Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date	**19/05/2026**
Time	**09:30 - 12:30**
Location	**Microsoft Teams Meeting; HDD Picton - Dolau Cothi**

People, Organisational Development & Culture Committee Meeting

Agenda - 19 May 2026

1 WELCOME AND APOLOGIES FOR ABSENCE

09:30, 2 min
Neil Prior (Hywel Dda UHB - Independent Board Member)

2 GOVERNANCE

09:32, 0 min

2.1 Declarations of Interest

09:32, 2 min
All

2.2 Minutes and Matters Arising from the meeting held on 17 February 2026

09:34, 3 min
Neil Prior (Hywel Dda UHB - Independent Board Member)

2.3 Table of Actions from the meeting held on 17 February 2026

09:37, 3 min
Neil Prior (Hywel Dda UHB - Independent Board Member)

2.4 PODCC Terms of Reference

09:40, 5 min
Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

2.5 PODCC Annual Report

09:45, 5 min
Lisa Gostling (Hywel Dda UHB - Director of Workforce & OD/Deputy CEO)

2.6 PODCC Annual Self-Assessment Report 2025/26

09:50, 5 min
Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

2.7 Assurance and Risk Report

09:55, 10 min
Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

3 STRATEGIC FOCUS

10:05, 0 min

3.1 Staff Story - Simulation Training

10:05, 15 min
Tracy Walmsley (Hywel Dda UHB - Assistant Director of People Planning)

3.2 Staff Survey Results Report

10:20, 15 min
Nicola Jones (Hywel Dda UHB - Interim Assistant Head of Organisation Relations)

3.3 Delivery Against Planning Objectives Aligned to the People, Organisational Development and Culture Committee

10:35, 15 min
Lisa Gostling (Hywel Dda UHB - Director of Workforce & OD/Deputy CEO)

3.4 Health Education and Improvement Wales (HEIW) Targeted visit to General Medicine (GGH)

10:50, 15 min
Mark Henwood (Hywel Dda UHB - Executive Medical Director)

BREAK

11:05, 5 min

4 OPERATIONAL FOCUS

11:10, 0 min

4.1 Health Board Partnership Forum Report

11:10, 5 min
Anthony Dean (Hywel Dda UHB - Estates)

4.2 Workforce Efficiency Report

11:15, 10 min
Tracy Walmsley (Hywel Dda UHB - Assistant Director of People Planning)

4.3 Adroddiad Blynyddol y Gymraeg / Welsh Language Annual Report 2025/26

11:25, 10 min
Alwena Hughes Moakes (Hywel Dda UHB - Communications and Engagement Director)

4.4 **Improving outcomes for Veterans and the Armed Forces Community – Annual Report 2025/26**

11:35, 10 min
Anna Bird (Hywel Dda UHB – Assistant Director of Business, Partnerships and Inclusion)

4.5 **Improving Outcomes for Unpaid Carers - End of Year Reports 2025/26**

11:45, 10 min
Anna Bird (Hywel Dda UHB – Assistant Director of Business, Partnerships and Inclusion)

4.6 **Update on Progress Against the Anti-Racist Wales Action Plan**

11:55, 10 min
Anna Bird (Hywel Dda UHB – Assistant Director of Business, Partnerships and Inclusion)

4.7 **Performance Assurance and Workforce Metrics Report**

12:05, 10 min
Michelle James (Hywel Dda UHB - Head of Resourcing & Utilisation)

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5 **SUB-COMMITTEE UPDATE REPORTS**

12:15, 0 min

5.1 **Strategic People Planning and Education Group (SPPEG) Reports - DEFERRED**

12:15, 0 min

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6 **FOR APPROVAL**

12:15, 0 min

6.1 **Outcome of Advisory Appointments Committee (AAC)**

12:15, 2 min
Heather Hinkin (Hywel Dda UHB - Assistant Director People Management), Sally Owen (Hywel Dda UHB - Head of Recruitment and Workforce Equality, Diversity & Inclusion)

6.2 **Workforce Policies for Approval**

12:17, 3 min
Heather Hinkin (Hywel Dda UHB - Assistant Director People Management)

7 FOR INFORMATION

12:20, 0 min

7.1 PODCC Workplan 2026/27

12:20, 0 min
Neil Prior (Hywel Dda UHB - Independent Board Member)

8 ANY OTHER BUSINESS

12:20, 0 min
All

9 DATE OF NEXT MEETING: 9.30am-12.30pm, Tuesday 18 August 2026

12:20, 0 min

9.1 Date of Future Meetings

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09:30, 2 Mins

1 - WELCOME AND APOLOGIES FOR ABSENCE

Neil Prior (Hywel Dda UHB - Independent Board Member)

2

09:32, 0 Mins

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2 - GOVERNANCE

2.1 **09:32, 2 Mins**

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

2.2

09:34, 3 Mins

2.2 - Minutes and Matters Arising from the meeting held on 17 February 2026

Neil Prior (Hywel Dda UHB - Independent Board Member)

For approval

Attachments

2.2 2026-02-17 - PODCC Meeting Minutes.pdf

MINUTES OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE MEETING

Date of Meeting: **Tuesday 17 February 2026**
Venue: **Microsoft Teams**

Present:
Mr Neil Prior, Independent Member (Committee Chair)
Mrs Eleanor Marks, Vice-Chair, HDdUHB (Committee Vice-Chair)
Ms Ann Murphy, Independent Member
Ms Sarah Harraway, Independent Member
Cllr. Rhodri Evans, Independent Member

In Attendance:
Mrs Lisa Gostling, Executive Director of Workforce and Organisational Development/ Deputy Chief Executive (Executive Lead)
Dr Ardiana Gjini, Executive Director of Public Health
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
Mr James Severs, Executive Director of Allied Health Professions and Health Science
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary
Ms Eiry Edmunds, Cardiac Consultant (deputising for Mr Mark Henwood, Executive Medical Director)
Ms Janice Cole-Williams, Assistant Director of Nursing (deputising for Executive Director of Nursing, Quality and Patient Experience)
Mr Jonathan Arthur, Deputy Director of Health Sciences (observing)
Mrs Anna Bird, Assistant Director, Business, Partnerships and Inclusion
Ms Corinna Lloyd-Jones, Interim Assistant Director of Organisation Development
Ms Heather Hinkin, Assistant Director of People Management
Ms Tracy Walmsley, Assistant Director of People Planning
Ms Michelle James, Head of Resourcing & Utilisation (part)
Mr Robert Blake, Head of Culture and Workforce Experience (part)
Ms Sally Owen, Head of Recruitment and Workforce Equality, Diversity & Inclusion (part)
Denise Fitzsimmons, Retention Lead, Culture and Workforce Experience Team (part)

Minutes Ref.	Item	Action
PODCC (26)01	**Welcome and Apologies for Absence** Mrs Eleanor Marks, People, Organisational Development and Culture Committee (PODCC) Vice-Chair, welcomed everyone to the meeting including Mr Neil Prior, new Chair of PODCC. It had been agreed that Mrs	

Marks would Chair this meeting to allow Mr Prior to familiarise himself with the Committee.

Apologies for absence were received from:

- Mr Mark Henwood, Executive Medical Director
- Mr Anthony Dean, Trade Union Representative

PODCC (26)02 **Declarations of Interest**

No declarations were made.

PODCC (26)03 **Minutes and Matters Arising from the meeting held on 4 November 2025**

The Minutes from the meeting held on 4 November 2025 were approved as an accurate record.

Decision: The Committee APPROVED the minutes of the People, Organisational Development and Culture Committee meeting held on 4 November 2025.

PODCC (26)04 **Table of Actions from the meeting held on 4 November 2025**

All actions from the PODCC meeting held on 4 November 2025 were complete.

PODCC (26)05 **Assurance and Risk Report**

Mrs Joanne Wilson presented the Assurance and Risk Report, noting the new style report requested during the last committee self-assessments. She highlighted that the committee had one principal risk aligned to it, which would be reviewed as part of the strategic refresh for a new Board Assurance Framework over the summer.

Two corporate risks aligned to PODCC: Risk 1978 relating to *a risk of insufficiently skilled workforce to deliver services due to limited labour market*, and Risk 1821, relating *to the welfare of Health Board staff due to current demands* which is currently under review by the Workforce and Organisational Development (W&OD) Team.

Operational Risk 2169 relating to *staff wellbeing in weight management service* has a high risk score of 25, indicating a high level of concern.

Mrs Wilson also highlighted three audit reports, noting that the HR education and training report, had now been closed. In addition, one Welsh Health Circular was aligned to PODCC.

In response to Ms Ann Murphy's query regarding whether the risk identified within General Medicine at Glangwili Hospital (GGH) should be recorded on the PODCC risk register or referred to the Quality, Safety and Experience

Committee (QSEC), Mrs Wilson explained that the Chair of PODCC requested that a report is presented to the next PODCC meeting. Owing to its seriousness, the report was shared with Independent Members, and a decision is required from the relevant Executive Lead on whether the risk should be added to the risk register.

In relation to Risk 2253, relating to *reduced workforce due to difficulty recruiting qualified specialist School Nurses*, Ms Sarah Harraway commented that she had encountered dissatisfaction amongst staff about the pace of decision making, and the resources they have available. She expressed concern that the risk extended beyond recruitment to include retaining existing staff. Mrs Sharon Daniel confirmed that her team had been asked to consider the risk in more detail, including development opportunities, career pathways and staff turnover.

In response to a query from Mrs Marks, Mrs Wilson explained that the underlying factors contributing to the risk were Health Board and advised that **the Risk Team would liaise with the Planned Care Team to provide an update via the Table of Actions.** **AC**

Mr Andrew Carruthers provided additional context on the reduction in score for operational Risk 2088, *that staff will have a poor experience whilst at work due to clinical pressures, financial challenges and change processes*, noting the work undertaken to support staff and reassessment of the risk score. While welcoming this, Mr Marks noted the reduction in Risk 2088 and suggested that any relevant learning be shared more widely.

Mr Neil Prior raised a concern about the risk score of 25 for Risk 2169 relating to *staff wellbeing in weight management service due to unrealistic expectations with associated unreasonable behaviour*. Mr Carruthers advised that public expectations regarding access to weight-loss medication, which most patients do not meet NHS criteria for, resulting in aggression being directed at staff, contributing to the high risk score and reluctance to accept new referrals.

Dr Ardiana Gjini added that the issue extended beyond the Health Board, noting a lack of understanding among both the public health professionals that the weight management pathway begins with population-level behaviour change interventions and only culminates in medication for a small cohort of patients. She emphasised that such medication is only available to individuals with severe obesity and relevant clinical indications and complications.

Mr Carruthers reiterated that the risk score of 25 reflected the point at which staff were unwilling to continue providing the service. He advised that cessation of the weight management service would present significant reputational risk for the Health Board, and could also have wider implications for prevention and the overall population health programme.

Councillor Rhodri Evans noted that the target date for achieving the risk score had passed. In response**, Mrs Wilson advised that risks are reviewed regularly and that the Risk Team would liaise with the Service Director for Allied Health Professions and Health Sciences to** **AC**

update the overdue target date, and feedback the Committee's concerns regarding high risk score of 25.

The Committee were ASSURED by this item.

Decision: The Committee:

Risk Management
• RECEIVED ASSURANCE that identified controls are in place and working effectively;
• RECEIVED ASSURANCE that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise; and

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

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

PODCC (26)06 **Targeted Intervention Closedown Report**

Mrs Gostling presented the Targeted Intervention closedown report for Domain 5: Leadership, Capability and Culture, confirming that the Health Board had met all requirements and was no longer in escalation. She proposed that for the areas previously subject to targeted intervention, the Committee will continue to receive assurance through ongoing reporting, with these incorporated into reporting updates.

In relation to the transition to routine arrangements, Mr Prior queried what aspects of targeted intervention had been most valuable and which should be sustained, noting the importance of embedding learning to avoid the risk of re-escalation. In response, Mrs Gostling noted that the key learning included maintaining a sustained focus on priority areas, particularly staff survey feedback, leadership and development, and governance arrangements.

Mrs Marks commended the team for their work and agreed that ongoing updates would be helpful.

The Committee were ASSURED by this item.

Decision: The Committee:

• NOTED the confirmation from Welsh Government (Jacqueline Totterdale correspondence) that Domain 5 has been fully de -escalated from Enhanced Monitoring (Level 3) to routine arrangements.
• NOTED that the revised Escalation Framework (June 2025) contains no de-escalation criteria for this domain, confirming there are no outstanding TI requirements for PODCC to monitor.
• AGREED that formal Escalation reporting to PODCC ceases from this meeting, with ongoing assurance managed through the Committee's normal business cycle.
• NOTED that matters relating to leadership, culture, and workforce will continue to be reported through PODCC's standing agenda as business as usual.

PODCC (26)07 **Staff Story - Deferred**

The staff story was deferred.

PODCC (26)08 **Health Board Partnership Forum Update**

Ms Heather Hinkin presented the update from the Health Board partnership forum held on 18 November 2025, on behalf of Mr Anthony Dean, noting the mix of strategic and operational matters discussed at the forum. She highlighted the lower attendance rates at local partnership forums and the commissioning of a task and finish group to address the transition from weekly to monthly payroll. Ms Hinkin confirmed that the consultation period for the payroll transition was open, with a small cohort of staff affected.

Mrs Marks commented that in terms of staff overpayments or reclaims, more commonly affect lower paid staff, who tend to leave employment more quickly. **She requested Ms Hinkin's team review whether moving to monthly payments would improve the process.** **HH**

Mrs Gostling added that the Health Board offers an app called Wagestream, allowing staff to access their pay at any time, which should mitigate concerns about the transition to monthly payroll.

Mr James Severs highlighted a point of accuracy within the report. The report noted a delay in the appointment of a "Health and Safety Officer". Mr Severs clarified that the position was for the "Head of Health and Safety".

The Committee discussed aligning local partnership forums with Clinical Care Groups (CCG) structures to improve efficiency and attendance. Ms Hinkin outlined that the local partnership forums are county-wide run and some of the CCG structures are Health Board wide, which means that some of the managers then by default might need to attend 3 meetings to present items which would be challenging. Ms Hinkin's advised that her team is reviewing options to improve efficiently, including ensure the right people

attend the appropriate local partnership forums. **Mrs Marks requested an update on this work and a clear deadline for identifying a solution.** **HH**

The Committee were ASSURED by this item.

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

PODCC (26)09 **Phase 2 CCG Organisational Restructure**

Mr Carruthers presented the Phase 2 CCG Organisational Restructure paper, apologising for the late submission.

He outlined the direction of travel for phase two, emphasising the necessity of this phase, driven by retirements and the need to modernise the structure below the CCG level. The restructuring aims to strengthen general management skills, support quality assurance, and practice development agendas, and provide additional nursing leadership. Mr Carruthers highlighted the need for engagement with staff and the importance of a compassionate approach to the changes.

Mr Carruthers outlined the creation of a third clinical service group for critical care, anaesthetics, and theatres, noting the significant service challenges in this area. Specific changes include the creation of pathway-specific therapy service groups and the consolidation of speech and language therapy under one leadership role. Additionally, the introduction of an Assistant Director of Health Sciences role was discussed to ensure representation in strategic conversations.

Positive feedback was received from the external Getting It Right First Time (GIRFT) review, which identified stronger leadership arrangements in urgent emergency care.

Mr Carruthers also highlighted significant changes within community integrated medicine, which involves realigning primary care, chronic conditions, and long-term care portfolios into a clinical care group. This realignment supports a place-based neighbourhood model and integrates community care systems with local authorities. The proposed creation of a community care collaborative service group aims to unify community nursing teams, specialist nursing teams, and chronic condition management teams, enhancing pathway focus on medicine specialty services.

Ms Harraway expressed concerns about the implementation of Organisational Change Process (OCP)1, which had unintended consequences such as eroding trust within district nursing teams. Ms Harraway sought clarification on how OCP2 would mitigate similar concerns and enquired about the number of displaced colleagues and their current status. Mr Carruthers acknowledged the need for improved communication and engagement, outlining plans for a comprehensive communications and

engagement strategy to take staff on the journey and ensure consistent messaging.

Cllr Evans questioned the cost implications of the new structure and its timeline. Mr Carruthers informed Members that the restructuring would not incur additional costs, as it is based on existing resources, and detailed the realignment process. He anticipated that the realignment of management responsibilities and portfolios would be completed by the end of the first quarter, with some interim arrangements already in place.

Ms Marks stated that based on the evidence currently available, she did not have assurance regarding the cost of the restructure . **She requested a detailed outline of the associated costs, including those related to the displacement of staff. This was particularly importance given that, in addition to the proposed structure, Mr Carruthers is being asked to deliver ongoing savings. It was agreed that the matter need to be explored further at a future meeting.** **AC**

Mrs Gostling added that a programme team would lead the organisational change process to ensure swift implementation and minimise uncertainty. In response to Ms Harraway's earlier query, she confirmed that plans are in place for the nine displaced individuals from the initial phase.

Mrs Daniel welcomed the strengthened nursing leadership capacity and emphasised the importance of maintaining stability during the transition.

Mr Prior stressed the importance of clearly articulating the rationale for the change in plain non-corporate language and suggested that a wider group of leaders should be involved in communicating the narrative to ensure ownership across the organisation. Ms Murphy agreed, noting that the overarching narrative may have been lost during the transition to Phase 2. She suggested the development of clear organisational structures to support staff understanding their place within the new structure. Ms Murphy also recognised the significant work undertaken to stabilise community integrated medicine.

Mrs Marks concluded the discussion by emphasising the importance of balancing quality with finances and the need for urgency and compassion in implementing the changes.

The Committee ADVISED the Board of the current fragility of workforce and the pace at which progress would need to be managed going forward.

Decision: The Committee NOTED plans for Phase 2 of the Operations function organisational change process and anticipated timescales for delivery.

PODCC (26)10 **Glangwili Theatres Sickness and Culture**

Ms Olwen Morgan joined the meeting.

Ms Olwen Morgan presented the report on the workforce, cultural, and safety concerns within theatres at GGH. Since 2024, there have been

escalating issues, prompting the establishment of a theatre steering group to address professional and operational challenges. The Organisation Development (OD) Team has worked closely with theatre staff to understand the root causes and improve the situation.

Key recommendations included improving leadership visibility and communication, addressing workforce gaps through targeted recruitment and retention strategies, fostering open communication, enhancing recognition and fairness, and strengthening career development and training access. Significant progress has been made, with the recruitment of 10 additional registered practitioners, including a senior nurse manager and a general manager for anaesthetics, critical care, and theatres. Structured staff induction and mentorship programmes are now in place, supported by the theatre practice development teams.

Ms Harraway queried how the theatres team had reached the current position and whether there were early warning signs, and what lessons could be learned from the situation. In response, Ms Morgan acknowledged that the situation had developed over a prolonged period. She explained that a key issue was that theatre staff were often not visible to the wider health Board workforce resulting in limited understanding of the work undertaken in this area. When Ms Morgan first began working with the theatre team, staff felt disempowered and believed they did not have a voice. Their disengagement and the barriers that had been put in place made it difficult to build trust and there were also challenges in managing their expectations around the pace of change and improvement.

A Safer Staffing Review has been approved, and a business case for further recruitment has been developed. Short-term and long-term sickness rates have improved, and staff training and development are being actively supported. An improvement plan co-produced with theatre staff is underway with Band 7 staff taking ownership of leadership and management roles.

The discussion highlighted the importance of a multidisciplinary approach, with contributions from a range of teams within W&OD, including workforce planning, recruitment, and operational workforce teams. The OD Team conducted culture surveys and engagement sessions with staff to gather insight and understand the challenges, which identified low scores in areas such as voice, well-being, safety, and trust. Leadership within the CCG has been instrumental in driving improvement, although progress remains ongoing.

The Committee expressed assurance in the processes in place to address the cultural challenges in theatres and thanked the team for their efforts in regaining trust and working on improvement.

The Committee were ASSURED by this item.

Ms Olwen Morgan left the meeting.

Decision: The Committee RECEIVED ASSURANCE that the workforce, cultural, and safety concerns identified during 2024/2025 are being rigorously monitored and addressed through strengthened senior

operational accountability and oversight within the Clinical Care Group for Planned and Specialist Care.

PODCC (26)11 **Update on Increase in Stress Amongst Staff**

Ms Hinkin presented a follow-up report on stress, anxiety, and depression-related absences among staff. The comprehensive report included a significant amount of data and insights into the prevalence of these absences, noting that about one-third of sickness absence case management activities are related to Section 10 reasons for absence. Psychological wellbeing referrals suggest a higher impact than initially recorded, indicating a disconnect between management discussions and occupational health assessments.

Ms Hinkin highlighted the challenges experienced by the Psychological Wellbeing Team, including staff retirements and long-term absences. The report also noted the work of the Health and Safety Committee in addressing stress-related absences and the importance of myth-busting around terms and conditions of employment.

The Committee discussed the strong association between sickness levels and general health, wellbeing, and deprivation in localities. The need to enhance delivery programmes to address these challenges, including health and wellbeing champions and community health initiatives, was emphasised. Ms Hinkin added that, following challenges with releasing staff to attend the Recovery in Nature Programme, shorter alternative interventions were being explore. It was also reported that many staff remain reluctant to identify whether stress is attributed to work-related or personal pressures.

Concerns were raised about the tension between the early identification of stress by managers and situations where stress may be attributable to management-related issues. The complexity of the matter was acknowledged, alongside the importance of understanding the underlying causes of stress, in order to address them effectively. The discussion also highlighted the need for proactive interventions and the value of population health data in identifying areas of emerging concern.

The Committee highlighted the importance of focusing on high-value areas and encouraging staff to take ownership of their wellbeing.

The Committee were ASSURED by this item.

Decision: The Committee CONSIDERED the report and RECEIVED ASSURANCE on the next steps.

PODCC (26)12 **Employee Relations Update**

Ms Hinkin provided an overview of the employee relations activity, noting an increase in cases and the importance of encouraging staff to speak up. The report covered activities up to July 2025, with plans to provide a full-year narrative in the next report. Bullying and harassment does continue to be a

significant theme, and a triangulation of that outcome in terms of how many of those cases are substantiated is included in the data set. The report also included details on the overpayments policy and counter-fraud notices.

The Committee were ASSURED by this item.

Decision: The Committee NOTED the Employee Relations Activity report.

PODCC (26)13 **Update on Safeguarding Training Compliance**

Ms Charlotte Westacott joined the meeting

Ms Charlotte Westacott presented a comprehensive update on the current status and future plans for safeguarding training compliance. Ms Westacott highlighted that safeguarding training compliance across the organisation varies, with level 3 safeguarding training compliance still below the organisational threshold of 85%. The increase reflects improved role-mapping of staff who require level 3 safeguarding training, aligning more closely with national safeguarding standards and intercollegiate documents.

Ms Westacott outlined the Health Board's trajectory to achieve 85% safeguarding training compliance by March 2027. This is being supported through the development of a joint adult and child level 3 training package, improved accuracy of role mapping, clear escalation and strengthened collaboration with service delivery groups to target areas of low compliance. She assured the Committee that, despite the expanded eligible cohort, and increasing number of staff are completing level 3 safeguarding training. A structured improvement plan is in place with governance oversight embedded through CCGs to the Safeguarding Strategic Steering Group bi-monthly and also reporting to the Quality, Safety and Experience Committee (QSEC).

The Committee were satisfied with the assurance provided and welcomed the comprehensive report.

The Committee were ASSURED by this item.

Ms Charlotte Westacott left the meeting

Decision: The Committee RECEIVED ASSURANCE that the Hywel Dda Health Board improvement plan aims to address the deficit in Level 3 safeguarding training compliance

PODCC (26)14 **New Workforce Solution**

Ms Tracy Walmsley presented a report on the new workforce solution. The organisation has been identified as an early adopter, with implementation scheduled to commence in June 2026 and continue until June 2027, ahead of a wider roll out across NHS Wales and other nations. The new system is intended to transform the way workforce data and processes are used, supporting significant organisational transformation.

Ms Walmsley highlighted the potential need for future resources, which will be detailed in a forthcoming paper. The new workforce solution is expected to streamline systems and processes, integrating various HR operational systems into one comprehensive tool. The importance of engaging a wide range of staff, from facilities to executives, was emphasised to ensure the new system is user-friendly and effective.

Mr Prior expressed concern that the report did not clearly articulate the problem the new system is intended to address and advised that assurance was required regarding the arrangements for governance oversight. In response, Mrs Gostling explained that the current system, Electronic Staff Records (ESR), is outdated and due to be replaced by 2030. She noted that early adopter status enables the organisation to influence the design and development, ensuring it meets organisational needs and integrates effectively with additional systems.

The discussion concluded with a general sense of excitement and cautious optimism about the new workforce solution, recognising the importance of thorough testing and engagement across all staff levels.

The Committee were ASSURED by this item.

Decision: The Committee:
• NOTED the success on becoming an Early Adopter for NHS Wales and the importance of this role.
• NOTED the requirement for a future Board approval to commence adoption in 2026/27 & 2027/28.

PODCC (26)15 **Whistleblowing in Hywel Dda**

Ms Hinkin presented a detailed report on whistleblowing, stemming from a request by Independent Members to correlate whistleblowing concerns across the Health Board. The report outlined the complexity of multiple statutory pathways, timescales, and reporting mechanisms. Ms Hinkin emphasised the importance of the all-Wales mechanism to raise concerns policy as the primary vehicle for whistleblowing complaints, providing protections under the Public Interest Disclosure Act.

The key points and recommendations in the paper intend to provide assurance and insights from other governance committee cycles and statutory requirements. Ms Murphy appreciated the paper's clarity in defining whistleblowing and speaking up, highlighting the importance of communication in distinguishing between the two.

The Committee expressed satisfaction with the paper, acknowledging the clear definitions and received assurance from the whistleblowing report.

The Committee were ASSURED by this item.

Decision: The Committee:
• NOTED the update provided within this paper regarding speak up, and
• RECEIVED ASSURANCE from the continued progress outlined. The organisation recognises that further work is needed to ensure the consistent

and sustainable embedding of a speak up culture across all operational areas

PODCC (26)16 **Speak Up: 6 Month Update Report**

Mr Robert Blake joined the meeting.

Mr Robert Blake presented the second biannual update on the Speak Up, Make Meaningful Change Framework. He reported that, while legacy cultural challenges remain, there are positive signs of progress, including increased reporting and improved leadership engagement. The working confidence platform remains the primary route for raising concerns, with leadership and management being the highest reported category.

Key themes emerging from the platform include workforce pressures, leadership behaviours, wellbeing and psychological safety, equality and inclusion challenges, and operational issues. Exit interview themes indicate leadership and management issues as the primary reasons for leaving, alongside concerns relating to wellbeing and toxic cultures.

Challenges remain in staff reluctance in disclosing identity, which slows early resolution and limits narrative collection. Improvement priorities include leadership development, communication strategy, expanding the Guardian Network, and aligning with listening to people regulations.

Ms Harraway raised concerns about the platform's dual purpose of raising concerns and positive suggestions, questioning its effectiveness in driving innovation and ownership. Mr Blake acknowledged the need for clearer communication and more focus on collecting innovative ideas.

Mr Prior highlighted the centrality of leadership in addressing various organisational issues, urging a focus on leadership development to support safe, confident speaking up. Mrs Gostling emphasised the importance of promoting initial discussions with managers or other staff members which can be more productive than immediately utilising the anonymous system.

Ms Corinna Lloyd-Jones commented that the Health Board is undertaking substantial work to strengthen leadership, supported by a range of high-quality leadership development programmes. The W/OD Team work closely with clinical colleagues in terms of developing these programmes and ensuring that they align with the General Leadership development programmes. The Health Board also offers a management development programme. In terms of innovation, there is a programme within the Health Board ‘Gwneud y Pethau Bychaun / Doing the Small Things’ to promote innovation and improvement.

Ms Lloyd-Jones also explained that the Speak Up platform is only one mechanism, which is used as a last resort as individuals are always encouraged to discuss issues with the immediate manager or the senior manager first. Individuals are also asked whether they would like support from W&OD’s to help initiate discussions with their manager, enabling W&OD to support both the individual and the manager in responding effectively.

Mrs Alwena Hughes-Moakes highlighted the need for further communications on speaking up, the delicate balance required, to ensure that individuals' experiences of the process, do not negatively impact confidence in the platform. Mrs Hughes-Moakes also informed the Committee that the 'Gwneud y Pethau Bychaun / Doing the Small Things' was launched on St David's Day in 2024, which provides an opportunity to boost the profile in time for this St David's Day.

The Committee recognised the ongoing work and challenges, expressing a need for clearer communication and continued progress in leadership development.

The Committee were ASSURED by this item.

Mr Robert Blake left the meeting

Decision: The Committee:
• NOTED the update provided within this paper regarding speak up, and
• RECEIVED ASSURANCE from the continued progress outlined. The organisation recognises that further work is needed to ensure the consistent and sustainable embedding of a speak up culture across all operational areas

PODCC (26)17 **Equality, Diversity and Inclusion (EDI) Taskforce**

Mrs Anna Bird presented an update on the work of the EDI Taskforce, established by the Board in December 2024 and chaired by Anna Lewis. Mrs Bird expressed thanks for Ms Lewis leadership in progressing this work throughout 2025. The EDI Taskforce focuses on three overarching objectives - Board allyship, engagement and co-production, and better use of data and intelligence. Positive developments include insights from neurodivergent colleagues, emphasising the importance of recognising individual differences and working co-operatively.

From a leadership perspective, further work is planned to strengthen executive engagement, including aligning executive champions to provide visible sponsorship and advocacy. Engagement and co-production activity, including the Big Conversation, has improved understanding of neurodivergent colleagues' experiences and reinforced the importance of recognising individual differences to support inclusive and effective ways of working.

In relation to data and intelligence, progress continues on strengthening intersectional analysis, supported by the development of improved systems and close contribution with specialist teams. This includes drawing together multiple data sources, such as bullying and harassment data and employee relations cases, to inform the Strategic Equality Plan and associated Board reporting. The new ESR system is expected to aid in this work.

Mr Prior expressed concern that the initiative lacked sufficient impact and commented the "the big conversation" did not appear to be substantial. Mr Prior shared his experience with mutual mentoring in a previous

organisation. He highlighted the benefits of such programmes, particularly in understanding the barriers experienced by diverse individuals and recognising one's own privilege. Mr Prior expressed his interest in contributing further to the agenda and suggested that the report did not fully capture the potential of these initiatives.

In response, Mrs Gostling acknowledged the value of reverse mentoring, noting that this approach had already been implemented within the organisation. She emphasised the importance of engaging with neurodivergent staff and adapting tailored approaches rather than a one-size-fits-all plan. Mrs Gostling highlighted the ongoing programmes involving individuals, focusing on areas such as education, career development, recruitment, and employee relations and invited Mr Prior to meet and discuss further developments.

Ms Murphy added her experience with reverse mentorship before the EDI programme's inception in 2025, noting its positive impact on broadening perspectives. Mrs Marks supported the initiative, recognising the need for continued progress and welcoming the steps taken to date.

Dr Ardiana Gjini raised the point that diversity should also consider socioeconomic backgrounds, which significantly affect employees' ability to achieve their potential. Mrs Marks agreed, acknowledging the importance of this aspect.

The discussion concluded with a consensus that diversity and inclusion is everyone's responsibility, not just the EDI Team or W&OD.

The Committee were ASSURED by this item, subject to further discussions taking place with the new PODCC Chair.

Decision: The Committee NOTED the update provided on EDI Taskforce activity to date, the proposed future plans and provide any relevant suggestions or feedback.

PODCC (26)18 **Planning Objectives (PO) General Update Report**

Mrs Gostling presented the update report on planning objectives, noting that the organisation was on target to deliver the set objectives for the year.

The Committee were ASSURED by this item.

Decision: The Committee RECEIVED ASSURANCE on the current position regarding the progress of the Planning Objective aligned to the People, Organisational Development, and Culture Committee, in order to assure the Board that the Planning Objective is progressing and is on target, and to raise any concerns where a Planning Objectives is identified as behind in its status and/or not achieving against its key deliverables.

PODCC (26)19 **Delivery against POs aligned to PODCC: Deep Dives: PO1: Workforce Stabilisation - Recruitment Plan**

Ms Sally Owen joined the meeting.

Ms Hinkin introduced the deep dive into planning objective number 1, specifically 1.2B, and handed over to Ms Sally Owen for a detailed presentation. Ms Owen provided an update on the recruitment function's role in supporting services by attracting high calibre candidates through stabilisation programmes and inclusive recruitment pathways.

Ms Owen highlighted the success of social media campaigns, reaching an audience of over 1.88 million people in 2025. She discussed the development of inclusive recruitment pathways, including case studies of individuals who experience significant barriers however were successfully integrated into the workforce. Ms Owen emphasised the importance of robust recruitment and selection processes for senior leader appointments, ensuring the best possible leaders for the organisation. The presentation covered innovative attraction and conversion strategies, with notable appointments in hard-to-fill areas such as community paediatrics, general surgery, and obstetrics and gynaecology. Ms Owen reported a significant reduction in vacancies, thanks to the International Nursing Programme, and ongoing progress in international recruitment for medical gaps. She stated the need for national solutions involving artificial intelligence to manage the increasing number of applicants. Ms Owen concluded by asking the Committee to acknowledge the achievements of the recruitment function and the ongoing work to improve inclusive recruitment and candidate experiences.

Mrs Gostling commended the recruitment team's phenomenal work, particularly in modernising job descriptions and attracting candidates through various platforms.

Mrs Marks echoed Mrs Gostling’s praise, noting the counterbalance to the perception of recruitment difficulties due to the organisation's location.

Mr Prior and Mrs Gostling discussed regional differences and the challenge of balancing new service requests with stabilising the workforce. The discussion highlighted the complexity of workforce planning and the need for long-term strategies to address temporary funding and new posts. The Committee recognised the significant challenges being managed by the recruitment and workforce planning teams.

The Committee were ASSURED by this item.

Ms Sally Owen left the meeting.

Decision: The Committee ACKNOWLEDGED the key achievements of the recruitment function – as they continue to deliver key objectives regarding attraction strategies and strive to improve accessibility and inclusivity within the recruitment pathway through innovation and partnership working.

PODCC (26)20 **Delivery against POs aligned to PODCC: Deep Dives: PO1: Workforce Stabilisation - Retention Plan**

Ms Denise Fitzsimmons joined the meeting.

Ms Lloyd-Jones and Ms Denise Fitzsimmons led the discussion on the retention programme, providing background on their ambition around retention since 2021. The Health Board is first in Wales to introduce specific programmes aimed at improving retention across a range of staffing groups, which has been identified as crucial to workforce stabilisation and reducing early attrition following recruitment.

The retention programme started with nursing and expanded to medical staff, with preparatory work for Allied Health Professionals (AHPs) and healthcare science beginning in late 2023/24. Ms Fitzsimmons, the Health Board, explained that her role currently funded by Health Education and Improvement Wales (HEIW) with the funding period nearing its end and that further clarification is awaited from HEIW regarding next steps.

Ms Harraway raised concerns about medical turnover, particularly among specialty doctors, and asked for further information on the causes and potential solutions. Ms Fitzsimmons advised higher turnover in specialty doctors due to increased usage of fixed-term contracts and other factors like work-life balance and training.

Ms Owen added that attrition in the recruitment pathway for these grades of doctors was significant, and they are working to improve onboarding experiences and reduce reliance on fixed-term contracts. **Ms Harraway requested an analyse as to whether the specialties with retention challenges align with the Clinical Services Plan (CSP) or other fragile services**. **SO/DF**

Mrs Marks appreciated the detailed discussion and the assurance provided, recognising the ongoing challenge of retention and recruitment.

The Committee were ASSURED by this item.

Ms Denise Fitzsimmons left the meeting.

Decision: The Committee:
• NOTED the progress made to date on our HB retention work programmes, and
• RECEIVED ASSURANCE that, with these programmes remaining on track, appropriate progress toward the ambitious target figures will be achieved within the full-year timeline.

PODCC (26)21 **Delivery against POs aligned to PODCC: Deep Dives: PO1: Workforce Stabilisation - Workforce Education and Development Plan**

Ms Walmsley presented the Education Development Plan, highlighting her unique role spanning both people planning and development over the past six months. She highlighted the interdependence of the W&OD Team and the importance of education and training in underpinning their work. The plan included a backward and forward review of education commissioning, management resources, and the foundations in management programme.

Ms Walmsley emphasised the importance of junior staff development, system processes, cultures, and behaviours needed in the workplace. She drew attention to the new management competency framework and the

alignment of learning needs analysis, education commissioning, and support for apprentices. The Apprentice Academy was highlighted as a strong area with potential for future growth.

The plan also included Continuous Professional Development (CPD) governance processes, simulation learning with Swansea University, and the digital workforce and data arm. Ms Walmsley noted the importance of protected time for staff training, consistent recording of training, development of faculty and capability, and alignment of educational commissioning to reduce workforce gaps.

Mr James Severs raised a query whether the projected reduction in commissioning in 2030 is fully understood in the context of the current workforce He sought clarification as to whether this reflects workforce age profile and demographics, or whether it is influenced by service planning and budget constraints, and whether a clear narrative exists to explain this position. Ms Walmsley advised that the paper remains in draft form, with an opportunity for further reflection until the end of March 2026. She acknowledged that the issue raised by James is the key question to be addressed, noted that the latter explanation is likely to apply, and welcomed support in developing this further.

Mr Prior commended the plan and noted that there has been insufficient time to explore the detail in depth. Mrs Murphy highlighted the potential impact of proposed changes to indefinite leave to remain on international staff, and the implications that this may have on future workforce planning and recruitment.

Mrs Marks appreciated the detailed discussion and the assurance provided, recognising the need for more time to discuss the plan in depth.

The Committee were ASSURED by this item.

Decision: The Committee RECEIVED ASSURANCE from the Deep Dive relating to Workforce Strategy - Workforce Stabilisation Planning Objectives: Education & Development Plan 2025/26.

PODCC (26)22 **Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR)**

Ms Michelle James joined the meeting.

Ms Michelle James presented the performance assurance and workforce metrics report, highlighting key achievements and metrics. Compliance with the core skills training framework was 91.9%, and 34 settings within the Health Board had been awarded bronze, silver, or gold investors in carers. Sickness absence rates had decreased by 0.19%, with anxiety, stress, and depression remaining the highest reasons.

Ms James noted the adoption rate for the Stream tool, with 66% of enrolled users tracking their earnings and 43% holding a savings account. She then provided an update on the population health tool, developed in collaboration with the data science team, which highlighted variation in sickness absence

rates across unscheduled care areas, with higher rates at Prince Philip Hospital linked to socioeconomic deprivation.

The tool also analysed the journey of nursing and midwifery staff, noting that healthy life expectancy was 58.6 years, and the average retirement age was 59.8. A significant percentage of retirees returned to work, with 81% still in post after three years. The data raised questions about how to use this information to inform prevention strategies and guide service placements.

Dr Gjini provided insight into the impact of socioeconomic deprivation on staff health and the importance of early intervention and prevention models. Ms Harraway welcomed the involvement of the data science team and noted the value of progressing to a clear 'so what' analysis. Mrs Gostling highlighted the correlation between sickness rates and areas of deprivation, underlining the need for tailored occupational health provision.

Mrs Murphy welcomed the positive aspects of the report, noting that it demonstrated areas of leadership strength within the Health Board. Mrs Marks concluded the discussion by acknowledging the richness of data presented and looking forward to the next steps.

The Committee were ASSURED by this item.

Ms Michelle James left the meeting.

Decision: The Committee:
• NOTED the content of the Performance Assurance and Workforce Metrics report, and
• RECEIVED ASSURANCE of performance in key areas of the Workforce and OD agenda.

PODCC (26)23 **Strategic People Planning and Education Group (SPPEG)**

Ms Walmsley provided an update on the Strategic People Planning and Education Group (SPPEG), noting that the group continued to advise on statutory mandatory training, identifying duplication of effort and aligning energies to the non-pay deal. Ms Walmsley highlighted the need to review governance arrangements to ensure there was no duplication and that responsibilities between education and workforce planning are clear.

The draft Education Commissioning Report had been submitted to HIW, with a deep dive planned at the next SPPEG meeting, prior to the final submission to HEIW. Ms Walmsley assured the Committee that funding from HEIW had been predominantly spent, with a potential underspend of £10,000.

Mrs Marks welcomed the update and received assurance from the report, recognising the ongoing work and the need for further discussion.

The Committee were ASSURED by this item.

Decision: The Committee:
• NOTED the items that the Sub-Committee is advising them of, and
• RECEIVED ASSURANCE from the items that the Sub-Committee is providing assurance on.

PODCC (26)24 **Outcome of Advisory Appointments Committee (AAC)**

The Committee reviewed the outcome of the Advisory Appointments Committee (AAC), approving five consultancy posts. Mrs Marks expressed satisfaction with the recruitment progress and the approval of these posts, recognising the importance of filling these positions.

The Committee were ASSURED by this item.

Decision: The Committee:
• NOTED withdrawals / no appointments made;
• APPROVED the AAC appointments on behalf of the Board.

PODCC (26)25 **Workforce Policies for Approval**

The Committee reviewed and approved a number of workforce policies, including the new local Work Experience Policy and the removal of the Medication Errors Policy. They also approved the extension of 12 local policies and the adoption of the updated All Wales Reserve Force and Training Globalisation Policy.

Ms Hinkin sought approval to adopt two All Wales policies, the Disciplinary Policy and the Performance Improvement Policy, through Chair's Actions before the next Committee meeting due to their implementation date of 1 April 2026. The Committee granted approval for this request.

The Committee were ASSURED by this item.

Decision: The Committee:
• RECEIVED ASSURANCE that the above local policies have been developed and reviewed in line with Policy 190.
• APPROVED the new local policy 1428 – Work Experience Policy
• APPROVED the removal of 558 - Medication Errors
• EXTENDED twelve local policies in accordance with the dates provided.
• ADOPTED the updated 348 – All Wales Reserve Forces Training & Mobilisation Policy and note the All-Wales policy schedule update provided.
• NOTED the documents provided for information.

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

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

PODCC (26)27 **ANY OTHER BUSINESS**

No additional business was discussed.

PODCC (26)28 **DATE OF NEXT MEETING:** 9.30am-12.30pm, Tuesday 19 May 2026

Date of Future Meetings

The committee noted the dates for future meetings:
Tuesday 18 August 2026
Tuesday 10 November 2026, and
Tuesday 16 February 2027

2.3

09:37, 3 Mins

2.3 - Table of Actions from the meeting held on 17 February 2026

Neil Prior (Hywel Dda UHB - Independent Board Member)

For assurance

Attachments

2.3 PODCC 17.02.26 Table of Actions.pdf

PEOPLE, ORGANISATIONAL DEVELOPMENT AND CULTURE COMMITTEE (PODCC)/ PWYLLGOR POBL, DATBLYGU SEFYDLIADOL A DIWYLLIANT
17/02/2026
TABLE OF ACTIONS/TABL GWEITHREDOEDD

Key: AC-Andrew Carruthers; HH-Heather Hinkin; NP-Neil Prior; SO-Sally Owen; TW-Tracy Walmsley

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
17/02/2026	PODCC(26)05	Assurance and Risk Report • Risk Team to liaise with the Service Director for Allied Health Professions and Health Sciences (Sarah Quarrie) team to update overdue target risk score deadline date (Risk 2169) in Risk Report, and to feedback comments from the Committee on the risk score of 25 being exceptionally high.	AC	30/04/2026	Complete Reviewed as requested: Risk 2169 (Adult WMS) was reviewed on the 28/01/2026 and 28/02/2026 The score is justified by the risk matrix: Impact score of 5 criteria met: Loss of several key staff" (12.5% sickness absence rate including staff members on long term sick, one of whom had sited work related stress when handing in notice / other staff have reported they do not enjoy work and are seeking other employment - 1 resigned and left Jan 2026) "Non-delivery of key objective/service due to lack of staff" (single handed prescriber is raising concern re workload demand, (as per linked risk ID 2151), key objective of service cannot be delivered without a prescriber). Likelihood score of 5: this risk is "Expected to occur at least daily" This score remains unchanged as the impact is occurring daily.

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
17/02/2026	PODCC(26)05	Assurance and Risk Report • Risk Team to liaise with Planned Care team to provide an update on what may be the cause for Risk 2253: Risk of reduced workforce due to difficulty recruiting qualified specialist School Nurses.(brief written response to be provided in the Table of Actions)	AC	30/04/2026	Complete Intel suggests that there has been no issues attracting/recruiting into the vacancies placed onto the Trac system. All vacancies advertised during the last 12 months have been filled/allocated as detailed below: Recruitment activity over the last 12 months suggests 14 vacancies of which: • 3 vacancies allocated to SSP; • 5 vacancies allocated for those completing their SCPHN course; • 5 vacancies advertised and filled; • 1 vacancy advertised then withdrawn by service as no longer required.
17/02/2026	PODCC(26)08	Health Board Partnership Forum Update • To provide an update on work undertaken to improve forum attendance, with a deadline for achieving a solution. (brief written response to be provided in the Table of Actions)	HH	30/04/2026	Complete Discussions are ongoing with the TUs (latest discussion was 10.3.26) and a more formal meeting is now being arranged between LG/HH and the 5 TU leads to discuss further at one of their Tuesday catchup sessions. Discussion paper prepared for WOD SLT meeting on 05/05/26 (HH 23/04/26). Discussion paper shared with the TU Leads on 5.5.26. Agreed to add to agenda for the next SPF meeting on 13.5.26 and then for a special SPF Meeting to be arranged for a more detailed conversation. (Updated 6.5.26)

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
17/02/2026	PODCC(26)08	Health Board Partnership Forum Update • To review whether moving to monthly payments would make improve issues with lower paid staff leaving and ending up with overpayments, or make it worse.	HH	30/04/2026	Complete T&F Group set up and consultation with 65 staff began on 11.2.26. Consultation closed on 12.3.26. Less than 5 responses were received and this feedback is now being considered. Next steps to draft a report for Executive with a recommendation as to whether the weekly payroll is closed. Implementation date has been pushed back due to additional time given to agree the report. Implementation now planned for September (HH 23/04/26). Report submitted to Executive Team for their consideration in May 2026. Awaiting decision.
17/02/2026	PODCC(26)09	Phase 2 CCG Organisational Restructure • To bring an update on full costs of the restructure to a future meeting.	AC	30/04/2026	Complete Forward planned on workplan for PODCC on 18 August 2026.
17/02/2026	PODCC(26)20	PO1: Workforce Stabilisation - Retention Plan • To analyse whether the specialties with retention issues align with the Clinical Services Plan (CSP) or other fragile services, and report back Committee.	SO	30/04/2026	Complete In the 9 Services reviewed, the report was run to show turnover data between 01/06/2024 – 31/05/2025 (the end of May 2025, marking the commencement of the Public Consultation) and 01/06/2025 – 28/02/2026, across the 21 Speciality-related roles, headcount turnover fell more often than it rose, with a small number of roles increasing in turnover or staying the same. It is important to caveat, that not all parts of the service structures have medical staff within them. Some of the groups are also not split further down in the structure, e.g. there is a level for General Surgery, but not specifically Emergency General Surgery. Full data set available on request.

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
17/02/2026	PODCC(26)21	PO1: Workforce Stabilisation - Workforce Education and Development Plan • To submit a report on strengthening simulation learning to a future PODCC meeting	TW	30/04/2026	Complete Update 5.5.26: Forward planned on the PODCC Workplan for 18 August. 2026 01/04/26: Scoping work underway to inform a future committee report. Deep Dive submitted to PODCC February; Position Paper being developed for SPPEG to cover strategic approach for 2026/27.
17/02/2026	PODCC(26)25	Workforce Policies for Approval • To approve 2 further All-Wales policies through Chair's Actions before the next Committee meeting due to their implementation date of 1 April 2026	NP	30/03/2026	Complete Approved via Chair's actions

2.4

09:40, 5 Mins

2.4 - PODCC Terms of Reference

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

For approval

Attachments

2.4 PODCC ToRs SBAR.pdf

2.4 Appendix 1 - PODCC Terms of Reference v10forPODCCApproval.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 May 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	People, Organisational Development & Culture Committee Terms of Reference
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling, Executive Director of Workforce & OD/Deputy CEO
SWYDDOG ADRODD: **REPORTING OFFICER:**	Joanne Wilson, Director of Corporate Governance/Board Secretary Charlotte Wilmshurst, Assistant Director of Assurance and Risk

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 purpose of this paper is to ensure that the People, Organisational Development & Culture Committee has clear terms of reference which detail its purpose, boundaries, role, composition and operating arrangements.

Cefndir / Background

According to its terms of reference, the Committee must review its terms of reference and operating arrangements on at least an annual basis to ensure they remain fit for purpose. These must be subsequently approved by the Board and will form part of the Health Board's Standing Orders.

The Committee last reviewed its terms of reference and operating arrangements in May 2025, and these were subsequently approved by the Board, on 31 July 2025.

Asesiad / Assessment

The People, Organisational Development & Culture Committee Terms of Reference and operating arrangements (**Appendix 1**) have been reviewed since Board approval on 31 July 2025, with no changes made to terms.

Argymhelliad / Recommendation

The Committee is asked to:

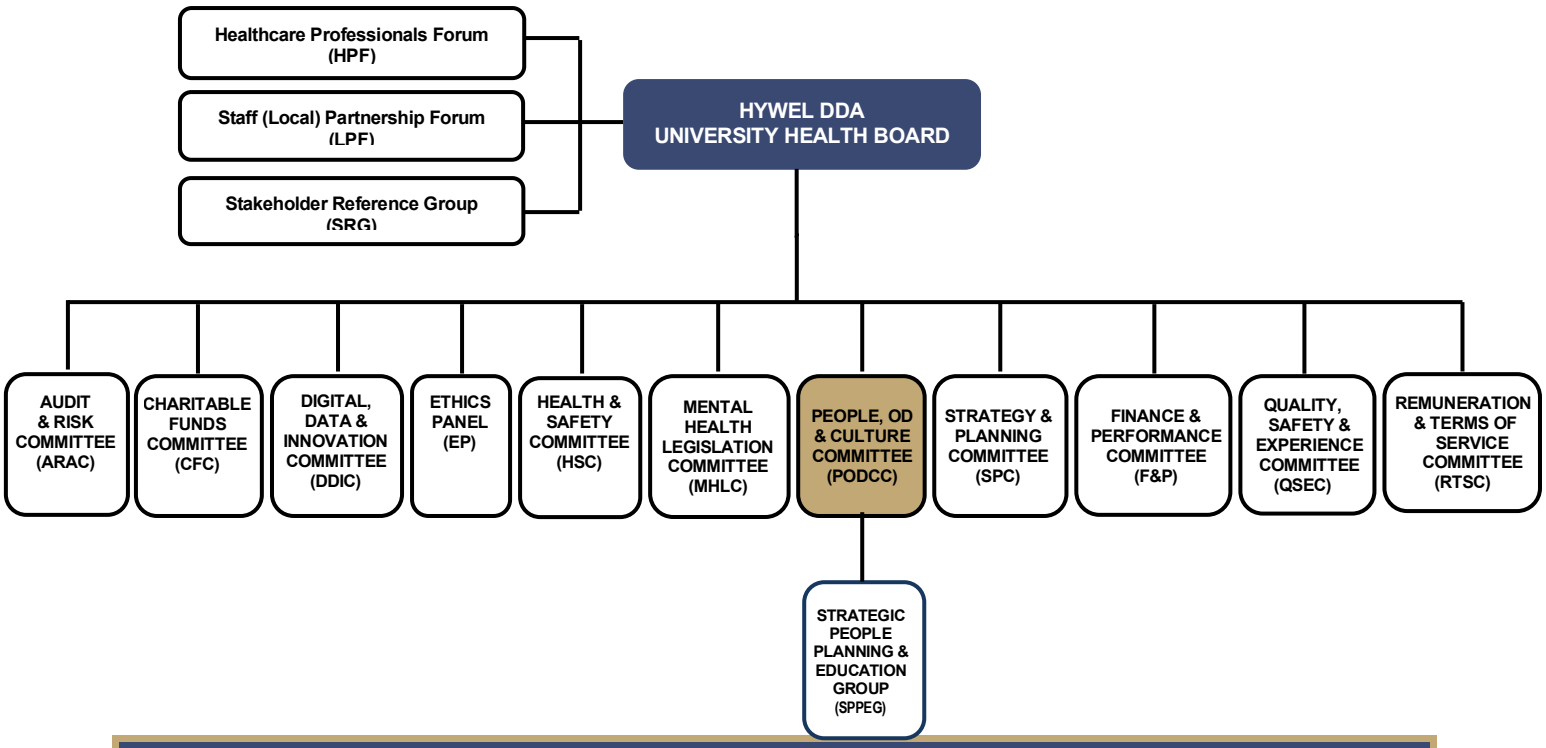
- **APPROVE** the People, Organisational Development & Culture Committee's Terms of Reference (v.10) for onward ratification by the Board on 30 July 2026.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.5 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any sub committees established.
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)	1. Leadership 2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Striving teams
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:	Standing Orders
Rhestr Termau: Glossary of Terms:	Contained 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:	Director of Corporate Governance/Board Secretary Executive Director of Workforce & OD/Deputy CEO

Effaith: (rhaid cwblhau)

Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	No direct impacts
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not Applicable
Gweithlu: **Workforce:**	Not Applicable
Risg: **Risk:**	Not Applicable
Cyfreithiol: **Legal:**	Not Applicable
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable



TERMS OF REFERENCE

PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

Version	Issued To	Date	Comments
V1	Hywel Dda University Health Board	29.07.2021	Approved
V2	People, Organisational Development & Culture Committee	20.06.2022	Approved
V2	Hywel Dda University Health Board	28.07.2022	Approved
V3	People, Organisational Development & Culture Committee	03.04.2023	Approved
V4	Hywel Dda University Health Board	25.05.2023	Approved
V5	People, Organisational Development & Culture Committee	19.06.2023	Approved
V6	People, Organisational Development & Culture Committee	05.07.2023	Approved via Chair's Action
V6	Hywel Dda University Health Board	27.07.2023	Approved
V7	People, Organisational Development & Culture Committee	15.02.2024	Approved
V7	Hywel Dda University Health Board	28.03.2024	Approved

V8	People, Organisational Development & Culture Committee	20.08.2024	Approved
V8	Hywel Dda University Health Board	26.09.2024	Approved
V9	Hywel Dda University Health Board	31.01.2025	Approved (alongside the new governance arrangements)
V10	People, Organisational Development & Culture Committee	27.05.2025	Approved
V10	Hywel Dda University Health Board	31.07.2025	Approved
V10	People, Organisational Development & Culture Committee	19.05.2026	For approval

PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

1. Constitution

1.1 The People, Organisational Development & Culture Committee (the Committee) has been established as a Committee of the Hywel Dda University Health Board (the Health Board) and constituted from 1 August 2021.

2. Purpose

2.1 The purpose of the People, Organisational Development & Culture Committee is to provide *advice* and *assurance* to the Board on the following:

2.1.1 Compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, ensuring ~~(~~the Health Board~~)~~ is recognised as a leader in this field.

2.1.2 The Implementation of the Health Board's Workforce and OD Strategy, and the all-Wales Health and Social Care Workforce Strategy, ensuring these are consistent with the Health Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales.

2.1.3 The organisation's ability to create and manage strong, high performance, organisational culture arrangements.

2.1.4 That there are appropriate arrangements to ensure education and commissioning meets future workforce needs.

3. Key Responsibilities

3.1 The Committee will in respect of advice and assurance to the Board:

3.1.1 Seek assurance that people and organisational development arrangements are appropriately designed and operating effectively to ensure the provision of high

quality, safe services/programmes and functions across the whole of the Health Board's activities.

3.1.2 Consider the implications for workforce planning arising from the development of the Health Board's strategies and plans or those of its stakeholders and partners, including those arising from joint (sub) committees of the Board.

3.1.3 Ensure robust mechanisms are in place to foster a strong and high-performance organisational culture of effective leadership, innovation and continuous improvement, in accordance with the Health Board's values and behaviour framework, future-proofed to ensure their continuity and success.

3.1.4 Ensure the Health Board is meeting its responsibilities with regard to statutory and mandatory training.

3.1.5 Seek assurance on delivery against all planning objectives aligned to the Committee, considering and scrutinising the plans, models and programmes that are developed and implemented, including the annual workforce plan and associated commissioning plan, supporting and endorsing these as appropriate.

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.

3.1.7 Seek assurances that there is the appropriate culture and arrangements to allow the Health Board to discharge its statutory and mandatory responsibilities with regard to Welsh language provision (workforce & patient related).

3.1.8 Approve appointments made by the Advisory A Committee.

3.1.9 Receive assurance on delivery against the areas of targeted intervention, and the required elements for de-escalation, that are aligned to the Committee.

3.1.10 Seek assurance on delivery against all Planning Objectives aligned to the Committee, in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering, and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate

3.1.11 Seek assurance on the delivery of the requirements arising from Health Board's regulators, WG and professional bodies.

3.1.12 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Operational Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.

3.1.13 To receive assurance through Sub-Committee Update Reports and other management group reports that risks relating to their areas are being effectively

managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

3.1.14 Approve the workforce and organisational development policies and plans delegated to the Committee.

3.1.15 Refer people, culture and organisational development matters which impact on quality and safety to the Quality, Safety & Experience Committee (QSEC), and vice versa.

3.1.16 Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the People, Organisational Development & Culture Committee and oversee delivery.

4. Membership

4.1 The membership of the Committee shall comprise:

Member
Independent Member (Chair)
Independent Member (Vice Chair)
2 x Independent Members

4.2 Membership must include an Independent Member from the Quality, Safety and Experience Committee.

4.3 The following should attend Committee meetings:

In Attendance
Executive Director of Workforce & Organisational Development (Lead Executive)
Executive Medical Director
Executive Director of Public Health
Executive Director of Nursing, Quality & Patient Experience
Executive Director of Allied Health Professionals and Health Sciences
Chief Operating Officer
Communications and Engagement Director
Chair of Health Board Staff Partnership Forum

4.4 Membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

5.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee, together with a third (3) of the In Attendance members.

5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

5.3 Any senior officer of the Health Board or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.

5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.

5.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.

5.6 The Chair of the Health Board reserves the right to attend any of the Committee's meetings as an ex officio member.

5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the People, Organisational Development & Culture Committee.

5.8 The Chair of the People, Organisational Development & Culture Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5.9 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Director (Director of Workforce & OD), at least **six** weeks before the meeting date.

6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.

6.3 All papers must be approved by the Lead/relevant Director.

6.4 The agenda and papers will be distributed **seven** days in advance of the meeting.

6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and Table of Actions will be circulated to the Lead Director within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.

6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. In Committee

7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

8.1 The Committee will meet quarterly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.

8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

9.1 Although, as set out within these terms of reference, the Board has delegated authority to the Committee for the exercise of certain functions, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.

9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

9.3 The Committee shall embed the Health Board's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

9.4 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

10.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:

10.1.1 joint planning and co-ordination of Board and Committee business;
10.1.2 sharing of information.

10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

10.3 The Committee may establish sub-committees or working/task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or working/task and finish group meeting detailing the business undertaken on its behalf. The Sub-Committee reporting to this Committee is:

10.3.1 Strategic People Planning and Education Group

The management group feeding into this Committee is the:

10.3.2 Workforce & OD Leadership Group

There are also other links to this Committee through the:

10.3.3 Staff Partnership Forum

10.4 The Committee Chair, supported by the Committee Secretary, shall:

10.4.1 Report formally, regularly and on a timely basis, to the Board on the Committee's activities. This includes the submission of a committee update report, as well as the presentation of an annual report within **six** weeks of the end of the financial year.

10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.

10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

10.5 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any sub committees established.

11. Secretarial Support

11.1 The Committee Secretary shall be determined by the Director of Corporate Governance/Board Secretary.

12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

2.5

09:45, 5 Mins

2.5 - PODCC Annual Report

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

For approval

Attachments

2.5 SBAR PODCC ANNUAL REPORT 2025-26.pdf

2.5 Appendix 1 - PODCC Committee Annual Report 25-26 Final.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 May 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	People, Organisational Development & Culture Committee Annual Assurance Report 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Neil Prior, Chair, People, Organisational Development & Culture Committee
SWYDDOG ADRODD: REPORTING OFFICER:	Mrs Lisa Gostling, Executive Director of Workforce & Organisational Development (OD)

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 purpose of this report is to present the People, Organisational Development & Culture Committee (PODCC) Annual Assurance Report 2025/26 to the Board.

The PODCC Annual Report provides assurances in respect of the work that has been undertaken by the Committee during 2025/26; and outlines the main achievements which have contributed to robust integrated governance across the Health Board.

Cefndir / Background

Hywel Dda University Health Board's (the Health Board) Standing Orders and the Terms of Reference (TOR) for PODCC require the submission of an Annual Report to the Board to summarise the work of the Committee and to identify how it has fulfilled the duties required of it.

The fundamental purpose of the Committee is to provide assurance to the Board around the organisation's strategy and delivery plans for workforce and organisational development.

This PODCC Annual Report specifically comments on the key issues considered by the Committee in terms of People, Organisational Development and Culture, and the adequacy of the response, systems and processes in place during 2025/26.

Asesiad / Assessment

The PODCC Annual Report 2025/26 is included at Appendix 1.

Argymhelliad / Recommendation

The Committee is requested to:

- **ENDORSE** the People, Organisational Development & Culture Committee Annual Report 2025/26.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.4.1 Report formally, regularly and on a timely basis, to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
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)	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	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of PODCC meetings 2025/26
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:	PODCC Chair, Lead Director and Committee Members

Effaith: (rhaid cwblhau)

Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	A sound system of internal control, as evidenced in the Committee's Annual Report, will assist with ensuring financial control, and the safeguard of public funds
Ansawdd / Gofal Claf: **Quality / Patient Care:**	SBAR template in use for all relevant papers and reports
Gweithlu: **Workforce:**	SBAR template in use for all relevant papers and reports
Risg: **Risk:**	SBAR template in use for all relevant papers and reports
Cyfreithiol: **Legal:**	A sound system of internal control, as evidenced in the Committee's Annual Report, ensures that any risks to the achievement of the Health Board's objectives are identified, assessed and managed.
Enw Da: **Reputational:**	Not applicable
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	SBAR template in use for all relevant papers and reports

PEOPLE, ORGANISATIONAL DEVELOPMENT AND CULTURE COMMITTEE

ANNUAL REVIEW REPORT

2025/2026

1. Introduction and Chair's Summary

In line with Standing Orders, the People, Organisational Development and Culture Committee must submit an Annual Report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Sub-Committees it has established, setting out how the Committee has met its Terms of Reference during the financial year.

