executive Directors, Independent Members and Associate Members of the Board to complete a Declaration of Interest, Eligibility and Indemnity form (opens in new tab) on initial employment with HDdUHB, and annually thereafter, or as required in order to declare a new interest.
- Scrutiny is applied to declaration forms received to ensure appropriate declarations and acceptances (in the case of gifts, hospitality, honoraria and sponsorship) have been made, in compliance with the Standards of Behaviour Policy.
- Regular checks are undertaken to identify individual Declarations of Interest and Declarations of Gifts, Hospitality, Honoraria and Sponsorship where Line Manager approval status is shown as 'pending' and emails sent to Line Managers concerned querying whether they are happy (or not) to approve the declaration concerned. The register will be amended manually to reflect the Line Manager's decision.
- A Register of Gifts, Hospitality, Honoraria and Sponsorship (whether accepted or declined) is maintained.
- The Register of Interests and Register of Gifts, Hospitality, Honoraria and Sponsorship are published on HDdUHB's internet site in accordance with the requirements of the organisation's Freedom of Information Act Publication Scheme (opens in a new tab).

- Reports detailing the content of the Register of Interests and Register of Gifts, Hospitality, Honoraria and Sponsorship, and the effectiveness and adequacy of the arrangements in place, are provided to the Audit & Risk Assurance Committee on an annual basis.
- The forms that Employees and Independent Members should complete when making a declaration of interest or when advising of gifts, hospitality, honoraria or sponsorship, are available on HDdUHB's intranet site (opens in a new tab).

'High Risk' Groups

- All staff employed in areas deemed to be 'high risk', as per Table 1 below, are asked to complete a Declaration of Interest form. For the purpose of defining 'high risk', HDdUHB considers this to include senior managers and clinicians, those whose role necessarily brings them into contact with external companies, contractors or suppliers, those who are able to initiate orders or those who are budget holders. This includes any interests that may influence, or be perceived to influence, the member of staff's judgment in the course of undertaking their duties whilst working for HDdUHB.
- 'High Risk' staff groups are reviewed and refreshed annually to ensure that the list of members remains current. This is undertaken in consultation with Executive Directors and Senior Managers in respect of their individual Directorates and teams and through requesting details of relevant staff from Workforce and OD teams.
- Email reminders are issued each year, on a rolling basis, to all staff within 'High Risk' groups to prompt them to complete an annual declaration, even if this is a 'nil' declaration. Details of members of staff within the 'high risk' groups who do not complete an annual submission following issue of the reminder will be forwarded to their Line Managers to follow up and, if required, escalated to Service Directors.
- Service Directors will be provided with an annual compliance list showing how many staff within the 'High Risk' Groups which sit within their respective Directorates have submitted a Declaration of Interest.
- It is the responsibility of individual Employees, Independent Members and Associate Members within a 'High Risk' group to make a further declaration should their circumstances/ interests change within these timescales.

Table 1

Independent Members	Annually
Executive Directors	Annually
Associate Members	Annually
Strategic Advisors	Annually
Staff in specified 'high risk' areas	
System General Manager/ Assistant Directors, Deputy Directors, Clinical Care Group Directors	Annually
Senior/ General Managers, to include Service Delivery Managers (Band 7 and above)	Annually

DRAFT

All staff employed within the Research, Innovation and Value Directorate, including Tritech and the Value Based Health Care Team	Annually
All Finance Staff	Annually
Level 5 & 6 Oracle Budget Holders	Annually
Pharmacy Staff All roles identified by the Clinical Director of Pharmacy and Medicines Management to include but not limited to: • All Pharmacists • Senior Pharmacy Technicians (Band 6 and above) • Primary Care Pharmacy Technicians (Band 5 and above) • Procurement Technicians (Band 3 and above)	Annually
All registered Independent Prescribers	Annually
Clinical Nurse Specialists, including Advanced Nurse Practitioners and Consultant Nurses (Band 7 and above)	Annually
Facilities/ Estates Operational Services Staff Band 6 and above	Annually
Facilities/ Estates Specialist Services Staff Band 6 and above	Annually
Workforce and OD staff: • People Planning & Management: Band 8a and above • Strategic Workforce Planning: Band 8a and above • People Development: Band 6 and above • Business, Partnerships and Inclusion: All team members Human Resources: Band 7 and above	Annually
Senior Digital Services Directorate Staff (Band 8 and above)	Annually
Senior Medical Staff (Consultants, Associate Medical Directors, Deputy	Integral to revalidation process then annually; Integral to Consultant appraisal/ Job Planning reviews.

DRAFT

Associate Medical Directors, GPs working in the Health Board)	
Heads of Nursing and Senior Nursing Staff (Band 8a and above)	Annually
Allied Healthcare Professionals and Play Therapists	Annually
All Health Science Professions	Annually
All Psychological Professions Band 7 and over	Annually
Optometrists (Secondary Care)	Annually
Social Workers	Annually
Dentists	Annually
HDdUHB Health Charities Team	Annually

Executive, System General Managers and Assistant Directors and Senior/ General Managers

Executive, System General Managers and Assistant Directors and Senior/ General Managers must ensure that:

- Employees are aware of the requirements contained within this policy and the Standards of Behaviour Framework.
- They lead by example and personally declare any relevant interest or the offer of gifts, hospitality, honoraria or sponsorship.
- Approve, or decline approval for, the acceptance of gifts, hospitality, honoraria and sponsorship that have been offered within their Directorate/ System **prior** to the event, ensuring that any acceptances comply with the standards outlined within this policy and (during periods of annual leave and prolonged absence) ensure that their responsibilities are delegated to their nominated deputy.
- They review the contents of the Registers of Interests and Gifts, Hospitality, Honoraria and Sponsorship to assist with the verification of the accuracy of the information contained within it when alerted to do so by the Assistant Director of Corporate Legal Services and Public Affairs on behalf of the Director of Corporate Governance/ Board Secretary.

Departmental/ Line Managers

Departmental/ Line Managers will:

- Ensure that this policy and the Standards of Behaviour Framework are brought to the attention of Employees for whom they are responsible, and that they are aware of its implications for their work.
- Ensure that Employees are aware of the requirement to follow and comply with the policy and Standards of Behaviour Framework.

DRAFT

- Support their Employees in the application of the policy and the Standards of Behaviour Framework, seeking advice from the Assistant Director of Corporate Legal Services and Public Affairs or Director of Corporate Governance/ Board Secretary, where necessary.
- Review Declarations of Interest submitted by team members via the automated Sharepoint Declaration form to ensure that there are no material conflicts of interest and approve or decline (providing a reason for declining) individual submissions.

Employees and Independent Members

All Employees and Independent Members must ensure that they:

- Understand this policy and the Standards of Behaviour Framework, consulting their Departmental/ Line Manager if they require clarification.
- Are not placed in a position that risks, or appears to risk, conflict between their private interest and their HDdUHB NHS duties. This responsibility applies to all HDdUHB staff, including those who commit resources directly by ordering goods or services, and those who do so indirectly. Employees and Independent Members must declare all private interests which could potentially result in personal gain as a consequence of their position within the HDdUHB.
    - A conflict of interest can be defined as '*A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold*.'
    - A conflict of interest may be:

      Actual - a material/ direct conflict between an Employee's or Independent Member's official duties and one or more competing interests, whether personal or involving a third party; and/ or

      Potential/ perceived – the possibility of a material/ direct conflict between one or more interests in the future.
- Declare to HDdUHB for recording in the Register of Interests any relevant interests at the commencement of employment; whenever a new interest arises; or if asked to do so at periodic intervals by the Health Board. Relevant interests (including those of close family members or associates) may include:
    - Directorships, including Non-Executive Directorships held in private companies or Public Limited Companies (PLCs), with the exception of dormant companies;
    - Ownership or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with HDdUHB. This includes shareholdings, debentures or rights where the total nominal value is £50,000 or one hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less;
    - A personal or departmental interest in any part of the pharmaceutical/ healthcare industry that could be perceived as having an influence on decision-making or on the provision of advice to members of the team;
    - Sponsorship or funding from a known NHS supplier or associated company/ subsidiary;

DRAFT

- A position of authority in a charity or voluntary body in the field of health and social care. Charitable Funds Financial Administration and Governance Procedure 420 (opens in new tab) provides that "…*Staff members are not permitted to fundraise or support the fundraising activities of external charities during working hours or to utilise HDdUHB resources (e.g. name, premises, email, office equipment etc) in relation to this*…"
- Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests;
- Self-employment or employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of agency working and private practice.
- A personal/ family relationship with another member of staff within HDdUHB. Where a personal or family relationship exists involving members of staff in a supervisory or Line Management role, they must avoid participating in decisions that might raise the appearance of a conflict, such as recruitment and selection, allocation of funding, appraisal, disciplinary matters, sign-off of expenses or any other management activity or process involving the other party.

- Inform service users and their relatives as appropriate, when referring them for treatment, investigation, or any aspect of their care if they have a material interest in an organisation to which they plan to refer a service user. The fact that the service user has been informed must be recorded appropriately.
- Verbally declare any relevant interest when a potential for conflict arises e.g. at Board and Committee meetings, during procurement processes, and at other HDdUHB /Directorate/ Departmental meetings, as appropriate.
- Obtain permission from their Director/ System General Manager/ Assistant Director or Senior/ General Manager **prior to** accepting a gift, hospitality, honoraria or sponsorship which requires declaration and recording in the Register of Gifts, Hospitality, Honoraria and Sponsorship.
- Observe the Standing Orders and Standing Financial Instructions of the Health Board.
- Where Employees or Independent Members wish to engage in any outside employment which may affect their contractual obligation to HDdUHB, they must first discuss it with their Departmental/ Line Manager/ Chair. This will ensure that their position in HDdUHB is not compromised. Agreement to such outside employment will not be unreasonably refused.

The onus regarding declaration will reside with the individual Employee or Independent Member, particularly those who are not employed within areas that are deemed 'high risk' and are therefore not required to submit an annual Declaration of interests. It is recognised that a judgement may be required in individual circumstances regarding the appropriateness for a declaration to be made when, for example, there is a specific contractual situation or a series of specific circumstances or a close connection. Advice should be sought from the Assistant Director of Corporate Legal Services & Public Affairs or the Director of Corporate Governance/ Board Secretary in this regard, as such an interest may be deemed to be a potential conflict to the business of HDdUHB.

Where there is doubt, a Declaration of Interest should be made.

Appointing officers, for example, must declare any known relationship with potential applicants, and where a relationship is declared, the appointing officer must not be involved in any decisions relating to financial aspects of the individual's offer of employment. On an ongoing basis, there should not be any involvement in any other financial decisions relating to the individual with whom the manager has declared any relationship. This shall include salaries, re-grading, authorisation of travelling expenses, overtime payments, etc.

Volunteers

It is important that all volunteers adhere to HDdUHB policies and procedures, and that this Standards of Behaviour policy is consistent with the Wales Council for Voluntary Action Code of Practice for organisations involving volunteers (opens in a new tab)

NHS Wales Shared Services Partnership (NWSSP) Procurement Services

Where an Employee is requested to participate in the Health Board's procurement process and has not previously completed a Declaration of Interest Form, they will be asked to do so by NWSSP prior to participating or asked to reaffirm their interests and to confirm that there are no other relevant interests that should be declared.

.

NWSSP will ensure that all Procurement staff complete Declaration of Interest forms in line with their procedures. NWSSP will advise the Health Board, through the Assistant Director of Corporate Legal Services & Public Affairs or the Director of Corporate Governance/ Board Secretary, of any such interests impacting on HDdUHB services.

In the case of every tender, irrespective of whether a stakeholder has provided one previously, NWSSP will require a Declaration of Interest to be submitted by each stakeholder (including the Procurement Lead) prior to the tender going live. A check of all declarations will be made prior to the evaluations and a final check made upon award to ensure that any conflicts of interest have been declared and identified.

REGISTER OF INTERESTS

The Assistant Director of Corporate Legal Services & Public Affairs, on behalf of the Director of Corporate Governance/ Board Secretary, will maintain the Registers of Board Members and Staff Interests. These registers will be made available on HDdUHB's internet site.

In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register(s). Where an employee believes that substantial damage or distress may be caused to them or somebody else by the publication of information about them, they are entitled to request that the information is not published. Such a request must be made using the automated Declaration of Interests form. Requests will be followed up by the Corporate Governance Team to validate the reason for requesting redaction. A confidential, un-redacted version of the register will be held securely by the Director of Corporate Governance/ Board Secretary.

DECLARATIONS OF INTEREST AT MEETINGS

It is a requirement that at the beginning of every HDdUHB Board, Committee or decision-making meeting, members and those in attendance are invited to declare their interests in relation to any items on the agenda. Where a potential conflict is material or the individual has a financial/ pecuniary interest in the matter under discussion, the individual shall withdraw from discussions pertaining to that agenda item and shall not vote upon it. The potential conflict and the action taken to avoid it will be recorded in the minutes of the meeting and the Register of Interests will be updated if required.

Where it becomes evident part-way through a meeting that there may be a potential conflict, the individual must declare their interest immediately.

Under certain circumstances, the Chair may choose to waive the need for the individual to leave the meeting. The advice of the Director of Corporate Governance/ Board Secretary or the Assistant Director of Corporate Legal Services & Public Affairs should always be sought prior to such a decision being made.

From time to time, Employees and Independent Members may need to declare interests at meetings of other NHS organisations or partnerships, such as Rural Health and Care Wales, or A Regional Collaboration for Health (ARCH). Such declarations will be recorded as if the meeting were a HDdUHB Board or Committee meeting and the individual will be asked to withdraw from discussions pertaining to that agenda item.

GIFTS, HOSPITALITY, HONORARIA AND SPONSORSHIP

Employees and Independent Members have a personal responsibility to declare information regarding offers and acceptance of gifts, hospitality, honoraria and sponsorship, including those offers that have been declined.)

Employees should seek approval from their Executive/ Assistant/ System General Manager Director or Senior/ General Manager prior to accepting any gifts, hospitality, honoraria or sponsorship. These details must be recorded on a Gifts, Hospitality, Honoraria and Sponsorship Form (opens in a new tab) and submitted to the Assistant Director of Corporate Legal Services & Public Affairs on behalf of the Director of Corporate Governance/ Board Secretary for inclusion on the register.

In determining whether to accept gifts, hospitality, honoraria and sponsorship, it is not always possible to make explicit a situation in which these may be considered acceptable, as each offer should be considered independently with the following principles being considered:

- **Openness:** The offer is open and will not put the individual under any obligation to those making the offer;
- **Legitimate interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the Health Board *i.e.* further the aims of the organisation;
- **Relationship:** Consideration should be given as to whether the Health Board might possibly enter into a contractual relationship with the organisation/ individual making the offer and whether the offer could therefore be construed as inducement to enter such a relationship.

- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g. diaries/ calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation;
- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct;
- **Reputation:** If the body concerned is known to be under investigation by, or has been publicly criticised by, a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations. As such it should always be declined.

Employees must be impartial and honest in the conduct of business and remain beyond suspicion. It is an offence under the Bribery Act 2010 for an Employee to accept a bribe in their official capacity, or to corruptly show favour or disfavour in the handling of contracts or other business. Employees need to be aware that a breach of the provisions of this Bribery Act may render them liable to prosecution and disciplinary action.

The Bribery Act introduced a new criminal offence in 2011 where an individual or organisation offers or receives a bribe to bring about or reward the improper performance of a function or activity. Broadly, the Act defines bribery as '*Giving or receiving a financial or other advantage in connection with the 'improper performance' of a position of trust, or a function that is expected to be performed impartially or in good faith*.'

Bribery has the potential to impact upon Employees' or Independent Members' standards of behaviour, particularly in regard to the acceptance of gifts, hospitality, honoraria or sponsorship, although guidance on the Act indicates that only 'lavish' hospitality, or hospitality that is otherwise 'inappropriate' would normally fall under the bribery definition.

The Bribery Act also introduced a 'corporate offence' of failing to prevent bribery by the organisation through having inadequate preventative procedures in place. This is not a stand-alone offence, but always follows from a bribery and/ or corruption offence committed by an individual associated with the company or organisation in question.

Section 199 of the Economic Crime and Corporate Transparency Act 2023 (opens in new page) created the new corporate offence of failure to prevent fraud. Under the offence *an organisation may be criminally liable where an employee, agent, subsidiary, or other 'associated person', commits a fraud intending to benefit the organisation and the organisation did not have reasonable fraud prevention procedures in place*.

However, an organisation can avoid conviction if it can show that it had procedures and protocols in place to prevent bribery. The provisions within this Standards of Behaviour Policy, in terms of prohibiting the giving or acceptance of inappropriate gifts, hospitality, honoraria and sponsorship, complies with the requirements of the Bribery Act and subsequent guidance.

Employees and Independent Members are therefore expected to:

- Report any issues relating to fraud, bribery or corruption to the Local Counter Fraud Specialist within the Health Board hduhb.counterfraudteam.hdd@wales.nhs.uk
- Declare any external interest which may result in the Employee or persons known to the Employee gaining direct or indirect financial advantage as a consequence of their work, which could influence any decisions made by the Employee, or which could interfere with contractual obligations to the organisation;
- Ensure the interests of patients are paramount and that use or management of any public funds ensures value for money;
- Check each payslip as soon as possible following receipt to ensure that the amount paid is correct, with any queries raised with the line manager. If the Employee believes that they have been overpaid, they must declare it without delay. Where Employees do not understand their payslip, they should contact the Payroll Department.

The risks of breaching the Bribery Act include the following:

- Criminal justice sanctions against Independent Members and Executive Directors and other senior staff;
- Damage to the organisation's reputation;
- Conviction of bribery or corruption may lead to the organisation being precluded from future public procurement contracts;
- Potential diversion and/ or loss of resources;
- Unforeseen and unbudgeted costs of investigations and/ or defence of any legal action; and
- Negative impact on patient/ stakeholder perceptions.

Guidance regarding the types of gifts, hospitality, honoraria and sponsorship which may or may not be acceptable is provided below:

Gifts

A gift is an item of personal value, given by a third party e.g. a service user/ patient/ patient family member or a supplier (this definition also includes prizes in draws and raffles at sponsored events/ conferences).

It is an offence under the Bribery Act 2010 to accept any money, gift or consideration as an inducement or reward from a person or organisation holding or seeking to hold a contract with the Health Board. Such gifts should be refused and if they have already been received, they should be returned, clearly advising why they cannot be accepted.

The appropriate Executive/ System General Manager/Assistant Director or Senior/ General Manager and the Assistant Director of Corporate Legal Services & Public Affairs (on behalf of the Director of Corporate Governance/ Board Secretary) should be advised immediately.

Any acceptance of a gift needs to be justified. Think about the context in which the offer has been made, and the effect on your position. For example, is the gift likely, or could it be seen as likely, to influence you? The onus is on you to make sure that the acceptance of a gift will not be misconstrued.

DRAFT

N.B. This Standards of Behaviour Policy excludes gifts between members of staff, for example birthday presents or leaving gifts.

Gifts from Service Users/ Patients or their Relatives to individual Staff Members

Gifts up to the value of £25 may be accepted from service users/ patients and relatives as a mark of their appreciation e.g. for care that has been provided. This can include gift vouchers/ cards. A common-sense approach should be applied to the valuing of gifts using an actual amount if known, or an estimate that any reasonable person would make as to its value.

There is no requirement to declare such gifts up to this value, other than where several small gifts are received to the value of £25 from the same or closely related source in a 12-month period. However, in some cases an Employee may choose to inform their Line Manager that they had received a low-value gift in order to formally record the receipt – for example, staff working in care homes who are given gifts by residents who may subsequently not remember that they had given the gift.

Where gifts are provided to a group of staff, it is the responsibility of the Line Manager to declare the gift if the total of the gift is over the value of £25.

Where a gift is offered that is likely to be over £25 in value it should be politely declined. In some cases, the gift may have already been made and it may be difficult to return it, or it may be felt that the bearer may be offended by the refusal. Under such circumstances the gift can be accepted, and the bearer advised that it will be utilised for the benefit of HDdUHB Charitable Funds e.g. used as a prize in a raffle. Alternatively, and if it is possible to do so, the gift can be shared with other staff members eg, using a gift voucher to purchase small items for a number of staff. A Gifts, Hospitality, Honoraria and Sponsorship Form (opens in a new tab) declaring that the gift has been received must be completed by the Employee accepting the gift.

Personal gifts of cash from service users/ patients or their relatives are **NOT** acceptable. These may only be accepted as a donation to an appropriate Charitable Fund and recorded as such. The Hywel Dda Health Charities Team can provide advice regarding the mechanism for appropriately accepting, banking and receipting such items in accordance with the Charitable Funds Financial Administration and Governance Procedure. Contact: Telephone: 01267 239815 Internal: 01825 4815
Email: About Hywel Dda Health Charities (opens in a new tab)

Gifts to Groups of Staff, Teams/ Wards/ Service/ Department, or Organisation-Wide

Non-monetary gifts are sometimes made to show appreciation to the NHS from a patient/ service user and/ or their relatives, the general public, community groups, local business, suppliers, contractors or commercial organisations. An example of such gifts would be the donation (either through fundraising or as a personal donation from family members) of play equipment and other gifts to a Paediatric Ward, either for patient use on the ward or to give out to patients as gifts.

Staff may accept non-monetary gifts that are voluntarily donated by a third party to a group of staff e.g. a whole ward, team service/ department, or the whole organisation rather than to an individual, where there is no expectation of the donor receiving anything in return and where there are no conditions attached to the gift.

Where a gift is offered to a team and is over £25 in value, the Line Manager/ Ward Manager should seek advice from their Executive/ System General Manager/ Assistant Director or Senior/ General Manager who may decide to share the gift amongst the team members, provided that the individual shares are less than £25. In these circumstances, the Line Manager of the team must declare the gift by completing and submitting the appropriate form: Gifts, Hospitality, Honoraria and Sponsorship Form (opens in a new tab). If in doubt, Line Managers are advised to contact the Assistant Director of Corporate Legal Services & Public Affairs for advice.

Where these gifts represent tangible items such as IT equipment, medical devices or electrical items, consideration should be given prior to accepting the gift to matters such as their compatibility with Health Board systems, their on-going maintenance to comply with any warranties involved, storage, and any infection prevention issues, with appropriate advice sought.

Gifts over the value of £25 should be declared on the Gifts, Hospitality, Honoraria and Sponsorship Form (opens in a new tab) and registered to the group of staff or service/ ward/ department receiving them. In addition, donated items over £5,000 must be recognised in the Health Board's Asset Register.

Gifts from Suppliers, Contractors and Commercial Organisations

Low-cost, branded or promotional gifts may be accepted where they are under the value of the common industry standard of £6 in total selected with reference to industry guidance issued by the Association of the British Pharmaceutical Industry (ABPI Code of Practice for the Pharmaceutical Industry – Clause 10.6) and updated in 2024 and need not be declared, other than where several small gifts are received to the value of £6 from the same or closely related source in a 12-month period. Any gifts outside this definition from suppliers, contractors and other commercial organisations doing business or likely to do business with HDdUHB above this value, should be politely but firmly declined. A copy of the ABPI guidance can be found here (opens in a new tab)

Whilst it is not necessary to declare gifts of low intrinsic value, where other items are offered and declined, Gifts, Hospitality, Honoraria and Sponsorship Form (opens in a new tab) should be completed to allow HDdUHB to monitor when such organisations are inappropriately offering gifts or potential inducements.

Under some circumstances, suppliers may send gifts to all their clients as custom and practice e.g. hampers at Christmas. Whilst such practices should be discouraged and whilst it is not acceptable for staff to personally accept these gifts, following discussion with the supplier/ contractor/ commercial organisation and the appropriate Executive/ System General Manager/ Assistant Director or Senior/ General Manager, it may be considered appropriate to accept these gifts and utilise them for the benefit of Charitable Funds. The Hywel Dda Health Charities team can provide advice regarding the mechanism for appropriately receipting such items.

Employees in contact with contractors should be on their guard against offers of gifts which might later be misconstrued as hampering their strict independence and impartiality. Where pressed to accept an offer, the Employee to whom the offer has been made should seek further advice from their manager who may contact the Assistant Director of Corporate Legal Services & Public Affairs or Director of Corporate Governance/ Board Secretary, where appropriate.

DRAFT

Gifts from Dignitaries/ Overseas Organisations

There may be occasions when visits are made by dignitaries or overseas organisations who consider it 'cultural custom and practice' to exchange gifts. In such cases, Employees should seek guidance from the Assistant Director of Corporate Legal Services & Public Affairs or Director of Corporate Governance/ Board Secretary and declare these gifts on a Gifts, Hospitality, Honoraria and Sponsorship Form (opens in a new tab). A decision will then jointly be made as to the most appropriate way to manage the gift. This will depend on the nature of the 'gift culture' and may include decisions to 'keep and display in public', 'donate to an internal user group', 'auction for charity', etc.

Bequests/ Legacies/ Wills

Employees are not permitted to accept bequests left to them by a deceased patient or service user who became known to them through providing care or treatment as part of their HDdUHB employment. Accepting a gift of this nature, particularly where a patient is considered vulnerable, could leave the staff member open to accusations of financial abuse, fraud (by abuse of position) or misconduct. If an Employee is made aware that they may be a beneficiary in a patient's or service user's will e.g. by a deceased's legal representative, they must declare this to their Executive/ System General Manager/Assistant Director or Senior/ General Manager and their line manager, with any complex cases escalated to the Assistant Director of Corporate Legal Services & Public Affairs or the Director of Corporate Governance/ Board Secretary. In such a scenario, the Health Board will send a letter, endorsed by the Employee, to those acting for the deceased's estate, advising that whilst the bequest cannot be accepted by the individual Employee, the estate may, should it so wish, deposit the bequest in a designated charitable fund associated with the staff member involved, to benefit from a range of expenditure as per the charitable objectives of HDdUHB's registered charity, Hywel Dda Health Charities, where there is a demonstrable benefit to *'the relief of those who are ill or disabled and the advancement of education through training'.*

Hospitality

Hospitality is defined as an offer of food, drink, accommodation, travel expenses, entertainment or entry by a third party into an event or function which is linked to the Employee's role within the Health Board, regardless of whether provided during or outside normal working hours; for example but not exclusively, attendance at an awards ceremony, cheque presentations in respect of fundraising events or attending a sporting event.