The Board uses this annual report to inform:

- The ongoing development of its governance arrangements, including its structures and processes:
- Its Board Development Programme, as part of an overall Organisation Development framework

Chair's Reflections

During 2025/26, the People, Organisational Development and Culture Committee (PODCC) has continued to play a critical role in providing oversight, scrutiny and assurance in what has been a year of significant organisational pressure, cultural challenge, and system-wide change. Reflecting on the Committee's work over the past year, several themes have emerged which will continue to shape our priorities going forward.

First, the scale and pace of organisational change particularly the rollout of the Clinical Care Group (CCG) structure has had a profound impact on staff, with concerns raised about communication, engagement, and the effect on trust and morale. The Committee has paid close attention to these issues, recognising the fragility of teams affected by restructure and the need for consistent, compassionate leadership to embed new ways of working. Updates received through the year have shown some progress, but this remains a critical area requiring ongoing support and scrutiny.

Second, the Committee has maintained strong focus on workforce risks, including recruitment and retention challenges, sickness absence, and wellbeing pressures. The wider labour market, coupled with financial constraints, continues to present significant obstacles. Deep dives undertaken this year have been instrumental in understanding both the causes and the potential solutions. The Committee welcomed the progress achieved through international recruitment, reductions in key vacancies, and enhanced workforce planning, while also noting areas such as medical retention and specialist workforce shortages where risk remains high. The link between staff wellbeing, service sustainability and patient outcomes has never been clearer.

Third, cultural development and improvement have been central to the Committee's work. Staff survey results, Speak Up insights, Equality, Diversity and Inclusion (EDI) Taskforce findings, workforce performance metrics, and reports from Health Education and Improvement Wales (HEIW) and inspectors have provided rich intelligence on staff experience. While there are positive indicators—including higher

levels of anonymous reporting, improvements in training compliance, and examples of compassionate leadership significant challenges persist, particularly around psychological safety, morale, behavioural standards and confidence in raising concerns. The Committee has prioritised the need to embed a more consistent and visible speak up culture across all areas of the Health Board.

Fourth, the Committee has taken assurance on a broad range of programmes and initiatives that provide real value to staff, including the Recovery in Nature wellbeing programme, Agile Working developments, the Armed Forces Covenant, and workforce education and development planning. These programmes illustrate the commitment across the organisation to invest in its people and support them through demanding circumstances.

The year has also seen considerable progress in strengthening governance, risk oversight and reporting. The shift to an integrated Assurance and Risk Report and the Committee's engagement with corporate, operational and principal risks have strengthened visibility of workforce-related risks and improved the Committee's ability to monitor and challenge mitigation plans. The Committee's own self-assessment has highlighted areas for improvement such as sharpening strategic focus, strengthening interfaces with other Committees, and enhancing the quality of reports and these actions have already resulted in positive changes to Committee practice.

Finally, it is important to reflect on the commitment of staff and leaders who have contributed to the Committee's work throughout the year. Despite organisational pressures and operational demands, colleagues have shown openness, professionalism and a clear desire to improve workforce culture and staff experience. The Committee's ability to carry out its role is dependent on this transparency and engagement.

Looking ahead, the Committee recognises that the challenges facing the workforce are significant and, in some areas, deep rooted. The Health Board's recovery journey, the implementation of the Clinical Services Plan, and the early adoption of the new NHS Wales Workforce Solution will all require robust oversight. PODCC will continue to focus on improving organisational culture, strengthening recruitment and retention, delivering inclusive and equitable opportunities, supporting staff wellbeing, and ensuring that the Health Board is a place where every member of staff can thrive and feel valued.

The Committee is assured that it continues to operate effectively within its Terms of Reference, and remains committed to continuous improvement in its scrutiny, leadership and governance.

2. Terms of Reference and Workplan

The Terms of Reference (TOR) for the People, Organisational Development and Culture Committee is reviewed on an annual basis or following any significant changes. The TORs were last reviewed on 27 May 2025.

Link to People, Organisational Development and Culture Committee Terms of Reference

The People, Organisational Development and Culture Committee has a work plan to enable forward planning for the forthcoming year. The workplan is produced to incorporate the duties outlined in the Committee's TOR and any suggested areas of focus identified during the self-assessment process. The People, Organisational Development and Culture Committee workplan covers a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support Board and Committee's objectives. The workplan is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks.

Link to the People, Organisational Development and Culture Committee Workplan 2025-26

3. Sub-Committee

The **Strategic People Planning and Education Group** reported into the People, Organisational Development and Culture Committee with its own TOR and workplan for the year. The Sub-Committee's TOR were last reviewed on 11 April 2024. In line with their Terms of Reference, the Sub-Committee provided a report after each meeting. The TORs are due to be reviewed in the May 2026 meeting.

4. Table of Attendance

Membership	27/02/25	19/08/25	03/11/25	17/02/26
Eleanor Marks (Chair/Vice Chair) *A change of IM responsibilities took place in January 2026 with Eleanor Marks becoming Vice-Chair of the Committee*	✓	✓	✓	✓
Neil Prior (Chair) *Neil Prior joined the Committee as Chair from April 2026.*	n/a	n/a	n/a	✓
Anna Lewis Independant Member (Vice Chair) *Anna Lewis left the Health Board in December 2025.*	✓	**x**	**x**	n/a
Ann Murphy Independant Member	✓	✓	✓	✓
Rhodri Evans Independant Member	✓	✓	✓	✓ No longer a Member of PODCC
In Attendance	27/02/25	19/08/25	03/11/25	17/02/26
Lisa Gostling	✓	✓	✓	✓

Executive Director of Workforce and Organisational Development/ Deputy Chief Executive				
Mark Henwood Executive Medical Director	✓	x	✓	x
Dr Ardiana Gjini Executive Director of Public Health	✓	✓	x	✓
Sharon Daniel Executive Director of Nursing, Quality and Patient Experience	✓	✓	✓	✓
James Severs Executive Director of Allied Health Professions and Health Science	✓	✓	✓	✓
Andrew Carruthers Chief Operating Officer	✓	✓	✓	✓
Alwena Hughes-Moakes Communications and Engagement Director	✓	✓	✓	✓
Anthony Dean Trade Union Representative	x	✓	✓	x
Meeting quorate?	Yes	Yes	Yes	Yes

A quorum consists of no less than three of the membership and must include as a minimum the Chair or Vice Chair of the Committee, together with a third (3) of the In Attendance members.

5. Committee Activities – alert, advise and assure.

The Committee is required to report to the Board after each Committee meeting by presenting a report highlighting the key discussion items at the Committee.

Alert – *The following matters were areas where the Committee was unable to take an assurance or had a lack of confidence that the action in place was sufficient to address the issue satisfactorily and/or it was within the scope of the operational team to resolve and were alerting the Board as engagement action or intervention was required.*

The Committee did not alert the Board to any matters during 2025/26.

Advise – *The following matters were areas of concern where assurance had been taken on actions in place but required close monitoring.*

Operational Risks

As part of its 'Advise' role, the Committee escalated the following operational risk matters to the Board during the year:

- **Operational Risk 737 – Switchboard compliance with the European Working Time Directive**
  The Committee advised the Board in May 2025 that it was not assured in relation to Operational Risk 737, a long-standing risk associated with the ability to safely cover single-handed switchboard shifts across three sites. Further assurance was sought on how the risk was being managed.

Subsequent updates confirmed that the required changes were complex and subject to an Organisational Change Process, which was approved, with implementation progressing and a revised target completion date of January 2026. This risk continues to be monitored through the Committee's Assurance and Risk reporting.

- **Operational Risks – August position**
  In August 2026, the Committee advised the Board that it was unable to receive assurance in relation to the wider suite of operational risks presented, as key queries could not be adequately addressed during the meeting. The Committee formally requested that the Chief Operating Officer ensure a comprehensive update be provided to enable appropriate scrutiny. A refreshed operational risk update was subsequently presented to the Committee at its November 2025 meeting, enabling assurance to be taken. This position is reflected within the 'Assure' section of this Annual Report.

Culture Progression – in May 2025 the Committee advised the Board that further work and discussions were required regarding Culture Progression, to demonstrate the impact on the Health Board's culture. The Committee requested a further update at its ~~the~~ next meeting. An update was subsequently provided which is included under the 'Assure' section of this Annual Report.

Targeted Intervention – in August 2025 the Committee advised the Board of concerns raised regarding the incomplete rollout of the Clinical Care Group (CCG) structure, noting the absence of a confirmed timeline and recruitment plan, despite its implementation in April 2025. The Chief Operating Officer committed to finalising writing an Organisational Change Policy (OCP 2) by the end of September 2025; however, it was recognised that this could take up to a further 9 months to implement. The Committee remained significantly concerned about the timescales, due to the impact this was having on individuals impacted by the new structure, recognising there were increased complaints to Board Members and the Trade Unions about the process. It was requested that an update be provided to the next Committee meeting, outlining the structure and process for recruitment arrangements. An update was provided which is included under the 'Assure' section of this Annual Report.

Phase 2 Clinical Care Group (CCG) Organisational Restructure – in February 2026 the Committee highlighted the fragility of staff affected by the restructure, and the need to progress matters at pace. Concerns were raised that Phase 1 had damaged trust with district nursing teams. Executive Directors acknowledged the need for stronger communication and engagement and outlined plans for a comprehensive strategy to rebuild trust. The Committee could not take assurance on the restructure's costs and requested a detailed breakdown, including costs linked to staff displacement, for a future PODCC meeting.

Assure – *The following matters were areas where there was confidence that robust actions are in place and are sufficient to address the issues to operate effectively.*

Assurance and Risk Report

The Committee received separate reports on Corporate Risks Assigned to PODCC and Operational Risks Assigned to PODCC in May 2025. An overarching report (which incorporates Corporate and Operational Risks, Operational, Monitoring of Ministerial Directions and Monitoring of Welsh Health Circulars) was then submitted to the Committee in August 2025, November 2025 and February 2026.

The Committee reviewed the corporate and operational risks which are aligned to PODCC. As part of its review, the Committee considered the status of each risk and their current scores.

- **Corporate Risk 1978: Risk of insufficiently skilled workforce to deliver services due to limited labour market** – In May 2025 the Committee queried whether the target risk score of 12 was too high. After considering the risk alongside feedback received from managers, staff and trade union representatives it was determined that the scores should remain unchanged. It was agreed that a deep dive into this risk would take place and also be discussed by the Executive Team.

  In February 2026 the risk score remained at 16 and it was reported that as further action is taken through stabilisation programmes, the Clinical Services Plan (operational and strategic workforce planning) and Improving Together sessions, it is expected to be able to reduce the risk score during 2026/27.

- **Principal Risk 1186: Attract, retain and develop staff with the right skills** – in August 2025 it was noted that this risk score had not been reduced following internal feedback, however, the risk continued to be reviewed. Five Operational risks under this Principal risk on Datix were assigned to PODCC.

  In November 2025, it was reported that the risk score had increased from 15 to 16 to acknowledge that sickness rates were increasing.

- **Operational Risk 2169: Risk to staff wellbeing in weight management service** – in November 2025 it was noted that this risk score was high due to the loss of several key members of staff due to sickness/stress and that services could not be delivered without a prescriber. Work was being undertaken with the Communications Team to manage public expectation around access to weight loss medication given the risk of increasing public anxiety/tension.

  In February 2026 the risk score remained high at 25. It was reported that ~~that~~ public expectations regarding access to weight-loss medication, to which most patients do not meet NHS criteria for, have resulted in frustration being directed at staff, which has contributed to the high risk score and a reluctance to accept new referrals.

- **Corporate Risk 1821: Risk to the welfare of Health Board staff due to current demands** – in February 2026 it was noted that the risk was under review by the Workforce and Operational Development (W&OD) Team.

- **Operational Risk 2253: Risk of reduced workforce due to difficulty recruiting qualified specialist School Nurses** – in February 2026 the Committee was informed of dissatisfaction encountered amongst staff in Aberaeron Integrated Care Centre about the pace of decision making, and the resources available. The Nursing, Quality and Patient Experience Team would consider the risk in more detail, including development opportunities, career pathways and staff turnover.

Targeted Intervention (TI)
Assurance on targeted intervention was maintained throughout the year via regular and structured reporting to the Committees. In May 2025 the Committee noted the revised Welsh Government escalation criteria and the explicit alignment of individual criteria to each Committee, with a clear message that caution should be exercised in interpreting minor percentage movements as evidence of improvement or deterioration.

In August 2025 the Committee considered an update outlining the actions set by Welsh Government as part of the targeted intervention process. As part of this discussion, concerns were raised regarding the incomplete rollout of the Clinical Care Group (CCG) structure, which was reflected in the *'Advise'* section of the assurance report to Board.

By November 2025 the Committee took assurance from the TI update report. It was confirmed, following a query at the People, Organisational Development and Culture Committee earlier in the year, that although actions had been completed, they would remain amber rated until the targeted intervention process was formally concluded. In February 2025 a closure report confirmed that the Health Board had met all requirements and was no longer in escalation for Leadership, Capability and Culture, with assurance thereafter embedded within routine Committee and Board reporting arrangements.

Recovery in Nature Programme
In May 2025 the Committee received assurance that the Recovery in Nature Programme is making a significant contribution to supporting and improving staff mental health, including recovery from work-related stress and burnout. Evaluation evidence confirmed clinically significant improvements in wellbeing and reductions in burnout among participants, and the Committee recognised the programme as a valued alternative to other psychological support offers available to staff.

The Committee also noted an approximate 40% drop-off rate between application and completion. Members discussed the factors influencing this, including release from duties, rota pressures and line management support, and considered actions to strengthen early engagement, promotion and organisational enablement to support staff participation and reduce attrition in future cohorts.

Workforce Efficiency
In May 2025 the Committee reviewed the Workforce Efficiency Update, which outlined the range of actions being taken to reduce workforce costs and support service stabilisation, including measures to address agency usage and improve rostering and workforce planning. The update recognised the Health Board's

continued reliance on international recruitment as part of its mitigation strategy, while assurance was provided that robust internal arrangements are in place, including active oversight by the Workforce Team and close collaboration with Clinical Care Group Directors, Assistant and Deputy Directors of Allied Health Professionals and Health Sciences, and service leads.

In November 2025 the Committee received a workforce efficiency deep dive which explored key affordability and sustainability challenges. This included discussion of the constraints on aligning medical pay rate cards with other organisations across Wales in the current financial climate, and the potential implications for recruitment and retention. The Committee also noted that financial pressures in some service areas have required the prioritisation of essential activity, including temporary constraints on staff training budgets. The Committee was assured that these risks are understood, are subject to ongoing monitoring, and are being managed within the wider workforce stabilisation and financial recovery frameworks.

Welsh Language Annual Report 2024/25
In May 2025 the Committee considered the Welsh Language Annual Report 2024/25. The report highlighted an increase in the number of vacancies advertised as *"Welsh not necessary"*, rising from 26 in 2023/24 to 288 in 2024/25. The Committee was advised that the Welsh Language Team is undertaking further analysis to understand the underlying reasons for this change.

The Committee endorsed the Welsh Language Annual Report as an accurate reflection of the activity and progress made during the year to enhance and embed the Welsh language and culture throughout Hywel Dda University Health Board.

2024 Staff Survey Results
In May 2025 the Committee considered the 2024 Staff Survey results and discussed concerns that staff may lack confidence in reporting errors, near misses or incidents, alongside consideration of the overall response rate. Members acknowledged that the 20% response rate represented the highest achieved by the Health Board to date.

The Committee supported proposals to improve feedback and engagement by sharing learning and actions arising from the previous survey in September 2024, to demonstrate the impact of staff feedback and encourage greater participation ahead of the October 2025 survey. The Committee also explored whether concerns relating to staff feeling unsafe to report incidents should be reflected on the Corporate Risk Register.

While no specific risk was raised at that time, a new corporate risk relating to staff experience and wellbeing was subsequently recorded on Datix in March 2026. This risk (Risk 2305: Risk to staff wellness due to the pace and breadth of organisational change, current risk score 20) incorporates these concerns within a wider framework for monitoring and managing staff wellbeing.

Equality, Diversity and Inclusion (EDI) Taskforce
In May 2025 the Committee received an update on the establishment of the Equality, Diversity and Inclusion (EDI) Taskforce, including feedback from the first Taskforce

workshop. The Committee acknowledged the significant work undertaken to establish the Taskforce and approved the EDI Taskforce Terms of Reference.

In August 2025 the Committee considered an EDI update report which addressed concerns relating to ethnic minority career progression and highlighted the Health Board's contribution to national consultations. Analysis of staff survey data was completed across key characteristics. Members emphasised the need for improved representation of carers and for more effective approaches to understanding and capturing staff morale.

In February 2025 the Committee received an update on the EDI Taskforce's forward focus, which centred on three overarching objectives: strengthening Board allyship, enhancing engagement and co-production, and improving the use of data and intelligence to inform EDI priorities and actions.

Armed Forces Annual Update
In May 2025 the Committee received the Armed Forces Annual Update and was assured that the Health Board continues to proactively implement the Armed Forces Covenant and the Armed Forces Covenant Duty. The update demonstrated that a wide range of actions are in place to improve outcomes for veterans and members of the Armed Forces community. The Committee also noted the appointment of Michael Imperato as Forces Champion, following the retirement of Mrs Delyth Raynsford.

Agile Working Plan
In May 2025 the Committee considered the Agile Working Plan, which outlined the extensive engagement undertaken to inform its development and the strategic direction for new ways of working across the organisation. The Committee noted the clear distinction between agile working and flexible working, the latter remaining a formal contractual arrangement. Clarification was provided that agile working does not equate to home working and that the Health Board does not intend to formalise home working as part of this approach. The Committee received assurance from the report on the proposed direction of travel.

Unpaid Carers End of Year Report
In May 2025 the Committee received the Unpaid Carers End of Year Report, which summarised the breadth of work delivered during the reporting year to support unpaid carers. The Committee was assured that the Health Board is proactively addressing the priorities of the regional and national Carers Strategies and that this work is making a positive difference for unpaid carers. The Committee also noted that Eleanor Marks, Vice Chair of Hywel Dda University Health Board, is the Champion for Unpaid Carers.

Planning Objectives Aligned to PODCC
In May 2025 the Committee took assurance from the Delivery against Planning Objectives Closure Report 2024–25 and from update reports provided thereafter, confirming that delivery against the Planning Objectives aligned to PODCC was progressing. Throughout the year, the Committee received deep-dive presentations on each of the relevant Planning Objectives to support effective scrutiny and assurance.

During 2025/26, the Committee continued to monitor delivery of the Planning Objectives through regular update reports. In August 2025 assurance was received that progress remained on track, with no additional issues requiring discussion. In November 2025, while overall assurance was maintained, the Committee noted that one element of Planning Objective 1.1 (establishing a group to support staff wellbeing) had been reported as off-track for the first time, reflecting workload capacity pressures arising from staffing vacancies and sickness absence. By February 2026 the Committee received assurance that the organisation was back on track and progressing towards delivery of the Planning Objectives for the year.

Delivery against Planning Objectives aligned to PODCC – Deep Dive: PO1 Workforce Stabilisation (Recruitment Plan)
In February 2026 the Committee received a deep-dive presentation on the Workforce Stabilisation Recruitment Plan. The update outlined the recruitment team's progress in attracting high-quality candidates and demonstrated a significant reduction in vacancies, particularly through the International Nursing Programme, alongside continued international recruitment for medical roles. The Committee received assurance on the recruitment function's achievements to date and the ongoing work to strengthen inclusive recruitment practices and improve candidate experience.

Delivery against Planning Objectives aligned to PODCC – Deep Dive: PO1 Workforce Stabilisation (Retention Plan)
In February 2026, the Committee received a deep dive presentation on the Workforce Stabilisation Retention Plan, setting out the Health Board's strategic ambition for workforce retention since 2021. During discussion, Members highlighted concerns regarding medical retention, particularly among specialty doctors. The Committee requested further analysis to determine whether the specialties experiencing retention challenges aligned with the Clinical Services Plan or other clinically fragile services.

Delivery against Planning Objectives aligned to PODCC – Deep Dive: PO1 Workforce Stabilisation (Workforce Education and Development Plan)
In February 2026 the Committee received a deep-dive presentation on the Workforce Education and Development Plan as part of Planning Objective 1 (Workforce Stabilisation). The deep dive provided a retrospective and forward-looking review of education commissioning, leadership and management development capacity, including the Foundations in Management programme. The Committee also considered the potential impact of proposed changes to indefinite leave to remain on future workforce planning and recruitment.

Performance Assurance and Workforce Metrics
The Committee received regular Performance Assurance and Workforce Metrics reports throughout the year and took assurance on the Health Board's performance across key workforce indicators. The reports demonstrated continued reductions in agency spend alongside a downward trend in sickness absence. Compliance with Level 1 training competencies remained strong, at 87% in May 2025, exceeding the 85% target.

High levels of compliance were also reported for mandatory training, including dementia awareness training, which achieved 96.1% compliance and was commended by Members. Compliance with the Core Skills Training Framework stood at 91.9%. In addition, 34 settings across the Health Board were recognised through Investors in Carers bronze, silver or gold awards.

The Committee noted that sickness absence rates had reduced by 0.19%, while acknowledging that anxiety, stress and depression remained the most common causes. Members also noted that an annual Performance Assurance and Workforce Metrics report would be produced, with summary reports presented to PODCC throughout the year to provide ongoing oversight and assurance.

Health Board Partnership Forum Update
In August 2025 the Committee received an update from the Health Board Partnership Forum which highlighted challenges in achieving quoracy at Local Partnership Forum meetings, ongoing concerns regarding staff morale, and the need for clearer planning and communication in relation to Regional Innovation Fund-funded projects. Staffing gaps at Bands 2 and 3 were noted, alongside work underway to increase staff survey participation. Members discussed the complexity of understanding and addressing staff morale, recognised the limitations of existing feedback mechanisms, and highlighted the value of informal engagement by managers. The Committee also explored opportunities to adapt the county-based forum model to better align with Community Care Group structures.

In February 2026 the Committee was advised of continued low attendance at Local Partnership Forums and noted the establishment of a task and finish group to support the transition from weekly to monthly payroll arrangements. Further work was identified to improve attendance and engagement across the partnership forum meetings.

Strategic Equality Plan Annual Report 2024–25
In August 2025 the Committee received the Strategic Equality Plan Annual Report 2024–25, including the Workforce Equality and Pay Gap Update. The Committee received assurance on the Pay Gap Update, which set out four key objectives supported by specific actions. Members noted challenges in accessing service-level data and highlighted the need for clearer success measures to support monitoring of progress.

The Pay Gap Update identified disparities affecting Black, Asian and Minority Ethnic staff and female staff, particularly within lower pay bands and at senior levels. During discussion, concerns were raised regarding training compliance, barriers to career progression, and the potential impact of recruitment language. The role of informal support arrangements and flexible working was acknowledged as contributing to improved staff experience.

The Committee recognised the progress being made, alongside areas requiring further improvement, and agreed to recommend the Strategic Equality Plan Annual Report to Board for approval and publication. The Board formally approved the Strategic Equality Plan Annual Report in September 2025.

LGBTQ+ Action Plan
In August 2025 the Committee received an update on progress against the LGBTQ+ Action Plan and was assured that actions were being taken to support improved equality and inclusion for LGBTQ+ people. Members noted that the Electronic Staff Record does not currently capture gender identification data, in contrast to the 2021 Census, which may result in limitations in the availability of workforce data and insight in this area.

Culture Overview Report
In August 2025 the Committee considered the Culture Overview Report and discussed the challenges facing the organisation, including issues relating to staff morale, resilience and tolerance. Members recognised the complexity of these challenges and the impact they have on the pace of cultural progression across the Health Board.

Speak Up
In August 2025 the Committee received assurance through staff survey results which demonstrated increased engagement with the Speak Up process, particularly via anonymous reporting. Members explored barriers to speaking up and noted that a learning event had informed a number of practical actions, including the development of a Speak Up Guardian role. Concerns were raised regarding Guardian visibility and the clarity and suitability of the role. While bullying trends were reported as stable, the Committee highlighted the importance of continued education to support a shared understanding of definitions. It was also recognised that staff remain cautious about sharing experiences and that challenges persist in recruiting and supporting Speak Up Guardians.

In February 2026 the Committee considered key themes emerging from the Speak Up platform, including workforce pressures, leadership behaviours, wellbeing and psychological safety, equality and inclusion challenges, and operational issues. Exit interview feedback suggested that leadership, management practices, wellbeing and cultural factors were influencing some staff decisions to leave the organisation. The Committee received assurance that work continues to strengthen leadership and embed a more open Speak Up culture, while acknowledging the ongoing challenges involved.

Health Education and Improvement Wales (HEIW) Visits
In August 2026 the Committee received assurance on actions arising from Health Education and Improvement Wales targeted visits, including visits to General Surgery at Withybush Hospital and General Medicine at Glangwili Hospital. The Committee considered key issues identified through the visits, including workforce shortages, patient safety concerns, and matters relating to workplace culture and behaviours.

Members emphasised the importance of ensuring that actions taken in response to the HEIW findings are meaningful and lead to sustained improvement, particularly in relation to culture and the clarity of reporting routes for concerns. The Committee discussed processes for risk scoring and oversight and noted that actions and

recommendations would continue to be monitored through the Audit Management and Tracking (AMaT) system.

Joint Inspection of Child Protection Arrangements (March 2025)
In August 2025 the Committee received assurance on actions arising from the Joint Inspection of Child Protection Arrangements undertaken in March 2025. Positive feedback from the inspection included strong governance and leadership arrangements, alongside improvements such as reduced waiting times for Child and Adolescent Mental Health Services.

The Committee noted a number of areas requiring further improvement, including low safeguarding training compliance, particularly among medical staff, cultural issues, and inconsistencies in evidencing the voice of the child. Members were advised that actions arising from the inspection were being tracked through the (AMaT) system, with targeted improvement activity underway.

Members emphasised the need for meaningful and sustained action, clearer accountability for safeguarding responsibilities, and stronger integration of safeguarding training requirements into staff Performance Appraisal Development Reviews and Personal Development Plan discussions.

In February 2026 the Committee received a safeguarding training compliance update, which provided assurance on the current position and the delivery of a structured improvement plan to increase compliance levels, supported by strengthened governance and service-level ownership of actions.

Community Nursing Annual Report
In August 2025 the Committee received the Community Nursing Annual Report, which summarised key achievements in community-based service delivery. The Committee received assurance that maintaining high standards of care and professional practice, alongside continued focus on workforce development and service delivery, remain key priorities in supporting sustainable community nursing services.

Contractual and Legislative Changes
In August 2025 the Committee received and took assurance from the Contractual and Legislative Changes report, which provided an overview of current and potential contractual and legislative developments with implications for the Health Board's workforce.

Sickness Absence Tool
In November 2025 the Committee received a demonstration of the Sickness Absence Tool as part of the Staff Story agenda item. The Committee agreed that the tool was very helpful and received assurance from the information presented. Members noted that overall sickness absence rates had not reduced to pre-pandemic levels, and work was underway to understand the underlying causes of absence and identify actions to support reduction.

In February 2026 a more detailed presentation of the Sickness Absence Tool was provided as part of the Performance Assurance and Workforce Metrics report. The

enhanced analysis offered further insight into absence trends and contributing factors, providing additional assurance to the Committee and supporting ongoing work to inform targeted interventions.

Whistleblowing in Hywel Dda
In November 2025 the Committee received a verbal update on whistleblowing in Hywel Dda, following a request from Independent Members. The update confirmed that a multi-disciplinary discussion had taken place to consider whistleblowing from a range of perspectives. The Committee was assured that work was underway to strengthen arrangements, and that a written report would be presented to the ~~next~~ Committee meeting in February 2026.

In February 2026 the Committee considered further progress and highlighted the importance of clearly distinguishing between whistleblowing and speaking up. Members recognised that further work is required to ensure the consistent and sustainable embedding of a speak-up culture across all operational areas of the Health Board, while continuing to provide appropriate assurance on whistleblowing arrangements.

Social Partnership Duty Annual Report 2024–25
In November 2025 the Committee received and took assurance on the Social Partnership Duty Annual Report 2024–25. The report was subsequently approved by the Board on 27 November 2025.

Clinical Care Group (CCG) Structure and Process for Recruitment
In November 2025 the Committee received a brief verbal update on the Clinical Care Group structure and recruitment arrangements, in the absence of a written report. Members were advised that plans were in place to establish the structure for three of the four Clinical Care Groups, with new posts progressing through the Organisational Change Policy process. A draft outline for Phase 2 of the Organisational Change Policy was in place for the fourth Clinical Care Group, and a review was underway to support the alignment of clinical care.

In February 2026 the Committee received a further update and noted progress against the CCG structure and recruitment arrangements, with work continuing through the Organisational Change Policy process. The Committee remained sighted on this area and the ongoing work to support effective implementation across all Clinical Care Groups.

Sickness Rates and Cultural Challenges in Theatres
In November 2025 the Committee received a verbal update on sickness rates and cultural challenges within theatres at Glangwili Hospital, following a grievance raised by theatre staff in 2024. Members were advised that a number of actions had been identified and that work was underway to complete these and determine next steps. Ongoing challenges associated with staff sickness absence were noted, and an action plan had been requested from the relevant Clinical Care Group. A review of theatre staffing levels had also been undertaken, and it was recognised that existing staff were working additional hours to mitigate staffing shortfalls. The Committee

agreed to take assurance on this issue, with the proviso that a written update would be presented at the February 2026 meeting.

In February 2026 the Committee received assurance on the work undertaken to address workforce, cultural and safety concerns within theatres at Glangwili Hospital. Members noted significant progress, including recruitment to vacant posts, the introduction of structured induction and mentorship arrangements supported by the theatre practice development teams, and the approval of a Safer Staffing Review with an associated business case for further recruitment. Improvements in both short-term and long-term sickness absence were reported, alongside continued focus on staff training and development.

Increase in Stress Amongst Staff

In February 2026 the Committee received an update on the increase in stress amongst staff and was informed of the challenges being experienced by the Psychological Wellbeing Team, including the impact of staff retirements and long-term absences. Members noted the ongoing work of the Health and Safety Committee in addressing stress-related sickness absence and highlighted the importance of myth-busting in relation to terms and conditions of employment.

The Committee recognised the challenge for managers in identifying stress at an early stage, while also acknowledging that, in some instances, stress may be linked to management practices. Assurance was received on the actions in place and the continued focus on addressing stress and supporting staff wellbeing across the organisation.

Employee Relations Update

In February 2026 the Committee received an Employee Relations update report, which highlighted ~~outlined~~ an increase in employee relations cases and reinforced the importance of encouraging staff to speak up. The report also included updates relating to the underpayments and overpayments policy and counter-fraud notices. Employee relations matters were explored in further detail during the subsequent In-Committee session.

Update on Safeguarding Training Compliance

In February 2026 the Committee received and took assurance on the current status of safeguarding training compliance and the actions in place to support improvement. Members noted that a structured improvement plan is underway, supported by strengthened governance and service-level ownership, to support achievement of the organisational compliance target of 85% by March 2027.

New Workforce Solution

In February 2026 the Committee was informed that Hywel Dda University Health Board had been confirmed as an early adopter of the NHS Wales New Workforce Solution, which will replace the current Electronic Staff Record (ESR) system. Members noted that the active adoption phase is scheduled to commence in June 2026 and continue through to June 2027, ahead of wider rollout across NHS Wales.

The Committee was advised that additional local resources will be required to support implementation of the new system and that these will be progressed through

the appropriate governance processes, with further updates to be provided to a future PODCC meeting. It was also noted that Board approval will be required at the relevant stages of implementation.

Staff Stories
The Committee received Staff Stories at each of its meetings during the year, providing direct insight into staff experience across a range of services and programmes of work. These included the Recovery in Nature Programme (May 2025), *Hope*—a staff account of the fraud investigation process (August 2025), and a demonstration of the Sickness Absence Tool (November 2025).

Strategic People Planning and Education Group
The Committee received regular update reports from the Strategic People Planning and Education Group (SPPEG) throughout the year and took assurance on its activities, decisions and areas of responsibility.

Through the reporting received, the Committee was assured that SPPEG was operating effectively, with no matters escalated for alert during the year, and that appropriate actions were in place to address identified risks and areas requiring monitoring.

Items approved by the Committee during the year.

Policies:

- Approval of the following policies:
  - 133 - Equality, Diversity & Inclusion Policy
  - 863 - Translation & Interpretation Policy
  - 299 - Standards of Behaviour Policy.
  - 247- Anonymous Communications Regarding the Workforce Policy
  - 436 - Rostering Policy
  - 438 - Shared Parental Leave Policy
  - 713 - Honorary Contracts Procedure
  - 1386 - Re-banding Procedure
  - 1409 - Neonatal Care Leave Procedure
  - 1428 – Work Experience Policy

- Medication Errors Policy - the review of the Medication Errors Policy was deferred during the year and subject to a number of agreed extensions to its review date. The Committee approved successive extensions to the policy review timetable, most recently to February 2026, receiving assurance at each stage that the policy remained compliant, safe and appropriately managed while the review was being progressed.

- Extensions to the following policies:
  - 121 - Relocation Expenses (until 31 August 2025)
  - 002 - Underpayment and Overpayment of Salary Policy (until 31 August 2025)
  - 558 - Medication Errors (until 31 August 2025)
  - 558/787 - Medication Errors (until 30 November 2025)
  - 121 - Relocation Expenses (until 30 November 2025)

- 1103 - Performance Management Policy (until 07 November 2025)
- 158 - Redeployment Policy (until 07 November 2025)
- 438 - Shared Parental Leave (until 07 November 2025)
- 713 - Honorary Contracts (until 07 November 2025)
- 558/787 - Medication Errors (until 28 February 2026)
- 121 - Relocation Expenses (until 28 February 2026)
- 158 - Redeployment Policy (until 31 May 2026)
- 001 - Adverse Conditions (until 28 February 2026)
- 109 - Time off in Lieu (until 28 February 2026)
- 100 - Induction (until 28 February 2026)
- 113 - Learning & Development (until 28 February 2026)
- 1103 - Performance Management (until 28 February 2026)
- 109 – Time off in Lieu Procedure (until 31 May 2026)
- 283 – Alcohol & Drugs Policy (until 31 May 2026)
- 315 – Flexible Deployment of Staff Procedure (until 31 May 2026)
- 001 – Adverse Conditions Policy (until 31 May 2026)
- 158 – Redeployment Policy (until 31 May 2026)
- 340 - Staff Psychological Wellbeing Policy (until 31 May 2026)
- 948 - Disclosure and Barring Service Policy/Referrals Procedure and Checks Procedure (until 31 May 2026)
- 246 - Managing Allegations against Employees of Hywel Dda University Health Board of Harm/Abuse Involving Children or Adults Policy (until 31 May 2026)
- 1103 - Performance Management Policy (until 31 May 2026)
- 100 – Organisational Induction Policy (until 31 May 2026)
- 113 – Learning & Development Policy (until 31 May 2026)

- Removal of the following policies:
  - 002 – Underpayments and Overpayments of Salary Policy, the local policy on Underpayments and Overpayments of Salary Policy
  - 558 - Medication Errors Policy

- Adoption of the All-Wales Procedure for the Recovery of Overpayments.
- Adoption of the NHS Wales Anti-Sexual Harassment Policy
- Adoption of the All-Wales Flexible Working Policy
- Adoption of the All Wales Reserve Forces Training & Mobilisation Policy

Advisory Appointments Committee (AAC)

- During the year, the Committee received formal reports on the outcomes of Advisory Appointments Committees and approved a number of substantive appointments on behalf of the Board, in accordance with its Terms of Reference. These appointments related primarily to senior medical and consultant roles and supported workforce stabilisation, service continuity and patient safety. The Committee also noted instances where appointments were not made, providing assurance on the robustness and transparency of the recruitment and appointment process.

Terms of Reference

- The PODCC TOR for onward ratification by the Board.

6. Committee Effectiveness – Feedback from the Self-Assessment Process

In line with Standing Orders, the Board has established a process of regular and rigorous self-assessment to evaluate the effectiveness of its committees. During the year, the People, Organisational Development and Culture Committee (PODCC) undertook its annual self-assessment through the completion of a short digital questionnaire.

The self-assessment sought feedback across the following areas:

- governance and administration;
- the Committee's inputs;
- the conduct of Committee meetings;
- the interface with other Committees, including the Board;
- the Committee's impact; and
- individual contribution to the Committee.

The results of the self-assessment were considered alongside additional sources of assurance, including auditor and regulator feedback, and informed the development of a targeted action plan. The outcomes of the process were reported to the Committee on 27 May 2025 PODCC Self Assessment Outcome Report 2024/25, through the PODCC Self-Assessment Outcome Report 2024/25, with a progress update provided at the 4 November 2025 meeting.

Through this process, the Committee identified a commitment to maintaining strong governance arrangements, effective executive support, constructive debate and a sustained focus on staff wellbeing. Areas for further development were also identified, including strengthening strategic focus, improving paper quality, ensuring appropriate membership balance, enhancing compliance oversight, and strengthening assurance in relation to education and training.

Priorities for 2025/26 include progressing a more transformational approach to workforce planning, strengthening equality, diversity and inclusion, responding to staff feedback, maintaining oversight of escalation areas, improving access to training and employment opportunities, defining excellence in healthcare management, fostering a strong speaking-up culture, undertaking targeted deep dives, and further enhancing leadership, governance, organisational culture and training.
A number of actions were agreed in response to the self-assessment, all of which have since been completed:

- re-sharing the report writing Standard Operating Procedure and guidance with report authors;
- considering a more thematic approach to agenda planning to reduce duplication and streamline discussions; and
- incorporating suggested areas of focus for 2025/26 within the Committee's forward work plan.

7. Conclusion

The Committee is satisfied that it continues to operate effectively and in line with its ~~the~~ Terms of Reference. Issues have been escalated to Board as appropriate, and the Committee uses feedback from the self-assessment process to evolve and continually improve.

2.6

09:50, 5 Mins

2.6 - PODCC Annual Self-Assessment Report 2025/26

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

For assurance

Attachments

2.6 PODCC Self Assessment Report FINAL.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 May 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	People, Organisational Development and Culture Committee Annual Self-Assessment Report 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joanne Wilson, Director of Corporate Governance/Board Secretary
SWYDDOG ADRODD: REPORTING OFFICER:	Charlotte Wilmshurst, Assistant Director of Risk and Assurance

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 purpose of the report is to present the outcome of the People, Organisational Development and Culture Committee (PODCC) Self-Assessment 2025/2026 process to the Committee.

Cefndir / Background

In line with Section 10.2.1 of the Standing Orders, the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its Committees and Advisory Groups. Section 10.2.2 further requires each Committee to submit an annual report to the Board through the Chair, setting out its activities during the year and including a review of its performance.

The People, Organisational Development and Culture Committee has completed its first full year of operation. Given the relative maturity of the Committee, this year's self-assessment has focused on gaining assurance around core governance behaviours, strategic oversight, quality of information, risk management and committee effectiveness, while also identifying areas for ongoing development.

To avoid unnecessary survey burden and to support proportionate assessment, a short digital questionnaire was circulated to members. This was supported by ongoing reflective discussions and qualitative feedback from members throughout the year.

The self-assessment focused on five core areas:

- Workforce Strategy and Sustainability
- Organisational Culture and Staff Experience
- Leadership Development and Capability
- Workforce Performance, Wellbeing and Equality
- Organisational Development and Transformation

Asesiad / Assessment

Members were asked to score their level of agreement with five key statements using a scale of 1–5 (1 = strongly disagree, 5 = strongly agree), with the opportunity to provide supporting qualitative commentary.

A total of 6 responses were received. This equates to a 50% response rate. (6 out of 12 responses received from Members)

Average Ratings

Area and Statement	Average Rating
Workforce Strategy and Sustainability	
The Committee provides effective oversight of the Health Board's workforce and the OD strategy and the all-Wales Health and Social Care Workforce Strategy, and the ensuring workforce, education and commissioning plans supports delivery of organisational priorities and future service models.	**3.66**
Organisational Culture and Staff Experience	
The Committee effectively oversees development of a positive organisational culture that promotes inclusion, engagement, and psychological safety.	**3.83**
Leadership Development and Capability	
The Committee supports the development of strong and compassionate leadership across the organisation through effective oversight of leadership development and talent management.	**4**
Workforce Performance, Wellbeing and Equality	
The Committee effectively monitors compliance against existing and new legislation including best practice and also monitors workforce performance in key areas such as wellbeing, sickness absence, equality, diversity and inclusion, and staff productivity, and compliance with statutory and mandatory responsibilities in respect of the Welsh Language (workforce and patient related).	**4.17**
Organisational Development and Transformation	
The Committee provides effective oversight of organisational development and change programmes to ensure the workforce is supported through transformation and service redesign.	**3.8**

Themes Identified

What has gone well

- **Increasingly strategic focus:** Members noted a clear shift from operational detail towards more strategic oversight, with improved grip on plans and organisational priorities.
- **Constructive and effective committee dynamics:** Independent Members and Executive Directors engage openly and proactively, with a culture of constructive challenge and support that enables meaningful discussion.
- **Leadership development and Organisational Development (OD):** Leadership programmes (such as LEAP and EQUIP) and OD activity are widely viewed as strengths, with evidence of growing leadership capability and positive cultural impact.

- **Improved workforce wellbeing support:** Enhanced psychological and occupational health provision has strengthened support for staff wellbeing.
- **Better use of data and assurance:** Members recognised improved use of workforce indicators, staff experience data and assurance discussions, supporting more focused and effective challenge.

What we want to strengthen going forward

- **Strategic workforce planning and alignment:** Strengthen the foundations of workforce planning by establishing consistent processes across Clinical Care Groups to capture workforce education and development needs. This will enable earlier alignment with IMTP and annual planning cycles and improve the links between workforce planning, staff development, and service transformation.
- **Medical workforce planning:** Address persistent challenges and gaps in medical workforce planning.
- **Paper quality and timeliness:** Improve discipline around the quality, length, outcome focus and timeliness of papers to maximise assurance and effective use of committee time.
- **Demonstrating impact locally:** Strengthen the ability to show how corporate actions and OD initiatives translate into measurable local improvement and outcomes.
- **Equality, diversity and inclusion:** Increase visibility and assurance over EDI activity, including clearer articulation of progress and impact in relation to equality and equity outcomes.
- **Data triangulation:** Further triangulate workforce, wellbeing and equality data to provide clearer evidence of collective impact and risk.

Suggestions from respondents

- **Strategic workforce planning and medical workforce focus:**
  Allocate additional agenda time to strategic workforce planning, ensuring earlier alignment with the IMTP and annual planning cycle so that workforce considerations meaningfully inform organisational plans. This should include enhanced focus and visibility of medical workforce planning given ongoing recruitment challenges.
- **Quality, timeliness and purpose of Committee papers:**
  Improve the quality and effectiveness of papers by reducing narrative and strengthening focus on outcomes, impacts, risks and assurance. Papers should be submitted in a timely manner to enable appropriate scrutiny and should clearly articulate the assurance or decision required. Reducing repeated deferrals of key items will support timely assurance to the Board.
- **Equality, diversity, inclusion and population health insight:**
  Increase the visibility and integration of Equality, Diversity and Inclusion within Committee business, including clearer consideration of the Anti-Racist Wales Action Plan. Greater use of public health demographic data, including analysis of economic and health inequalities, is required to better inform strategic decision-making and support the shift towards community health and wellbeing**.**
- **Workforce skills, development and transformation:**
  Enhance oversight of workforce skills development and ensure stronger alignment between workforce planning, skills, education and service transformation. This should include a continued focus on leadership development and career progression to support organisational resilience and future service needs.

- **Operational insight and local delivery:**
  Strengthen the linkage between corporate oversight and operational delivery to enable the Committee to better understand how strategies and actions translate into local impact and improvements.
- **Committee effectiveness and assurance processes:**
  Improve consistency in post-item assurance and reflection, including more structured use of approaches such as the 'triple A' assessment. Consider Executive Director involvement in post-committee reflections to support learning and enhance effectiveness.
- **Compliance and mandatory requirements:**
  Strengthen oversight of mandatory training compliance to ensure workforce capability, safety and statutory requirements are consistently met.

Overall Conclusion

The self-assessment demonstrates that the People, Organisational Development and Culture Committee is functioning effectively and continuing to mature as a strategic committee. Clear strengths are evident in leadership development, organisational development and constructive challenge. Addressing the identified areas for improvement will further strengthen the Committee's ability to provide robust assurance to the Board.

Areas for Improvement and Actions

Area for Improvement	By Whom	By When
Schedule dedicated agenda time for strategic workforce planning earlier in the planning cycle, this will include deep dives into all professional areas ensuring clear alignment with IMTP development, annual planning cycles, and service transformation priorities.	Executive Lead / Chair	01/08/2026
Strengthen expectations for paper quality, timeliness and outcome-focused reporting, including clearer articulation of assurance and decision requirements and reducing repeated deferrals of key items	Chair / Executive Lead	01/08/2026
Increase integration of Equality, Diversity and Inclusion within Committee business, including clearer reporting on progress, risks and impact of the Anti-Racist Wales Action Plan	Chair / Executive Lead	01/11/2026
Enhance use and presentation of public health and demographic data, including analysis of economic and health inequalities, to better inform strategic decision-making and support the shift towards community health and wellbeing. This request will be aligned to the work programme of the Strategy and Planning Committee as this sits within the committee's remit and terms of reference.	Included within the TORs of the Strategy and Planning Committee	
Strengthen oversight of workforce skills development and ensure alignment between workforce planning, education, competency development and service transformation. This element is delegated to the Strategic People Planning and Education Group (SPPEG) however, this will be aligned to the workforce strategic plan and deep dive updates can be presented to the committee at appropriate reporting intervals.	Executive Lead	01/11/2026

Strengthen reporting to demonstrate how organisational development and workforce actions translate into measurable local and operational improvements	Executive Leads	01/11/2026
Embed consistent use of structured assurance approaches (e.g. Triple A) at the end of each agenda item to clearly capture key assurances, risks and actions. To improve consistency training has been provided to all Committee Chairs on the Triple A process.	Chair	01/08/2026
Include Executive Director participation in post-Committee reflection processes, where appropriate, to support learning and continuous improvement done.	CSO / Chair	01/07/2026
Strengthen oversight of mandatory training compliance to ensure workforce capability, safety and statutory requirements are consistently met recognising this sits within the remit of SPPEG and will be reported through the triple A report.	Executive Lead	01/11/2026

Argymhelliad / Recommendation

The Committee is asked to:

- **CONSIDER** the outputs from the Committee Self-Assessment process
- **AGREE** the actions identified to further improve Committee effectiveness

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committees performance and operation, including that of any sub-committees established.
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:	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:	PODCC Terms of Reference PODCC Self-Assessment digital form results
Rhestr Termau: Glossary of Terms:	Included within the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Parties / Committees consulted prior to Committee:	Director of Corporate Governance/Board Secretary

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts
Gweithlu: Workforce:	No direct impacts
Risg: Risk:	No direct impacts
Cyfreithiol: Legal:	No direct impacts

Enw Da: **Reputational:**	No direct impacts
Gyfrinachedd: **Privacy:**	No direct impacts
Cydraddoldeb: **Equality:**	No direct impacts

2.7

09:55, 10 Mins

2.7 - Assurance and Risk Report

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

For assurance

Attachments

2.7 PODCC - Assurance Risk Report.May26 v6.pdf

2.7 Appendix 1 - PODCC Corporate Risk Register - Apr 26.pdf

2.7 Appendix 2 - PODCC Operational Risk Register - May 2026.pdf

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Assurance and Risk Report

People, Organisational Development & Culture Committee - 19 May 2026

Situation

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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 6
Audit and Inspection Reports 2	Welsh Health Circulars 1	Ministerial Directions 0

Risk Management - Overview

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

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

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

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

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

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

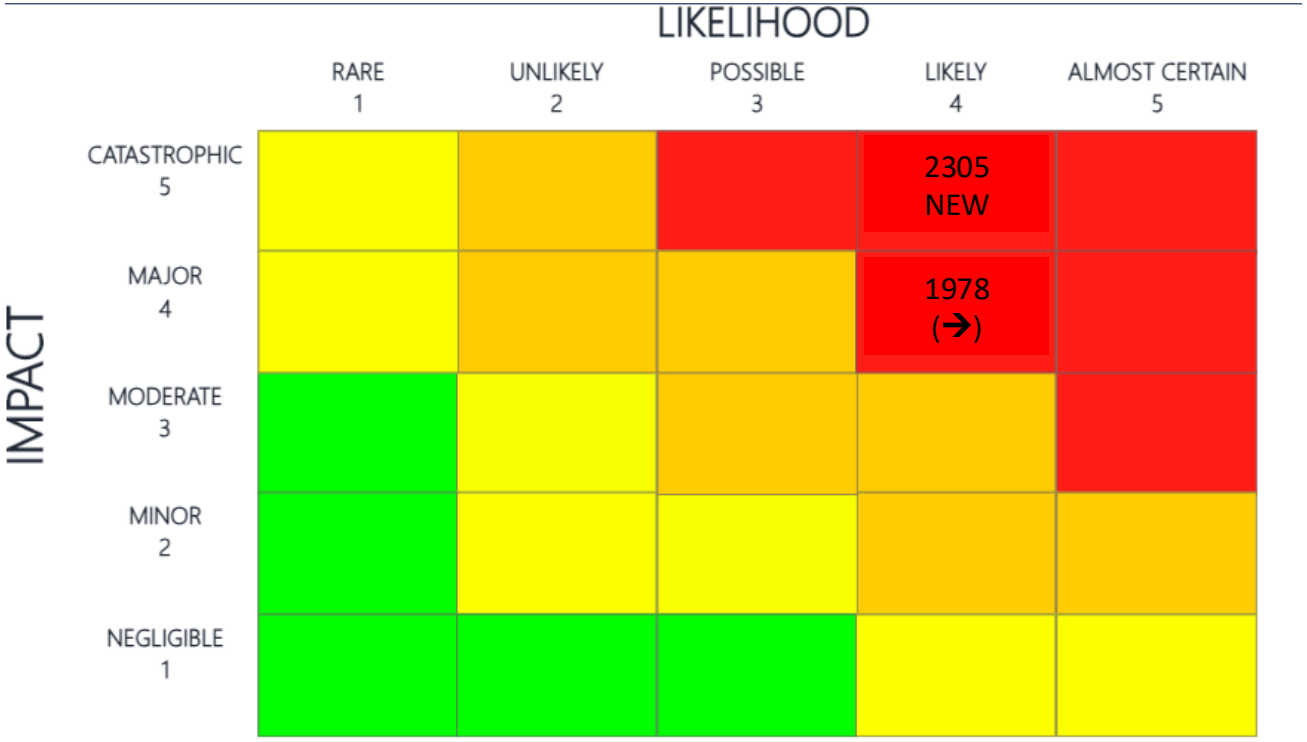
Principal Risks

As a result of the Strategy Refresh, presented to Board in January 2026, the plan is to present a refreshed Board Assurance Framework (BAF) to Board in July 2026. A review of principal risks will be undertaken as part of the BAF refresh, in addition to the supporting planning goals and outcome measures per the timeline below.

Refreshed principal risks will be discussed at Board seminar in June 2026 ahead of presentation to the Board in July 2026.

Each principal risk will be aligned to a Board committee and will be reported via the Assurance and Risk Report to ensure that they are being managed appropriately, taking in to account gaps in control, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

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 24 that are on the CRR as of 14 April 2026).

The following slides provide a summary of the reportable corporate risks aligned to PODCC. The risk register attached at **Appendix 1,** provides full detail of the risk, including control measures in place, a risk action plan to further manage and mitigate the risk, an expected date to achieve the noted Target Risk Score, and sources of assurance.

Corporate Risks assigned to PODCC
- 1 of 2

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
2305 – Risk to staff wellness due to pace and breadth of organisational change	Workforce & Organisational Development (OD)	Director of Workforce & OD/Deputy Chief Executive Officer	**N/A**	**20** (NEW) Reviewed 14/04/26)	**12**	31/03/2030

Rationale for Current Risk Score (CRS)

Balancing financial pressures with the need to protect patient safety and deliver efficiency savings has placed significant strain on our workforce over the past year. This has been intensified by major organisational change across our Operations function, which has created uncertainty around job security, roles and future career paths. The prolonged implementation of Organisational Change Programmes (OCPs) is also generating growing unrest among staff directly and indirectly affected. Workforce & Operational Development (W&OD) colleagues are increasingly hearing personal accounts from staff describing the emotional and professional impact of these changes. Trade Union partners have echoed these concerns, highlighting rising anxiety and declining wellbeing. The 2024 NHS Wales Staff Survey further indicates that burnout remains a significant issue for the Health Board. The wider effects of organisational change are well recognised. Without careful management, it can erode organisational culture and staff experience, leading to increased employee relations issues, team dysfunction, sickness absence and turnover. These pressures risk creating a negative cycle that undermines engagement, productivity and overall performance.

Rationale for Target Risk Score (TRS)

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

Corporate Risks assigned to PODCC
- 2 of 2

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

Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1978 – Risk of insufficiently skilled workforce to deliver services due to limited labour market *(Risk is being refreshed for 26/27)*	Workforce & OD	Director of Workforce & OD/Deputy Chief Executive Officer	**16**	**16➔** (Reviewed 24/03/26)	**12**	31/03/2027

Rationale for Current Risk Score (CRS)

Staff sickness rates are fluctuating (reducing and increasing in different spaces) and our establishment levels are increasing. The use of contingent workforce is also fluctuating and plans i.e. agency and variable pay spend has reduced significantly over the last 12 months. Further work has been undertaken to understand the level of risk across each staff group (Nursing, Medical, Allied Health Professions and Health Care Support Workers) to comprehend the level of risk by each group. It is hoped, as further action is taken through stabilisation programmes, the Clinical Services Plan (operational and strategic workforce planning) and Improving Together, we will be able to reduce the risk score during 2026/27.

Rationale for Target Risk Score (TRS)

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

Closed Corporate Risks assigned to PODCC
- Since Previous Report

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Rationale	Date Risk Closed
1821 – Risk to the welfare of Health Board staff due to current demands	Workforce & Organisational Development	Director of Workforce & OD/Deputy Chief Executive Officer	Risk has been closed and superseded by Risk 2305 “Risk to staff wellness and patient care due to pace and breadth of organisational change” as per agreement at Formal Executive Team held on 4 March 2026.	12/03/2026

Operational Risks assigned to PODCC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

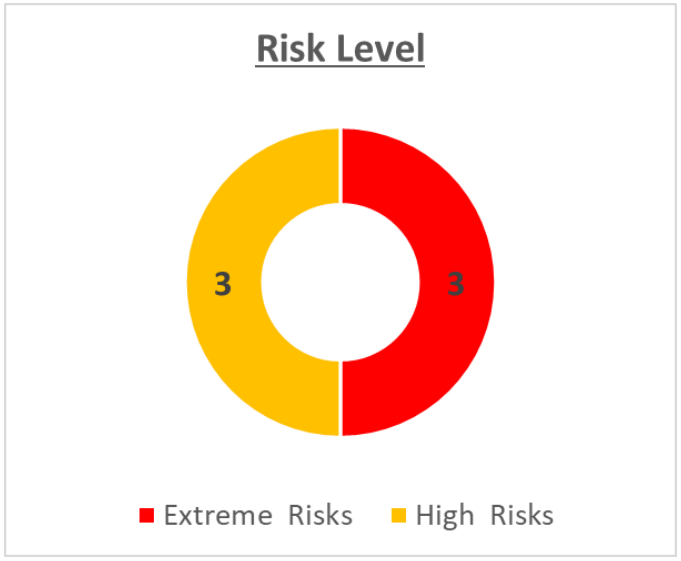
6 operational risks on Datix have been aligned to PODCC, 1 of which has passed its review date. They have been identified as reportable to PODCC based on the following criteria:

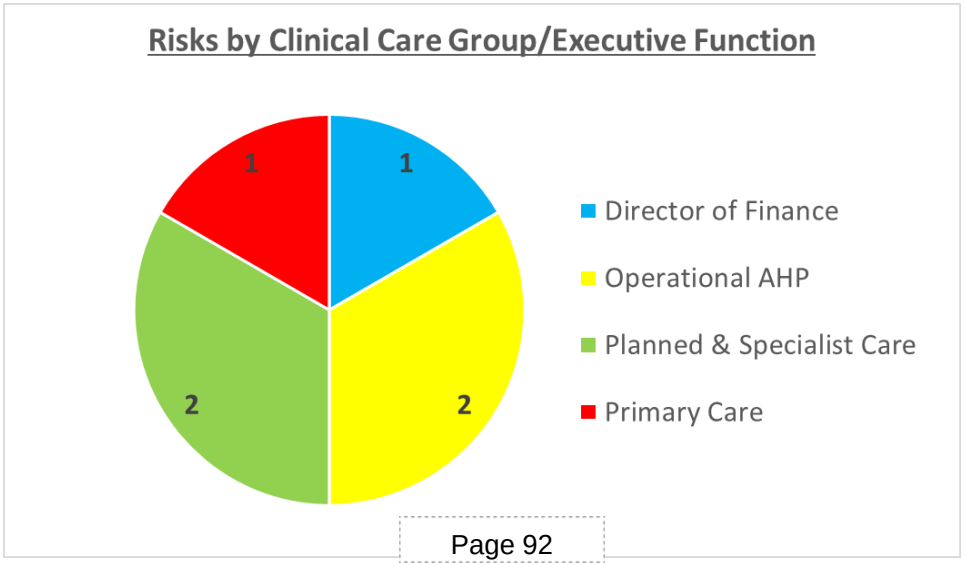
- PODCC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level on Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds the target risk score.

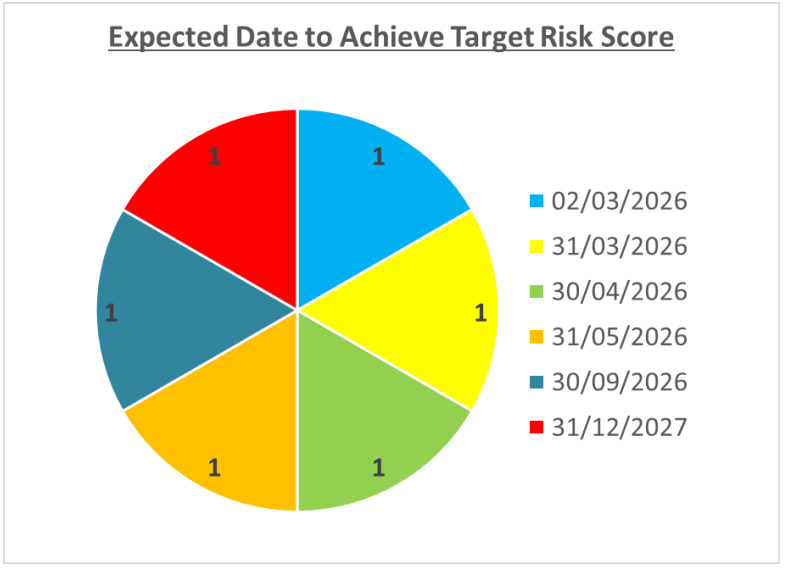
The Workforce themed risk register is sent to subject matter experts on a bi-monthly basis.

The following slide summarises the operational risks aligned to PODCC, with full details of reportable risks included in **Appendix 2.**

Total Number of Open Risks meeting criteria for reporting	6
New Risks since last reported to PODCC	2
Closed Risks since last reported to PODCC	0
Risks no longer reportable to PODCC	0
Increase in Risk Score since last reported to PODCC	0
Decrease in Risk Score since last reported to PODCC	1
No Change in Risk Score since last reported to PODCC	3
EXTREME (RED) Risks (based on 'Current Risk Score')	3
HIGH (AMBER) Risks (based on 'Current Risk Score')	3







New Operational Risks reportable to PODCC

- Since previous report (1 of 2)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2312 - Risk of being unable to maintain safe and timely anaesthetic cover due to workforce fragility and rota gaps	Planned & Specialist Care	Chief Operating Officer	**16** (NEW)	6	30/09/2026	24/03/2026

Rationale for Current Risk Score

The control measures that have been applied are not sustainable or affordable and relies on insourcing anaesthetic staff at an escalated cost. This also relies on the consultant workforce stepping down from their job planned activity to cover out of hours and emergency pathways which is not sustainable

Rationale for Target Risk Score

Sustainable workforce provision will avoid service interruptions, cancelation of activity, maintain safety & quality via emergency pathways and deliver on organisational targets.

New Operational Risks reportable to PODCC

- Since previous report (2 of 2)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2288 - Risk of inadequate service provision and financial inaccuracies due to data quality issues in the Allocate system	Primary Care	Chief Operating Officer	16 (NEW)	4	31/05/2026	23/04/2026

Rationale for Current Risk Score

Pay exceptions and rota short notice gaps that can affect rota coverage are still being experienced and therefore patient care, staff wellbeing and service continuity (e.g., payment corrections, manual workarounds, and increased bank use). Known issues are rectified, however the potential impact on staff (pay accuracy/timeliness), patient access (shifts left unfilled), and compliance supports an impact level of Major. Errors in configuration, incomplete training coverage/competency sign off, limited capacity to review and resolve pre-pay exceptions, and variable adherence to timelines means that recurrence remains possible in any pay period or rota cycle. Audits of the Allocate system have begun to correct previously identified errors and therefore lessons are being learned, and protocols will be implemented to ensure similar errors are not reintroduced.

Rationale for Target Risk Score

Planned actions will significantly reduce likelihood: Full implementation of control improvements; standardised Allocate configuration, mandatory training with competency sign off, automated pre-pay validation dashboards, and strengthened governance for change/release management will address the main causes of error. These measures will make recurrence of major payroll or rota failures unlikely, provided compliance monitoring and KPI reporting are embedded. Even if isolated errors occur post mitigation, they will be detected and corrected promptly through automated exception reporting and escalation protocols, limiting organisational, financial, and reputational consequences. Service continuity will be maintained through proactive rota planning and leave management controls. Evidence based expectation: Once KPIs (e.g., pay exception rate <0.5%, rota fill >95%, leave balance accuracy >98%) are consistently achieved for three consecutive cycles, residual risk will reflect only minor operational inconvenience rather than significant disruption.

Operational risks with decreased Current Risk Score
- Since previous report

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2253 – Risk of reduced workforce due to difficulty recruiting qualified specialist school nurses.	Planned & Specialist Care	Chief Operating Officer	16 *	12 ↓	8	31/12/2027	31/03/2026

Rationale for Current Risk Score

The service has an ongoing recruitment campaign with involvement from W&OD. To date, we have been unsuccessful in our recruitment campaign which has had an effect on staff morale due to the increase in workload as they must cover caseloads. The ageing workforce, particularly in Pembrokeshire and the senior management team, along with the challenges the service are facing with unfilled vacancies and succession planning make the School Nursing service fragile.

The service is currently facing high levels of sickness across the three counties which then puts added pressure on existing staff. There is currently only 1 student on the SCPHN (Specialist Community Public Health Nurse) course as another student has dropped out. National School Nursing week commencing the 18 May 2026.

Rationale for Target Risk Score

The Service continues to face challenges in recruiting SCPHN Nurses. This is reflected in the TRS. Whilst a recruitment drive will help mitigate the risk, the biggest challenge is recruiting in Ceredigion. There remains a shortage of SCPHN nurses across Wales.

**Risk was presented at QSEC with a score of 16 however the risk has been reduc* *view by the service following discussion at the Committee*

Operational Risks with no change in Current Risk Score
- Since previous report

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2169 – Risk to staff wellbeing in weight management service due to unrealistic expectations with associated unreasonable behaviour	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	**25** ➔	12	01/06/2026	01/05/2026
2088 – Risk that staff will have a poor experience whilst at work due to clinical pressures, financial challenges and change processes.	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	**12** ➔	**6**	31/03/2027	30/04/2026
737 - Risk of Switchboard not complying with European Working Time Directive due to inability to cover single-handed shifts at 3 sites	Finance	Director of Finance	**12** ➔	**6**	02/03/2026 *	02/10/2025

* *Risk Owner is aware of the need to review the 'Expected Date to Achieve Target Risk Score' at the time of the next risk review.*

Risk Themes

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk owners can allocate themes to their risks, which allows the Health Board to share risk information on specific areas with relevant experts as part of the second line of defence.

Risks are allocated to a committee based on their main impact on reporting. Risk themes are assigned based on any additional impacts or contributory factors, with each theme aligned to the appropriate committee for oversight. Risk themes provide assurance that a holistic approach to risk management is undertaken and enables the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.

Risk themes are shared with Workforce Planning on a bi-monthly basis to improve the ‘oversight’ of risks by specialist areas and functions within the Health Board, to provide guidance to those responsible for managing risk and develop/improve organisational controls, i.e., policies, procedures, systems, processes, to reduce the risk to the Health Board. On review of the risk registers, Workforce Planning identify any risks which may require further support, and the relevant risk owner and/or service is then contacted for further discussion when required.

Since the previous report, the ‘Workforce’ theme has been reviewed to strengthen alignment with the Workforce & OD Directorate Pillars with all risks having been re-aligned to the revised themes, enabling more meaningful information to be captured from the data, to provide better insight.

Risk Themes aligned to PODCC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

Theme	Definition	Number of risks	Date themed Risk Register last shared
Recruitment	A risk which relates to the inability to recruit into an approved vacancy via the Trac system despite meaningful attempts to do so on at least two occasions within the last twelve months	48	15/04/2026
Leadership	A risk which relates to the absence or ineffectiveness of leadership capability, and/or lack of visible, supportive leadership qualities and behaviours	1	15/04/2026
Culture	A risk where behaviours or systems weaken the desired culture by creating a gap between our values and everyday practice, leading to reduced trust, morale, and service quality	10	15/04/2026
Diversity and Inclusion	A risk which relates to an inability to provide inclusive services to staff / patients or visitors with a protected characteristic or vulnerability, or where a risk of discrimination is identified	1	15/04/2026
People Development	A risk which relates to an inability to source or access the required training and / or development opportunities, inclusive of maintenance of the required skill set	3	15/04/2026
Clinical Education	A risk which relates to an inability to source or access clinical training (or training that relates to patient care) and / or development opportunity	7	15/04/2026
People Planning	A risk which relates to the absence of appropriate levels of planning around service design and the associated staffing models	128	15/04/2026
Medical Workforce	A risk which relates to employee terms and conditions for medical staff, including salary related issues, performance management and job planning	16	15/04/2026
Operational Workforce	A risk which relates to the management of Employee Relations matters and organisational change processes, or employee terms and or Agenda for Change staff	20	15/04/2026

Audits and Inspections - Overview

The Health Board remains in Level 4 status with Welsh Government (WG) as a result of challenges relating to financial sustainability, strategy and planning, service delivery and organisational performance. Whilst the Health Board has been de-escalated for 'Leadership and Governance' from Level 3 to Level 1, the Health Board must meet the revised criteria:

- Evidence that all recommendations from the Royal Colleges / Health Inspectorate Wales (HIW) and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the Health Board's longer-term improvement plan;
- Support the implementation and realisation of GIRFT and the national programme reviews opportunities;
- Support the implementation and realisation of the three Ps policy, GIRFT, theatre optimisation, CIN optimisation programmes and related national improvement recommendations; and
- Develop a prompt response to any HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

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

AMaT enables services to directly update progress against all recommendations via one central system, promoting a consistent approach with regards to processes and reporting, improvement in transparency and accountability, supporting services with their governance arrangements, and improvement in information flow. Progress is monitored via the utilisation of a traffic light system based on performance against original completion dates.

Status Category	Definition
Overdue	The recommendation is behind schedule to the timescale provided by the lead officer.
Unable to Complete (NEW)	The recommendation cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the CCG/Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures.
Pending Decision (NEW)	The recommendation is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a QIA panel. Committee updates will detail whether the recommendation is overdue or not whilst decision pending.
In Progress	The recommendation is currently in progress, and within the agreed original timeframe for implementation.
Reliant on External Factors	The recommendation is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.
Complete Pending Formal Approval (NEW)	The Service / Function have completed the recommendation and currently awaiting formal approval to close.
Complete	The recommendation has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.

Audits and Inspection Reports assigned to PODCC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

- *2.1 To provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, ensuring Hywel Dda University Health Board (the Health Board) is recognised as a leader in this field.*

There are currently 2* open reports assigned to PODCC.

Date of report	Report Issued By	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommend-ations in original report	Overdue	In progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete
Mar-24	Health Education and Improvement Wales (HEIW)	Trauma and Orthopaedics Glangwili Hospital March 2024	Community & Integrated Medicine	Chief Operating Officer	Aug-24	N/A	8	0	0	7	1	0	0	0
Jul-25	Internal Audit	Sickness Management Final Internal Audit Report 2025/26	Director of Workforce	Director of Workforce & Organisation Development	Sep-25	N/A	2	0	0	1	1	0	0	0

*All recommendations for both reports have been implemented and are pending formal approval to close.

Audits and Inspection Reports Closed
- Since previous report

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Since the previous report presented to PODCC, the following report has been formally approved as closed:

Report issued by	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Implementation Date	Number of recommendations in report	Report status
Health Education and Improvement Wales (HEIW)	Education & Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board	Medical	Medical Director	Aug-25	Feb-26 – closed following approval by Executive Director.	12	Complete

Implementation of Welsh Health Circulars (WHCs)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

There is 1 open WHC aligned to PODCC as of April 2026.

All WHCs are managed via the Audit Management and Tracking system (AMAT), which gives leads direct access to update and upload relevant evidence to demonstrate compliance with their requirements. Each Welsh Health Circular (WHC) is assigned a status category. The table below outlines the definition of each category, the number of WHCs assigned to each, as of April 2026, and the number completed since the previous report:

Status Category	Definition	Number of WHCs
Overdue	The WHC is behind schedule to the timescale provided by the Lead officer or as stipulated in the WHC, or a plan (with date for implementation) is not yet in place.	0
Unable to Complete	The WHC cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the CCG/Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures.	0
Pending Decision	The WHC is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a QIA panel. Committee updates will detail whether the WHC is overdue or not whilst decision pending.	0
In Progress	The WHC is currently in progress, and within the agreed original timeframe for implementation.	1
Reliant on External Factors	The WHC is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.	0
Complete Pending Formal Approval	The Service / Function have completed the WHC and are currently awaiting formal approval to close.	0
Complete	The WHC has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.	0

Oversight of the delivery of WHCs has been included in the new Clinical Care Group (CCG) Terms of Reference, with the requirement to escalate appropriately instances of non-compliance. The timely implementation of WHCs is included within the Governance domain of the Health Board's internal escalation framework, with services escalated in instances o ance.

Welsh Health Circulars In Progress

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

WHC	Issued On	Lead CCG / EF	Lead Director	Implementation Date	RAG Status	Progress Update
038-25: All-Wales NHS Accessible Communication and Information Standards	22/09/2025	Workforce and Organisational Development	Director of Workforce & OD / Deputy Chief Executive Officer	22/09/2027	In Progress	There are three distinct parts to this WHC: - - Accessible communication and information standards in healthcare. - Accessible information standard for GP practices. - Standard Operating Procedure: commissioning interpretation and translation services in primary and emergency healthcare. Leads for each element of the WHC have been identified and an All-Wales NHS Accessible Communication and Information Standards Implementation Group has been established.

Recommendations

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

Risk Management

- **RECEIVE ASSURANCE** that identified controls are in place and working effectively; and
- **RECEIVE ASSURANCE** that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise.

Audits, Inspections and Regulatory Reports

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

Welsh Health Circulars

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

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

CORPORATE RISK REGISTER SUMMARY APRIL 2026

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Apr-26	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
2305	Risk to staff wellness due to pace and breadth of organisational change	Gostling, Lisa	Workforce/OD	NA	4×5=20	New risk	3×4=12	31/03/2030	6
1978	Risk of insufficiently skilled workforce to deliver services due to limited labour market	Gostling, Lisa	Workforce/OD	4×4=16	4×4=16	→	3×4=12	31/03/2027	11

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

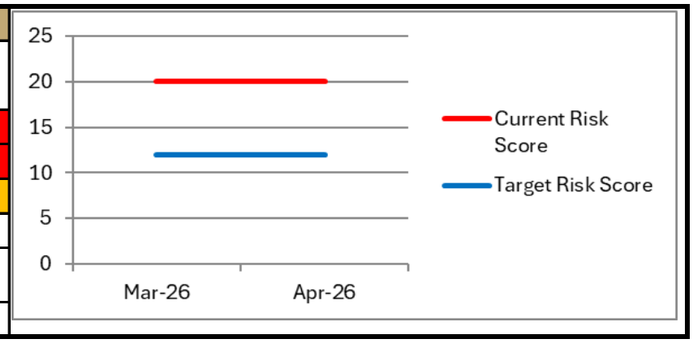
NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you

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

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

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

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	4×5=20
Current Risk Score (L x I):	4×5=20
Target Risk Score (L x I):	3×4=12
Expected Date To Achieve TRS:	31/03/2030
Trend:	*New risk*



Rationale for CURRENT Risk Score:

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

WOD colleagues are increasingly hearing personal accounts from staff describing the emotional and professional impact of these changes. Trade Union partners have echoed these concerns, highlighting rising anxiety and declining wellbeing. The 2024 NHS Wales Staff Survey further indicates that burnout remains a significant issue for the Health Board.

The wider effects of organisational change are well recognised. Without careful management, it can erode organisational culture and staff experience, leading to increased employee relations issues, team dysfunction, sickness absence and turnover. These pressures risk creating a negative cycle that undermines engagement, productivity and overall performance.

Rationale for TARGET Risk Score:

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

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

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

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

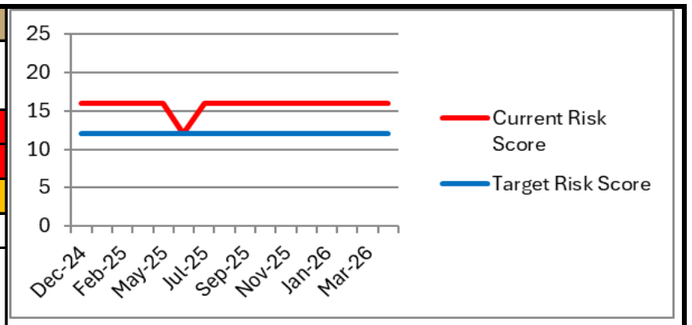
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the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

	Executive Improving Together Sessions	1st			demand management is in place or resource requirements can be met. 3) There is a gap in assurance that our workforce capacity meets demands or demand management is in place or resources requirements can be met	Each Executive Director will work to strengthen social partnership collaboration with staff and trade unions during times of increased change and transformation.	Hinkin, Heather	31/03/2027	Progress to be provided at next risk review
	Workforce & OD Leadership Team Meetings (Risk led)	2nd				Greater focus on considering the impact of change on our workforce within the QIA integrated impact assessment assurance processes to ensure the impact on staff are considered and mitigating actions are in place to minimise/remove negative impact and maximise positive impacts.	Daniel, Sharon	31/03/2027	Progress to be provided at next risk review
	Audit Wales - Workforce Planning - External Audit	3rd							
	Staff Partnership Forum	3rd							
	TI and JET assurance meetings	3rd							

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

Risk ID:	**1978**	**Corporate Risk Description:**	There is a risk there will be insufficient skilled workforce within each of our professional groups (Nursing, Medical, Allied Health Professionals AHP, HCS, Pharmacists and Dental). This is caused by the scarce supply of healthcare professionals and a shrinking labour market, which is further exacerbated by the Health Board's current vacancy rates. This could lead to an impact/affect on the quality of care provided to patients, delays in care and poorer patient outcomes and experience. In addition, this may lead to the inability to meet statutory and professional requirements in terms of safe staffing levels that are needed to deliver quality patient care.
Does this risk link to any Directorate (operational) risks?		1186	

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	3×4=12
Expected Date To Achieve TRS:	31/03/2027
Trend:	⟷



Rationale for CURRENT Risk Score:

Staff sickness rates are fluctuating (reducing and increasing in different spaces) and our establishment levels are increasing. The use of contingent workforce is also fluctuating and plans i.e. agency and variable pay spend has reduced significantly over the last 12 months. Further work has been undertaken to understand the level of risk across each staff group (Nursing, Medical, Allied Health Professions and Health Care Support Workers) to comprehend the level of risk by each group. It is hoped, as further action is taken through stabilisation programmes, the Clinical Services Plan (operational and strategic workforce planning) and Improving Together, we will be able to reduce the risk score during 2026/27.

Rationale for TARGET Risk Score:

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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Organisational Governance Structure Improving Together approach to be align to People Planning approach supported by People Planning Team to create an organisational wide approach to in year service challenges Organisational Gap Analysis based on a 10 year profile developed and annual assessment strategic & operational review of workforce (including Education Commissioning Assessment) Inter-People and Corporate Team & Planning Objectives Establishment Control Agency usage Bank Utilisation & ongoing onboarding of supply Efficient Rostering practice Roll out of new rostering system Overview of organisation and service wide risks (assessment of each service area based on workforce availability) Continuous process of assessment of services to be stood down and deployment options based on service needs (CDG) Targeted prioritisation of recruitment/onboarding of new employees to the	To mature and develop focus underpinning SPPEG and alignment to new Clinical Care Group structure to ensure that service workforce establishments have the correct skill mix/skills mix etc Digital infrastructure currently not in place to support the short, medium and long term analysis and modelling for workforce and triangulation of data sources to develop coherent scenario plans based on available evidence.	Workforce Plan in Place for Each Professional Group identified to address concerns above & monitored through relevant fora i.e. SPPEG, MDT Forum and PODCC	Walmsley, Tracy	Completed	Built into medical stabilisation and reports to V&S; Refreshed as part of annual planning cycle; continuous review. Challenge in consolidating 70+ operational plans aligned to professional identify and strategic direction. Requires "Forum" for dialogue and design. Planning Coordination Group acting in interim capacity. Draft Plans completed - final versions will be in place by March 26 (Revised action). Completed.
		Each Professional Workforce Plan in place with an implementation action plan developed within 25/26. (This will be maintained as an iterative plan with ongoing monitoring and review by relevant fora i.e. SPPEG, MDT Forum and PODCC. The Professional groups relate to each "Staff Group" identified under ESR i.e. Estates and Ancillary, Admin and Clerical (although service level plans may need specific tailoring), Nursing and Midwifery, Medical and Dental, Healthcare Science, Allied Health Professionals, and Additional Professional and Technical.	Walmsley, Tracy	Completed	Plans in train for September 2025 with review by groups i.e. SPPEG by February 2026 (due to agenda moved from December 2025). Completed.

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 Align and iterate to implementation groups i.e. Medical Workforce Planning and related subgroups i.e. Medical retention, MAPS etc Annual completion and submission of Education Commissioning Plan to HEIW and critical assessment to known service level plans Corporate Risks have been developed linked to Wellbeing as part of Risk Management approach. Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans SPPEG (Strategic People Planning & Education Group) From April 2025, new operational governance structure implemented allowing clinical care groups to escalate concerns to IQFPDG.			
Design an approach to primary and community workforce model for 25/26 against agreed priorities for Primary Workforce Planner and Annual Planning Objectives (NB Requires alignment to UEC, Primary Care and Community Programmes of work)	Walmsley, Tracy	~~31/05/2025~~ ~~30/12/2025~~ ~~31/03/2026~~ 30/06/2026	A summary report developed compiling challenges and opportunities has been developed. Meetings held with PC; revised approach determined. Paper intended for SPEGG Dec 2025 from Primary Care Academy but deferred to Feb 2026. Extra ordinary meeting took place 6th January 2026 and paper to follow. SBAR and plan taken to Public Board on 5th February. Action now superceded by Community By Design National Programme. Primary Care Workforce planner in post, contract extended by one year to March 2027.
Create task and finish group to analyse establishment control and develop tool to accurately reflect staffing requirements in partnership with Finance to ensure effective alignment to workforce changes and future profiling to include Education and Commissioning (3 year forward workforce "shape & spend" profile)	Walmsley, Tracy	~~30/06/2025~~ ~~30/12/2025~~ ~~31/03/2026~~ 30/06/2026	May need to align to National group. National Group meeting took place in July 2025. Consensus on value achieved; on mechanics more challenging discussions. No further actions coming from National Group. Establishment Control Tool and Regeneration Framework in place along with national minimum data set which is reviewed annually. As part of Annual Planning Cycle (March 2026) ensure financial profiling is aligned. Requires support from Finance colleagues. National Group stood down. Awaiting other dates. Need to move forward with local plan.

Ensure effective methods of workforce utilisation across each professional group in place: Nursing, Medical, AHP and HCS. Critically assess and design plan for work that can be implemented by end of March 2026.	Walmsley, Tracy	~~31/03/2026~~ ~~31/03/2026~~ 30/06/2026	Roll out of Job Planning & Allocate across professional groups; plans required to a) strengthen current approach and b) develop for new professional groups as prioritised against resources. Workshop with Allocate Held. Business Plan to be developed for AHP/HCS. Medical progressing with challenges. OOH service progressing with challenges. All progressing with challenges with June completion date for Medical but no funding allocated to roll out AHP and HCS.
Education Plan aligned to each professional group (to 24/25 and reframed for 25/26)	Glanville, Amanda	~~31/03/2025~~ 30/11/2026	Analysis in train, based on in year and projections. To be tested by 30 September 2025; work capacity to be assessed. Further work needed to put training plans in place based on TNA. Actions for study leave/higher wards part of BAU
A robust framework of competency based people planning and related training to underpin the Team around the Patient initiatives and new model development of care. Essential and necessary reliance on educational frameworks rather than new role development, which is an evolutionary aspiration. Practical next steps will be assessed linking into skills gaps within the workforce and the educational infrastructure to support.	Walmsley, Tracy	~~31/03/2026~~ 30/06/2026	Competency based workforce planning was undertaken in 2022/23 with support from HEIW. Refresh of training needed prior to delivery. Delivery may need to commence from June 2026 due to team levels.
Machanisms & Process for International Recruitment to be devised to enable transparency and engagement	Walmsley, Tracy	Completed	Engagement with NWSSP/Medical Director to clarify WG position. Meet with HEIW. Design process from local to national in line with partners. Owned by Medical Workforce Planning Group, linked to revision of establishments and ongoing plans led by Medical Directorate with support from Workforce Planning.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
	Monitoring of workforce SIP and gaps in establishment control	1st				Assessment & continuous development mechanisms linked to Capacity and Capability (including any negative impacts on Wellbeing)	Overarching Implementation Plan & Assessment of Impact (Approach defined 30/9/23) and delivered no later than 31/03/25 to link to Annual Planning cycles (identified in Audit Wales (AW) initial draft report) Refresh of Strategy to be aligned. In draft.	Walmsley, Tracy	~~31/03/2025~~ ~~30/03/2026~~ 30/04/2026	Workforce Plan will take account of the needs to address the actions in the Wales Audit Office Report. Assessment of work by Service, Professional and People Pillar to develop a costed plan for P&OD and HB. Meeting With AW Auditor to agree "close off" based on evidence available. For example, current Workforce plan, MDS and People Plans. The issue is related to the 10 Year Strategy and Implementation Plan for Workforce. The Clinical Services Plan (CSP) work is critical here. Completion Date revised to 30 April 2026 to account for CSP. Met with WAO lead. Draft Paper to be signed off & uploaded.
	Risk management approach to Workforce themed Risks	1st					Pilot the Maturity Matrix independent assessment process across 2/3 Health Boards including Hywel Dda in 2025/2026.	Walmsley, Tracy	~~31/12/2025~~ ~~31/03/2026~~ 30/06/2026	New Action. Refreshing matrix based on All Wales Feedback. Meeting July 2025/26 of subgroup to agree process for pilot process. Being fed into AWOD for SWFP. Sub Group has met (October 2025) provisional engagement from DCHW, Cwm Taf, WAST and Cardiff & Vale to support revision of framework being undertaken to be presented at future AWOD Strategic Workforce Planning and supported by HEIW.
	Strategic People Planning & Education Group	1st								

	Workforce levels monitored at Service Level, Professional Groups and Operational Delivery Group & Improving Together meetings	2nd							
	PODCC - IMTP Plan, and process mapped through Planning Sub Group	2nd							
	Workforce Planning Internal Audit (Substantial Assurance) April 2022	3rd							
	Wales Audit Office review of Workforce Planning (report - Summer 2023)	3rd							
	Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans								

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2169	Operational Allied Health Professions & Health Sciences	AHP&HS: Dietetics & Nutrition	AHP&HS: Dietetics and Nutrition	Carruthers, Andrew	Quarrie, Sara	Paul-Gough, Zoe	Jones, Claire	22-Sep-25	There is a risk of to staff wellbeing and associated rates of sickness absence and staff retention This is caused by unprecedented demand on weight management service since availability of GLP-1 inhibitors. This has resulted in long waiting times and inability to meet patient expectations resulting in unreasonable expectations and at times patient aggression. This will lead to an impact/affect on service continuity Risk location, Health Board wide.	- Working with comms hub / PALS supporting identification of FAQ / common complaints to manage (draft responses provided) which will reduce need for team having to pick up (reducing exposure) - WLSS supporting Pt queries (signposting info provided) - Information regarding service including 'no guarantee' of access to medications and requirement to engage in lifestyle interventions (as per evidence) /communicating long waits due to new demand at point of referral provided to service users. - Session provided to team re de-escalation of anger - V&A advice sought, expectations re behaviour added to communications / posters displayed in clinical areas. V&A training delivered to team. - Work commenced with Validation team to support communication to those on the Waiting list to manage expectations - Staff signposted to Staff psychological wellbeing service - Advice sought from OD team - Communication provided to referrers - Process introduced whereby call / query handlers escalate concerns to HoS / project support not team (not sustainable) Dec 2025 Service lead cover in place and awaiting sign off for scripts to be used and comms team to take on complaints and queries on behalf of WM team . Job advert to go out to recruit into newly vacant positions due to staff leaving. Update 2.3.26 - Submission to annual plan made for additional capacity, T&F MDT group established to support GLP-1 roll out. Part of Wales wide application for UK Gov innovation funding. QIA undertaken to 'pause non-urgent referrals. Fragility assessment undertaken (linking this risk with other related risks above).	Workforce/OD	5	5	25	impact score of 5 criteria met: Loss of several key staff" (12.5% sickness absence rate including staff members on long term sick, one of whom had sited work related stress when handing in notice / other staff have reported they do not enjoy work and are seeking other employment - 1 resigned and left Jan 2026) "Non-delivery of key objective/service due to lack of staff" (single handed prescriber is raising concern re workload demand, (as per linked risk ID 2151), key objective of service cannot be delivered without a prescriber). Likelihood score of 5: this risk is "Expected to occur at least daily". Likelihood score of 5 until actions to mitigate the current gaps in current control are complete. Liaise with communication and engagement team to agree a UHB-wide Communication to public to manage service user expectations seek funding for short-term sessional medical support for fragile single handed prescriber, whilst developing longer term plan.	Expedite communication hub fielding calls / emails with managed escalation of queries to protect staff asap	Paul-Gough, Zoe	~~31/12/2025~~ ~~31/03/2026~~ 01/06/2026	Trial is complete. Comms hub have had some delays and have agreed to pick up in Feb 2026.april 2026 - small details to complete Comms hub currently shadowing WM admin in order to take this over end of may	People, Organisational Development and Culture Committee	3	4	12	The target for staff well-being is reflected in staffing levels and sickness rates. This will ensure the impact on service continuity is minimised. Current planned mitigations if successful will support in the short-term. Long term resolution will likely require resource. Longer term service planning will be required across system / pathway and has been highlighted for the Healthy Weight Oversight Group and in National HWHW group. The TRS date has been amended from Jan to April 2026 to reflect progress of action plan.April 2026 the TRS date has been extended to Early june to reflect progress made with comms hub taking this over from end of may 2026	Treat	1-May-26
																Communication urgently required to public to manage service user expectations	Hughes-Moakes, Alwena	**Completed**	Current mitigations not working, require a UHB communication to the public. Tabled for discussion at HWOG (governance group for obesity). An internet page has been agreed however comms to public still to be agreed.April 2026 internet page completed comms not needed currently will add as new action if required in future							
																Consider pausing non-urgent new assessments to support focus on those have open Duty of Care and improve efficiency (internal waits following assessment meaning delayed interventions and increased DNA). This will be support staff wellbeing by reducing pressure to undertake new assessments (giving capacity for interventions for those already in service), improve quality (intervention more timely as	Paul-Gough, Zoe	~~28/11/2025~~ ~~31/01/2026~~ ~~30/04/2026~~ 01/06/2026	update 3.3.26 - V&A training complete, Frailty assessment complete (awaiting final recommendations). QIA for submission to panel. April 2026-QIA submitted and SBAR to accompany Task and Finish group started under the Health Weight Oversight Group to deliver on WHC recommendations. Awaiting outcome of fragile services assessment with CCG							

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															Expedite commencement of the communication hub to field calls and emails (which will include managed escalation of queries) to protect weight management service staff. Consider pausing non-urgent new assessments to support focus on those have open Duty of Care to and improve efficiency (reduce time between assessment and intervention). WHC 2025/043 released October 2025, has specified priority areas to target prescribing, which will aid service prioritisation.	Seek funding for short-term sessional medical support for fragile single handed prescriber, whilst developing longer term plan.	Paul-Gough, Zoe	31/12/2025 30/04/2026 02/07/2026	Met with GM with responsibility for Diabetes. Explored opportunities within budget. Identified interested parties. Agreed current provider will support training / supervision etc critical to support service continuity / succession planning. As part of the WHC Task and Finish Group, exploring other opportunities e.g. Secondary Care consultant, Community Pharmacy Model and Digital. awaiting welsh government announcements							
																Communication to Primary and Secondary Care Teams to advise regarding ongoing fragility and plan in place to strengthen.	Paul-Gough, Zoe	30/04/2026 01/06/2026	In progress to be completed imminently							
																Multidisciplinary Service review planned to incorporate the availability of new medications	Paul-Gough, Zoe	30/04/2026 01/06/2026	discussion re research funding to support with prescribing . ? nurse prescriber - is in conjuction with pathway review							

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2288	Primary Care	Primary Care	PC,CS,LTC: Out of Hours	Carruthers, Andrew	Bond, Rhian	Bond, Rhian	Richards, David	10-Feb-26	There is a risk of of inadequate service provision, financial impacts on staff pay and service budget. This is caused by inconsistent system build/configuration and implementation of the Allocate system, including limited user training and role based access controls, incomplete/untimely data entry (e.g., contracts, assignments, leave records), limited validation with ESR and finance, and lack of clear ownership and performance monitoring for key Allocate processes. This will lead to an impact/affect on patient care (rota gaps short notice cover, service disruption), staff (delayed/incorrect pay, morale issues), organisational compliance (breaches local policies), financial performance (unplanned costs, reconciliation burdens), and reputational risk (complaints/grievances). Risk location, Health Board wide.	• Standard operating procedures in place by the organisation for rota build, leave approval windows, and cut off timelines; embedded compliance checks (WTD/rest rules). • Integration governance with ESR/finance; routine reconciliation between Allocate outputs and payroll. • Defined process ownership (Rostering Lead/Payroll Lead) and KPIs (e.g., % pay exceptions, fill rates, leave balance accuracy). • Daily service meetings to check rota coverage. • Ongoing Allocate implementation meetings. . Since the implementation of additional bank assignments, staff are able to view and book shifts directly	Workforce/OD	4	4	16	We continue to experience pay exceptions and rota short notice gaps that can affect rota coverage and therefore patient care, staff wellbeing and service continuity (e.g., payment corrections, manual workarounds, and increased bank use). Known issues are rectified, but the potential impact on staff (pay accuracy/timeliness), patient access (shifts left unfilled), and compliance supports an impact level of Major. Errors in configuration, incomplete training coverage/competency sign off, limited capacity to review and resolve pre pay exceptions, and variable adherence to timelines so recurrence remains possible in any pay period or rota cycle. Audits of Allocate have begun to correct					People, Organisational Development and Culture Committee	2	2	4	Planned actions will significantly reduce likelihood: Full implementation of control improvement standardised Allocate configuration, mandatory training with competency sign off, automated pre pay validation dashboards, and strengthened governance for change/release management will address the main causes of error. These measures will make recurrence of major payroll or rota failures unlikely, provided compliance monitoring and KPI reporting are embedded. Even if isolated errors occur post mitigation, they will be detected and corrected promptly through automated exception reporting and escalation protocols, limiting organisational, financial, and	Treat	23-Apr-26

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															previously identified errors and therefore lessons are being learned and protocols will be implemented to ensure similar errors are not reintroduced.									reputational consequences. Service continuity will be maintained through proactive rota planning and leave management controls. Evidence based expectation: Once KPIs (e.g., pay exception rate <0.5%, rota fill >95%, leave balance accuracy >98%) are consistently achieved for three consecutive cycles, residual risk will reflect only minor operational inconvenience rather than significant disruption.		

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2312	Planned & Specialist Care	Cancer & Scheduled Care	Scheduled Care: Anaesthetics	Carruthers, Andrew	Goode, Paula	Humphrey, Lisa	Knight, Diane	2-Mar-26	There is a risk of safe and timely cover for anaesthetic shifts for on call and in theatres and critical care by appropriately skilled staff. inability to maintain safe and timely care of patients within Operating Theatres, Critical Care and hospital wide responses to emergencies requiring anaesthetics resulting from Anaesthetic staff declining to support rota gaps or backfill in rotas. In order to support priorities of on call and emergency theatres, elective lists will be compromised. (This assumes that staff are willing to move from their rostered shifts to support priorities). This is caused by Due to failure of clinical staff supporting gaps or backfill in anaesthetic rotas due to dissatisfaction with new card rates published on 25th February 2026 for 1st March 2026. The new card rate has exposed the underlying fragility in the anaesthetic workforce	Set care priorities for shift cover: Oncall rotas, (SAS and Consultant) NCEPOD Theatre Trauma Theatre ECT (GGH only) Elective cancer pathway Elective cohort pathway Elective remainders Rota co-ordinators trying to move staff around to support, pulling shifts forward from later in the week, if staff agree. Consultants stepping down at £202.02 per hour. Staff may agree to undertake additional work for time off in lieu (TOIL) Backfill from external agencies could be explored but would be seen as NOT suitable to support oncall and weekend commitments on any site due to level of familiarity required to meet patient needs and core staff support across theatres and ICU.	Workforce/OD	4	4	16	The control measures that have been applied are not sustainable or affordable and relies on insourcing anaesthetic staff from ID medical at an escalated cost. This also relies on the consultant workforce stepping down from their job planned activity to cover OOH and emergency pathways which is not sustainable	Agree an interim escalated card rate for an interim period to allow the service to develop the recruitment plan	Humphrey, Lisa	**Completed**	Completed	People, Organisational Development and Culture Committee	2	3	6	Sustainable workforce provision will avoid service interruptions, cancelation of activity, maintain safety & quality via emergency pathways and deliver on organisational targets	Treat	24-Mar-26
																add and update the anaesthetic staffing position in the fragile services data base	Knight, Diane	30/04/2026	In progress							
																Prepare SBAR on the staffing position and proposed options/solutions for consideration by the CCG/IQFPD	Knight, Diane	30/04/2026	in progress							
																Manage anaesthetic staffing gaps via 6 4 2 process to plan for insourcing for elective activity	Humphrey, Lisa	30/09/2026	in progress							
																establish weekly anaesthetic staffing meeting to manage rota gaps within the emergency pathways	Humphrey, Lisa	30/09/2026	in progress							

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									This will lead to an impact/affect on Due to the requirement to assure safe and timely support to ICU, NCEPOD Theatre, and all related oncall commitment across all locations, this will lead to an impact/effect on safety and timeliness of care for elective surgery patients; and will place pressure on auxiliary staff, (Rota co-ordinators, Theatres, Waiting List, Critical Care), who form part of the partnership in patient management. Without ability to backfill, preliminary assessment would suggest the potential impact is the loss of 40 elective sessions per week Risk location, Health Board wide.	Backfill by external agencies for elective list assumes that core staff are prepared to move and cover oncall and weekends.						active recruitment into current vacancies	Knight, Diane	29/05/2026	in progress							

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737	Director of Finance	Digital	Digital: Information and Communication Technology	Thomas, Huw -	Tracey, Anthony	Brain, Sarah	Brain, Sarah	1-May-18	There is a risk of that the staff working on the switchboards within the Health Board are not able to comply with the European Working Time Directive (EWTD). This is caused by the inability to cover single handed shifts at night, weekend and bank holidays at 3 out of the 4 hospital sites. This will lead to an impact/affect on the European Working Time Directive (EWTD) is an EU initiative designed to prevent employers requiring their workforce to work excessively long hours (specifically the right to a rest break if the working day is longer than six hours), with implications for health and safety, increased levels of sickness and potentially more time off work. Consequently this could have a direct impact on patient care. Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital.	Each switchboard has a lockable door. 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.	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. Risk remains the same until changes as part of the OCP are implemented.	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	2-Oct-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	30/09/2025	OCP currently in process							

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2088	Operational Allied Health Professions & Health Sciences	AHP&HS: Physiotherapy	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John	Davies, John	9-Jun-25	There is a risk of There is a risk of staff have a poor experience at work. This can contribute to burnout in clinical, administration and managerial staff, resulting in emotional, physical, psychological impacts. This is caused by Sustained and prolonged work-related pressure and chronic stress. This is also due to multiple factors which may include high workloads, working in isolation, perception re lack of control or autonomy, insufficient recognition, miss match in values, unfairness in work distribution and reward and negative work life balances. Moral and ethical distress also adds to the risk of negative impacts on wellbeing. This will lead to an impact/affect on Wellbeing, attendance at work, loss of clinical capacity/ efficiency, poor recruitment and retention of staff, patient safety. Team functioning and work and home relationships are often effected. Feelings of uselessness, cynicism, compassion fatigue.	Staff directed to HB staff psychological wellbeing services and tools on the website Staff directed to NHS counselling service (Canopy) Health board 1:1 support service Prevention of burnout resources available on line to all staff Individual stress risk assessment completed, and action plans made Individual referral to occupational health when triggers met Individual Job planning template completed Staff to book regular annual leave and managers to monitor Service and team leads to monitor overtime / TOIL Operational managers are supported to attend Health and Safely training that includes workplace stress risk assessment. Service proactively supports flexible working in line with local and national policy Service actively maintaining a band workforce at Band 4 and 5 to cover short term gaps resulting from vacancy turnover	Safety - Patient, Staff or Public	3	4	12	System pressures are consistently high and some medium term commissioning uncertainty remains (RIF, FCP). Morale score on the negative scale in NHS survey 30%, positivity score 48%. Despite wellbeing interventions, some staff are reporting work related stress impacting wellbeing. This is reflected in sickness levels with some anxiety and stress related illness. Overall sickness levels are 5.2 %. Funded establishment is 227 WTE. The service has 3.77 WTE vacancies in April 2026. 12 month turnover has shown an improving trend over the last 12 months and reduced from 12.7 % to 6.5%. NHS Staff surveys reflect some positive results for Physiotherapy in terms of flexible working (75%	Staff to be made aware of all resources available to support wellbeing SG to link with psychology lead Suzanne Tarrant to confirm the most relevant resources available for staff and managers on burnout SG to link with Workforce and OD to see what support is available to clinical and managerial teams	Griffith, Susan Griffith, Susan Griffith, Susan	Completed Completed Completed	links to staff resources distributed throughout the service through the service leader communication infrastructure. 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. 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.	People, Organisational Development and Culture Committee	3	2	6	The service has a number of actions in place to frame clinical capacity challenges and to seek organisational support to constrain service delivery to funded capacity or to increase funding to meet demand. Work is underway to improve engagement with clinical leaders in change processes and to support skill in terms of risk assessment processes and relevant action plans. The time line on delivering target risk scores will be dependent on the way complex change processes develop and also the organisations ability to make definitive decisions in areas of funding uncertainty. The service has seen positive and improving trends in flexible working, compassionate and inclusive leadership.	Treat	30-Apr-26

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									Risk location, Health Board wide.						positive, improving trend) and 'we are compassionate and inclusive' (67%)	JD to link with Sara Quarrie and Jo Bradburn regarding staffing level benchmarking exercise.	Davies, John	**Completed**	JD to raise with the care group meeting infrastructure 11/07/25. CCG is piloting capacity demand modelling in podiatry. There is no specific time line for roll out in physio yet. CCG will advise later in the year. 30/10/25-No update on roll out of CCG C&D modelling - Anticipate this to have occurred by end of 2025 29/12/25-No update. 18/02/2025 - CCG IG 3P D&C report indicated: "Work commenced with Physio (MSK) and Dietetics in Jan, the work was positively received". Action closed. SQ							
																Develop SMART action plan to incrementally updated training for operational managers and clinical leaders in Health and Safety, including stress risk assessment processes. (Link with Tim Harrison and Adam Springthorpe)	Davies, John	31/10/2025 31/07/2026	30/04/26 Discussed in April IG. Band 8a leads requested to look for opportunities to attend training as service pressures allow. Review progress in May Q and S meeting.							
																Ongoing recruitment of staff to available vacancies.	Davies, John	**Completed**	28/04/28 The overall vacancy rate in physio is low. Controls are in place to optimise recruitment and turnover. Bank is in place. Agency use is low. Funded establishment is 227 WTE. The service has 3.77 WTE vacancies in April 2026. 12 month turnover has shown an improving trend over the last 12 months and reduced from 12.7 % to 6.5%							

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
																Within budget only use of Bank Band 4 / 5 / 6 clinical staff to maintain capacity during periods of vacancy	Davies, John	Completed	Approval to recruit for band 4,5 and 6 staff supported by FCG. Rolling process in place to maintain bank workforce. This workforce is being used effectively to cover short term vacancies caused by workforce turnover.							
																Use of within budget funding to recruit Locum staff with CCG and AG1 approval until the end of the financial year	Davies, John	Completed	As of April 2026, funded establishment is 227 WTE. The physio service has 3.77 WTE vacancies in April 2026, with only 3.77 WTE vacancies. " agency staff and bank workforce are in place to cover funded service gaps. 12 month turnover has shown an improving trend over the last 12 months and reduced from 12.7 % to 6.5%. The service now has established processes for agency approval via (FCG) and bank recruitment. As such this action has been transitioned to a control.							
																Development for SBAR for recovery funding to achieve a zero breach position completed and submitted for consideration for additional WAG funding	Davies, John	Completed	An SBAR has been developed to identify funding requirements to bring service back to a zero breach position. This was updated in Nov 2025 by physio services and submitted through the CCG's integrated governance PPP forum. There has not been a Welsh Government / Health Board decision made to support waiting times recovery funding to date. Close action.							

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																Demand and Capacity - New patient D&C tool to be implemented in MSK Physiotherapy. This tool will be used to enhance the services ability to escalate workforce capacity challenges through integrated governance processes and via annual planning.	Davies, John	~~30/04/2026~~ 31/07/2026	Work is underway to develop a new D and C tool. A current barrier is the forecasting functionality in WPAS. Task and finish group reviewing work arounds. (In the mean time the service is using historical forecasting and C and D methodologies. 01/05/26-C and D tool used by Performance Improvement incompatible with the Physiotherapy system without significant modification. Meetings continue to develop a hybrid tool.							
																Physiotherapy to undertake a 'Service Review'. This will be fed into CCG Integrated governance forum. Include base line capacity and demand information for key service areas.	Davies, John	31/07/2026	New action as D&C tool implementation commenced Jan 2026. C and D work undertaken for CMATs service as part of 'SBAR CMAT escalating waiting list' paper. Shift of resource agreed to support service capacity in CCG IG governance (April 2026). Capacity and Demand review started for acute services.							
																Undertake staff experience survey. Survey launched by Chartered Society of Physiotherapy in collaboration with Physiotherapy service to build understanding regarding factors that may be contributing to positive or negative experience at work. Survey closes 28th May. The survey results will inform development of collaborative action plan being developed in Physiotherapy partnership forum.	Davies, John	06/07/2026	New action							

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																Develop SBAR - 'acute physiotherapy case for change', to map current acute workforce against available standards and NHS benchmarking. The paper will link to current quality of care risks for this area and the evidence base supporting efficacy of staffing acute hospitals to standards.	Davies, John	30/06/2026	Initial workforce mapping completed. Task and finish group set up to support piece of work.							
																Deliver Physiotherapy MSK pathway workshop for senior clinical leaders and managers. The key aim of this is to improve knowledge of national strategy, empower clinical leaders to engage in service transformation and change.	Davies, John	**Completed**	Workshop delivered on 18/03/26. key priorities that emerged included:- Scoping options for the development of a single point of access for MSK services, in line with the national service specifications, development of job descriptions that enable MSK clinicians to work across the pathway and at the top of their licence evaluate opportunities to reduce unnecessary touchpoints for patients accessing MSK services, further develop telemedicine triage, incorporating risk stratification and patient engagement measures. Task and finish groups to be set up. Action complete.							
																Draft SBAR to escalate risk to sustainability of services funded by RIF. Include case for change to support rationale for sustainable funding and exit strategy if funding ceases in March 2027.	Griffith, Susan	31/07/2026	New action							

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																Draft SBAR escalating risk to staff wellbeing due to funding uncertainty in FCP. Frame options for service commissioning or exit strategy.	Davies, John	Completed	SBAR submitted to executive lead (COO). Outcome decision on 11/04/26 was to extend funding for service until 31/03/27. Comms sent to FCP team to brief them on outcome 24/04/26.							

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2253	Planned & Specialist Care	Children, Women & Family Health	CW&FH: School Nursing	Carruthers, Andrew	Goode, Paula	TO20	Morgan, Barbara	20-Jun-22	There is a risk of to children and young people's health and wellbeing due to a shortage of SCPHN School Nurses, with an ageing workforce and staffing gaps threatening the service's longâ€'term sustainability. This is caused by 1. Difficulty in recruiting SCPHN School Nurses throughout the HB but particularly in Ceredigion. 2. There are not enough registered nurses opting to attend the SCPHN (Specialist Community Public Health Nurse)training for school nursing. 3.Location of the training, which is based in Swansea University, this is not always popular with staff from Ceredigion or Pembrokeshire due to the distance they have to travel. 4. Other than their statutory duties, the School Nursing service is unable to complete other aspects of its Public Health Role. 5.There is an ageing workforce. 6.There has been an impact to the service due to ongoing sickness in all three Counties.	1. Priority is given to Safeguarding and Immunisation programmes. 2. In regards to increases in Safeguarding issues, supervision is available from the Safeguarding Team and support from Team Leaders or Senior Nurse Manager. 3. Skill mix model has been adopted where the service has appointed Band 5 Registered Nurses to fill the deficit and enable them to become SCPHNs as part of the grow your own model. 4. Some of the work of the Band 6 Nurses are being delegated to Band 5 staff to help with caseloads. 5. Continue to work with Culture team to improve the culture of the service with the aim of improving staff retention.	Workforce/OD	3	4	12	The service has an ongoing recruitment campaign with involvement from Workforce. To date, we have been unsuccessful in our recruitment campaign which has had an effect on staff morale due to the increase in workload as they must cover caseloads. The ageing workforce, in particular in Pembrokeshire and the senior management team, along with the challenges the service are facing with unfilled vacancies and succession planning, make School Nursing a fragile service. The service is currently facing high levels of sickness across the three counties which then puts added pressure on existing staff.	Exploring the possibility of a blended model with the immunisation nurses to deliver school based immunisations which will reduce School Nursing workload	Morgan, Barbara	**Completed**	Immunisation nurses support SCPHN nurses as required for school ages immunisation programmes.	People, Organisational Development and Culture Committee	2	4	8	The Service continues to face challenges in recruiting SCPHN Nurses. This is reflected in the TRS. Whilst a recruitment drive will help mitigate the risk, the biggest challenge is recruiting in Ceredigion. There remains a shortage of SCPHN nurses across Wales.	Treat	31-Mar-26

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									This will lead to an impact/affect on 1. Reduced input by the service on CYP's Health and Emotional Wellbeing due to lack of staff and increased demands in other areas of the service. 2.Ability to focus on uptake of immunisations due to other priorities in certain areas 3.Reduction in the amount of Public Health key health messages provided by the school nurses. i.e sexual health and appropriate relationships sessions, internet safety, growing up talks in both primary and secondary schools. 4. Ongoing effects on staff wellbeing and morale due to staff shortages within the service. 5. There is no uplift within the School Nursing service should member of staff go off due to sickness/maternity leave. This also applies to staff who are on training courses. Risk location, Health Board wide.						There is currently only 1 student on the SCPHN (Specialist Community Public Health Nurse) course as another student has dropped out. National School nursing week commencing the 18th May.	Workforce support to broaden our scope of recruitment to include Social Media etc.	Morgan, Barbara	29/05/2026	Professional Lead for School Nursing to explore relocation packages during discussions with the workforce team. Head of Nursing has advised Professional Lead to speak with Head of Nursing of Professional Practice. Student SCPHN job description drafted and awaiting approval. Meeting arranged for 16th April.							

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2328	Director of Allied Health Professions & Health Sciences	Executive Allied Health Professions and Health Sciences	Executive Allied Health Professions and Health Sciences	Severs, James	Severs, James	Bradburn, Jo	Bradburn, Jo	23-Feb-26	There is a risk of There is a risk that the Health Board may be unable to identify staff who have not renewed their statutory professional registration with the Health Care Professionals Council (HCPC). This is caused by This is caused by constraints within the existing automated system and procedures at the interface between ESR and the HCPC register, which are not synchronised with HCPC renewal dates. It therefore depends on manual verification which is labour intensive and prone to error. This will lead to an impact/affect on This could result in staff working without valid statutory registration leading to breach of contract, loss of public confidence, reputational damage, patient safety, governance, legal and regulatory non-compliance risks. Risk location, Health Board wide.	Some professions have manual checking systems in place to identify compliance when HCPC renewal is due Request for each profession to review their manual checking systems and ensure these are in place and align to renewal dates Routine automated audits in place between ESR and HCPC	Statutory duty/Inspections	3	3	9	The current risk score reflects the risk that exists because of ESR/HCPC automated audit not aligning to HCPC renewal dates. Once assurance is provided from each service area, the current risk can be reduced to 6. However, the risk will remain as the only way currently to mitigate the risk is manual verification and this poses both challenges to workforce capacity and accuracy.	Seek assurance from each professional lead that they have a process in place to monitor HCPC registration compliance aligned to renewal dates. Work with ESR to identify how to generate automated reports at renewal date for each profession to identify any lapses in registration during renewal period. Contribute to workforce discussions about the development of the new ESR system to ensure it reflects the registration/regulatory requirements of HCPC registrants	Bradburn, Jo Bradburn, Jo Walmsley, Tracy	30/06/2026 30/09/2026 06/01/2026	Email to be sent to each ADQSE for each CCG and professional leads re: risk and request for assurance on processes in place to monitor for lapsed register. Action delegated to Kate Tennant - Business and Governance Manager (awaiting datix access). Meeting arranged for 23/4/26 to consider options. Email sent from JB to Tracy Walmsley and Michelle James on 9/4/26 advising them of this risk and request it feeds into developments of new ESR system.	People, Organisational Development and Culture Committee	2	2	4	The target risk score reflects the risk score once assurance has been provided from professional leads on manual processes in place to monitor compliance with HCPC renewal. However, a further target risk score of 2 x 2 = 4 will be required once it is understood how to align automated audit with HCPC renewal dates.	Treat	23-Apr-26

3

10:05, 0 Mins

3 - STRATEGIC FOCUS

3.1

10:05, 15 Mins

3.1 - Staff Story - Simulation Training

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

For discussion

3.2

10:20, 15 Mins

3.2 - Staff Survey Results Report

Nicola Jones (Hywel Dda UHB - Interim Assistant Head of Organisation Relations)

For assurance

Attachments

3.2 PODCC - Staff Survey SBAR May 2026 Final.pdf

3.2 Appendices 1-3 - HDUHB 2025 NHS Wales Staff Survey.pdf

3.2 Appendix 4 - NHS Wales Staff Survey 2025 Hywel Dda Findings Final 05.05.26.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 May 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Staff Survey Results
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling – Deputy Chief Executive / Executive Director of Workforce & Organisation Development
SWYDDOG ADRODD: REPORTING OFFICER:	Robert Blake – Head of Culture & Workforce Experience Corinna Lloyd-Jones – Interim Assistant Director of Organisation Development

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The accompanying report presents the findings of the 2025 NHS Wales Staff Survey for Hywel Dda University Health Board (HDdUHB). It is the third consecutive survey administered under the Health Education and Improvement Wales (HEIW) framework.

Cefndir / Background

The NHS Wales Staff Survey is the principal mechanism through which NHS Wales hears directly from its workforce about day-to-day experience at work. It runs annually and provides a consistent, evidence-based picture across themes including wellbeing, engagement, safety culture, compassion, flexible working, and recognition. Results are benchmarked against other Welsh Health Board organisations and tracked across successive years to identify trends.

Asesiad / Assessment

The Staff Survey findings for HDdUHB present a nuanced picture of staff experience. Nine of ten themes score above the NHS Wales Health Board benchmark, with consistent positivity in compassionate teamworking, line management support, trust, autonomy and flexible working. These protective factors remain evident across the Health Board, including in pressured services, and represent critical cultural strengths.

However, the survey also highlights a clear and sustained deterioration in staff involvement in decisions affecting their work. Only 44.2% of respondents feel involved in change, making this the lowest-scoring question in the survey for the third consecutive year. This question is also a key driver of the decline in the Staff Engagement Index, which fell slightly to 70.7% and now sits marginally below the NHS Wales average.

There is marked variation in experience across services, sites and staff groups. Corporate and specialist functions report high engagement and morale, while frontline urgent, acute and operational services report significantly lower scores, including concerning patterns of burnout,

work pressure and perceptions of patient safety. The data suggests a workforce that remains highly committed and compassionate, but is increasingly absorbing system pressure through personal effort, with risks relating to burnout, presenteeism and moral distress if underlying capacity and involvement issues are not addressed.

The findings should be considered in the context of a 21.9% response rate, which continues to improve year on year (12% in 2023 and 19.7% in 2024), however remains below the NHS Wales average.

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the 2025 NHS Wales Staff Survey findings for HDdUHB.
- **TAKE ASSURANCE** from the overall positive improvement trajectory and cultural strengths, alongside the actions outlined to address the systemic and workload factors which, if unmitigated, could erode these strengths over time.

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: Datix Risk Register Reference and Score:	Reference 2305/score 20.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	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 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: 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 for this paper.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	None arising for this paper.
Gweithlu: **Workforce:**	None arising for this paper.
Risg: **Risk:**	None arising for this paper.
Cyfreithiol: **Legal:**	None arising for this paper.
Enw Da: **Reputational:**	None arising for this paper.
Gyfrinachedd: **Privacy:**	None arising for this paper.
Cydraddoldeb: **Equality:**	None arising for this paper.

Appendix 1 – Hywel Dda (HD) Response Rates

TIER 2	TIER 3	Count	Completions	Response Rate
HD Carmarthenshire County		**436**	**89**	**20.4%**
	HD Carms Community Hospitals / Other Carms County	78	46	59.0%
	HD Carms Community Nursing	314	39	12.4%
	HD Carms Palliative Care	44	4	9.1%
HD Ceredigion County		**169**	**74**	**43.8%**
	HD Cered Community Hospitals	28	14	50.0%
	HD Cered Community Nursing	129	20	15.5%
	HD Other Ceredigion County	12	40	333.3%
HD Chief Execs Office		**96**	**71**	**74.0%**
	HD Chief Execs	29	10	34.5%
	HD Communications	28	25	89.3%
	HD Corporate Governance / Office	39	36	92.3%
HD Nursing, Quality and Patient Experience		**203**	**133**	**65.5%**
	HD Legal Services / Patient Experience	48	18	37.5%
	HD Nursing Management and Health Charities	43	36	83.7%
	HD Nursing Quality Improvement	27	33	122.2%
	HD Prof Standards and Workforce	34	11	32.4%
	HD Quality and Improvement	35	35	100.0%
	HD Chaplaincy and Consent	16	0	0.0%
HD Digital		**228**	**93**	**40.8%**
	HD IT And Information / Performance	186	75	40.3%
	HD Telecommunications	42	18	42.9%
HD Estates and Facilities		**1020**	**123**	**12.1%**
	HD Facilities Operations East	435	14	3.2%

	HD Facilities Operations West	380	48	12.6%
	HD Facilities Specialist Services	145	10	6.9%
	HD Other Facilities	47	42	89.4%
	HD Compliance Operations	13	9	69.2%
HD Finance		**98**	**69**	**70.4%**
	HD Finance	98	69	70.4%
HD Medical		**138**	**98**	**71.0%**
	HD Corporate Medical Directorate	35	25	71.4%
	HD Medical Education	39	31	79.5%
	HD Research and Development	52	29	55.8%
	HD Values Based Health Care	12	13	108.3%
HD Pharmacy and Medicines Management		**272**	**175**	**64.3%**
	HD Carms Hospital Pharmacy	118	85	72.0%
	HD Cered Hospital Pharmacy	29	20	69.0%
	HD Pembs Hospital Pharmacy	54	31	57.4%
	HD Primary Care Prescribing	71	39	54.9%
HD Mental Health and Learning Disabilities		**1332**	**231**	**17.3%**
	HD Child and Adolescent Mental Health Services (CAMHS)	207	44	21.3%
	HD Community Mental Health (MH)	215	49	22.8%
	HD Learning Disabilities (LD)	127	28	22.0%
	HD MH and LD Medical	54	5	9.3%
	HD MH and LD management (MGMT) / Continuing Health Care (CHC)	184	11	6.0%
	HD MH Inpatient	213	21	9.9%
	HD Older Adult MHS	181	32	17.7%
	HD Psychological Services	101	26	25.7%
	HD Substance Misuse	50	15	30.0%
HD Oncology and Cancer Services		**133**	**45**	**33.8%**

	HD Oncology and Cancer Services Staff	133	45	33.8%
HD Operations Management		**252**	**129**	**51.2%**
	HD Central Sterile Services Department (CSSD) / Hospital Sterilisation and Decontamination Unit (HSDU)	54	11	20.4%
	HD Clinical Engineering Operations	35	24	68.6%
	HD Medical Records	128	85	66.4%
	HD Clinical Care Group MGMT / Central Transport Unit	35	9	25.7%
HD Pathology		**287**	**64**	**22.3%**
	HD Pathology Staff	287	64	22.3%
HD Pembrokeshire County		**272**	**54**	**19.9%**
	HD Pembs County Management	20	16	80.0%
	HD Proactive and Planned Care	138	21	15.2%
	HD Urgent and Intermediate Care	114	17	14.9%
HD Planned Care		**1407**	**145**	**10.3%**
	HD Anaesthetics	93	6	6.5%
	HD Audiology	32	8	25.0%
	HD Bowel Screening Derm and Neuro	43	2	4.7%
	HD Breast Care and Specialist Nurses	36	2	5.6%
	HD Critical Care	187	19	10.2%
	HD Day Surgery	80	8	10.0%
	HD Endoscopy	95	9	9.5%
	HD Ear, Nose & Throat (ENT)	25	1	4.0%
	HD General Surgery	64	6	9.4%
	HD Operating Theatres	256	13	5.1%
	HD Ophthalmology	81	15	18.5%
	HD Orthopaedic	89	6	6.7%
	HD Outpatient Services	99	20	20.2%
	HD Pain	21	4	19.0%

	HD Planned Care Management / Validation	61	12	19.7%
	HD Plaster Technicians	21	2	9.5%
	HD Pre-Assessment	38	5	13.2%
	HD Rheumatology	19	4	21.1%
	HD Urology	35	2	5.7%
	HD Waiting Lists	32	1	3.1%
HD Primary Care		**304**	**116**	**38.2%**
	HD Dental	55	19	34.5%
	HD Managed Practices	136	41	30.1%
	HD Other Primary Projects / Primary Care Nursing	32	36	112.5%
	HD General Medical Services (GMS) Out of Hours (OOH) and GMS	81	20	24.7%
HD Primary Care Management		**120**	**23**	**19.2%**
	HD Chronic Conditions and Practice Development	41	1	2.4%
	HD Long Term-Care	42	10	23.8%
	HD Primary Care Administrators / Mgmt	37	12	32.4%
HD Public Health		**161**	**80**	**49.7%**
	HD Alcohol Liaison Service	12	7	58.3%
	HD Health Improvement Team / Emergency Planning	44	22	50.0%
	HD PH Imms and Schools	85	32	37.6%
	HD Public Health Admin	20	19	95.0%
HD Radiology		**315**	**47**	**14.9%**
	HD Radiology Ecea	315	47	14.9%
HD Strategic Planning		**39**	**33**	**84.6%**
	HD Planning / Commissioning	17	19	111.8%
	HD Transformation	22	14	63.6%
HD Allied Health Professions		**751**	**217**	**28.9%**
	HD Dietetics	89	30	33.7%
	HD Lymphedema	20	1	5.0%
	HD Occupational Therapy	243	37	15.2%

	HD Physiotherapy	254	103	40.6%
	HD Podiatry	60	22	36.7%
	HD Speech and Language Therapy	85	24	28.2%
HD Unscheduled Care Bronglais		**458**	**44**	**9.6%**
	HD Cardiovascular Services Bronglais Hospital (BGH)	54	14	25.9%
	HD Emergency Services and Site Mgmt BGH	118	6	5.1%
	HD Medical Specialties BGH	209	19	9.1%
	HD Surgical Wards BGH	77	5	6.5%
HD Unscheduled Care Glangwili		**921**	**72**	**7.8%**
	HD Cardiovascular Services Glangwili Hospital (GGH)	170	8	4.7%
	HD Emergency Services and Site Mgmnt GGH	211	9	4.3%
	HD Medical Specialties GGH	269	18	6.7%
	HD Surgical Wards GGH ENT	35	7	20.0%
	HD Surgical Wards GGH GEN Surgery	64	7	10.9%
	HD Surgical Wards GGH Ortho	60	3	5.0%
	HD Surgical Wards GGH Urology	42	3	7.1%
	HD Unscheduled Care Mgmt GGH	70	17	24.3%
HD Unscheduled Care Prince Philip		**622**	**57**	**9.2%**
	HD Cardiovascular Services Prince Phillip Hospital (PPH)	63	5	7.9%
	HD Emergency Services and Site Mgmt PPH	149	5	3.4%
	HD Medical Specialties PPH	319	26	8.2%
	HD Surgical Ward PPH	67	4	6.0%
	HD Unscheduled Care Mgmt PPH	24	17	70.8%
HD Unscheduled Care Withybush		**783**	**72**	**9.2%**
	HD Cardiovascular Services Withybush Hospital (WGH)	75	8	10.7%
	HD Emergency Services and Site Mgmt WGH	181	3	1.7%
	HD Medical Specialties WGH	444	19	4.3%
	HD Surgical Wards WGH	53	7	13.2%
	HD Unscheduled Care Mgmt WGH	20	15	75.0%

	HD Urgent & Emergency Care Programme WGH	10	20	200.0%
HD Women and Children		**1068**	**114**	**10.7%**
	HD Acute Childrens Services	253	18	7.1%
	HD Community Childrens Services	61	28	45.9%
	HD Maternity Services	299	19	6.4%
	HD Obstetrics and Gynaecology	106	14	13.2%
	HD PH Community / Flying Start / Prev / HVs / School Nurse	281	26	9.3%
	HD Sexual Health	51	5	9.8%
	HD Women and Childrens Management	17	4	23.5%
HD Workforce and Organisational Development		**248**	**181**	**73.0%**
	HD Business Support, Partnerships & Equality, Diversity & Inclusion (EDI)	14	14	100.0%
	HD Education and Development	47	35	74.5%
	HD Operational Workforce	110	58	52.7%
	HD Organisational Development	31	35	112.9%
	HD Workforce Planning, Resourcing and Utilisation	46	39	84.8%
HD Urgent and Emergency Care Programme		**82**	**8**	**9.8%**
	HD Tissue Viability / Urgent & Emergency Care Prog	82	8	9.8%
Unknown at Tier 2 Level			**20**	
	Unknown at Tier 3 level		20	
	TOTAL	**12215**	**2677**	**21.9%**