Employees and Independent Members should refuse hospitality which may compromise or may be seen to compromise their professional judgement or integrity, or which seeks to exert influence to obtain a preferential consideration.

Employees in contact with contractors should be particularly mindful of accepting any offer of hospitality that might later be misconstrued as impacting on strict independence and impartiality. Where pressed to accept an offer, the Employee to whom the offer has been made should seek further advice from their manager, who may contact the Assistant Director of Corporate Legal Services & Public Affairs or Director of Corporate Governance/ Board Secretary, where appropriate.

Any acceptance of hospitality needs to be justified. Think about the context in which the offer has been made, and the effect on your position. For example, is the hospitality likely, or could it be seen as likely, to influence you? The onus is on you to make sure that the acceptance of hospitality will not be misconstrued.

Hospitality must be authorised by an Executive/ Assistant/ System General Manager or Senior/ General Manager prior to acceptance and a Gifts, Hospitality, Honoraria and Sponsorship Form (opens in a new tab) must be completed.

The hospitality should be secondary to the purpose of the meeting and should be proportionate i.e. it should not be of significant value and the costs involved must not exceed the level which the recipients would normally adopt when paying for themselves, or that which could be reciprocated by the NHS.

Hospitality should not extend beyond those whose role makes it appropriate for them to attend the event to represent the organisation.

Offers which are more than modest, or are of a type that the organisation itself might not usually offer, need authorisation from an Executive/ System General Manager/ Assistant Director or Senior/ General Manager, and should only be accepted in exceptional circumstances, and must be declared.

Where business class or first class travel and accommodation (including domestic travel) or offers of foreign travel and accommodation are offered, a clear reason should be recorded on the declaration form as to why it is deemed permissible to accept travel and accommodation of this type.

Other hospitality may be accepted where it furthers the aims of HDdUHB, provided it is normal and reasonable in the circumstances, for example lunches in the course of working visits. Where the value is estimated to be over £25, a declaration should be made.

Other hospitality that may be accepted but will need to be declared includes instances where:

- There is a genuine need to impart information, or represent the organisation at stakeholder community events e.g. Local Authority or charitable organisations which have an association with the Health Board;
- An employee has been invited to receive an award or prize in connection with the work of the organisation, or their role within it;
- An Employee is invited to a Society or Institute dinner or function which is to be funded by a commercial organisation and where there is a genuine benefit to the professional standing of the individual or the Health Board;
- An event is clearly part of the life of the stakeholder community or where the Health Board should be seen to be represented;
- A function or event is hosted for both staff and non-staff, which adds benefit and value to the Health Board or the wider NHS;
- A function or event is hosted externally for staff only for the purposes of training or organisational development.

These types of hospitality must be authorised prior to their acceptance by an Executive, System General Manager or Assistant Director or Senior/ General Manager and a Gifts, Hospitality, Honoraria and Sponsorship Form (opens in a new tab) must be completed.

Unacceptable Hospitality

Unacceptable hospitality includes the following examples as general guidance:

- A holiday or weekend/ overnight break;
- Offers of hotel accommodation when this is not associated with a sponsored course or conference;
- Use of a company flat or hotel suite;
- Attendance at a function or event restricted to Employees which is not for the purposes of training or organisational development;
- Lunch or dinner provided by a private company or their representative which does not form part of a training or development event;
- Entertainment and/ or tickets/ hospitality at sporting and other corporate entertainment events.

If Employees are not clear whether an offer falls into one of these categories, advice should be sought from their Line Manager or the Assistant Director of Corporate Legal Services & Public Affairs.

Employees should report any case where they have felt pressured into accepting an offer of hospitality which might be open to objection. They should also declare any offers of hospitality which are declined on a Gifts, Hospitality, Honoraria and Sponsorship Form (opens in a new tab)

Sponsorship

Sponsorship is an offer of support (funding in general) to an individual, team or to the Health Board from an external source, whether in cash, goods, services or benefits, and usually involves a reciprocal benefit.

Employees may be offered sponsorship in the form of sponsored research, including publishing, a sponsored operational post, training, costs associated with meetings, conferences or a working visit. The sponsorship may cover some or all of the costs.

For the purposes of sponsorship, certain industry sectors are considered to be high risk and detrimental to the values and reputation of the organisation. Sponsorship provided or offered by the following should be refused:

- Armament sales, manufacture or export
- Manufacture or production of tobacco products
- Manufacture or production of alcoholic beverages, where more than 10% of income is derived from this source.

No sponsorship should be accepted without the prior agreement of the appropriate Executive/ System General Manager/ Assistant Director or Senior/ General Manager. A Gifts, Hospitality, Honoraria and Sponsorship Form (opens in a new tab) should be completed prior to the acceptance of any sponsorship. If sponsorship is inappropriately offered and/ or declined, this should also be declared. In cases of doubt, advice from the Assistant Director of Corporate Legal Services & Public Affairs or the Director of Corporate Governance/ Board Secretary should be sought.

Any acceptance of sponsorship needs to be justified. Think about the context in which the offer has been made, and the effect on your position. For example, is the sponsorship likely, or could it be seen as likely, to influence you? The onus is on you to make sure that the acceptance of any sponsorship will not be misconstrued.

Some health-related companies provide commercial sponsorship to the NHS, including sponsoring equipment, Employees and training events. In accordance with the All Wales Code of Conduct (Business) for NHS staff, all Employees must consider fully the implications of a proposed sponsorship deal before entering into any arrangement. Only Executive/ System General Manager/ Assistant Directors or Senior/ General Managers with the necessary authority can sign up to, or enter into, any advertising contract or agreement with a company or its representatives. Employees must not allow unauthorised advertising on HDdUHB premises or documentation.

More detail is provided below regarding the many forms that sponsorship may take. This list is not exhaustive and offers of other sponsorship will need to be considered on a case-by-case basis.

Commercial Sponsorship for Attendance at Courses/ Conferences

Employees may accept sponsorship for attendance at relevant conferences and courses, but only where attendance would further the aims of HDdUHB and where the Employee has obtained permission in advance from their Executive/ System General Manager/ Assistant Director or Senior/ General Manager and in line with HDdUHB's 113 – Learning & Development Policy (opens in a new tab) / 313 - Study Leave Policy for all Medical and Dental Staff in training (opens in a new tab).

Employees will need to be able to provide evidence of study leave approval. The sponsorship should only be extended to the number of Employees who would have normally attended if funded by HDdUHB. The Employee and the Executive/ System General Manager/ Assistant Director or Senior/ General Manager must be satisfied that acceptance will not compromise purchasing or any future decision-making in any way.

Commercial Sponsorship to attend Demonstrations/ Technical Evaluations

Employees may be invited to view products or equipment at another location. There may be occasions when it is appropriate as part of a procurement exercise to visit a supplier's reference site to observe equipment in operation in a medical or laboratory setting. Such sponsorship is not usually considered appropriate and HDdUHB will normally meet the costs of such a visit in order to protect the integrity of subsequent purchasing decisions. Arrangements whereby the company meets all or part of the cost of such a visit must be approved by the appropriate Executive/ Assistant/ System General Manager Director or Senior/ General Manager following consideration of the implications for the integrity of subsequent purchasing decisions.

Commercial Sponsorship for Sponsored Posts/ Roles ('Linked Deals')

Pharmaceutical companies and other suppliers may offer to sponsor, wholly or partially, a post/ role or equipment for HDdUHB. HDdUHB will not enter into such arrangements, unless it has been made clear to the company concerned that the sponsorship will have no effect on purchasing decisions within the Health Board.

Sponsored posts are posts, positions or job roles that are funded, in whole or in part, by organisations external to the NHS. Sponsored posts can offer benefits to the delivery of care, providing expertise, extra capacity and capability that might not otherwise exist if funding was required to be used from the NHS budget. However, safeguards are required to ensure that the deployment of sponsored posts does not cause a conflict of interest between the aims of the sponsor and the aims of the organisation, particularly in relation to procurement and competition.

Sponsored posts must be approved and managed in order that appropriate monitoring arrangements are established to ensure that purchasing decisions are not being influenced by the sponsorship agreement. Under no circumstances may 'linked deals' be agreed, whereby sponsorship is linked to the purchase of particular products, or to supplies from particular sources.

The following should be considered when sponsored posts are offered:

- External sponsorship of a post requires prior approval from the relevant Executive/ Assistant/ System General Manager Director or Senior/ General Manager, or Chair/ Chief Executive (in the case of Executive Directors).
- If the duration of a post is over two years, the Health Board will have contractual obligations to the post holder. The post must therefore be formally defined as Fixed Term.
- Rolling sponsorship of posts should be avoided unless appropriate checks are put in place to review and withdraw if appropriate.
- Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements should conflicts of interest arise which cannot be managed.
- Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided.
- Sponsors should not have any undue influence over the duties of the post/ postholder or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.

The relevant Executive/ Assistant/ System General Manager Director or Senior/ General Manager should declare any posts sponsored by external organisations on a Gifts, Hospitality, Honoraria and Sponsorship Form (opens in a new tab) and submit it to the Assistant Director of Corporate Legal Services & Public Affairs on behalf of the Director of Corporate Governance/ Board Secretary for recording on the register.

Sponsorship of Events in the Context of Partnership Arrangements with the Pharmaceutical Industry or other Commercial Organisations

The Pharmaceutical Industry and allied commercial sector representatives may organise meetings, conferences or an activity in support of specific functions or specialties within the healthcare sector. Under such arrangements they are permitted to fund the hiring of accommodation, meet any reasonable actual costs which may have been incurred and provide appropriate hospitality. If no hospitality is required, there is no obligation or right to provide it, or indeed any benefit of equivalent value.

The Pharmaceutical Industry is expected to adhere to the Association of British Pharmaceutical Industry ABPI Code of Practice (opens in a new tab, which clearly specifies what is and what is not acceptable.

DRAFT

Sponsorship for Events Hosted wholly or partly by HDdUHB

Where HDdUHB receives or invites offers of sponsorship for events which it is hosting, either wholly or partly, the relevant Executive/ Assistant/ System General Manager Director or Senior/ General Manager must consider whether it is appropriate to accept the offer. For all offers, whether accepted or declined, a Gifts, Hospitality, Honoraria and Sponsorship Form (opens in a new tab) must be completed and sent to the Assistant Director of Corporate Legal Services & Public Affairs on behalf of the Director of Corporate Governance/ Board Secretary for recording on the register.

The following guiding principles should apply:

- Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit for HDdUHB and the NHS.
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- No information should be supplied to the sponsor from which they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
- At the organisation's discretion, sponsors or their representatives may attend or take part in the event, but they should not have a dominant influence over the content or the main purpose of the event.
- The involvement of a sponsor in an event should always be clearly identified.
- Members of staff within the organisation involved in securing sponsorship of events should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event.
- Members of staff arranging sponsored events must declare this to the organisation via a Gifts, Hospitality, Honoraria and Sponsorship Form (opens in a new tab).

Whilst it is recognised that sponsorship can provide a useful source of funding for particular events or activities, it can also present risks and in considering whether to accept sponsorship, the following principles should be adhered to:

- Sponsorship should be sought in an open and even-handed manner with opportunities being offered as widely as possible;
- Benefits should be for the Health Board (not an individual) and should be proportionate;
- Arrangements must not compromise the standing or image of the Health Board i.e. they must be ethical;
- Sponsorship should be for a specific activity or event and not a general endorsement of the Health Board;
- The sponsorship must not imply that the Health Board endorses particular products, services or companies and organisations;
- Sponsorship should not be accepted from inappropriate sources, such as companies with dubious or doubtful backgrounds or who have poor financial or business practices;
- Arrangements must not bring adverse publicity to the event or to the Health Board.

Particular care should be taken when considering sponsorship from companies or organisations for which HDdUHB has, or could have, contractual business arrangements. The above principles should be adhered to and a renewal or an award of a contract should not be influenced by any sponsorship arrangements.

A sponsor would normally expect to receive a reciprocal benefit which may be beyond a modest acknowledgement, and companies may seek sponsorship for a number of legitimate business reasons. These include:

- To raise the company's image and profile;
- To improve public/ community relations;
- To generate public exposure and media coverage;
- To differentiate the company from its competitors;
- To increase profit/ market share;
- To obtain access to HB data to use for research or to train the company's AI models.

Careful consideration should always be given to understanding what a sponsor might gain from the arrangement and these should be in keeping with the principles listed above. In the case of a sponsor requiring access to HB data, any request should be referred to Information Governance for advice: Information.Governance3@wales.nhs.uk (opens in a new tab)

Employees and Independent Members may, on occasion, be asked to provide an endorsement of an event, conference or training course that they have attended which was organised by a third party. Caution should be exercised in these circumstances as it may not be appropriate to cite such an endorsement. It is also important to consider any potential future conflict, for example, where the third party may be in the process of re-tendering for the work or be seeking commercial gain from the endorsement.

HDdUHB may also receive unsolicited proposals for sponsorship which are not in response to any action that the Health Board has taken. The Health Board should carefully consider such offers and ensure that the proposals meet the Health Board's requirements, standards and principals. The Health Board will need to ensure there are no conflicts of interest or that better value for money cannot be obtained by testing wider market interest.

All sponsorship arrangements should be approved by the appropriate Executive, System General Manager or Assistant Director or Senior/ General Manager.

Honoraria/ Miscellaneous Payments

An honorarium is any form of payment made to a Health Board Employee for performing a service which is voluntary in nature, often in a separate organisation. The payment has no contractual basis and usually the amount is small in comparison with the Employee's normal rate of pay for performing their employment duties.

Employees may be invited to give presentations at conferences, provide responses to surveys or attend professional meetings where a one-off payment or honorarium is offered. If this activity is to be undertaken during hours when the Employee is contracted to work for the Health Board, the payment should be made to the Health Board. Individuals may accept payment for activities that they undertake

in their own time, subject to the provisions regarding outside employment contained within the various Employee Contracts and Terms of Service. The activity should be reported using a Gifts, Hospitality, Honoraria and Sponsorship Form (opens in a new tab) and it should be authorised by the appropriate Executive/ System General Manager/ Assistant or Senior/ General Manager.

N.B There are tax and National Insurance contribution implications relating to honoraria that should be borne in mind as set out below:

- **Honoraria received for work undertaken during HDdUHB hours** - when appropriate authorisation has been granted to permit an employee to be involved in activity outside their normal contract during HDdUHB hours, any honoraria paid must be received back to HDdUHB's revenue budget to reimburse the Health Board for the Employee's time.

  To avoid personal tax implications, the Employee is strongly advised to request that honoraria are paid directly to the Health Board, either by bank transfer or by requesting that the Health Board raise an invoice with the organisation making the payment. This is then seen as reimbursement to the Health Board to cover the loss of Employee time, and not honoraria. This money will then be transferred into HDdUHB's revenue budget.

  To ensure good governance, the honoraria must be paid into a revenue budget that is **not** managed by the Employee who has provided their services during HDdUHB time.

  Researchers are allowed to hold Investigator Accounts, which can include payments that they receive from external parties for offering research advice or delivering projects. Honoraria in respect of research and innovation and held within Investigator Accounts must be managed in accordance with national and local Research and Development Investigator Account policies and guidelines.

  If the actual cost of the Employee's time, rather than a designated amount, is to be reimbursed, a costing will need to be done by requesting a calculation via the Management Accounts team (Management-Accounting.HDD@wales.nhs.uk) (opens in a new tab). Alternatively, the Employee could seek advice from the relevant Health Board Business Partner that works with their Directorate.

  Where the Employee receives the honorarium directly and then reimburses the Health Board, the Employee remains liable for the payment of both tax and National Insurance Contributions (NIC), regardless of the final destination of the honoraria.

- **Honoraria received for work undertaken in an individual's own time (out of normal working hours or on authorised annual leave)** - individuals are personally liable for the payment of both tax and NIC on any honoraria payments received for work undertaken in their own time.

  Where an Employee wishes, an honorarium payment may be used to make a donation to HDdUHB's Charitable Funds and further guidance on processes relating to making donations, tax, NI and Gift Aid is available from the Head of Hywel Dda Health Charities and via the following link: About Hywel Dda Health Charities (opens in a new tab).

  In cases of doubt, Employees should seek advice from the Assistant Director of Corporate Legal Services & Public Affairs or the Director of Corporate Governance/ Board Secretary and should

report any case where an offer of sponsorship or honoraria is pressed which might be open to objection. Instances where honoraria have been offered and declined should be declared on the Gifts, Hospitality, Honoraria and Sponsorship Form (opens in a new tab).

USE OF THE HDdUHB LOGO

Permission needs to be obtained from the Communications and Engagement Director on all occasions where approaches are made by an outside organisation seeking to use HDdUHB's logo for any

purpose, including in connection with an event or function. Permission should also be sought by any member of staff wishing to use the logo in connection with any non-HDdUHB related matter/ event.

RESEARCH, DEVELOPMENT AND INNOVATION

All research and development sponsored by commercial companies, including those sponsored by the Pharmaceutical Industry, must be approved by the appropriate mechanism, and governed by the specific policies and procedures. The Research, Innovation and Value Department should be contacted in these circumstances to offer advice and support in this area HDd.Research-Development@wales.nhs.uk (opens in a new tab).

Research and innovation funding/ grants may be received by an individual or their department. Where an individual Employee receives funding from a company to undertake research, this should be declared. The main reason for this is that it could influence the Employee's opinions towards the company and depending on the Employee's relationship with the same there might be a requirement for a management plan to be established.

Declaration of research grants awarded to a Health Board department from a private or public body is not necessary. A process is already in place within the Health Board that requires a clear management decision to be made before receipt of such grants. This takes into account several factors, including whether decision-makers have a relationship (e.g. have received individual grants) from the company concerned. All decisions are reported to the Health Board's Research & Innovation Sub Committee for scrutiny and assurance.

CHARITABLE FUNDS

There may be occasions when commercial organisations offer to make a donation to HDdUHB's Charitable Funds. Monies paid into Charitable Funds from commercial companies must only be accepted as donations. Any offers where there is a benefit in return should be considered under the policy section relating to *Sponsorship for Events Hosted Wholly or Partly by HDdUHB*. Where donations are received, they should only be used to fund expenditure which is in line with the terms of the Charitable Fund's use 420 - Charitable Funds Financial Administration and Governance Procedure (opens in a new tab).

Expenditure from Charitable Funds and charitable fundraising within the workplace does not fall within the remit of this policy, however there may be a close association. Further guidance is available from the Head of Hywel Dda Health Charities and the Financial procedure 420 - Charitable Funds Financial Administration and Governance Procedure (opens in new tab).

SECONDARY EMPLOYMENT & PRIVATE PRACTICE

Secondary Employment (Paid, Unpaid or Self-Employed)

Employees should inform their line manager of any secondary employment and ensure that this does not affect their HDdUHB employment. Declarations should be made using the Staff Declaration of Interests Form (opens in a new tab). There should be no conflict with their normal contractual employment obligations to HDdUHB, and such work should not involve the use of any confidential or commercial information obtained in the course of their employment with HDdUHB.

Where Employees have, or are, contemplating other employment, they must ensure this does not compromise their availability or physical or mental fitness to carry out their duties as an Employee of HDdUHB. Employees must also ensure this does not place them in a position where their judgement or actions might be influenced by considerations arising from their other employment.

Employees have a responsibility to ensure that their Line Manager is made aware of any hours worked in order that HDdUHB fulfils its statutory requirement of the Working Time Directive; this is available via the following link http://www.hse.gov.uk/contact/faqs/workingtimedirective.htm (opens in a new tab).

An Employee, absent because of sickness, is regarded as unfit to work and should not undertake any paid or unpaid work in any capacity during a period of sickness absence from the organisation, unless it is deemed jointly by their manager and the Occupational Health Department to be therapeutically beneficial to their recovery. Express written permission must be granted by the manager in advance in all such cases.

An employee found to be undertaking other work during sickness absence without the prior written consent of the manager, may be considered in breach of contract and may be subject to disciplinary investigation, which may result in the involvement of the Counter Fraud Department, the possibility of criminal investigation and/ or, if deemed appropriate, dismissal.

Working whilst on Suspension: an Employee who has been suspended from work on full pay is regarded as absent from work on paid leave and should not undertake any paid or unpaid work in any capacity during the period of suspension from the organisation, unless it is deemed jointly by their manager and Workforce and OD to be beneficial to the Employee and the organisation. Express written permission must be granted by the manager in advance in all such cases.

Private Practice

There are codes for good private patient practice which clearly include the fact that private practice should not adversely affect NHS duties.

The time spent in private practice does not count towards the 48 hours of the Working Time Directive Regulations; however, Health and Safety law indicates that no Employee of the Health Board should work in a way detrimental to their health and performance.

Failure to notify their Line Manager of secondary employment and/ or private practice may invoke the All Wales Disciplinary Policy - 201 – AW Disciplinary Policy (opens in a new tab).

DRAFT

For medical staff, the amendment to the consultant contract in Wales clarifies the relationship between NHS work, private work and fee-paying work, in that it sets out that an NHS consultant's first responsibility is to the NHS. Participation in private medical services or fee-paying services should not result in detriment to NHS patients or services or diminish the public resources available for the NHS.

Employees should:

- Seek prior approval before taking up private practice;
- Declare where they practice (name of private facility); what they practice (specialty, major procedures); when they practice (identified sessions/ time commitment);
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.

REWARDS FOR INITIATIVE

Potential intellectual property rights (IPR) should be identified as and when they arise, in order to protect the intellectual property and ensure that the Health Board receives any rewards or benefits (such as royalties) in respect of work commissioned from third parties, or work carried out by its Employees in the course of their duties.

Most intellectual property is protected by statute e.g. patents are protected under the Patents Act 1977, and copyright (which includes software programmes) under the Copyright Designs and Patents Act 1988. Appropriate specifications and provisions should be built into contractual arrangements before they are entered into or before work is commissioned or begins. Legal advice or advice provided via the Research & Innovation Department should be sought if in doubt in any specific cases.

With regard to patents and inventions, in certain defined circumstances the Patents Act gives Employees a right to obtain reward for their efforts, and HDdUHB should agree a suitable reward for individual circumstances as appropriate. Other rewards may be given voluntarily to Employees who within the course of their employment have produced innovative work of outstanding benefit to the NHS. Similar rewards should be voluntarily applied to other activities such as giving lectures and publishing books and articles.

In the case of collaborative research and evaluative exercises with manufacturers, HDdUHB should obtain a fair reward for the input its Employees provide. If such an exercise involves additional work for an Employee outside that paid for by HDdUHB under their contract of employment, arrangements should be made for a share of any rewards or benefits to be passed on to the Employee(s) concerned from the collaborating parties.

Care should be taken that involvement in this type of arrangement with a manufacturer does not influence the purchase of other supplies from them.

The Intellectual Property (IP) Policy (policy 673) is currently in draft form and will be circulated when approved by the Health Board.

Employees are reminded that all information generated during the course of their employment with HDdUHB is the property of the Health Board and remains so, irrespective of origin or authorship.

Conflicts of interest can arise when a member of staff who hold patents and other intellectual property rights is involved in decision making and procurement. In addition, where product development involves use of time, equipment or resources from the organisation, this can also create risks of conflicts of interest, and it is important that the Health Board is aware of this in order to manage it appropriately.

Employees are responsible for:

- Declaring patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might reasonably be expected to be, related to items to be procured or used by the organisation.
- Seeking prior permission from HDdUHB before entering into any agreement with bodies regarding product development, research, work on pathways, etc, where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property.
- Where holding of patents and other intellectual property rights give rise to a conflict of interest, then the management actions outlined in this policy should be considered and applied to mitigate risks.

Members of staff are also reminded of their responsibilities to ensure the correct use of copyrighted information.

SOCIAL NETWORKING SITES

All Employees must uphold the reputation of HDdUHB, and their professional body where appropriate, at all times. This means that conduct online and conduct outside of work should be judged in the same way and should be of a similar high standard.

The All Wales 465 – Social Media Policy, (opens in a new tab) sets out Employees' responsibilities when using social media, and the implications involved. The term social media is used in reference to all Internet social networking and media-sharing sites, such as Facebook, Twitter (X), YouTube, Snapchat, Instagram, Flickr etc, and to all 'blogs', 'chat', on-line commentaries, diaries, discussion forums, 'wikis' and sites allowing the posting of user-generated content for mass consumption.

The policy is not intended to stop the use of social media; indeed, HDdUHB itself is making increased use of social networks to engage with patients, service users, staff and other stakeholders to deliver key messages, but rather to outline areas of best practice and illustrate where problems can arise for individuals and NHS Wales. It applies to the use of social media for business and personal purposes, both at work and outside of the work environment.

HDdUHB acknowledges that everyone has a right to express themselves using social media but also recognises its role in offering advice on the safe use of social media and highlighting the responsibility of Employees to be aware of the potential consequences of posting content on to publicly accessible platforms. The blurring of boundaries between an individual's private and professional life on social media is recognised and it is important that Employees understand and are mindful that inappropriate use could damage both their and NHS Wales' reputation.

In terms of the business use of social media, local restrictions are in place to ensure that only those Employees having a genuine business need are given access to organisational social media pages and can issue corporate or organisational statements and update content. Anyone wishing to develop a

social media site or application on behalf of the organisation should speak to HDdUHB's Communications Team communications.hdd@wales.nhs.uk (opens in a new tab) to obtain advice and guidance on the local approval process.

In terms of the personal use of social media, it is important for Employees to understand their role as ambassadors for HDdUHB and to be conscious of the impact of their actions and words online which may negatively impact on the reputation and trust of the public.

The relationship with social media changes as soon as Employees identify themselves or are identified as Employees of NHS Wales or HDdUHB. In these circumstances, they must make it clear that any views and opinions are personal and not necessarily those of HDdUHB. As an NHS Wales Employee, it is important to remember that expressing views or commenting on content on the internet in relation to the NHS cannot be divorced from one's working life, and any unguarded comments could bring the organisation into disrepute and may also invite legal action against both the Employee and HDdUHB.

Where HDdUHB uses a public Wi-Fi network, Employees are encouraged to use their own personal devices to utilise any social media channels they wish to access.

However, personal use of social media should not be allowed to interfere with the performance of an Employee's duties and any such access should occur during breaks or outside of normal working hours.