Appendix 2 - Tier 3 by theme

QuestionTheme	Morale	Patient safety	Staff engagement	We are all able to speak up	We are compassionate and inclusive	We are continuously learning and improving	We are stronger together	We champion flexible working	We nurture healthy working environments	We recognise everyone's contribution
Tier 3	Positivity score									
HD ACUTE CHILDRENS SERVICES	54.1%	66.2%	60.3%	65.6%	67.0%	75.2%	60.3%	54.2%	54.8%	52.9%
HD Business Support, Partnerships & EDI	79.7%	72.7%	83.7%	87.9%	79.5%	85.8%	85.0%	83.9%	73.8%	91.1%
HD CAMHS	61.0%	58.6%	67.2%	71.9%	78.1%	69.1%	76.5%	75.6%	59.5%	77.3%
HD CARDIOVASCULAR SERVICES BGH	53.0%	52.7%	57.1%	65.5%	67.4%	59.4%	64.3%	57.1%	54.6%	60.7%
HD Carms Community Hospitals / Other Carms County	54.3%	54.7%	51.2%	57.3%	59.2%	57.2%	60.2%	55.9%	56.9%	56.0%
HD CARMS COMMUNITY NURSING	61.5%	73.6%	63.0%	69.7%	77.1%	70.6%	75.3%	66.7%	63.2%	69.9%
HD Carms Hospital Pharmacy	49.0%	75.1%	54.8%	63.9%	65.6%	60.8%	66.8%	40.3%	53.1%	49.1%
HD CERED COMMUNITY HOSPITALS	56.9%	44.7%	44.3%	51.8%	57.0%	49.5%	66.1%	67.3%	58.8%	51.8%
HD CERED COMMUNITY NURSING	52.1%	49.3%	52.9%	56.5%	66.6%	61.0%	66.8%	57.0%	53.6%	51.3%
HD Cered Hospital Pharmacy	54.8%	72.2%	60.0%	72.0%	73.1%	56.9%	66.4%	42.5%	57.3%	63.8%
HD CHIEF EXECS	68.5%	80.0%	84.3%	85.0%	86.9%	88.3%	92.0%	65.0%	66.7%	90.0%
HD Clinical Engineering Operations	57.2%	62.7%	63.1%	76.7%	73.7%	68.0%	78.5%	82.3%	65.9%	67.4%
HD COMMUNICATIONS	55.8%	50.0%	65.7%	68.8%	71.6%	61.5%	74.9%	73.0%	64.4%	67.7%
HD Community Childrens Services	62.4%	71.2%	61.2%	66.1%	74.0%	71.3%	76.9%	65.8%	60.4%	70.5%
HD COMMUNITY MENTAL HEALTH	57.0%	56.0%	61.9%	67.4%	71.9%	63.7%	73.3%	64.6%	55.1%	66.8%
HD CORPORATE GOVERNANCE / OFFICE	63.0%	64.6%	60.7%	69.5%	75.1%	67.4%	76.8%	76.4%	66.3%	74.3%
HD CORPORATE MEDICAL DIRECTORATE	53.5%	65.1%	62.9%	69.9%	68.7%	62.7%	70.2%	74.0%	62.6%	71.7%
HD Critical Care	43.5%	61.3%	36.4%	53.4%	69.4%	58.6%	77.0%	53.9%	50.3%	56.6%
HD CSSD / HSDU	73.4%	81.8%	68.8%	79.1%	85.8%	79.5%	78.6%	70.5%	80.8%	81.8%
HD Dental	61.9%	50.8%	57.1%	62.4%	63.8%	55.0%	63.1%	65.8%	65.4%	53.3%
HD Dietetics	57.6%	67.6%	68.4%	70.5%	76.8%	73.6%	79.5%	81.7%	57.9%	70.6%
HD Education And Development	61.9%	55.6%	68.3%	67.3%	69.7%	68.9%	74.1%	84.3%	70.7%	69.1%
HD Facilities Operations East	48.4%	47.1%	54.1%	60.7%	58.7%	46.5%	57.6%	73.2%	61.8%	51.8%
HD Facilities Operations West	56.4%	51.3%	63.9%	68.9%	63.6%	59.3%	60.6%	67.5%	59.7%	61.1%
HD Facilities Specialist Services	56.6%	50.0%	70.0%	72.0%	68.6%	42.5%	74.5%	72.5%	61.4%	67.5%
HD Finance	67.7%	59.2%	71.5%	73.6%	75.7%	73.1%	80.7%	84.1%	72.7%	73.5%
HD GMS OOH and GMS	48.1%	46.8%	45.3%	57.3%	62.1%	48.0%	53.8%	41.3%	61.0%	52.5%
HD Health Improvement Team / Emergency Planning	70.5%	36.4%	68.2%	68.0%	69.6%	77.6%	75.9%	87.5%	70.6%	71.6%
HD IT And Information / Performance	68.3%	52.8%	74.2%	75.5%	77.8%	72.8%	83.3%	86.0%	70.0%	76.7%
HD LEARNING DISABILITIES	64.5%	60.6%	64.8%	71.5%	79.1%	70.6%	80.8%	73.4%	60.5%	80.4%
HD Legal Services / Patient Experience	37.8%	56.4%	29.4%	48.0%	59.9%	47.6%	58.9%	80.6%	53.2%	50.7%
HD Long Term-Care	79.2%	84.6%	67.6%	82.8%	89.4%	71.3%	93.5%	87.5%	69.9%	87.5%
HD Managed Practices	45.8%	59.0%	51.2%	61.6%	70.4%	52.7%	61.4%	40.0%	53.0%	57.3%
HD Maternity Services	57.5%	86.1%	65.4%	72.6%	79.2%	56.6%	76.1%	60.5%	59.4%	63.2%
HD MEDICAL EDUCATION	66.2%	68.1%	68.2%	73.0%	73.1%	69.7%	77.0%	74.2%	73.1%	72.6%
HD Medical Records	55.3%	49.3%	49.3%	62.3%	67.9%	56.3%	59.3%	52.8%	61.2%	57.6%
HD MEDICAL SPECIALTIES BGH	56.1%	41.2%	51.9%	61.7%	68.3%	60.0%	61.8%	65.3%	58.9%	55.3%
HD Medical Specialties GGH	38.2%	49.3%	49.6%	50.6%	58.0%	58.9%	51.4%	59.7%	42.9%	48.6%
HD MEDICAL SPECIALTIES PPH	53.4%	38.4%	51.4%	58.3%	62.0%	53.2%	66.9%	53.8%	54.6%	54.4%
HD MEDICAL SPECIALTIES WGH	50.6%	38.8%	51.9%	67.2%	62.6%	57.9%	71.2%	56.6%	50.9%	63.2%
HD MH AND LD MGMT / CHC	47.2%	58.1%	57.1%	65.5%	69.3%	64.6%	78.2%	86.4%	56.7%	72.7%
HD MH INPATIENT	59.7%	64.3%	58.3%	73.8%	78.3%	58.7%	77.8%	66.7%	50.9%	74.4%
HD Nursing Management and Health Charities	68.6%	66.0%	71.0%	75.8%	76.9%	75.8%	77.2%	66.7%	62.2%	67.4%
HD Nursing Quality Improvement	57.8%	50.8%	64.5%	73.6%	71.9%	76.0%	70.8%	69.7%	57.2%	56.5%
HD Obstetrics and Gynaecology	44.5%	52.1%	50.0%	60.0%	62.8%	49.1%	54.8%	60.7%	52.4%	44.6%
HD Occupational Therapy	56.3%	62.4%	61.0%	71.9%	76.3%	77.9%	76.9%	73.0%	54.3%	71.6%
HD OLDER ADULT MHS	61.3%	63.7%	74.6%	68.8%	80.1%	76.9%	80.6%	79.5%	59.3%	76.6%
HD ONCOLOGY AND CANCER SERVICES STAFF	65.0%	55.1%	62.1%	70.8%	71.5%	60.6%	71.0%	60.0%	61.4%	67.6%
HD OPERATING THEATRES	51.2%	37.3%	50.5%	52.3%	55.8%	42.4%	59.8%	46.2%	50.4%	40.4%
HD Operational Workforce	70.8%	76.8%	71.2%	72.6%	79.8%	76.1%	84.9%	76.6%	72.1%	76.4%
HD OPHTHALMOLOGY	55.0%	73.1%	63.8%	65.3%	67.5%	58.8%	70.7%	58.3%	54.5%	51.7%
HD Organisational Development	71.7%	54.4%	76.3%	72.0%	77.4%	82.1%	83.6%	87.1%	73.5%	80.6%
HD OTHER CEREDIGION COUNTY	54.8%	51.4%	58.4%	67.8%	71.0%	63.0%	70.5%	69.2%	57.6%	66.9%
HD Other Facilities	56.1%	50.3%	52.4%	58.2%	57.9%	50.3%	59.9%	66.1%	62.9%	54.8%
HD Other Primary Projects / Primary Care Nursing	52.5%	59.1%	53.8%	56.3%	64.3%	64.1%	67.6%	54.2%	54.5%	58.3%
HD OUTPATIENT SERVICES	52.2%	69.7%	47.5%	56.9%	63.4%	55.0%	66.7%	40.0%	51.7%	55.0%
HD PATHOLOGY STAFF	61.8%	67.0%	58.6%	69.8%	71.3%	58.5%	65.7%	58.6%	65.0%	57.3%
HD PEMBS COUNTY MANAGEMENT	55.3%	64.4%	45.5%	61.9%	64.7%	63.0%	66.3%	54.7%	62.5%	65.6%
HD Pembs Hospital Pharmacy	56.2%	67.6%	68.4%	75.7%	75.8%	70.9%	68.8%	43.5%	58.6%	66.9%
HD PH Community / Flying Start / Prev / HVs / School Nurse	53.6%	84.2%	55.6%	65.6%	72.9%	68.2%	71.2%	73.1%	61.0%	66.7%
HD PH Imms And Schools	53.8%	67.5%	51.8%	63.4%	68.5%	62.7%	69.8%	57.1%	63.6%	61.7%
HD Physiotherapy	47.8%	54.3%	49.2%	66.3%	69.5%	58.3%	74.9%	72.1%	49.0%	56.4%
HD Planned Care Management / Validation	55.8%	69.4%	47.6%	55.0%	65.8%	62.1%	65.8%	64.6%	62.7%	60.4%
HD Planning / Commissioning	72.1%	46.7%	85.0%	77.4%	83.2%	80.0%	91.6%	88.2%	68.3%	88.2%
HD Podiatry	57.7%	61.8%	65.6%	68.5%	74.4%	74.6%	82.9%	69.3%	54.7%	73.9%
HD Primary Care Administrators / Mgmt	48.7%	37.5%	48.8%	48.7%	67.7%	68.9%	67.9%	83.3%	61.5%	62.5%
HD Primary Care Prescribing	49.7%	60.7%	48.0%	62.2%	71.1%	60.1%	71.1%	73.1%	59.8%	63.9%
HD PROACTIVE AND PLANNED CARE	54.4%	70.5%	59.9%	71.3%	72.5%	61.1%	67.4%	69.0%	57.6%	62.7%
HD Prof Standards and Workforce	58.0%	47.5%	61.8%	68.2%	63.1%	52.9%	71.4%	90.9%	60.6%	61.4%
HD PSYCHOLOGICAL SERVICES	64.4%	60.2%	67.0%	73.7%	78.1%	73.1%	73.7%	74.0%	62.7%	76.0%
HD PUBLIC HEALTH ADMIN	36.0%	55.6%	39.1%	42.6%	50.5%	50.0%	54.7%	48.7%	56.6%	50.0%
HD Quality and Improvement	63.3%	51.4%	65.3%	71.3%	76.7%	70.4%	78.4%	72.1%	65.5%	72.7%
HD RADIOLOGY ECEA	44.1%	49.7%	46.3%	53.1%	57.2%	44.5%	53.5%	42.6%	49.5%	49.2%
HD RESEARCH AND DEVELOPMENT	69.3%	74.7%	72.9%	77.2%	80.4%	73.7%	82.2%	83.6%	71.7%	80.2%
HD Speech and Language Therapy	46.6%	78.8%	50.3%	64.4%	74.5%	58.1%	69.6%	53.1%	53.3%	64.2%
HD Substance Misuse	72.8%	79.2%	73.3%	81.3%	91.7%	74.1%	90.7%	83.1%	68.1%	81.7%
HD TELECOMMUNICATIONS	36.8%	32.8%	34.9%	41.9%	46.9%	29.2%	34.0%	33.3%	51.5%	29.6%
HD TRANSFORMATION	68.7%	64.0%	74.5%	80.4%	75.3%	73.8%	86.4%	92.9%	60.0%	73.2%
HD UNSCHEDULED CARE MGMT GGH	41.2%	61.3%	41.2%	60.0%	61.8%	61.4%	66.6%	58.2%	44.5%	64.7%
HD Unscheduled Care Mgmt PPH	43.6%	51.7%	50.4%	61.5%	66.9%	61.8%	66.7%	50.0%	46.9%	57.4%
HD UNSCHEDULED CARE MGMT WGH	38.7%	47.7%	42.9%	53.3%	55.8%	47.4%	43.8%	55.9%	47.6%	25.0%
HD Urgent & Emergency Care Programme WGH	34.7%	56.6%	33.6%	53.3%	45.0%	54.6%	33.7%	33.8%	37.0%	32.9%
HD URGENT AND INTERMEDIATE CARE	42.5%	53.0%	37.3%	55.3%	62.1%	56.3%	58.8%	50.0%	45.9%	47.8%
HD Values Based Health Care	61.5%	69.4%	62.6%	73.8%	82.7%	76.0%	76.9%	61.5%	64.7%	80.8%
HD Workforce Planning, Resourcing And Utilisation	55.7%	42.2%	55.3%	63.1%	69.2%	64.3%	71.2%	70.5%	65.5%	66.5%
Unknown	43.1%	37.3%	38.7%	57.9%	48.3%	34.7%	38.9%	39.5%	45.9%	35.4%
Total	**56.3%**	**58.9%**	**58.5%**	**66.0%**	**70.0%**	**63.5%**	**70.2%**	**64.8%**	**59.4%**	**63.4%**

Appendix 3 - Sites by theme

QuestionTheme	Morale	Patient safety	Staff engagement	We are all able to speak up	We are compassionate and inclusive	We are continuously learning and improving	We are stronger together	We champion flexible working	We nurture healthy working environments	We recognise everyone's contribution
Site	Positivity score									
HD Aberaeron Integrated Care Centre	51.2%	53.8%	46.2%	55.9%	68.2%	57.0%	66.8%	63.4%	58.5%	66.1%
HD Amman Valley Hospital	60.8%	55.0%	62.9%	66.0%	78.1%	74.0%	79.4%	57.5%	59.5%	70.0%
HD Bro Cerwyn Day Hosp	58.3%	66.0%	64.6%	70.7%	80.0%	63.9%	77.9%	64.4%	52.9%	72.1%
HD Bronglais Dist Gen Hosp	59.4%	62.0%	62.9%	69.0%	72.0%	64.6%	69.4%	64.8%	62.9%	65.4%
HD Cardigan Integrated Care Centre	51.6%	62.9%	52.0%	64.6%	72.6%	64.6%	74.7%	64.4%	56.8%	61.4%
HD Eastgate	62.8%	78.1%	66.9%	73.5%	78.3%	66.2%	71.7%	55.3%	54.9%	64.5%
HD Elizabeth Williams Clinic	62.1%	58.8%	57.1%	57.4%	63.8%	60.2%	65.0%	60.8%	62.5%	59.6%
HD Glangwili General Hospital	49.8%	56.1%	53.1%	61.9%	65.0%	58.6%	64.7%	60.9%	54.8%	56.6%
HD Glien House	62.4%	51.4%	62.6%	67.4%	70.1%	71.3%	74.4%	76.8%	68.7%	68.5%
HD Gorwelion Day Hosp	62.7%	56.9%	62.9%	76.0%	80.3%	74.5%	84.0%	78.8%	63.0%	77.5%
HD Other Carmarthenshire Site	53.8%	56.8%	55.1%	64.9%	69.4%	64.1%	68.3%	66.5%	59.8%	65.0%
HD Other Ceredigion Site	60.2%	61.7%	66.3%	68.3%	72.9%	66.0%	75.6%	68.8%	60.7%	67.5%
HD Other Pembrokeshire Site	54.6%	61.1%	53.7%	64.0%	72.1%	62.2%	72.3%	61.5%	58.2%	62.7%
HD Parc Dewi Sant	67.7%	62.8%	71.7%	74.2%	78.0%	74.1%	82.3%	80.1%	68.6%	77.0%
HD Penlan	67.4%	75.0%	72.5%	71.5%	85.9%	62.4%	79.7%	66.7%	65.6%	83.9%
HD Prince Philip Hospital	57.6%	60.8%	58.8%	65.7%	70.6%	63.1%	71.2%	60.5%	60.0%	62.4%
HD Remote / Agile	57.7%	61.4%	67.5%	68.5%	71.1%	68.9%	74.9%	74.4%	60.4%	69.9%
HD South Pembs Hosp	56.5%	62.8%	50.9%	67.6%	70.3%	66.2%	70.6%	62.3%	61.2%	66.3%
HD Ty Myddfai - Johnstown	63.8%	58.9%	72.4%	79.1%	82.5%	70.5%	84.3%	62.5%	58.0%	85.7%
HD Wellfield Resource Centre	59.7%	65.0%	57.1%	76.8%	83.0%	60.0%	79.0%	62.5%	54.3%	67.5%
HD Withybush General Hospital	53.9%	55.3%	54.4%	64.3%	66.7%	59.7%	65.6%	60.5%	55.9%	57.7%
Total	**56.3%**	**58.9%**	**58.5%**	**66.0%**	**70.0%**	**63.5%**	**70.2%**	**64.8%**	**59.4%**	**63.4%**

GIG CYMRU NHS WALES
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Hywel Dda
University Health Board

Hywel Dda University Health Board

Findings report from the 2025 NHS Wales Staff Survey

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About this report

This report presents the findings of the 2025 NHS Wales Staff Survey for Hywel Dda University Health Board. It is the third consecutive survey administered under the Health Education and Improvement Wales (HEIW) framework. The survey was open to all substantive and bank staff from 6 October 2025 to 1 December 2025.

Results are benchmarked against the NHS Wales Health Board average. The benchmark group comprises Health Board organisations only. This allows for like-for-like comparisons.

Positivity scores represent the proportion of respondents selecting a positive response. For agreement-based questions, a positive response means 'agree' or 'strongly agree'. For frequency-based questions, it means 'often' or 'always'. Negativity scores use the equivalent negative options. If worded negatively, a positive response would be measured by ‘disagree’ or ‘strongly disagree’, ‘rarely’ or ‘never’. The Staff Engagement Index is derived from seven weighted questions across three sub-themes: involvement, motivation, and advocacy.

Where fewer than ten responses were received for any questions in any area, results have been supressed across all sections of the data to protect the anonymity of respondents.

For the purposes of the survey, it should be noted that the theme of ‘Patient Safety’ does not measure clinical outcomes or the direct safety of patient care. It measures staff perceptions of organisational learning, action, and feedback in response to the reporting of errors, near misses, and incidents. Scores in this theme should be read with that scope in mind.

In this report, arrows on data visualisations indicate the direction of change in positivity scores compared with the 2024 survey. Arrows do not indicate performance against the NHS Wales benchmark, which will be narrated separately.

This report was developed with the support of Microsoft 365 Copilot to assist with analysis, drafting, and structuring content. Professional judgement was applied throughout, and responsibility for the final content remains with the authors.

The 2025 response rate was 21.9%, meaning approximately four in five eligible colleagues did not participate. Results should be read with that limitation in mind. There is a reasonable risk that colleagues in the most pressured services, where participation barriers are greatest, are under-represented in the data. Service-level and staff group data cited in this report is drawn from the Tier 2 and Tier 3 paginated breakdowns.

Introduction

The 2025 NHS Wales Staff Survey provides Hywel Dda University Health Board with its most comprehensive annual evidence base of staff experience. Across 10 themes, 20 sub-themes, and over 50 individual questions, it maps how colleagues experience their work, their teams, their leaders, and their organisation.

There is progress to acknowledge - nine of ten themes score above the NHS Wales Health Board benchmark. Patient safety has improved substantially since 2023. Confidence in line management has strengthened. Fewer colleagues are actively thinking about leaving. Satisfaction with flexible working has grown year on year.

Our workforce demonstrates exceptional levels of compassion, team work, and commitment to patients across sites and staff groups, including those under the greatest operational pressure.

At the same time, staff engagement has fallen back. After modest improvement in 2024, the engagement theme score declined in 2025, and the Staff Engagement Index dropped 0.6 percentage points to 70.7%, marginally below the NHS Wales average. The decline is driven principally by a sustained and worsening fall in staff involvement in decisions affecting their work, now at 44.2% and declining for the third consecutive cycle. Fewer than half of colleagues who responded feel part of the decisions that shape their working lives.

Colleagues remain committed and willing to go the extra mile. They are less sure they would recommend the organisation, and far less sure they are involved in the decisions that shape their work. This may not be disengagement from patients or colleagues, but could indicate a growing disconnection from the organisation itself, driven principally by the sustained and worsening exclusion from decisions that affect working life.

The survey also reveals a workforce absorbing significant personal cost. More than six in ten colleagues came to work in the past three months despite not feeling well enough to do so. Nearly four in ten felt unwell as a result of work-related stress in the past year.

The qualitative responses received alongside the survey data reinforce this picture. The survey results included 770 qualitative free-text responses with an initial estimation of: 62% negative, 23% mixed, and 15% positive.

It is worth noting that in survey methodology, respondents who provide free-text comments are more likely to be motivated by negative experiences than positive ones.

With that context in mind, negative responses predominantly reflect concerns about senior leadership and the wider organisation, and many were strongly worded, indicating notable emotional strain.

Mixed responses typically praised immediate managers and teams while expressing dissatisfaction with organisational culture and senior leadership.

Positive responses were almost entirely localised, reflecting pride in teams and immediate working environments rather than the organisation as whole. This pattern is consistent with the quantitative findings throughout this report.

Service-level analysis reveals not one organisational experience but many. Corporate, strategic, and specialist functions report high engagement, autonomy, and morale. Frontline urgent and acute services tell a different story of low morale, low engagement, and in some cases patient safety scores that indicate concern.

Colleagues in pressured services are continuing to deliver care through professional commitment and mutual support, but the conditions in which they work are not always sustainable.

The survey results show that compassionate teamwork is clearly translating into patient care, with most staff seeing colleagues treat patients kindly and respond effectively when they are distressed. This suggests compassion within teams supports timely, attentive, and person-centred care.

The challenge ahead is to protect, reinforce, and continually improve what is having positive impacts, while addressing the systemic and workload factors that threaten to erode our strengths over time.

About the survey

The NHS Wales Staff Survey is the principal mechanism through which NHS Wales hears directly from its workforce about day-to-day experience at work. It runs annually and provides a consistent, evidence-based picture across themes including wellbeing, engagement, safety culture, compassion, flexible working, and recognition. Results are benchmarked against other Welsh Health Board organisations and tracked across successive years to identify trends.

Staff could complete the survey in Welsh or English through four routes: online via staff intranet pages and mobile devices; by paper copy returned in a prepaid envelope; or by telephone interview in their preferred language.

Response rate

Hywel Dda University Health Board received 2,677 completed surveys from an eligible workforce of 12,215.

This represents a response rate of 21.9%, compared with an NHS Wales Health Board average of 30.0% in 2025.

Of the 2,677 responses, 2,636 were completed online, 20 by paper copy, and 21 by telephone in Welsh.

Response rates have improved year on year at **Hywel Dda.** The organisation's participation rate was approximately 12.0% in 2023 and 19.7% in 2024, reaching 21.9% in 2025.

While this trajectory is encouraging, the rate remains substantially below the **NHS Wales average**, and the gap widened in 2025 as the Wales-wide average improved significantly

21.9%

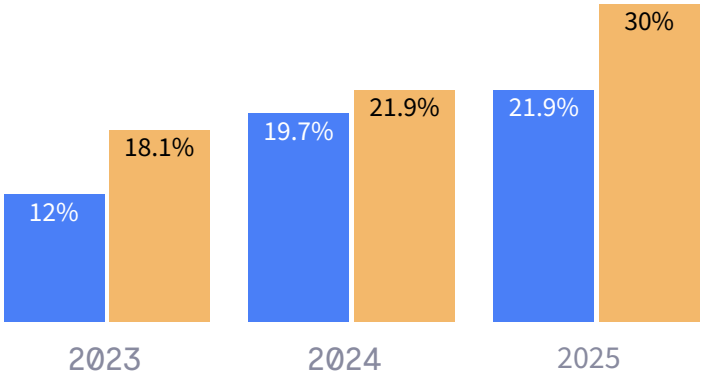
Hywel Dda Response rate

30%

NHS Wales Health Board average

2,677

responses received from 12,215 eligible Hywel Dda staff



Response Rates by Tier 2 and Tier 3 for Hywel Dda can be seen in Appendix A.

What we did to encourage participation

The Health Board applied its dedicated Staff Survey Strategy for the second consecutive year. Key elements included: roadshows delivered across Carmarthenshire, Ceredigion, and Pembrokeshire; a central information hub on SharePoint; a comprehensive communications plan developed by the Culture and Workforce Experience team; and Board-approved protected time of 20 minutes for all staff to complete the survey. Leaders were asked to take local ownership of their results and identify three priorities for action, with progress reviewed through Executive Improving Together meetings.

Why some colleagues did not take part

Four persistent barriers have limited participation at Hywel Dda over successive survey cycles. First, some colleagues remain concerned that responses could be traced back to them, despite the survey being independently managed and anonymised by HEIW and IQVIA Inc. Second, many colleagues report limited visibility of tangible change following previous surveys, which has bred scepticism about whether participation makes a difference. Third, frequent organisational restructuring has made it harder for some staff to identify where they sit within survey categories, leading to disengagement at the point of participation. Lastly, limited available time and the length of the survey were also identified as barriers to completion.

A note on incentivisation

HEIW offered all Welsh organisations £1,000 to use as an incentive for the 2025 survey. The offer was confirmed shortly before the survey opened, limiting the opportunity for a coordinated approach. Hywel Dda chose not to use incentives. The organisation's position was that participation should be driven by confidence that feedback will be used, rather than by rewards. Given the organisation's financial position, a sustainable incentive-based model was not considered viable.

Several other Welsh organisations invested more than the £1,000 offered and reported improved response rates as a result. NHS England consistently reports higher response rates than NHS Wales, and incentivisation is one factor that may contribute to that gap.

What ‘good’ looks like: Pharmacy and Medicines Management

One of the standout participation stories from 2025 came from Dilesh Khandhia, Associate Clinical Director in Pharmacy and Medicines Management, who took personal responsibility for improving his team's response rate.

Recognising that low engagement was not a matter of indifference but of experience, Dilesh introduced a light-hearted team challenge, buying biscuits with his own money and setting up a friendly competition between teams. He shared weekly response rate updates at team meetings to create visibility and momentum, and built survey completion time directly into existing meetings.

This resolved a long-standing survey access issue for colleagues without regular desk or computer access. Throughout, he spoke openly about why the survey mattered and how results would be used.

Participation rose significantly across Pharmacy and Medicines Management, including among colleagues who had not previously engaged. Dilesh was clear that increased participation was only the starting point.

His focus now is on demonstrating visible change, showing staff how their feedback shapes decisions, and building confidence that speaking up makes a difference.

This example illustrates that improved staff survey participation does not require complex strategies. It requires visible leadership, an understanding of what prevents colleagues from engaging, and a willingness to remove practical barriers.

Bar chart showing the increase in responses from 2024 to 2025 in Pharmacy and Medicines Management

Organisational results

Staff Engagement Index

The Staff Engagement Index is the principal metric used across NHS Wales to assess the overall level of staff engagement. It is derived from seven questions across three sub-themes: involvement in improvement and change (Involvement), intrinsic psychological engagement (Motivation), and staff advocacy and recommendation (Advocacy). The index is distinct from the staff engagement theme positivity score.

Hywel Dda's Staff Engagement Index score of 70.7% in 2025 is 0.1 percentage points below the NHS Wales Health Board average of 70.8%, and 0.6 percentage points below the organisation's own 2024 score. All three contributing sub-themes declined year on year.

51.5%

Involvement

The Involvement sub-theme scored 51.5% in positivity, a decline of 2.18 percentage points from 2024 and the lowest of the three components. Within it, the individual question on involvement in deciding on changes that affect work scored just 44.2%, the lowest-scoring question in the entire survey and one that has declined in each of the three survey cycles. Fewer than half of colleagues who responded feel part of the decisions that shape their working lives.

64.5%

Motivation

The Motivation sub-theme scored 64.5% in 2025, a decline of 0.89 percentage points from 2024. 78.7% are happy to go the extra mile when required and 64.5% are enthusiastic about their job, but the proportion looking forward to going to work has declined for the second successive year, sitting at 50.4%. Colleagues remain committed to their work, but that commitment is under pressure.

56.4%

Advocacy

The Advocacy sub-theme scored 56.4% in 2025, a decline of 0.97 percentage points from 2024. 56.0% would recommend Hywel Dda as a place to work, 2.74 percentage points above the NHS Wales benchmark, but organisational pride declined more sharply, with only 56.8% proud to tell people they work here, down 2.19 percentage points from 59.0% in 2024.

Results at a Glance: Themes and Sub-Themes

It is important to understand that for most questions, a positive response means ‘agree’ or ‘strongly agree’, and a negative response means ‘disagree’ or ‘strongly disagree’. However, some questions are worded negatively, where disagreement represents a positive experience. For example, disagreeing with this statement ‘I have unrealistic time pressures’ is recorded as a positive response. Where this applies, the scoring has been calculated accordingly by IQVIA Inc. and is reflected consistently.

What positivity scores do not show

Positivity scores should be treated as high-level indicators only. While useful for comparison, they conceal the full distribution of staff views and can mask neutrality and negativity, risk, polarisation, or concentrated negative experience. Meaningful insight requires examination of the full percentage breakdown to understand the scale and intensity of negative sentiment and to inform proportionate, targeted organisational action.

Theme-Level Summary: highest scoring themes

Nine of ten themes scored above the NHS Wales Health Board benchmark. The highest-scoring themes were We Are Stronger Together (70.2%, 1.47 percentage points above benchmark), We Are Compassionate and Inclusive (70.0%, 0.37 above benchmark), and We Are All Able to Speak Up (66.0%, 0.44 above benchmark).

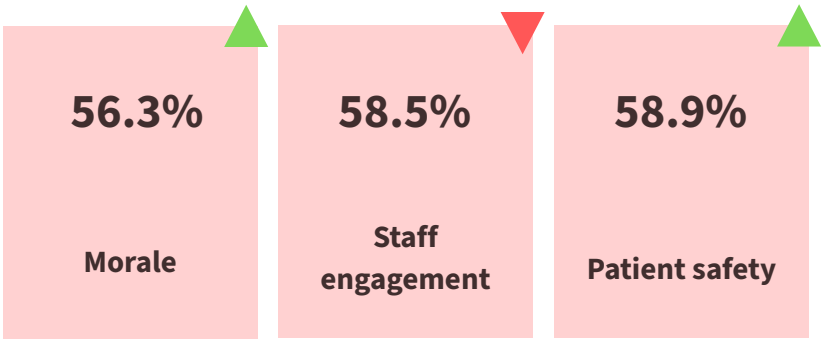
Arrows indicate direction of travel from the 2024 NHS Wales Staff Survey

> **“I love working in my team, they really are a fantastic group, we work, we learn, we laugh."**

> **“I’m proud to be part of the NHS and committed to supporting its mission."**

Theme-Level Summary: lowest scoring themes

The lowest-scoring themes were Morale (56.3%), Staff Engagement (58.5%), and Patient Safety (58.9%), however two out of three of these themes have shown a slight improvement.



Arrows indicate direction of travel from the 2024 NHS Wales Staff Survey

Patient Safety scored 0.86 percentage points below the NHS Wales benchmark, making it the only theme where Hywel Dda scores below the benchmark. Staff Engagement was the only theme to decline in 2025, falling 1.28 percentage points from 59.8% in 2024 to 58.5%. The fall is driven by lack of involvement in decisions as the data tells us that colleagues remain motivated and willing to go the extra mile.

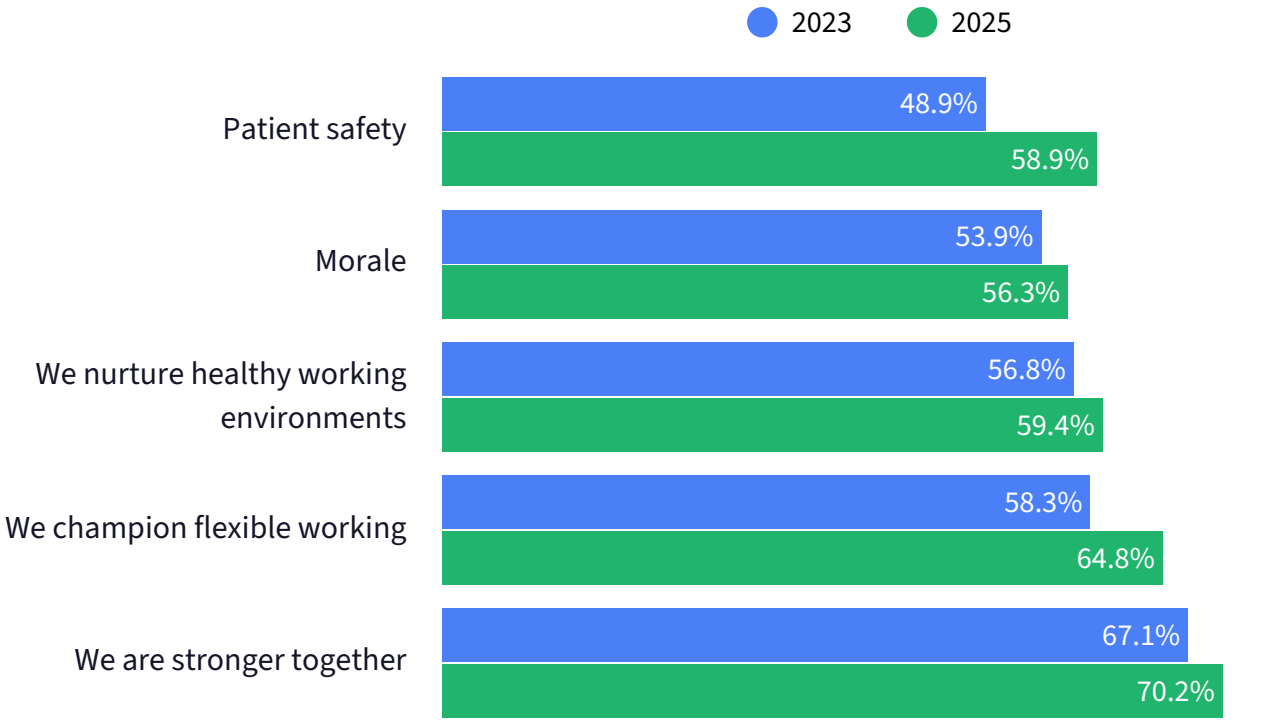
Taken together, these three themes point to a workforce that is working hard, absorbing pressure, while feeling removed from the decisions that shape their working lives.

> **"Staff are not approached for input and advice before changes are made. Our opinion, experience and knowledge is not appreciated or ever taken into consideration."**

> **"I feel the amount of red tape and policies there are to be able to make effective change is a barrier to change."**

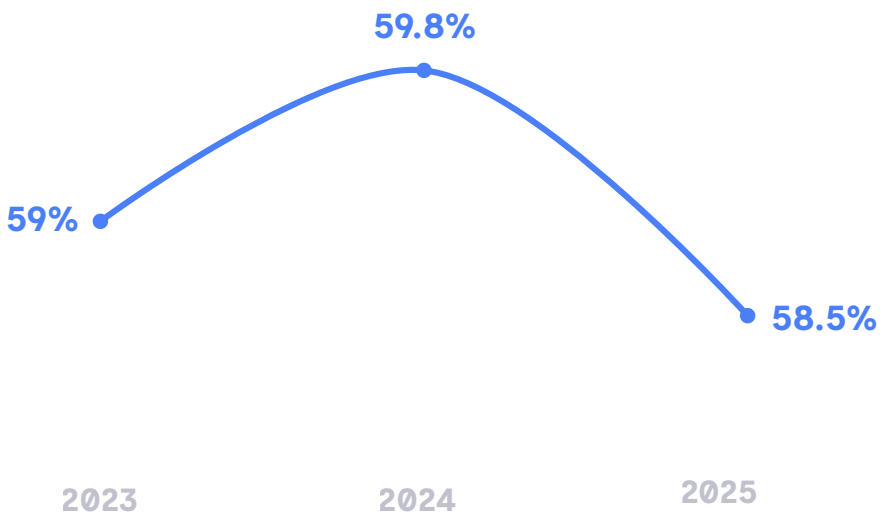
Three-year theme trends

Over the three years from 2023 to 2025, notable improvements were made in the areas shown in the below chart.



Bar chart showing the notable increase in responses from 2024 to 2025 across 5 of the 10 themes

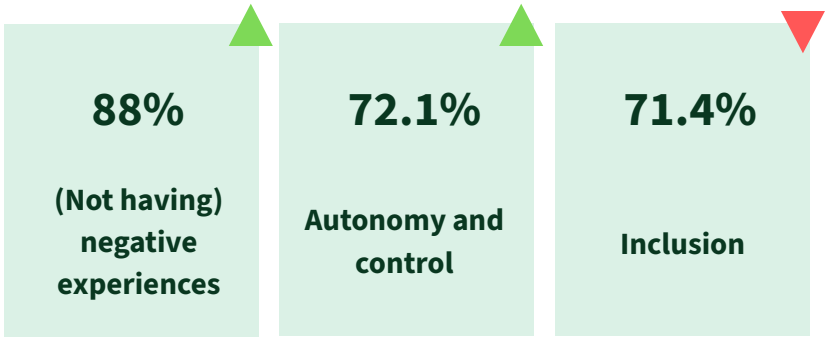
Staff Engagement as a theme rose from 59.0% in 2023 to 59.8% in 2024 before falling to 58.5% in 2025. It has not shown sustained improvement over the period.



Line chart showing the 'Staff Engagement' theme scores over the three survey cycles

Sub-theme summary: highest scoring themes

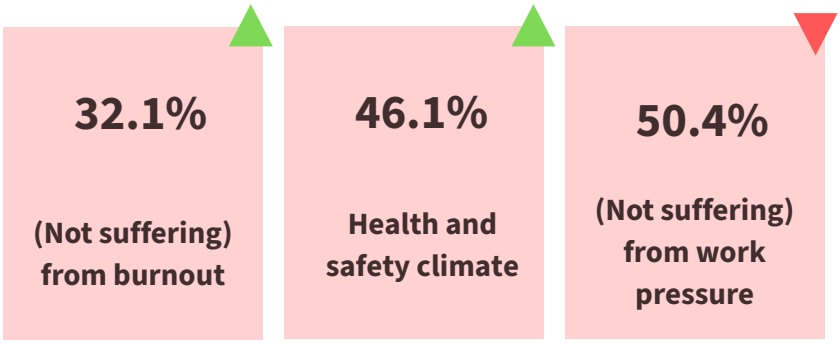
The three highest sub-theme scores in 2025 were: (Not having) negative experiences at 88.0% (2.14 percentage points above benchmark); Autonomy and Control at 72.1% (1.16 above benchmark); and Inclusion at 71.4% (0.40 above benchmark). These reflect a workforce that largely feels safe from direct harm, trusted as individuals, and fairly treated.



Arrows indicate direction of travel from the 2024 NHS Wales Staff Survey

Sub-theme summary: lowest scoring themes

The three lowest sub-theme scores were: Burnout at 32.1%, meaning roughly seven in ten colleagues did not respond positively to burnout questions; Health and Safety Climate at 46.1%; and Work Pressure at 50.4%. Burnout improved from 27.1% in 2023 but the pace of change remains slow. Work Pressure has been essentially flat across the three years, moving from 49.7% in 2023 to 50.4% in 2025.



Arrows indicate direction of travel from the 2024 NHS Wales Staff Survey

The Ability to Contribute Towards Improvement at Work sub-theme fell 2.18 percentage points to 51.5%, now at exactly the NHS Wales benchmark, and has declined in each of the three survey cycles.

Organisational strengths

Organisational strengths

The staff survey results present a picture of an organisation under pressure, but there are indications of positive cultures prevailing. The strongest messages relate to the quality of human relationships: supportive teams, compassionate leadership, trust, flexibility, and commitment to patients. These strengths act as buffers against system strain and represent critical assets for the organisation.

1. The strength of our teams and the compassion within them

Colleagues consistently report strong, supportive relationships with the people they work with directly. 84.5% of colleagues say the people they work with behave compassionately towards patients, and 77.1% say colleagues are compassionate towards each other when facing problems.

2. Line mangement as a protective factor

The line management sub-theme scored 69.9%, above the NHS Wales benchmark but down 0.14 percentage points since 2024, showing compassionate and largely consistent local leadership.

3. Flexible working

Satisfaction with flexible working has grown consistently over three years and we sit well above the NHS Wales benchmark.

4. Trust and autonomy

The vast majority of colleagues feel trusted to do their job and are clear about what their responsibilities are.

5. Raising concerns

Results suggest a maturing safety culture where psychological safety exists at local level

6. A committed workforce

Despite sustained pressure, colleagues continue to demonstrate high levels of commitment, enthusiasm, and willingness to go the extra mile.

7. Learning, development and appraisal

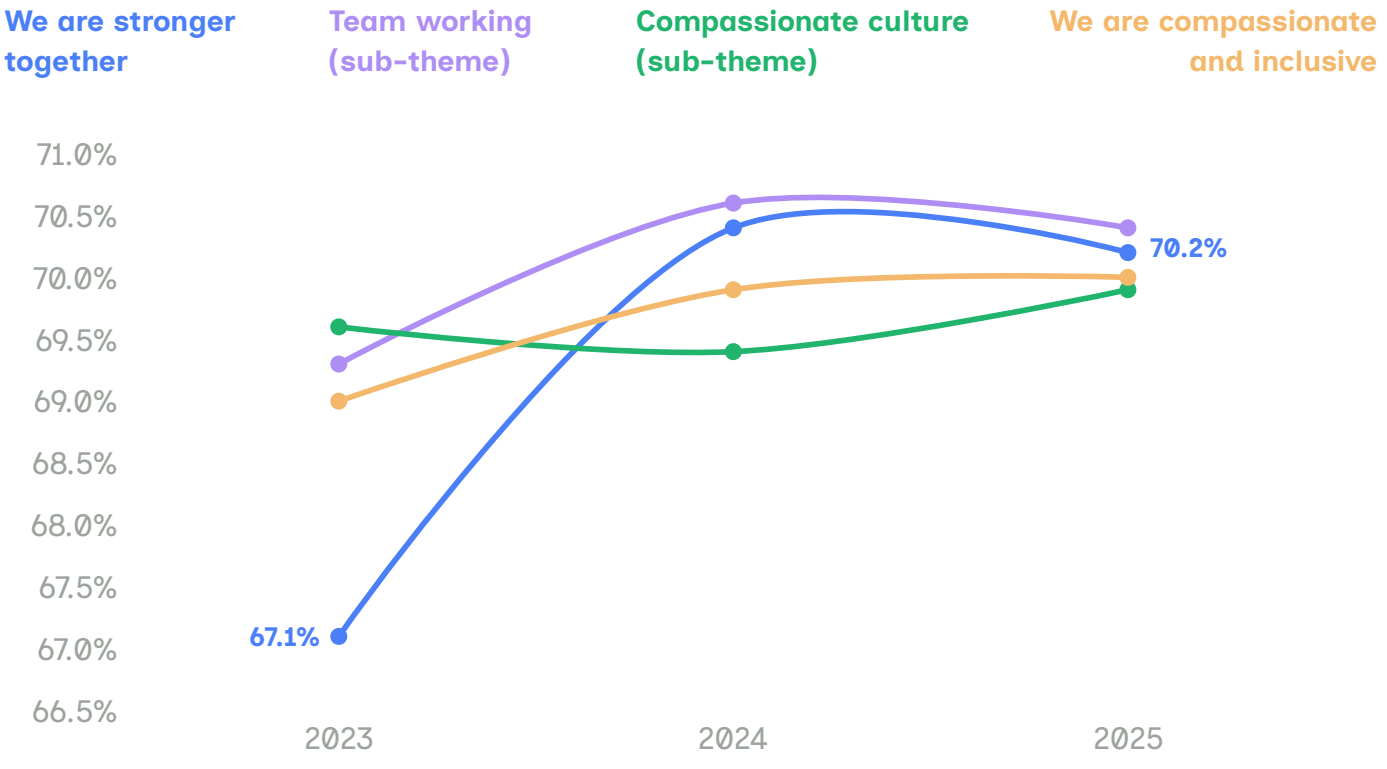
Most colleagues received an appraisal and the majority found it meaningful, saying it left them feeling their work was valued and it helped them improve how they do their job.

The strength of teams and the compassion within them

We Are Stronger Together is the highest-scoring theme in the survey at 70.2%, 1.47 percentage points above the NHS Wales benchmark. 80.6% of colleagues enjoy working with their team and 82.6% feel able to ask colleagues for help when they need it.

Arrows indicate direction of travel from the 2024 NHS Wales Staff Survey

Colleagues at Hywel Dda rate their teams highly and the compassion within them is a consistent finding across sites, staff groups, and service areas, including those under the most sustained pressure. These scores have remained stable across three survey cycles and reflect the quality of the people working in the organisation.



Line chart showing theme and sub-theme scores relating to teamworking and compassion across the three survey cycles

66% say team members trust each other	**71.5%** say team members understand each other's roles	**71.3%** say their team works well with other teams
73.3% would speak up if they noticed poor or incorrect practice	**77.1%** say colleagues are compassionate towards each other when they face problems	**77.9%** say colleagues give good support to those who are distressed

There is evidence of strong team-working with a largely positive picture, indicating that colleagues experience their teams as caring, supportive and compassionate. Most people report trusting their colleagues, suggesting trust is present, but there is scope to strengthen it further across teams.

The data also shows that 54.2% say team members take the time to reflect and learn, up from 50.1% in 2023. 69.9% say team members communicate closely to acheive objectives, and 76% say that team members have shared objectives.

73.3% would speak up within their team if they noticed poor or incorect practice, which is above the NHS Wales benchmark and shows the strength of team relationships.

Impact on patient care

These figures show that compassionate teamwork is clearly translating into patient care, with most staff seeing colleagues treat patients kindly and respond effectively when they are distressed. This suggests compassion within teams supports timely, attentive, and person-centred care.

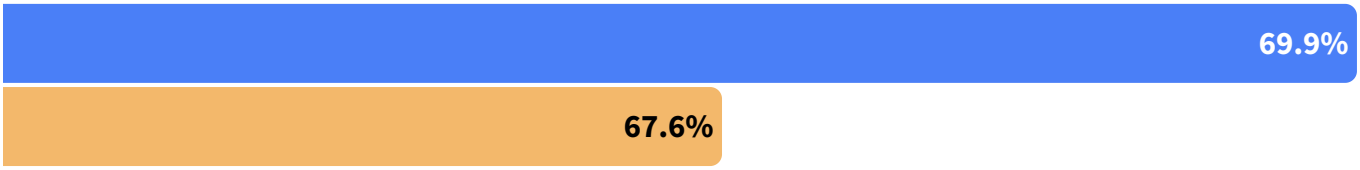
84.5% say colleagues behave compassionately toward patients	**83.5%** say their team takes effective action to help patients in distress

> **"I truly enjoyed my role and making a difference to patients when they were at their most vulnerable and being able to care for them during this time is a privilege."**

Line management as a protective factor

Most colleagues feel supported by their immediate manager. Line management scores improved substantially between 2023 and 2024 and have been largely sustained into 2025. This consistency across multiple questions suggests that compassionate leadership is being experienced at the line management level, even where staff perceptions of the wider organisation may be more mixed. The data indicates that where staff feel supported, they are more likely to remain engaged, motivated, and willing to sustain performance under pressure.

The line management sub-theme scored 69.9%, 2.35 percentage points above the NHS Wales benchmark.



73.4%
say their manager encourages them

74.4%
say their manager values their work

72.9%
say their manager recognises the importance of their emotional wellbeing

71.9%
say their manager listens when they describe challenges

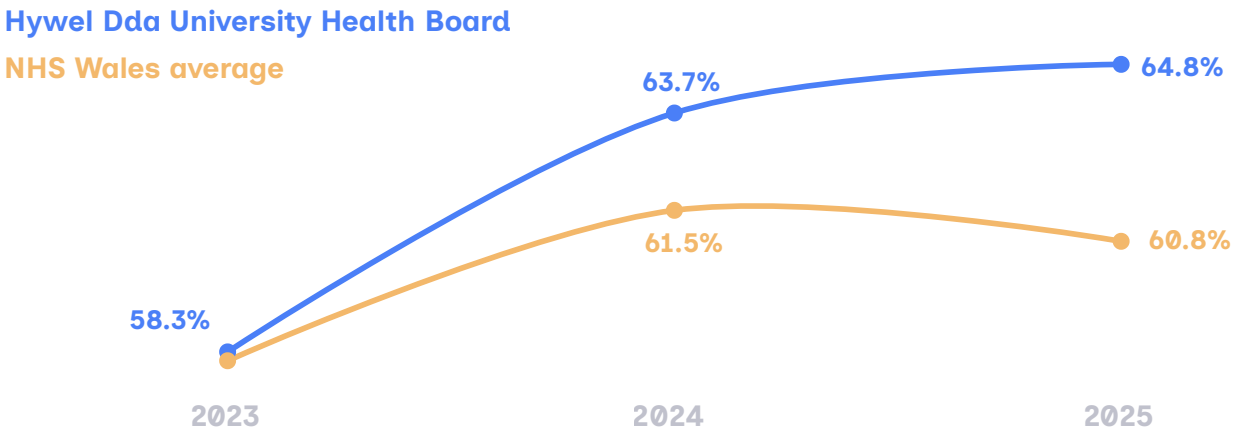
69.9%
say their manager works together with them to understand problems

> **"The local management in this area is often effective and supportive.**
>
> **I would not hesitate to approach my immediate management team with any concerns or issues and believe they work with true intent."**

Negativity across these questions is relatively low, generally between 10% and 14%, suggesting that dissatisfaction with immediate line management is not widespread. This represents an important protective factor against burnout and disengagement and highlights the critical role of line managers in shaping staff experience. The strength of line management scores at organisational level should not obscure the variation at service level.

Flexible working

Flexible working is one of the most clearly differentiated strengths for Hywel Dda, with results outperforming the NHS Wales average and showing sustained improvement over time. Staff report increasing satisfaction with flexible working opportunities, confidence in discussing flexibility with their managers, and improving perceptions of work–life balance.



Line chart showing the direction of travel in flexible working scores across the three survey cycles from both Hywel Dda University Health Board and the NHS Wales Average

In a rural and geographically dispersed organisation, these findings are particularly significant. They indicate that where flexible working arrangements exist, they are supporting staff to remain in post and balance professional and personal responsibilities. This strength has direct implications for staff retention, wellbeing, and workforce sustainability and represents an area where the organisation has made tangible progress.

66.4%

of staff report satisfaction with opportunities for flexible working

72.6%

feel able to approach their manager openly about flexible working

61.6%

believe they achieve a good balance between work and home life

58.4%

feel the organisation is committed to helping them balance work and home life

These figures show that many staff feel able to discuss flexible working, and a good number are achieving a healthy work–life balance, though there is still room to strengthen how consistently the organisation supports colleagues in acheiving this.

> **“Our management has been open to flexible working hours which has made a difference.”**

Trust and autonomy

Trust and autonomy are critical to a healthy organisational culture in healthcare, as they shape how people work, lead, and improve together. A culture of trust supports openness, psychological safety, and learning, allowing staff to raise concerns, share ideas, and challenge practice without fear. Respecting autonomy empowers staff to use their professional judgement, take ownership of their work, and engage meaningfully in improvement.

Together, trust and autonomy support compassionate leadership, accountability, and collaboration, strengthening staff engagement, resilience, and ultimately the quality and safety of care delivered.

88.5%	81.7%	73.7%	72.4%
of staff feel trusted to do their job	**report always knowing what their work responsibilities are**	**feel they have choice in how their work is done**	**There are frequent opportunities for them to show inititative in their role**

Responses relating to trust and autonomy are notably strong. A high proportion of staff feel trusted to do their job, have clarity about their role, and feel able to show initiative. Confidence in raising concerns about unsafe or unethical practice is also relatively high compared to national benchmarks.

Raising concerns

While confidence that the organisation will address concerns is lower (52.8%), the high willingness to raise concerns suggests that psychological safety exists at local level, even where trust in organisational follow-through is more cautious.

75.1%

would feel secure raising concerns about unsafe clinical practice

76.8%

would feel secure raising concerns about unethical behaviour

While data suggests that staff are less confident that concerns will always lead to visible organisational action, the underlying willingness to speak up indicates that psychological safety exists in many teams. This reflects positively on local leadership practices and organisational culture and provides a necessary precondition for continued improvement in safety, quality, and learning.

These results suggest a maturing safety culture where reporting is increasingly normalised, even if challenges remain around feedback and visible organisational learning.

76.4%

feel encouraged to report errors and near misses

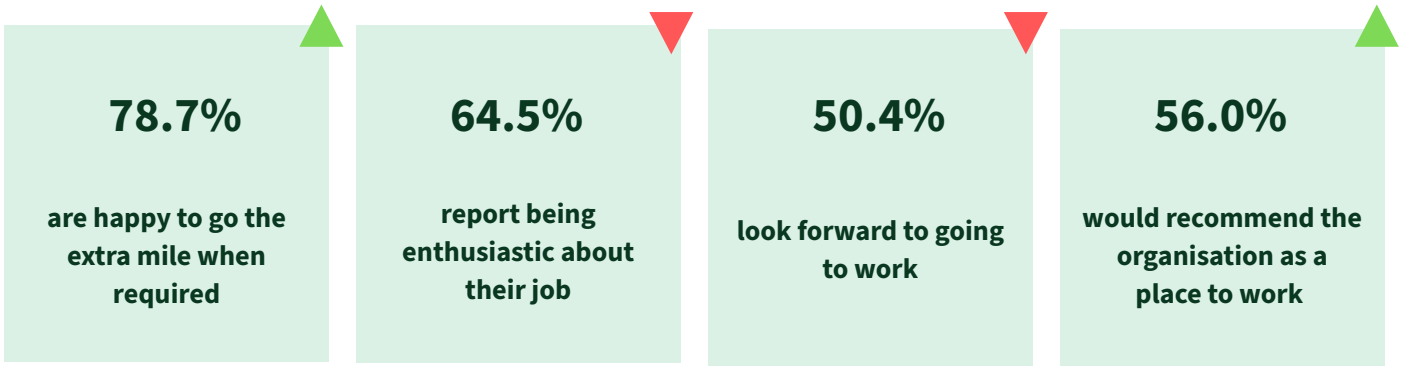
52.8%

believe staff involved in incidents are treated fairly

> **“I feel extremely well supported by my team leader and am confident to raise any concerns or issues I may have with them.”**

A committed workforce

The data shows a workforce that remains committed and willing, even under sustained pressure. The four measures below capture the breadth of that committment, from day to day motivation through to how colleagues feel about the organisation as a whole.



Arrows indicate direction of travel from the 2024 NHS Wales Staff Survey

The extra mile figure is the strongest of the four. 78.7% of colleagues say they are happy to go the extra mile when required, up from 76.6% in 2023 and 1.46 percentage points above the NHS Wales benchmark. That figure has improved across three survey cycles and sits comfortably above the national average. It reflects a workforce that continues to give more than it is compensated for.

Enthusiasm for the job remains broadly stable. 64.5% say they are enthusiastic about their work, above the NHS Wales benchmark of 64.1%. It has edged down from 65.9% in 2024 and 65.3% in 2023, a modest but consistent downward movement worth monitoring.

Looking forward to going to work tells a similar story. 50.4% respond positively to this question, above the NHS Wales benchmark of 48.5% and 1.96 percentage points above it. However it has declined from 51.9% in 2024 and 51.8% in 2023. It has not improved across the three-year period.

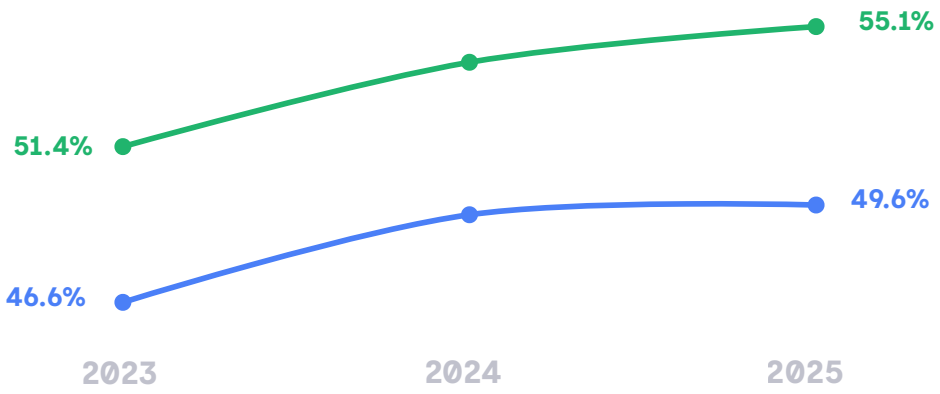
Willingness to recommend the organisation as a place to work sits at 56.0%, 2.74 percentage points above the NHS Wales benchmark and a modest improvement from 55.7% in 2024 and 53.4% in 2023.

Taken together these four measures describe a workforce that continues to show up and contribute. The direction of travel on enthusiasm and looking forward to work requires monitoring, but neither has moved significantly and both remain above the NHS Wales benchmark.

> **“I feel extremely proud to work for my organisation in [location removed]. We have incredible management and team leader, as well as fellow colleagues. I feel dedicated to my role, and feel it is a true passion not just a job.”**

Learning, development and appraisal

The survey shows that most staff receive an appraisal and that, for many, these conversations are meaningful. Appraisals are supporting clarity of objectives, skill development, and reinforcing that work is valued. Access to learning and development opportunities is improving and remains broadly in line with national benchmarks.



I feel supported to develop my potential
There are opportunities for me to develop my career in this organisation.

85.5%	64.0%	72.9%	67.4%	56.7%
of staff received an appraisal or PADR	report that appraisals helped them improve how they do their job	felt appraisals reinforced that their work is valued	feel they have opportunities to improve knowledge and skills	report being able to access learning opportunities when needed

The 'We Are Continuously Learning and Improving' theme scored 63.5% in 2025, 0.34 percentage points above the NHS Wales benchmark, and has improved from 61.4% in 2023. Career development opportunities are the weakest area within this theme. 49.6% feel there are opportunities to develop their career in the organisation, essentially unchanged from 49.3% in 2024 and a 3% increase on 2023's figure of 46.6%.

> **"I am proud to work for Hywel Dda. I have been given opportunities to progress and gain comprehensive skills, experience and confidence and have no intention in looking for progression outside the Health Board. I truly believe that I am fortunate to work for Hywel Dda and would encourage anyone, regardless of background or skills, to join us and realise their potential."**

Organisational risks

The Risks

The survey highlights six areas where the data points to risk that should be considered alongside the wider picture of improvement. Each is summarised below and set out in full in the sections that follow.

1. Staff involvement in change

44.2% feel involved in decisions affecting their work, down 8.4 percentage points since 2023. This is the lowest scoring question in the staff engagement section of the survey and has declined in each of the three survey cycles.

2. Burnout and the hidden contributors

60.7% came to work in the past three months despite not feeling well enough to perform their duties. 40.9% feel exhausted at the thought of another shift at work often or always. Both figures have worsened since 2023.

3. Variation in staff experience

Engagment ranges from 80.5% to 42.9% across Tier 2 areas. The scale of variation represents multiple microcultures within our organisation, with some services at significant risk levels. See page 33 for Tier 2 breakdown.

4. Psychological safety, speaking up, and the feedback loop

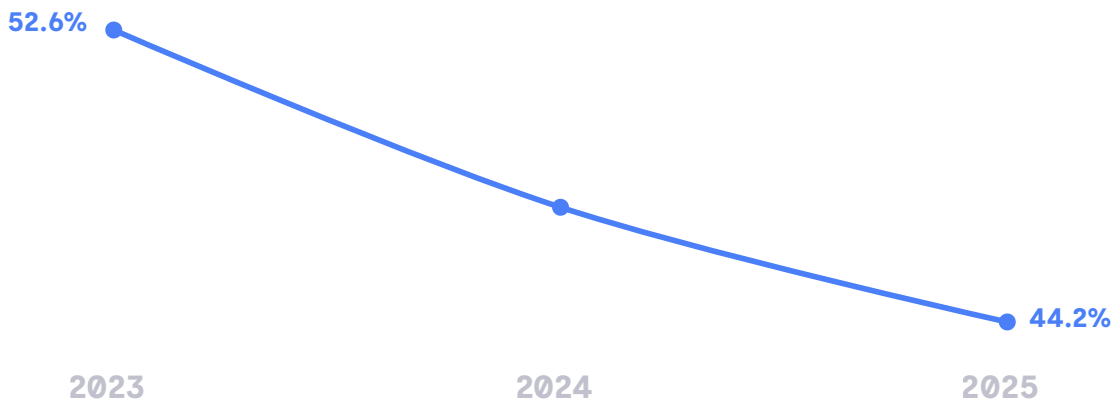
39.6% are confident the organisation would address a concern raised, a decline from 41.2% in 2024 and 2.76 percetage points below the NHS Wales benchmark. 48% receive feedback after errors or incidents are reported, 2.79 percentage points below benchmark and essentially unchanged from 2024.

5. Staffing levels

35% are positive on staffing adequacy, down from 37% in 2024, a deteriorating trend. Hywel Dda sits above the NHS Wales benchmark of 32.5%.

Staff involvement in change

The most significant single decline in the 2025 survey was involvement in decisions affecting work. Only 44.2% of colleagues responded positively to the statement 'I am involved in deciding on changes introduced that affect my work/area/team/department.' This is down from 47.5% in 2024 and 52.6% in 2023, a fall of 8.4 percentage points over three years. Negative responses have correspondingly risen to 28.7%. This is the steepest sustained directional decline in the dataset.



Line chart showing the decline in positive responses over the three year cycle in relation to colleagues being involved in deciding on changes.

This question has been the lowest-scoring item in terms of staff engagment in the survey for three consecutive years. It is also consistently the lowest-scoring element in Hywel Dda's internal monthly Staff Voice survey and team Culture surveys.

> **“Unfortunately, there is an historical culture of top down approach to innovations and bright ideas of change. This approach has stripped so many staff members of their drive and enthusiasm and will continue to do so. Perfect example of this is the computer generated assessments that we use daily, but implemented without the involvement of frontline staff who use them daily. I honestly feel that we will never make improvements until leadership and real change is taken from staff who work our front line. “**

58.8% of colleagues feel able to make improvements in their own immediate area of work. 78.7% are happy to go the extra mile when required, above the NHS Wales benchmark. The data shows colleagues who are willing to contribute but who do not feel included in the decisions that shape how they work.

58.8%

feel able to make improvements in their own immediate area of work

78.7%

happy to go the extra mile when required

44.2%

feel involved in decisions that affect their work

Involvement in decisions is one of three components that make up the Staff Engagement Index. All three components declined in 2025.

The scale of variation across Tier 2 areas reinforces the concern. Of 27 Tier 2 areas, 17 saw a decline in engagement index scores between 2024 and 2025. A full breakdown of this variation can be found on page 33 of this report.

> **“I have some great ideas that could save the health board money and provide more patient satisfaction but feel I am held back, micromanaged and not trusted.”**

> **“We hear about inspirational aims and plans involving opportunities to innovate and develop professionally. However, in our daily work we are told to sideline all other tasks in order to focus on cost-efficiencies.”**

Burnout and the hidden contributors

The burnout sub-theme scored 32.1% in 2025, meaning approximately seven in ten colleagues did not respond positively to burnout-related questions. While this represents an improvement from 27.1% in 2023 and 32.0% in 2024, the pace of change is marginal and work pressure has remained essentially flat over the same period, moving from 49.7% in 2023 to 50.4% in 2025.

The 'We Nurture Healthy Working Environments' theme scored 59.4% overall. The 27-point gap between that headline figure and the burnout sub-theme score reflects the fact that while some aspects of the working environment have improved, the underlying pressures driving exhaustion remain largely unchanged.

37.9% felt unwell as a result of work-related stress in the past 12 months	**26.7%** experienced musculoskeletal problems as a result of work	**60.7%** came to work in the past three months despite not feeling well enough to do so
59.1% say they feel exhausted at the thought of going to work	**38.7%** say they often or always feel worn out at the end of their working day	**33.7%** say they lack enough energy for family and friends outside work.

60.7% of colleagues came to work despite not feeling well enough to do so. Of those who experienced pressure from their manager to come in when unwell, the figure was 18.0%. Presenteeism at this scale poses risks to safety, quality of patient care and the long-term health of the workforce.

> **"We are constantly asked not to work overtime and to take our 30 minute breaks. The reality is, being patient facing, easily accessed within the community setting, it is impossible. What do [job title removed] expect and wish us to reduce? As we do not currently have one, we carry on, without breaks and work hours over. We are caring compassionate nurses, wanting to undertake our roles efficiently. Senior managers are out of touch with the reality of patient facing care delivery."**

Burnout risk is not evenly distributed. It is highest where workload, staffing pressure, and limited flexibility combine, which means it is concentrated in the same frontline services already identified in Risk 3. Medical and Dental staff, Additional Clinical Services, and colleagues in unscheduled care and acute settings report the lowest scores on work-related wellbeing measures. In those services, burnout is not an emerging risk but a current reality.

> **“During the pandemic, I paid a heavy price with home life and relationship suffering considerably due to the workload and long hours. At times it was pushed to the limit. The workload got worse and has done so year on year. It has to change. If I can find an equal or better paid job, I will likely end up leaving unless things radically improve. I see changes on the horizon which are making things worse. I think it is fair to say I am tired, physically and emotionally and I need to see massive engagement from senior management to listen and change or I will have to consider my future here.”**

Unpaid Hours

49.9% of respondents work some level of unpaid hours above their contracted hours on a regular basis. Of those, 38.1% work up to five unpaid hours per week, 8.6% work between six and ten unpaid hours, and 3.3% work more than eleven unpaid hours per week. For a significant proportion of the workforce, unpaid work has become a routine part of how care is delivered.

22.6% of respondents also provide unpaid care for a family member, friend, or neighbour outside work. This means a substantial portion of the workforce is sustaining caring responsibilities in both their professional and personal lives simultaneously.

Taken together, the burnout, stress, presenteeism, and unpaid hours data describe a workforce absorbing significant personal cost. This is not a personal coping problem. The data shows staff are mitigating system pressures through personal effort rather than those pressures being managed by the organisation.

> **“Most of the staff in my team have experienced work related stress/anxiety and majority are medicated for this. Every member of clinical staff that I meet all remain passionate to delivery high quality care but staffing and work priorities mean we cannot always deliver the care we endeavour to. We appreciate there are cost implications but when medics and nurses and other [job title removed] are working at 100 miles an hour, to feel the standard of care is not good enough it is exhausting mentally.”**

Moral Compromise

The quantitative data alone does not fully capture what colleagues in some services are experiencing. The pattern that emerges across frontline urgent and acute services is consistent with moral distress, moral injury, and burnout as interconnected and cumulative experiences. This section should be read as a professional assessment of patterns in the data rather than a set of direct survey findings.

Moral distress

Moral distress arises when colleagues know what good care looks like but face systemic barriers that prevent them from delivering it. Those barriers include staffing shortages, workload intensity, flow pressures, and resource constraints. At Hywel Dda, this is reflected in persistently low scores for involvement in change and improvement (44.2%), limited access to flexible working in high-pressure services, and the pattern of colleagues who score highly on compassion and commitment while scoring low on morale, engagement, and involvement. Staff in these environments demonstrate strong professional values yet report limited influence over decisions directly affecting their work and their patients.

> **“Having worked for the NHS for nearly [number removed] years this is the worst I've ever seen morale and stress within teams, we are all working the best we can - and over and above to ensure that the services are covered but this is just not enough and staff are struggling to cope with the pressures. These are very tough times.”**

> **“The gap between what we are trained to do and what we are allowed to do causes moral distress daily.”**

> **“We work in a busy A&E department where we are always understaffed, under pressure due to the enormous workload, the overburden of too many patients.”**

Moral injury

When moral distress becomes chronic and goes unaddressed, it can evolve into moral injury: a deeper sense of betrayal or erosion of trust, often directed at systems rather than at individuals. This is unlikely to be a resilience deficit but could indicate system-induced harm. Within the 2025 survey data, markers consistent with moral injury include declining advocacy scores, reduced motivation despite stable compassion and teamwork, recognition scores below 40% in some services under sustained pressure, and engagement falling in areas where colleagues are continuing to hold services together.

Staff are delivering care through personal sacrifice rather than sustainable system support. Over time, this damages the psychological contract between colleagues and the organisation.

> **“I feel that there is an increasing amount of pressure put on the hospital and its staff the public demand and that the hospital is not sufficiently equipped or staffed to manage this pressure. New targets for off-loading ambulances into the emergency department within a certain time-frame is causing all departments throughout the hospital to be constantly surged by multiple patients. Inappropriate patients are being nursed in corridors for multiple days to ensure these targets are being met. I feel that practicing this way is only masking the hospitals ability to handle these pressures with a lack of resources and therefore making it appear that we are managing better than we actually are. I feel that to hit these targets, staff are being asked to practice unsafely and this is causing additional stress within the workplace that is directly leading to an increase in staff sickness, further worsening the ability of the department to perform safely and effectively.”**

Burnout as an outcome, not a root cause

Burnout is often treated as an individual wellbeing issue. The survey data suggests it is better understood as an outcome of moral injury and capacity strain rather than a failure of personal coping. Evidence of burnout risk is visible in persistently low morale in acute and urgent services, flattening engagement despite improvements elsewhere, and stability in work pressure scores that suggest pressure is entrenched rather than easing.
Colleagues have not disengaged because they care less. They are disengaging because they care deeply but feel structurally unable to deliver care safely, ethically, or sustainably.

Organisational implications

The convergence of moral distress, moral injury, and burnout carries direct risk for workforce retention, psychological safety, patient safety, leadership credibility, and long-term operational resilience. Without explicit recognition and targeted systemic intervention, high-pressure services face continued erosion of engagement and increasing exit intent, even among highly committed and experienced colleagues.

Variation in staff experience by Tier 2

Area	Change in engagement index score from 2024 - 2025	Trend
Estates and Facilites	+5	▲
Finance	+2.9	▲
Oncology and Cancer Services	+2.9	▲
Pharmacy and Medicines Management	+2.2	▲
Nursing, Quality and Patient Experience	+1.4	▲
Unscheduled Care Glangwilil	+1.2	▲
Mental Health and Learning Disabilites	+1	▲
Radiology	+1	▲
Workforce and OD	+1	▲
Strategic Planning	+0.3	▲
Allied Health Professions	-0.3	▼
Pembrokeshire County	-0.7	▼
Unscheduled Care Prince Philip	-0.7	▼
Unscheduled Care Bronglais	-0.8	▼
Operations Management	-0.9	▼
Carmarthenshire County	-1	▼
Medical	-1	▼
Digital	-1.4	▼
Planned Care	-1.7	▼
Primary Care	-1.9	▼
Public Health	-2.3	▼
Pathology	-2.4	▼
Ceredigion County	-2.6	▼
Women and Children	-3.1	▼
Chief Execs Office	-3.4	▼
Primary Care Management	-4.5	▼
Unscheduled Care Withybush	-6.3	▼
Urgent and Emergency Care Programe	Less than 10 responses	

Ten of the Tier 2 areas demonstrated an increase in their engagement index score between 2024 and 2025. The most notable improvement was observed within Estates and Facilities, which recorded a 5% increase, representing the strongest positive shift across the organisation.

These improvements indicate areas where local leadership and engagement efforts may be gaining traction.

Conversely, 17 Tier 2 areas experienced a decline in their engagement index scores. The most significant reduction occurred within Unscheduled Care – Withybush, which saw a decrease of 6.3%.

These downward trends highlight areas where staff engagement may be under pressure and where targeted organisational support may be required.

Overall, the mixed performance across Tier 2 directorates underscores the need for a more consistent and coordinated approach to strengthening staff engagement, ensuring that improvements are sustained and that areas facing challenges receive timely and focused intervention.

Variation of themes by Tier 3

Tier 3 results show wide variation in staff experience, far greater than would be expected from random fluctuation. Positivity scores range from 80 to 90 per cent or higher in some corporate and specialist functions, to critically low levels of 25 to 45 per cent in a number of frontline, urgent, and operational services.

The Tier 3 theme heatmap, with full detail provided in Appendix B, demonstrates that staff experience is highly dependent on service context. There is no single organisational culture at Tier 3 level, with areas of significant strength and significant risk existing side by side.

Frontline urgent and acute services

The greatest levels of distress are evident in Tier 3 areas associated with Unscheduled Care, Urgent and Emergency Care, Operating Theatres, and some acute medical specialties. These services frequently report:

- Morale below 45 per cent
- Engagement between 30 and 50 per cent
- Patient safety scores below 40 per cent in some services
- Healthy working environment scores between 40 and 50 per cent

This pattern is consistent with sustained demand, flow pressure, staffing shortages, and elevated risk exposure. Together, these conditions are associated with heightened burnout risk and potential patient safety concerns.

Corporate, strategic, and specialist functions

In contrast, corporate, strategic, and specialist Tier 3 services report consistently higher scores across most themes, including:

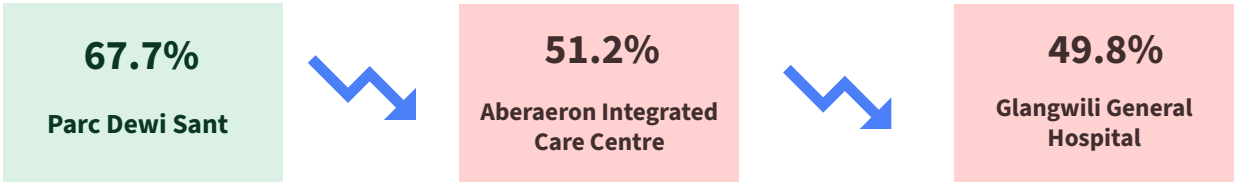
- Engagement and morale above 70 to 80 per cent
- Learning and improvement in the 75 to 85 per cent range
- Flexible working often above 80 per cent

These results suggest working environments characterised by greater autonomy, clearer roles, more control over work pace, and more sustainable and flexible working conditions.

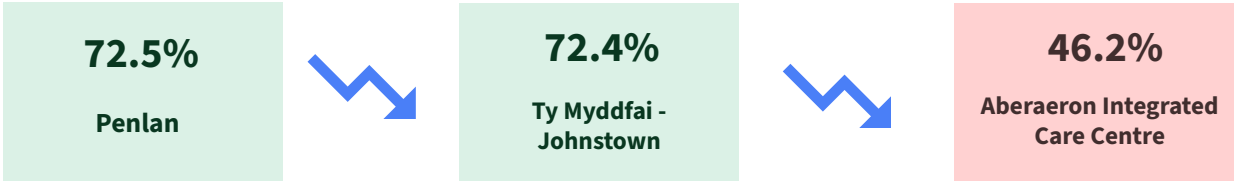
Variation by site

There is a wide spread in experience depending on site. The below demonstrates significant variations of theme results by site, with the full heatmap available in Appendix C.

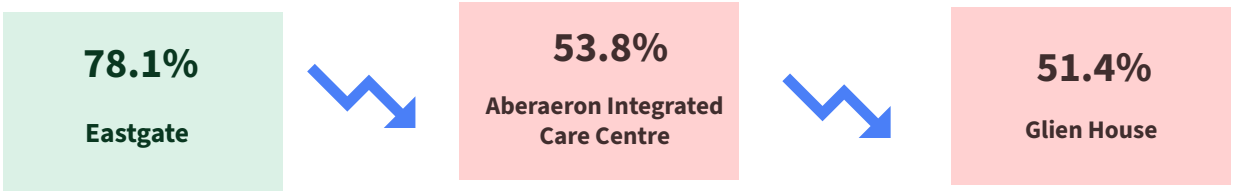
Morale



Staff engagement



Patient safety



Site-level analysis shows marked variation in staff experience. Community and specialist sites such as Parc Dewi Sant, Penlan, Ty Myddfai and Gorwelion consistently report higher morale, engagement, teamwork and recognition. Staff appear to feel highly valued, involved, and psychologically safe, indicating excellent local leadership and team cohesion and provide transferable good practice that could be explored for wider adoption.

In contrast, larger acute hospital sites, including Glangwili and Withybush, report lower morale, engagement and perceptions of healthy working environments.

Across all sites, compassion and teamwork score more positively than morale and engagement, indicating a strong interpersonal culture operating within challenging system conditions.

Variation across roles

The results show marked variation in experience by staff group. Students and administrative staff report the most positive experiences, particularly around learning, inclusion, and flexibility. In contrast, Medical and Dental staff, Allied Health Professionals, and Estates and Ancillary staff report lower morale, engagement, and perceptions of healthy working environments. Across all groups, teamwork and compassion score more positively than morale, engagement, and patient safety, indicating strong interpersonal culture operating within challenging system conditions.

Staff group	High-level finding
Additional Clinical Services	Strong focus on safe, compassionate care, but lower morale and engagement indicate sustained pressure and elevated burnout risk.
Administrative and Clerical	Most stable experience, with strong flexibility, teamwork, and local management supporting morale and engagement.
Allied Health Professionals	Highly committed teams, but system pressure is impacting morale, engagement, and long-term sustainability.
Estates and Ancillary	Lowest overall experience, with low morale, learning, and recognition suggesting disengagement and retention risk.
Healthcare Science Professionals	More balanced and sustainable experience, supported by stronger voice, learning, and engagement.
Medical and Dental	Critical pressure group, with very low morale, engagement, flexibility, and concerning patient safety perceptions.
Nursing and Midwifery	Strong team cohesion and compassion, but workload and operational pressure constrain sustainability and engagement.
Students	Most positive group, with strong learning, engagement, and inclusion reflecting a supportive entry-level culture.

Theme	Highest scoring staff group	Score	Lowest scoring staff group	Score
Morale	Students	61.5%	Medical & Dental	49.1%
Patient safety	Students	70.0%	Medical & Dental	48.8%
Staff engagement	Students	71.6%	Medical & Dental	50.6%
We are all able to speak up	Students	76.2%	Medical & Dental	59.6%
We are compassionate and inclusive	Students	80.9%	Estates & Ancillary	58.3%
We are continuously learning and improving	Students	92.8%	Estates & Ancillary	49.6%
We are stronger together	Students	81.9%	Estates & Ancillary	56.6%
We champion flexible working	Administrative & Clerical	70.9%	Medical & Dental	45.7%
We nurture healthy working environments	Students	70.0%	Allied Health Professionals	52.9%
We recognise everyone's contribution	Administrative & Clerical	67.2%	Estates & Ancillary	51.6%

Overall there is a consistent narrative: People are kind, supportive, and committed, but the system is making work hard.

What this table indicates:

- Culture between people is stronger than the culture of work
- Students and admin staff experience the system most positively
- Clinical frontline groups feel the greatest strain
- Support services feel undervalued and under-developed
- Flexible working is a clear lever where applied well

Psychological safety, speaking up, and the feedback loop

When colleagues feel safe to raise concerns, report incidents, and speak honestly about what is not working, the organisation has the information it needs to improve. The 2025 data suggests psychological safety at Hywel Dda is holding at team level and fragile at organisational level.

What colleagues feel safe to do

At team level the picture is relatively strong. Colleagues broadly feel able to speak up within their immediate environment and understand why it matters.

75.1%

feel secure raising concerns about unsafe clinical practice

73.3%

would speak up in their team if they noticed poor or incorrect practice

76.4%

say the organisation encourages reporting of errors, near misses, and incidents

Where confidence is fragile

The picture changes significantly when colleagues consider whether the wider organisation will act on what they raise.

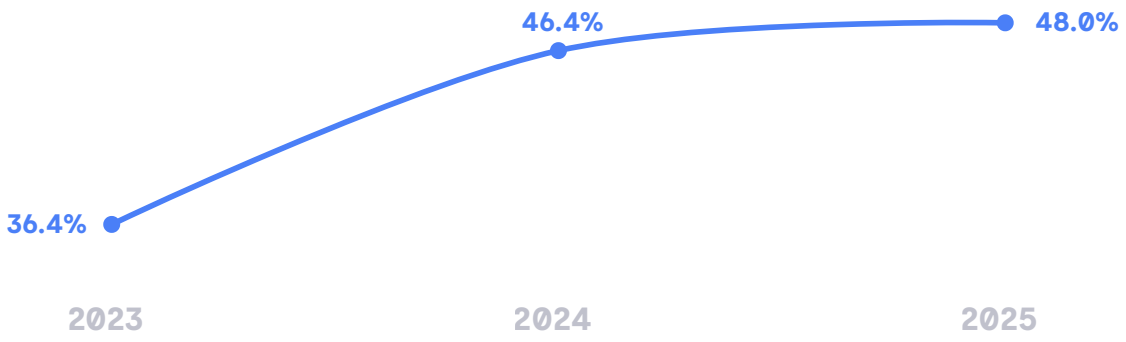
Only 55.4% feel safe raising concerns about anything that concerns them in the organisation. This is down 0.3 percentage points from 2024 and sits 1.34 percentage points below the NHS Wales benchmark.

Only 39.6% are confident the organisation would address a concern they raised. This was lowest in 2023 (36.7%), improved in 2024 (41.2%) but has now declined.

> **“My manager creates a safe space to speak openly, which is not the case elsewhere.”**

The incident reporting feedback loop

Feedback to staff about changes made following reported incidents was positive for only 48.0% of respondents, sitting 2.8 percentage points below the NHS Wales benchmark. This figure was 36.4% in 2023 and rose substantially to 46.4% in 2024 before seeing a small increase in 2025.



Line chart showing the increase in respondents who feel that they are given feedback about changes made in response to reported errors, near misses and incidents

The organisation encourages staff to report errors and near misses, and staff are doing so. 76.4% say the organisation encourages reporting but the loop is not being closed. Colleagues are not hearing what happened as a result of what they report. That gap, between reporting and feedback, is where confidence erodes.

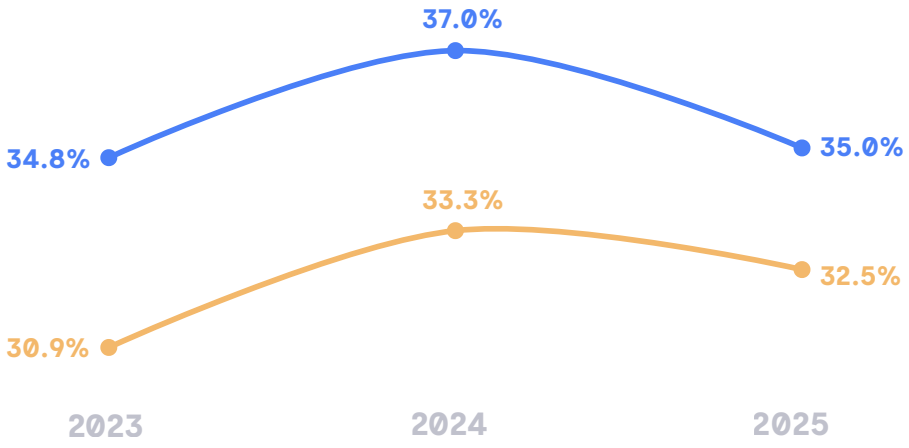
It is also worth acknowledging what has improved. Fair treatment of staff involved in incidents rose from 38.4% in 2023 to 52.8% in 2025, a substantial shift.

> **“When mistakes are made and procedure followed, there is little desire to change, often finding the same mistakes repeated.”**

> **“Team conflict and a lack of psychological safety is a big issue… practitioners are afraid of being criticised.”**

Staffing levels

35.0% of respondents agreed there are enough staff to do their job properly, with 34.2% responding negatively. This represents a deterioration from 37.0% positive in 2024, reversing two years of modest improvement. While Hywel Dda performs marginally above the NHS Wales Health Board benchmark of 32.5%, the absolute level remains low and the directional trend is concerning.



Hywel Dda: There are enough staff at this organisation for me to do my job properly

NHS Wales: There are enough staff at this organisation for me to do my job properly

54%

say they can meet the conflicting demands on their time at work

62.2%

say they have adequate supplies, materials, and equipment

9.8%

say there are *always* enough staff for them to do their job properly

> **“My biggest concern is under staffing, continually shift after shift we are short staffed. Do we still cope yes we do but are killing ourselves under the pressure.”**

Only 9.8% said there are always enough staff for them to do their job properly. This figure is the 'always' response only, should not be taken as the overall measure of staffing adequacy; the positive response of 35.0% represents the proportion who responded positively across all frequency options.

Conclusion and recommendations

Conclusion

The 2025 NHS Wales Staff Survey is the third consecutive survey completed by Hywel Dda University Health Board under the HEIW framework. Results show a polarised picture of staff experience across a workforce of approximately 12,215 eligible employees.

There is progress to acknowledge. Nine of ten themes score above the NHS Wales Health Board benchmark. Patient safety has improved substantially since 2023. Satisfaction with flexible working continues to rise. Line management scores are stronger than three years ago. Fewer colleagues say they will probably look for a new job in the next 12 months. These are meaningful and hard-won improvements.

However, staff engagement declined in 2025. The Staff Engagement Index fell to 70.7%, marginally below the NHS Wales average, with all three contributing components declining year on year. Involvement in decisions affecting work remains the lowest-scoring question in the survey and has deteriorated for three consecutive cycles. The organisation's long-standing challenge in this area has not been resolved.

Service-level analysis reveals that the organisation does not have a single, shared experience. It has multiple micro-cultures existing side by side. Corporate, strategic, and specialist functions report high engagement, autonomy, and morale. Frontline urgent, acute, and operational services report critically low scores in several areas, including morale, engagement, and patient safety perception. The gap in morale between the highest and lowest-scoring services represents fundamentally different working lives within the same organisation.

The evidence points clearly to a capacity, workload, and sustainability issue rather than a motivation problem. Staff in high-pressure services are absorbing system risk with limited flexibility, recognition, or opportunity to shape change. The pattern of compassion and commitment in the face of declining morale and involvement is consistent with moral distress and, in some services, moral injury. These are challenging times for Hywel Dda University Health Board and responding effectively will require a whole-system approach.

Recommendations

Actions

Our 2025 Staff Survey results require focused action that protects and reinforces existing strengths, while addressing the systemic and workload factors that threaten to erode them over time. These recommendations are deliberately limited in number and prioritised for impact, supporting continual improvement where progress is being made and targeted action where risks persist.

Local ownership and application

To further encourage local ownership and a move from measurement to accountability, our internal Workforce & OD escalation measures in 2026-27 include the following Staff Survey measures as part of the staff experience domain:

Participation (Qtr 1)
Engagement score (Qtr 1)
Action plan developed for top three themes (Qtr 2)
Action plans showing progress (Qtr 3 & Qtr 4)

Progress against these priorities will form part of the review within the escalation process. Relevant Organisation Development Relationship Manager (ODRM) are available for guidance and support on subsequent workforce actions within services/teams.

Staff experience

Paying close attention to our new organisational risk (reference number 2305) relating to staff experience during this period of significant change which is intensified by resource constraints and heightened external scrutiny, our Workforce and OD directorate will continue to provide targeted support in 2026–27. This work is aligned with our staff survey findings and focuses on supporting staff, promoting healthy workplace cultures, and ensuring leaders and teams have appropriate support and resources.

Act on burnout as a system risk, not an individual issue

Linked to the previous action, burnout, presenteeism and unpaid hours will be considered as indicators of capacity strain needing operational response. Targeted interventions will be prioritised where workload, staffing gaps and flow pressures overlap, rather than organisation-wide wellbeing initiatives alone.

Staff involvement in change

We will undertake an organisation-wide review of how change is currently designed, communicated and implemented, with a specific focus on staff experience and involvement. The learning will be used to agree clear principles for how staff involvement will be built into change at all levels of the organisation.

Protect and scale what is working

We will preserve and strengthen high performing elements of Hywel Dda's culture, including team work, compassionate leadership, trust, autonomy and flexible working. We will also continue to learn from services with strong engagement and morale, adapting transferable practice for more pressured environments.

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

3.3

10:35, 15 Mins

3.3 - Delivery Against Planning Objectives Aligned to the People, Organisational Development and Culture Committee

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

For assurance

Attachments

3.3 PODCC PO Update SBAR May 2026 v1.pdf

3.3 Annex 1 WOD PO Update Q4 2526 FINAL.pptx

3.3 Annex 2 2025-26 Full Year Planning Objective Highlight Report FINAL.pptx

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 May 2026
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, Diversity and Inclusion

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

A set of 10 Planning Objectives (PO) were 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 PO was aligned to the People, Organisational Development and Culture Committee (PODCC), namely PO1 Happy healthy workforce ensuring equality, diversity and inclusion.

As in previous years PODCC received an update on the progress made in the development (delivery) of the PO for onward assurance to the Board through the Board Assurance Framework.

Cefndir / Background

The PO's were the bedrock of our Annual Plan for 2025/26, and this report presented an update on the key elements of PO 1 and to demonstrate where progress has been made in delivering the Planning Objective through Quarter 3.

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 Committee should note that the Value and Sustainability Group have reviewed the PO before presenting to the Committee.
Asesiad / Assessment The overarching status of the PO is **On Track/Complete**. Highlight reports for the individual components of the PO can be found in Annex 1 demonstrating evidence of the work which has been completed. In Annex 2 there is an overview of the whole of 2025-26 for this PO.
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:	3 Year Plan and Annual Plan

Evidence Base:	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

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

Submitted By: Heather Hinkin / Corinna Lloyd-Jones

Date Submitted: April 2026

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

Planning Objective: Create a positive workforce culture : 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.

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

Reporting Period: Quarter 4 2025/2026

Overall status: On track
Rationale: Delivery has continued through Q4

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances)
Sickness absence remains at circa. 6.6% but there are some key areas where significant reductions have been achieved during the year.

Activities completed in previous reporting period

- A further eight training sessions on reasonable adjustments are planned.
- The OH Service delivered the 1st training session – Foundations of NHS Management on 17th Feb 26.
- Uptake for Flu vaccination reached 43.89% and increase of 15% on the previous year.
- Our ODRMs continue to provide proactive, responsive support to local teams to promote healthy and positive working cultures. Between its introduction up to 31 March 2026, our ODRMs have closed and reported on culture surveys for 97 teams across the HB as part of the exploration phase of their culture journey, with a total of 1795 staff participating. During this time, over 1000 staff have also shared their Hywel Dda employment experiences in culture conversations with our ODRMs.
- The two WF Advisors for Attendance Management commenced in March and will support the WF teams to establish a clear attendance management oversight process to help support managers, reduce sickness absence levels and improve compliance with the Policy.
- Sickness absence templates have been reviewed and updated to support a more compassionate approach when communicating with staff.
- Heath and Wellbeing Group

Activities planned for next milestone and reporting period

- Delivery of further sessions on the Foundations of NHS Management courses are planned for 2026/27.
- Maintain the Health and Wellbeing group during 2026/27.
- Continue the work to further develop and refresh sickness absence against population health data to improve health promotion and interventions by locality.

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

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

Submitted By: Anna Bird / Tracy Walmsley / Corinna Lloyd-Jones / Heather Hinkin
Date Submitted: April 2026

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

Planning Objective: Create a positive workforce culture – 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

Executive Lead: All Pillar Leads

Reporting Period: Quarter 4 2025/2026

Overall status: On track
Rationale: Delivery continued as planned through Q4.

- **Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):** National attraction campaigns continue as well as professional journal innovative content. Results include appointments into Hard to Fill vacancies eg: Consultant O&G, Community Consultant Paediatrics, Midwife, Advanced Pharmacist.

Activities completed in previous reporting period

- New suite of Medical and Dental Job Descriptions/Personal Specifications rolled out supporting improved attraction strategies and compliance with Welsh Language standards.
- Guidance on the Appointment of Senior Medical Leaders updated and approved.
- Recruitment trip to India with successful recruitment outcomes into hard to fill areas: Haematology, Radiology and MHLD.
- Due to changes in approach to how we fund the apprentice programme alternative approaches are being explored which will require process change across WOD. Discussions are taking place to progress before plan finalisation.
- Developed a plan for volunteering 2026/27; taking forward previous work and aligning to potential new opportunities linking to the social model of health.
- Plan for school engagement, colleges and universities for 2026/27: A plan is in development, due to some uncertainty around team capacity; we are reflecting on overall capacity to deliver and changing approaches.
- Programme of work with Swansea University for Simulation in development; Workshop planned for end of April to confirm next steps and deliverables for 2026/27.
- Governance Review undertaken for SPPEG/People Education & Development with a view to strengthening a multi disciplinary approach. Report to be submitted to SPPEG in June 2026 for review.
- Approach to education commission submission work & Learning Needs Analysis and vice versa and reflect on how we can improve strategic alignment is in progress – to be progressed further for 2027/28 commissioning round in quarter 1 & 2 2026/27

Activities planned for next milestone and reporting period

- Launch of Student Streamlining Process/Vacancies for NRN/NRMs due to qualify in September 2026.
- Trac data release for Annual Equality Report compilation.
- Welcome internationally recruited Medics into Hard to Fill positions.
- Continue to evolved Education Commissioning approach to strengthen strategic intentions.
- Finalise and commence delivery of People Development Plans.

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

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

Submitted By: Corinna Lloyd-Jones / Anna Bird

Date Submitted: April 2026

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

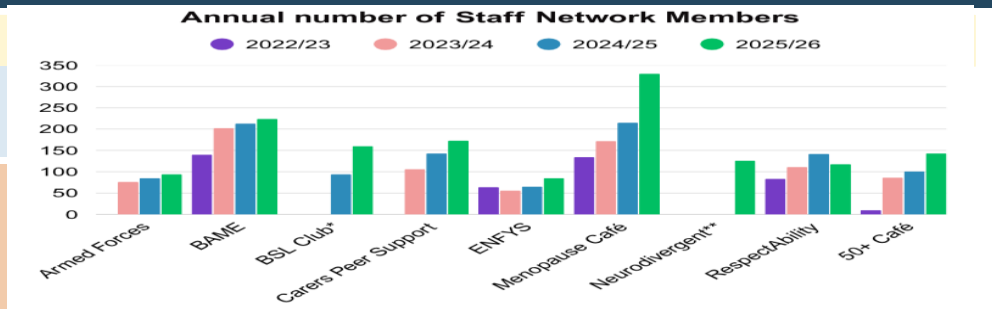
Planning Objective: Create a positive workforce culture -1.3 Improve the experience of staff and patients by ensuring happiness at work and excellent customer service.

Executive Lead: Corinna Lloyd-Jones, Assistant Director of Organisational Development and Anna Bird, Assistant Director of Business, Partnerships and Inclusion

Reporting Period: Quarter 4 2025/2026

Overall status: On track
Rationale: Delivery work continued through 2025/26

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):
The number of employees who are registered with our staff networks has continued to increase.



Activities completed in previous reporting period

- The Business, Partnerships and Inclusion Team co-ordinate eight staff networks which have continued to see an increase in membership (see infographic above), with the Menopause Café having over 300 members.
- During Q4, a total of 99 veterans and members of the Armed Forces community applied for job roles using the Guaranteed Interview Scheme. Of the 99, 32 or 33% were invited for interview and 10 or 10% were offered a role.
- Plans are currently underway for HDdUHB to host an all Wales LGBTQ+ staff network session in the Spring of 2026.
- A soft launch of the module to increase awareness in identification and recording of veteran status both in Primary and Secondary care has taken place, led by Hywel Dda in conjunction with HEIW and the all-Wales Armed Forces Lead Officers group.
- Funding application submitted to Charitable Funds (Making a Difference Fund) in March 2026 to deliver the HB's 2026-27 Staff Recognition and Appreciation Programme. If successful, this will enable equitable and meaningful year-round appreciation that supports organisational values, staff morale, engagement and, in turn, patient care.
- Bi-annual Speak Up Update Report presented to PODCC in February 2026.
- Annual Retention Deep Dive presented to PODCC in February 2026.
- Making a Difference delivery team will continue to deliver across all 3 counties.

Activities planned for next milestone and reporting period

- Recognition & Appreciation T&F Group will reconvene in the first quarter of 2026-27 to review funding application outcome and agree Programme delivery plan in line with available financial resource.
- Carmarthenshire will be hosting the national Armed Forces Day event and the BPI team will be coordinating attendance from teams across the Health Board.

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

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

Submitted By: Corinna Lloyd-Jones

Date Submitted: April 2026

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

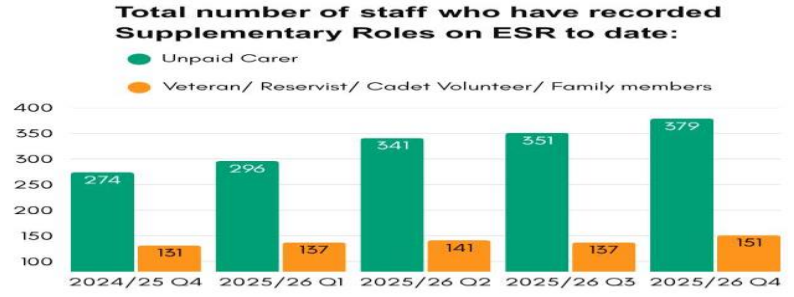
Planning Objective: Provide compassionate experiences - 2.1 Enhance the operational efficiency and workplace culture of the Health Board by implementing comprehensive support strategies for staff, fostering compassionate communication and reinforcing our commitment to inclusive values. This will include people practices, values refresh, compassionate visible leadership, acting upon staff survey results.

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

Reporting Period: Quarter 3 2025/2026

Overall status: On track
Rationale: Delivery continued as planned through Q4

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):
379 staff have now recorded their unpaid caring role, an increase of 105 since 31st March 2025, reflecting the success of the awareness raising work which has been undertaken.



Activities completed in previous reporting period

- Work to update the Carers Passport is being aligned with the Wellbeing Passport to ensure that it's more holistic to consider the broad range of support needs that staff may have. The carers policy and combined wellbeing/carers passport will be ready to go to PODCC in August 2026.
- The number of staff self-identifying supplementary roles continues to increase as a result of the continued awareness raising activity and active staff network communication.
- Piloting has commenced of the NHS Wales Healthcare for the Armed Forces e-learning module, developed in conjunction with NWSPP and which will be hosted on the ESR platform.
- HB's values were reviewed as part of our refreshed long-term strategy 'A Healthier Mid and West Wales – Healthier lives, well lived' which was approved by Board in January 2026: Belonging / Growth / Together.
- Organisation-level Staff Survey results were shared with our Exec Team on March 2026, with a paper being presented to PODCC in May 2026.
- Our leadership development programme (LEAP) continues to run successfully, with 4 cohorts delivered annually. Our summer 2026 cohort attracted over 90 expressions of interest for 20 places. Since its launch in 2023, 126 leaders have completed LEAP, with over 55 currently progressing through the programme.
- A review has also been completed of the Organisational Change Toolkit to enable managers to more compassionately support their staff through organisational change.

Activities planned for next milestone and reporting period

- Launch of NHS Wales Healthcare for the Armed Forces e-learning module to supplement awareness raising sessions and increase understanding of the workforce of the needs of veterans and their families.
- Submission of evidence for the Gold award in the Defence Employers Recognition Scheme to maintain our active commitment to the Armed Forces Covenant. An annual report on the Health Board's work to support the Armed Forces community and implement the Armed Forces Covenant will be presented to PODCC in May 2026.
- Next phase of our values refresh in 2026-27 will focus on reviewing our underpinning Behaviours Framework alongside development of the new NHS Wales Leadership and Management Framework to ensure our local approach aligns with and complements the emerging national direction.
- Staff Survey participation rates, actions and progress have been incorporated into WOD Escalation Measures for 2026-27.

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

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

Submitted By: Tracy Walmsley / Anna Bird / Corinna Lloyd-Jones / Heather Hinkin
Date Submitted: April 2026

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

Planning Objective: Provide compassionate experiences - 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.

Executive Lead: All Pillar Leads

Reporting Period: Quarter 4 2025/2026

Overall status: Off-track
Rationale: Capacity constraints within the People Planning & Development team has resulted in some activities initially planned for Q4 being deferred for completion in Q1 of 2026/27.

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):
Capacity constraints within the People Planning & People Development teams has resulted in some activities initially planned for Q4 being deferred for completion in Q1 of 2026/27.

- **Activities completed in previous reporting period**
- Workforce Technical Document has been completed including action plans for each of the 75 workforce plans that are in place.
- Education & Commissioning Framework submitted to HEIW.
- CSP Workforce Assessments have been completed in readiness for Board.
- Alignment of Operational Workforce Plans and their inclusion in the Health Board Annual Plan.
- Linked the education & people development plans to workforce plans including an assessment of risk.
- Development of reporting on the Strategic Mental Health Plan for HEIW.
- Commissioned OrgVue to support the Community and Integrated Medicine CCG & pilot of workforce planning tool.
- W&OD continues to promote flexible working with managers across the HB, encouraging them to embrace the ethos of "how we can make this happen?“ as per the NHS Wales policy. Our 2025 Staff Survey positivity score for "We champion flexible working" was 64.8%, compared with 58.3% in 2023 and 63.7% in 2024, and +3.94% above the 2025 national benchmark. This was Hywel Dda’s largest positive variance across all Staff Survey themes with a strong upward trend since 2023.
- Perinatal Strategic Workforce Plan completed; critical review being undertaken Qtr 1 2026/27.

Activities planned for next milestone and reporting period

- Training Plan for Workforce Planning for Managers and Workforce Planning Team deferred to end of Quarter 1 26/27 due to capacity/focus on Workforce Plans and Education Commissioning in Quarter 4 2025/26
- Refresh and strategically analyse workforce plans to feed into wider People Professional Plans & WOD Pillar/ 2026/27 Planning objectives (deferred Qtr 1 2026/27)
- Develop reporting on the perinatal strategic workforce plan for internal review of strategic frameworks along with reporting to HEIW. Deferred to Qtr 1 2026/27. Ongoing work to further embed workforce planning within transformation and planning directorates. Deferred to Q1 2026/27.

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

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

Submitted By: Anna Bird

Date Submitted: April 2026

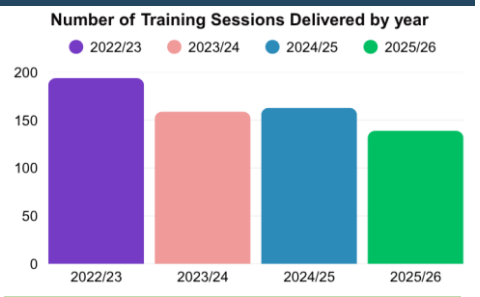
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Planning Objective: Provide compassionate experiences - 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.

Executive Lead: Corrina Lloyd-Jones, Assistant Director of Organisational Development; Heather Hinkin, Assistant Director of People Management; Anna Bird, Assistant Director of Business, Partnerships and Inclusion

Reporting Period: Quarter 4 2025/2026

Overall status: On track
Rationale: Delivery has continued through Q4



Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances): Whilst the number of EDI specific training sessions have decreased in 2025/26, the number of participants has remained at similar levels, reflecting changes to delivery mechanisms to maximise attendance.

Activities completed in previous reporting period

- Over the course of the year, the Business, Partnerships and Inclusion (BPI) Team has delivered just under 150 training sessions focused on equality topics, including support to unpaid carers and anti-racism. Work has continued to target sessions such as Active Bystander training, working with the ODRM team to identify areas where cultural issues are being experienced.
- The Director of WOD met colleagues who are neurodivergent, to discuss how, following the 'Big Conversation' the Health Board can become more neuro-inclusive. A programme of meetings have been arranged during 2026/27 to progress neuro-affirming practice in a range of topic areas.
- Sub-groups of the EDI taskforce have been established and Director/Senior Manager leads identified to progress work in the areas of: Board Allyship, Coproduction and Engagement and Data Analysis. Terms of reference and action plans are in the process of being agreed for each sub-group.
- An EDI Taskforce SharePoint page has been developed to make the work more visible to the wider workforce and to encourage staff to get involved.
- The EDI Team produced a newsletter in January 2026 which was shared with Board members and widely publicised via our social media channels.

Activities planned for next milestone and reporting period

- Implement a programme of meetings with neurodiverse colleagues to explore how the Health Board can introduce more neuro-affirming practice in areas such as recruitment, employee relations, meeting governance
- Finalise the action plans for the EDI Taskforce sub-groups and encourage further engagement from colleagues across the Health Board.
- Publish EDI newsletter in April 2026 and complete the annual reports on progress against our Equality Objectives for submission to Welsh Government.

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

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

Submitted By: Anna Bird / Tracy Walmsley / Corinna Lloyd-Jones / Heather Hinkin

Date Submitted: April 2026

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

Planning Objective : Create a positive workforce culture

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

Reporting Period: 2025/26

Overall status: Complete
Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)
A range of work has been progressed during 2025/26 as evidenced in the quarterly reports and summarised in the achievements below.

Key achievements and outcomes through 2025/26 / elements to be continued into 2026/27

- Staff engagement across the Health Board remained stable, with improved participation (22%) in the 2025 NHS Wales Staff Survey and positive movement across most areas. 71% of staff who responded indicated a consistent level of commitment and connection to the organisation.
- Workforce & Organisational Development continues to promote flexible working with managers across the HB, encouraging them to embrace the ethos of "how we can make this happen?“ as per the NHS Wales policy. Our 2025 Staff Survey positivity score for "We champion flexible working" was 64.8%, compared with 58.3% in 2023 and 63.7% in 2024, and +3.94% above the 2025 national benchmark. This was Hywel Dda’s largest positive variance across all Staff Survey themes with a strong upward trend since 2023.
- Our ODRMs continue to provide proactive, responsive support to local teams to promote healthy and positive working cultures.
- More than 250 colleagues received one-to-one psychological support, and 60 attended our Recovery in Nature programme, helping to reduce stress and burnout.
- We have expanded simulation and digital learning, making training more practical and accessible. One hundred educators were trained to deliver simulation sessions, reaching over 600 staff across hospital and community services. This has helped teams practice safely, build confidence and improve care.
- More than 1,000 staff applied for individual continuing professional development, with hundreds more taking part in group learning.
- Our Support Worker Development Programme helped 247 healthcare support workers build new skills and move into different roles, supported by recognised qualifications through our Agored Cymru accreditation.
- Engaged with 8,500 pupils across all secondary schools in the region, with 4,727 learners taking part through the medium of Welsh, almost double the previous year.
- Our volunteering community grew to 245 volunteers, and our apprenticeship programme now supports 141 apprentices.
- Occupational Health have been consistently exceeding their Welsh Gov KPIs for service delivery for 2025/26. The Key Performance Indicators cover management referrals, self referrals, pre-employment clearance, immunisations.

Any other Comments
Matters for information:

Risks to delivery:

Any other comments:

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

Submitted By: Corrina Lloyd-Jones

Date Submitted: April 2026

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

Planning Objective : Provide compassionate experiences

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

Reporting Period: 2025/26

Overall status: Complete
Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)
A range of work has been progressed during 2025/26 as evidenced in the quarterly reports and summarised in the achievements below.

Key achievements and outcomes through 2025/26 / elements to be continued into 2026/27

- Leadership and management development continues to grow, with strong demand for programmes such as LEAP (126 completed/over 55 progressing), New Consultant Programme (5 cohorts delivered to 58 senior clinicians), Hywel Dda Manager and Foundations in Management, alongside an expanding network of 45 qualified coaches.
- We continue to embed a culture where staff feel safe and supported to speak up. Through our Speak Up, Make Meaningful Change initiative, concerns are increasingly raised sooner and informally, enabling constructive resolution without fear of reprisal.
- Working closely with Health Education and Improvement Wales, we now have 79 operational workforce plans in place. These are aligned with our Clinical Services Plan, helping ensure staffing, skills and future recruitment match changing models of care.
- Whilst workforce pressures remain a challenge, the latest NHS Wales Performance Report (March 2026) highlighted Hywel Dda as achieving the lowest workforce turnover rates across Wales, and we are proud to be the best-performing NHS organisation in Wales for nursing turnover since 2024.
- Our Hywel's Applause Awards returned as a more engaging and meaningful in-person event. Long Service Awards also remained important, with staff recognised for milestones ranging from 25 to an exceptional 60 years of service. Simple initiatives such as Employee Appreciation Day continued to grow, showing how much colleagues value recognising each other.
- Staff well-being remained a priority. More than 250 colleagues received one-to-one psychological support, and 60 attended our Recovery in Nature programme, helping to reduce stress and burnout.
- We actively promoted equality, diversity and inclusion (EDI) through awareness raising, growing staff network engagement and via our EDI Task Force. 1,162 staff have accessed EDI training this year, a 10% increase on the previous year.
- Our EqIA training programme is available for all staff which supports them to enhance their knowledge and skills to support service and policy developments and changes and an internal audit programme has been to ensure a high quality, robust EqIA process.
- We have continued to deliver wellbeing at work webinars which are held monthly and are available to all Hywel Dda staff and have been well received. "*Very informative, explained clearly, great to have a live webinar where there is room for interaction, rather than a recorded playback.*"
- Significant progress has been made on the Band 2/3 transition and work will remain ongoing for Q1 2026/27 to finalise the work needed to resolve ongoing queries. The majority of staff were completed by 31 March 2026.

Any other Comments
Matters for information:
Risks to delivery:
Any other comments: 60 people participated in the Recovery in Nature Programme and feedback has been very positive. *"Gave me the opportunity to reflect and appreciate that there are like-minded people around me with shared values"*. Due to ongoing staff capacity and financial [illegible]PWBS is unable to plan deliver the Recovery in Nature Programme for 2026/27 year.

3.4

10:50, 15 Mins

3.4 - Health Education and Improvement Wales (HEIW) Targeted visit to General Medicine (GGH)

Mark Henwood (Hywel Dda UHB - Executive Medical Director)

For assurance

Attachments

3.4 PODCC SBAR Update GMC Enhanced Monitoring May 2026.pdf

3.4 Appendix 1 - Notification of Enhanced Monitoring - General Medicine at Glangwili Hospital.pdf

3.4 Appendix 2 - HEIW Action Plan Medicine GGH Dec 2025.final.pdf

3.4 Appendix 3 - HEIW Visit Report for Medicine at Glangwili - December 2025.pdf

3.4 Appendix 4 - LEP guidance 2026.pdf

3.4 Appendix 5 - doctors in training guidance 2026.pdf

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 May 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Health Education and Improvement Wales (HEIW) Targeted visit to General Medicine (GGH)
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mr Mark Henwood, Executive Medical Director
SWYDDOG ADRODD: **REPORTING OFFICER:**	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) targeted follow up visit to General Medicine in Glangwili Hospital (GGH), which took place on the 15 December 2025 and has resulted in escalation to General Medical Council (GMC) Enhanced Monitoring.

Cefndir / Background

Every year the 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. Hywel Dda University Health Board employs around 300 trainees; 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 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 quality risk register.

Where the risks are ongoing, or for higher scoring risks, targeted visits to the respective specialties will be 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 Local Education Provider (LEP – in this case Hywel Dda) to enhance transparency and

where sufficient improvement is not forthcoming, a decision to withdraw trainees from the department will occur.

Asesiad / Assessment

The risks which are included on the HEIW risk register will be dependent upon the results of the NTS in addition to local feedback, investigations, actions and monitoring. Risks are categorised according to specialty, programme specialty, grade and site, summary of issues and risk rating.

Due to fluctuating feedback from the GMC NTS over recent years, particularly concerning clinical supervision, the first HEIW targeted visit to medicine in GGH was undertaken on the 16 June 2025. Although local initiatives had been introduced to address these issues, and the 2024 survey results indicated some improvement, negative feedback regarding clinical supervision persisted and the visit was undertaken to explore the underlying challenges and work collaboratively with the Health Board to develop sustainable solutions.

The visit resulted in a quality risk rating of 9 (this is high and anything over 8 can trigger a targeted visit) and three main requirements for action, which included the need for the Health Board to: -

- 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.
- 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.
- review processes for approving annual leave so that responses are received in a timely manner.

In addition to the primary requirements, a further six recommendations were identified. At this point, HEIW provided Healthcare Inspectorate Wales (HIW) with evidence gathered during the visit relating to patient safety concerns and discussed the possible need to consider an Enhanced Monitoring arrangement with the GMC. The GMC subsequently wrote to the Health Board seeking assurance that action was being taken to meet the requirements set out as part of the visit and enhanced monitoring was not considered necessary at this time.

An action plan was developed, and the clinical team and medical education department undertook worked collaboratively to implement actions in advance of the follow-up visit, which took place on the 15 December 2025.

During the visit residents and trainers described a system under sustained pressure, where staffing shortages, heavy workloads, and rota gaps, limited learning opportunities and contributed to ongoing patient safety risks. Teaching, clinics, and Workplace-Based Assessments were frequently inaccessible, supervision was strained during busy periods, and ineffective processes for patient tracking and handover added further risk. Weekend and on-call pressures were particularly acute, with delays in senior review and inconsistent monitoring. Although improvements to patient flow were being considered, residents continued to experience a culture dominated by service provision rather than education.

The visit resulted in the quality risk rating increasing to 12 and three main requirements for Health Board action, which included the need to: -

- ensure that ward staffing levels are robust and that appropriate time is allotted to allow access to training opportunities including regional teaching programmes, Educational/Self-Development Time (EDT/SDT) and access to clinics as stipulated by the IMT curriculum. Staffing levels should take into account extra work generated by those patients who are accommodated outside of the traditional clinical bed spaces, for example in corridors and 'boarders' within ward areas. provide strong, accessible pastoral support for all residents and trainers, recognising the physical and emotional strain of the work and the risk of burnout that can result.
- ensure that robust pastoral support is accessible to all residents and trainers and that this incorporates an acknowledgement of the effects of working within a physically and emotionally challenging environment and the risk of progression to burnout.
- ensure that training needs are taken into account when re-designing clinical areas and systems to improve patient flow. The local education team must be involved in discussion and planning. It would be desirable to also include trainers and resident doctors, who are likely to have valuable insights into practical aspects of the plans.

Further to the 3 main requirements, a further 8 recommendations were identified, which included HEIW providing an update to the GMC on the findings of the visit with a recommendation that Enhanced Monitoring status be applied.

Confirmation of the escalation to GMC Enhanced Monitoring was confirmed in a letter to the Health Board Chair dated 2 February 2026 (Appendix 1). Entering enhanced monitoring means the organisation must work with HEIW to create and deliver an improvement plan, while targeted visits, sometimes accompanied by a GMC medical expert associate, will be undertaken to monitor progress. Throughout the process, HEIW will provide regular progress updates to the GMC. Where the GMC are not assured that appropriate standards and requirements are being met, conditions on the approval of training within the department may be imposed and where these conditions unmet, or where there is a lack of sufficient progress, trainees will be withdrawn from the department. It should be noted that the medical department at GGH comprises of approximately 57 doctors, with over half being trainees. Any withdrawal of trainees would present a significant challenge for service delivery, impacting patient experience, workforce sustainability and staff wellbeing, as well as the wider reputational implications for the Health Board as a whole (particularly given that enhanced monitoring information are publicly reported by the GMC). This would also result in additional financial pressure for the Health Board, as alternative cover arrangements would need to be secured.

The most important focus for the medical teams and medical education in terms of progress towards meeting requirements set by HEIW, relates to ensuring appropriate staffing levels, appropriate support and supervision and trainees being able to meet training requirements. While a review of medical staffing across the medical departments is in process, where the need for additional staff is highlighted, funding will need to be identified and recruitment processes improved to ensure that we are able to recruit appropriately experienced and skilled medical staff, in a timely way. Further areas for improvement we have identified include the need for additional governance and improved processes around leave allocation and rota design.

An action plan (Appendix 2) has been submitted to HEIW to address the requirements and recommendations made however, positive trainee and trainer experience feedback which highlights adequate progress will be integral to providing the required assurance to HEIW and the GMC going forward.

Full visit reports and correspondence confirming Enhanced Monitoring are included in Appendices 1-5.

Argymhelliad / Recommendation

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

- **RECEIVE ASSURANCE** the outcome of the Health Education and Improvement Wales (HEIW) Targeted visit to General Medicine (GGH)and subsequent requirements and recommendations.

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 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:	Promoting excellence - GMC (gmc-uk.org)
Rhestr Termau: Glossary of Terms:	Health Education & Improvement Wales – HEIW General Medical Council – GMC Local Education Provider – LEP

	Self-Development Time – SDT Educational Development Time – EDT National Training Survey - NTS
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

General Medical Council

2 February 2026

Dr Neil Wooding
Chair of the Board
Hywel Dda University Health Board
Via email: Neil.Wooding@wales.nhs.uk

3 Hardman Street
Manchester M3 3AW

Email: gmc@gmc-uk.org
Telephone: 0161 923 6602
gmc-uk.org

General Medical Council (GMC) reference: QA14137

Dear Dr Wooding

Notification of General Medicine, Glangwili Hospital entering GMC enhanced monitoring process

I am writing to inform you that we are placing General Medicine, Glangwili Hospital into our enhanced monitoring process. We realise this letter comes at a particularly challenging time for health services across the UK so if you have any questions at any point, please contact us using the contact details at the end of this letter and we'd be happy to discuss them with you.

We use enhanced monitoring to promote local management of serious concerns about the quality and safety of medical education and training. We will ensure that Health Education and Improvement Wales work with you to make improvements to resolve our concerns effectively.

Our concerns

Our Promoting excellence: standards for medical education and training set out the standards and requirements that we expect organisations responsible for educating and training doctors in the UK, to meet.

Following a local quality visit in December 2025 and reviewing relevant information, we're concerned that General Medicine, Glangwili Hospital is not meeting our requirements in relation to:

- **R1.2** *Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.*
- **R1.7** *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.*

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750).

- **R1.12** *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.

- **R1.16** *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.*

What this means for your organisation

Entering our enhanced monitoring process means that:

- You will work with Health Education and Improvement Wales to put in place an improvement plan in response to our concerns. We'll have oversight of this improvement plan via Health Education and Improvement Wales.

- The Medical Deanery will organise visits to check the progress you are making, and we may attend these, along with one of our medical expert associates.

- We will receive regular updates from Health Education and Improvement Wales about your progress in addressing this concern.

We hope we can resolve these concerns together. However, if we aren't assured that our standards and requirements are being met, we may:

- Place conditions on the approval of postgraduate training. For further information about conditions, please see our website.

- If our conditions aren't met or there's a lack of sufficient progress in meeting these conditions, we will take further action. This could include withdrawing our approval of training posts and programmes which means that trainees would be redeployed elsewhere.

What information we'll share about the case

We share information about enhanced monitoring cases in the following ways:

- We will publish information about the cases on our website. You can see the type of information we publish on our enhanced monitoring page.
- We will share information about the case with other regulators, such as summaries and updates on progress.
- If there are any medical students attending the site for undergraduate placements, we will make their medical schools aware of the enhanced monitoring status.

Next steps

Health Education and Improvement Wales will liaise with you regarding the next steps and will work with you to put in place an improvement plan addressing the concerns identified. Where available, it may be helpful to draw on examples of good and effective practice, whether within your health board or elsewhere, to inform and guide the improvements needed in the training in this specialty.

We have included two guidance documents with information about the enhanced monitoring process (including conditions) for different audiences. You can use these in your communications with your teams, colleagues and trainees.

We have copied into this letter representatives from medical schools who may have medical students on placement in the unit/department, for their information.

If you have any questions or concerns about enhanced monitoring, we're happy to discuss this with you. You can contact:

- Your Education Quality Assurance Programme Manager - Zoë Makin on zoe.makin@gmc-uk.org

To discuss liaison support we may be able to provide, please contact:

- Gethin Matthews-Jones, Head of GMC Wales on gethin.matthews-jones@gmc-uk.org

Yours sincerely,

Professor Pushpinder Mangat
Medical Director and Director of Education and Standards

Enclosure: LEP guidance on Enhanced Monitoring

Trainee guidance on Enhanced Monitoring

Copied to:

Professor Philip Kloer, Chief Executive, Hywel Dda University Health Board, Philip.Kloer@wales.nhs.uk

Dr Jon Morris, Associate Medical Director, Hywel Dda University Health Board, jon.morris2@wales.nhs.uk

Alex Howells, Chief Executive, Health Education and Improvement Wales, Alex.Howells@wales.nhs.uk

Lee Wisby, Associate Dean (Quality), Health Education and Improvement Wales, lee.wisby2@wales.nhs.uk

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Malcolm Gajraj, Director of Quality Management (Medical Deanery), Health Education and Improvement Wales, malcolm.gajraj2@wales.nhs.uk

Mandy Martin, Quality Manager, Health Education and Improvement Wales, mandy.martin@wales.nhs.uk

Gethin Matthews, Head of GMC Wales gethin.matthews-jones@gmcuk.org

Katie Laugharne, Employer Liaison Adviser, GMC Wales, katie.laugharne@gmc-uk.org

Maria Chatters, Regional Liaison Adviser, GMC Wales, maria.chatters@gmc-uk.org

Action plan arising from the HEIW Targeted Visit

to

Medicine, Glangwili Hospital, Carmarthen.

15 December 2025.

Requirement	Actions to be taken	Timeline	Teams affected	Responsible Person	Progress/Current status
1. The Health Board must ensure that ward staffing levels are robust and that appropriate time is allotted to allow access to training opportunities including regional teaching programmes, Educational/Self-Development Time (EDT/SDT) and access to clinics as stipulated by the IMT curriculum. Staffing levels should take into account extra work generated by those patients who are accommodated outside of the traditional clinical bed spaces, for example in corridors and 'boarders' within ward areas.	Review of medical staffing structures across the Health Board to be completed.	March 2026	Medical Departments/Medical Directorate/ Rota Co-ordinators	Dr Karen Brown AMD CIMCG, Dr Eiry Edmunds Deputy MD AHS, Dr Robin Ghosal Clinical Director Carms.	In Progress - Review ongoing into medical department staffing structures across the Health Board. RCP guidance will be used to support the review however; it is acknowledged that this guidance would be the minimum and that educational needs will need consideration. Information has been collated which includes, trainee annual leave, study leave, SDT allocation & possible time out of programme to better calculate staff availability to cover clinical

					activity. Further meetings have been arranged to continue to work on the review, with a view to a paper being ready for submission to the Executive Team by the end of May 2026.
	Create spreadsheet to allow doctors to book to attend diverse specialist clinics across Glangwili & Prince Philip (and wider afield if requested). Clinics will be mapped to IMT and FP curricula.	April 2026		Dr Robin Ghosal Clinical Director Carms., Peta Spiller Rota-Co-ordinators	Complete - rota co-ordinators have collated information and have shared with trainees.

2. The Health Board must ensure that robust pastoral support is accessible to all residents and trainers and that this incorporates an acknowledgement of the effects of working within a physically and emotionally challenging environment and the risk of progression to burnout.	Bi-Monthly meetings to be organised between Clincial Director and trainees in addition to the Resident Doctors Forum to provide a safe environment to keep up to date and be proactive with concerns. These metings will be unstructured allowing free flowing discussion.	April 2026	Trainees, Clinical Dir Carms., Rota co-ordinator	Dr Robin Ghosal Clinical Director Carms., Peta Spiller Rota-Co-ordinators	Complete – regular weekly meetings with resident doctors are being undertaken.
	Raise awareness of and signpost to Health Board's Staff Psychological Wellbeing and Occupational Health Services through email, posters, induction, stands at studay days/core curriculum sessions.		Trainees, Trainers, Medical Education Team	Helen Thomas, Head of Medical Education & Professional Standards	Complete - the Health Board's Staff Psychological Wellbeing and Occupational Health Services is already included as part of induction and we invite the teams to bring along stands to the FP2 study days. Information is included on the Health Board's SharePoint page but we will remind trainees and traines through various platforms and formats.

	Raise awareness of the Health Board's new Doctor Support Hub which will enable medical staff (trainers and other medical staff not in formal training posts) to have open access to a variety of support structures with the aim of maximising personal and professional outcomes, maintaining wellbeing and aiding retention email, posters, induction, stands at studay days/core curriculum sessions.		Trainers, Medical Education Team	Helen Thomas, Head of Medical Education & Professional Standards	Complete – Doctor Support Hub was launched on the 1 April 2026 and engagement and communication plan is being implemented. Doctor Support Hub Manager started in post in March 2026 and has already received a number of requests for support from trainees, trainers, as well as other grades of doctors. We will cotinue to raise awareness of the service.
3. The Health Board must ensure that training needs are taken into account when re-designing clinical areas and systems to improve patient flow. The local educational team must be involved in discussion and	This is service development. Resident doctors will take part in conversations about new service and gain thoughts on pathways e.g.within the newly rebuilt SDEC, helping to	July 2026	Resident Doctors, Clinical Dir Carms.	Dr Robin Ghosal Clinical Director Carms.	In Progress - Rebuilding works are currently ongoing and predicted to be complete by the end of March 2026.

planning. It would be desirable to also include trainers and resident doctors, who are likely to have valuable insights into practical aspects of the plans.	map the environment from a training standpoint so educational opportunities can be maximised.				
	Link with medical education team on service re-design and planning, providing regular updates on progress. Ultimately this is service development.	Immediate	Service Leads, Medical Education Team		Complete - representatives from the service are invited to attend Medical and Dental Education Oversight Group to provide regular updates on progress.
Recommendation	**Actions to be taken**	**Timeline**	**Teams affected**	**Responsible Person**	**Progress/Current status**
1. The Health Board should take steps to ensure that multiple members of the same ward-based team are not routinely scheduled to work out of hours or in an on-call capacity at the same time to avoid resident doctors being	Rotas to be reviewed and amended accordingly.	Immediate	Trainees, Rota co-ordinator	Peta Spiller, Rota Co-ordinator	Complete - rotas have been reviewed and while multiple members of the same team being on-call or working out of hours at the same time cannot be eliminated, it has been limited and lessened as much as possible.

subject to excessive workloads on the wards.					
2. The Health Board should introduce a rostering system to ensure that IMT residents have planned, scheduled access to outpatient clinics as outlined within their curriculum.	Please see action 2 under requirement 1 above.				
3. There should be an effective, Health Board-supported system in place to track patients during the first 72 hours of admission, irrespective of overcrowding. This needs to support resident doctor handovers and their ability to find out about and act upon results.	Digital handover system is in the process of being introduced to the Health Board.	August 2026	IT, Medical Teams	Carolyn Williams, Head of Digital Innovation & Transformation	In Progress - The introduction of the electronic handover system which was being looked into by the digital team was deemed inappropriate for the Health Board's needs however, building upon a project undertaken by Withybush Hospital and the use of an MS Teams solution, trainees in Glangwili have developed a similar system which is currently being piloted.
	FP2 to undertake QI project to ensure that patients who attend A&E on a Friday are included as part of the weekend CDU and medical liaison handover lists.	Immediate	Trainees, A&E/CDU department	FP2 Trainee	Complete - FP2 has introduced a new process whereby ptients are now added to the CDU and Medical Liaison lists over the weekend. The effectiveness of the process will be evaluated over coming months.