HDdUHB reserves the right to monitor and log comments and references on social media sites, including those made by its Employees, relating to itself, its Employees, its services and the patients in its care.

Failure to adhere to the All Wales 465 – Social Media Policy (opens in a new tab) may lead to disciplinary action up to and including dismissal, depending on the individual circumstances of the case.

TIME KEEPING

The time of Employees is a HDdUHB resource in the same way as the buildings and equipment. HDdUHB spends a significant amount of its funding on salaries and wages therefore it is essential that it receives the full value of this expenditure. Where an Employee is occasionally late for work or may have to leave early, this does not necessarily present an issue provided it is discussed with the Line Manager concerned. But it is not acceptable for an Employee to falsify time records to disguise absence or to claim attendance. This may be fraud or may amount to obtaining a monetary advantage by deception.

Employees must ensure that all time keeping records are accurately completed and if an inadvertent error is noticed, their Line Manager must be notified immediately. The types of records where care should be taken are:

- on-call registers
- additional duty hours claims
- annual leave records
- shift registers

- sickness records, including 'self-certification'
- expense claims
- bank claim forms
- domiciliary visit claims
- clock cards
- flexi/ time-in-lieu sheets

Employees are also expected to report any over-allocation of annual leave to their Line Manager.

OVERPAYMENTS

In line with the Health Board's Underpayments and Overpayments of Salary Policy 002 (opens in new tab), employees must immediately report any pay discrepancy/ variances identified on their pay slip to their Line Manager, Payroll or Workforce. Overpayment of expenses must also be reported.

ELECTION CAMPAIGNS

Welsh Government has produced guidance to NHS Employees on their role and conduct during election campaigns.

The general principles that should be observed during the period of elections are that, as at other times, NHS staff should not engage in activities which could give rise to the criticism that individuals paid from public funds are being used for party political purposes, or which distract attention unduly to election campaigns.

The principles set out in this guidance apply to the NHS at all times, but particular note should be taken in the period between the start of formal campaigns and polling day.

All Employees and Independent Members are requested to follow these guidelines:

- The NHS and its constituent bodies have no political party affiliation. Nothing should be said or done by any Employee or Independent Member in their official capacity that suggests otherwise.
- NHS Employees or Independent Members should not engage in activities which could give rise to the criticism that people paid from public funds are being used for political party purposes.
- No visits to HDdUHB premises will be permitted by political party candidates and/ or spokespeople for the purposes of personal canvassing. Political party meetings should not be held on NHS premises during the pre-election period.
- Political posters should not be displayed in public areas on NHS premises. Other posters and advertising material purporting to be apolitical and published by other groups should be carefully scrutinised to ensure that they cannot be regarded as favouring or opposing a particular candidate or party.
- Existing health promotion campaigns can continue, but new campaigns and all high-profile publicity (large scale mail drops, posters and advertising) should be deferred until after the elections.

- Social and electronic media has become more important to political parties and organisations during the pre-election period and staff should comply with existing guidance around its use both professionally and personally.

- All enquiries from political parties and candidates should be directed to the Chief Executive's Office and treated even-handedly.
- All media enquiries should be directed through the Hywel Dda University Health Board's Communications Department MediaOffice.Hyweldda@wales.nhs.uk (opens in a new tab).
- Routine HDdUHB Board meetings which would normally be held in public/ virtually may be held in the pre-election periods. Any public lectures given for educational purposes by HDdUHB Employees on health matters need not be cancelled or postponed, but should avoid debate or speculation on the outcome of the election and any impact that might have on government health policy.
- NHS Employees are free, in their private capacity, to engage in public debate or comment during the election period. However, they should not use NHS premises or equipment and should not make comments based on information not generally available to the public. It must be clearly stated that the views expressed are those of the individual and not of HDdUHB.

Employees and Independent Members should seek advice from the Assistant Director of Corporate Legal Services & Public Affairs during a pre-election period.

FAILURE TO ADHERE TO STANDARDS OF BEHAVIOUR POLICY

If any Employee or Independent Member fails to declare an interest or gift, hospitality, honoraria or sponsorship as defined within this policy or the Standards of Behaviour Framework, and then:

- participates in a decision-making process where special favour is shown to unfairly award a contract; or
- abuses their official position or knowledge for the purpose of benefit to themselves, their family or friends

disciplinary action may follow. The action taken will depend on the individual circumstances and will be in accordance with HDdUHB 201 – AW Disciplinary Policy (opens in a new tab). Under some circumstances, failure to follow this policy could be considered gross misconduct.

In addition to any potential disciplinary action being taken, if there is any suspicion that fraud, corruption and/ or bribery has been or is being committed, then all such cases must be reported at the earliest possible opportunity to the Local Counter Fraud Specialist (LCFS) within HDdUHB 01267 266280 HDUHB.CounterFraudTeam.HDD@wales.nhs.uk (opens in a new tab). This is also extended to include the inappropriate acceptance of any gifts, hospitality, honoraria or sponsorship.

Furthermore, if an employee breaches the Standards of Behaviour Policy or Framework, this could in certain circumstances result in notification/ reporting to the appropriate professional codes of conducts/ registration/ memberships i.e. Health Professions Council (HPC), General Medical Council (GMC), Nursing and Midwifery Council (NMC), etc. This could incur registrations being revoked and Employees no longer continuing to be employed in their current position within HDdUHB.

Failure to declare a relevant interest by an Independent Member of HDdUHB will be reported by the Chair to the Minister for Health and Social Services.

CONFIDENTIALITY

As set out in Employees' job descriptions, all Employees may have access to confidential information about patients, staff or health service business. On no account must such information be divulged to anyone who is not authorised to receive it. Confidentiality of information must be preserved at all times whether at or away from work. Any breach of such confidentiality is considered a serious disciplinary offence, which may be liable to dismissal and/ or prosecution under current statutory legislation (The Data Protection Act 2018 / UK General Data Protection Regulation (2016) or any subsequent legislation to the same effect) and the All Wales 201 – AW Disciplinary Policy (opens in a new tab).

Where Employees are unsure about the use or sharing of patient identifiable information, advice should be sought from the HDdUHB's Caldicott Guardian (HDdUHB Medical Director), Data Protection Officer or Information Governance Team.

EQUALITY

HDdUHB is committed to ensuring that, as far as is reasonably practicable, the way it provides services to the public and the way it treats its Employees reflects their individual needs and does not discriminate against individuals or groups.

HDdUHB has undertaken an Equality Impact Assessment to establish whether there are any possible or actual impacts that this policy may have on any groups in respect of sex (including maternity and pregnancy as well as marriage or civil partnership issues), race, disability, sexual orientation, Welsh language, religion or belief, gender reassignment, age or other protected characteristics.

The assessment found that there was **an overall neutral impact** on the equality groups mentioned above; however, it is recognised that the addition of the illustrative example on the declaration of a known relationship with potential applicants (in line with the 'Personal Relationships at Work' policy) may be problematic for Lesbian, Gay and Bisexual (LGB) individuals who may not be 'out' at work. Staff should be aware of the sensitivities around this type of situation, respecting the need for the confidential and appropriate handling of this type of personal information.

Where appropriate, HDdUHB will make plans for the necessary actions required to minimise any stated impact to ensure that it meets its responsibilities under the equalities and human rights legislation.

RESOURCES

The implementation and management of the arrangements associated with this policy and the Standards of Behaviour Framework do not present any significant resource implications to HDdUHB.

TRAINING

All staff are required to comply with this Standards of Behaviour Policy. Whilst there are no particular training requirements or formal training programmes in place to ensure implementation of the policy, each Executive/ System General Manager/ Assistant Director, Senior/ General Manager and

Departmental/ Line Manager must ensure that all Employees are made aware of the policy provisions and that they are adhered to at all times.

Awareness of the importance of compliance with the policy will require reference to it at induction, and at times when Employees and Independent Members are required or invited to make declarations.

IMPLEMENTATION

The Registers of Interests, and Gifts, Hospitality, Honoraria and Sponsorship will be maintained by the Assistant Director of Corporate Legal Services & Public Affairs (on behalf of the Director of Corporate Governance/ Board Secretary), who will be responsible for issuing periodic invitations to Employees and Independent Members to declare interests, gifts, hospitality, honoraria and sponsorship.

In order to ensure that all Employees and Independent Members are aware of their responsibilities in regard to declaring interests gifts, hospitality, honoraria and sponsorship, a number of communication methods will be utilised to raise awareness, including the use of Team Brief, team meetings, use of the payslip information advice section, use of the staff intranet, and e-mails to remind Employees and Independent Members of the Standards of Behaviour Policy and their responsibility to comply with it.

Targeting of specific groups and forums will also be undertaken to raise awareness of the policy such as corporate and local induction, the Local Partnership Forum, Medical Leadership Forum, Operations Business Meeting, 1:1 meetings, and other key meetings.

Executive/ System General Manager/ Assistant Directors and Senior/ General Managers will need to be aware of their responsibilities for advising Employees accountable to them of their responsibilities in connection with the policy.

PUBLICATION OF REGISTERS

The Registers of Interests and the Registers of Gifts, Hospitality, Honoraria and Sponsorship will be published on HDdUHB's internet site. When making a declaration, Employees and Independent Members are able to make representations that information on their interests or offers of gifts, hospitality, honoraria and sponsorship received, should not be published. This will allow for, in exceptional circumstances, an individual's name and/ or other information to be redacted from any publicly available registers where the public disclosure of information could give rise to a real risk of harm or is prohibited by law. Each request to withhold a declaration will be considered by the Assistant Director of Corporate Legal Services & Public Affairs to discuss and validate the request.

An interest will remain on the Public Register for a minimum of 6 months and no more than 12 months after the Assistant Director of Corporate Legal Services & Public Affairs on behalf of the Director of Corporate Governance/ Board Secretary has been informed that the interest has expired. A record of historic interests will be retained by the HDdUHB for a minimum of 6 years after the date on which it expired.

DRAFT

AUDIT AND MONITORING

The Assistant Director of Corporate Legal Services & Public Affairs, on behalf of the Director of Corporate Governance/ Board Secretary, is responsible for the monitoring of this policy and its formal review every three years.

The Director of Corporate Governance/ Board Secretary will arrange for the Declarations of Interest Register and an overview of the gifts, hospitality, honoraria and sponsorship activities within HDdUHB to be presented to the Audit and Risk Assurance Committee at the end of each financial year.

The Audit and Risk Assurance Committee will review and report to the Board upon the adequacy of the arrangements for declaring, registering and handling interests, gifts, hospitality, honoraria and sponsorship at least annually.

Audit Wales and Internal Audit may also review the arrangements in place from time to time with their findings reported to the Audit & Risk Assurance Committee.

Regular audit of individual submissions of Declarations of Interest and Declaration of Gifts, Hospitality, Sponsorship and Honoraria will be undertaken on behalf of the Assistant Director of Corporate Legal Services & Public Affairs.

DISTRIBUTION

The Standards of Behaviour Policy will be made available via HDdUHB internet and intranet sites. Where Employees do not have access to these sites, their line manager must ensure that they have access to a copy of this policy.

Periodic reminders are issued to all staff, together with a link to the policy to remind of the need to declare any interests and report offers of gifts, hospitality, honoraria and sponsorship.

Managers also have a responsibility to bring this policy to the attention of their staff. New members of staff will be made aware of this policy as part of the corporate induction process.

SOURCES

- DGM (93)84: Standards of Business Conduct for NHS Staff;
- DGM(95)5: Detailed Guidance on Implementing a Code of Conduct and Accountability Finance Guidance Note F35: Guidance on Standards of Conduct for LHB Staff;
- Commercial Sponsorship-Ethical Standards for the NHS, Department of Health;
- WHC (2005) 016 The NHS & Sponsorship by the Pharmaceutical Industry;
- WHC (2006)090 The Codes of Conduct and Accountability for NHS Boards and the Code of Conduct for NHS Managers Directions 2006

REFERENCES

- HDdUHB Standing Orders & Standing Financial Instructions
- Bribery Act 2010

- Section 199 of Economic Crime and Corporate Transparency act 2023
- General Medical Council Good Medical Practice guidance – financial and commercial arrangements and conflicts of interest, 2024
- Nursing & Midwifery Council gifts and gratuities guidance 2025 and The Code: Standards of conduct, performance & ethics for nurses & midwives 2018
- Association of British Pharmaceutical Industry (ABPI) Code of Practice for the Pharmaceutical Industry 2024
- Overpayments Protocol (National Wales Shared Service Partnership) October 2024
- All Wales Code of Conduct (Business) for NHS Staff
- Failure to prevent Fraud Guidance November 2024
- Commercial Sponsorship – Ethical Standard for the NHS

ACKNOWLEDGEMENTS:

This policy has been reviewed against the following Health Board/ Trust policies across Wales:

Swansea Bay University Health Board – Standards of Business Conduct Policy (to be reviewed September 2025)

- Betsi Cadwaladr University Health Board - Standards of Business Conduct Policy (to be reviewed March 2028)
- Cardiff and Vale University Health Board - Standards of Behaviour Framework Policy (to be reviewed July 2025)
- Public Health Wales - Declarations of Interests, Gifts, Hospitality and Sponsorship Policy and Procedure (to be reviewed September 2027)
- Powys Teaching Health Board - Draft Standards of Behaviour Framework Policy (March 2025)
- Velindre NHS Trust - Standards of Behaviour Framework Policy (November 2022)
- Welsh Ambulance Services NHS Trust – Gifts, Hospitality, Interests, Commercial Sponsorship and Fundraising Policy (July 2023)

DRAFT

Appendix 1 - STANDARDS OF BEHAVIOUR FRAMEWORK

The Board has described those values that underpin the way that services are provided within HDdUHB. To support this, all Employees and Independent Members must ensure that they carry out their roles with dedication and commitment to HDdUHB and its core values.

All Employees and Independent Members must have the highest standards of corporate and personal conduct and behave in an exemplary manner based on the following seven principles:

- Selflessness – Individuals should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or friends;
- Integrity – Individuals should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties;
- Objectivity – In carrying out public business, including making public appointments, awarding contracts, recommending individuals for rewards and benefits, choices should be made on merit;
- Accountability – Individuals are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate for their position;
- Openness – Individuals should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it;
- Honesty – Individuals have a duty to declare any private interests relating to their duties and to take steps to resolve any conflicts arising in a way that protects the public interest, and;
- Leadership – Individuals should promote and support these principles by leadership and example.

To uphold these principles you must:

- Ensure that the interests of patients and the public remain paramount;
- Be impartial and honest in the conduct of your official business;
- Use NHS resources to the best advantage of the service and the patients, always seeking to ensure value for money;
- Not abuse your official position for personal gain or to benefit your family or friends;
- Not seek advantage or to further private business or other interests in the course of your official duties, and;
- Not seek or knowingly accept preferential rates or benefits in kind for private transactions carried out with companies, with which they have had, or may have, official dealings on behalf of the HDdUHB.

The Standards of Behaviour Policy outlines the arrangements within HDdUHB to ensure that staff comply with these requirements, including recording and declaring potential conflicts of interest and handling of gifts, hospitality, honoraria and sponsorship (even if these are declined).

It is your responsibility to ensure that you are familiar with the requirements of the policy and supporting guidance. The relevance of this information will vary depending on your role within the HDdUHB and your interests outside of your employment.

In summary:

Do:

- Make sure that you are not in a position where your private interests and NHS duties may conflict.
- Declare any relevant interests. These include:
    a) Directorships, including Non-Executive Directorships held in private companies or PLCs.;
    b) Ownership or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the HDdUHB.
    c) A position of authority in a charity or voluntary body in the field of health and social care;
    d) A personal or departmental interest in any part of the pharmaceutical or healthcare associated industries that could be perceived as an influence on decision making or on the provision of advice to members of the team;
    e) Sponsorship or funding from a known NHS supplier or associated company/ subsidiary;
    f) Employment where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice;
    g) Anything else that could cause a potential for conflict.
- Raise any concerns you have with your Line Manager, the Assistant Director of Corporate Legal Services & Public Affairs and/or the Local Counter Fraud Service.

If in doubt declare it!

- Remember that the need to declare an interest also includes those of your close family and possibly friends.
- Seek your manager's permission before taking any outside work, in accordance with employment terms and conditions.
- Obtain your Executive/System General Manager/Assistant Directors permission before accepting any commercial sponsorship or hospitality;
- Declare offers of gifts, hospitality or sponsorship using the appropriate form where required.

Do not:

- Accept any gifts from suppliers or commercial organisations unless they are of low value e.g. pens, diaries;
- Accept any gifts over the value of £25 from patients or their relatives, these should be politely declined;
- Accept any inappropriate hospitality or sponsorship from suppliers or commercial organisations;
- Abuse your position to obtain preferential rates for private deals;
- Unfairly advantage one competitor over another or show favouritism in your dealings with commercial organisations;
- Use NHS resources for your own private use.

If you need any further guidance please contact the Assistant Director of Corporate Legal Services & Public Affairs

DRAFT

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full EqIA.

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

DRAFT

Director and Directorate	Joanne Wilson, Director of Corporate Governance and Board Secretary
Service Area	Corporate Governance

Title of Procedure, Project, Proposal, Policy being screened:	Standards of Behaviour Policy

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

The Standards of Behaviour Policy enables the Health Board (HB) to ensure that its employees and Independent Members practice the highest standards of conduct and behaviour. This Policy sets out the expectations required and provides supporting guidance so that all employees and Independent Members are supported in delivering that requirement.

The aim of this policy is to ensure that arrangements are in place to support employees and Independent Members to act in a manner that upholds the Standards of Behaviour Framework as well as setting out specific arrangements for the appropriate Declarations of Interests and acceptance/ refusal and recording of offers of Gifts, Hospitality, Honoraria and Sponsorship. The policy also aims to capture public acceptability of behaviours of those working in the public sector so that the HB can be seen to display exemplary practice in this regard.

The objective of this policy is to clarify the relative responsibilities of all employees and Independent Members in the discharging of this policy and adherence to the Standards of Behaviour Framework.

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

In revising this policy, the views of key Hywel Dda University Health Board staff members have been sought and incorporated into the revised draft:

- Head of Local Counter Fraud Services
- Head of Hywel Dda Health Charities
- Head of the Research, Innovation & Value Directorate
- Health Play Specialists and Lead Nurses, Paediatric and Antenatal Units and Wards.
- Information Governance Manager and Records Manager
- Executive Directors, Heads of Service and Service Managers, to review staff groups included under the ‘high risk’ classification (for the purposes of submitting annual Declarations of Interest)
- NWSSP to confirm process for submitting Declarations of Interest for Procurement staff

Standards of Business Conduct/ Behaviour policies of other Welsh Health Boards policies have been reviewed for comparison purposes.

The draft revision has been circulated to all Health Board staff for comments as part of the standard consultation process.

During consultation for the original policy and since its implementation, we are not aware of any issues raised in relation to any adverse impacts on protected groups as a result of this policy. A search of similar policies in other organisations indicated a neutral impact on protected groups/ positive in relation to human rights.

It is recognised that certain staff groups will be more exposed than others to the policy through the nature of their work, but the policy will apply equally across all groups in terms of protected characteristics.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact)**.**

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: Equality Impact Assessments (EqIAs) (sharepoint.com)

Age Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact		Negative Impact		No Impact	**X**
This policy will apply equally to all staff and Independent Members, regardless of age.					
Disability Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact		No Impact	**X**
This policy will not impact members of staff or Independent Members with certain needs or disabilities differently to others.					
Gender Reassignment Is it likely to affect those who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact		Negative Impact		No Impact	**X**
This policy will not impact staff or Independent Members who have undergone, intend to undergo or are currently undergoing gender reassignment, or those who do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth differently to others.					

Marriage / Civil Partnership
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	X

This policy will not impact staff or Independent Members who are married or in a Civil Partnership differently to others.

Pregnancy and Maternity
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact		No Impact	X

This policy will not impact staff or Independent Members who are pregnant or have recently had a baby differently to others.

Race / Ethnicity
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	X

This policy will not impact staff or Independent Members of a certain race, nationality, colour, culture or ethnic origin differently to others.

Religion or Belief
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	X

This policy will not impact staff or Independent Members who have certain religions or beliefs differently to others.

Sex
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	X

This policy does not affect people differently based on their sex.

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

Positive Impact		Negative Impact		No Impact	X

The policy notes that the requirement to declare personal relationships and that this may be problematic for staff who are not 'out' at work. The policy acknowledges this risk and advises that such declarations be handled confidentially and sensitively, which is a positive mitigation step.

Armed Forces Community Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: **Armed-Forces-Covenant-duty-statutory-guidance**					
Positive Impact		Negative Impact		No Impact	**X**
All staff and Independent Members who are members of the Armed Forces and their families will be treated equally to others in accordance with this policy.					
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact		Negative Impact		No Impact	**X**
All staff and Independent Members will be treated equally in accordance with this policy, regardless of socio-economic background and health circumstances.					
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact		Negative Impact		No Impact	**X**
This policy will not impact upon opportunities for staff and independent members to use the Welsh Language.					

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: Equality Impact Assessments (EqIAs) (sharepoint.com)

Screening Completed by:	Name	Sonja Wright
	Title	Business Support
	Contact details	E-mail: Sonja.Wright@wales.nhs.uk Tel: 01267 239654 (WHTN 0-1825-4654)
	Date	18 March 2025

Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Sian-Marie James
	Title	AD Corporate Legal Services and Public Affairs
	Contact details	sian-marie.james@wales.nhs.uk
	Date	1 July 2025 and 16 July 2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	kylie.daniels@wales.nhs.uk
	Date	22 July 2025
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

DRAFT

Appendix 3 Summary of Changes: Standards of Behaviour Policy Draft V.7

Page	Section	Change
1-2	Scope	Addition of three policies to be read in conjunction with: 334 Personal Relationships at Work Guideline, 347 Corporate Records Management Policy, 1088 Information Rights Procedure. Addition of references to The Codes of Conduct and Accountability for NHS Boards and the Code of Conduct for NHS Managers Directions 2006 and Economic Crime and Transparency Act 2023
5	Introduction	Amendment to state that *the list of Codes of Conduct included in the policy is not exhaustive* and addition of reference and links, as requested by consultees, to Codes of Conduct for Health Care Support Workers, Radiographers and Physiotherapists. Addition of reference and link to the Register of Clinical Technologists Code of Professional Conduct and the British Association for Behavioural and Cognitive Psychotherapists Standards of conduct, performance and Ethics.
6	Responsibilities	Clarification added that the Chair is responsible for managing the performance of Associate Members.
6	Declarations of Interest	Addition of wording stating that the Board Secretary will ensure that regular checks of declaration approval status are made and Line managers prompted to approve/ decline with reason.
7	High Risk Groups	Additional wording stating that ' High Risk' staff groups are reviewed annually in conjunction with Executive Directors and Senior Managers.
7-9	High Risk Groups	Further specification provided by Directors/ Senior Managers of the High Risk Groups to include banding, particular teams/ roles etc. Revisions are listed below:
i)	High Risk Group: System General Manager/ Assistant Directors	Addition of Deputy Directors and Clinical Care Group Directors, as requested by the Deputy Director of Allied Health Professionals (AHPs) and the Deputy Director Health Sciences.
ii)	High Risk Group: Senior/ General Managers	As per advice from Director of Corporate Governance/ Board Secretary, AD Legal Services and Public Affairs and feedback from Service Leads, members of this group will be Band 7 and above.
iii)	High Risk Group: Staff in Research, Innovation & Value Directorate	As advised by the Director of Research, Innovation and Value and the Head of Innovation & Tritech Institute, this will be all Research & Innovation staff, including the Value Based Health Care team.

iv)	High Risk Group: Finance staff	As advised by the Director of Finance, all staff within Finance Directorate are included.
v)	High Risk Group: Procurement staff	This group has been removed from the Health Board (HB) 'High Risk' list as their Declarations of Interest are submitted via NHS Wales Shared Services Partnership (NWSSP) processes.
vi)	Pharmacy Staff	As advised by the Clinical Director of Pharmacy and Medicines Management, this group classification has been expanded to include (but is not limited to): • All Pharmacists • Senior Pharmacy Technicians (Band 6 and over) • Primary Care Pharmacy Technicians (Band 5 and over) • Procurement Technicians (Band 3 and above)
vii)	Clinical Nurse specialists	As advised by the Executive Director of Nursing, Quality & Patient Experience, this group classification has been expanded to include Advanced Nurse Practitioners and Nurse Consultants, all at Band 7 and above.
viii)	High Risk Group: Facilities/ Estates Operational Services	A list of staff to be included has been provided by the Facilities/ Estates Head of Operations. Banding specified at Band 6 and above.
ix)	High Risk Group: Facilities/ Estates Specialist Services	A list of staff to be included has been provided by the Facilities/ Estates Head of Operations. Banding specified at Band 6 and above.
x)	High Risk Group: Workforce & OD	• People Planning & Management: Band 8a and above • Strategic Workforce Planning: Band 8a and above • People Development: Band 6 and above • Business Partnerships: All team members – Band 5 and above • Human Resources: Band 7 and above As advised by the respective ADs within the Directorate.
xi)	High Risk Group: Senior Informatics Directorate staff	As advised by the Director of Finance, Band 8 staff and above to be included.
xii)	High Risk Group: Senior Medical Staff (Consultants, Associate and Deputy Medical Directors and GPs working in the HB)	As advised by the HB Medical Director, this group comprises Consultants, Associate Medical Directors and their Deputies and GPs working within the HB.
xiii)	High Risk Group: Senior Nursing Staff	As advised by the Executive Director of Nursing, Quality & Patient Experience, this group classification has been expanded to include Heads of Nursing, with banding set at 8a and above.
xiv)	High Risk Group: Senior Non-Medical/	As advised by the Executive Director of Nursing, Quality & Patient Experience, '*Senior Non-Medical/ Nursing*

	Nursing Clinical Staff, Allied Healthcare Professionals and Healthcare Science staff	*Clinical Staff'* has been removed from this classification as this nursing group is captured under other Nursing-specific headings within the 'High Risk' groups.
xv)	High Risk Group: Allied Healthcare Professionals and Healthcare Science staff	As requested by the Deputy Director of AHPs, the Deputy Director Health Sciences and the Service Delivery Manager Psychological Therapies, this group has been expanded to include Play Therapists, all Psychological Professions B7 and over, Optometrists (secondary Care), Social Workers and Dentists.
7	High Risk Groups	Addition of wording relating to monitoring compliance regarding annual submission of Declarations of Interest: *Email reminders are issued each year, on a rolling basis, to all staff within 'High Risk' groups to prompt them to complete an annual declaration, even if this is a 'nil' declaration. Details of members of staff within the 'high risk' groups who do not complete an annual submission following issue of the reminder will be forwarded to their Line Managers to follow up and, if required, escalated to Service Directors.* *Service Directors will be provided with an annual compliance list showing how many staff within the 'High Risk' Groups which sit within their respective Directorates have submitted a Declaration of Interest (DoI).'*
10	Declarations of Interest	Addition of wording clarifying that Line Managers are responsible for checking that there are no material conflicts of interest in individual DoI submissions.
11	Employees and Independent Members Duties	Addition of wording, taken from Powys Teaching Board Standards of Behaviour Policy, to expand upon the requirement to declare a personal/ family relationship with another member of HB staff: '*Where a personal or family relationship exists involving members of staff in a supervisory or Line Management role, they must avoid participating in decisions that might raise the appearance of a conflict, such as recruitment and selection, allocation of funding, appraisal, disciplinary matters, sign-off of expenses or any other management activity or process involving the other party.'*
12	NWSSP Procurement Services DoIs	Amendment to reflect that NWSSP now have their own processes for the submission of DoIs for their staff – as confirmed by Gemma Deverill, NWSSP.
12	Register of Interests	Additional wording to clarify that in exceptional circumstances staff can request that their declarations are withheld from publication and that in these cases they will be contacted by a member of AD Legal Affairs team to check the reason.