4. The Health Board should review current medical handover processes with the aim of ensuring that they are timely, robust, and used to support learning.	Carry out a handover audit to identify specific issues affecting the quality and effectiveness of the handover process.	April 2026	Trainees, medial departrment, medical education	Helen Thomas, Head of Medical Education	Complete - regular, consistent handover takes place at 8am and 8pm daily. Survey has been created and links shared with trainees. Deadline for completion of the survey is the end of May 2026.
	Share audit results with the department for taregeted actions to be implemented.	May 2026		Helen Thomas, Head of Medical Education	
	Consultants to be encouraged to attend both handover meetings (AM/PM).	January 2026		Dr Robin Ghosal Clinical Director Carms.	Complete - email issued to all Consultants in the department and to be reinforced at Medical Consultants Meeting.
5. The Health Board should implement a simple exception-reporting system to monitor residents' ability to attend rostered clinics and access EDT/SDT. These exception reports should be regularly discussed and reviewed to ensure good access is maintained.	Increase understanding and use of the SDT/EDT form among trainees and trainers so that trainees can make the most of their allocated development time – emails, posters, study days etc.	April 2026	Trainees, Trainers, medial departrment, medical education	Helen Thomas, Head of Medical Education & Professional Standards	Complete - SDT/EDT MS Teams form survey was created some time ago – IT has been resent to all trainees for completion. Deadline for survey is the end of May 2026.
	Audit to be undertaken to monitor rostered clinics and SDT/EDT access.				As above - survey has been created and link shared.

6. The Health Board should review lines of communication with trainers and resident doctors to ensure that all parties are aware of improvement plans/activity and the obstacles and challenges which need to be overcome.	Raise awareness of the Hywel Dda Team Meetings, which take place monthly. During these online meetings, staff hear more about what's happening across the Health Board from our Chief Executive, Phil Kloer, and members of the Executive team. Individual views can also be shared and questions asked (emails, posters, study days, reminder notifications etc)	April 2026	Trainees, Trainers, medial departrment, medical education	Head of Medical Education & Professional Standards	Complete - communicated with trainees and trainers at the 26 January 2026 meeting.
7. That HEIW will provide an update to the GMC on the findings of the visit with a recommendation that Enhanced Monitoring status is applied.					Complete – confirmation of enhanced montioring status was received by the Health Board on the 2 February 2026.
8. HEIW will visit again in approximately six months.					In Progress - HEIW have confirmed that they will re-visit the department on Wednesday the 10 June 2026.

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, 15th December 2025

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Section One: Visit Remit

Health Board	Hywel Dda University Health Board	**Site**	Glangwili General Hospital
Visit Date	15th December 2025	**Risk Rating (Pre visit)**	**12**
Specialty	Medicine	**Grade(s)**	Foundation, GPST, IMT and ST
Visit Panel	• Lee Wisby, Associate Dean for Quality (Chair) • Shaun Smale, Head of School for Medicine • Sarah Davidson, Faculty Lead (Trainers) • Ilona Schmidt, Faculty Lead (Residents) • Jo McCarthy, Local Foundation Programme Director (Foundation Year 1) • Islam Abdelrahman, Local Foundation Programme Director (Foundation Year 2) • Mandy Martin, Quality Manager • Vicky Collins, Quality Officer • Caryl Davies, Lay Representative		
LEP Representatives	• Mark Henwood, Executive Medical Director • Eiry Edmunds, Deputy Medical Director • Robin Ghosal, Clinical Director for Carmarthenshire and Respiratory Consultant • Clive Weston, Consultant Acute Physician and Cardiologist • Nicholas Coles, Royal College Tutor and Care of the Elderly Consultant • Helen Thomas, Head of Medical Education and Professional Standards • Nicky Pearce, Lead Medical Education Manager • Bethan Andrews, Assistant General Manager for Unscheduled Care • Sarah Perry, General Manager for Carmarthenshire System • Peta Spillar, Unscheduled Care Rota Manager • Nicola Evans, Hospital Service Manager for Glangwili General Hospital • Carly Hill, Assistant Director for Hafen Derwen • Suzan Abdelgafar, Resident Representative		
Evidence Considered	• Evidence Timeline • GMC National Training Survey Results 2022 – 2025 • Health Board Action Plan • Previous Targeted Visit Report, (16th June 2025)		
Residents Present	19 Foundation, IMT, ST residents. (Locally Employed Doctors were also present)	**Trainers Present**	3
Status Summary	• The previous visit was undertaken on the **16th June 2025.** • 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 primary purpose of the visit was to follow up on progress in addressing concerns identified at the previous Targeted Visit in June 2025. Specifically, concerns with residents' training opportunities which were impacted by workload pressures and low staffing levels, underutilisation of reporting tools to record clinical incidents, and challenges with processes for arranging annual leave. Access to necessary IT systems, adequate space and accessibility of clinics, and opportunities to complete Workplace-Based Assessments (WBA) were also raised as areas of concern.

The Health Board has indicated the following progress in response to the requirements and recommendations given during the HEIW Targeted Visit on **Monday, 16th June 2025.**

- Permanent cover requirements for shortfalls in the on-call rota have been escalated to the Health Board's Financial Control Subgroup. Locum doctors would be utilised as an interim measure to ensure adequate on-call cover is at appropriate levels.
- A Quality Improvement (QI) Fellow had started their post in the Directorate in August 2025 and had commenced a project surrounding the reconfiguration of rooms to increase IT access across the medical department.
- An SBAR reporting staffing issues had been submitted to the Chief Operating Officer. A staffing review has been commenced in order to find a substantive solution to the staffing concerns raised.
- Teaching scenarios that included safety incident reporting in clinical simulations had been developed.
- An incident reporting session would be included in the Health Board induction and reported incidents would be included as part of the Resident Doctor Forum agenda.
- Clinic information from across the Health Board had been collated and would be shared with new Internal Medical Training (IMT) residents during the August 2025 induction.
- The Health Board are in the process of redesigning the "Front Door," with a particular focus on Medical Same Day Emergency Care unit expansion, with greater integration of virtual wards and hot clinics, and potential enhancements of the acute frailty model.
- The Hospital Director had contacted all Educational and Clinical Supervisors regarding the need for them to include evidence of their Continuing Professional Development, as part of the Whole Practice Educational Appraisal requirements.

Section Two: Summary Findings

Residents from a variety of training programmes attended the Targeted Visit. A QI Fellow was also present for the resident meeting and relayed their findings regarding the training environment. Trainer and Health Board representation at the visit was also sufficient to provide valuable nuance to the feedback shared by the residents.

The feedback from residents regarding their training experiences was overshadowed by concerns over workload pressures impacting opportunities to learn and leading to concerns over patient safety. Residents have been using the Datix system to report what they considered to be serious incidents but also drew

attention to perceptions of low-grade and moderate harm coming to patients' multiple times each week but had not reported, due to service pressures contending with the time required to complete Datix Forms.

Residents have raised concerns about low staffing levels through the residents' forum, as well as directly to consultants. Effective communication channels between residents and some trainers were evidenced by trainers' awareness of the concerns raised by residents during the visit.

Trainers noted that clinics were rostered for residents throughout other Health Board sites but, despite requests from trainers, had not been implemented at Glangwili General Hospital. IMTs reported that there was a beneficial range of clinics available but residents had not been able to fully utilise them due to minimal staffing and an unwillingness to leave less experienced colleagues on the ward without support.

Educational Development Time (EDT) had been accessible for most Specialist Training (ST) and IMT residents, though availability had been dependent on staffing levels in residents' base specialties. Most Foundation residents reported having been able to utilise less than half of their EDT. Those that had been able to use EDT reported having to arrange it at times when they would have favoured arranging annual leave, to ensure they could meet the requirements of their curricula.

Multiple residents from the same specialty teams have been rostered for on-call and night shifts at the same time, which has contributed to their base wards becoming short-staffed. Residents reported having raised gaps in rotas and on-call rostering as concerns on numerous occasions but staffing challenges had persisted.

The Health Board had made efforts to appoint locum clinicians to cover rota gaps. Residents mentioned having experienced delays in receiving payment for some locum shifts worked. This had been raised with the rota co-ordinators but was reported to be unresolved at the time of the visit.

The Deputy Medical Director had undertaken a review of staffing levels throughout the Directorate; however, the findings had not been finalised at the time of the visit.

Residents reported having been asked to undertake work in other departments to support gaps in rotas. Workload pressures in the areas residents were moved to had not facilitated many opportunities for learning. Some of the consultant body had recommended locally employed doctors be moved in the first instance to try and ensure residents could undertake training in their base specialties.

Trainers reported that attempts had been made to tailor the topics discussed at teaching sessions towards learning needs. Simulation training sessions had also been made available throughout the week and some weekends.

Most residents had struggled to attend external and local teaching sessions due to workload pressures. IMTs reported challenges in completing Workplace Based Assessments (WBA) in Acute Medicine areas, as rota structures did not facilitate them to clerk sufficient numbers of patients alongside consultants. Trainers expanded upon this concern and noted there to be limited spaces for consultants to examine patients alongside residents, which had contributed to barriers in completing WBAs.

There was minimal feedback from residents regarding the accessibility of clinical supervision, however trainers reported struggling to provide optimal supervision during periods of increased departmental pressure.

Trainers remarked that there was insufficient space in the Accident and Emergency department for acute medical patients to be reviewed. Processes for tracking and monitoring acute medical patients were reported to be ineffective and, in some cases, had led to patients being missed during the "post-take" process. Handovers were noted to be an informal discussion that relied on a paper handover list. Trainers

confirmed that handovers were not regularly utilised as opportunities for learning and consultant involvement was variable.

The high number of patients under the care of the weekend and on-call medical team was noted to be challenging, despite the Health Board adding an additional middle grade to the rota. Staffing numbers and patient flow in Acute Medical areas was raised as an area of particular concern by residents and trainers. Residents acknowledged that a consultant and a medical registrar were available to review deteriorating patients during these shifts but that they were often occupied with the most acutely unwell patients.

Residents reported that acute medical patients are often not reviewed by senior clinicians throughout the weekend, which delayed opportunities for discharging patients where appropriate. Nurses and less experienced residents would review these patients whilst they awaited an assessment with a senior clinician, however, monitoring would often take place on an ad hoc basis, as staffing numbers could not support more regular reviews. Residents raised concerns regarding the effectiveness of the bleep system as the strength of the signal varied throughout the hospital.

Directorate leads confirmed that plans are being considered to re-direct the medical patient intake through the Same Day Emergency Care unit (SDEC) with the aim of optimising patient review times and developing a better environment for learning with increased senior supervision. Trainers were aware that patient flow and staffing levels are under review but said that they have not been approached to contribute to any potential changes.

Trainers observed the working environment within the directorate to be challenging for much of the clinical workforce. A number of residents perceived there to be a culture of facilitating service provision, with little recognisable improvement in access to opportunities for learning, despite concerns having been raised.

Areas Working Well	Areas for Improvement
• Locum clinicians had been allocated to fill gaps in rotas. • The QI Fellow had collated valuable feedback about the local training environment. • Residents had felt able to report concerns via Datix and the resident forum. • Simulation training sessions had been introduced and included incident reporting scenarios.	• Uneven distribution of on-call rostering commitments amongst Medicine specialities. • Access to senior review of acute medical patients. • Monitoring and tracking of acute medical patients and medical outliers. • Effectiveness of handover processes and regularity of consultant participation. • Oversight of residents' Workplace Based Assessments. • Residents not able to attend teaching sessions due to service pressures. • Staffing levels have not facilitated residents to access training opportunities. • Many Foundation residents had been able to utilise less than 50% of their Educational Development Time. • Bleep signal is inconsistent throughout the hospital. • Communication channels between Directorate leads, trainers and residents about changes throughout the Directorate could be improved.

Requirements and Recommendations

The following requirements and recommendations were made on behalf of the HEIW visiting panel in response to the findings of the visit process.

Requirements

1. The Health Board must ensure that ward staffing levels are robust and that appropriate time is allotted to allow access to training opportunities including regional teaching programmes, Educational/Self-Development Time (EDT/SDT) and access to clinics as stipulated by the IMT curriculum. Staffing levels should take into account extra work generated by those patients who are accommodated outside of the traditional clinical bed spaces, for example in corridors and 'boarders' within ward areas.

   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.

2. The Health Board must ensure that robust pastoral support is accessible to all residents and trainers and that this incorporates an acknowledgement of the effects of working within a physically and emotionally challenging environment and the risk of progression to burnout.

GMC Requirement 3.2
Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including:
a. confidential counselling services.
b. careers advice and support.
c. occupational health services. Learners must be encouraged to take responsibility for looking after their own health and wellbeing.

GMC Standard 4.2
Educators receive the support, resources and time to meet their education and training responsibilities.

3. The Health Board must ensure that training needs are taken into account when re-designing clinical areas and systems to improve patient flow. The local education team must be involved in discussion and planning. It would be desirable to also include trainers and resident doctors, who are likely to have valuable insights into practical aspects of the plans.

GMC Requirement 2.3
Organisations must consider the impact on learners of policies, systems or processes. They must take account of the views of learners, educators and, where appropriate, patients, the public, and employers. This is particularly important when services are being redesigned.

Recommendations

1. The Health Board should take steps to ensure that multiple members of the same ward-based team are not routinely scheduled to work out of hours or in an on-call capacity at the same time to avoid resident doctors being subject to excessive workloads on the wards.

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.

2. The Health Board should introduce a rostering system to ensure that IMT residents have planned, scheduled access to outpatient clinics as outlined within their curriculum.

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. There should be an effective, Health Board-supported system in place to track patients during the first 72 hours of admission, irrespective of overcrowding. This needs to support resident doctor handovers and their ability to find out about and act upon results.

GMC Standard 1.1
The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

4. The Health Board should review current medical handover processes with the aim of ensuring that they are timely, robust, and used to support learning.

GMC Requirement 1.14
Handover of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.

5. The Health Board should implement a simple exception reporting system to monitor residents' ability to attend rostered clinics and access EDT/SDT. These exception reports should be regularly discussed and reviewed to ensure good access is maintained.

GMC Standard 2.1
The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

6. The Health Board should review lines of communication with trainers and resident doctors to ensure that all parties are aware of improvement plans/activity and the obstacles and challenges which need to be overcome.

GMC Requirement 2.3
Organisations must consider the impact on learners of policies, systems or processes. They must take account of the views of learners, educators and, where appropriate, patients, the public, and employers. This is particularly important when services are being redesigned.

7. That HEIW will provide an update to the GMC on the findings of the visit with a recommendation that Enhanced Monitoring status is applied.

8. 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

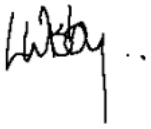
The aforementioned requirements and recommendations were provided to the Health Board verbally on the day of the visit and in writing on **Friday, 19th December 2025**. An action plan has been requested with a response required by **Friday, 6th February 2026.**

Risk Rating Recommendation

It was agreed that the current risk rating of twelve (**high**) remained in place. A further review of the risk rating would be undertaken at the next Targeted Visit.

Chair's Signature

I confirm that this report has been produced on behalf of the HEIW visiting panel and reviewed by those at HEIW with editorial rights.

Signature: 

Lee Wisby, Associate Dean for Quality (Chair)

Date: 5th February 2026

General Medical Council

Enhanced monitoring; guidance for local education providers.

What is Enhanced Monitoring?

When postgraduate training organisations (PTOs) are concerned about the quality and/or safety of the training that doctors in training receive, they need to work with local education providers to make improvements.

If the situation doesn't improve, we then work with all the organisations involved to improve the quality of training through our enhanced monitoring process.

Issues that require enhanced monitoring are those that we believe could adversely affect patient or trainee safety, or the quality of the training environment which may impact the trainee's ability to progress in their training.

Enhanced monitoring means we increase the level of monitoring, participate in activities organised by the PTO to help drive the changes that are required to address the concerns.

We will tailor the support we provide to each enhanced monitoring case, to address the concern and develop a sustainable solution.

How is a concern referred to the Enhanced Monitoring process?

There are two referral routes for enhanced monitoring:

- Internal referral is when we escalate an issue based on the evidence, we hold such as results from the National Training Survey (NTS) or if we hear about serious trainee or patient safety concerns on a quality visit.
- External referral is when we decide to use enhanced monitoring as a result of information from another organisation or individual. Most current enhanced monitoring cased have been referred to us by organisations responsible for the quality and safety of medical education and training, such as PTOs.

We expect these organisations to **consider** escalating an issue to enhanced monitoring if it falls into at least one of the following scenarios:

- Persistent and/or serious patient safety concerns
- Persistent and/or serious concerns for the safety or well-being of doctors in training

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750).

- Evidence indicates that the quality of the training environment is seriously and/or persistently below GMC standards.

What happens next?

Enhanced monitoring works with local PTO quality management processes. We expect you to work with them, providing them with information and improvement/action plans which demonstrate that the concerns are being addressed.

The frequency of these updates depends on the nature of the case; however, we expect these updates to be a minimum of every six months. The PTO will agree a due date for the next update with you and we will access this information as appropriate in order to assure ourselves of improvement and to ensure the issues are being managed suitably.

We publish enhanced monitoring cases on our website. All enhanced monitoring cases will be published unless there is a reason they should not e.g, if by publishing:

- we risk identifying individuals
- we risk putting commercially sensitive or confidential information into the public domain

What are Enhanced Monitoring activities?

As part of this process, we may join a PTO quality management visit, meeting or other activity. This organisation and management of the activity remains with the PTO, but we will contribute to any judgements made and may wish to closely monitor further activity, if we are not assured.

If the objective of the activity is to explore new and/or high-risk issues we will usually be represented by a senior GMC staff member, and on some occasions a GMC associate with experience in this field.

What are our statutory powers?

Conditions

When local processes fail to address serious concerns, we may decide to use our legal powers as outlined in the Medical Act (1983) to place conditions on any approval we have given. Conditions may reflect our standards, or reinforce requirements already set by PTOs. Or they may be more prescriptive and impose requirements to deal with a specific issue e.g. *foundation doctors must have on-site supervision provided by a consultant in emergency medicine.*

Withdrawal of approval

If conditions are not met, we may proceed with withdrawal of approval. This means that a site is no longer approved to deliver training within a programme. Depending on the scope of the issues at hand, we can withdraw approval for one or more programmes as delivered at an education provider. This means that cohorts of trainees will be removed.

If we decide to exercise our statutory powers, we will consult with relevant organisations and provide opportunities to put things right before imposing any action. We aim to be proportionate and reasonable in using our powers.

Exiting the Enhanced Monitoring process

There are two exit routes for enhanced monitoring:

- De-escalating to quality reporting: this is when a case no longer meets the thresholds for enhanced monitoring, but the concern is still not fully resolved and therefore is monitored directly through the PTO.
- Resolving the concern: this is when the concern has been resolved and all parties are assured that the original issue has been addressed and the solution in place is sustainable.

How can I find out more about the GMC?

For more information about enhanced monitoring please see our website,

General Medical Council

Enhanced monitoring; guidance for doctors in training.

What is enhanced monitoring?

When postgraduate training organisations (PTOs) are concerned about the quality and/or safety of the training that doctors in training receive, they need to work with local education providers (LEPs) to make improvements.

If the situation doesn't improve, we then work with all the organisations involved to improve the quality of training through our 'enhanced monitoring' process.

Concerns that require enhanced monitoring are those that we believe could adversely affect patient or trainee safety, the quality of the training you receive, or the quality of the training environment you are in.

How is a concern referred to the enhanced monitoring process?

There are two referral routes for enhanced monitoring:

- An internal referral is when we escalate an issue based on the evidence we hold. For example, where a number of concerns regarding sites or departments have been reported through the national training survey or if we hear about issues that affect a trainees' wellbeing or patient safety concerns on a scheduled visit.
- An external referral is when we decide to use enhanced monitoring as a result of information from another organisation or individual. Most of the concerns in enhanced monitoring are referred by organisations responsible for the quality and safety of medical education and training, such as the relevant postgraduate dean.

We expect organisations to **consider** escalating an issue to enhanced monitoring if it falls into at least one the following scenarios:

- Persistent and/or serious patient safety concerns
- Persistent and/or serious concerns for the safety or well-being of trainees
- Evidence indicates that the quality of the training environment is seriously and/or persistently below our standards.

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750).

What happens next?

We use enhanced monitoring to promote and encourage local management of concerns about the quality and safety of medical education and training. We expect the LEP and the PTO to work together, to provide information and improvement/action plans to demonstrate that the concerns are being addressed.

We publish information regarding enhanced monitoring cases on our website. All cases will be published unless:

- we risk identifying individuals
- we risk putting confidential or commercially sensitive information into the public domain

Enhanced monitoring activities

One of the ways that we oversee this process is by attending visits, meetings and other activities at the organisation in enhanced monitoring. These activities may take place in person or virtually. The organisation and management of the activity remains with the relevant PTO, and we participate as members of the local visit team. We will contribute to any judgements made and may wish to closely monitor further activity if we are not fully assured that our standards are being met.

If the objective of the activity is to explore new and/or high-risk issues it will usually involve a senior member of GMC staff and a GMC associate. The associate is usually a senior doctor with experience of dealing with educational issues, who provides additional support and advice to the visit team.

Frequently asked questions:

My department is in enhanced monitoring what does this mean for me?

Your training and your daily work will not be affected by the department being in enhanced monitoring. Once an improvement/action plan has been developed by the LEP and the PTO, you may notice changes to policies and processes taking place which should positively impact your training. You may also be asked to take part in activities to explore the concerns and ways of addressing them, which may feed into the action plan.

If there is an enhanced monitoring case in the department where I'm working will I be asked to be involved in the enhanced monitoring activity?

The LEP you are working for will likely ask you to take part in discussion sessions with the visit team. We want to talk to as many doctors in training, supervisors and consultants as possible. It isn't mandatory to attend the discussion sessions and it will not affect your training in any way if you don't attend. However, your input is very valuable and helps us understand what the risks and issues are in your department, and what is working well.

Will my comments during the visit be confidential?

We want you to be open with us, and, though we will record what you tell us, we will protect your anonymity as far as possible. We may wish to know your training level, but we will not routinely ask for names. The only circumstance in which this may not be possible is if you raise a safety concern about a patient or doctor in training. In this instance, the team will discuss the next steps with you, support you through the process, and will not identify you unless necessary.

Who can I ask for support while my department is in enhanced monitoring?

We want all doctors in training to feel supported during an enhanced monitoring case. Your support networks at the hospital you are currently working in i.e. your supervisor or trainee forum should be your first place of contact. However if you require further detailed information about the enhanced monitoring process then please visit our website or contact the relevant PTO.

When will a concern no longer be in enhanced monitoring?

There are two ways we would stop our enhanced monitoring process:

- De-escalating to quality reporting: this is when a case no longer meets the thresholds for enhanced monitoring, but the concern is still not fully resolved and meets the threshold for inclusion in our quality reporting system.

- Resolving the concern: this is when the concern has been resolved; both parties are assured that the original issue has been addressed and the solution in place is sustainable.

How long do enhanced monitoring cases take to resolve?

Each enhanced monitoring case is different and can involve multiple complex issues which need careful consideration to resolve. This means that there is no set timeframe to resolve the case. However, once an improvement/action plan has been developed we work closely with the PTO

and LEP to ensure that deadlines for specific action points are adhered to. We expect that the local trust or health board will do everything they can to resolve the concerns quickly and thoroughly.

What happens if there aren't any improvements in my department?

On the rare occasion that local processes fail to address serious concerns, we may decide to use our legal powers as outlined in the Medical Act (1983) to place conditions on any programme approval we have given. Conditions may reflect our standards, or reinforce requirements already set by PTOs. Or they may be more prescriptive and impose requirements to deal with a specific issue e.g. *foundation doctors must not work in the emergency department between the hours of 22:00 and 08:00.*

If conditions are not met, we may need to proceed with withdrawal of approval. This means that a site is no longer approved to deliver training within a programme. In this instance you will be contacted by the PTO and arrangements will be made to place you into an alternative training environment. We realise that this may be unsettling but the PTO, specialty schools, and programme leads will provide support to ensure the transfer is as stress-free as possible.

If we decide to exercise our statutory powers, we will consult with all relevant organisations and provide opportunities to put things right before imposing any action.

How can I find out more about enhanced monitoring?

For more information please see our website.

4

11:10, 0 Mins

4 - OPERATIONAL FOCUS

4.1

11:10, 5 Mins

4.1 - Health Board Partnership Forum Report

Anthony Dean (Hywel Dda UHB - Estates)

For assurance

Attachments

4.1 SBAR - SPF Update - 19 May 2026.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 May 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health Board 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:	Nadia Probert (Unison) – Vice 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 Health Board Staff Partnership Forum (HBSPF) through appointed representatives.

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

This summary provides the People, Organisational Development and Culture Committee (PODCC) with assurance and visibility of issues requiring oversight or further action.

Cefndir / Background

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

The HBSPF therefore reviews key workforce, operational, and strategic issues, including planning updates, wellbeing objectives, facilities and financial challenges. Feeding into the HBSPF 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 or service basis.

The January 2026 meeting took place against a backdrop of severe winter pressures, prolonged system escalation, and significant workforce impacts.

Asesiad / Assessment

The HBSPF last met on 20 January 2026 and was chaired by the Staff Side Vice Chair. The minutes remain unapproved due to the cancellation of the March 2026 HBSPF meeting.

Issues Escalated from Local / County Partnership Forums

The following matters were escalated for discussion or resolution:

Escalation of Unfilled Shifts (Bank / Overtime / Agency)

- Concern raised that, in practice, agency staff were being engaged before substantive staff were offered additional hours.
- Management confirmed the correct escalation sequence (bank → substantive additional hours → overtime → agency) and that deviation should not occur.
- **Action:** Written escalation timeline to be re-circulated; staff side to provide specific examples for investigation.

Band 2 to Band 3 Health Care Support Worker (HCSW) Transition

- Concerns raised about the impact on bank HCSWs currently contracted at Band 2 however working at Band 3 level.
- Management confirmed creation of a Band 3 bank role, conversion of booked shifts where appropriate, and targeted communications to staff.
- Skills validation ongoing; training and Electrocardiograph (ECG) competency requirements reinforced.
- **Action:** Training packages and competency documentation to be reviewed and applied consistently.

Professional Behaviour and Delegation

- Concerns raised about inappropriate comments made by some new Band 3 staff regarding Band 2 colleagues' training capability.
- **Action:** Issue to be raised with nursing leadership to reinforce professional behaviour and safe delegation standards.

Bank Worker Agreement and Sick Pay

- Clarification sought on updated bank worker agreement and sick pay arrangements.
- Management confirmed agreement not yet issued pending All-Wales confirmation; sick pay arrangements remain unchanged.
- **Action:** Staff side invited to submit individual cases for review where concerns persist.

Parking Pressures at Withybush Hospital

- Ongoing workforce impact noted.
- Management confirmed availability of 24 interim staff parking spaces at adjacent retail park, with further update to follow.
- **Action:** Detailed update to be provided once arrangements are finalised.

Uniform Consistency (Advanced Clinical Practitioners)

- Concern raised about inconsistent uniform provision across Health Boards and associated professional identity risks.
- **Action:** All-Wales report to be presented at Deputy Directors of Nursing meeting on 19 February 2026.

Role Title Changes – Emergency Nurse Practitioners (Cardigan)

- Query raised regarding change to Urgent Care Practitioner titles.
- Management clarified distinction in role scope and job descriptions.
- **Outcome:** Explanation accepted; no further action.

Occupational Health Access

- Concerns raised about telephone-only consultations.
- Management confirmed availability of Teams or face-to-face appointments.
- **Action:** Audit to be undertaken where staff details are provided.

Adverse Weather Conditions Policy

- Serious staff safety and fairness concerns raised, including pay deductions, unsafe travel expectations, and inconsistent policy activation.
- **Action:** Policy review paused and extended to strengthen activation criteria, management responsibilities, and staff protections.

Supporting Transgender Staff Policy

- Risk identified that policy may not reflect recent legal developments.
- **Action:** Review being expedited; working group established with intention to submit revised policy to the August 2026 PODCC meeting.

Attendance at County Partnership Forums

- Ongoing concern regarding inconsistent management attendance, particularly during winter pressures.
- **Action:** Revised Terms of Reference to be developed and implemented to strengthen accountability.

Carmarthenshire Partnership Forum Co-Chair Arrangements

- Query raised regarding interim arrangements following retirement.
- **Outcome:** Management confirmed arrangements finalised and to be confirmed imminently.

General Practitioner (GP) Appointment Apps

- Variation in usage across practices highlighted.

- **Action:** Practice-level data to be shared as part of forthcoming Freedom of Information response.

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

Main Agenda – Summary of Issues, Discussion and Actions

Planning Updates – Clinical Services Plan (CSP)

- **Issue:** Progress and assurance on CSP decision-making, consultation spend and clinical safety.
- **Discussion:**
  - Extraordinary Board meeting for CSP on 18–19 February, with final decision on 19 February 2026.
  - Consultation costs confirmed within budget, with no financial loss from the contract.
  - Assurance sought regarding alignment with draft All-Wales Stroke Standards; national clinical feedback confirmed models without a traditional Emergency Department can be clinically appropriate if robust pathways and risk mitigations are in place.
  - Staff side emphasised the need to maintain clinical safety, particularly around ambulance conveyance and acute stroke assessment.
- **Action / Outcome:**
  - Following Board decision staff engagement to continue during implementation phase.

Well-being Objectives Review

- **Issue:** Statutory refresh of Well-being Objectives under the Wellbeing of Future Generations Act (WFGA) and Social Partnership legislation.
- **Discussion:**
  - Extensive review undertaken with trade unions and stakeholders since September 2023.
  - Four overarching themes retained; supporting objectives revised to improve clarity, measurability and national alignment.
  - Strong evidence of positive trade union engagement.
- **Action / Outcome:**
  - Approved for submission to the Strategy & Planning Committee.

Job Evaluation Update

- **Issue:** Capacity, consistency and process improvements within Job Evaluation.
- **Discussion:**
  - High activity levels in 2025, with expanded practitioner training.
  - Process improvements implemented to improve efficiency and practitioner support.
  - Use of Artificial Intelligence (AI) clarified as limited to job description structuring only, not banding decisions.

    - Concerns raised regarding Welsh-essential criteria and capacity to release practitioners for panels.
- **Action / Outcome:**
    - Discrepancies in Welsh language criteria to be reviewed.
    - Collaboration with neighbouring Health Boards to be explored to increase capacity.

Organisational Service Development / Current Pressures / Facilities

- **Issue:** Sustained extreme operational pressures and workforce impact.
- **Discussion:**
    - Prolonged Level 5 Business Continuity initiated across acute sites, exacerbated by ambulance handover protocol changes.
    - Unsafe overcrowding, boarding and surge area use acknowledged.
    - First-hand staff accounts highlighted dignity, safety and leadership visibility concerns.
    - Corridor care identified as becoming normalised due to system pressure.
- **Action / Outcome:**
    - Winter Resilience Incident Control Group established with defined escalation/de-escalation metrics and red lines.
    - Commitment to recalibrate escalation thresholds, improve senior visibility, and strengthen discharge and admission-avoidance pathways.

On-Call Variation – Initial Discussion

- **Issue:** Inconsistent application of on-call arrangements and compensatory rest.
- **Discussion:**
    - Significant variation across departments, with reports of staff fatigue and mixed managerial messages.
    - Staff side stressed urgency, noting issue has been raised for an extended period.
- **Action / Outcome:**
    - Dedicated Working Group established to review local and All-Wales arrangements and develop clear implementation guidance.

Financial Plan

- **Issue:** In-year financial position and forward risks.
- **Discussion:**
    - Welsh Government funding confirmed for Band 2–3 uplift and Welsh Risk Pool pressures, reducing forecast deficit.
    - Rising sickness levels increasing agency reliance; prescribing pressures noted.
    - Challenging outlook for 2026/27 with limited uplift.
- **Action / Outcome:**
    - Immediate mitigations required; prescribing and variable pay targeted for review.

Matters from County Partnership Forums

- **Issue:** Partnership effectiveness and workforce concerns.
- **Discussion:**
  - Persistent issues with management attendance at County Forums.
  - Uniform consistency, parking and adverse weather matters noted as already addressed earlier in the meeting.
  - Salary sacrifice constraints clarified as His Majesty Revenue & Customs (HMRC) driven.
- **Action / Outcome:**
  - Revised Terms of Reference for Partnership Forums to be implemented
  - Training accommodation issues to be followed up and reported back.

Corridor Care

- **Issue:** Patient safety, dignity and professional accountability.
- **Discussion:**
  - Staff side described unacceptable care in non-clinical spaces and associated risks.
  - Regulatory exposure for staff highlighted.
- **Action / Outcome:**
  - Reinforcement of escalation red lines, including avoidance of overnight corridor boarding except in exceptional circumstances.

Policies

- **Issue:** Status of workforce policies.
- **Discussion:**
  - Most policies approved for onward consideration.
  - Adverse Weather Conditions Policy paused due to concerns.
  - Supporting Transgender Staff Policy expedited due to legal position.
  - Uniform issues to be progressed through All-Wales mechanisms.
  - On-Call Agreement to be addressed via Working Group.

Any Other Business

- **Issue:** Additional workforce and safety updates.
- **Discussion:**
  - Improvements in mental health pathways reducing bed pressures.
  - Flu vaccination uptake noted, with concerns noted about staff behaviours.
  - Violence & Aggression (V&A) Officers recruited across sites.
- **Action / Outcome:**
  - Managers to reinforce organisational values.
  - Outstanding V&A post to be re-advertised.

The next HBSPF meeting was due to take place on 17 March 2026 however was cancelled due to a diary clash for a number of colleagues.

In its place, an informal meeting took place between the Staff Side and Executive Director of W&OD and Assistant Director of People Management. This was a productive meeting, with a broad range of issues informally discussed, including a Questions and Answers session (Q&As) and some actions agreed. The next meeting of HBSPF will take place on 7 May 2026.
Argymhelliad / Recommendation The Committee is asked to: • **NOTE** the Health Board Staff Partnership Forum Update, 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:	3.1.13 To receive assurance through Sub-Committee Update Reports and other management group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).
Cyfeirnod Cofrestr Risg Datix 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)	2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	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 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:	Not applicable
Rhestr Termau: Glossary of Terms:	Contained in body of 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:**	Not applicable
Gweithlu: **Workforce:**	None arising from the report
Risg: **Risk:**	None arising from the report
Cyfreithiol: **Legal:**	None arising from the report
Enw Da: **Reputational:**	None arising from the report
Gyfrinachedd: **Privacy:**	None arising from the report
Cydraddoldeb: **Equality:**	None arising from the report

4.2

11:15, 10 Mins

4.2 - Workforce Efficiency Report

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

For assurance

Attachments

4.2 PODCC Workforce Efficiency May 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 May 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce Efficiency Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce & Organisational Development/Deputy Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Tracy Walmsley, Assistant Director of People Planning

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper provides an update on workforce efficiency and stabilisation progress across professional staff groups, with a specific focus on agency and variable pay in line with the Welsh Government Agency Workforce Reduction Programme and Control Framework.

The update highlights areas where material improvement has been achieved, alongside areas where reliance on agency or bank staffing remains a concern and requires further focused intervention.

Cefndir / Background

The Health Board has established a number of stabilisation programmes under the wider people stabilisation agenda, including Nursing, Medical, Allied Health Professions & Healthcare Sciences (AHP/HCS), Administrative & Clerical, and Estates & Facilities.

These programmes aim to reduce reliance on agency staffing, improve workforce sustainability, and maximise people effectiveness, while ensuring patient safety and service continuity.

The Welsh Health Circular requires a minimum 30% reduction in agency usage, with Health Boards expected to demonstrate grip, control and sustainability through strengthened governance, workforce planning, and operational management.

Asesiad / Assessment

Nursing Stabilisation – Agency

Nursing agency performance demonstrates significant and sustained improvement, with the 30% reduction target met. Agency expenditure reduced from £11.07m in 2025/26 to £4.24m in 2026/27, representing a £6.83m reduction (61.7%) year-on-year. This reflects strong progress in stabilising the nursing workforce and reducing overall reliance on agency staffing.

However, despite this improvement, detailed analysis highlights persistent underlying operational drivers that continue to generate variable pay and agency use.

The most significant issue is roster efficiency, with most of the variable pay occurring overnight. Average night usage accounts for approximately 53% of nursing agency usage, indicating that agency staff are being used as a baseline component of night cover, rather than primarily for short-notice escalation. This reflects rosters being planned across day and late shifts, with night cover subsequently filled through bank, overtime, additional hours, and agency.

Further challenges persist in the management of annual leave and study leave, particularly during peak periods.

Evidence indicates leave is consistently being granted above agreed headroom thresholds, creating unavoidable staffing gaps that are subsequently covered through variable pay and agency. In addition, demand-led pressures remain consistent, including surge, enhanced patient support, and increased acuity, where unfunded increases in demand (additional beds, Emergency Department (ED) surge, and patient boarding) necessitate additional staffing to mitigate patient safety risk.

It is notable that there remains Healthcare Support Worker (HCSW) agency usage within Mental Health & Learning Disabilities, with only a small residual HCSW agency position (£47,689). This is expected to reduce further through S136 service configuration and substantiation of the workforce.

Overall, while the reduction target has been achieved, sustaining this position will require a renewed, focused approach to nursing rostering efficiency, strengthened leave governance, and a shift toward short-notice cover models to maximise people effectiveness.

Medical Stabilisation – Agency

Medical agency usage has not achieved the 30% reduction target required by the Welsh Health Circular. Expenditure increased marginally from £4.68m in 2025/26 to £4.77m in 2026/27, representing a £0.09m increase (1.9%) year-on-year.

This indicates that, despite established controls and exit planning, reliance on medical agency staffing remains unchanged.

Medical agency usage continues to be vacancy-driven, highlighting fragility across a number of services. Consultant-level agency reliance remains particularly evident in some areas, notably Unscheduled Care and Acute Services, where workforce instability presents a risk to service sustainability.

Challenges also exist in exiting agency workers once substantive staff are recruited, due to variation in induction and onboarding requirements between services, which has not yet been fully mapped. This contributes to delayed exits and, in some cases, double running.

Alongside agency usage, internal medical locum expenditure remains significant, with spend reaching £25.6m in-year, concentrated within Community & Integrated Medicine (£7.14m), Planned & Specialist Care (£10.6m), and Primary Care (£6.2m). Control measures have been strengthened through the introduction of a Health Board-wide rate card for hourly medical locum payments and enhanced monitoring and challenge of requests that fall outside agreed processes.

An ongoing programme of work is underway to better understand safe staffing requirements, align vacancy scenario planning with workforce pipelines, and triangulate agency, additional duty hours and establishment through a tiered workforce planning approach.

Allied Health Professions & Healthcare Sciences
AHP/HCS agency usage has not met the 30% reduction target, with expenditure increasing from £977,680 in 2025/26 to £1.30m in 2026/27, a £318k increase (32.6%).

This demonstrates deterioration in-year, although there are early signs of improvement over the most recent two months, following strengthened Financial Control Sub-Group authorisation, clearer agency exit planning and increased bank utilisation to manage risk, particularly within physiotherapy.

A significant limiting factor for this professional group remains the absence of electronic rostering, meaning Whole Time Equivalent usage, reason codes, and filled/unfilled trends cannot currently be evidenced with the same level of assurance as nursing and medical staff.

This remains a key dependency for improving grip and demonstrating sustainable efficiency improvements.

Administrative & Clerical
Administrative and Clerical services continue to demonstrate sustained improvement, with no agency usage recorded since November 2024, reflecting continued adherence to strengthened variable pay and agency controls.

Overtime usage within Administrative and Clerical remains challenging with spend this year £420k, this usage is a costly premium against the use of bank or additional hours to mitigate additional demand, it is recommended a full Administrative and Clerical review be undertaken with refreshed controls around variable pay usage.

Estates & Facilities
There is no agency usage within Estates & Facilities; however, bank utilisation has not reduced, with spend reported at £1.6m in-year. Usage equates to an average requirement of approximately 40 Whole Time Equivalent (WTE) per month, primarily driven by short-term sickness, vacancies, and authorised absence.

This indicates that while agency reliance has been removed, underlying workforce supply, absence and rostering challenges remain unresolved, and efficiency gains have yet to be fully realised.

Support will continue to focus on:

- Nursing rostering efficiency and leave governance.
- Medical workforce pipeline development, induction standardisation and exit plan delivery.
- Improved data grip for AHP/HCS, including progression toward electronic rostering.
- Further action to address persistent bank reliance within Estates & Facilities.

The Committee will continue to receive future updates on progress through workforce planning, stabilisation, and variable pay governance arrangements.

Argymhelliad / Recommendation

The Committee is asked to:

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

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:	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:	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:	Annex 1 – Key Delivery Expectations for 2026-27
Rhestr Termau: Glossary of Terms:	Cabinet Secretary for Health and Social Care Letter: NHS Wales Planning Framework
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol:	Value and Sustainability Group Medical Workforce Planning Group Financial Control Subgroup

Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not directly related undertaken at local & operational levels
Ansawdd / Gofal Claf: Quality / Patient Care:	Not directly related undertaken at local & operational levels
Gweithlu: Workforce:	Strategic programme of work, does not directly impact one service area
Risg: Risk:	Links to Principal and Corporate Risks for People Planning for 25/26 as contained in Datix
Cyfreithiol: Legal:	Not directly related undertaken at local & operational levels
Enw Da: Reputational:	Strategic programme of work, assessed locally.
Gyfrinachedd: Privacy:	Strategic programme of work
Cydraddoldeb: Equality:	No strategic programme of work

4.3

11:25, 10 Mins

4.3 - Adroddiad Blynyddol y Gymraeg / Welsh Language Annual Report 2025/26

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

For assurance

Attachments

4.3 PODCC SBAR Adroddiad Blynyddol 2025 2026.pdf

4.3 Appendix 1 - Adroddiad Blynyddol y Gymraeg - 2025-2026.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 May 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Adroddiad Blynyddol y Gymraeg / Welsh Language 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)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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

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

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

This paper focuses on Standard 120 in particular, the requirement to produce an annual report on how the organisation is progressing towards achieving compliance with the Standards.

The Health Board is also required to report its progress against the Welsh Government's Strategic Framework for Welsh Language, Mwy na Geiriau / More than just words.

Recognising the need for annual reporting, including against Hywel Dda's own Welsh language ambitions, this year's report combines all three reporting requirements into a consolidated paper.

Cefndir / Background

The Welsh Language Standards are a set of statutory requirements relevant to public bodies, including Health Boards. They identify Hywel Dda's responsibility to operate and provide excellent bilingual services. Under the Standards, Welsh should not be treated less favourably than English.

The Standards outline how everyone who works at the Health Board has a shared responsibility for ensuring compliance with the Standards and line managers are responsible

for the compliance of their teams. They protect the rights of all individuals - staff as well as patients and our communities.

The Standards enables an environment where working through the medium of Welsh becomes the norm, and that the language is given equal status to English. It ensures that our Welsh speaking population can access services in their language of choice. The Standards form part of the Welsh Government's Cymraeg 2050 strategy, launched in July 2017, that defines the Welsh Government's long-term vision to reach a target of a million Welsh speakers by 2050. To fulfil this vision, the strategy aims to increase the use of the Welsh language and create 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.

Forming part of the overall Compliance Notice, the Welsh Language Commissioner imposed specific Record Keeping Standards and Standards that deal with Supplementary Matters, one of which being the production of a Welsh Language Annual Report.

The Standard reads as follows:
Standard 120 – Standards which deal with Supplementary Matters
(1) You must produce a report (an "annual report"), in Welsh, in relation to each financial year, which deals with the way in which you have complied with the standards with which you were under a duty to comply during that year.

(2) The annual report must include the following information (where relevant, to the extent you are under a duty to comply with the standards referred to):

> ***(a)** the number of complaints that you received during the year in question which related to compliance with the standards with which you were under a duty to comply (on the basis of the records you kept in accordance with standard 115);*
> ***(b)** the number of employees who have Welsh language skills at the end of the year in question (on the basis of the records you kept in accordance with standard 116);*
> ***(c)** the number (on the basis of the records you kept in accordance with standard 117) of new and vacant posts that you advertised during the year which were categorised as posts where— (i) Welsh language skills were essential; (ii) Welsh language skills needed to be learnt when appointed to the post; (iii) Welsh language skills were desirable; or (iv) Welsh language skills were not necessary.*

(3) You must publish the annual report no later than 6 months following the end of the financial year to which the report relates.

(4) You must ensure that a current copy of your annual report is available on your website.

Mwy na Geiriau / More than just words
The Mwy na Geiriau / 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 Mwy na Geiriau / 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.

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 Health Board's own Welsh Language and Culture Discovery process was completed and presented in June 2024. The forward-looking plan was developed within the Health Board following engagement with staff, our population and various stakeholders.

Asesiad / Assessment

The Welsh Language Annual Report 2025/26 provides an insight into how the Health Board has implemented and promoted the Welsh Language Standards, implemented the actions within Mwy na Geiriau / More than just words. It also contains information on how the Health Board is delivering against its own ambitions, following the development of the Discovery report in 2024.

The report also contains details of the various projects and opportunities presented in order to enhance Welsh language provision across the Health Board, to offer assurance that the Health Board is making steps towards compliance and the vision moving forward into the new reporting year.

The report describes the steps taken to comply with the following group of Standards:

- **Service Delivery Standards**; how we deal with correspondence, telephone calls, meetings, events and external communication channels.
- **Policy Making Standards**; indicate what standards should be considered in policy development and ensure that we give full consideration to how developing and / or implementing specific policies will affect the availability and accessibility of Welsh-medium services.
- **Operational Standards**; how we operate internally including working bilingually, the Welsh language service that you can expect to get in the organisation and advice on compliance.

As per the requirements of Standard 120, the report also includes information and statistics covering the number of complaints received, employee Welsh language skill recorded data, and categorised language skill criteria of new and vacant posts advertised over the past year.

Argymhelliad / Recommendation

The Committee is asked to:

- **ENDORSE** the report as a reflection of the activity and progress made to enhance and embed the Welsh language and culture at Hywel Dda.

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:	n/a

Datix Risk Register Reference and Score:	
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)	1. Leadership 4. Learning, improvement and research
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:	Welsh Language Standards (No. 7) Regulations 2018 Compliance Notice – Section 44 Welsh Language (Wales) Measure 2011
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:	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 does, therefore treating service users and staff in the language of need is key to the organisation's culture and engagement. There is evidence that high employee engagement can deliver quality patient care.
Gweithlu: **Workforce:**	All staff have a role to play in implementing the statutory Welsh Language Standards.
Risg: **Risk:**	Compliance assessment will highlight risks which may apply to each Standard. However, these will be mitigated through a high level of awareness of the standards and a compliance assessment action plan which will be maintained as a 'live' document. This will reduce risks to the health board and provide a mechanism of addressing those risks on a priority basis.
Cyfreithiol: **Legal:**	Compliance Notice – Section 44 Welsh Language (Wales) Measure 2011 on 30 November 2018
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.

Hywel Dda University Health Board Welsh Language Annual Report 2025/26

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

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Vision for 2026/27

Building on our Welsh language and Culture Discovery process and the passion within the Health Board, we will deliver a Welsh Language plan that supports our ambitions to enhance our Welsh language and culture across the health board and engages and inspires our staff, patients, and broader communities. We will work to support an increase in the number of Welsh speakers at all levels within the health board and seek to achieve the KPIs outlined within the Bilingual Skills policy, Cymraeg 2050, and More than Just Words while also striving to comply with the Welsh Language Standards.

1. Introduction

This Welsh Language Annual Report focuses on the work undertaken by Hywel Dda University Health Board during 2025-26.

During this time, our health board has strived to achieve the delivery of its goals for developing and enhancing the Welsh Language. Despite continued service pressures across our health and care system, our staff continue to demonstrate their dedication and commitment to ensuring that our patients receive care in their language of choice, and that a bilingual service is provided wherever possible.

During the past year, the Executive Director and Independent Member responsible for developing the Welsh language, supported by the Welsh Language Services team, have led and secured further progress in evolving work internal to Hywel Dda, as well as building on partnerships with other organisations to promote the language across the health board's three counties. As champions for the Welsh language, the Executive Director and Independent Member are responsible for ensuring the Welsh language is given a prominent status and that the language and Welsh culture is interwoven throughout decision making processes at board level. Our Chief Executive Officer, Phil Kloer along with the Chair, Neil Wooding and other Executive Directors have demonstrated their commitment to develop their Welsh language skills and have enrolled onto the Welsh Language Confidence Building programme. By embracing the Welsh language, our leadership team is setting a clear example of promoting inclusivity, encouraging staff participation and reinforcing cultural awareness to the communities we serve.

On 1 April 2025, Rhodri Evans became the Board's Welsh language champion, providing support in promoting the language within the health board, encouraging colleagues to give it a go to use their Welsh every day, and providing valuable guidance and support to the Welsh Language Services team.

The People, Organisational, Development and Culture Committee (PODCC) receives regular updates regarding progress made against the Welsh Language Standards, and offers advice, monitoring, and calls for evidence of improvement made by individual departments within the health board.

The Standards have been a set agenda item for discussion for many teams across the health board, with the central team and managers regularly relaying key messages to staff about the importance of supporting the use of Welsh in our workplace. The Welsh Language Services team has continued to promote the Standards across the health board using various platforms such as Viva Engage and by creating new materials that are shared online and offline. Digitally accessible materials have continued to be utilised and are readily available for staff to access and share.

The All-Wales Welsh Language Officer Forum, led by Welsh Government, which includes representation from all health boards and trusts across Wales, has continued its role in supporting and developing a programme of promoting the Welsh language across the organisation. The health board is represented at this group by the Welsh Language Services Manager.

Welsh language awareness sessions have continued to be offered virtually, with occasional face-to-face sessions. The sessions include Welsh language awareness taster sessions for staff health board wide, which are highlighted during the health board's new starter corporate induction programme. These awareness sessions are an opportunity to advise and discuss the delivery of the Standards, and share information about the support available, to ensure all departments operate bilingually.

We have continued to support staff with their Welsh learning. We have further developed the programme for our Welsh learners to include new opportunities to use their Welsh, more aftercare support following the completion of a course, and the introduction of a new Health and Care Speaking Support Scheme.

The Speaking Support Scheme, known as Cynllun Siarad, is jointly offered by the National Centre for Learning Welsh and Swansea University with the aim of pairing health professionals who are learning Welsh with colleagues who are confident speakers. The aim of the scheme is to facilitate speaking practice in an informal and supportive environment. We're very pleased to be able to offer this support to our Welsh learners in Hywel Dda and look forward to seeing the progress made throughout the year to come. Being able to engage with staff meaningfully means we can make a real difference to embed and promote the Welsh Language across the organisation – building the confidence of our staff as Welsh speakers, learners, and supporters.

This year provided an exciting opportunity for members of the Welsh Language Services' team to be part of the health board's Enabling Quality Improvement in Practice (EQIiP) programme by joining a working group with the aim of improving communication for the waiting patient at Glangwili Emergency Department (A&E). Being part of the group offered valuable insight into system-wide challenges, while also empowering members to test innovative solutions, share best practice and drive measurable improvements. The experience not only strengthened teamwork but also reinforced and shared commitment to continuous improvement and delivering safer, more effective care for patients. It was refreshing to see the Welsh language embedded in all decision-making processes throughout the project.

The Welsh Language Services team has attended numerous conferences and public sector events during the past year such as the annual Primary Care Nursing Conference, careers events, and the Dyfodol Dwyieithog Annual Conference. The Welsh Language Services team also attended numerous conferences held by the Welsh Language Commissioner that included 'Technology and the Welsh Language', 'Empowering the Welsh Language through strong Governance', and the

‘Use of Welsh in the Workplace’ conference. These are great opportunities to engage with staff and stakeholders to promote the language and identify how individuals can support greater use of Welsh in our workplaces, services, and community.

There has been continued collaboration with colleagues in Workforce & Organisational Development to monitor progress with the implementation of the Standards and to discuss the implementation of the Bilingual Skills Policy. The Workforce & Organisational Development directorate has played a significant role in ensuring workforce related standards are implemented. They continue to update their own Welsh language Readiness Assessment Tool, to RAG score the Standards in terms of competency and delivery. This concept has been used and adapted whilst creating the newly improved Compliance Assessment Tool, which was introduced and adopted by all Directorates in November 2025 to measure compliance with the Standards. Work is ongoing with all directorates to address any failings and improve compliance. Welsh Language Services and WOD directorate continue to meet bi-monthly to monitor progress and discuss opportunities for improvement.

The continued collaboration with colleagues in Workforce & Organisational Development has enabled us to design and deliver Welsh language awareness sessions to the different teams within the Workforce team, helping colleagues better understand the importance of the Welsh language, its statutory duty, cultural context and their role in promoting its use.

Work continued to address areas of concern following the latest Mystery Shopper exercise. The Welsh Language Mystery Shopper scheme provides valuable insight into how consistently and effectively services are delivered through the medium of Welsh, as well as assessing overall compliance with the Welsh Language Standards. Detailed feedback and a clear plan of action was provided following discussions with all services involved.

In December 2025, a Welsh Language Compliance Tool was distributed to all directorates to support a consistent and systematic approach to monitoring adherence to Welsh Language Standards. The tool was designed to enable services to self-assess performance against key compliance areas, identify risks or gaps, and capture examples of good practice. It also encouraged greater accountability at a local level by prompting directorates to consider how Welsh language requirements are embedded in day-to-day operations, planning, and service delivery. While not all directorates have completed the tool, work will continue with all areas to provide support and guidance to improve completion rates and strengthen overall compliance. The information gathered to date has provided a valuable baseline overview of organisational compliance, informed targeted follow-up from the Welsh Language Services team, and contributed to a more robust evidence base for reporting and continuous improvement.

Progress has been made over the past year in delivering the Safon 110 / Standard 110 Action Plan within the Speech and Language Therapy service, as outlined. The Safon 110 / Standard 110 Action Plan within Speech and Language Therapy has focused on strengthening the Welsh language skills of the workforce and ensuring consistent use of Welsh in documentation. Progress during the year has included targeted actions to support staff to develop and increase their confidence in using Welsh, alongside the introduction of structured audits of clinical documentation to assess compliance with the Standard. These measures have helped to identify gaps, inform tailored support and training, and promote continuous improvement. As a result, there is growing capacity within the service to provide care in Welsh, supporting patients' language needs and reinforcing the organisation's commitment to the Welsh Language Standards.

Looking forward to the year ahead

Despite the operational challenges, during the past year we have continued to evolve the health board's activities to promote the Welsh language and our culture, both within the health board and our broader community. This provides a firm platform to continue our work for 2026-27. The self-assessment work that we carry out to assess where the organisation is against its legal requirements will continue throughout the year as we continue to try and maintain a bilingual service for our population.

Engaging with our community

Recognising our role as a major employer and service provider in mid and West Wales, we continue to work with ARFOR (who support businesses in Carmarthenshire and Ceredigion). Together with the health board's Future Workforce team, we attended careers events at four secondary schools across the counties to engage with children from years 7-12. Through conversations with pupils and teachers we were able to highlight the various opportunities that Hywel Dda offer to work through the medium of Welsh. Additionally, we advised that Hywel Dda encourages individuals to apply for roles through Welsh and are able to support individuals to hold interviews through Welsh.

We also attended a Gyrfa Cymru careers fair, again highlighting the different roles within the health board and the importance of using Welsh language skills in patient facing roles in particular.

The health board recently consulted with our communities on the Clinical Services Plan (CSP) with options for change in nine clinical healthcare services. The public consultation was an opportunity to engage with members of the public, partner organisations, and other stakeholders to provide feedback on proposed changes across these nine clinical healthcare services. As part of the Equalities Impact Assessments (EqIAs), the Welsh language was considered and included – these EqIAs will continue to be updated as part of the CSP implementation and mitigations will be identified as services evolve, to ensure that any service change has a minimal impact on service users and staff. The Welsh language, and how we protect and

promote service users' ability to use the Welsh language was a key theme received as part of the consultation – particularly in relation to changes that could impact stroke services. It was also a privilege to contribute and support our Welsh speaking community during the consultation events by ensuring people could share their views at events in their language of choice.

The Welsh Language team also played an integral part in the consultation process prior to the approval of the refreshed long-term strategy, 'A Healthier Mid and West Wales – Healthier Lives, Well Lived'. Shaped by engagement with nearly 3,000 people, including patients, carers, community groups, staff and partner organisations, the strategy reflects the feedback collected about what would help people to live healthier lives.

The Health Board also attended Pembrokeshire County Show. Events like this provide valuable opportunities to raise awareness of the Welsh Language Standards, promote our services, and engage directly with the public in Welsh and English. Our presence supports greater visibility of Welsh language provision within the organisation, encourage public feedback, and strengthen relationships with the communities we serve.

Establishing our calendar of activities

Building on our calendar of events, we continued to promote Welsh celebrations including St David's Day, Diwrnod Shwmae, Welsh Music Day, and St Dwynwen's Day.

We continue to use various communication and marketing materials to support our colleagues to use their Welsh, including encouraging individuals who are new to Welsh to give it a go. For example, the use of audio clips, Welsh greeting infographics, and themed terminology for occasions such as Christmas, with the aim of enabling greater awareness of basic phrases and pronunciation.

This year the Welsh Language Commissioner's 'Defnyddia dy Gymraeg' (Use Your Welsh) two week campaign took place from 24 November – 5 December 2025; an initiative to encourage people to use the Welsh language in their day to day lives and to encourage people to use any Welsh that they have, whether they are fluent or not.

In celebration of the campaign, our Welsh Language Services held an information stand at each hospital site; a valuable opportunity to meet and engage with staff across the health board.

Staff had the opportunity to sign up to a learn Welsh course, to collect merchandise such as lanyards, badges and other useful learn Welsh materials, and most importantly an opportunity to practice their Welsh in a safe and supportive environment.

During the two week campaign particular emphasis was placed on the need to for staff to implement the active offer wherever possible. Welsh language services created information leaflets to raise awareness of the initiative and were at hand to discuss ideas and support staff to implement the active offer; to ensure that patients can receive their care in Welsh without having to ask for it. Inpatient board magnets, stickers and Cymraeg door hangers were distributed to aid staff.

A key focus of the campaign was on recruitment of staff, and in particular the need for more recruiting Managers to advertise Welsh Essential jobs. A short video was created to highlight the ease of the process from an appointing Manager's perspective with the aim of encouraging others to recruit Welsh speakers to their teams. View the video here: Workforce.mp4

In the video, Elena from the Future Workforce team talks of the ease of the process from advertising, to shortlisting and interviewing the abundance of Welsh speaking

candidates. She also encourages others to consider bilingual skills and workforce planning in line with the Bilingual Skills Policy: -
1. Undertaking an audit of current skills.
2. Identifying current skills gap.
3. Developing a Welsh Language Skills Action Plan.

Our aim is to develop and cultivate our workforce to have a range of Welsh-medium skills.

We concluded the two week ‘Use Your Welsh’ campaign by celebrating our Welsh speaking Speech and Language Therapists. We’re proud that almost 50% of our Speech and Language Therapists speak Welsh, helping us provide truly person-centred care across our health board. Our teams across the three counties collaborate every day, sharing skills and making sure Welsh speaking therapists are available where they’re most needed. At our Cardigan Integrated Care Centre, eight out of nine therapists speak Welsh at level 3 and above, a statement to our commitment to offering care in the language that feels most natural to patients. An appreciative post was shared on the health board’s social media platforms as well as Viva Engage.

To celebrate St Dwynwen’s Day this year, we introduced a Kindness Award.
This award was an opportunity to nominate a member of staff to thank them for their kindness or support. All nominated individuals received an electronic card as a token of appreciation. This was very much appreciated by staff, both recipients and nominators. This was shared within the health board, using Viva Engage as a platform for engaging with staff.

Following on from St Dwynwen’s Day 2026 we celebrated Welsh Music Day and St David’s Day. To celebrate Welsh Music Day we shared Welsh playlists with staff via the Viva Engage platform. Our hospital radio stations also broadcasted Welsh songs throughout the day for patients, staff and visitors at our main hospital sites. For St David’s Day, staff were encouraged to ‘do the little things’ for our Welsh speaking

population again promoting the active offer and with specific emphasis on the use of iaith gwaith (Work Welsh) merchandise.

Staff were encouraged to wear their lanyards and badges and were reminded of the option to incorporate the orange Welsh logo on staff uniforms, especially when ordering new uniforms.

The overall aim of our programme of activities to celebrate events and campaigns is to raise awareness of the various opportunities available for staff within the workplace, to celebrate our history and culture, whilst also ensuring staff are aware of their obligation to ensure that a Welsh language service is available to our Welsh speaking population.

Collaborating with Primary Care and Community Services

Collaboration between the health board's Welsh Language Services team and the Primary Care and Community Services Academy has continued. The teams continued to hold Welsh Language awareness sessions for both health board primary care teams and independent contractors. This year we introduced Welsh language awareness sessions to Optometry cluster groups that initiated valuable discussions in terms of Welsh language provision and how we can support the services.
The Academy was established in March 2023 to develop and support the health board's multi-professional primary and community services workforce to deliver the best outcomes for patients, through:

- Access to education and training opportunities, including inter-professional learning opportunities.
- Workforce planning, development and sustainability programmes.
- Placement opportunities and work aimed at growing the number and range of trainers, mentors and supervisors.
- ‘New to Primary Care’ programmes that help induct, support and retain staff.
- Resources to develop the Welsh language skills of the workforce, working with the Welsh Language Services team.

As part of the first phase of the Academy’s development, they ran a training, education and learning needs survey in the autumn of 2023. The survey was open to everyone working in primary care and community services - clinical and non-clinical, administrative and management. One of the key themes from the survey was the need for Welsh language support. This included awareness of opportunities to learn Welsh and support to understand the legal obligations to enable compliance with Welsh legislation. As a result, supporting the delivery of primary care services through the medium of Welsh has continued to be one of our key priorities over the past year.

The Primary Care Academy, along with the support from the Welsh Language Services team, have developed a programme to support health board staff working in primary care and the primary care independent contractor workforce to use, develop or learn Welsh language skills.

As part of this programme, we have created resource packs with practical ideas and information about training and learning resources to support staff and the primary care independent contractor workforce to comply with statutory requirements in relation to delivering primary care services through the medium of Welsh. These packs are continuously updated to ensure that they are fit for purpose with all the latest information on the Welsh Language Standards and Duties and courses available to staff.

Welsh Language Standards: a resource pack for Hywel Dda University Health Board staff to support the delivery of primary care services through the medium of Welsh, to support compliance with the Welsh Language Standards (available in Welsh and in English).

Welsh Language Duties: a resource pack for primary care independent contractors to support the delivery of primary care services through the medium of Welsh, to support compliance with the Welsh Language Duties (available in Welsh and in English).

Standard 110

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, Mwy na Geiriau / 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 during the five years.

The plan covers the following six areas of work:

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

2. Vision for 2026/27

The health board has a clear vision for the development of Welsh language and culture, that links to a number of the health board's priorities for 2025-26. We continue to focus on understanding the Welsh language and cultural needs and aspirations of our communities – of staff, patients, service providers, and supporters.

Building on our Welsh language and Culture Discovery process and the passion within the Health Board, we strive to deliver a Welsh Language plan that supports our ambitions to enhance our Welsh language and culture across the health board and engages and inspires our staff, patients, and broader communities. We will work to support an increase in the number of Welsh speakers at all levels within the health board and seek to achieve the KPIs outlined within the Bilingual Skills policy, Cymraeg 2050, and Mwy na Geiriau / More than Just Words whilst also striving to comply with the Welsh Language Standards.

We will continue to do this in conjunction with the service areas during the 2026/27 reporting year:

- Delivering the Welsh Language Standards across the organisation
- Planning the workforce through the implementation of the Bilingual Skills Policy and in light of 2021 Census data
- Continue to implement the Welsh Government's Strategic Framework, Mwy na Geiriau / More than Just Words, which was launched in the summer of 2022
- Continue to develop and strengthen Welsh Language services within Primary Care in accordance with its action plan and its Academy
- Continue to provide a comprehensive translation service to the whole organisation
- Continue to self-assess our delivery against the statutory Welsh Language Standards by implementing the recommendations within our mystery shopper exercise and work with leaders across our organisation to increase awareness of improvement opportunities
- Deliver and evolve the Safon 110 / Standard 110 plan for enabling clinical consultations through the medium of Welsh.
- Work collaboratively with the Welsh Language Commissioner to pilot a Welsh Language Use survey.

These initiatives draw on the priorities in our annual plan, providing assurance that the health board embraces its legislative requirements, and aims to go beyond statutory requirements in the delivery of bilingual services and enhancing and embracing Welsh culture.

Every effort will be made to ensure that the health board's Welsh language and culture goals will be met during the coming years. However, as the organisation deals with financial and operational pressures, it may be necessary to adjust these

priorities as the year progresses. Staff continue to demonstrate dedication and commitment to ensuring that our patients receive care in their language of choice and that a bilingual service is provided. We are confident that our commitment and focus on the Welsh language will provide a flourishing environment for Welsh language and culture at Hywel Dda University Health Board and look forward to sharing our progress next year.

3. Compliance with the Welsh language Standards

The following pages present further information on the health board's work grouped by the relevant Standard/s.

3.1 Compliance with the Service Delivery Standards

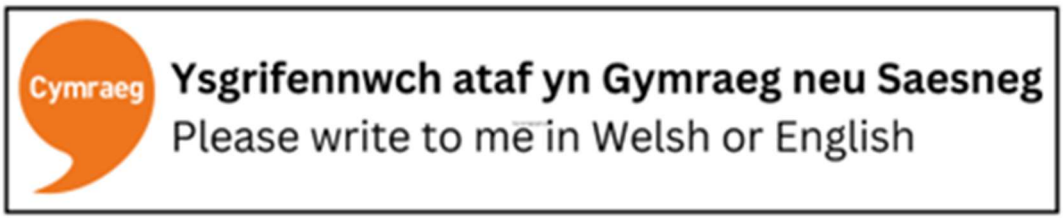
- **Written correspondence** (Standards 1 – 7)
- **Telephone greetings** (Standards 8 – 20)
- **Meetings and events** (Standards 21 – 33)
- **Producing and publishing documents** (Standards 34 – 38)
- **Website, social media, apps** (Standards 39 – 46)
- **Signage** (Standards 47- 49)
- **Reception services** (Standards 50 – 53)
- **Contracts** (Standards 57 – 59)
- **Communications and corporate identity** (Standards 60 – 62)
- **Courses offered by the health board** (Standard 63)
- **Public address systems –** (Standard 64)
- **Primary Care** (Standards 65-68)

Several of the health board's guidelines have been reviewed and continue to be promoted widely to staff, utilising Viva Engage, social media, staff team meetings, face to face visits to acute and community sites and utilising our Welsh language champions in order to highlight the compliance requirements for the Standards. The guidance is available on the intranet so that all staff can access them readily. Managers are frequently informed of the guidance available and are asked to advise their teams to familiarise themselves with the information. All new members of staff are directed to the guidance during their induction to the health board.

The Guidelines include:

- protocol for answering the phone bilingually
- a guide for receptionists
- use of Welsh in correspondence
- arranging a meeting open to the public
- writing in Welsh – handy phrases
- templates – signs, forms etc
- rules for the use of social media
- translation service information
- arranging simultaneous translation
- how to access Welsh software packages such as 'Cysgliad'.

The health board has applied a consistent approach in relation to use of headed paper and email signatures and requires all staff to use the health board's bilingual headed paper. This ensures that there is a consistent, bilingual message on all letters. We have also actively encouraged all staff to include a banner on email signatures noting that the individual 'welcomes correspondence in Welsh or English'. This approach has been adopted by many across the health board, encouraging correspondence in the individual's language of choice.



We are pleased that all communication platforms such as social media, press releases, and website information are always prioritised and are available bilingually. All communication work continues to be of priority to ensure that the public and patients have access to information in both Welsh and English. All centrally coordinated signage and information leaflets are produced bilingually to the best of our knowledge.

During the past year, the health board's Hybrid Print and Post project has started to offer appointment letters for patients in an online portal. As part of this development, it enables patients to select how they would like to receive correspondence from the heath board and to do so either in paper or digital format. This enables patients of certain services to select their preference and, if they choose to do so, receive all their correspondence in either Welsh or English.

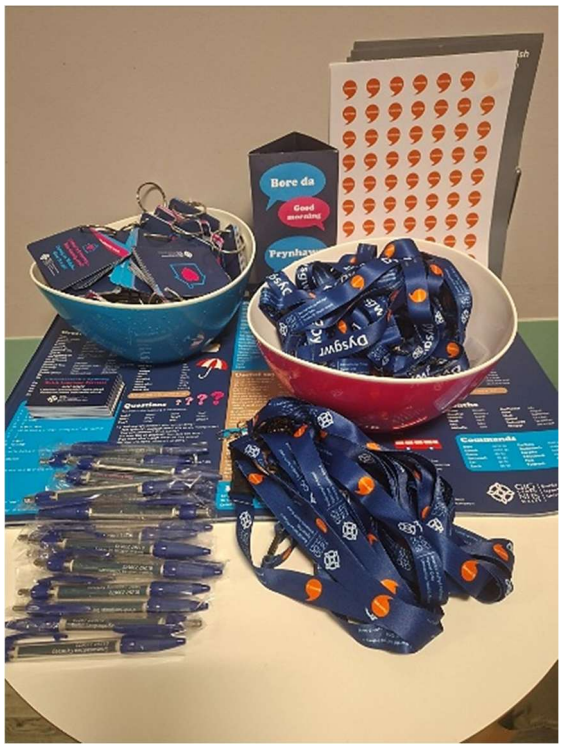
The health board continues to promote its Welsh language services by displaying posters, using digital screens at hospital sites, and a banner displayed on the homepage of the intranet site signposting staff to information on the Standards. Numerous messages are shared on our internal social media pages for staff, particularly Viva Engage, highlighting how we need to comply with the standards and pointing to areas of further support available.

A quarterly email reminder is also sent, reaching over 12,000 staff, reminding everyone of the requirements of the Welsh language Standards. This is sometimes concentrated on a certain aspect of the Standards if a particular aspect requires greater attention, and it is felt that all staff need to be reminded of how we comply with the Welsh language Standards.

Promoting the Welsh language to our staff

As part of the marketing approach to promote Welsh language services within the health 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 continued to promote and distribute the new lanyards for Welsh speakers and learners with many teams opting to use the new lanyards so that patients and other staff can recognise Welsh speakers.



The range of Give it a Go merchandise serves as a visible reminder to staff and patients to use their Welsh, so that staff can:

- Be aware of colleague's language choice.
- Enable patients to use their language of comfort from the first point of contact.

Demand on translation services

There has been an increase of 22% in the total number of words submitted for translation in 2025-26 as compared to the previous reporting period. The growth reflects a continued organisational commitment to bilingual communication, as well as heightened awareness of statutory Welsh language requirements across departments. The team responded proactively to this increased demand by prioritising workloads accordingly. We continued to outsource some larger pieces of work to keep up with the demand for translation.

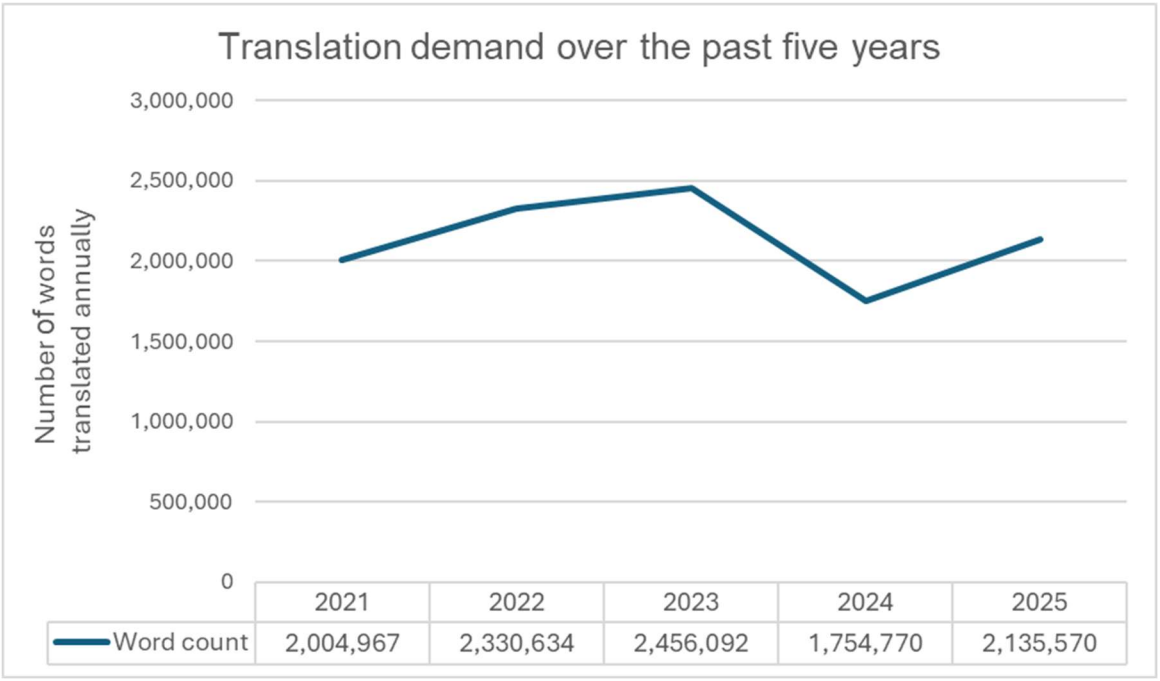
Consultation activities such as Llanelli Minor Injuries Unit and the Clinical Services Plan, where a number of public documents are produced, has increased the volume of translation work submitted to our internal translation team over the past year. The health board's Hybrid Print and Post project has also been a significant piece of work for the translation team – the introduction of revised patient appointment letters in an online portal. The new system enables patients to select how they would like to receive correspondence from the heath board and to do so either in paper or digital format. This enables patients of certain services to select their language preference and, if they choose to do so, receive all their correspondence in either Welsh or English. Translation work is ongoing as the online portal develops and letter templates are adjusted.

The demand for simultaneous translators has also increased over the past year. The Welsh Language Services team is responsible for sourcing a simultaneous translator for services across the health board when required. Simultaneous translation has been used for the health board's Public Board meetings, numerous job interviews, consultation events, and clinical consultations. This upward trend highlights both the expanding use of the Welsh language within the organisation and the importance of sustained investment in language services to support future needs.

The Welsh Language Services team has worked with specific departments in previous years to audit their current files leading to a surge in translation as departments work to catch up on ensuring materials are produced bilingually. Following a recent complaint and further investigation into Welsh language compliance, one of our main focuses in terms of translation for the year ahead will be to work with the health board's Radiology service to translate their many patient letters and accompanying literature.

A quarterly message is posted on Viva Engage for health board staff as a reminder that a translation service is available and that all material is to be produced bilingually. The translation service is also promoted in the Welsh language Taster

sessions and there's an apparent influx of work received by the translation service team following the sessions. The intention for 2026-2027 is to further our auditing projects and work with other departments across the health board to ensure literature such as patient letters are all available in Welsh.



As part of the ongoing work with the Primary Care and Community Services Academy, we've seen a significant increase in the number of Primary Care providers, GP surgeries in particular, who use the Translation Service to translate signs, notices, and websites. Primary Care providers have access to the Welsh Language Services order form and are encouraged by the Primary Care Academy to request learning materials and Give it a Go merchandise. Numerous GP surgeries have requested Iaith Gwaith merchandise such as lanyards and badges for their teams – these are provided by our Welsh Language Services team.

During the past year, meetings and events have continued to take place virtually via MS Teams. Guidance on how to conduct bilingual meetings, the requirements of the Standards, and handy meeting phrase sheets are readily available on the health board's intranet site for all staff to access.

The new mandatory All Wales Welsh Language Awareness competency has been assigned to all health board staff, and an e-learning module is available to complete. The course is accessible via the Electronic Staff Record (ESR) and is mandatory for all NHS staff (including staff who have limited or no direct contact with patients / service users). The course will need to be retaken every three years. The training aims to improve awareness of bilingual services, as a need as well as a legal requirement, and shares the experience of patients and why it matters to them.

We're proud to report that 87% of health board staff have completed this ESR module to date. We continue to promote and remind managers to use this module as an informative tool in terms of Welsh language requirements for all staff – not only is it a mandatory module but also valuable for language awareness purposes within teams.

We want to ensure that our staff are supported to offer services in Welsh, and a crucial element to that is building the necessary knowledge and awareness of why we need to do so and how staff can be supported. Our Health Board is committed to supporting our staff to use Welsh and we are proud of the progress we've made so far in building a bilingual organisation, of which this brief training continues to be a big part.

3.2 Compliance with the Policy Making Standards (Standards 69-78)

All new policies and initiatives produced by the health board are subject to an Equality Impact Assessment, which includes a language impact assessment. This is an opportunity for specific assessment of the Welsh language, where the policy would influence the use of the Welsh language as part of the organisation's service delivery. The Welsh language is embedded in the decision-making processes and is considered in all our work.

The health board's Written Control Document on Policy, as well as the Equality Impact Assessment form were reviewed in June 2021. More criteria relating to the Welsh language have been included with a view to ensuring that the Welsh language is implicit in all decision-making processes and policy amendments.

3.3 Compliance with the Operational Standards (Standards 79-114)

- **Internal Administration** (Standards 79 – 82)
- **Complaints (Standards** 83 – 85)
- **Disciplinary Cases** (Standards 86 – 88)
- **Information Technology and the Corporate Staff App** (Standards 89 – 95)
- **Developing Welsh language skills** (Standards 96 – 105)
- **Recruiting and appointing** (Standards 106 – 109)
- **Clinical Consultations** (Standards 110-110A)
- **Signage and notices in the workplace** (Standards 111 – 113)

Internal use

Designated pages on the health board's intranet site provide guidance and support on how staff can use the Welsh language for internal communications within the health board. In addition to providing information about the Welsh Language Services team, translation support, and Welsh language Standards, the information

encourages staff to learn how the health board supports them to use Welsh in their working lives.

During 2025/26, the health board has continued to actively promote the online resources that help our staff to make greater use of the Welsh language at work. Following a shift to more digital working, our Welsh Language Services Team has produced various information sheets, handy phrase sheets and further developed the 'learn Welsh' pages on the health board's intranet site. The Welsh language spell-check package, Cysgliad, is available on all laptops and PCs and staff are encouraged to make use of this tool wherever possible. Staff are also encouraged to utilise the useful functions within Microsoft such as spell-check and the translate function within Microsoft Word. Our Welsh Language Services team encourage Welsh speakers and learners to attempt their translations and are on hand to proofread content when required.

A number of templates, which help staff in many areas including responding to Welsh medium e-mail queries, keeping bilingual records, and organising bilingual meetings, are also popular. We hope that these will encourage staff to try to produce their own bilingual emails instead of immediately sending an email for translation. These resources have been promoted in newsletters for staff and on the Global staff emails and Viva Engage, but there are further opportunities to ensure wider engagement and use.

All documentation relating to staff employment, as well as documentation such as performance objectives and career plan documents, are available bilingually. All Wales policies such as Behaviour in the Workplace, Absence from Work, and Health and Well-being at Work are available in both Welsh and English and are published on online. As a result of the internal campaigns by Welsh Language Services, staff have an increased awareness of their rights to receive Welsh language services, such as complaints procedures, documentation or meetings relating to disciplinary procedures, and any general correspondence. Complaint procedures have also been adapted; the policies for Raising Concerns, Dignity at Work, Grievance and Disciplinary now have provision within the Policy for staff to be informed of their rights to make a complaint in Welsh or respond to a complaint made about them in Welsh. During the recruitment process, individuals are actively offered their interview in their language of choice and arrangements are made accordingly. On occasions where Welsh speaking recruiting managers are not available, simultaneous translation is organised as an alternative method.

All documents are reviewed annually to ensure that they are up to date and relevant.

Increasing the Welsh language skills of our staff

All staff language skills are recorded on ESR (Electronic Staff Record). Staff are asked to discuss Welsh language learning opportunities during their annual Performance Appraisal Development Review (PADR) meetings, and this is noted on their employee record. If a wish, or need, to learn or improve an individual's Welsh

skills is noted on their PADR, the Welsh Language Services team support and identify a suitable course for the individual. Welsh language courses are advertised widely across the health board and places on courses are prioritised for patient facing staff. All courses are advertised on the newly developed Learn Welsh page on the intranet, staff Facebook page and on the Viva Engage platform. The latest information from the language skills audit is available on page 26.

Online learning has proven to be a popular means of learning with health board staff as it gives staff greater flexibility, especially while not needing to leave the workplace to attend a class. All courses offered by the National Centre for Learning Welsh as part of the Work Welsh programme are offered online, meaning that our staff are more likely to be able to join depending on their workplace circumstances. Collective feedback has indicated that the majority of staff prefer online virtual learning as this option tends to be more flexible allowing the staff to stay on site and attend more flexibly during their busy work schedules. We intend to continue with this method of learning for the foreseeable.

We continue to work closely with the National Centre for Learning Welsh to provide a programme of opportunities to learn Welsh as part of the Health and Social Care Learn Welsh scheme. One of which is continuing to offer Confidence Building Courses to our staff. The Confidence Building Officer , continues to work as part of this scheme by the National Centre for Learning Welsh, and provides a series of short confidence building courses for staff. The aim of the scheme is to assist employers to upskill the workforce to use more Welsh at work.

The full-time Confidence Building Officer is employed by one of the Learn Welsh providers, Aberystwyth University, and has been working with us for the past three years. The scheme offers short confidence building courses and 1:1 sessions working with individuals to build confidence to increase their use of the Welsh language.

The purpose of the confidence building courses is to change linguistic habits and improve confidence, so that staff are more likely to use their Welsh to communicate with others and complete tasks in the workplace through the medium of Welsh. These courses offer a unique opportunity to practise all elements of the Welsh language – speaking, reading, listening, and writing, but with particular emphasis on developing confidence to speak the language.

We are extremely pleased to be able to report back on the successes of the past year. The confidence building courses have been popular among health board staff with attendance from many areas such as nursing, estates, mental health, children's services, administrative roles and many more. Increasing the Welsh language skills of the workforce is a priority for the health board, and therefore seeing so many staff eager to commit to these types of sessions is a very positive step in order to improve the patient experience.

We're very proud to announce our two Welsh Learners of the year of 2025-26, Graham and Liam – both having attended the Welsh Confidence Building programme with the tutor.

Liam Williams, Senior Public Health Practitioner, has been attending Welsh Confidence Building group sessions with our experienced tutor, Richard, for just over a year. Liam has also accessed various self-study courses, uses the Duolingo app and the Say Something in Welsh platform to assist with his learning. Liam begun his learn Welsh journey at Entry level and is now already at an intermediate conversational level.

Graham Boswell, Consultant Physician, has been attending the Welsh Confidence Building courses with the tutor, Richard, and is now speaking Welsh at intermediate level. Thanks to his dedication to learning the language, and even attending additional revision sessions, Graham is now communicating with his patients through the medium of Welsh, as well as his colleagues and family at home, in particular his grandchildren.

Both Liam and Graham have found the Confidence Building sessions extremely useful and being able to chat and practice their Welsh with other learners has helped them with their Welsh learning.

Further to this year's success with the programme, we're pleased to announce that further funding has been secured and that the tutor will be continuing his work with the health board for a further 12 months during 2026-27. The series of Confidence Building courses will again be open to all health board staff as well as targeted groups of staff such as Physiotherapists, Speech and Language workers and

Apprentices; staff who have direct contact with patients. More information can be found on page 27.

The collaboration between the Welsh Language Services team and the Learning and Development department has continued over the past year to provide online Welsh language taster sessions for staff. Over the past year, the team have held monthly one-hour online sessions that include a short Welsh language awareness session, patient focused case studies, video clips, information on learn Welsh courses and mainly an opportunity for staff to practise useful terminology and greetings. The sessions are advertised health board wide and are booked via the ESR system. The sessions are available to new and existing staff. Over the past year, 39 members of staff have attended the sessions, staff from various departments health board wide; Emergency Department staff, consultants, primary care workers, mental health workers, administrative staff and many more.

Welsh language awareness training sessions continue to be offered virtually over MS Teams and departmental managers are encouraged to organise a session for their staff. Welsh language awareness sessions are advertised via Viva Engage; however, the take up is limited due to service pressures. New staff continue to be encouraged by their line managers to contact Welsh Language Services for advice and support in their new roles. Iaith Gwaith lanyards and badges are given to Welsh speaking staff, and learner lanyards and badges are given to staff who are actively learning. Over the past year, we've organised Welsh language awareness sessions for teams such as Workforce & OD, Drug & Alcohol Misuse team, Emergency Department staff, Physiotherapy, and many more. Plans are underway for the year ahead to review the process in which we deliver the awareness sessions, looking at other methods such as the use of video to maximise opportunities and reach as many staff as possible.

The Welsh Language Services team have also secured a regular place on the Community Induction Programme for Carmarthenshire, Ceredigion and Pembrokeshire – an induction programme for health care support workers and carers in the community. This again involves a Welsh Language Awareness session and an opportunity to highlight the importance of patient language choice.

A great deal of work continues to be carried out by the Workforce team in supporting the recruitment of new employees. Recruitment managers are advised to assess the need for Welsh language skills and categorise accordingly. New guidelines and a clear process has been shared with all recruitment managers to ensure the Welsh language is considered throughout the recruitment process. All new posts are advertised bilingually, and applicants can state their language preference on application forms.

Standard 107a(ch) continues to be an area of focus for our Workforce team. This Standard refers to the translation of all job descriptions for advertising new and existing posts. Some progress has been made to assess priority job descriptions

where greatest impact can be had. The health board is striving for full compliance with this Standard and has a work plan in place that demonstrates how it will achieve full compliance in the future. In the meantime, assessing priority job descriptions for translation has been a focus area, with the following actions being progressed and prioritised:

- Posts that are deemed Welsh essential are translated and advertised in Welsh.
- Posts that have the most frequent contact with patients/service users.
- Those where services are delivered locally and in our communities.
- Posts that tend to be the most frequently advertised e.g., Band 5 Staff Nurse, Health Care Support Worker (Band 2, 3 and 4), Community Nurse, Nurse Manager (Band 6 and 7), Receptionist and Porter.
- 166 job descriptions are available in the NHS Wales Collaborative Library (approved for sharing across Wales) and 53 generic job descriptions are agreed and already translated. These 53 job descriptions are core job descriptions as identified within the health board.

3.4 Record Keeping Standards (115-117)

- **Complaints** (Standard 115)
- **Record of employee Welsh language Skills** (Standard 116)
- **Record of the new or vacant posts which were categorised** (Standard 117)

Complaints received during 2023/24

(Standard 115) *You must keep a record, in relation to each financial year, of the number of complaints received relating to your compliance with Standards.*
All complaints received during the reporting period were dealt with in accordance with the health board's Complaints Procedure.

Four Welsh language service complaints were received by the health board during 2025/26, 3 came directly from the Welsh Language Commissioner’s office.

Complaint 1: A complaint was received from an individual who had been through an interview process within the Health Board. The website was not displaying jobs through the medium of Welsh, and she had to contact the board to request the job advertisement in Welsh. The information did not reach the complainant until the closing date, so she applied in Welsh using the English version.

The complainant asked for the interview to be conducted through the medium of Welsh. Prior to the interview, the panel contacted her to confirm that she wished to have the interview in Welsh. On 30 September 2025, the date of the interview, the questions were not asked in Welsh. Instead, the complainant was asked to read the questions from a piece of paper, after the panel asked the interpreter at the time

whether they would be willing to ask the questions on the panel's behalf. The complainant alleges that she was not given the same opportunity as other candidates who did not have to read the questions themselves.

This complaint is now being investigated by the Welsh Language Commissioner.

Complaint 2: Complaint from a member of the public on 9 February 2026 about the fact that he received an English only appointment letter from Bronglais Hospital's Radiology Department.

This complaint is now being investigated by the Welsh Language Commissioner.

Complaint 3: Issues relating to the lack of Welsh-language provision at Withybush Hospital, Haverfordwest, on 5 March 2026.

The complainant notes the following:

1. General Office – There was no Welsh-language information available. Several A4 posters printed in English only had been taped to the glass and the counter, without a single word of Welsh. These posters contained general information such as further details, phone numbers and instructions.
2. The complainant was not greeted with "bore da" by the member of staff, Natasha Jones.
3. HC5WT form (travel cost reimbursement claim form) – The form provided was English-only. When the complainant asked for a Welsh copy, the member of staff searched extensively under the counter but none were available, strongly suggesting that they had no supply. After the complainant insisted on receiving a Welsh copy, the member of staff spent around 10 minutes on the computer, making calls and searching for one, only to state again that no copy was available to print. A few hours later, the complainant received a copy by email.
4. When the complainant pointed out that this breached the requirements of the Welsh Language Standards, the member of staff appeared indifferent, which further added to the complainant's disappointment.

The Health Board has provided a response to the Welsh Language Commissioner, and we are awaiting their findings.

Complaint 4: From a patient about the fact that he received an English-only letter inviting him to an appointment at the Audiology Department at Prince Philip Hospital. I have attached a copy of the letter for your attention.

Following an investigation by the Audiology Department, it seems that this was a basic human error involving how the letters are printed. Staff have been reminded of the process and need of printing letters bilingually. At the time of writing this report, we are awaiting a response from the Welsh Language Commissioner.

Update on a complaint received during 2024/25

The Welsh Language Commissioner decided to open an investigation into Hywel Dda University Health Board's compliance with the Welsh language Standards, specifically standards 9 and 10 relating to telephone calls. Despite their efforts to highlight the issues and provide opportunities for improvement, there was evidence that there had been no clear improvement in compliance with the telephone standards. As a result of this, the Health Board produced an action plan that was implemented during 2025. Highlights of actions taken included:

- all calls are greeted in Welsh and that staff can handle initial conversations in Welsh
- protocols were developed for transferring calls to Welsh-speaking staff when necessary
- ongoing Welsh language training is provided to staff to improve their ability to handle calls in Welsh

3.5 Welsh Language Skills Audit

(Standard 116) *You must keep a record (following assessments of your employees' Welsh language skills made in accordance with standard 96), of the number of employees who have Welsh language skills at the end of each financial year and, where you have that information, you must keep a record of the skill level of those employees.*

The language skills of health board staff are captured and recorded on the Electronic Staff Record (ESR) system. As of March 31, 2026, 98% 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	5,195	41%
1 - Entry/ Mynediad	2,737	22%
2 - Foundation / Sylfaen	1,107	9%
3 - Intermediate / Canolradd	914	7%
4 - Higher / Uwch	922	7%
5 - Proficiency / Hyfedredd	1,400	11%
Not yet recorded on ESR	251	2%
Total	**12,526**	**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

3.6 Recruitment

(Standard 117) *You must keep a record, in relation to each financial year, of the number of new and vacant posts which were categorised (in accordance with standard 106) as posts where— (a) Welsh language skills are essential; (b) Welsh language skills need to be learnt when appointed to the post; (c) Welsh language skills are desirable; or (ch) Welsh language skills are not necessary*

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	32	2,069	0	322	2,423

Of the 2423 posts advertised, 2616 posts were offered and 499 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.

3.7 Learning opportunities provided during 2025-26

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 'Planning and Managing Welsh and Bilingual Workplaces', which is again available for any member of staff health board wide.

The health board participates in the Health and Social Care scheme which forms part of the Work Welsh initiative. The scheme offers a range of health and social care specific opportunities for staff such as the Confidence Building courses, Croeso courses and Palliative care courses. Over the past year the scheme has expanded and further developed to offer an even broader range of courses to include Neurodiversity courses, Dementia courses and the newly launched Health and Social Care Speaking scheme. We're very proud to be able to offer such opportunities to our health board staff, of which all are fully funded by Welsh Government as part of the Work Welsh initiative.

Being able to offer learn Welsh opportunities to staff working in the dementia field supports our work in implementing the More Than Just Words Framework and in particular the active offer – being able to offer services in Welsh to vulnerable groups without the patients having to ask for their care in Welsh. The new dementia courses include Taster sessions, Confidence building sessions, and 1:1 sessions that are available to staff with all levels of Welsh. The programme is run by a tutor with extensive experience within the dementia field focusing on various vocabulary and phrases relevant to the work is incorporated into the learning. The aim is that this will lead to a better awareness of the importance of using the Welsh language when providing dementia services, as well as building confidence to use the Welsh language with patients and their families.

The introduction of the Health and Social Care Speaking Scheme is another major development to support our Welsh learners and encourage the use of Welsh in the workplace. The Speaking Scheme aims to pair Welsh learners with a fluent Welsh speaker to provide more opportunities to practice the language in an informal and natural environment whilst also gaining support and guidance to build confidence to use the language in day to day life. Five Welsh learners have committed to the Speaking scheme thus far and are in the process of being paired with their 'buddy'. We're very looking forward to seeing how this scheme develops over the year to come.

One of our most popular courses with very high participant uptake is the Confidence Building course.

Confidence Building Courses

We were delighted to hear that the tutor would be remaining with us for another year. The aim again during 2025-2026 was to offer short confidence building courses and work with individuals to build on confidence to use more Welsh in the workplace. The series of Confidence Building courses were available to all health board staff as well as specific targeted services such as Nursing, Occupational Health and Mental health; staff who have direct contact with patients. 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.

The courses are held via virtual classroom, including an opportunity for one-to-one sessions with the 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. Another example was a Paediatric Mental Health Consultant who met with the tutor to practise service specific topics that would benefit his Welsh communication with patients. A typical course involves two hours of learning per week for twelve weeks. As part of the Confidence Building programme, we have further developed the aftercare options following the completion of a course – staff now have the option of joining a 'ôl-ofal' (aftercare) group, led by the tutor. The purpose of this aftercare group is to still be able to support and encourage staff to use their Welsh and an opportunity to enhance their Welsh language skills even further.

At the end of the reporting year (31 March 2026), 118 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

Three cohorts of staff joined the Confidence Building programme during the past year. Each cohort of staff attended a two hour per week session over 12 weeks. This

equates to 24 hours of contact for each course. The one-to-one sessions have been extremely popular with the staff with approximately 500 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	Number of individuals
Cohort (1) May 2025	18
Cohort (2) September 2025	15
Cohort (3) December 2025	10
Aftercare sessions	64
Self-study courses	32

Below are examples of employees who have benefited from the course and the difference it's made to their confidence to use the Welsh language in the workplace.

Julie Mathias, Bereavement Counsellor

Julie felt comfortable speaking Welsh with children before taking the course, but less confident to use the language with adults. She wanted to offer more counselling sessions in Welsh and use the language more proactively at work. With her tutor, they practised conversations related to her work and read Welsh resources about grief and bereavement. She now starts conversations in Welsh with colleagues and offers a Welsh language service to children, families and anyone who wishes to use it.

Roisin Robinson, Speech and Language Therapist

Roisin works with stroke patients at Bronglais hospital. She already understood a bit of Welsh from her years at primary school but lacked the confidence to use the language. Along with the help of the tutor, as well as her two Welsh speaking colleagues, Roisin feels more confident using terminology related to her role, in particular aging issues and stroke symptoms (NESA/FAST). Roisin was assessed at a level 3 intermediate level speaker before commencing the course and is now at a level 4 Higher level

Laura Button-Jones, Occupational Therapist

Laura could already speak Welsh but lacked the confidence to use the language. She started the Confidence Building course at an intermediate level 3 and has now progressed to a be a level 4 speaker. Along with the support from a fellow colleague, Laura is now conducting patient assessments through the medium of Welsh. She works with a placement student who also speaks Welsh meaning that much more Welsh is spoken within their working environment as a team.

Other learning Welsh opportunities

The Welsh Language Services Team continue to proactively promote all Welsh Language learning opportunities to staff, as well as supporting them to choose the most appropriate course for their level of ability.

Cwrs Croeso | Welcome to Welsh

We further developed the programme by offering more Welcome to Welsh sessions at beginner level. The courses are a one-off online session for 1.5 hours held by the tutor. These taster sessions are an introduction to the language, learning about Welsh culture as well as an opportunity to learn basic phrases and 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.

A total of four sessions were held throughout the past year. We're delighted that the National Centre for Learning Welsh has confirmed that the Welcome to Welsh courses will once again be offered for 2026-27.

10 week beginner level courses

Following the success of the pilot project to trial a new 10 week course, we were pleased to be able to offer three more courses over the past year. The 10 week courses proved popular amongst staff and in particular the staff who have completed the Welcome to Welsh course; a fantastic opportunity to learn basic phrases and every day conversational Welsh. Recent feedback indicates that this type of course, where staff are asked to commit to a short one hour per week, is best suited for health board staff, and in particular patient facing staff as it is more manageable and doesn't impact on the service. It is confirmed that the 10 week courses will be offered for 2026-27 in conjunction with the Welcome to Welsh courses.

The following table shows the number of participants enrolled on the various courses offered at the health board during 2025-26.

Course	Level	Location	Number of participants enrolled
Confidence Building Courses	Level 3 and above	Online virtual classroom & 1:1 sessions	118
Cwrs Ôl-Ofal (Aftercare course)	All levels	Online virtual sessions and self-study	64
Welcome to Work Welsh online course	Entry	Online self-study	32
Cwrs Croeso	Entry – Level 0/1	Online virtual classroom	102
10 hour course	Entry – Level 0/1	Online virtual classroom	31
Online Self Study course	Entry	Online	32
Dementia Programme	Entry	Online virtual classroom	2
'Use' course Nantgwrtheyrn	Intermediate Higher	Face to face	2
Cynllun Siarad (Speaking Scheme)	Entry +	Online	5

4. Further information

For further information about the health board's Welsh Language Services, please contact:

Gwasanaethau'r Gymraeg | Welsh Language Services
Bwrdd Iechyd Prifysgol Hywel Dda | Hywel Dda University Health Board
Block C
Second Floor
Government Building
Picton Terrace
Carmarthen
SA31 3BT

welshtranslation.services@wales.nhs.uk

4.4

11:35, 10 Mins

4.4 - Improving outcomes for Veterans and the Armed Forces Community – Annual Report 2025/26

Anna Bird (Hywel Dda UHB – Assistant Director of Business, Partnerships and Inclusion)

For assurance

Attachments

4.4 SBAR Armed Forces Update to PODCC 2026.pdf

4.4 Appendix 1 - Armed Forces Annual Report 2025-26 FINAL 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 May 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Improving outcomes for Veterans and the Armed Forces Community – Annual Report 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce and Organisational Development/Deputy CEO
SWYDDOG ADRODD: REPORTING OFFICER:	Helen Sullivan – Head of Partnerships, Diversity and Inclusion Beverly Davies – Strategic Partnership and Inclusion Manager

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The People, Organisational Development and Culture Committee (PODCC) is asked to receive this Annual Report 2025/26 which provides an update on the actions being taken by the Health Board to implement the Armed Forces Covenant and fulfil the requirements of the Armed Forces Covenant Duty.

The annual report offers assurance that a comprehensive and coordinated programme of activity is in place and as a result this is leading to improvements in access, experience and outcomes for veterans and the wider members of the Armed Forces within the workforce and in the community.

Cefndir / Background

The Armed Forces Covenant is a national commitment to ensure that those who serve, or who have served, in the Armed Forces, and their families, are treated fairly and with respect. A core principle of the Covenant is that members of the Armed Forces community should face no disadvantage compared with other citizens in the provision of public such as health and commercial services, with special consideration provided where appropriate as a result of service.

The Armed Forces Covenant Duty places a statutory obligation on specified public bodies, including health organisations, to have due regard to the unique obligations of, and sacrifices made by, members of the Armed Forces community. This Duty requires health bodies to systematically consider the impact of their policies, commissioning decisions and service delivery arrangements, and to take proportionate action to remove disadvantage or apply special provision where required.

In addition to meeting its statutory duties, the Health Board has proactively committed to nationally recognised accreditation schemes, including the Defence Employer Recognition Scheme (DERS), Pride in Veterans Standard (PiVS) and Veteran Aware. These frameworks

provide external benchmarking and independent assurance of good practice, support continuous improvement, and help ensure that services are responsive to the needs of veterans, reservists, serving personnel and their families.

The Business, Partnerships and Inclusion (BPI) Team plays a central coordinating role in the Health Board's response to the Armed Forces Covenant and Covenant Duty, by coordinating actions across directorates and facilitating partnership working with external stakeholders.

Asesiad / Assessment

The Annual Report (Appendix 1) provides an overview of the actions undertaken by the Health Board during 2025/2026 to support implementation of the Armed Forces Covenant and the Duty to improve outcomes for veterans and members of the wider Armed Forces community. The report presents evidence of progress, impact and emerging themes, and is submitted to provide assurance to the Committee on delivery against statutory and organisational commitments.

Activity during the reporting period has focused on four agreed priority areas:

- Understanding the health care needs of our veterans and the Armed Forces community;
- Working collaboratively to reduce disadvantage for veterans and the Armed Forces community;
- Actively supporting veterans and the Armed Forces community through awareness raising events, staff training, and partnership working; and
- Promoting Hywel Dda as an employer of choice for veterans and the Armed Forces community.

The Health Board has seen a number of key improvements, including:

- Improved identification and support for veterans in primary, secondary and community care. **10, 099 (64.58%)** of the veteran population living in Hywel Dda are now registered in our GP practices, an increase by **729 (7.78%)** in the last year, and over **43%** since September 2023 when initiatives to identify and record veterans in our systems started. We have also doubled the number of Veteran Friendly GP practices (practices who have signed up to this scheme administered by Health Education Improvement Wales).
- Maintained Gold status under the Defence Employer Recognition Scheme as part of our vision to be an employer of choice. **386** applicants in the last year have used the Guaranteed Interview Scheme, an increase by **169 (78%)** in the last year. Of the 386 applicants, 138 or 36% were invited to interview and 37 or 27% of those interviewed were offered roles.
- Increase in the self-identification of veteran and Armed Forces community status within the workforce. **151** staff have self-reported their status on ESR, an increase by **20 (15.27%)** in the last year with continued increases in the number of staff signing up to the Armed Forces staff network.
- Targeted research into veterans' mental health and substance misuse pathways to inform future service improvement.
- Sustained increases in the number of patients recorded on Wales Patient Administration System (WPAS) to support our pathways to ensure priority treatment eligibility is considered. **401** patients with veteran status were recorded in WPAS, an increase by **167 (71.37%)** in the last year, and **702%** since changes in the use of WPAS and the introduction of the WPAS Recording of Veteran Keynote staff guidance in June 2024.

The progress made during this year demonstrates that Armed Forces Covenant principles are becoming embedded across governance, services and employment practice and has established a strong foundation for continued development. The Health Board remains fully

committed to upholding the Armed Forces Covenant and will build on this momentum through the revalidation of our DERS Gold Award in the Autumn of 2026. We will continue to strengthen our approach to ensuring that services, employment practices and support arrangements deliver positive and equitable outcomes for veterans and the wider Armed Forces community, both within our workforce and across the communities we serve.

Argymhelliad / Recommendation

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

- **RECEIVE ASSURANCE** from that the work presented in the Annual Report 2025/26 demonstrates that the Health Board is proactively implementing the Armed Forces Covenant.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1.1 - Compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, ensuring 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 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:	4. The best health and wellbeing for our individuals, families and communities 1. Putting people at the heart of everything we do
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Armed Forces Bill Armed Forces Covenant Duty 2022
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:	Armed Forces Steering Group GP Clinical Lead Armed Forces Champion

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Not applicable.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	The effective implementation of the Priority Treatment guidance for veterans and parity of waiting times for Armed Forces family members will impact on the quality of patient care and experience.
Gweithlu: **Workforce:**	All staff have a role to play in implementing the Armed Forces Covenant Duty.
Risg: **Risk:**	Not applicable.
Cyfreithiol: **Legal:**	Armed Forces Bill Armed Forces Covenant Duty 2022
Enw Da: **Reputational:**	Implementation of the Armed Forces Covenant and compliance with the Armed Forces Duty is reviewed by Welsh Government and Veterans Commissioner for Wales. The Health Board also works in partnership with the local authorities, third sector providers and community champions who informally hold the Health Board to account for our progress and work to improve outcomes for veterans and the Armed Forces community.
Gyfrinachedd: **Privacy:**	Not applicable.
Cydraddoldeb: **Equality:**	An Equality Impact Assessment has not been undertaken as this is an update report. However, the actions being taken by the Health Board contribute to equity of wellbeing and inclusion for veterans and the Armed Forces community.

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Armed Forces Covenant Annual report 2025 / 2026

01 April - 31 March 2026

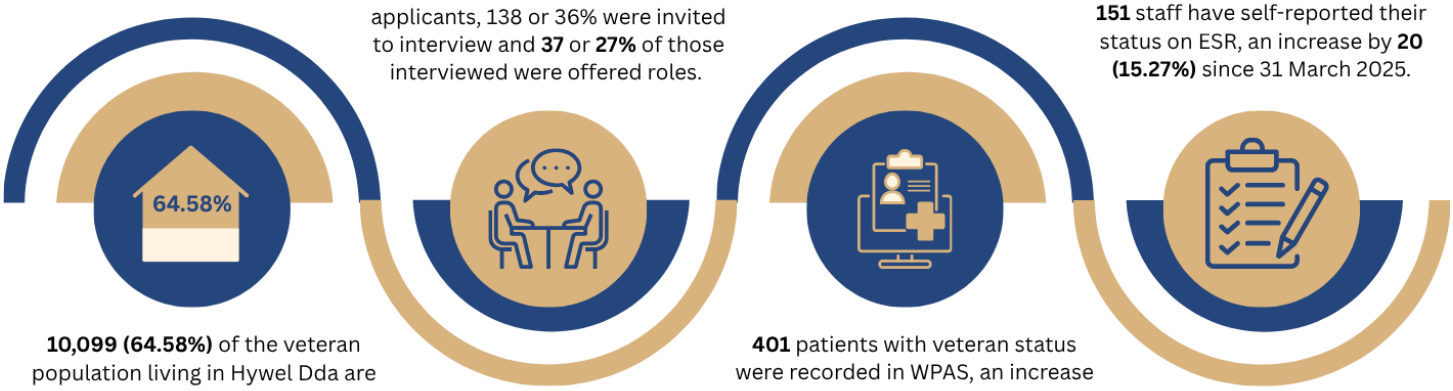
Executive Summary

During 2025–26, Hywel Dda University Health Board strengthened delivery of the Armed Forces Covenant through clear leadership, measurable progress and sustained organisational commitment. Coordinated by the Business, Partnerships and Inclusion team, achievements included:

- improved identification of veterans across care settings to support timely patient care
- enhanced workforce capability through refreshed national e-learning
- targeted research into veterans' mental health and substance misuse pathways to inform future service improvement
- doubled the number of Veteran-Friendly GP practices
- increased workforce self-identification as a member of the armed forces community and continued support through a growing staff network
- maintained Gold status under the Defence Employer Recognition Scheme as part of our vision to be an employer of choice.

Together, these actions demonstrate that Armed Forces Covenant principles are becoming embedded across governance, services and employment practice, providing a strong platform for continued improvement in future years.

Our Staff



10,099 (64.58%) of the veteran population living in Hywel Dda are now registered in our GP practices, an increase by **729 (7.78%)** since 31 March 2025 and **43.82%** since September 2023 when initiatives to identify and record veterans in our systems started.

386 applicants in the last six months have used the Guaranteed Interview Scheme, an increase by **169 or 78%** since 31 March 2025. Of the 386 applicants, 138 or 36% were invited to interview and **37** or **27%** of those interviewed were offered roles.

401 patients with veteran status were recorded in WPAS, an increase by **167 (71.37%)** since 31 March 2025 and **702%** since the changes in the use of WPAS and the introduction of the WPAS Recording of Veteran Keynote staff guidance in June 2024.

151 staff have self-reported their status on ESR, an increase by **20 (15.27%)** since 31 March 2025.

Our Service Users

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Introduction

The Business, Partnerships and Inclusion (BPI) team co-ordinates the Health Board's response to the Armed Forces Covenant (the Covenant). This includes work across a range of different areas, working collaboratively within the Health Board as well as with other public bodies and third sector partners.

This report provides an update on some of the key areas of work which have been on-going during the reporting period 2025–2026 aligned to each of our priority areas of focus to provide assurance that we are delivering our commitment to the Covenant. For more information about the Health Board's work, visit https://hduhb.nhs.wales/healthcare/services-and-teams/armed-forces-covenant/

Every year, the Health Board refreshes its Armed Forces Covenant Health Action Plan (Action Plan) outlining its key priority actions. The Action Plan is a dynamic document and is coordinated by the BPI team but continually shaped and informed by discussions within the Armed Forces Covenant Steering Group, Armed Forces Staff Network, and various local, regional and national partnership forums. Health Board actions align with the expectations of the Covenant and the Armed Forces Covenant Duty, relevant accreditation schemes and other Health Board's strategic objectives such as the Strategic Equality Objectives.

The Health Board priorities for 2025-26 were:

Accreditation Schemes

NHS Veteran Aware

NHS Veteran Aware is an accreditation programme designed to support NHS organisations in understanding and meeting the needs of the Armed Forces community. Accreditation is administered by the Veteran's Covenant Healthcare Alliance (VCHA). As a Veteran Aware accredited organisation, the Health Board supports their aim to develop, share and drive the implementation of best practice that will improve Armed Forces Veterans' care, while at the same time raising standards for everyone based on the principles of the Armed Forces Covenant.

The Defence Employer Recognition Scheme (DERS) Gold

The Employer Recognition Scheme encourages employers to support Defence and inspire other organisations to do the same. The Health Board currently holds the DERS Gold award in recognition of its work as a supportive employer for Defence personnel. The award is due for renewal in Autumn of 2026, and work has started to review activities and gather evidence for re-validation.

HEIW Veteran-Friendly Practices Scheme

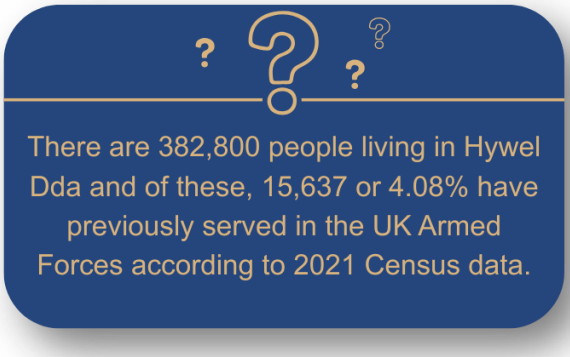
The Health Education and Improvement Wales (HEIW) Veteran-Friendly Practices Scheme was launched in early 2023 to enable GP practices to sign up voluntarily to undertake specialist training on veterans' health and wellbeing. The scheme promotes fair treatment and respect for people who have served in the UK Armed Forces and their families in order to be a registered a "veteran-friendly practice". Although the numbers are still low overall, we have seen a doubling of the number GP practices are participating in the scheme during the year.

The Pride in Veterans Standard (PiVS)

The Pride in Veterans Standard (PiVS) is a programme developed by Fighting with Pride, a trusted LGBT+ military charity. By signing up to PiVS, the Health Board aims to ensure that the whole veteran community feels confident in accessing its services and support. We continue to improve and demonstrate our commitment to being inclusive and welcoming to LGBT+ Veterans, serving personnel, and their families. The Health Board's recent submission has been highlighted as a best-practice example of a PiVS annual update return.

Priority 1: Understanding the health care needs of our veterans and the Armed Forces community

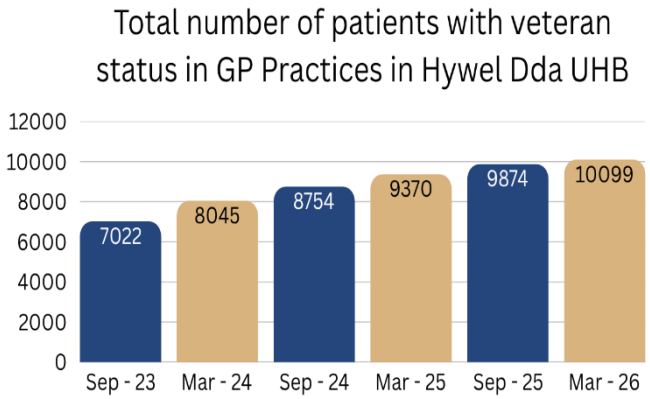
Population data



The consideration of needs of UK Armed Forces veterans is explicitly embedded within the Health Board's Equality Impact Assessment (EqIA) processes to ensure that staff responsible for planning, redesigning and implementing service changes systematically consider the Armed Forces community, recognising the unique disadvantages some veterans may experience, and assessing the potential positive and negative impacts of proposals. Where impacts are identified, appropriate mitigation and actions are considered to ensure that veterans have equitable access to services and outcomes.

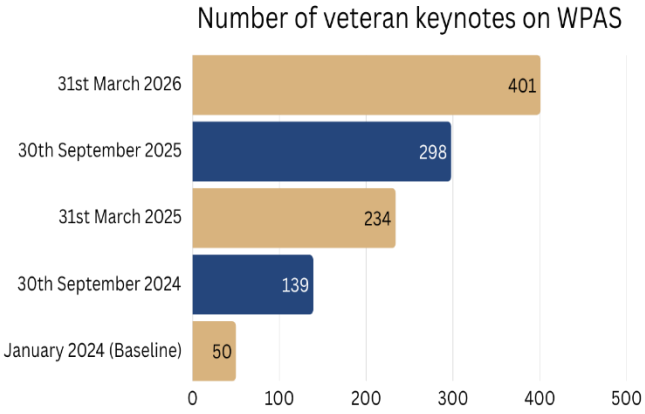
The Health Board continues to proactively monitor and improve the quality of data relating to UK Armed Forces veterans known to our services, including those registered with GP practices. A sustained programme of engagement, staff awareness and system improvements is supporting veterans to self-identify and ensuring veteran status is consistently and accurately recorded across Health Board data systems.

On 31 March 2026, **10,099** veterans are now registered with GP practices. This represents 64.58% of the veteran population recorded by the Census and represents an increase of 729 veterans (7.78%) since 31 March 2025, and an increase of 3,077 veterans (43.82%) since September 2023, when targeted initiatives to identify and systematically record veteran status were first introduced.



This sustained upward trajectory demonstrates the effectiveness of the Health Board's approach to improving veteran visibility within primary care, strengthening the foundations for equitable access, targeted support and informed service planning.

On 31st March 2026, 401 patients were recorded in WPAS with veteran status. This represents an increase of 167 patients (71.37%) since 31 March 2025, and a total increase of 351 patients (702%) since June 2024, following changes to WPAS usage and the introduction of the WPAS Recording of Veteran Keynote staff guidance.



Of the 401 patients with a veteran keynote recorded in WPAS, 7 individuals were identified and recorded as eligible for priority treatment. These improvements provide assurance that veterans are increasingly visible within Health Board systems, enabling staff to recognise entitlement, apply priority pathways where appropriate, and deliver more person-centred, equitable care.

Understanding of Substance Misuse Pathways for Veterans in West Wales

The Dyfed Substance Misuse Area Planning Board (APB) commissioned targeted research (April–July 2025) to strengthen assurance regarding the implementation of Welsh Government substance misuse and co-occurring mental health frameworks for UK Armed Forces veterans living in West Wales. The work aimed to improve understanding of how current pathways operate in practice for veterans and their families, recognising the distinct vulnerabilities associated with military service and transition to civilian life.

Using a mixed methods approach, including a literature review and wide stakeholder engagement, the research captured system and lived experience perspectives, with a strong emphasis on veteran and carer voices. Key findings highlighted barriers relating to visibility and stigma, service accessibility, inconsistent identification of veteran status, the availability of Welsh language provision, and variable understanding of veteran culture and service-related trauma.

The findings provide a strong evidence base to inform further pathway development. They identify areas of good practice and clear opportunities for

improvement, particularly around early identification, culturally informed care, consistent data capture and carer inclusive models. Phase two work is now underway to strengthen pathway design, workforce awareness and cross agency collaboration in partnership with the BPI team.

Patient Feedback and Veterans Experience

The Health Board's Patient Support Services (PSS) team continues to undertake engagement with people using NHS services, contacting approximately 20,000 individuals each year to capture feedback on their experiences of care. During the year only one feedback return was recorded as being from a patient with veteran status. In addition to the formal feedback via PSS, the BPI team received a total of six veteran-specific enquiries. While limited, relative to the size of the veteran population, these sources of intelligence provide valuable insight and highlight the ongoing challenge of capturing veteran-specific experience through standard feedback mechanisms alone.

The focus of the feedback was:

- Variable staff awareness and confidence in identifying patients with a military background and understanding how to apply appropriate considerations.
- Concerns about the accuracy of recording veteran status and priority treatment eligibility.
- Dissatisfaction with waiting times within Trauma and Orthopaedics, reflecting both the relevance of planned surgical pathways for veterans and the importance of clear application of Covenant principles at key points of the patient journey.

These insights have highlighted where training gaps and inconsistencies in practice persist and where targeted intervention is required to improve operational delivery.

In response to the themes which emerged proactive steps were taken to strengthen awareness, capability and consistency among clinical and operational teams. This included:

- Delivery of a targeted presentation and resource pack titled "Improving support for clinical teams in managing planned care for veterans", The resource is aimed at clinical staff to help them to more confidently identify veterans and appropriately apply Covenant considerations within planned care pathways.
- Development and dissemination of a "Veteran Patient Journey Map", setting out best practice for the identification, recording and management of veterans requiring surgery, including clear guidance on priority treatment eligibility.
- Active engagement with the Armed Forces community through local Armed Forces forums, to promote awareness of Health Board processes and strengthen two-way communication. This has been essential as the definition of priority treatment is often misunderstood within the veteran community.

Patients' Journey

At your GP

- Tell your GP that you are a veteran and whether your condition may be related to your time in Service.
- Ask your GP to include your veteran status and whether you may be eligible for priority treatment in your hospital referral letter.

Consultant Review

Consultants confirm eligibility for priority treatment

Consultation Outcome

Clinical decision made:
You are listed for surgical procedure flagged as priority treatment on surgical performa

Health Records

Receive referral from GP and record your veteran status keynote on your patient record. If the referral includes information about eligibility for priority, this will be recorded in the system, too.

Outpatient Waiting List

If eligible, you are offered the earliest outpatient appointment according to clinical priority

Waiting List Support Service/Screening

You are identified and recorded as eligible for priority treatment

Pre-assessment appointment

You are offered the earliest pre-assessment appointment according to clinical priority to assess fitness for surgical procedure

Healthboard Outcome

We are confident that there is a process in place to implement "Priority Treatment" for veterans.

Surgery date

If considered fit for surgery, you will be prioritised over those with the same level of clinical need.

Patient/ Veteran outcome

You are confident that steps have been taken to remove disadvantage resulting from their Service life.

Priority 2: Working collaboratively to reduce disadvantage for veterans and the Armed Forces community

Working in partnership to implement the Armed Forces Covenant

The Health Board adopts a collaborative, whole-system approach to fulfilling its responsibilities under the Armed Forces Covenant, with a clear focus on improving outcomes for veterans and the wider Armed Forces community. This approach ensures that the needs of veterans are visible, embedded and routinely considered across strategic planning, service delivery and organisational decision-making. This commitment is explicitly reflected in the Health Board Strategic Equality Plan (SEP), and under Objective 2: "Working together to improve health and well-being for all", the Health Board has committed to *"Work in partnership to implement the Armed Forces Covenant Duty and improve access to priority treatment for eligible Veterans."*

This objective provides a strong strategic mandate for partnership working and acts as a clear driver for action across services. Progress against this commitment is subject to regular oversight and discussion through established governance and leadership structures, including the Strategic Equality Plan Implementation Group and relevant Senior Leadership Team meetings.

The BPI team continued to promote the Health Board WPAS Recording of Armed Forces Keynote staff guide which was developed in partnership with the Health Board Data Standards Manager. To strengthen the impact of this, the delivery of bespoke, bite-size information sessions with key frontline staff such as those working in Patient Support Services and Outpatient departments, has commenced alongside work to ensure information is more visible and accessible to staff who will not have access to emails on a regular basis.

Community outreach support for veterans

The Community Development Outreach Team (CDOT) continued to work very closely with charities that support veterans including Woody's Lodge, Links, and the VC Gallery to proactively identified opportunities for partnership working. Working very closely with Public Health services advice, information, and support provided by CDOT to veterans have included:

- Health information relating to cancer screening, smoking cessation, healthy eating, and mental health support,
- Accessing generic health services including GP registration,
- Signposting to services that can provide support to veterans who are socio-economic disadvantaged and with unpaid caring roles,
- Signposting to respite and recuperative activities.

Last year, a total of 53 veteran related activities were undertaken by the Community Development Outreach team, which is a significant increase from 2024-25.

"*I met up with veteran who was recently made homeless and who had health concerns. Following our chat, I referred him to smoking team and helped him get in to the community dental service. He has finally seen a dentist and had his teeth out. He has also been taking the tablets to give up smoking and is now only on 2 cigarettes a day. I am privileged to be able to help our veterans in the community.*"

Reflections from a CDOT staff member on their work with a veteran who was previously homeless.

Veterans NHS Wales (VNHSW)

Veterans NHS Wales (VNHSW) is a specialised service for individuals living in Wales who have served in the Armed Forces and who are experiencing mental health difficulties related specifically to their military service. The VNHSW develop the service drawing on expertise from within the national service and advance initiatives that fit local needs such as those living in Hywel Dda region through staff development days which also helps the team network with other organisations and service users. The team have also appointed a volunteer Veterans Representative offering a lived experience perspective to service development. This contributes to ensuring best practice and up-to-date knowledge and skills in meeting the needs of veterans accessing VNHSW.

The service provided appointments via a range of delivery formats - telephone, video conferencing, clinic-based and outdoor appointments. Building on treatment outcomes and service user feedback, outdoor psychological therapy is now standard practice in VNHSW in HDUHB. Client feedback remains overwhelmingly positive in respect of this method.

Membership of the Health Board VNHSW closed Facebook group continued to grow during the year. Members include veterans, family members of veterans and organisations who work with veterans. VNHSW continue to use service user feedback at a number of points throughout the care pathway (triage, assessment, at the end of treatment) to review its service delivery works and closely with VNHSW spokes and hub across the health boards in Wales to ensure service provision is in line with the national agenda whilst simultaneously being suitable for the local population.

Waiting List Support Service (WLSS)

Proactive identification of veterans is built into WLSS assessments. Last year, the Health Board added the questions: "Have you ever served in his Majesty's Armed Forces?" and "Are you happy to be identified as a veteran on your medical record?" in the Waiting List Support Service (WLSS) call handlers' script. This enables the team to update WPAS records to highlight patients where priority treatment considerations by clinical teams may be needed. Where identified and needed, the WLSS team signpost patients to services that are available within the community which may support them with health and wellbeing management.

Planned care for veterans

The Health Board initiative to improve support in managing planned care for veterans has continued using different forums and platforms such as e-newsletters and the Health Board Effective Clinical Practice Roadshow. Our work continues to prioritise the importance of timely identification and recording of veteran status within our clinical systems to ensure that any entitlement to priority treatment consideration for veterans is actioned promptly. We are continuing to:

- Promote the WPAS Recording of Armed Forces Keynote: a Staff Guide.
- Encourage health staff to record patients who self-identify as veterans in their patient data system and in referral letters where appropriate.
- Promote information and improve implementation of the Armed Forces Covenant - Healthcare Priority / Special Consideration for Veterans / Ex-Armed Forces Personnel (WHC (2023) 022.