14	Gifts, Hospitality, Sponsorship and Honoraria	Addition of information relating to the Economic Crime and Transparency Act 2023, as requested by the Head of Counter Fraud.
16	Gifts	Addition of wording suggested by the SPF with the aim of protecting potentially vulnerable staff eg lone workers and care home staff: [There is no requirement to declare gifts up to the value of £25] *However, in some cases an Employee may choose to inform their Line Manager that they had received a low-value gift in order to formally record the receipt – for example staff working in care homes who are given gifts by residents who may subsequently not remember that they had given the gift.*
16	Gifts	Addition of wording explaining that a gift over £25 can be shared with other staff members if it is possible to do so e.g. a voucher which can be used to buy a number of small items which can be shared out.
16	Gifts to Groups of Staff, Teams/ Wards/ Service/ Department, or Organisation-Wide	Addition of 'wards' to title. Addition of example of gifts to wards in the form of play equipment to Paediatric Wards.
18	Hospitality	Addition of wording to clarify that hospitality relates to an event or function linked to the employee's role in the Health Board.
20	Sponsorship	Removal of reference to Charitable Funds Financial and Administration Procedure 420, replacing with wording 'For the purposes of sponsorship', as requested by Head of HDdUHB Charities.
21	Sponsorship	Addition of wording stating that employees will need to provide evidence of study leave approval when commercial sponsorship to attend courses/ conferences is accepted.
22	Sponsorship of Posts/ roles/ jobs	Addition of wording, confirmed with AD, People Management, W&OD: *If the duration of a post is over two years, the Health Board will have contractual obligations to the post holder. The post must therefore be formally defined as Fixed Term.*
24	Sponsorship – Reciprocal Benefit	Addition of wording requested by Head of Information Governance: [A sponsor would expect to receive a reciprocal benefit – reasons include] *To obtain access to HB data to use for research or to train the company's AI models.* *In the case of a sponsor requiring access to HB data, any request should be referred to Information*

		Governance for advice Information.Governance3@wales.nhs.uk
24	Honoraria	Amended definition to clarify: *An honorarium is any form of payment made to a Health Board Employee for performing a service which is voluntary in nature, often in a separate organisation. The payment has no contractual basis and usually the amount is small in comparison with the Employee's normal rate of pay for performing their employment duties.*
25	Honoraria - Research	Addition of wording/ information provided by the Director of Research, Innovation and Value: *Researchers are allowed to hold Investigator Accounts, which can include payments that they receive from external parties for offering research advice or delivering projects. Honoraria in respect of research and innovation and held within Investigator Accounts must be managed in accordance with national and local Research and Development Investigator Account policies and guidelines.*
25	Honoraria - reimbursement	Addition of wording/ information provided by the Finance Team: *If the actual cost of the Employee's time is to be reimbursed, rather than a designated amount, a costing will need to be done by requesting a calculation via the Management Accounts team (Management-Accounting.HDD@wales.nhs.uk). Alternatively the Employee could seek advice from the relevant Health Board Business Partner that works with their Directorate.*
25	Honoraria/ Miscellaneous Payments	Slight amendment to wording of paragraph to reflect guidance from the Finance Team regarding payment of honoraria to Charitable Funds: *Where an Employee wishes, an honorarium payment may be used to make a donation to HDdUHB's Charitable Funds and further guidance on this is available from the Head of Hywel Dda Health Charities About Hywel Dda Health Charities*
26	Research	Addition of explanation and wording provided by the Director of Research, Innovation and Value: *Research and innovation funding/ grants may be received by an individual or their department. Where an individual Employee receives funding from a company to undertake research, this should be declared. The main reason for this is that it could influence the Employee's opinions towards the company and depending on the Employee's relationship with the same there might be a requirement for a management plan to be established.* *Declaration of research grants awarded to a Health Board department from a private or public body is not necessary. A process is already in place within the Health Board that requires a clear management decision to be made before receipt of such grants. This takes into account several factors, including whether decision-*

		makers have a relationship (e.g. have received individual grants) from the company concerned. All decisions are reported to the Health Board's Research & Innovation Sub Committee for scrutiny and assurance.
27	Working whilst on suspension	Addition of wording provided by Ben Rees, Counter Fraud: *Working whilst on Suspension: an Employee who has been suspended from work on full pay is regarded as absent from work on paid leave and should not undertake any paid or unpaid work in any capacity during the period of suspension from the organisation, unless it is deemed jointly by their manager and Workforce and OD to be beneficial to the Employee and the organisation. Express written permission must be granted by the manager in advance in all such cases.*
28	Intellectual Property Policy	Amendment to wording from: *'Employees and Independent Members must comply with the Intellectual Property policy …. In line with IP policy 673, IP may be generated and owned by an Employee. All IP owned by an Employee, any involvement in commercialisation and revenue share should be declared.'* To: '*The Intellectual Property (IP) Policy (policy 673) is currently in draft form and will be circulated when approved by the Health Board.'* This reflects the fact that the IP policy is being reviewed and current content of the policy may change. A link to the reviewed IP policy will be added to v.7 once it (the IP policy) is approved.
31	Annual Leave over-allocation	Addition of wording provided by Ben Rees, Counter Fraud: *Employees are also expected to report any over-allocation of annual leave to their Line Manager.*
33	Equality	Slight changes to terminology to accurately reflect Protected Characteristics under the Equality Act 2010.
34	Publication of Registers	Addition of wording explaining that each request to withhold publication of a declaration on the internet will be checked by/ obo the AD Corporate Legal Services & Public Affairs.
35	Audit	Addition of wording stating that Regular audit of individual submissions of Declarations of Interest and Declaration of Gifts, Hospitality, Sponsorship and Honoraria will be undertaken on behalf of the Assistant Director of Corporate Legal Services & Public Affairs.

7.4

7.4 - Workforce Policies for Approval

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

For approval

Attachments

7.4 SBAR - Workforce Policies - Aug 25 - V3.pdf

7.4 Appendix 1a - Policy 299 - Registration and Re-Registration of HP draf~.pdf

7.4 Appendix 1b - EqIA Screening form Re-Registration policy.pdf

7.4 Appendix 2a - All Wales Recovery of Overpayments Procedure.pdf

7.4 Appendix 2b - EqIA Screening form - Recovery of overpayments Procedure~.pdf

7.4 Appendix 3 - 2025_06_27 Policy Review Quarterly Schedule.pdf

7.4 Appendix 4 - Underpayments of Salary - FAQs - V2.pdf

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce & Organisational Development Policies
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce & Organisational Development and Deputy Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Heather Hinkin, Assistant Director of People Management

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The report provides the required assurance that the Written Control Documentation (WCD) Policy (policy number 190) has been adhered to in the development of the documents which are in line with legislation/regulations, the available evidence base and are put forward for approval and implementation within the Health Board.

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the Committee is asked to note or approve the recommendations in relation to the below:-

- Local policies
- All Wales policies and updates
- Policies not yet presented for approval
- Policies to be removed
- Documents for information

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.

Details regarding each policy (including the changes made) are outlined below:-

Local Policy - for approval

299 - Re-Registration Policy (Appendix 1a/b)

- Corporate Nursing requested changes were made to the Appendix of the policy to:-
  - reflect the natural order to consider when a registration lapses or is suspended.
  - change the language to standardise terminology for nurses – this did not result in any substantive changes to the appendix or the process/practice.

- Removal of “formal” from the statement on investigations so it is more generic and appropriate in all circumstances
- Removal of the sentence relating to pension contributions as this is no longer relevant. The Pensions Team have confirmed this is correct.
- At Staff Partnership Forum on 16 July 2025, our trade union colleagues asked for this Appendix to reference both lapsed and suspended registrations as the same principles could apply. Nursing colleagues have accepted this change.
- This Appendix was submitted to the Senior Nursing Management Team in August 2025 and the further changes have been supported.
- The Appendix did not require global consultation as the changes made were minor.
- The Equality Impact Assessment (EQIA) was updated and is attached.
- A full review of the policy will be undertaken next year as per the policy schedule.

All Wales policy for approval and update

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

- All Wales Procedure for the Recovery of Overpayments (new) (Appendix 2a/b)
- Local Equality Impact Assessment

This policy was received by the Health Board in December 2024 and was discussed by the Staff Partnership Forum initially in its meeting on 3 December 2024. The Staff Partnership Forum wished to make further enquiries on the status of the policy as it had followed a different route to other All Wales policies. The Staff Partnership Forum agreed for its onward consideration to People Committee for adoption at its meeting on 16 July 2025.

A copy of the updated All-Wales policy schedule from NHS Employers was received on 27 June 2025 and is attached as Appendix 3 for information.

Policies not yet presented for consideration

Committee has requested an update each meeting on those policies that are not on track and for a brief explanation to be provided. A request for extension of a number of local policies together with rationale is therefore outlined below. Please note the list is longer than usual due to the change in the Committee cycle from two months to quarterly.

Medicines Management	558/787 - 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. Medicines Management Operational Group (MMOG) requested some further actions be taken and these were due to be considered at its May meeting. No further update has been received.	30.11.25

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 as we understand this is now imminent for release.	30.11.25	
Learning & Development	1103 - Performance Management Policy	Due for review by 20 October 2025 and will be ready for the next Committee to consider on 4 November.	7.11.25	
Operational Workforce	158 – Redeployment Policy	Due for review by 20 October 2025 and will be ready for the next Committee to consider on 4 November.	7.11.25	
Operational Workforce	438 – Shared Parental Leave	At consultation stage. Will be ready for the next Committee to consider on 4 November.	7.11.25	
Operational Workforce	713 – Honorary Contracts	Due for review by 20 October 2025 and will be ready for the next Committee to consider on 4 November.	7.11.25	

Policies for removal

As a result of the new All Wales Procedure for the Recovery of Overpayments being submitted for adoption, there is no ongoing requirement for the Health Board to retain the following local policy.

- 002 – Underpayments and Overpayments of Salary Policy

Documents for Information

Frequently Asked Questions (FAQs) - Underpayments of Salary (Appendix 4)

- The All-Wales Procedure for the Recovery of Overpayments does not deal with underpayments whereas our local policy did. The Frequently Asked Questions (FAQs) have been attached for information so we can continue to provide information to staff on how underpayments are resolved. These FAQs are already available on Sharepoint for staff as downloadable content.

Asesiad / Assessment

The local policy Appendix has been shared with the Local Partnership Forums and Staff Partnership Forum for comment. Documents that apply to Medical and Dental colleagues have been shared with the Local Negotiating Committee (LNC) for information.

A screening Equality Impact Assessment (EqIA) has been developed or updated as required on advice from the Corporate Policy Office.

Six policies require extension due to their review dates being prior to the next meeting.

One policy will be removed from our local policy suite due to its replacement (new) All Wales Procedure and some local FAQs have been produced to support understanding of the underpayments process.

Following approval of the recommendations contained below, all documents will be uploaded/updated on the intranet site and will replace current versions.

Argymhelliad / Recommendation

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

- **RECEIVE** assurance that the above local policy has been reviewed in line with Policy 190.
- **APPROVE** the revised Appendix 7 of the Re-Registration Policy
- **EXTEND** the six local policies in accordance with the dates provided.
- **ADOPT** the All-Wales Procedure for the Recovery of Overpayments.
- **REMOVE** the local policy on Underpayments and Overpayments of Salary Policy.
- **NOTE** the addition of FAQs on underpayments to the Sharepoint page on policies.

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)	2. Timely 3. Effective 4. Efficient 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
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:	Included in 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:	Local and Staff Partnership Forums LNC (as appropriate) Global consultation as required

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 policies apply to all staff unless stated otherwise in each policy.
Risg: Risk:	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance.
Cyfreithiol: Legal:	It is essential that the UHB has up to date policies and procedures in place which comply with legislation as a minimum standard.
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	Updated or new EQIA are attached as required.

Registration and Re-Registration of Health Professionals Policy

Policy information

Policy number: 299
Classification: Employment
Supersedes: Previous Versions
Version number: 6.0
Date of Equality Impact Assessment: 27/04/2023

Approval information

Approved by: People, Organisational Development and Culture Committee (PODCC)
Date of approval:
Date made active:
Review date: 19/06/2026

Summary of document:
The purpose of this policy is to make explicit the responsibilities of Health Board employees in relation to the regulatory re-registration process whilst employed within this Health Board.

Scope:
This policy applies to all staff who are required to register, and to maintain that registration, with a statutory regulatory body to enable them to practise in a registered professional role. The All Wales Contract of employment also states that staff required to be registered to carry out their duties must maintain their registration.

To be read in conjunction with:
201 - Disciplinary Policy – opens in a new tab

Patient information:
Include links to Patient Information Library

Owning group:
Workforce & OD Team

Executive Director job title:
Director of Workforce and Organisational Development

Reviews and updates:
1.0 – New Policy – 27.07.2012
2.0 – Amended in line with the revalidation proves – 29.07.2016
3.0 – Revised – 18.05.2020

4.0 – Amendment to section 7.4 midwives – 24.05.2018
5.0 – Full Review – 19.06.2023
6.0 – update to the annex 7 re-registration (terminology)

Keywords
Re-Registration, Revalidation, Registration

Glossary of terms
GMC - General Medical Council
ESR - Electronic staff record
DCP - Dental care professional
GDC - General Dental Council
PIN - Personal identification number
HIW - Healthcare Inspectorate Wales
HPC / HCPC- Health and Care Professions Council
PSA – Professional Standards Authority
WCD – Written Control Documents
GPhC – General Pharmaceutical Council
BPS – The British Psychological Society
GOC – General Optical Council
SCW – Social Care Wales
NMC – Nursing Midwifery Council

Contents

Policy information 1
Approval information 1
Introduction 4
Policy statement 4
Scope 4
Aim 4
Objectives 4
Policy 4
Responsibilities 7
References 8
Appendix 1 – Regulatory Bodies & Professionals 9
Appendix 2 – Non-Statutory Registers 10
Appendix 3 – Professions with Protected Titles 11
Appendix 4 – Professions with specific renewal periods 12
Appendix 5 – Monitoring all registration numbers / Personal identification number (PINs) in ESR 13
Appendix 6 – Notifications 14
Appendix 7 – Lapsed Registrations 15

Introduction

The main purpose of the regulators is to protect the public. They do this by holding registers of individuals who meet their standards of education, training, professional skills, behaviour and health. Scrutiny and oversight of the nine regulators is provided by the Professional Standards Authority (PSA).

The act of registration confers on individual registrants the legal right to use their protected title. Registration is a contractual requirement for employment within the Health Board as one of the professions listed in Appendix 1.

From the point of initial registration, each registrant is subject to the appropriate professional Codes of Conduct and standards as set by the regulator.

If a practitioners registration lapses, they are not in a position to continue to practice using the protected title.

Appointing officers are responsible for checking that a person's registration allows them to be employed in a particular role before they start work, and that they maintain appropriate registration to practise.

Policy statement

This policy sets out the requirements of the employer and the registrants in maintaining their professional registration.

Scope

This policy applies to all staff who are required to register, and to maintain that registration, with a statutory regulatory body to enable them to practise in a registered professional role.

The All Wales Contract of employment also states that staff required to be registered to carry out their duties must maintain their registration. This policy includes bank staff.

Aim

The aim of this document is to ensure all health care professionals are registered and maintain their professional registration.

The principles of this policy will apply to all staff groups and will be revised as necessary.

Objectives

The aim of this document will be achieved by the following objectives:

- Ensuring all practitioners are aware of their obligation to maintain their professional registration.

Policy

Allied Health Professionals

The Health and Care Professions Council currently regulates 15 professions detailed in Appendix 1. Each registrant is required to renew their registration every two years with The Health and Care Professions Council (HCPC).

It should be noted that the HCPC register interfaces directly with the Electronic Staff Register (ESR) for the NHS.

Medical Staff
All doctors are required to register with the General Medical Council (GMC) by payment of fee and also an Annual Retention Fee to remain on the GMC's Register of Medical Practitioners.

All doctors must hold a licence to practise and in addition demonstrate that their registration is appropriate to the type of post or practice they will be undertaking.

It should be noted that the GMC register interfaces directly with the Electronic Staff Register (ESR) for the NHS.

There are four types of registration:

- **Provisional Registration**

Provisional registration with a licence allows newly qualified doctors to undertake clinical training needed for full registration. A doctor who is provisionally registered is entitled to work only in Foundation Year 1 (F1) posts in hospitals or institutions that are approved for the purpose of F1 service. The fee paid for provisional registration is for a two year period.

- **Full Registration**

Full registration is required with a licence to practise for unsupervised medical practice in the NHS or private practice in the UK. Doctors who have undertaken a satisfactory period of experience under provisional registration may apply for full registration. An Annual Retention Fee is paid.

- **Specialist Registration**

All doctors working towards a consultant post (other than a locum appointment) in a medical or surgical specialty in the NHS are legally required to be included on the Specialist Register. All doctors will need to hold full registration and to pay an Annual Retention Fee.

- **GP Registration**

All doctors working in General Practice are required to be on the GP Register. All General Medical Practitioners are required to hold full registration and to pay an Annual Retention Fee.

Dentists & Dental Care Professionals
A Dentist or Dental Care Professional (DCP) is required to be registered with the General Dental Council (GDC). Registration with the GDC is to be renewed on an annual basis. An Annual Retention Fee is required.

It should be noted that the DCP register interfaces directly with the Electronic Staff Register (ESR) for the NHS. For roles defines as Dental Care Professionals refer to Appendix 3.

Opticians
Registration with the General Optical Council (GOC) is required and must be renewed annually with the re-registration submitted by the deadline of 15 March each year. An Annual Retention Fee is required.

Pharmacists and Pharmacy Technicians
Registration is required with the General Pharmaceutical Council (GPC) and must be renewed annually.

The Professional Registration is on a rolling basis dependent on the date of initial registration. Pharmacy Technicians are also now required to be registered.

It should be noted that the GPC register interfaces directly with the Electronic Staff Register (ESR) for the NHS.

Social Workers
Registration with the Care Council for Wales (CCW) is required and must be renewed on a 3 yearly basis, with an Annual Retention Fee being payable.

Registered Nurses, Midwives and Specialist Community Public Health Nurses
In order to maintain their status as a registered nurse or midwife every three years, all nurses, midwives and Specialist Community Public Health Nurses (SCPHN) are required to register with the Nursing and Midwifery Council (NMC). This requires payment of a renewal fee every year and revalidation every 3 years to maintain their professional status.

Requirements for revalidation are found : https://www.nmc.org.uk/revalidation/requirements (opens in a new tab)

It should be noted that the NMC register interfaces directly with the Electronic Staff Register (ESR) for the NHS.

Other Professionally registered staff
Registration with other professional bodies such as Accountancy bodies, Chartered institute of personnel and development, other non-statutory health bodies etc. are to be renewed on an annual basis. An Annual Retention Fee is required. Refer to appendix 2 for a list of non-statutory regulatory bodies.

All Agency Staff
When a request is placed for agency staff, the relevant agency will be asked to verify the regulatory body registration of the individual who will be undertaking the duties.

All Staff Groups Working under contract with the Health Board
Any registered staff contracted to provide a service on behalf of the Health Board, must be registered. Third party contracts (e.g. GP Co-ops).

In addition, as part of the contract the Health Board holds with an Independent Contractor, the contractor will be required to demonstrate that they have a robust system in place in order to verify the regulatory body registration of each individual they employ providing a service on behalf of the Health Board. The Contractor will be expected to verify the validity of the registration of all professionals they employ (both permanently and as locums etc) both at the time of initial employment and at the time when periodic re-registration is due.

Working Placements and Trainees
Any qualified professional staff attending the Health Board to participate in specific work placements or participate in training will be required to be registered with the appropriate regulatory body.

The host employer of the professional is required to verify that the individual is registered with the appropriate regulatory body prior to commencement of their work placement or training.

Where there is a need to train and declare a fitness to return to the register following a period of un-registration e.g. following a career break; the employer may need to provide a period of supervised activity to facilitate the return to the register.

The manager of the relevant department will be responsible for ensuring that any qualified professional has the appropriate valid registration.

Honorary Contract Holders (All Staff Groups)
Any professional staff holding an Honorary Contract with the Health Board will be required to be registered with the appropriate regulatory body.

The host employer of the professional staff member will be required to verify the regulatory registration of the individual prior to commencement of their duties. In addition, the host employer will be asked to provide the Health Board with the registration details of all professional staff, to be offered an honorary contract.

The manager of the relevant department will be responsible for ensuring that any qualified professional has the appropriate valid registration.

Responsibilities

Chief Executive
As Accountable Officer, the Chief Executive has overall responsibility for ensuring the health board has appropriate written control documents (WCDs) in place. These WCDs must comply with legislation, meet mandatory requirements, and provide services that are safe, evidenced-based and sustainable.

Nominated Director – Director of Workforce & Organisational Development, Director of Nursing, Quality and Patient experience, Director of Therapies and Health Science, Director of Primary, Community and Long-term Care and the Medical Director/Deputy CEO.
To ensure that the appropriate process and resources for reminding staff and managers of their duty to maintain their professional registration are in place.

Senior Management
To ensure that the appropriate process and resources for reminding staff and managers of their duty to maintain their professional registration are in place.

Department, service, or ward management
Workforce & OD – Monitoring of valid pins within ESR is undertaken by the Workforce Intelligence /ESR team. Refer to Appendix 5 for details of the monitoring process.

All Managers - Regularly check ESR notifications to see if staff are due to reregister or revalidate.

If staff are off sick or on maternity leave on discussing the return date to work, ensure their registration/ revalidation date is current and has not expired during their time off.

Ensure all staff on ESR/roster have up to date registrations.

If staff have lapsed their registration or failed to revalidate, manage this with advice from Workforce and Organisational development, the responsible office or the medical director's department.

The manager of the relevant department will be responsible for ensuring that any qualified professional has the appropriate valid registration.

All Staff
If a registered staff member is at risk of lapsing from the professional register, they should seek advice /support from their manager, the responsible officer, the medical director and Workforce Advisor at the earliest opportunity prior to their registration lapsing.

Should an employee request an extension, they should inform their manager or medical revalidation team as soon as possible.

Individual registrants are responsible for ensuring their own continued competence and professional development in order to fulfil their statutory obligations and meet the requirements of post registration education and practice. It is the responsibility of each registrant to ensure that their registration remains current at all times.

If a registrant discovers that they have allowed their registration to lapse, they must **immediately** advise their manager of the position and contact the appropriate regulatory body. It is essential that all registrants are aware of the consequences of allowing their registration to lapse. Refer to Appendix 7.

Registrants must inform BOTH the Health Board AND their Regulatory Body of any change of details to ensure the databases held by both organisations are both current and consistent.

The registrant must at the earliest opportunity inform their manager, or for medical staff the medical director of any "pending" situations/investigations/reports/criminal investigations/ convictions and cautions: This is a contractual requirement of employees of the Health Board. In addition, the registrant must inform their regulatory body of any issues that could impact on their registration status. Such notification does not in itself jeopardise the registrant's right to practise as a Registered Health Professional. Failure to do so however, could result in disciplinary action in line with the Health Board's disciplinary policy/investigation by the regulatory body, if it was considered that there was a deliberate attempt to conceal the facts or mislead the Health Board or regulatory body.

References

HCPC: The Health and Care Professions Council (HCPC) | (hcpc-uk.org)
NMC: The Nursing & Midwifery Council - The Nursing and Midwifery Council (nmc.org.uk)
GMC Home - GMC (gmc-uk.org)
GPhC: Registers | General Pharmaceutical Council (pharmacyregulation.org)
GDC: General Dental Council (gdc-uk.org)
SCW: Social Care Wales | Home - Social Care Wales
GOC: Home | GeneralOpticalCouncil

Appendix 1 – Regulatory Bodies & Professionals

Regulatory Body	Profession
General Medical Council	Doctors
Nursing & Midwifery Council	Nurses
	Midwives
	Specialist Community Public health Nurses
General Dental Council	Dentists
	Dental Care Professionals
General Pharmaceutical Council	Pharmacists
	Pharmacy Technicians
General Optical Council	Opticians
	Optometrists
Care Council Wales	Social Workers in Wales
Health and Care Professional Council	Radiographers
	Physiotherapists
	Dieticians
	Occupational Therapists
	Podiatrists
	Clinical Scientists
	Speech & Language Therapists
	Biomedical Scientists
	Art, Music & Drama Therapists
	Orthoptists
	Operating Department Practitioners
	Prosthetists & Orthotists
	Practitioner Psychologists
	Hearing aid dispensers
	Paramedics

Appendix 2 – Non-Statutory Registers

Regulatory Body	**Profession**
The Academy of Healthcare Science	
British Association of Play Therapists	Play Therapy
Association of Chartered Certified Accountants (ACCA)	Accountants
Chartered Institute of Management Accountants (CIMA)	
Chartered Institute of Public Finance and Accountancy (CIPFA)	
Institute of Chartered Accountants in England and Wales (ICAEW)	
The Chartered Institute of Personnel and Development (CIPD)	HR & People Development
United Kingdom Council for Psychotherapy UKCP	Psychotherapists
British Association of Cognitive and Behavioural Psychotherapists (BACP)	Cognitive Behavioural Therapists (CBT therapists)
British Association of Counselling and Psychotherapy (BACP)	Counsellors

Appendix 3 – Professions with Protected Titles

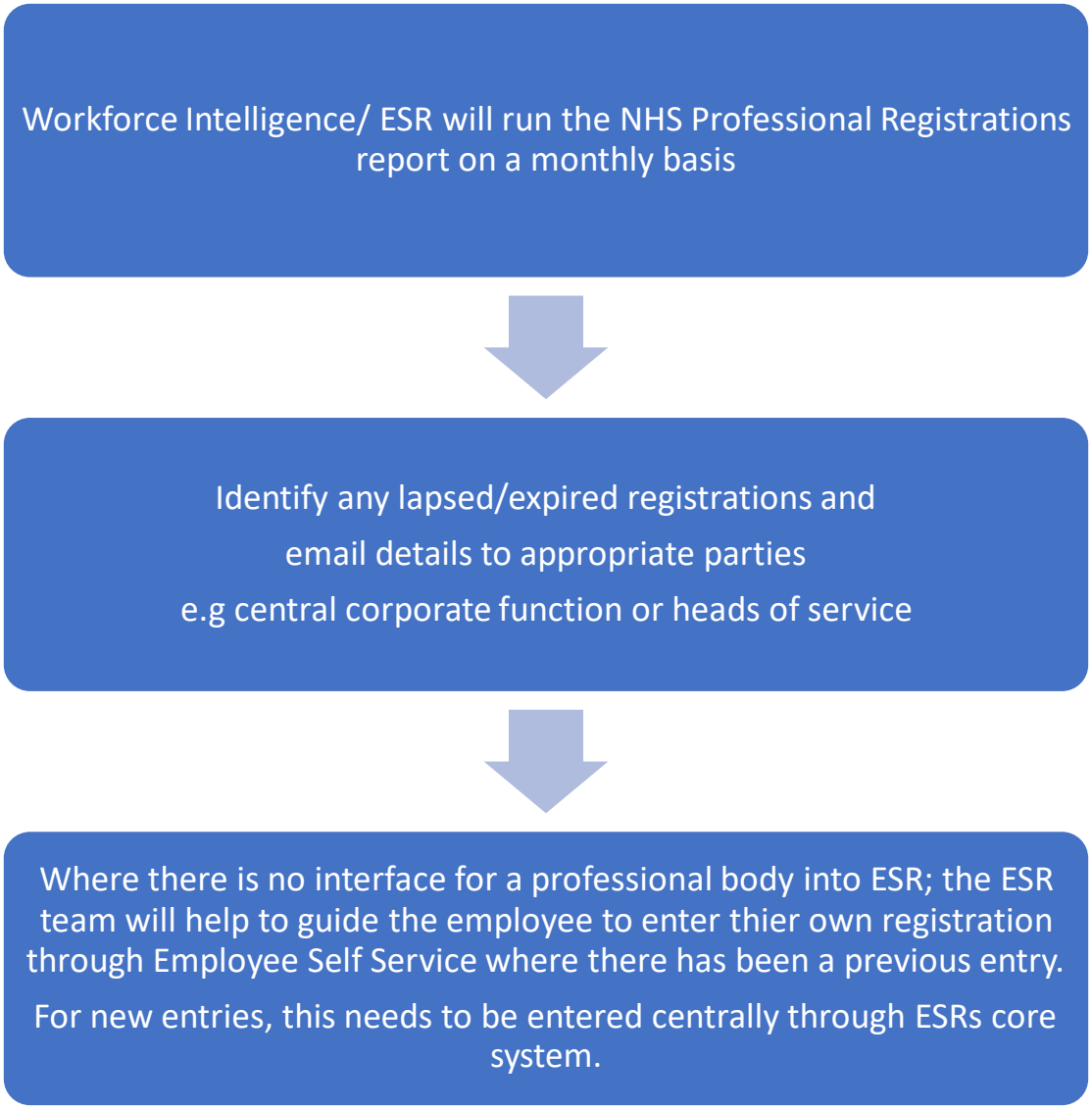
Profession	Roles
Dental Care Professionals	Clinical Dental Technicians
	Dental Nurses
	Dental Hygienists
	Dental Technicians
	Dental Therapists
	Orthodontic Therapists
Radiographers	Radiographer
	Diagnostic radiographer
	Therapeutic radiographer
Physiotherapists	Physiotherapist
	Physical therapist
Podiatrists	Chiropodist
	Podiatrist
Speech & Language Therapists	Speech and language therapist
	Speech therapist
Art, Music & Drama Therapists	Art psychotherapist
	Art therapist
	Dramatherapist
	Music therapist
Practitioner Psychologists	Practitioner psychologist
	Registered psychologist
	Clinical psychologist
	Counselling psychologist
	Educational psychologist
	Forensic psychologist
	Health psychologist
	Occupational psychologist
	Sport and exercise psychologist

Appendix 4 – Professions with specific renewal periods

Profession	Renewal Period
Radiographers	1 March to 28 February
Physiotherapists	1 May to 30 April
Dieticians	1 July to 30 June
Occupational Therapists	1 November to 31 October
Podiatrists	1 August to 31 July
Clinical Scientists	1 October to 30 September
Speech & Language Therapists	1 October to 30 September
Biomedical Scientists	1 December to 30 November
Art, Music & Drama Therapists	1 June to 31 May
Orthoptists	1 September to 31 August
Operating Department Practitioners	1 October to 30 November
Prosthetists & Orthotists	1 October to 30 September
Practitioner Psychologists	1 November to 31 October
Hearing aid dispensers	1 August to 31 July
Paramedics	1 September to 31 August
Dentist	1 January to 31 December
Dental Care Professionals	1 August to 31 July

Please note other renewal periods will be on a rolling basis dependant on initial registration date.

Appendix 5 – Monitoring all registration numbers / Personal identification number (PINs) in ESR



Appendix 6 – Notifications

ESR System notifications:

Notifications will be sent to all employees with professional registrations noted in ESR and their supervisors (as per ESR hierarchy).

Registration Expiry Notifications (Renewal Notifications) are sent 25 days prior to the expiry date

Revalidation notifications will be sent at the following intervals

- 365 days prior to the Revalidation Date (1 Year)
- 183 days prior to the Revalidation Date (6 Months)
- 122 days prior to the Revalidation Date (4 Months)
- Where the Revalidation Date has been added or updated and the new date is less than (current system date + 122 days)

Allocate Rostering System notifications:

No Notification sent from the system to users; however, roster managers can identify employees about to expire, or if they have expired under expiring items on the homepage of the roster.

Appendix 7 – Lapsed/Suspended Registrations

In cases of lapsed/suspended registration for ALL STAFF GROUPS the individual **will not** be permitted to continue to practise in a role for which registration is a requirement until their registration is renewed and has been confirmed via an electronic check. During this interim period, the following options are available to the manager until such time as the individual's registration is renewed. **The manager can also seek advice from the operational workforce team and the professional leads at any point:**

- Move the staff member from the date of the lapsed registration to alternative duties which do not require the individual to be registered.

- An emergency application for taking accrued leave (paid at pay band at which it was accrued) and/or unpaid leave may be made by the staff member.

- If any activity has been carried out by a member of staff who has temporarily lapsed their registration and for which registration is a requirement, the line manager will undertake a risk assessment of the decisions made for that period and report the findings to their senior manager.

- If the regulatory body makes it known that the time taken to reinstate the registrant is of a timescale which will cause significant service disruption then in this instance advice should be sought from the local Workforce Department.

The manager must notify the relevant Workforce Manager and Professional Head/Lead, of the lapsed registration at the time it is identified.

Depending on the initial assessment into the circumstances of the lapsed registration, a formal investigation in accordance with the All Wales Disciplinary Policy (HDUHB Policy 201) may be required. This is particularly so when cases of recurrent lapses in registration occur. The investigation of each incident of lapsed registration should address all issues outlined in Appendix 4 and this together with the subsequent action, should be documented on the Datix Form relating to the event.

Individual health care professionals may be liable for prosecution for claiming to be registered when they are not as this could be considered to be a criminal offence and as such may be reported to the Police and / or Counter Fraud.

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full EqIA.

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Director and Directorate	Lisa Gostling, Workforce & OD
Service Area	Workforce and OD

Title of Procedure, Project, Proposal, Policy being screened:	Policy for the registration and re-registration of health Professionals

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

The aim of this policy is to ensure all health care professionals are registered and maintain their professional registration.

The principles of this policy will apply to all staff groups and will be revised as necessary.

This will be achieved by the following objective;

- Ensuring all practitioners are aware of their obligation to maintain their professional registration.

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

No negatives have arisen since the original EqIA was completed.

The policy applies to all staff directly employed or agency, staff working under contract with the Health Board, Work Placements and Trainees, Honorary Contract holders who are required to register and to maintain that registration with a statutory regulatory body to enable them to practise in a registered professional role.

A search of similar polices in other UHBs and Trusts did not indicate any likely potential negative impact.

No complaints in relation to equality, diversity or human rights have been received following implementation of the initial policy or following amendments undertaken in June 2023.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact)**.**

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: Equality Impact Assessments (EqIAs) (sharepoint.com)

Age Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This policy sets out the requirements of the employer and the registrants in maintaining their professional registration. It will not impact any persons with a protected characteristic differently to others.					
Disability Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This policy sets out the requirements of the employer and the registrants in maintaining their professional registration. It will not impact any persons with a protected characteristic differently to others.					
Gender Reassignment Is it likely to affect those who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This policy sets out the requirements of the employer and the registrants in maintaining their professional registration. It will not impact any persons with a protected characteristic differently to others.					
Marriage / Civil Partnership Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This policy sets out the requirements of the employer and the registrants in maintaining their professional registration. It will not impact any persons with a protected characteristic differently to others.					
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This policy sets out the requirements of the employer and the registrants in maintaining their professional registration. It will not impact any persons with a protected characteristic differently to others.					
Race / Ethnicity					

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This policy sets out the requirements of the employer and the registrants in maintaining their professional registration. It will not impact any persons with a protected characteristic differently to others.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact	✓	Negative Impact		No Impact	
Justification of impact identified: This policy sets out the requirements of the employer and the registrants in maintaining their professional registration. It will not impact any persons with a protected characteristic differently to others.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This policy sets out the requirements of the employer and the registrants in maintaining their professional registration. It will not impact any persons with a protected characteristic differently to others.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This policy sets out the requirements of the employer and the registrants in maintaining their professional registration. It will not impact any persons with a protected characteristic differently to others.					
Armed Forces Community Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: **Armed-Forces-Covenant-duty-statutory-guidance**					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This policy sets out the requirements of the employer and the registrants in maintaining their professional registration. It will not impact any persons with a protected characteristic differently to others.					
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or					

health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This policy sets out the requirements of the employer and the registrants in maintaining their professional registration. It will not impact any persons with a protected characteristic differently to others.					
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This policy sets out the requirements of the employer and the registrants in maintaining their professional registration. It will not impact any persons with a protected characteristic differently to others.					

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: Equality Impact Assessments (EqIAs) (sharepoint.com)

Screening Completed by:	Name	Michelle James
	Title	Head of Resourcing & Utilisation
	Contact details	Michelle.James@wales.nhs.uk
	Date	24th July 2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Assistant Director People Management
	Contact details	Heather.Hinkin@wales.nhs.uk
	Date	24th July 2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and inclusion Officer
	Contact details	Kylie.Daniels@wales.nhs.uk
	Date	28/07/2025
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

PROCEDURE FOR THE RECOVERY OF OVERPAYMENTS – Salary & Expenses

Procedure Status: FINAL APPROVED
Procedure Issued: September 2024
Implementation Date: October 2024
Review Date: October 2027

Procedure for the Recovery of Overpayments

Index

1. Introduction
2. Procedure Statement
3. Aims
4. Equality
5. Objectives
6. Scope
7. Overpayment Recovery Process
8. Dispute Resolution
9. Training and Awareness
10. Information Governance

Appendix A - Roles & Responsibilities

Appendix B – Reasons overpayments occur

Appendix C – Adjustment to Salary Letter

Appendix D – Income & Expenditure Template

Appendix E - Overpayments Process Map

Appendix F – Overpayment Letter 1

Appendix G – Overpayment Letter 2

Appendix H – Overpayment Letter to Line Manager

Appendix I – Salary Deduction Authorisation

Appendix J – Counter Fraud Assessment form

1. Introduction

This Procedure has been written to bring a unified approach in how an overpayment should be handled across NHS Wales. This All-Wales procedure will replace any existing local processes to ensure consistency by NHS Wales Shared Services Partnership Payroll Services and NHS Wales Organisations upon the identification of an overpayment.

An overpayment is defined as any monies incorrectly paid to a current or former employee or worker through the payroll system.

2. Procedure Statement

Everyone involved in the application of the procedure will be treated with respect and dignity throughout the process.

It is recognised that overpayments are not usually the fault of the employee or worker, and this procedure seeks to support those who have been overpaid to have the overpayment recovered in a fair and reasonable manner.

Overpayments primarily arise from a “mistake of fact” (where a payment was inconsistent with the facts e.g. due to clerical, computer input or procedural error). NHS Wales Organisations have a legal right to recover any overpayments which have arisen from a mistake of fact.

NHS Wales Organisations must pursue the recovery of all overpayments regardless of fault. NHS overpayments come out of public funds and therefore NHS Wales Organisations have an obligation to recover them although this must be done in a fair and reasonable way.

Consideration will be given to individual needs and financial circumstances.

3. Aims

This procedure aims to standardise the recovery of overpayments to ensure consistency across NHS Wales.

It also aims to ensure all overpayments are recovered efficiently and as quickly as possible without imposing hardship and to ensure that employees, ex-employees, workers and ex-workers are treated fairly and consistently without any needless stress or worry.

4. Equality

NHS Wales aims to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. It is recognised that equality impacts on all aspects of day-to-day operations and all policies and procedures have an Equality Integrated Impact Assessment (EqIIA) undertaken and Welsh Language Impact Assessment undertaken.

We will ensure that we deliver this procedure in line with the requirements of the Welsh Language Standards, specifically:

- Making our service available in Welsh that is equal to the English language service that we provide by:
  - Providing Welsh language correspondence to staff through the medium of Welsh without staff having to request this.
  - Provide any communication about this procedure through the medium of Welsh without staff having to request communications from us through the medium of Welsh.
  - Provide a telephone service through the medium of Welsh that is equivalent and equal to the English language service that we provide.
  - Make available all documents and forms in relation to this procedure and its delivery available through the medium of Welsh without hesitation or delay.
  - Ensure that information about this procedure is available on our intranet pages and webpages are available to NHS Staff.
  - Any social media posts relating to this procedure will be made available through the medium of Welsh at the same time as English medium posts are available.

5. Objectives

The objectives of this procedure are to ensure:

- An equitable process for the recovery of overpayments while allowing the personal financial circumstances of those who have been overpaid to be considered.
- The recovery of the overpayment should be affordable and sustainable.
- The responsibilities of those who may be involved in the process are made clear - Appendix A.
- The potential reasons for overpayments are explained - Appendix B.
- The reduction in the frequency of overpayments through using information found in this procedure to educate and improve.

6. Scope

This procedure will apply to employees, ex-employees, workers and ex-workers of NHS Wales Organisations and covers both manual and electronic systems utilised across NHS Wales.

Where NHS Organisations have rolled out Manager Self-Service (MSS) in the Electronic Staff Record (ESR), the Line Manager should utilise MSS to update employees' assignments. If MSS is not fully rolled out, information should be communicated to Payroll Services using the forms/Staff Movement Advice (SMA) available under Useful Documents through the Organisations page on the link below.

This link also details Payroll Services contact information: Payroll Services (sharepoint.com)

7. Overpayment Recovery Process

Automatic Recovery

There may be circumstances where an overpayment could be automatically recovered from future salary payments.

This will only happen if the following applies:

- The overpayment was a result of late notification of changes i.e. a change of hours, termination of employment, sickness, pension or other absence **and**
- The change or termination of employment should have been actioned less than one month before notification was received by Payroll Services **and**
- The deduction will not amount to more than a 30% reduction in gross monthly pay.

If all these criteria are met, the overpaid salary will automatically be recovered over a maximum 3-month period. Gross monthly pay overpayments of 0-10% will be recovered over 1 month, 10-20% over 2 months and 20-30% over 3 months.

If an automatic deduction is to happen, Payroll Services will inform the individual before pay day by sending an **Adjustment to Salary Letter** (Appendix C). The letter will detail the intended recovery values per month. This is intended to provide an affordable and sustainable recovery option. Tools to help you work out what is affordable can be found at Appendix D.

If the proposed overpayment recovery timescale is not affordable, NWSSP Payroll Services can be contacted via the contact information provided on the letter. If recovery cannot be agreed over the 3-month period, the overpayment will be referred to the All Wales Overpayments Team to progress the standard recovery procedure outlined below.

If the individual terminates their employment before the overpayment is repaid in full, payroll will contact the individual with a view to recovering the outstanding amount from the final salary.

Standard Recovery

Where an overpayment is a larger sum of money and/or has occurred over a longer time period, so the criteria for automatic recovery are not met, the standard recovery process will be as follows.

This is also set out in a flow chart at Appendix E.

1. Payroll Services will send **Overpayment Letter 1** (Appendix F) to the individual who has been overpaid as soon as they are made aware of a potential overpayment.
   The letter will provide notice that a potential overpayment has occurred, detail the reason for the suspected overpayment and the period it relates to (if known). It will reference the follow up letter (**Overpayment Letter 2** – Appendix G) that will be sent with the detailed overpayment calculation once confirmed.
2. Payroll Services will send an email with an attached letter to the individuals Line Manager informing them of the potential overpayment (Appendix H). This may include an MS Forms link to provide details or reasons for why and how the overpayment may have occurred and a video link explaining how to reduce overpayments in future.

3. Once the overpayment has been calculated, Payroll Services will issue **Overpayment Letter 2** to the individual and their Line Manager detailing the overpayment calculation (Appendix G). The Finance Department from their Organisation will be copied into this letter.

(a) Where the individual remains in post within the Organisation:

Overpayment Letter 2 will show the calculation of the overpayment and the full value. The letter will explain that the overpayment will need to be recovered in full and the ways this can be done.

We aim to recover any overpayments over the same time frame as the overpayment occurred e.g. if you were overpaid for 3 months, this should be recovered over 3 months. There is also the option to repay the overpayment as a lump sum or to discuss the arrangement of a more affordable monthly recovery option.

Any requests to recover the overpayment in excess of 12 months will need to be agreed by the Director of Finance and/or Director of Workforce/People for that Organisation or their nominated deputies. Any requests will be reviewed with consideration of how and when the overpayment occurred and the individual's financial circumstances.

There can also be the consideration of alternative options such as undertaking additional hours to pay back the sums owed.

Overpayment recoveries should be made via salary unless you choose to repay in full separately or agree to set up a standing order.

Overpayment Letter 2 will mention that an invoice will be sent shortly, and this will include information on who you can contact to agree the recovery of the overpayment.

The Finance Department for your Organisation will receive a copy of this letter so that the invoice can be sent. They will note that you are a current employee or worker who may have recoveries made via salary deductions.

A copy of the salary deduction request proforma is included in Appendix I to be completed if requested.

Tools to help you work out what is affordable can be found at Appendix D.

(b) Where the individual is no longer working for the Organisation:

Overpayment Letter 2 will show the calculation of the overpayment and the full value. The letter will explain that the overpayment will need to be recovered in full and the ways this can be done.

The letter will mention that an invoice will be sent shortly, and this will include information on who you can contact to agree the recovery of the overpayment.

The Finance Department for your Organisation will receive a copy of this letter so that the invoice can be sent. As the individual is no longer an employee or worker for the Organisation, recovery via salary is not possible so payments can be made by Standing Order, Bank Transfer, Cheque or Debit/Credit Card (where Organisations have this facility).

We aim to recover any overpayments over the same time frame as the overpayment occurred e.g. if you were overpaid for 3 months, this should be recovered over 3 months. There is also the

option to repay the overpayment as a lump sum or to discuss the arrangement of a more affordable monthly recovery option.

Longer recovery periods **may** be possible but will need to be agreed by the Director of Finance and/or Director of Workforce/People for that Organisation or their nominated deputies.

Tools to help you work out what is affordable can be found at Appendix D.

The Finance Department reserves the right to progress debt collection procedures through a debt collection agency once local Organisation procedures and attempts to collect the outstanding debt have been exhausted.

Counter Fraud

There may be occasions where an overpayment needs to be assessed by Counter Fraud Services.

An initial high-level assessment by Counter Fraud Services will be requested only if **all three** of the criteria below are met which indicate there may be evidence to suggest fraud may have occurred:

1. The individual has not notified the Organisation/Line Manager/Payroll Services of the overpayment; **and**
2. The overpayment has occurred for more than 3 months; **and**
3. The overpayment value is estimated at more than £5,000

If all three criteria are met, Payroll Services will send a notification to the relevant Local Counter Fraud team using the review form in Appendix J.

Local Counter Fraud teams will make an initial assessment and advise within 5 working days if an investigation is required, or if the overpayment recovery can continue with the usual recovery procedure. If no response is received from the Local Counter Fraud team within 5 working days, Payroll Services will request final confirmation to continue with recovery of the overpayment in line with this procedure and as shown in Appendix E.

Any overpayments under initial assessment by Local Counter Fraud teams are included under the Counter Fraud section of the overpayments dashboard. Senior Workforce/People and Finance colleagues within Organisations have access to this dashboard to monitor assessments being undertaken.

If Counter Fraud Services identify that further investigation is required, the overpayment recovery will be placed on hold by Payroll Services until further advice is received from the Local Counter Fraud team.

Prior to further investigations commencing, the Local Counter Fraud team will follow local Organisation procedure for informing the Director of Workforce/People and/or Director of Finance of the details of the case to be investigated. This may include obtaining any agreement to further investigation if required locally by Organisations. In the event of any local disagreement on the correct course of action, the Local Counter Fraud team will seek advice from the national NHS Counter Fraud Service Wales.

To ensure any potential criminal investigations are not compromised, it is important that no contact is made with the individual who has been overpaid until the Local Counter Fraud team has confirmed they do not need to investigate the matter further.

8. Dispute Resolution

Where an individual refuses to consent to the recovery of the overpayment and where discussions have been exhausted, the overpayment should be referred to the Director of Workforce/People and/or Director of Finance or their nominated deputies for the Organisation with the aim of reaching an agreement for the recovery of the overpayment, taking into account the individual's personal circumstances.

A meeting should be arranged between the individual who has been overpaid and the Director of Workforce/People and/or Director of Finance or their deputies. The individual has the right to be accompanied by either a Trade Union representative or a workplace colleague.

Members of the Finance team or Payroll Services along with the Line Manager or Budget Holder may also be requested to attend this meeting where it would be helpful. The proposed outcome of the meeting may require approval by the Director of Finance or other authorised budget holder if they are not present at the meeting.

Where an individual feels they have been treated unfairly, they are encouraged to use the Respect and Resolution policy. No further action should be taken on recovery during any dispute resolution process including a complaint under the Respect and Resolution process.

If you have left NHS Wales employment and have been unable to reach an agreement, you may be able to get support through:
Acas | Making working life better for everyone in Britain or
Work - Home (citizensadvice.org.uk)
Or your Trade Union if you are still a member (if you pay through your salary, you can switch to Direct Debit to maintain membership).

It is important to remember that there is a legal right for NHS Organisations to recover any overpayment. NHS Organisations reserve the right to engage a debt collection agency should it be required.

9. Training and Awareness

NHS Organisations should make employees or workers and managers aware of this procedure on commencement. A copy of the procedure should be available on the NHS Organisation's Intranet Site and referenced in any induction and/or new manager training.

Overpayments can be minimised if everyone does their part. Managers can ask for guidance on how to ensure prompt and accurate updates of employment information including new starters, changes, terminations, and employee or worker absence should they require.

Delayed submission of payroll documentation or Manager Self-Service updates can cause significant inconvenience and anxiety for staff and unnecessary additional administration for

NWSSP Payroll Services. It can also lead to complexities for those affected in respect of tax and universal credit issues.

The roles and responsibilities of all parties detailed in this procedure are outlined in Appendix A.

10. Information Governance

Any personal data utilised within the application of this procedure will be processed in accordance with the relevant UK General Data Protection (UK GDPR) and records management strategic frameworks and policies.

APPENDIX A

Key responsibilities in respect of the overpayments process can be summarised as:

NHS Wales Shared Services Partnership Payroll Services will: -

- Pay staff correctly and on time in accordance with employee/worker data held on ESR at the point of payrolls being run.
- Make an itemised payslip available to the employee/worker. This will be an electronic payslip where MyESR (Employee Self Service) is in use.
- Inform relevant staff regarding cut-off dates for submission of Electronic Paperwork for example starters, changes, terminations, and variable pay data Payroll Services (sharepoint.com).
- Correct identified errors.
- Undertake an assessment of overpayments against the criteria to establish if a review by Local Counter Fraud Services is required
- Rectify any identified overpayment in line with this procedure for the recovery of overpayments of salary. This will include writing to the employees/ex-employees/workers/ex-workers, providing them with a detailed explanation of the overpayment.
- Inform the Line Manager that an overpayment has occurred and issue a MS Forms link for them to complete an overpayment report, which will request detail on why the overpayment has occurred and what remedial action has been taken to prevent future reoccurrence.
- Maintain a register of overpayments to share monthly/bi-monthly with nominated representatives from each Organisation. NWSSP will inform the NHS Organisation of overpayments, the reasons for them and if there is a recurrence of the manager not complying with processes and procedures relating to employee/worker data.
- Review the register of overpayments with NHS Organisations in the regular Payroll Customer Relationship Manager meetings
- Liaise with local trade union representatives where appropriate.
- Deduct monies from the employees'/workers salary in line with the agreed recovery period where appropriate.
- Upon termination, deduct any outstanding overpayments, overtaken annual leave, including salary sacrifice arrangements from the final salary where possible.
- Deal with overpayment matters with compassion and understanding, noting that in the vast majority of cases the employee/worker is not at fault
- For a limited time after termination of employment, ensure ex-employees/ex-workers have access to their payslips, P60s and P45s via a Leavers Dashboard.

- Liaise with HMRC and/or NHS Pensions if an overpayment is likely to affect tax or pension.

- Implement this procedure through the medium of Welsh in line with the Welsh Language Standards.

Employee/Ex-employee/Worker/Ex-worker Responsibility:-

Employees/Ex-employees/Workers/Ex-workers must:

- Verify basic pay, contracted hours and other regular payments included in their payslip to ensure they are in line with their contract.

- Where applicable, and possible, verify variable hours are correct on e-roster systems before rosters are finalised.

- Raise any payslip queries with their Line Manager in the first instance. This may be in respect of incorrect contracted salary, hours, regular payments, incorrect receipt of variable hours or receipt of any unexpected monies.

- Seek clarification from Payroll Services if their Line Manager cannot resolve any queries on their payslip.

- Immediately inform Payroll Services if an overpayment is identified so that recovery can begin. Any employee, ex-employee, worker or ex-worker that knowingly or willingly fails to advise Payroll Services of an overpayment may be subject to referral to the Local Counter Fraud team and if necessary the Police.

- Agree terms of recovery and ensure full recovery of any overpayments.

- Be aware of payroll cut-off dates to know when to reasonably expect payment of travel, subsistence claims, shifts on e-roster systems or variable pay elements.

- Submit expense claims and additional hours worked claims for payment within 3 months. Please note that any claims older than 3 months will not be processed for payment unless circumstances prevented the submission of the claim in time.

- Ensure the NHS Organisation is aware of any change of address and contact details to be updated via MyESR (Employee Self Service).

- Access support and advice from trade union representatives where applicable.

Line Managers:

Line Managers must notify Payroll Services of any pay impacting changes as soon as they become aware of them and their responsibilities include:

- To complete the employee change notifications and submit to Payroll Services prior to employees/workers commencing new position/hours/base.

- To complete the employee termination process at the point of the employees/workers resignation.

- For employees/workers accessing NHS Pension - in line with NHS Organisations Retirement Policy a termination form must be completed a minimum of 4 months prior to termination.

- To resolve any initial queries received from employees/workers regarding variable hours paid in month or receipt of unexpected payments, advising them they must report any suspected overpayments to Payroll Services without delay.

- To open and close employee/worker sickness absence on their ESR record at the point of notification.

- To notify Payroll Services of any unpaid leave.

- To submit authorised notification of Maternity/Paternity/Adoption/Career Break. Application forms for payment under these policies must be completed and submitted to Payroll Services prior to the date the employee/worker commences the period of leave.

- To verify an employee's/worker's contract details via Manager Self Service and monthly budgets and advise Payroll Services immediately where an employee's/worker's contractual details are incorrect.

- To ensure the employee/worker rotas (where applicable) are correct in accordance with E-roster systems. Discrepancies should immediately be brought to the attention to Organisational E-Systems Teams.

- To ensure payroll workbooks (where applicable) are completed accurately in accordance with the employees/workers working pattern.

- Support individuals who have received an overpayment.

The Workforce/People Department will: -

- Act as a link between NWSSP Payroll Services, the Line Manager, the Finance team and the employee/worker where required.

- Ensure that managers are aware of their requirements to submit payroll data including employee/worker change notifications, termination notifications and e-rostering data in line with published payroll submission deadlines.

- Ensure that managers are aware of the potential for overpayments and their requirement to see that such instances are kept to a minimum.

- Ensure that managers are aware of the Recovery of Overpayments Procedure through the inclusion on induction and Manager training programmes.

- Review overpayment data on a regular basis to identify key themes and any areas where overpayments are a regular occurrence bringing it to the attention of the respective Managers to escalate.

- In conjunction with Senior Finance staff, review and jointly agree any hardship applications with regard to extended recovery periods.

- Ensure individuals who are subject to the overpayment process are treated fairly and compassionately.

Finance/Accounts Receivable Teams will: -

- Be responsible for issuing invoices to individuals to recover overpayments.

- Agree recovery terms in line with this procedure.

- Progress debt collection procedures where recovery of overpayments is not forthcoming.

Local Counter Fraud Teams will: -

- Undertake an initial assessment of any overpayments referred to them by NWSSP Payroll Services that meet the three referral criteria

- Respond to any referrals within 5 working days and confirm to Payroll Services whether normal recovery proceedings can commence or if further investigation is required.

APPENDIX B

Reasons for Overpayments

It is important that all information relating to appointments, changes and terminations are completed promptly and accurately by the Line Manager. Notifications/Staff Movement Advice (SMA) must be submitted to NWSSP Payroll Services or updated on ESR via Manager Self-Serve (MSS) immediately after they have been agreed.

Please note that:

- Employees or workers will continue to be paid according to the details held in ESR until Payroll Services are instructed to do otherwise (i.e. via change form or termination form)
- For changes to be reflected in the next monthly salary, any changes must be notified to Payroll Services by the last day of the current month (i.e. changes to be reflected in the April salary must be notified to Payroll Services by 31st March).
- monthly salary payments cover the period to the end of the month and not only up to the pay date.
- If an employee or worker self-declares an overpayment of salary, with their agreement in writing, Payroll Services will look to suspend the relevant overpaid element of their pay to prevent any further overpayments occurring while the issue is investigated and relevant documentation is requested.

Prevention of an overpayment occurring is paramount.

NHS Wales Organisations must ensure that managers are adhering to policies and procedures that minimise the potential for overpayments.

The most frequent reasons for overpayments are: -

- Late Termination Notification – A termination form, Staff Movement Advice or update via Manager Self-Serve must be actioned as soon as it is known that an employee or worker is leaving their post, i.e. at the point of resignation, end of contract or on dismissal. Consideration must be given to whether the employee or worker has taken the correct amount of annual leave. If they have taken more leave than they have accrued, they can either work additional hours to repay the time, or they can repay the money. If they are owed annual leave, they may be able take the leave off the notice period or can be paid instead if required.
  It is important that the termination form is submitted to NWSSP Payroll Services as swiftly as possible in case a deduction needs to be made from the final salary payment.
- Late and inaccurate update of employee or worker contractual hours – as soon as the new hours are agreed, the information should be passed on via Manager Self-Serve or an employee change form. This should be prior to the date that the employee or worker begins working the new hours.
- Late and inaccurate update of an employee or worker absence (sickness, maternity, unpaid leave etc) – absences should be reported via ESR Manager Self-Serve or submission of forms to payroll as soon as possible and monitored for the duration.

Managers must ensure that the absence is closed as soon as the individual reports as fit for work.
Payroll Services will (on behalf of NHS Organisations) pay 'average sick pay' based on open sickness absence periods. If the absence is not closed, this may lead to inaccuracies.

- Late or inaccurate reporting of enhancements, overtime, on call, start date, salary, banding etc – the manager or supervisor should submit information, changes or variable pay promptly and with enough time for it to be processed by Payroll Services.
- System errors - while these errors do not happen often, once a system error is discovered, action should be taken as soon as possible in order to minimise incorrect payments. These can include ESR, E-roster and E-Expenses.

Where NHS Organisations have rolled out Manager Self-Service (MSS) in the Electronic Staff Record (ESR), the Line Manager should utilise MSS to update employees' assignments. If MSS is not fully rolled out, information should be communicated to Payroll Services using the forms/Staff Movement Advice (SMA) available under Useful Documents through the Organisations page on the link below.

This link also details Payroll Services contact information: Payroll Services (sharepoint.com)

NWSSP Payroll Services will endeavour to keep errors to a minimum, however human error can occur due to inaccurate calculation or misinterpretation of information.

APPENDIX C – ADJUSTMENT TO SALARY LETTER

NWSSP All Wales Overpayment Team
NWSSP Payroll Services
4th Floor
Companies House
Crown Way
Cardiff
CF14 3UB

Private and Confidential

Name
Address 1
Address 2
Address 3
Post Code

Our Ref: JEC/Assignment number
Tel: 02921 500100

Email: NWSSP.AllWalesoverpayments@wales.nhs.uk

Date:

RE: Overpayment of Salary

Dear

We are writing to let you know that we have discovered an overpayment of your salary and/or expenses.

The amount overpaid is **£XXX** and occurred due to the late submission of information to NWSSP Payroll Services relating to a change to your pay that should have been made within the last month.

The All-Wales Procedure for the Recovery of Overpayments classes such an overpayment as an 'Adjustment to Salary' and allows the automatic recovery of overpayments of up to 30% of salary, with 0-10% recoverable in one month, 10-20% over two months and 20-30% over three months. Your overpayment was **X%** of your salary so will be recovered over **X** months.

If you would like further details of the overpayment or feel the planned automatic recovery is not affordable, please contact us on 02921 500100 quoting the reference number above. The team is happy to help and support both employees and managers.

If you would like more information on how the recovery of overpayments are handled, please read the All-Wales Procedure for the Recovery of Overpayments which can be found on the NWSSP Payroll Services sharepoint site link Payroll Services (sharepoint.com)

Yours sincerely,

Insert OP Team Leader Name
All Wales Overpayment Team
NWSSP Employment Services

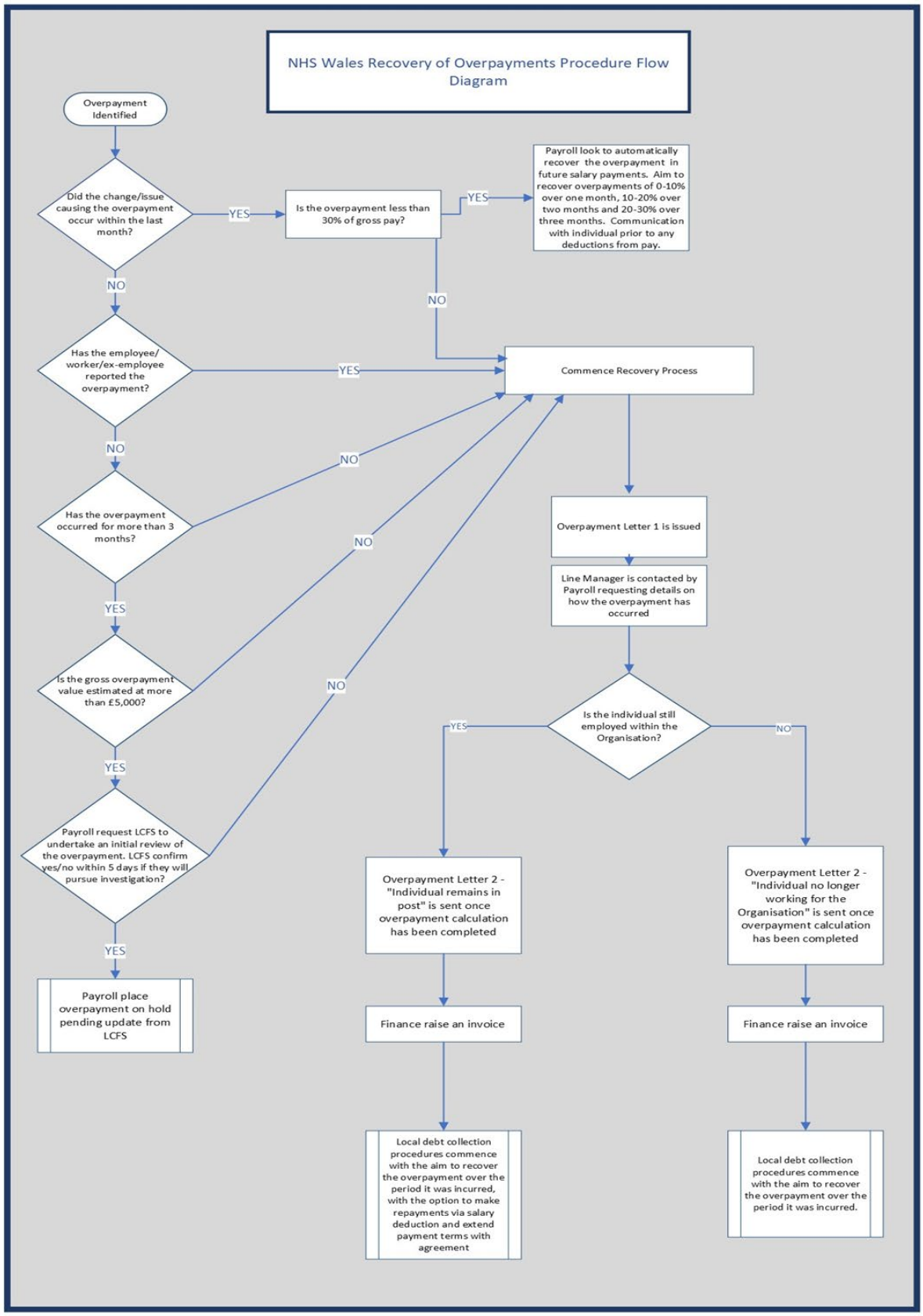
APPENDIX D – INCOME & EXPENDITURE TEMPLATE

Income%20and%20
Expenditure%20Sum

Tools and calculators | MoneyHelper

If you find yourself in financial hardship, there may be help or debt advice available from your Trade Union.
You can also check if you may be eligible for any benefits here:
Tackling Financial Insecurity Together | Turn2us
Debt advice from reputable sources Get free debt advice - GOV.UK (www.gov.uk)

APPENDIX E – OVERPAYMENTS PROCESS DIAGRAM



APPENDIX F – OVERPAYMENT LETTER 1

NWSSP All Wales Overpayment Team
NWSSP Payroll Services
4th Floor
Companies House
Crown Way
Cardiff
CF14 3UB

Private and Confidential

Name
Address 1
Address 2
Address 3
Post Code

Our Ref: JEC/Assignment number
Tel: 029 21 500055

Email: NWSSP.AllWalesoverpayments@wales.nhs.uk

Date:

RE: Notification of Potential Overpayment of Salary

Dear

We are writing to let you know that we have discovered a potential error that may have resulted in an overpayment of your salary and/or expenses.

The potential error was a result of ******Insert reason here******.

The payroll team are currently looking into this and will be in touch soon to confirm the overpayment, show a detailed calculation of the amount and give details of how this can be recovered.

We have also contacted your manager to advise them of the potential overpayment so they may provide any additional information which could help clarify the overpayment calculation.

You do not need to do anything at this time, but should you want to contact the **Overpayments team you can reach them on 02921 500055 quoting the reference number above [JEC/Assignment].** The team is happy to help and support both employees and managers.

Please be aware, until the calculations are complete NWSSP Payroll Services will not be able to provide you with any overpayment figures, therefore, please allow time for these to be completed before contacting us.

If you would like more information on how the recovery of overpayments are handled, please read the All-Wales Procedure for the Recovery of Overpayments which can be found on the NWSSP Payroll Services sharepoint site link Payroll Services (sharepoint.com). You can access support and advice from Trade Union representatives where applicable.

Yours sincerely,

Insert OP Team Leader Name
All Wales Overpayment Team
NWSSP Employment Services

NWSSP Payroll Services
4th Floor
Companies House
Crown Way
Cardiff
CF14 3UB

Private and Confidential

APPENDIX G - OVERPAYMENT LETTER 2

Individual remains in post

Our Ref: JEC/Assignment
Department: NWSSP Payroll Services for All Wales Overpayments
Tel: 029 21 500055

Email: NWSSP.AllWalesoverpayments@wales.nhs.uk

Date:

RE: Overpayment of Salary

Dear

Following on from our previous letter dated ** [insert date] ** we can now give more details of your overpayment. Please accept our sincere apologies for this overpayment and any upset or inconvenience it may cause you.

The overpayment is calculated as follows: -

Period of Overpayment:	
Reason for Overpayment:	

Gross Overpayment:		**£**
Less		
	Pension:	£
	PAYE:	£
	National Insurance Contributions:	£
	Student Loan:	£
Net Overpayment Due:		**£**

An invoice will be sent to you directly from your previous organisation's Finance Department so they can begin to recover this overpayment.

Contact details of the Finance Department will be shown on the invoice should you have any queries on how to make payment. As you are no longer employed by your previous Organisation the options to repay will be either by bank transfer, standing order, cheque or debit/credit card if the facility is available within the Organisation.

You can arrange an affordable monthly recovery option or choose to repay the amount in full in one payment. Ideally, the recovery of the overpayment should occur over the same time period in which the overpayment occurred. Should you wish to discuss a different recovery time frame please contact the Finance Department.

If you have any queries in relation to the calculation of the overpayment please do not hesitate to contact the NWSSP All Wales Overpayments Team by emailing NWSSP.AllWalesOverpayments@wales.nhs.uk, or contact them on **02921 500055 quoting the reference number above [JEC/assignment number]**. The team are happy to help and support both employees and managers.

We do understand that overpayments are regrettable and may cause anxiety, so we aim to answer all queries swiftly to minimise any upset or distress.

NWSSP Payroll Services
4th Floor
Companies House
Crown Way
Cardiff
CF14 3UB

Individual no longer working for the Organisation

Private and Confidential

Our Ref: JEC/Assignment
Department: NWSSP Payroll Services for All Wales Overpayments
Tel: 029 21 500055

Email: NWSSP.AllWalesoverpayments@wales.nhs.uk

Date:

RE: Overpayment of Salary

Dear

Following on from our previous letter dated ** [insert date] ** we can now give more details of your overpayment.

Please accept our sincere apologies for this overpayment and any upset or inconvenience it may cause you.

The overpayment is calculated as follows: -

Period of Overpayment:	
Reason for Overpayment:	

Gross Overpayment:	**£**
Less	
Pension:	£
PAYE:	£
National Insurance Contributions:	£
Student Loan:	£
Net Overpayment Due:	**£**

An invoice will be sent to you directly from your organisation's Finance Department so they can begin to recover this overpayment. Contact details for the Finance Department will be shown on the invoice should you have any queries. As you are still employed by your Organisation recovery of the overpayment is possible through monthly salary deductions.

You can arrange an affordable monthly recovery option or choose to repay the amount in full in one payment. Ideally, the recovery of the overpayment should occur over the same time period in which the overpayment occurred. Should you wish to discuss a different recovery time frame please contact the Finance Department.

If you have any queries in relation to the calculation of the overpayment please do not hesitate to contact the NWSSP All Wales Overpayments Team by emailing NWSSP.AllWalesOverpayments@wales.nhs.uk, or contact them on **02921 500055 quoting the reference number above [JEC/assignment number]**. The team are happy to help and support both employees and managers.

We do understand that overpayments are regrettable and may cause anxiety, so we aim to answer all queries swiftly to minimise any upset or distress.

Recovery of overpayments will be made in line with the All-Wales Procedure for the Recovery of Overpayments which can be found on the NWSSP Payroll Services sharepoint site: Payroll Services (sharepoint.com). The Procedure also includes a budgeting tool to help you work out what you can afford to pay at Appendix H. You can also access support and advice from Trade Union representatives where applicable.

Yours sincerely

Insert OP Team Leader Name
All Wales Overpayment Team
NWSSP Employment Services

NWSSP Payroll Services
4th Floor
Companies House
Crown Way
Cardiff
CF14 3UB

Recovery of overpayments will be made in line with the All-Wales Procedure for the Recovery of Overpayments, a copy of which can be provided if requested.

The Procedure also includes a budgeting tool to help you work out what you can afford to pay at Appendix H. You can also access support and advice from Trade Union representatives where applicable.

Yours sincerely

Insert OP Team Leader Name
All Wales Overpayment Team
NWSSP Employment Services

NWSSP Payroll Services for All Wales Overpayments
4th Floor
Companies House
Crown Way
Cardiff
CF14 3UB

APPENDIX H – LINE MANAGER LETTER

Private and Confidential

Our Ref: JEC/Assignment Number
Department: NWSSP Payroll Services for All Wales Overpayments
Tel: 029 21 500055

Email: NWSSP.AllWalesOverpayments@wales.nhs.uk

Date:

RE: Overpayment of Salary

Dear Manager

We are writing to let you know that a potential overpayment of salary has occurred for a member of staff that you line manage.

Details of the potential overpayment of salary are noted below:

Employee Name:
Assignment Number:
Period of Overpayment:
Reason for Overpayment:

Next Steps…

Once the overpayment has been verified and processed in ESR, both you and the employee will receive a further letter which will confirm the overpayment and show a detailed calculation of the amount. It may take up to 14 days from the date of this letter.

The employee will then be issued with an invoice from your Organisation's Finance Team with instructions on how recovery of the overpayment can be made.

As the manager of the individual who has been overpaid, please could you discuss the overpayment with them and ensure they understand the need to repay the overpaid funds and that all overpayments are recoverable regardless of fault.

The employee will need to be made aware that if they do not repay the overpayment, the Organisation has the right to engage a debt collection agency or take legal action in order to recover the debt.

Please be supportive of your employee and draw their attention to the tools at Appendix D of the Procedure mentioned below if they need help to work out what is affordable.

For full details of how the overpayment will be treated, please refer to the All-Wales Procedure for the Recovery of Overpayments which can be found on the NWSSP Payroll Services SharePoint site: Payroll Services (sharepoint.com)

You will also be sent an Overpayment notification form to complete electronically. The information gathered will support your Organisation to monitor overpayments, understand how they occurred and what measures have been put in place to avoid future overpayments.

If there are any questions about the overpayment, please contact the **Overpayments Team on 02921 500055 quoting the reference number above [JEC/assignment].** The team are there to help and support employees and managers.

Yours sincerely

Insert OP Team Leader Name
All Wales Overpayment Team
NWSSP Employment Services

APPENDIX I – SALARY OVERPAYMENT DEDUCTION

Deduction direct from Salary Payment – Authorisation Form

Name:	
Assignment Number:	
Health Board/Trust/SHA:	
Department:	

I authorise NHS Wales Shared Services Partnership Payroll Services to deduct the sum of £ _____ direct from my Salary each month.

I understand that this will be deducted as a Net payment and that this deduction will continue until the overpayment £ _____ has been repaid in full.

I give my full consent for this deduction.

If my employment comes to an end, I agree that I will contact the Finance department to discuss options to either recover the outstanding balance of the overpayment from my final pay or agree how payment of the outstanding balance will be made.

Signed _____

Print Name _____ Date: _____

Once completed, please email to [Organisations to insert their accounts receivable teams email].
Finance Teams to note recovery of the overpayment is being made in instalments via salary deduction and then forward this deduction authorisation form to NWSSP.AllWalesOverpayments@wales.nhs.uk for Payroll services to action

APPENDIX J – COUNTER FRAUD INITIAL ASSESSMENT - INFORMATION REQUIRED

Individuals Name		
Pay Group / Pay Number		
NHS Organisation		
Job Title		
Pay Grade /Hours **Full/Time Part time**	Grade	Hours
Workplace / Location		
Value of Overpayment Please attach O/P Breakdown	**Gross**	**Net**
Period of Overpayment	**Date From**	**Date to**
Reason for overpayment		
Dept / Manager contact name and details		
Payroll Services Contact details		
Salary Overpayment contact details		
Please confirm what checks have been made to verify whether the individual has contacted Payroll Services		**Checks made by:** **Date:**
FURTHER DETAILS OF INDIVIDUAL:		
Address		
Date of Birth		
NI Number		
Bank A/C details		
Form Completed by:	**Date:**	
Please add any further details which may assist the Local Counter Fraud Team with their review: **Please do not contact individuals without consulting your Local Counter Fraud Service team.** **Please report any further contact to or from the individual to the Local Counter Fraud team immediately.**		

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full EqIA.

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Director and Directorate	Workforce & OD
Service Area	People Management

Title of Procedure, Project, Proposal, Policy being screened:	Revision of the Procedure for the Recovery of Overpayments.

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

A new procedure has been introduced on an All Wales basis to bring together a unified approach in how an overpayment should be handled across NHS Wales. This All-Wales procedure replaces local Health Board processes to ensure consistency by NHS Wales Shared Services Partnership Payroll Services and NHS Wales Organisations upon the identification of an overpayment. It also aims to ensure all overpayments are recovered efficiently and as quickly as possible without imposing hardship and to ensure that employees, ex-employees and workers are treated fairly and consistently without any needless stress or worry.

The objectives of this procedure are to ensure:
• An equitable process for the recovery of overpayments while allowing the personal financial circumstances of those who have been overpaid to be considered.
• The recovery of the overpayment should be affordable and sustainable.
• The responsibilities of those who may be involved in the process are made clear
• The potential reasons for overpayments are explained
• The reduction in the frequency of overpayments through using information found in this procedure to educate and improve.

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

Evidence considered includes knowledge of the current policy and procedure and an understanding of the overpayments that occur and the feedback received regarding the impacts on staff.
An EqIA has been undertaken on an All Wales basis and evidence from this has been included within this assessment.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact)**.**

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: Equality Impact Assessments (EqIAs) (sharepoint.com)

Age Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact		Negative Impact		No Impact	X
Justification of impact identified: This procedure is applicable to all employees, ex-employees and workers of NHS Wales, there it is not envisaged that there will be an impact due to age.					
Disability Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact		No Impact	X
Justification of impact identified: This procedure is applicable to all employees, ex-employees and workers of NHS Wales, there it is not envisaged that there will be an impact due to disability.					
Gender Reassignment Is it likely to affect those who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact		Negative Impact		No Impact	X
Justification of impact identified: This procedure is applicable to all employees, ex-employees and workers of NHS Wales, there it is not envisaged that there will be an impact due to gender reassignment					
Marriage / Civil Partnership Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	X
Justification of impact identified: This procedure is applicable to all employees, ex-employees and workers of NHS Wales, there it is not envisaged that there will be an impact due to marriage/civil partnership					
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact		Negative Impact		No Impact	X
Justification of impact identified: This procedure is applicable to all employees, ex-employees and workers of NHS Wales, there it is not envisaged that there will be an impact due to pregnancy or maternity					
Race / Ethnicity					

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	X

Justification of impact identified:
This procedure is applicable to all employees, ex-employees and workers of NHS Wales, there it is not envisaged that there will be an impact due to race/ethnicity

Religion or Belief
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	X

Justification of impact identified:
This procedure is applicable to all employees, ex-employees and workers of NHS Wales, there it is not envisaged that there will be an impact due to religion or belief

Sex
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	X

Justification of impact identified:
This procedure is applicable to all employees, ex-employees and workers of NHS Wales, there it is not envisaged that there will be an impact due to sex

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

Positive Impact		Negative Impact		No Impact	X

Justification of impact identified:
This procedure is applicable to all employees, ex-employees and workers of NHS Wales, there it is not envisaged that there will be an impact due to sexual orientation

Armed Forces Community
Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:
Armed-Forces-Covenant-duty-statutory-guidance

Positive Impact		Negative Impact		No Impact	X

Justification of impact identified:
This procedure is applicable to all employees, ex-employees and workers of NHS Wales, there it is not envisaged that there will be an impact due to being a member of the Armed Forces Community

Socio Economic Duty
Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact	X	Negative Impact		No Impact	
Justification of impact identified: It is envisaged that this procedure will have a positive impact in relation to the socio-economic duty as the procedure includes options for more affordable, sustainable payments to recover any overpayments with extended time scales taking into account individuals' personal circumstances.					
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact	X	Negative Impact		No Impact	
Justification of impact identified: The policy will be available in the Welsh language and if a member of staff wishes to engage in discussions regarding an overpayment through the medium of Welsh this will be welcomed.					

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: Equality Impact Assessments (EqIAs) (sharepoint.com)

Screening Completed by:	Name	Rebecca Noyce
	Title	Assistant Head of Workforce
	Contact details	Rebecca.noyce@wales.nhs.uk
	Date	03/12/2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Assistant Director of People Management
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	3.12.2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Eiddan Harries
	Title	Diversity and Inclusion Manager
	Contact details	Eiddan.harries@wales.nhs.uk
	Date	29.07.2025
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Date:-	Jun-25	Name of All Wales Policy	Last Issue Date
		Discplinary	Mar-17
		Organisational Change	Mar-17
		Capability	Jun-18
		Managing Attendance at Work	Oct-18
		Menopause	Dec-18
		Respect and Resolution	Jul-24
		Employment Break Scheme	Jan-20
		Reserve Forces Training and Mobilisation	Mar-20
		Procedure for NHS Staff to Raise Concerns	Sep-23
		Pay Progression	Jan-20
		Special Leave	Dec-20
		Recruitment and Retention Payment Protocol	Dec-20
		Secondment	Jul-21
		Flexible Working	Jan-24
		Pregnancy Loss Support	Sep-24
		Flexible Pensions	Oct-24
		Job Evaluation	Dec-24
		Upholding Professional Standards in Wales	Oct-15

At its meeting held on 8 June 2023, the Welsh Partnership Forum Business Committee, agreed to a r

The core element of this approach is to move away from using a review date as a prompt for review
All Wales W&OD policies remain extant until replaced by an updated version approved by the Welsh
NHS Wales Employers will issue this schedule on a quarterly basis as confirmation of policies remain

*Extant - legal term derived from Latin for still in existence/still live

Original Planned Review Date	Currently Under Review	Current Position
Mar-20	Yes	Remains Extant*
Mar-20	No	Remains Extant*
Jun-21	Yes	Remains Extant*
Dec-21	Yes	Remains Extant*
Dec-21	No	Remains Extant*
N/A	No	Remains Extant*
Jan-23	No	Remains Extant*
Apr-23	No	Remains Extant*
May-23	Yes	Remains Extant*
Oct-23	No	Remains Extant*
Jan-24	No	Remains Extant*
Apr-24	No	Remains Extant*
Jul-24	No	Remains Extant*
N/A	No	Extant*
N/A	No	Extant*
N/A	No	Extant*
N/A	No	Extant*
Oct-18	No	Remains Extant*

evised approach to the review of All Wales polices and procedures.

of an existing policy, to recognise key prompts for review and to provide an option for a transaction
Partnership Forum.
ing extant to provide clarity and support organisations from a governance and assurance perspective

ıal review where changes/updates to an existing policy are more administrative than material.

Frequently Asked Questions - Underpayments of Salary

1. **Why does an underpayment of salary occur?**
   An underpayment can occur when an employee/worker, or an ex-employee/worker, is underpaid what they are due under their contractual or statutory entitlement. Normally underpayments arise as the result of either an 'error of calculation', which results in too little, no payment being made, or as the result of incorrect, insufficient or late notification of a change to the individual's circumstances or contract of employment.

2. **Will I be paid correctly once an underpayment has been identified?**
   Yes, where an underpayment has occurred the Health Board has a duty to ensure that the underpayment is rectified as soon as reasonably practicable to avoid any financially detriment or hardship for the individual.

3. **When will I receive the underpayment?**
   Normally, the underpayment will be rectified in the next pay run unless the underpayment is for a bank worker.
   Bank workers may receive the underpayment in the supplementary payroll on the last working day of each month, via an emergency payment or in the next pay run.
   For employees, where an underpayment is a significant percentage of their normal salary and the underpayment was not as a result of their own action or inaction, the employee can request (via their manager) payment via the supplementary pay run. The manager will then consider the merits of the request in conjunction with a member of their local Workforce Team. The Senior Workforce Manager will advise payroll of any supplementary payments to be made.

4. **How can I help reduce the number of underpayments that occur?**
   Every individual has a responsibility for checking their payslip in a timely manner and advising their manager or Payroll in writing or via email/telephone if they have been underpaid by any amount.
- Managers have a responsibility to process any pay impacting changes in a timely manner and before the payroll closes each month. Managers must also email details of an underpayment to Payroll within 24 hours of notification or identification of an underpayment.

5. **Will I be compensated for any bank charges incurred as a result of the underpayment?**
   The Heath Board will consider compensating individuals where they can demonstrate they have incurred costs such as bank charges directly caused by the underpayment being attributable to the employer. Evidence of such charges will need to be emailed to the manager before a decision can be taken to recompense an individual for charges incurred. Any charges recompensed will be paid in the next pay run.

6. **Who do I contact about an underpayment in my pay?**
   Where an underpayment is identified, you must contact your manager in the first instance. Where the underpayment has been agreed, the manager must inform Payroll within 48 hours so that payment can be made. Payment will be made in the next available pay run.

7. **I no longer work for the Health Board, who do I contact about an underpayment in my pay?**
   Where an underpayment is identified, the ex-employee/worker must contact their former manager in the first instance. Where the underpayment has been agreed, the manager must inform Payroll within 48 hours so that payment can be made. Where the supplementary payroll has already been run and the P45 issued, payment will be made in the next available pay run. HMRC will be notified electronically once the payment has been made so that an adjustment to taxable pay can be made at source.

8

0 Mins

8 - FOR INFORMATION

8.1

8.1 - Mwy Na Geiriau/More Than Words Report

Attachments

Mwy na geiriau - SBAR.pdf

Attachment A MNG annual update report 2024 25.pdf

Adroddiad MNG Templed 2024-25 (Saesneg).pdf

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 August 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Adroddiad Blynyddol Mwy na geiriau / More than just words Annual Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Alwena Hughes Moakes, Director of Communications & Engagement
SWYDDOG ADRODD: **REPORTING OFFICER:**	Enfys Williams, Welsh Language Services Manager

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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

This paper is presented to PODCC for information. It provides a summary of the Health Board's progress in delivering the actions outlined in the Welsh Government's More than just words strategic framework for the period April 2024 – March 2025. The data and narrative presented have already been approved by PODCC as part of the Welsh Language Annual Monitoring Report in May 2025.

This paper focuses on the last financial year 2024/25 and the actions within the Strategic Framework that relate to all Health Boards.

Cefndir / Background

The More than just words plan 2022-27 was launched by the Minister for Health and Social Services at the National Eisteddfod in August 2022. The ambitious five-year plan was developed by an expert group, following an independent evaluation of the first More than just words five-year plan. Research showed that, for many Welsh speakers, being able to access services in their own language made a significant positive difference to their overall experience and, in many cases, their health and well-being outcomes.

But it also demonstrated that people often found it difficult to access the services they need and were reluctant to ask when Welsh language services were not offered. At the core of the strategy is the principle of the Active Offer, which places a responsibility on health and social care providers to offer services in Welsh, rather than on the patient or service user to have to request them.

The monitoring template provided by Welsh Government has been completed using data and evidence from the Health Board's Welsh Language Annual Monitoring Report. The report outlines progress across key themes including workforce language skills, training, policy

development, and service delivery. Favourable conditions for the language within all aspects of public life, which in turn will lead to an increase in the overall number of Welsh speakers.

Asesiad / Assessment

Key highlights from the 2024–25 reporting period include:

Welsh Language Skills of Staff:

- 97.4% of staff have recorded their Welsh language skills on ESR.
- 11.2% of staff are at proficiency level (Level 5), with 40.4% at Level 0.
- Ongoing efforts are in place to encourage progression from Level 0 to Level 1 and beyond.

Training and Development:

- 108 staff completed Confidence Building Courses (target: 100).
- A range of courses were delivered including “Cwrs Croeso”, short intensive courses, and the 10-hour “Welcome to Work Welsh” course.
- 86% of staff have completed the Welsh Language Awareness Course.
-

Recruitment and Workforce Planning:

- Of 2,485 posts advertised, 22 were Welsh essential, 2,175 Welsh desirable, and 288 Welsh not necessary.
- A Welsh language skills assessment tool is used during recruitment to determine language requirements.
- Strategic Planning and Policy:

A five-year plan to meet Standard 110 (clinical consultations in Welsh) was presented to PODCC in February 2025.

Work has begun with Speech and Language Therapy services to pilot a service-level approach to bilingual care.

Promotion and Engagement:

The “Give it a Go” campaign promotes everyday use of Welsh through visual aids and merchandise. Iaith Gwaith lanyards and badges are distributed to Welsh speakers and learners.

Collaboration and Sharing Best Practice:

Regular meetings are held with Welsh Language Services teams across NHS Wales to share resources and good practice.

Argymhelliad / Recommendation

The Committee is asked to:

- Note the contents of the report and the progress made during 2024–25.
- Acknowledge that the data has already been approved as part of the Welsh Language Annual Monitoring Report.

- Support the continued implementation of the More than just words strategy, including the five-year plan to meet Standard 110 and the expansion of training and awareness initiatives.

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: Quality and Engagement Act (sharepoint.com)	1. Leadership 4. Learning, improvement and research 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	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:	
Rhestr Termau: Glossary of Terms:	

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Welsh Language & W&OD sub-group 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 and the More than just words Strategic Framework..
Risg: Risk:	Compliance assessment will highlight risks which may apply to each Standard and also relevant sections of More than just words. However, these will be mitigated through a high level of awareness of the standards and the strategic framework 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.
Cyfreithiol: Legal:	
Enw Da: Reputational:	HDdUHB has committed not only to comply with the Welsh Language Standards, but to embrace their spirit.

Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	The focus of language equality between the Welsh and English languages runs throughout the compliance notice. HDdUHB's Equality Impact Assessment processes will ensure that compliance with the standards is assessed.

Attachment A

Delivering the actions in the More than just words Plan 2022-27: For the period April 2024 – March 2025

Welsh Language Skills of staff

The language skills of health board staff are captured and recorded on the Electronic Staff Record (ESR) system. As of March 31, 2025, 97.4% of staff have recorded their Welsh language skills as can be seen in the table below.

The Welsh language skills questionnaire form continues to be used to capture the data required and is available for download via the intranet. Staff language skill data is also discussed with managers at performance review meetings. Staff language data is also now transferred from NHS Jobs to ESR on appointment to post.

The breakdown of Welsh Language recording as of 31 March 2025 was:

Welsh skill level	Number of employees	%
0 - No Skills / Dim Sgiliau	4891	40.4%
1 - Entry/ Mynediad	2676	22.10%
2 - Foundation / Sylfaen	1,075	8.90%
3 - Intermediate / Canolradd	884	7.30%
4 - Higher / Uwch	922	7.60%
5 - Proficiency / Hyfedredd	1,355	11.20%
Not yet recorded on ESR	312	2.60%
Total	**12,115**	**100%**

The areas of improvement, and steps we intend to take during the coming months to improve the recording and development of Welsh language skills include:

1. Encouraging staff and managers to review ESR levels where improvement in language ability has been made.
2. Further encouraging those on level 0 to move to level 1. We aim to encourage more staff to complete the 10-hour online taster courses
3. Implementing our strategy to encourage those on level 1 to move to level 2. This is in line with our Bilingual Skills Policy; a commitment to get to 50% at level foundation in 10 years.
4. Reviewing Bilingual Skills policy targets in light of the 2021 Census data

Number of staff completing training

The shift to more online learning has continued to be a positive move for health board staff in terms of accessing learning. As a health board we are fortunate to be offered various learning opportunities through the Welsh Government funded initiative Work Welsh - an opportunity for employees to learn Welsh from little or no knowledge, or to further develop their existing language skills. The Welsh Language Services Team are a link between our staff and course providers making the process of finding the best course for our staff as easy as possible.

The Work Welsh scheme offers a range of opportunities from online self-study courses, taster courses, Nant Gwrtheyrn ‘Use’ courses and more recently the Work Welsh Academy which provides training, support and guidance for employers that will help employers gain a better understanding of how to support learning, and how to plan and increase the Welsh language skills of the workforce. An example of a recent training programme offered is ‘Chairing a bilingually and hosting bilingual events’, which is again available for any member of staff health board wide.

Confidence Building Courses – Work Welsh programme

The full-time Confidence Building Officer is employed by one of the Learn Welsh providers, Aberystwyth University, for a period of 12 months. The aim again during 2024-2025 was to offer short confidence building courses and work with individuals to change the use they make of the Welsh language with patients. The series of Confidence Building courses has been and continues to be open to all health board staff as well as targeting specific groups of staff such as School Nurses, Dementia staff, Porters and Apprentices; staff who have direct contact with patients.

Who the course is aimed at:

In addition to staff with existing Welsh speaking skills, this year the courses are also available for staff with little or no Welsh skills at all, as the aim is to improve confidence to use the language whatever the level of Welsh.

Aim:

The purpose of these sessions is to change linguistic habits and improve the confidence of reluctant speakers, so that they use Welsh when they would normally use English.

Course details:

Held via virtual classroom, including an opportunity for one-to-one sessions with a tutor for further support, the course supports individuals by providing general guidance or, if staff have specific areas of work they wish to concentrate on e.g. practise a telephone script, or how to write a formal email. A typical course involves two hours of learning per week, and the individual can continue the sessions with the tutor for aslong as required or until they feel more confident to use the language.

Many staff from different departments attended the courses over the past year, ranging from Occupational Therapists, Mental Health Workers, Consultants, Staff Nurses and many more.

At the end of the reporting year (31 March 2025) 108 members of staff had completed the courses. This is a fantastic achievement as the set target for the year was to reach 100 members of staff. Current work pressures continue to be a limitation in terms of attendance and drop-off rates, however, the flexibility of the courses and the opportunity of 1:1 sessions helps, and staff always have the opportunity for to re-join at a later date or attend on a 1:1 basis with the tutor.

Further analysis of the confidence Building courses
Six two-hour long courses were held over 12 weeks which equates to 24 hours of contact for each course. The one-to-one sessions have been extremely popular with the staff with approximately 478 hours of contact noted by the tutor. The time spent with each individual varies, with some spending up to 12 hours one-to-one with the tutor, and others only needing a few hours to build confidence.

Month	Staff	Number of individuals
June 2024	Primary Care Staff	14
September 2024	Apprentices	18
September 2024	Nurses BGH	28
October 2024	Nurses GGH	32
October 2024	Apprentices	3
November 2024	Primary Care Staff	12
December 2024	Pembrokeshire Community Hospitals	6

Following the success of the scheme during the past year at Hywel Dda University Health Board, a similar scheme is currently being rolled out with other health boards; an opportunity to share experiences and work collaboratively. Work continues with the Work Welsh scheme co-ordinator, and a series of promotional video clips have recently been launched as part of a promotional campaign to further promote the successes of the Confidence Building scheme.

Other opportunities to learn Welsh opportunities

The Welsh Language Services Team continue to be proactive in promoting all Welsh Language learning opportunities to staff, as well as supporting them to choose the most appropriate course for their level of ability. The funding to offer more short intensive courses that was secured last year to offer course at beginner level for health board staff proved popular and the uptake was high.

In September 2024, working with the National Centre for Learning Welsh and their provider Aberystwyth University we were able to offer a Welcome to Welsh course to our staff who were complete beginners to learning the language. The course is a one-off session online or 1.5 hours. The tutor, supplied by Aberystwyth University,

uses the session to give a taste of what it's like to learn Welsh by looking at linguistic patterns to health-related words. The session also gives an overview of what resources are available to staff if they decide to continue learning Welsh.

Four sessions offered to staff throughout the year and the National Centre for Learning Welsh has confirmed that the courses will run through 2025-26 offering a further six sessions throughout the year to staff.

Following on from the success of the number of participants who attended the Welcome to Welsh course, Aberystwyth University and the health board won a tender to trail a 10-hour Welcome course in March 2025. This course is offered to everyone who attended the Welcome to Welsh course and staff are asked to give 1 hour a week of their time for 10 weeks to help them learn conversational Welsh that will help them interact with patients. The course concentrates on health care phrases. We are pleased to confirm that there will be three more blocks of 10 hour courses offered to staff over 2025-26.

The following table shows the number of participants enrolled on the various courses offered at the health board during 2024-25.

Course	Level	Location	Number of participants enrolled
Confidence Building Courses	Level 3 and above	Online virtual classroom & 1:1 sessions	108
Welcome to Work Welsh 10 hour online course	Entry	Online self-study	49
6-week short intensive course	Entry – Level 0	Online virtual classroom	15
6-week short intensive course	Entry – Level 0	Online virtual classroom	13
6-week short intensive course	Entry – Level 0	Online virtual classroom	22
Cwrs Croeso	Entry – Level 0/1	Online virtual classroom	36
Cwrs Croeso	Entry – Level 0/1	Online virtual classroom	32
Cwrs Croeso	Entry – Level 0/1	Online virtual classroom	27
Cwrs Croeso	Entry – Level 0/1	Online virtual classroom	16

Online Self Study course	Entry	Online	5
'Use' course Nantgwyrtheyrn	Higher	Face to face	2
'Use' course Nantgwrtheyrn	Intermediate	Face to face	3

16. Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities (Medium term – guidance to be developed and shared in the short term)

The number of new and vacant posts over the past year are as follows:

	Level of Welsh required for each post				
	Welsh essential	**Welsh desirable**	**Welsh needs to be learnt**	**Welsh not necessary**	**Total number of new / vacant posts**
Hywel Dda UHB	22	2175	0	288	2485

Out of the 2485 posts advertised, 2616 posts were offered and 529 individuals appointed to these posts hold Welsh language skill levels 3 to 5.

The Workforce & Organisational Development Team has added a Welsh language skills requirements assessment to the recruiting process. This assists managers to determine whether posts should be advertised as Welsh Essential or Welsh Desirable. The tool ensures that managers follow a set formula that considers the language needs of the population and the current skill mix, and skill gap, within the team. This allows services to recruit individuals with the required level of Welsh language ability to ensure a comprehensive Welsh language service is available. A Top 10 Tips animation continues to be used widely to support recruiting managers in understanding their responsibilities in delivering the aims of the bilingual skills policy. We also look to hold Welsh Language training sessions with Workforce and Organisational Development to improve knowledge of how they apply to their day to day work.

We continue to make use of Lleol website, a jobs website that promotes roles where Welsh is noted as essential, to advertise the health board's Welsh essential jobs. Welsh essential posts are also shared to a specific group on Facebook that only advertises Welsh essential posts.

Delivering the actions in the More than just words Plan 2022-27: For the period April 2024 – March 2025

Organisation	**Hywel Dda University Health Board**

Completed by:	**Enfys Williams**	**Date: 30 July**

KEY DATA:	**When citing any statistics / data, please provide a corresponding reporting date / time period.**
Welsh Language Skills of staff	**Please see the data in Attachment A. This data relates to April 2024 – March 2025 and was published as part of our Annual Welsh Language Report which was approved by the People, Organisational Development and CultureCommittee on 28 May 2025.**
Number of staff completing training	**Courtesy Course** **Confidence Building Course** **Welsh Language Awareness Course** **Please see the data in Attachment A. This data relates to April 2024 – March 2025 and was published as part of our Annual Welsh Language Report which was approved by the People, Organisational Development and CultureCommittee on 28 May 2025.**
Patient / Service User Surveys e.g. secret shopper surveys	**Number and details of surveys** **Feedback** **Actions taken in response to feedback** **No specific mytery shopper exercises were undertaken during 2024/25. However, we have worked with various teams and services on the shortcomings identified in the mystery shopper exercise that was held in January 2024. The aim is to udnertake a mystery shopper exercise again for those services before the end of the 2025/26 financial year.**

Ref	Description of Short Term and Medium Term Action	Guidance for completing the response	Lead Accountability	Progress Report for 2024/25 (reporting period 1/4/24 – 31/3/25): What new and additional activities were delivered during 2024/25?	Examples of good practice / work done in partnership.
Culture and Leadership					
1	We'll set personal performance objectives to ensure the delivery of More than just words so that the Active Offer is embedded in annual objectives of sector leaders, cascaded throughout organisations and considered in relevant individual appraisals at all levels. This will include Chairs of NHS boards and the Directors of Social Services report (Annual Council Reporting Framework). *(Short term)*	This was a short term action. There are now requirements in place for the Chairs of NHS Boards and the Directors of Social Services to have specific objectives in relation to supporting the implementation of Mwy na geiriau and the Active Offer. Health bodies / social services do not need to provide an update for the 2024/25 report (unless there are specific developments they wish to share as	Welsh Government for 2024/25.		

		good practice) as Welsh Government will review progress against objectives at the end of the year.			
2.	Over time, we expect all health and social care staff to gain an appreciation of the positive difference that learning and using Welsh can make to the care experience. In the meantime we'll bolster language awareness courses with a behavioural-science communications approach so that everything we say about Cymraeg as leaders, and as organisations and partnerships contributes to this strategy. This approach will build on the training and on the positive narrative outlined in the plan. (*Short to medium term*)	HEIW and SCW to provide a response – on the work they are taking forward to support this agenda. We request that health bodies and social services also provide information on how they are supporting this action, and good practice they want to share regarding the promotion of the Welsh language across all settings.	Welsh Government / HEIW / SCW		
3	We'll expect those in leadership roles to take part in our Leading in a Bilingual Country programme. This programme works towards embedding the spirit of Cymraeg 2050 in organisational culture and policymaking. All too often, Welsh is viewed as just an issue of translation or as a 'tick box' in policy development. This values-based programme goes beyond	Welsh Government will shortly commission a new provider for the Leading in a Bilingual Country Programme. No further response needed at this stage – unless there are specific examples of how outputs from the Leading in a Bilingual	Chairs and Chief Executives of health and social care bodies	The Director of Communications & Engagement and an Independent Board Members attended the programme. Feedback was provided to the NHS Welsh Language Unit.	

	understanding the possible impact of language on all aspects of our work to using what levers we have to increase its use. *(Medium term)*	Country Programme are continuing to make a difference to leadership roles in the organisation; and / or there have been leadership programmes / training that have been delivered by health and social care bodies focusing specifically on leadership in a bilingual context.			
Theme 1: Welsh language planning and policies including data					
5	Identify and develop research and data that will strengthen our understanding and knowledge based on the experiences of Welsh language speakers accessing and receiving services, to support evidence-based policy and Welsh language planning in health and social care. This to include ability to provide bilingual services and to evidence how More than just words supports improved outcomes for individuals. (This action aligns with the work set out in section 4 on mapping the data and creation of the dashboard)	Welsh Government will shortly commission a contractor to identify key data on Welsh Language in health and social care which will help to identify data gaps in relation to monitoring outcomes, impact and progress. Health and social care bodies are asked to provide results of surveys of patient experiences of accessing and receiving services such	Welsh Government / Universities, Citizen Voice Body for health and social care and think tanks		

	(*Medium term*)	as Mystery Shopper etc. Llais / universities / health and social care think tank organisations to highlight developments that look to strengthen our understanding and knowledge of the experiences of Welsh language speakers accessing and receiving services.			
6	Develop tools to support mainstreaming Welsh Language considerations into planning and policies especially in the priority areas and high levels of interactions with services. This to include establishing Welsh language care pathways for vulnerable individuals in identified priority groups such as older people, children, mental health, speech therapy, learning difficulties, and stroke services. (*Long term*)	Welsh Government has been working collaboratively with the Office of the Welsh Language Commissioner to establish a new strategic Health Forum with the health sector aimed at improving clinical care services through the medium of Welsh. Welsh Government Welsh Language Impact Assessment (WLIA) Masterclasses to be held with all teams in Health, Social	Welsh Government / Health and social care bodies		

		Care and Early years Group to help embed to help embed the Welsh language into policies. Welsh Government is also amending WLIA guidance to include a greater focus on MTJW. Health and social care bodies are asked to provide evidence of Welsh language care pathways for the priority groups particularly, or any new mainstreaming tools.			
7	Ensure national planning and guidance for health and social care is clear on Welsh language planning requirements, implementation and measuring delivery of outputs. This to include Integrated Medium Term Plans (IMTPs) and regional population needs assessments. *(Short term)*	Welsh Government will provide the update for this action. Welsh Language is included in the National Planning Guidance for Health Boards. Integrated Medium Term Plans (IMTPs) have been reviewed by Welsh Government and officials will continue to focus on More than just words priorities as part of Integrated	Welsh Government		

		Quality, Planning and Delivery (IQPD) meetings.			
8	An agreed national framework for the collection and collation of data on the language skills of all staff working in health and social care in Wales will be developed and implemented. This should be mandatory wherever possible and would need to align with systems and approaches currently in place for the collection, collation of data across the health and social care sectors including services that are provided in Welsh *(Medium term)*	Health and social care bodies should provide an overview of how they are currently collecting and collating data on the language skills of all staff (as well as key data for the reporting period).	HEIW / SCW / DHCW / health and social care bodies including independent primary care contractors.		
9	An annual report will be prepared by an appropriate body to bring together the data relating to the health and social care workforce. This report could be prepared and published by Statistics for Wales. The published report should be publicly available with a further level of granular detail available as appropriate to those bodies responsible for the workforce in different contexts e.g. HEIW, SCW, Health Boards.	Welsh Government will work with HEIW and SCW to provide the update for this action. Welsh Government has commissioned OB3 to draft the MTJW Annual Report 2024-25. As noted above: Welsh Government will also shortly commission a	HEIW/SCW, health and social care bodies		

	(Short/medium term)	contractor to identify key data on Welsh Language in health and social care which will help to identify key data gaps in relation to monitoring outcomes, impact and progress. Health bodies / social services do not need to provide an update on this action for the 2024/25 report.			
10	That action 30 of the 'Health and Social Care Workforce Strategy' – to develop workforce planning guidance for Welsh language skills identification and development in the health and social care workforce – is progressed at the earliest opportunity. This guidance should consider the required number of staff with Welsh language skills and the nature of those skills in different health and social care contexts and within the priority areas of need identified. The guidance is used as part of annual workforce planning by Health Boards, Local Authorities, HEIW, Social Care Wales and other employers as	The HEIW Workforce Planning for the Welsh Language Guidance has been published. Health and social care bodies should provide examples of how this guidance has been used across different settings / policies.	HEIW / Social Care Wales		

	appropriate. Furthermore, that the guidance inform the work of the relevant regulators and inspectorate as appropriate (*Short term*)				
11	The importance of the Active Offer in planning and delivering quality services to be included in the guidance and reporting requirements for the Duty of Quality and refreshed health and care standards. The Health and Social Care (Quality and Engagement) (Wales) Act ('the Act') became law on 1 June 2020 with its full implementation to be completed by spring 2023. This includes reframing and broadening the existing duty of quality on NHS bodies. *(Short term)*	Welsh Government will update on this action. The Duty of Quality has been introduced and the importance of the Active Offer was included in the statutory guidance published in April 2023.	Welsh Government		
12	The importance of the Welsh language in planning and delivery to be included as a cross cutting theme within the revised National Outcomes Framework and progress reports to be incorporated into the development of the More than just words accountability arrangements including the dashboard. *(Medium term)*	Welsh Government will update on this action. Work on the outcomes framework has been paused. As noted above: Integrated Medium Term Plans (IMTPs) have been reviewed by Welsh Government and officials will continue to focus on Mwy na geiriau	Welsh Government		

		priorities as part of Integrated Quality, Planning and Delivery (IQPD) meetings.			
Theme 2: Supporting and developing the Welsh language skills of the current and future workforce					
13	Health and social care organisations to identify workforce skills gaps in key areas and develop plans to address them. This will be embedded in workforce and skills plans developed and delivered within individual organisations and involve close working with HEIW and SCW. *(Medium term)*	Health and social care bodies should provide examples of how they have identified workforce skills, where the gaps exist, and whether they have plans in place to address them.	Health and social care bodies, HEIW and SCW	The Health Board currently knows the Welsh language skills of 97.4% of our staff. We will work with small teams/services to identify workforce skills gaps in key areas and develop plans to address them.	
14	We'll expect all NHS and social care colleagues to follow a language 'awareness 'course which will explain how important Cymraeg is in service delivery and as a patient need. Following the introduction of Welsh language awareness training for all health and social care professional, we'll expect that this training is provided across all disciplines for trainees and introduced as part of the induction process for new employees in the health and social care workforce who have not already undertaken the training.	Health and social care bodies should provide key data on take up of Welsh Language Awareness Courses. This includes data on providing the course as part of the induction process.	Health and social care bodies	86% of the Health Board's workforce has completed the course. Further work will be done to promote and remind individuals of the need to complete the course and ensure compliance.	

	(Medium term)				
15	The National Centre for Learning Welsh develop further their plans to offer Welsh language training to the health and social care sectors and provide an enabling environment on the use of Welsh in workplaces. This should complement informal language learning through on-line tools and apps to be made available across the sector. It could be modelled on recently announced developments for the education workforce. This should include tailored provision to support practice in health and social care and identify opportunities (along with relevant employers) to support staff confidence to make more use of their Welsh language skills (at whatever level) in the workplace. We further recommend that Welsh Government explore what resources are required to deliver adequate support for such a scheme including supporting employers to release key staff to undertake substantive Welsh language learning. (*Medium term*)	National Centre for Learning Welsh to provide an update on key actions, take up of specific courses, and outcomes. Health and social care bodies are asked to describe how they've worked strategically with National Centre for Learning Welsh to meet their own priorities.	Welsh Government / National Centre for Learning Welsh		

16	Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities *(Medium term – guidance to be developed and shared in the short term)*	All health and social care bodies to provide an update on work being taken forwards to define Welsh language skills required in all job adverts, as well as key data on whether posts are being advertised as Welsh desirable and Welsh essential.	Health and social care bodies	Please see the data in Attachment A. This data relates to April 2024 – March 2025 and was published as part of our Annual Welsh Language Report which was approved by the People, Organisational Development and CultureCommittee on 28 May 2025.	
17	Gradual introduction of a minimum “courtesy” level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have on individuals accessing and receiving health and social care services. By the end of the life of this plan, all staff working in health and social care should have courtesy level Welsh. *(Short term- introduction)*	National Centre for Learning Welsh to provide data on the new courtesy course (as part of the health and social care scheme) and take up across the organisations. Health and social care bodies to also provide information on other courtesy courses being developed (not by the National Centre for Learning Welsh) and delivered locally, and key data on take up.	National Centre for Learning Welsh Health and social care bodies	The Health Board is currently only providing the National Centre for Learning Welsh Cwrs Croeso	

18	Organisations to develop and implement a targeted Welsh language training and workforce strategy – with initial focus on addressing gaps in More than just words key priority areas and those who lack confidence (need to consider the potential for working with team leaders / managers /employers to also create the conditions for individuals to use their Welsh) *(Medium term)*	Health boards to provide an update on work to support the delivery of Standard 110, and how they are increasing the use of Welsh across clinical settings.	Health and social care bodies	In February 2025, a five-year plan on how the organisation is progressing towards achieving Standard 110 - the required standard in being able to offer clinical consultations through the medium of Welsh – was presented to PODCC. The plan 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. 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 during 2025-26. This plan has already been shared with the NHS Welsh Language Unit	
19	Instigate a national awareness and promotion campaign to make staff more aware of the positive difference that learning and using Welsh can make to the services they provide. This to include recruitment campaigns articulating the importance of the Welsh language. The campaigns to involve role models and case studies on the difference use of	Welsh Government has commissioned a suite of films (based in different health and social care settings) and an overarching animation to promote the aims of Mwy na geiriau and the active offer. These will be launched at the	Welsh Government/ SCW and HEIW		

	Welsh has in improving outcomes for individuals. *(Medium term)*	National Eisteddfod, Wrecsam. Health and social care bodies to provide information on promotion campaigns they are also delivering to raise awareness of the difference learning Welsh can make. This should include case studies and awards which feature the Welsh language.			
20	Careers Wales / HEIW and SCW to promote the importance and opportunities Welsh language skills can provide within careers in health and social care utilising the Tregyrfa portal resources and through roadshows and engagement sessions with young people. *(Short/medium term)*	HEIW to provide information on Tregyrfa, including data on numbers accessing the site. HEIW to also provide information on roadshows and engagement events held with educational institutions. Careers Wales to provide information on initiatives promoting the importance of Welsh language skills in health and social care careers, including data on attendee	Careers Wales / HEIW and SCW / health and care bodies		

		numbers for any events / roadshows / engagement sessions. Health and care bodies to provide information on roadshows and engagement with young people, including data on attendee numbers.			
21	HEIW, MEDR and SCW to monitor the numbers of bilingual students being trained as health and social care professionals each year in line with the agreed framework for measuring Welsh language skills, and publish the data annually. This could reflect or develop upon requirements that are already in place in relation to HEIW contracts, SCW monitoring and/ or HESA data. In relation to publishing the data we recommend that a specific table is included in the annual Statistics Bulletin – Welsh in Higher Education Institutions to report on this data. This data to also be incorporated in the dashboard development set out under Section 4 *(Short term)*	HEIW / MEDR / SCW to provide data on the numbers of bilingual students being trained as health and social care professionals.	HEIW / MEDR / SCW		
22	Welsh Government monitor the number of bilingual learners and	Welsh Government will include the latest data	Welsh Government		

	apprentices undertaking Health and Social Care courses and/or apprenticeships each year in line with the agreed framework for measuring Welsh language skills and publish the data annually. This data to also be incorporated into the dashboard development set out under Section 4. *(Short term)*	in the MNG Annual Reports for 2023-24 and 2024-25.			
23	Welsh Government / MEDR have established a benchmark for bilingual provision i.e. that one third of a course (at least) is available in Welsh. Such a benchmark allows students who are confident in Welsh to undertake part of their course through the medium of Welsh and to develop a level of confidence to work bilingually. This also reflects international best practice e.g. University of Helsinki Medical School. HEIW / SCW to work with universities in Wales and the Coleg Cymraeg Cenedlaethol to identify any courses where students cannot at present study one third of their health and social care courses bilingually and take appropriate action to ensure that bilingual provision is offered on every health and	Coleg Cymraeg Cenedlaethol to update on the number of undergraduate courses in the areas of health and care. This to include information on health and social care courses where students cannot study one third of the course in Welsh.	HEIW / SCW / Coleg Cymraeg Cenedlaethol		

	social care course in Wales. Appropriate consideration is also given to placements and support provided for students to undertake bilingual placements as part of their training. *(Short term)*				
24	Welsh Government consider what incentives (financial or otherwise) may be offered to students undertaking an element of their course through the medium of Welsh. Incentives are already offered in relation to the Education workforce. *(Short term)*	Welsh Government is collating information on incentives currently available to students including bursaries.	Welsh Government		
25	Consideration is given to expanding the highly successful Doctoriaid Yfory scheme which supports prospective students to apply successfully to medical school, to encompass all health and social care professions where the application process for University study is competitive. More broadly Welsh Government to consider whether such a scheme may assist pupils from deprived backgrounds to apply successfully to study medicine and other subjects. *(Short term)*	The Doctoriaid Yfory Scheme has now been extended to more general health and social care career including dentistry. Welsh Government will consider opportunities for further promoting the scheme. Coleg Cymraeg Cenedlaethol to provide latest data on take up.	Welsh Government / Coleg Cymraeg Cenedlaethol		
26	Every provider of health and social care training in Wales prepares a medium-term plan on	HEIW and Coleg Cymraeg Cenedlaethol to provide an update	Welsh Government / Coleg Cymraeg		

	developing Welsh language awareness and bilingual skills of their students and submits the plan within 12 months to the relevant commissioning / accrediting / regulatory body. These should include details of the teaching capacity required to deliver bilingual programmes as required. Welsh Government to consider the role Coleg Cymraeg Cenedlaethol could have to review and provide feedback and advice to the relevant bodies on the medium term plans. *(Short term)*	on work being taken forwards to progress this action.	Cenedlaethol / HEIW		
27	Welsh Government to review the plans developed under Action 30 of the Health and Social Care Workforce Strategy and take appropriate action to support the development of bilingual teaching capacity and where appropriate, provide suitable resources to support these developments. *(Short term)*	Welsh Government will provide the update for this action in collaboration with HEIW and SCW.	Welsh Government / SCW / HEIW		
28	Coleg Cymraeg Cenedlaethol is tasked with undertaking a review of bilingual provision in health and social care across the FE and apprenticeship sector and making recommendations as appropriate as to further steps required to develop bilingual	Coleg Cymraeg to provide information on progress with the review.	Coleg Cymraeg Cenedlaethol		

	skills amongst level 2 and 3 learners *(Medium term)*				
Theme 3: Sharing best practice and an enabling approach					
29	We'll collate and share examples of innovative good practice which is accessible across the sector utilising existing portals and hubs including the Research and Innovation Hubs. *(Short term)*	Health and social care bodies should provide examples of where and how they have shared good practice, including internally as well as with other organisations. Health and social care bodies to also provide information on whether they have used Hwb Iaith to share good practice. They should also provide evidence of utilising the Research and Innovation Hubs and explain why if they haven't.	Welsh Government / Welsh language officers	The Welsh Language services officers of all Health Boards and Trusts meet regularly to share good practice, initiatives and resources.	
30	We'll use our Bilingual Technology Toolkit to ensure that when we procure and/or develop new digital services, they will include a bilingual user interface wherever possible. For information and advice websites we'll bring translators closer to content creation, drafting in Welsh and English together, so	Health and social care bodies should provide specific examples of where and how the principles of the Bilingual Toolkit has been used.	DHCW / health and social care bodies		

	that we communicate clearly in both languages. *(Short term)*				
32	We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and develop initiatives to celebrate success including promoting More than just words within existing awards and accolade schemes. *(Short term)*	Health and social care bodies to provide information on examples of good practice shared as part of existing networks, awards and events.	Welsh Government, Health and social care bodies		
33	We'll undertake a survey with primary care providers to understand the impact the Welsh language duties have had in delivering the Active Offer. This will identify best practice and provide advice for Executive Directors of Primary Care to further progress and enhance services in Welsh, working closely with the clusters *(Medium term)*	Welsh Government will provide the update on this action. The first stage of the survey was completed in December 2024 and results are being analysed. Further qualitative research is being undertaken by an external contractor. This work will report in Autumn 2025. Health boards Health bodies / primary care clusters do not need to provide an update on this action for the 2024/25 report.	Health Boards and Primary Care Clusters		

34	Enable the development of standard Welsh language diagnostic assessments and resources to support Welsh speakers in identified priority areas such as mental health, learning disabilities, and the visually impaired, building on work already underway to develop a nationally available set of standard assessments for Welsh speakers with dementia. *(Long term)*	Welsh Government will provide the update on this action. However – as noted for Action 6: Health and social care bodies are asked to provide evidence of Welsh language care pathways for the priority groups. Welsh Government to collate diagnostic assessments and resources that should be available in Welsh. The next step for the longer term would be to prioritise which assessments need to be available in Welsh.	Welsh Government		
35	Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos of belonging. We'll extend the Iaith Gwaith project across Wales to allow workers who can offer or partially offer services in Welsh to readily identify themselves by	Health and social care bodies to update on work being taken forwards to support and promote the identification of Welsh speaking staff – including any work in relation to digital systems locally.	Welsh Government / DHCW / health and social care bodies	Iaith Gwaith lanyards and badges are given to Welsh speaking staff, and learner lanyards and badges are given to staff who are actively learning. As part of the marketing approach to promote Welsh language services within the health	

	wearing Iaith Gwaith badges or lanyards. We'll also in our ICT systems capture, display and share information that let us know as individuals and staff who can speak Welsh and what services they will be offering in Welsh — so we can use our Welsh with them. (Consideration would need to be given to additional funding / resources to enable this to be delivered.) (*Short term*)	DHCW to update on work happening at a national level to support this agenda.		board, the team has produced its own Give it a Go campaign. The campaign consists of a range of merchandise that shares useful phrases in Welsh – displayed on posters, pens, flash cards, table talkers, desk aids and flashcard keyrings. These act as means to encourage and support staff to try and use Welsh in a range of circumstances – with one another and with our patients. The Welsh Language Services team have also designed and created new lanyards for Welsh speakers and lanyards for Welsh learners. These lanyards include the health board logo and the Work Welsh logo. The purpose of these lanyards is that patients and staff can	

				quickly identify and recognise who they can use their Welsh with.	
36	We'll continue to improve Welsh language capabilities of national health and social care digital systems and ensure apps being developed such as the NHS Wales App support the vision and actions in this plan. This will include the sharing, recording and tracking of Information between systems including language preference. We'll also work with service users on all technical and content processes to make sure they're easy to use and understand in Welsh and English. *(Medium term)*	DHCW to update on actions being taken forward to deliver this commitment. DHCW also to provide data on the numbers accessing / using the Welsh language options in the App, if this is possible.	Welsh Government/ DHCW		
37	We'll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to use their Welsh skills, for example Gair i Glaf. This to include in the short-term Welsh language officers and translators working together on collation of terms and translation capacity and capability.	Health and social care bodies and NWSSP to update on work being taken forwards to develop and support the implementation of these resources.	Welsh Government / health and social care bodies / NWSSP		

	(Short term- joint working on developing standard terms)				
38	We'll work with those who inspect and drive quality improvement to ensure the active offer is part of their brief. We will direct underperforming organisations to support and advice. *(Medium term)*	CIW and HIW to provide information on guidance and training for inspectors to support reporting on Welsh language and culture, and the Active Offer. CIW and HIW to also provide relevant inspection data on compliance/non-compliance with Welsh language requirements.	Regulation and Inspection Bodies		
39	Further develop the mapping of available data provided in Annex A of the framework and identify data gaps that would help measure progress. *(Short term)*	Welsh Government will provide the update on this action. This commitment links directly to Action 5 and Welsh Government plans to shortly commission a contractor to identify key data on Welsh Language in health and social care.	Welsh Government		
40	Using available data where possible, develop indicators that measure progress towards the Active Offer and delivery of bilingual services and identify	Welsh Government will provide the update for this action. This will become possible once the data	Welsh Government		

	data gaps that would further help measure progress. *(Develop initial indicators – Short term Identify data gaps – Short term* *Fill data gaps where possible – Medium term)*	mapping and review exercise has been completed (see Action 5).			
41	Establish a working group to develop a dashboard that brings together performance data to demonstrate progress on the Active Offer and delivery of bilingual services. This to include data from the local authority performance framework; CIW; HIW; WL Commissioner office; NHS IMTP/ performance reporting. *(Establish working group Short term* *First dashboard publication Medium Term* *Summit to share dashboard with data owners Medium term)*	This will become possible once the data mapping and review exercise has been completed (see Action 5).	Welsh Government		
42	All health bodies and local authorities to appoint a person to be responsible for ensuring delivery on the actions and targets set in the plan.	All health bodies and local authorities to list the person responsible for ensuring delivery of the actions.	All health bodies and local authorities	The Welsh Language Services Team is managed by the Director of Communications & Engagement within the Health Board.	
43	More than just words progress monitoring: Provide a written update on progress with actions on a 12 month basis	Welsh Government will provide the update on this action.	All accountable organisations listed in this plan		

	(First Annual Report – Summer 2023)				
44	Establish an advisory board to monitor and scrutinise progress against the action plan. The advisory Board will make recommendations to the Minister where further progress could be made and any emerging concerns where ambition is not being met. A report will be prepared for Ministerial consideration and shared with health and social care leaders. The advisory board will also consider and advise on audit and evaluation requirements to provide independent assessments on progress. *(Annual advisory report 2023 Advisory report to include reflection on dashboard data from 2025)*	Welsh Government will provide the update on this action. The Advisory Board for Mwy na geiriau has been in place since August 2023.	Welsh Government		
45	Minister to hold annual progress meetings with leaders of organisations listed to deliver actions within the plan, including NHS and Local Authorities, to recognise achievements and where further progress is required. Statement on progress to be shared with Senedd Members annually. *(First Annual Progress Meeting – Autumn 2023 First Statement to*	Welsh Government will provide the update on this action. Plans are in place to organise a stakeholder event for 9 October 2025.	Welsh Government		

	Senedd Members – Autumn 2023 *From 2025 the progress report to include the performance data dashboard)*				

Completed form to be returned by no later than: 1 September 2025

8.2

8.2 - PODCC Workplan 2025/26

Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)

For information

Attachments

PODCC Work Programme 2025-26.pdf

HYWEL DDA UNIVERSITY HEALTH BOARD – PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE WORK PLAN APRIL 2025 – MARCH 2026

The following table sets out the Committee's proposed work plan for 2025-26, including standing agenda items (denoted by *).

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	27 May 2025	18 Aug 2025	4 Nov 2025	17 Feb 2026	Apr/ May 2026
Apologies*	**Chair**	CSO	✓	✓	✓	✓	✓
Declaration of Interests*	**Chair**	CSO	✓	✓	✓	✓	✓
Minutes from previous meeting*	**Chair**	CSO	✓	✓	✓	✓	✓
Matters Arising & Table of Actions*	**Chair**	CSO	✓	✓	✓	✓	✓
PODCC Terms of Reference	**Chair**	CSO	✓				✓
PODCC Annual Report to Board	**Chair**	LG	✓				✓
Self-Assessment of Committee Effectiveness – Outcome report 2025	**LG**	KR	✓				
Self-Assessment of Committee Effectiveness – 6 month outcome report	**LG**	KR			✓		
Assurance of Governance Arrangements – to include: • Corporate Risks Assigned to PODCC • Operational Risks Assigned to PODCC • Monitoring of Ministerial Directions • Monitoring of Welsh Health Circulars (WHCs)	**LG**	RW	✓	✓	✓	✓	✓
Targeted Intervention Progress Report	**LG**	SA	✓	✓	✓	✓	
Staff Story (video/presentation etc)	**LG**	various	✓	✓	✓	✓	✓
Discovery Report & Action Plan *(TI 47)*	**LG**	CD					
Annual Carers Report	**LG**	AB	✓				
Workforce Efficiency	**LG**	TW	✓		✓		

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	27 May 2025	18 Aug 2025	4 Nov 2025	17 Feb 2026	Apr/ May 2026
Employment Law	**LG**	HH					✓
Employment Reduction: Deep Dive	**LG**	HH			✓		✓
Community Nursing Annual Report/ Community Staffing Update	**PS**	TE/LL/SC	D	✓			
Speak Up thematic/lessons learnt report (6 monthly)	**LG**	CD	D	✓		✓	
Partnership Forum Update	**LG**	AD		✓	✓	✓	✓
Staff Recovery in Nature Programme	**ST**	ST	✓				
Staff Survey Results Update Report *(TI 43 & 45)*	**LG**	CD	✓				
Agile Working Plan	**LD**	SH	✓				
Welsh Language Annual Report 2024/25	**AHM**	AHM/EW	✓				
Update on Increase in Stress Amongst Staff	**LG**	HH			✓		
Sickness Update report	**LG**	HH	✓		✓		
LGBTQ+ Action Plan	**LG**	AB		✓			
Culture Progression Report, including PADR update *(TI 47)*	**LG**	CD	✓	✓			
EDI Taskforce/Update	**AL**	AB	✓	✓			
Armed Forces Annual Update	**LG**	AB	✓				
Recovery Nature Programme Report	**LG**	ST	✓				
Improving Outcomes for Unpaid Carers - End of Year Reports 2024/25	**LG**	AB	✓				
Joint Inspection of Child Protection Arrangements Report	**SD**	SD		✓			
HIEW Report on General Surgery at Withybush General Hospital	**MH**	MH		✓			
Sickness Rates and Cultural Challenges in Theatres	**AC**	AC		D	✓		
Social Partnership Duty Annual Report	**LG**	SR			✓		
Delivery against Planning Objectives aligned to PODCC:	**DW**	DW	✓	✓	✓	✓	

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	27 May 2025	18 Aug 2025	4 Nov 2025	17 Feb 2026	Apr/ May 2026
General Updates			closure				
Delivery against Planning Objectives aligned to PODCC: Deep Dives: **PO1: Workforce stabilisation**	**LG**	DO					
○ Workforce Plan *(TI 44)*	**LG**	TW					✓
○ Recruitment Plan (TI44)	**LG**	HH				✓	
○ Retention Plan *(TI 41 & 42)*	**LG**	CD					✓
○ Workforce Education and Development Plan *(TI 41 & 42)*	**LG**	AG			✓		
Strategic Equality Plan Annual Report, inc Workforce Equality & Pay Gap Reports (TI 48)	**LG**	AB		✓			
Performance							
Performance Assurance & Workforce Metrics: Integrated Performance Assurance Report (IPAR) (*TI 48*)	**LG**	TW	✓	✓	✓	✓	✓
Sub-Committee Updates							
Sub-Committee Terms of Reference:							
• Strategic People Planning and Education Group	**LG**	AG			✓		
Sub-Committee Update Reports:							
• Strategic People Planning and Education Group (to include minutes of the SPPEG meeting)	**LG**	AG	✓	D	✓	✓	✓
Sub-Committee Annual Reports:							
• Strategic People Planning and Education Group	**LG**	AG			✓		
For Approval							
Corporate & Employment Policies*	**LG**	HH	✓	✓	✓	✓	✓
Contractual and Legislative Changes	**LG**	HH		✓			
Outcome of Advisory Appointments Committee*	**LG**	HH	✓	✓	✓	✓	✓
For Information							

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	27 May 2025	18 Aug 2025	4 Nov 2025	17 Feb 2026	Apr/ May 2026
PODCC Workplan 2025/26*	**LG**	CSO	✓	✓	✓	✓	✓
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	CSO	N/A	✓	✓	✓	✓	✓
Draft agenda to go to Executive Team	CSO	N/A	✓	✓	✓	✓	✓
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting	CSO	N/A	✓	✓	✓	✓	✓
Disseminate agenda/papers 7 days prior to meeting	CSO	N/A	✓	✓	✓	✓	✓
Type up minutes/TOA within 7 days of meeting	CSO	N/A	✓	✓	✓	✓	✓
Circulate minutes and TOA to the Lead Director within 7 days of meeting	CSO	N/A	✓	✓	✓	✓	✓
Issue minutes and TOA to Members (including the Committee Chair) following Lead Director review	CSO	N/A	✓	✓	✓	✓	✓

Initials:

D – Deferred AB – Anna Bird AC – Andrew Carruthers AD – Anthony Dean AG – Amanda Glanville AHM – Alwena Hughes-Moakes CD – Christine Davies CSO – Committee Services Officer	DO – Daniel Owen DW – Daniel Warm EW – Enfys Williams HH - Heather Hinkin HW – Helen Williams KR – Karen Richardson LL – Lyanne Lewis	LP – Leighton Phillips LG – Lisa Gostling MH – Mark Henwood RB – Robert Blake RW – Rachel Williams AL – Anna Lewis PS – Peter Skitt	SC – Sarah Cameron SH – Sharon Hughes SR – Sara Rees ST – Suzanne Tarrant TE – Tracey Evans TW – Tracy Walmsley ST – Suzanne Tarrant

9

5 Mins

9 - ANY OTHER BUSINESS

All

10

0 Mins

10 - DATE OF NEXT MEETING: 9.30am-12.30pm, Tuesday 04 November 2025

10.1

10.1 - Date of Future Meetings

Tuesday 17 February 2026