Priority 3: Actively supporting veterans and the Armed Forces community through awareness raising events, staff training, and partnership working

Regional and National Partnership Working

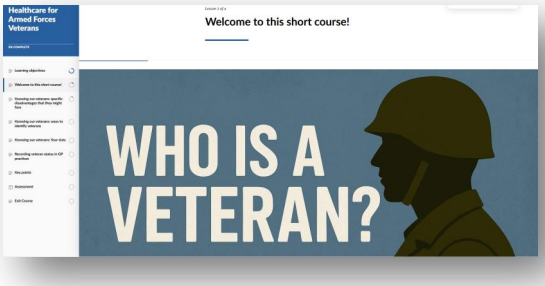
The Health Board actively participates in partnership working in a variety of forums including:

- Local Armed Forces Covenant groups (led by Local Authority partners and focused on operational action and networking between professionals)
- Regional Armed Forces Covenant groups (jointly chaired by the Health Board and Local Authority Champions on a rotational basis). This group meets quarterly and is attended by the Health Board Independent Board Member Champion.
- All-Wales Armed Forces Lead Officer group, an informal forum to provide peer support to lead officers. The group meets online monthly to share good practice and identify opportunities for joint working. This has been particularly beneficial during national celebrations, such as Armed Forces week, when each Health Board took a lead in organising on-line awareness raising sessions which were made available to NHS staff across Wales.
- All-Wales Veterans and Armed Forces Health Champions forum. This is chaired by Welsh Government and brings together Independent Board Member Champions and strategic officer leads. This group meets bi-annually. As a result of discussions at a national level, our Health Board has been working with Welsh Government colleagues to consider the development of a benchmarking survey which could be used by Health Board's across Wales to highlight their progress with implementation of the Armed Forces Covenant responsibilities.

Review and refresh of the Armed Forces Covenant e-learning module

Hywel Dda, in partnership with NHS Wales Shared Services Partnership and the All Wales Armed Forces Leads led a comprehensive review and refresh of the Armed Forces Covenant e learning module hosted on the NHS Wales Electronic Staff Record (ESR) platform. This programme of work was undertaken to ensure that the national training offer is current, consistent, and fit for purpose across NHS Wales, and that it effectively supports the statutory Armed Forces Covenant Duty.

The e-learning module:



- Explains veterans' health needs and how the Covenant principle of 'no disadvantage' applies in healthcare settings
- Clarifies what veteran status means within NHS Wales and provides clear guidance on how to identify and record veteran status accurately in NHS data systems
- Sets out what priority treatment is, who is eligible, and how to apply WHC (2023) 022 consistently across services
- Builds staff confidence and competence in supporting veterans, signposting appropriately, and seeking specialist advice where needed
- Is intended to support both clinical and non-clinical staff, recognising that identification and appropriate support for veterans often occurs at multiple points along the patient journey.

Work is currently underway for a soft launch the refreshed e learning module, allowing early uptake and feedback, with a formal launch is planned during Armed Forces Week 2026. This work reinforces organisational commitment and maximising visibility and engagement across NHS Wales.

This e learning module is a significant step forward in standardising staff knowledge and practice in relation to the Armed Forces Covenant. By aligning learning content to Welsh policy, local services and NHS Wales systems. It strengthens workforce capability, improves consistency in application of priority treatment, and supports delivery of equitable, veteran informed care across Wales.

Improving visibility of Veteran and Armed Forces community support and services information within the Health Board website

During the year the Health Board has received feedback and queries from multiple partnership forums seeking clarification about how information about Armed Forces veteran-related services is stored, maintained and shared with staff to support information sharing and signposting purposes. This led to a review of current arrangements and partnership working has commenced to:

- Promote Dewis Cymru as the primary platform access to information to support the signposting veterans to local services across health, social care and the third sector in Hywel Dda.
- Encouraging veteran-related service providers to register and keep information up to date.
- Establish arrangements to promote Dewis Cymru to veterans and their families, supporting self-directed access to accurate, local information.

Adopting Dewis Cymru as the primary signposting platform in the Health Board will provide a nationally aligned, locally maintained and sustainable solution, reduce the reliance on static documents, and improve access to accurate, up-to-date information for veterans, their families and staff.

Promoting HEIW Veteran Friendly Practice Scheme

The BPI team has been working with GP Practice Managers to promote the uptake of the Health Education and Improvement Wales (HEIW) Veteran Friendly Accreditation Scheme. As a result of this engagement, eight GP practices within the Health Board area have now signed up to the scheme.

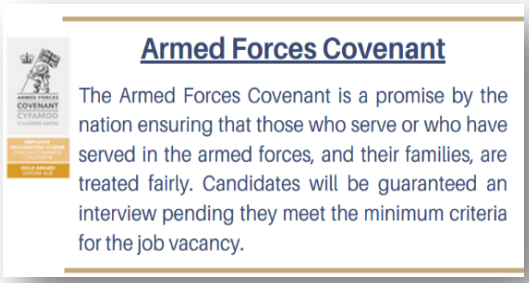
Achieving Veteran-Friendly Practice accreditation represents a clear commitment to improving access, experience and outcomes for veterans and their families in primary care. Participation in the HEIW accreditation scheme strengthens primary care's role as a key gateway to support veterans, improving signposting, continuity of care and the ability to tailor services to individual needs. Continued promotion of the scheme supports the Health Board's wider commitment to embedding Armed Forces Covenant principles across frontline services.

Priority 4: Promoting Hywel Dda as an employer of choice for veterans and the Armed Forces community

Recruitment

The Health Board Guaranteed Interview Scheme video which was launched on the Health Board Swyddi Hywel Dda Jobs recruitment social media sites in June 2024 has been shared with various partnership forums both as part of the Health Board's inclusive recruitment campaign and celebration of Armed Forces week this year. The new video features three members of the Armed Forces staff network with different military backgrounds and job roles to show the varied possibilities and job opportunities and the support the Health Board can offer to veterans and the Armed Forces Community in terms of recruitment, transition, and staff wellbeing.

To support the Health Board's commitment to inclusive recruitment and the Defence Employers Recognition Scheme (DERS), the Inclusive Recruitment: Reasonable Adjustment leaflet includes information on due regard for veterans and the Armed Forces community in line with the Armed Forces Covenant and this is visible on the Health Board intranet.

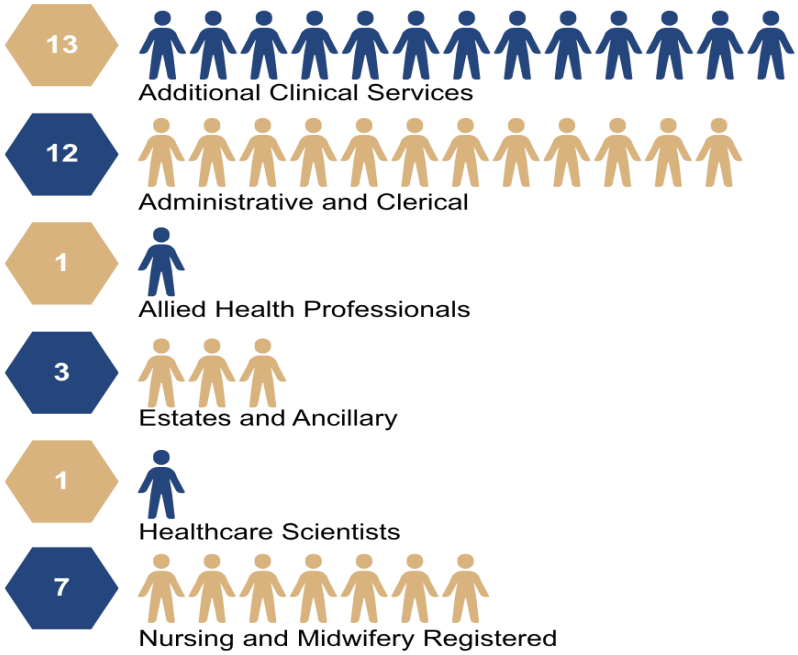


As a DERS Gold award holder, the Health Board application form includes the question "Are you a member of the Armed Forces Community?'" During the shortlisting process, applications from members of the Armed Forces community are highlighted and, if individuals meet the minimum essential criteria for the role, they are guaranteed an interview.

In partnership with the VC Gallery, the Health Board held an information session (online and in person) outlining the opportunities available and the application process for vacancies including the Guaranteed Interview Scheme for the veteran and the Armed Forces community.

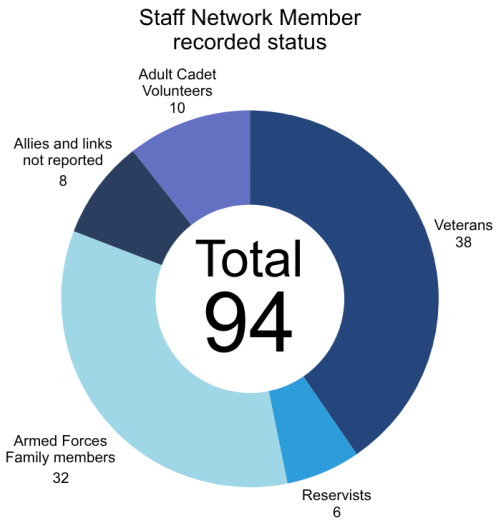
Between 1 April 2025 and 31 March 2026, a total of 386 applicants declared that they are a “Member of the armed forces community”, an increase by 169 or 78% since 31 March 2025. Of these, 138 or 36% were invited to interview; and 37 or 27% of those who were interviewed were offered roles in the Health Board.

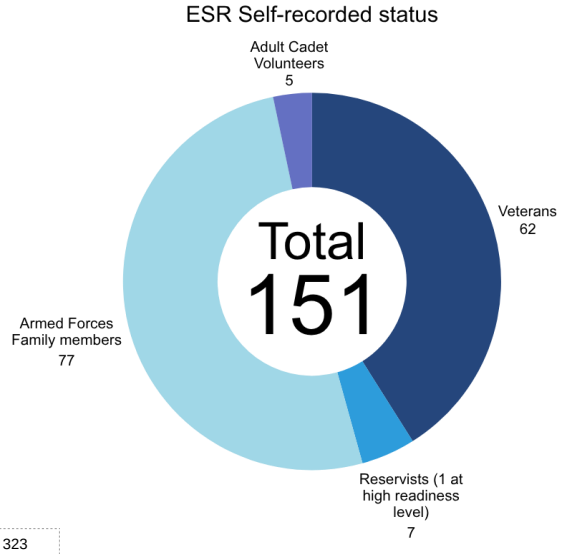
Job offers to members of the Armed Forces community in 2025- 2026



Armed Forces community in the workforce

As an employer, the Health Board continues to encourage staff to self-identify their link to the Armed Forces community using the supplementary role facility within the Electronic Staff Record (ESR). 94 members of staff are registered with the Armed Forces staff network, an increase from 86 in the previous year. Increases have also been seen in the number of staff who have self-recorded their status on ESR, which has increased to 151, from 131 in the previous year. The infographic below provides a comparison of self-identified characteristics from data held for members of our Armed Forces Staff Network as well as information recorded on the ESR system as of 31st March 2026.





The numbers of staff self-declaring their identity has increased but it should be noted that this may still be an under-representation of our Armed Forces community as the information is voluntary. Not all staff report or record their supplementary roles on ESR, declare their Armed Forces status during recruitment or in job applications, or register interest in the Staff Network. The above numbers, therefore, may not be a true figure of all the Armed Forces community in the workforce and there is no way of verifying the data to provide a definitive number.

Armed Forces Staff Network

Members of the Armed Forces Staff Network continued to be involved in various collaborative meetings and partnership working so that they are able to inform decisions and activities that affect them. The staff network participated in the planning for VE Day 80th Anniversary celebration as well as Armed Forces Week events. Several staff network members attend the Health Board Armed Forces Covenant Steering Group meetings and actively contributed to projects that were relevant to them. The Health Board has a dedicated Microsoft Teams channel for the staff network which provides a space for continuous discussion and sharing of information about staff wellbeing initiatives and training opportunities.

Armed Forces Week 2025

The Health Board celebrates Armed Forces Week each year as an opportunity to acknowledge the diversity and the contribution of our staff who make up the Armed Forces community. In 2025-26, the Health Board celebrated Armed Forces Week by:

- Simultaneously raising the Armed Forces flag across four acute hospitals, including representation from the band of 948 Squadron Royal Air Force Air Cadet at the Withybush Hospital event
- Sharing a corporate message on our public and staff facing social media sites
- Holding the Armed Forces Staff Network Catch Up and Coffee Morning
- Promoting the Guaranteed Interview Scheme video
- Holding an online Armed Forces Covenant Drop-in event to encourage other organisations to sign up to the Covenant
- Hosting a Volunteering and Apprenticeship event for veterans and members of the Armed Forces
- Promoting the use of an Armed Forces Week themed Teams background during on-line meetings as a way of raising awareness and showing our support to veterans and members of the Armed Forces in the workforce and in the community.

Information about the activities and events were disseminated to staff through various platforms to promote and recognise our members of the Armed Forces community, and some of the feedback we received from our staff shows that these were appreciated.

Our member of staff who is also a Cadet Adult Volunteer said:

> *"It was great to be a part of this event as both a veteran and a Cadet Force Adult Volunteer"*

Major (retd) Dean Morgan, Service Manager Trauma and Orthopaedics, led the flag raising event in Prince Philip Hospital. He said:

> *"Being a recently made veteran of 28 years' service with the 1st Bn Wesh Guards it was very special t have the honour of raising the Armed Forces Flag at Prince Philip Hospital. For me, Armed Forces Week symbolises two things: celebration and remembrance. Firstly, celebrating the commitment and sacrifice our current service personnel undertake in protecting and serving the nation in such an unstable world. Secondly, remembering all those who have made the ultimate sacrifice and those that are still dealing with the wounds of conflict today, the freedom we enjoy very rarely comes for free. It really is nice to see that Hywel Dda University Health Board recognises these things and place such an onus on marking the start of Armed Forces week."*

VE Day 80

2025 marked the 80th anniversary of the VE (Victory in Europe) Day. The Health Board celebrated with the nation by coming together to honour and pay tribute to veterans of the Second World War and their families through various events including Fish and Chips Day at all hospital canteens, board displays in service areas, and tea and cakes within teams and services.

Commemoration of Remembrance Day and Remembrance Sunday

In November 2025, the Health Board led a coordinated and highly visible programme of Remembrance Day and Remembrance Sunday activities, demonstrating its ongoing commitment to the Armed Forces Covenant and to recognising the service and sacrifice of the Armed Forces community. The commemoration was delivered in partnership with the Board's Armed Forces Champion and key internal stakeholders, including the Armed Forces Staff Network, Communications, Spiritual Care, and Estates teams.

Key activities included:

- A simultaneous two minute silence held across all four hospital sites, supported by the Estates team and observed in Outpatients and appropriate clinical and non clinical areas, ensuring wide participation across the organisation.
- Remembrance services and wreath laying ceremonies led by the Spiritual Care team in the chapels across all four hospital sites, providing staff, patients and visitors with meaningful opportunities for reflection.
- A commemorative video message, produced by the Communications team and shared via the Health Board's social media channels and hospital radio stations, extending the reach of the commemoration beyond hospital settings.

The Health Board's Armed Forces Champion and Independent Members represented the organisation at local Remembrance Sunday events, formally laying Health Board wreaths in Aberystwyth, Cardigan, Carmarthen, Haverfordwest, Llanelli and Pembroke Dock, reinforcing the Board's visible support for Armed Forces communities across the region.

Concluding comments

We are proud to highlight the Health Board's commitment to the Armed Forces Covenant through the examples outlined in this 2025-26 end of year report various improvement in outcomes for and celebrations of veterans and members of the Armed Forces both in our workforce and in the community. Our commitment to work in partnership, both at strategic, operational and community levels, in order to drive improved outcomes for veterans, important changes and quality improvements, commemorative events, staff awareness and training opportunities, staff recognition, and more, will continue during this reporting year and beyond.

4.5

11:45, 10 Mins

4.5 - Improving Outcomes for Unpaid Carers - End of Year Reports 2025/26

Anna Bird (Hywel Dda UHB – Assistant Director of Business, Partnerships and Inclusion)

For assurance

Attachments

4.5 Carers Update Report - SBAR for PODCC - May 2026 FINAL.pdf

4.5 Appendix 1 - Carers Annual Report 2025-26 FINAL - for PODCC.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 May 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Improving Outcomes for Unpaid Carers – Annual Report 2025/26
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling, Executive Director of Workforce and Organisational Development / Deputy Chief Executive
SWYDDOG ADRODD: **REPORTING OFFICER:**	Anna Bird – Assistant Director of Business, Partnerships and Inclusion Beverly Davies – Strategic Partnership and Inclusion Manager

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The People, Organisational Development and Culture Committee (PODCC) is asked to receive this Annual Report 2025/26 which provides an update on the actions being taken by the Health Board to implement the Social Services and Wellbeing (Wales) Act 2014 and improve outcomes for unpaid carers.

Cefndir / Background

Most people will be unpaid carers at some point in their lives (Carers UK, Facts About Carers, 2025). Caring can be deeply rewarding, and unpaid carers play a vital role in supporting those who rely on them. However, it is also recognised that taking on a caring role can present significant challenges, and each unpaid carer's experience is shaped by their unique circumstances. According to the 2021 Census 40,535 people in West Wales provide unpaid care, which is 10.5% of the population. Furthermore, 51% of over 65's in West Wales provide over 50 hours care per week.

The Social Services and Well-being (Wales) Act 2014 places a statutory duty on the Health Board to recognise unpaid carers as people with their own needs and with rights, and promote and improve their wellbeing, not just the care-for-person. The Health Board also has a duty to provide timely information, advice and assistance.

The Health Board's organisational action plan aligns with the regional and national strategies for unpaid carers. Regionally, this work is overseen by the West Wales Carers Development Group (WWCDG) which is a formal sub-group of the West Wales Regional Partnership Board (RPB). During 2024/25, the WWCDG undertook a comprehensive programme of engagement and published the refreshed West Wales Strategic Plan for Unpaid Carers 2025–2030 in Autumn 2025. The regional strategic plan is built around two priorities:

1. Carers are visible and valued
2. Carers are supported

Welsh Government is currently undertaking a refresh of the national strategy, with publication of the revised version expected by the end of the calendar year.

The Carers Team (which is part of the Business, Partnership and Inclusion Team within Workforce and Organisational Development) co-ordinates the system-wide action to improve outcomes for unpaid carers and holds a small core budget which is used to commission voluntary sector organisations to delivery information and outreach services in the community, as well as Carers Officers within hospital settings. These services support unpaid carers of all ages. In addition, the Carers Team is actively working to improve awareness and early identification of unpaid carers who are employees of the Health Board delivering training, designing and publishing policies and resources, as well as co-ordinating awareness raising campaigns.

Asesiad / Assessment

The attached Annual Report (Appendix 1) provides assurance on the breadth and impact of activity delivered during 2025/2026 to support unpaid carers; this includes our employees with an unpaid caring role as well as patients or their family members who are unpaid carers within our communities. The report is structured around the two regional strategic priorities, which align with the national and regional carers strategies, and highlights the collective contribution of teams across the Health Board alongside targeted actions led by the Carers Team. The report incorporates qualitative feedback and direct quotes from unpaid carers and staff to demonstrate the impact made by the services people access, and to illustrate how these interventions make a meaningful difference to individuals with unpaid caring responsibilities.

The Investors in Carers (IiC) scheme, co-ordinated by the Carers Team, forms part of the prevention and early intervention landscape and plays a vital role in the early identification of unpaid carers to ensure that they can be signposted to support that will help with the things that matter most to them in their caring role. During the year:

- **689** unpaid carers identified and referred to support in the last year, with **188** settings actively engaged.
- More than **1,300** staff have completed carer awareness training.
- **1,122** staff from a wide range of services attended the 70 online training sessions delivered by the IiC team, with **200** more staff attended the face-to-face sessions for some services.

Our jointly commissioned Carers Information service demonstrated significant increase in numbers of new unpaid carers identified by, or referred to and supported by, the service. During this reporting year:

- **2,584** new adult carers were identified and referred to services, an increase by 504 or 24.23% from 2024 - 25.
- **3,476** unpaid carers were supported, an increase by 1306 or 166.16% from 2024-25. A total of **364** young carers were identified, an increase of 23 or 6.74% from 2024-25; the total number of young carers supported dipped from 2,019 in 2024-25 to 1,840 in 2025-26 and this was mainly to change of provider in one local authority.

In addition, the Carer Officers, who the Health Board specifically commissioned to support staff and unpaid carers during hospital admission and discharge process have supported:

- 2,131 members of staff and visitors including unpaid carers during the total 226 drop-in and information events, an increase of 571 or 36.6% of people attending last year.

During this reporting year the Health Board successfully gained the Employers for Carers Level 3 Carer Confident Ambassador Award in recognition of the support which is offered to our staff who have unpaid caring responsibilities in their home lives. As of 31 March 2025:

- **274** staff had registered their supplementary role as "A Working Carer", an increase by 113 or 70.19% since the last reporting year. This reflects that initiatives to promote and encourage the self-reporting of supplementary roles through ESR have been successful, and similar increases have been experienced in the self-reporting of other roles e.g. Armed Forces.
- **173** staff are members of the Staff Carers Peer Support Group, an increase from 130 or 21%. The monthly Carers Peer Support group continues to be popular with staff and provides an informal mechanism to support wellbeing, as well as a vehicle for sharing relevant information about local support services.
- **56** staff attended the line managers training.
- **92%** workforce compliance in completing the mandatory Carer Aware e-learning, providing organisational assurance and demonstrable improvement in staff confidence and capability.
- **4,153** views across 30 Viva Engage posts focused on unpaid carers.

Overall, the Health Board has made strong progress in embedding carer-aware practice and strengthened both internal and external partnership working arrangements. However, it is worth noting that the number of people aged over 85 in West Wales is projected to increase by 42.6% by 2035, almost twice the Wales projected increase by 27.8% over the same period. The working age population is also projected to fall by 3.1%, also over the same period (ONS, 2021) and that two thirds of adults over the age of 65 years are expected to be living with multiple health conditions and an increased life expectancy by 2035 (Welsh Government, 2024). This means that people will spend longer living with multiple conditions which is very likely to impact on the support needed from families, unpaid carers and friends.

The Health Board's work to embed a social model for health and wellbeing, and support people to live independently in their own homes and communities will continue to be of vital importance, and this must be seen alongside the prioritisation of support for unpaid carers on whom our health and social care systems rely. Capturing and learning from carers' lived experience also remains an on-going priority, providing insight into what matters most to unpaid carers and informing the prioritisation of future actions to ensure that unpaid carers are visible, valued and supported.

Argymhelliad / Recommendation

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

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

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

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference & 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:	1. Putting people at the heart of everything we do 4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Social Services and Well-being (Wales) Act 2014
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:	Some of the services currently commissioned by the Health Board are funded via short-term, time-limited funding streams via the Regional Partnership Board. Continued sustainable funding for these services which contribute to prevention and early intervention have been flagged as a future cost pressure to the Health Board. If funding is not identified this does create a risk that services which are specifically

	focused on supporting unpaid carers will cease at a time when promoting independence, maintaining care in communities close to home and reducing avoidable hospital admissions and length of stay is an increasing priority.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	The effective early identification of unpaid carers and signposting to support to meet their own health and wellbeing needs will impact on the quality of patient care and experience. The willingness of unpaid carers to support care at home can impact on timely hospital discharge.
Gweithlu: **Workforce:**	All staff have a role to play in the early identification of unpaid carers of all ages, including patients, family members and colleagues.
Risg: **Risk:**	Unpaid carers are a vital part of the broader health and care system. There is a risk that if unpaid carers are not supported in their unpaid caring role and maintain their own health and wellbeing, this could result in increased hospital admissions or pressures on health and social care to provide higher levels of support for care at home.
Cyfreithiol: **Legal:**	The Health Board has statutory duties within the Social Services and Wellbeing (Wales) Act 2014 to provide information, advice and assistance to unpaid carers.
Enw Da: **Reputational:**	Implementation of the Social Services and Wellbeing (Wales) Act and the provision of support for unpaid carers is reviewed by Welsh Government through the Regional Partnership Board. The Health Board also works in partnership with the local authorities, third sector providers and community champions who informally hold the Health Board to account for our progress and work to improve outcomes for unpaid carers within our community.
Gyfrinachedd: **Privacy:**	Not applicable.
Cydraddoldeb: **Equality:**	An Equality Impact Assessment has not been undertaken as this is an update report. Whilst carers are not a protected group under the Equality Act 2010, unpaid carers, like the people they support are also likely to identify with multiple protected characteristics.

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Unpaid Carers Annual report 2025 / 2026

01 April - 31 March 2026

Executive Summary

Early identification and effective support for unpaid carers remains a strategic priority for Hywel Dda University Health Board. Delivery is led through the Business, Partnerships and Inclusion (BPI) Team working collaboratively with internal teams, local authorities and the voluntary sector, as well as through regional partnership arrangements and national forums.

During 2025/26, the Health Board has made sustained, measurable progress to improve outcomes for unpaid carers within our communities, services and for members of our workforce who have caring responsibilities. Activity has been aligned with the two regional priorities published in the West Wales Regional Partnership Board: West Wales Strategic Plan for Unpaid Carers 2025-2030. The two priorities are to ensure unpaid carers are visible and valued, and that, unpaid carers are supported.

Carers are visible and valued

Significant progress has been made in the identification of unpaid carers and the visibility of support available to them:

- **689** unpaid carers were identified by teams who are actively engaged with the Investors in Carers (IiC) scheme.
- A total of **364** young carers were identified, an increase of 23 or 6.75% from 2024/25.
- **188** teams are actively engaged in the IiC accreditation scheme and 42 new accreditation awards were made during the year.
- **1,122** staff from a wide range of services attended the **70** online training sessions that were delivered by IiC staff via Microsoft Teams and a further **200** staff attended the face-to-face sessions.
- **92%** of the workforce have completed the mandatory Carer Aware e-learning, supporting an improvement in staff confidence and capability.
- **30** Viva Engage posts were promoted during the year focussing on unpaid carers which resulted in **4,153** views.

Carers are supported

The Health Board jointly commissions Carers Information and Outreach services with our three local authority partners. In addition, the Health Board commissions specific support for unpaid carers linked to hospital discharge pathways – this is funded via the Regional Integration Fund and ring-fenced Welsh Government funding. Data reported at financial year end demonstrated significant increases in numbers of new unpaid carers identified and supported by our service providers. During this reporting year:

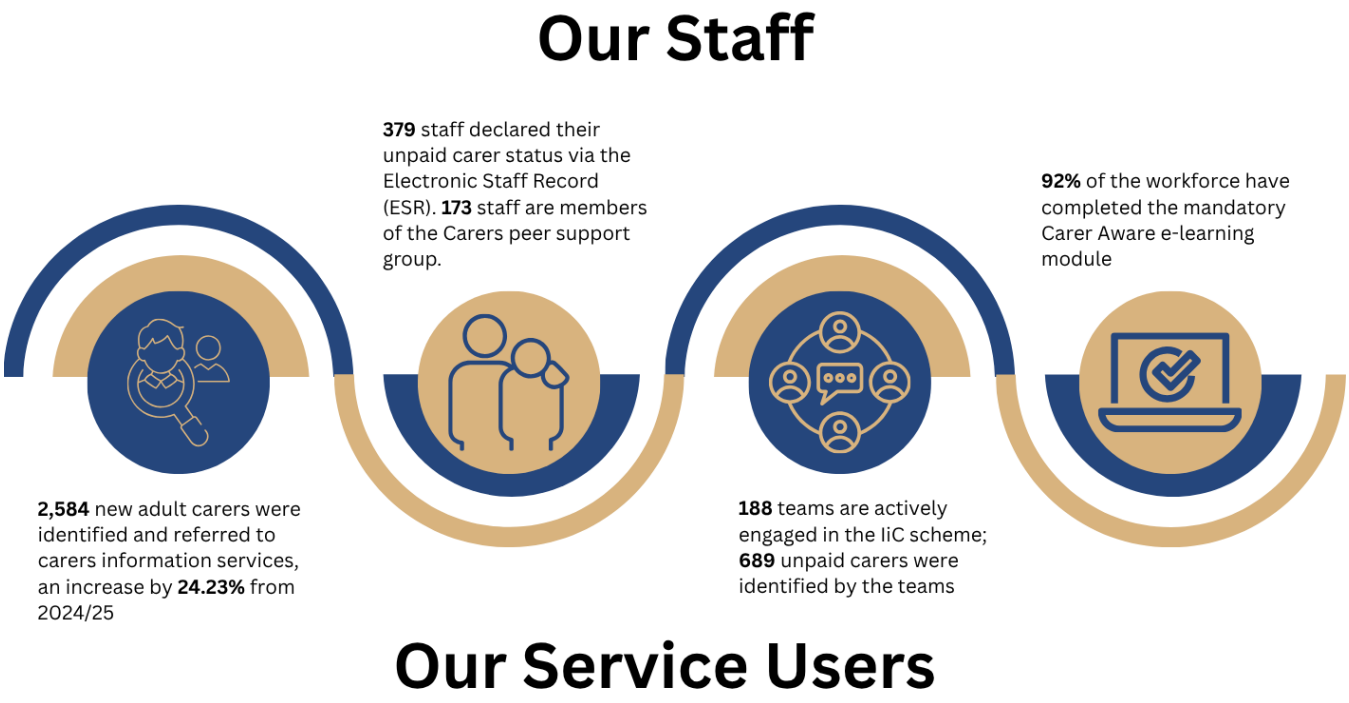
- **2,584** new adult carers were identified and referred to carers information services, an increase by 504 or 24.23% from 2024/25.
- **3,476** unpaid carers were supported by our third sector partners, an increase by 1,306 or 166.16% from 2024/25.
- A total of **1,783** unpaid carers were supported within the hospital and in the community by the Carer Officers, an increase of 205 or 13%% from 2024/25.
- **2,131** members of staff and visitors including unpaid carers attended a total of 226 drop-in sessions, an increase of 571 or 36.6% of people in the last year.

The Health Board has also strengthened support for staff with caring responsibilities. As of 31 March 2026:

- **379** staff declared their unpaid carer status via the Electronic Staff Record (ESR), an increase of 105 or 38.32% since April 2025.
- **173** staff are members of the Staff Carers Peer Support Group, an increase of 30 or 21% in the last year.
- A total of **5** training sessions for line managers were delivered and attended by 56 staff.

This reflects a positive shift towards a more open and inclusive workplace culture.

Overall, the Health Board has made strong progress in embedding carer-aware practice and strengthening partnerships, while recognising the need for continued focus on earlier identification of unpaid carers, making them visible, valued and supported.



Please refer to the full report for more detailed information.

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Introduction

The early identification and provision of support for unpaid carers are a strategic priority for Hywel Dda University Health Board (HDdUHB or the Health Board). A dedicated Carers Team (within the Business, Partnerships and Inclusion team) leads this work, driving improvements for unpaid carers both within the workforce and across the communities we serve. The team works collaboratively with colleagues across the Health Board, as well as with partners in local authorities and the voluntary sector, to ensure unpaid carers are visible, valued and supported and for them to be able to access timely, meaningful help.

Central to this approach is the Health Board Carers Action Plan which provides a clear, framework for coordinated action. Progress is delivered through a range of established partnership forums, including:

- West Wales Carers Development Group,
- Health Board Carers Steering Group,
- Carers Peer Support Network,
- Carers Providers Collaborative Group,
- Various local partnership forums.

Strategic leadership and alignment

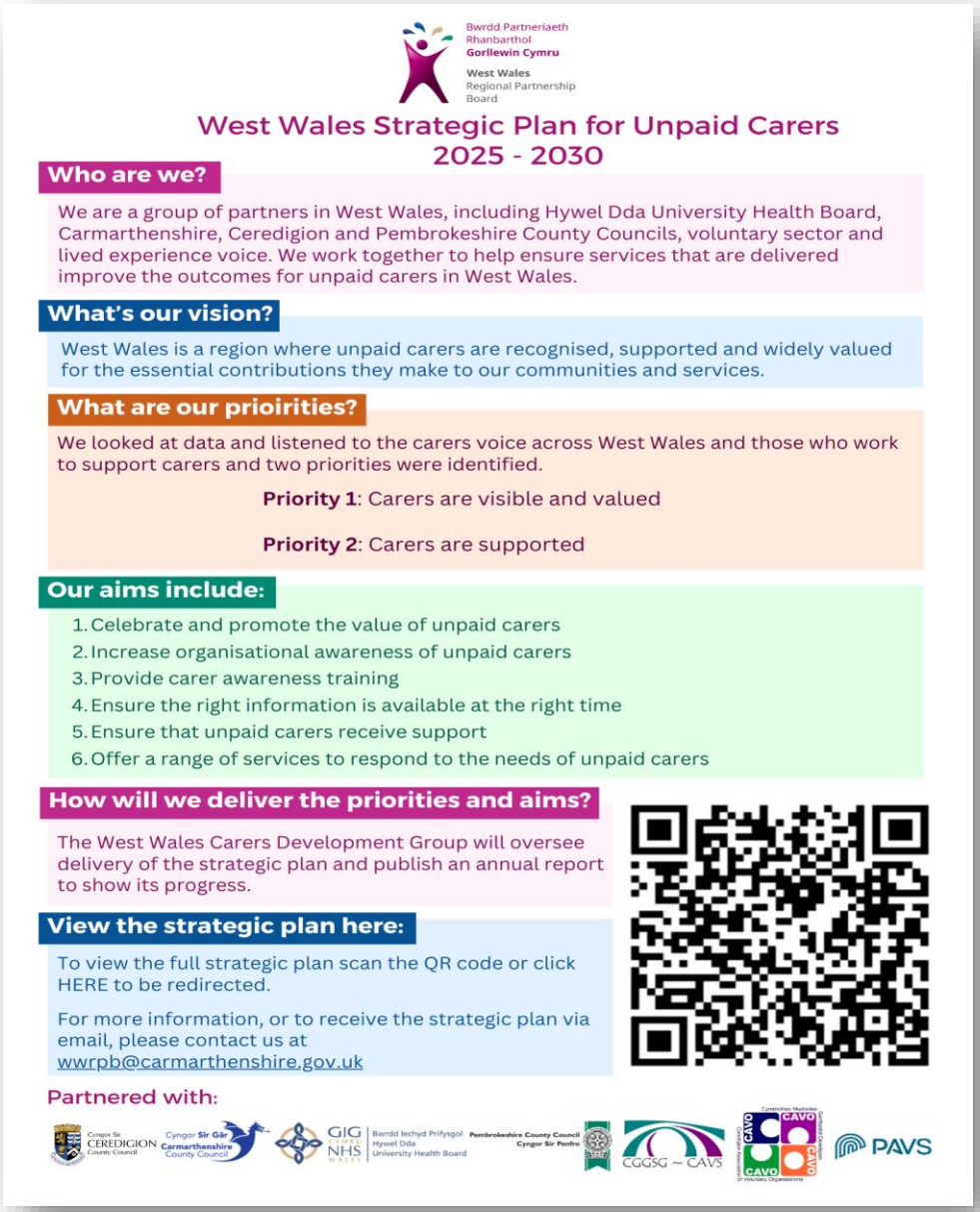
The Health Board's Assistant Director for Business, Partnerships and Inclusion (BPI) plays a key role in ensuring alignment between national, regional and local priorities. They are a member of the Welsh Government Ministerial Advisory Group for Unpaid Carers and Chair of the West Wales Carers Development Group (WWCDG), a formal sub-group of the West Wales Regional Partnership Board (RPB). These roles provide a strong mechanism for influencing national policy and ensuring coherence across systems.

National strategic context

The Welsh Government's Strategy for Unpaid Carers, published in March 2021, provides the current national strategic direction for improving the recognition, support and outcomes of unpaid carers across Wales. The Welsh Government is currently revising the national strategy, with publication expected by the end of the calendar year. The BPI Team coordinated a corporate consultation response to ensure the revised strategy is evidence-based and reflects the realities and priorities of unpaid carers and services living across our Hywel Dda communities.

West Wales Strategic Plan for Unpaid Carers 2025-2030

During 2024/25, the West Wales Regional Partnership Board (RPB), undertook an extensive programme of engagement to refresh the previous Carers Strategy (2020–2025). This work included wide-ranging consultation with unpaid carers, citizens, professionals and partner organisations across West Wales and published the refreshed West Wales Strategic Plan for Unpaid Carers 2025–2030 in the Autumn of 2025. The Strategy is summarised in one page below.



The refreshed strategy provides the overarching framework that shapes and directs the Health Board's approach to supporting unpaid carers across the region. As part of its strong commitment to accessibility and inclusion, the Health Board has ensured that the Strategy page summary is available in a range of accessible formats. The strategy has been translated into eight additional languages, including British Sign Language (BSL), to support wider understanding and engagement and to remove barriers for carers whose first language is not Welsh or English.

Population Data

Most people will be unpaid carers at some point in their lives (Carers UK, Facts About Carers, 2025), and according to the 2021 Census **40,535** people in West Wales provide unpaid care, which is 10.5% of the population. Caring can be deeply rewarding for many, and unpaid carers play a vital role in supporting those who rely on them. However, it's also recognised that taking on a caring role can present significant challenges, and each unpaid carer's experience is shaped by their unique circumstances.

In Hywel Dda area alone, 51% of over 65's unpaid carers provide over 50 hours care per week. The number of people aged over 85's is projected to increase by 42.6% by 2035, almost twice the Wales projected increase by 27.8% over the same period (ONS, 2021); and two thirds of adults over the age of 65 years are expected to be living with multiple health conditions and an increased life expectancy by 2035 (Welsh Government, 2024). This means that people spend longer living with multiple conditions, with little change in healthy life expectancy. This is very likely to impact on the support needed from families, unpaid carers and friends.

Moreover, according to the Population Needs Assessment (2025) there are 7,860 people in West Wales aged over 65 living with dementia and is projected to increase by 38.7% in the next ten years which will have significant implications for the health and social care system. Demands for hospital services and community care are likely to increase. This also means that there will be greater reliance on unpaid carers as families and friends are likely to shoulder more responsibility for care, which means unpaid carers will need more structured support, both within hospital and community settings, to prevent burnout and be able to maintain their own health and wellbeing.

The following information from the West Wales Strategic Plan for Unpaid Carers 2025-2030 shows some of the key facts and figures for Wales and West Wales which demonstrates the importance of continuing to identify and support unpaid carers in West Wales:

In Wales around 311,000 unpaid Carers of all ages provide care, worth around £10 billion to the Welsh economy each year.

3 in 5 people in Wales will become a Carer at some point in their lives. Source: Carers Trust Wales, July 2020.

Wales has the highest proportion of older carers and carers providing more than 50 hours of care a week. Source: Census 2021.

There are approximately 8,200 carers in Wales aged between 5 and 17 years old. Source: Census 2021

10.5% of the population in West Wales provide unpaid care (40,535).

51% of over 65's in West Wales provide over 50 hours care per week.

This annual report provides an update on key areas of work which have been on-going during the reporting period 2025/2026 aligned to each of our regional priority areas of focus to provide assurance that we are delivering our commitment to unpaid carers. For more information about the Health Board's work, visit https://hduhb.nhs.wales/healthcare/services-and-teams/carers-information/

Priority 1: Carers are visible and valued

This priority is about recognising unpaid carers as essential partners in care and ensuring that they are signposted to the support they need to help them in their caring role. The Social Services and Wellbeing (Wales) Act 2014 sets out expectations that health services should routinely identify unpaid carers, acknowledge the critical role they play, and respect their knowledge, experience and wellbeing. For the Health Board, this priority places clear responsibility on all services to embed early identification and timely support for unpaid carers as a routine part of everyday practice, requiring a cultural shift rather than an additional task.

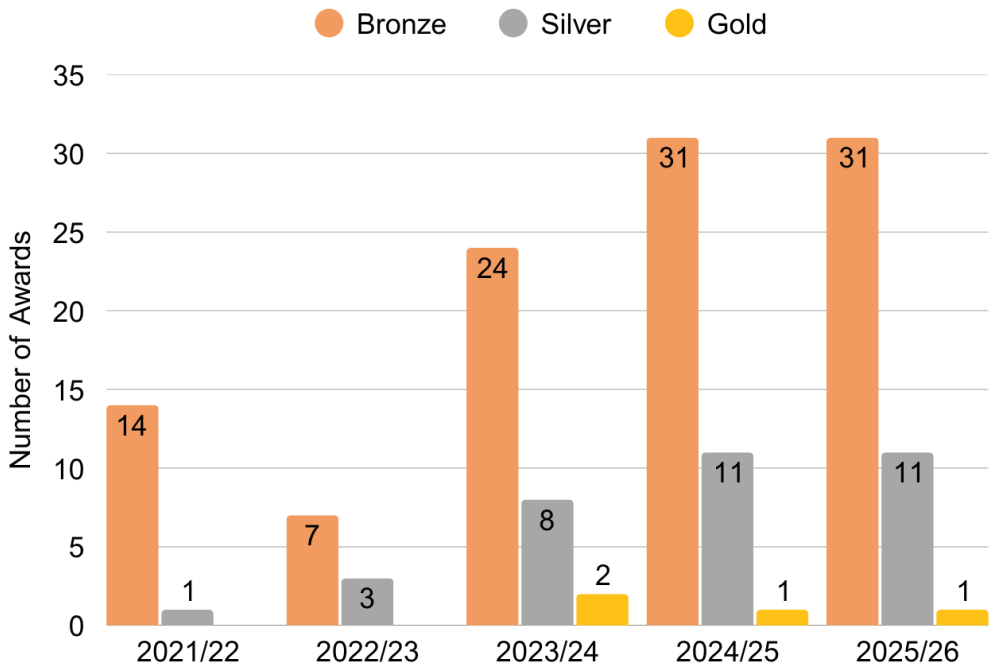
Investors in Carers

The Investors in Carers (IiC) scheme is a key mechanism for strengthening the early identification, recognition and support of unpaid carers of all ages across the Hywel Dda region. The scheme is designed to:

- Promote a whole-system approach to the early identification of unpaid carers, ensuring shared responsibility across services and equipping staff with the knowledge and confidence to proactively signpost carers to timely help and support.
- Build workforce capability by upskilling carer leads and staff across health, social care, voluntary, public and community settings, improving understanding of who unpaid carers are, the diversity of their needs, and how services can adapt to be more accessible and inclusive.
- Deliver direct benefit to unpaid carers, ensuring they are recognised and valued, with attention given to their own health, wellbeing and wider holistic needs, enabling them to sustain their caring role where they choose to do so.
- Establish and strengthen a network of Carer Champions, working collaboratively to improve outcomes for unpaid carers and for staff who are carers in their personal lives.
- Support compliance with local and national legislation and policy requirements relating to unpaid carers.

The IiC scheme intentionally extends beyond health settings to include a wide range of organisations such as schools, libraries, leisure centres, local authority services and third sector organisations, recognising that unpaid carers can be identified and supported in many different community contexts. Participating settings progress through bronze, silver and gold levels, demonstrating continuous improvement in carer awareness, practice and support.

A total of 188 settings are actively engaged with the IiC scheme. Of these, 42 settings have achieved IiC recognition during 2025/26 and the graph below shows the number of new awards by year.



The feedback below outlines the impact that gaining IiC accreditation has for teams and the benefit this provides to service users.

> “Achieving the Investors in Carers Bronze accreditation means a great deal to us. It reflects the compassion, commitment, and everyday effort our team puts into supporting carers and their families. We’re incredibly proud of this recognition, and it strengthens our determination to keep creating a setting where carers feel valued, understood, and never alone in what they do.”
>
> Carer Lead, Community Team - Learning Difficulties

Embedding Carer-Aware Practice

A growing number of service areas have demonstrated increased commitment to recognising and supporting unpaid carers, both within their own workforce and among service users. A notable example is the Mental Health and Learning Disability (MH/LD) Directorate, which has committed to ensuring that all teams, wards and services engage with the IiC scheme as part of their continuous quality improvement activity. This approach directly supports recommendations from the recent Health Education and Improvement Wales (HEIW) report, which highlighted the importance of identifying and supporting unpaid carers of all ages within MH/LD services. In addition, all mental health support services commissioned by the Health Board are now required to achieve at least IiC Bronze level as a condition of their service level

agreements. Progress and engagement are regularly monitored through contract review meetings, ensuring accountability and sustained improvement.

> "We are incredibly pleased to have achieved the Bronze Level IiC accreditation. Despite demands and pressures on the service the Team has remained committed and will endeavour to maintain compliance."
>
> Carmarthenshire Specialist Children's and Adolescent Mental Health service

The Paediatric Speech and Language Therapy (SLT) Service, which operates across all three counties, has also been actively engaged with the IiC scheme for several years. Unpaid carers are a standing agenda item at the three-county SLT team meetings, ensuring carer-related information is routinely shared and discussed. Managers across the service also actively promote the use of the Carers Policy and Carer Passport, applying these tools where appropriate to support unpaid carers within their teams. Recent activities included active participation during Young Carers Action Day in March 2026, reinforcing the team's role in recognising and supporting young carers and parent carers. At an operational level, SLT staff hold ongoing, proactive conversations with families on their caseloads to help parents and family members recognise and self-identify as unpaid carers. This sustained involvement has supported the consistent embedding of carer-aware practice across the service.

Together, these practices demonstrate how long-term engagement with the IiC scheme has enabled the involvement of unpaid carers to become an integral aspect of Paediatric SLT services, moving carer identification from a one-off intervention to a routine and embedded part of family-centred care.

> "I was really supported by my colleagues and line manager along with occupational health, with reasonable adjustments to my case load because of the pressures of caring with my husband's disability and what I need to do to care for him."
>
> Staff member – Speech and Language Therapy team

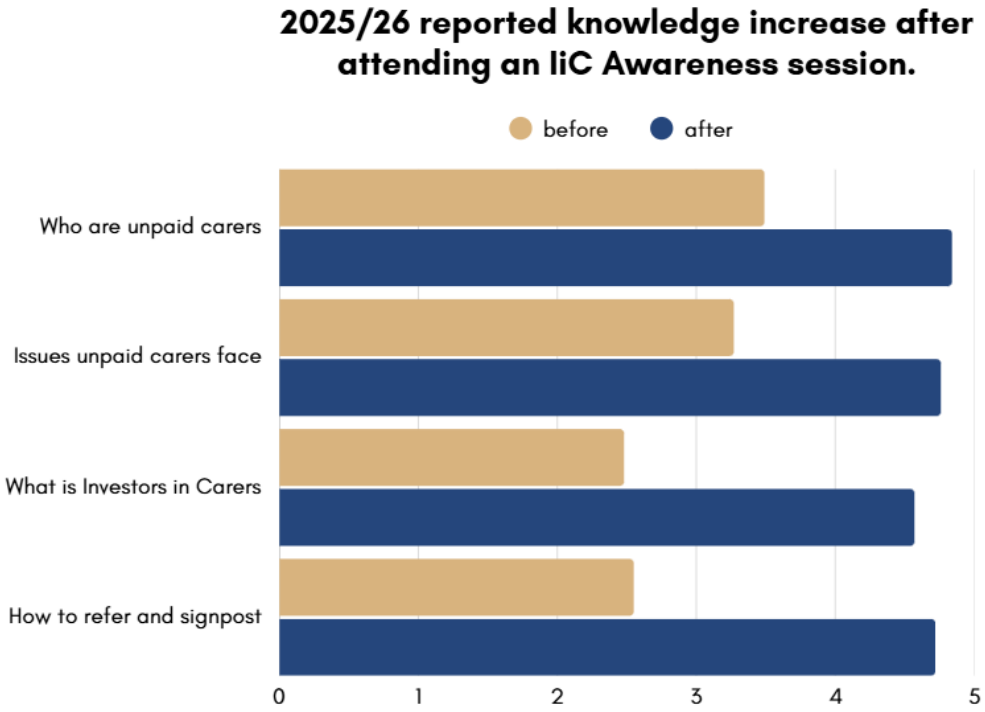
Carer Awareness training

Carer Awareness training is a cornerstone of the IiC scheme and is central to embedding carer-aware practice across all services. The programme is designed to deepen understanding of who unpaid carers are, build staff confidence to support early identification, and strengthen knowledge of referral pathways and the support available.

During 2025/26, we saw:

- **1,122** staff from a wide range of services attended the **70** online training sessions delivered via Microsoft Teams,
- **200** staff attended the face-to-face sessions for priority frontline services, including Carmarthenshire Home Care teams.

The effectiveness of the carer-awareness training programme has been measured through pre and post-training evaluations completed by participants using a five-point scale (with five being the highest score). The snapshot below illustrates the 'before' and 'after' scores from training sessions delivered over the last 12 months, clearly demonstrating the positive impact of the programme on staff knowledge and confidence.



Examples of feedback from staff attending the carer awareness training include:

"I found the session really engaging, very helpful and informative and gained more of my knowledge about unpaid carers and how to support them."

"The training was very informative and highlighted the impact that caring can have on the individual is providing unpaid caring roles."

"Excellent presentation – Staff thoroughly enjoyed and are now confident in signposting unpaid carers for further help and support."

Carer Awareness training is delivered using a flexible and bespoke model, enabling content to be tailored to the specific roles, responsibilities and operational contexts of different organisations and services. This approach ensures the training is relevant, meaningful and immediately applicable to practice, rather than a one-size-fits-all model.

The benefits of this tailored approach are demonstrated through recent delivery to newly engaged and specialist groups. For example, in March 2026, bespoke IiC Carer Awareness training was delivered to 75 staff from Pembrokeshire Coast National Park Authority following their recent engagement with the scheme. Tailoring the content to a non-traditional care setting enabled staff to recognise unpaid carers within environmental, community and visitor-facing roles, broadening understanding of where carers can be identified beyond health and social care environments.

A specialist session on “Making communication and information accessible for unpaid carers” was also delivered in September 2025, with 29 carer leads and staff attending. This session addressed the specific challenges faced by unpaid carers and people with sensory loss. It highlighted how caring responsibilities can be compounded by barriers in communication and information.

> “All of the information was useful and increased my knowledge around Sensory Loss, and how it can affect people if they do not get the support that they need. More awareness is

> “Guidance provided about format of written documentation was very useful. As was the resource links to pass onto patients who have sensory loss. Thank you.”

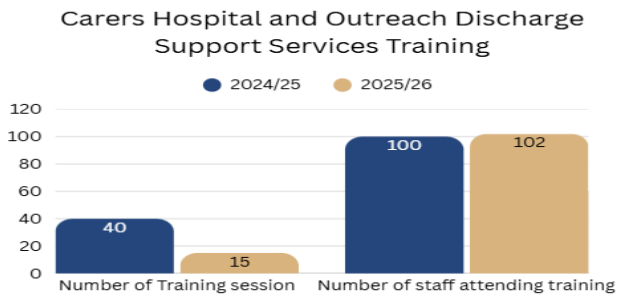
> “Some great points to consider with posters/communication and this can be done alongside the autism information that was previously given about colours etc.”

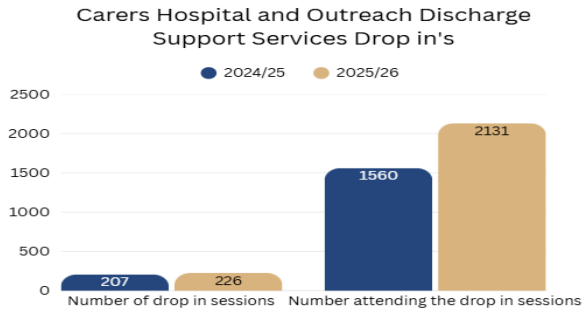
Alongside structured sessions, drop-in training opportunities are also offered. These create accessible spaces for staff that fit around their schedules and encourages engagement from staff who may not traditionally access formal training and supports a broader culture of carer awareness.

Carer awareness training through commissioned service providers

In addition to the awareness raising training delivered by the Health Board Carers Team, Carer Officers from the Hospital and Outreach Discharge Services (commissioned by the Health Board) also include awareness raising as a key requirement within their service specifications. During 2025/6:

- 15 training sessions were delivered to 102 individuals.
- 226 drop-in information events were held, and 2,131 people were recorded as attending
- 1,094 new referrals to both the hospital and community-based Carer Officers, an increase of 191 104 or 21.15% from 2024-25.





HDdUHB Carer Aware e-learning (mandatory training)

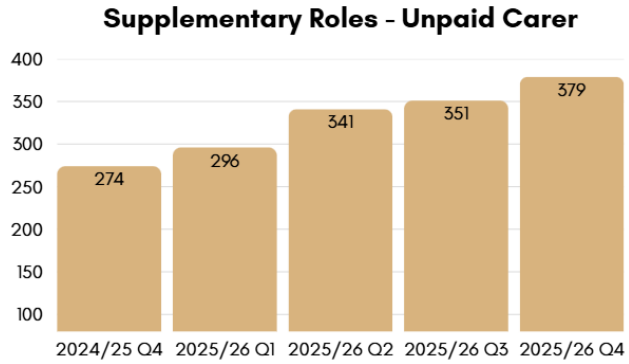
Since May 2023, the Carer Aware e-learning programme has been mandatory for all Health Board staff. The training underpins the Health Board's commitment to recognising carers early, involving them appropriately, and ensuring they are signposted to timely support.

As at 31 March 2026, 92% of staff had completed the training, which demonstrates strong organisational engagement and providing assurance that much of the workforce has a core understanding of who unpaid carers are and why their identification and support is essential. However, compliance does vary across staff groups, with some clinical professions reporting notably lower completion rates, highlighting a targeted area for improvement.

Overall, this report demonstrates evidence of a wide variety of Carer Awareness training and activities to ensure that carers are visible. The bespoke and needs-led way this is approached increases staff engagement, strengthens confidence, and ensures learning translates into action, and therefore, supporting the early identification of unpaid carers across a wider range of settings.

Making our staff who are unpaid carers visible

The Health Board continues to improve visibility and support for working carers through the Electronic Staff Record (ESR), enabling staff to self-record “Working Carer” as a supplementary role. Awareness of self-recording option is promoted through corporate and managerial training, including induction, Hywel Dda Manager training and the LEAP programme. As of 31 March 2026, 379 staff had recorded themselves as “Working Carers” on ESR, representing a 38% increase compared to 2024/25. This demonstrates improved awareness, increased confidence among staff to identify as carers, and the effectiveness of sustained engagement activity.



Celebrating national dates

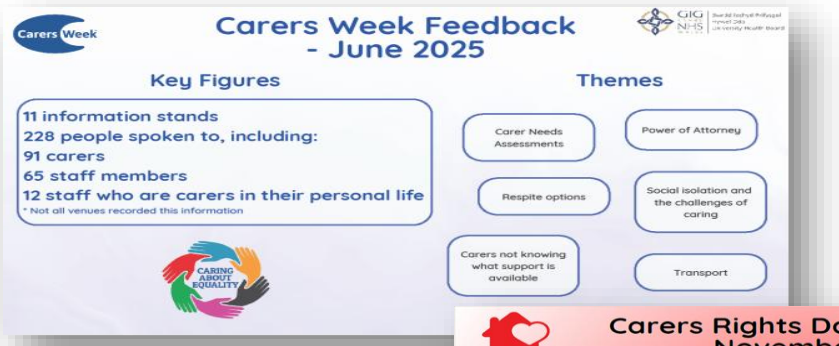
In line with the West Wales Strategic Plan for Unpaid Carers 2025–2030, the Health Board has taken a proactive and sustained approach to supporting national events, raising awareness of unpaid carers across health and community settings.

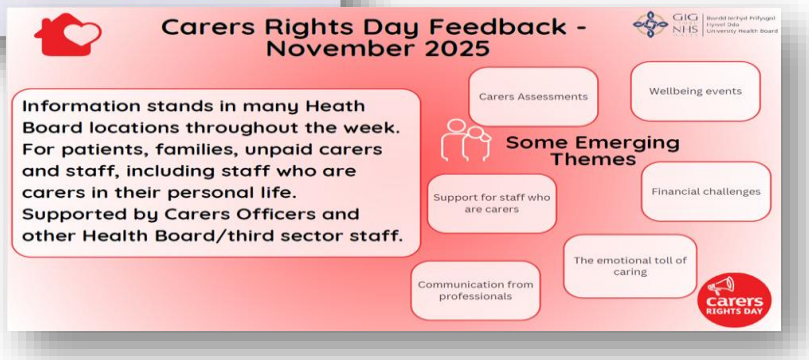
During **Carers Week** in June 2025, a series of information stands were held across the main hospital sites in all three counties, supporting the Strategy’s ambition to increase the visibility and recognition of unpaid carers at every point of contact. The stands were delivered through a strong partnership approach, with representation from the Carers Discharge Support Service, Admiral Nurses, Workforce Advisors and the Community Development Outreach team. Patients, unpaid carers and staff visited the stands, creating valuable opportunities for one-to-one introductory conversations, promoting self-identification as an unpaid carer and providing tailored signposting to support available within hospital pathways and the wider community.

Feedback gathered during Carers Week provided important insight into carers’ lived experiences, including:

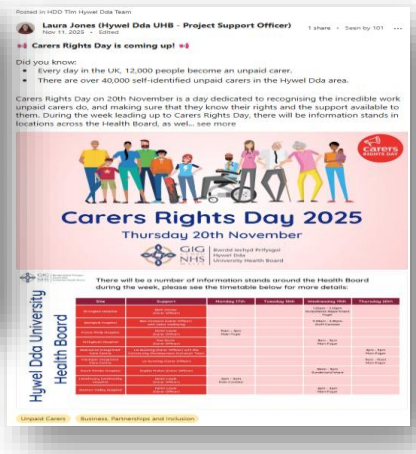
- challenges around care packages,
- barriers to sustaining caring roles,
- the need for a wider range of flexible support services, and
- difficulties accessing district nursing services.

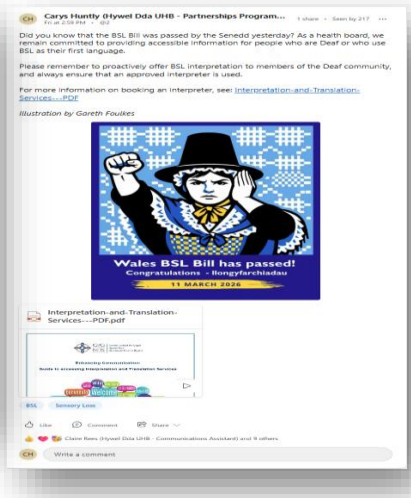
This intelligence continues to inform service improvements as well as supporting the Health Board’s commitment to ensuring carers’ voices directly shape policy and practice.





Beyond Carers Week, the Carers Team has maintained year-round visibility of unpaid carers through consistent and proactive communications. Information and opportunities for unpaid carers have been shared via Global emails, Viva Engage and other social media channels, helping to embed carer awareness across the organisation. Over the course of 2025/26, there were 4,153 views across 30 Viva Engage posts focused on unpaid carers.





Staff feedback highlights that increased carer awareness has enhanced both carer and patient experience by enabling earlier, more supportive conversations.

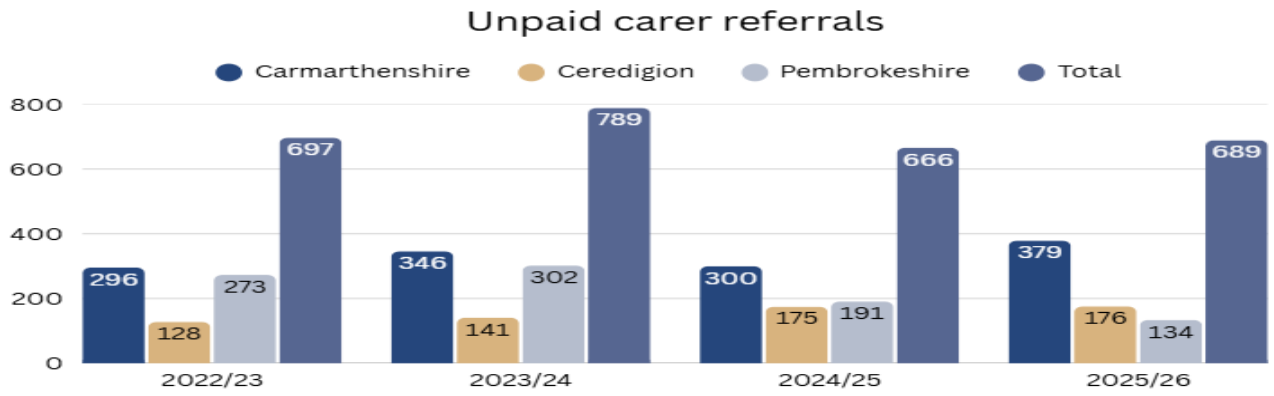
> “I completed a carers assessment with Holly (name changed) this morning, I have given her carers information and will ring her when I am back from leave in 2 weeks. Holly fed back about the CARER and support she has had her son and was full of praise for the team.”

Priority 2: Carers are supported

This priority means that unpaid carers in West Wales will be able to access clear, timely information through an easy-to-use point of contact and staff will be confident to signpost them to seek help that will support them in their caring role.

Signposting unpaid carers to support through IiC Scheme

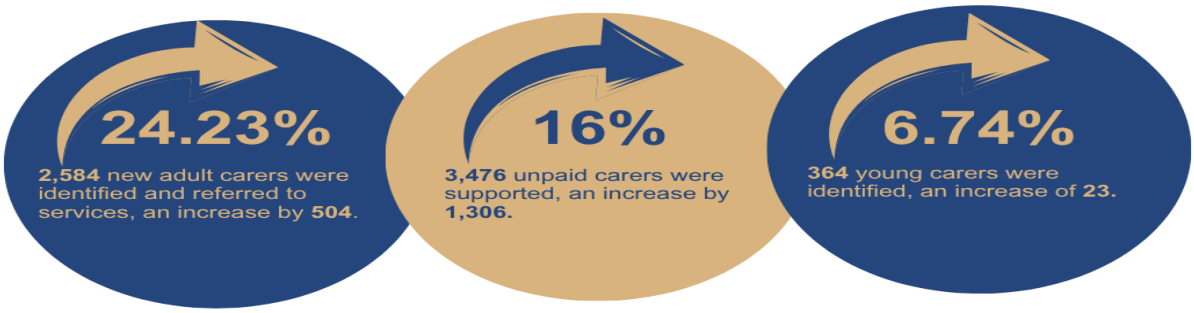
As a result of IiC activity over the last 12 months, 689 unpaid carers were identified and referred to local carer support services through the completion of the unpaid carers referral form, providing clear evidence of the scheme's tangible impact and contribution alongside other awareness raising activities.



Commissioned Services – Carers Information and Support

The Health Board jointly commissions Carers Information and Support services in partnership with our three local authority partners. These services play a central role in ensuring unpaid carers can access timely and consistent information, advice and support wherever they first seek help. These services are delivered by trusted voluntary sector partners, recognising the added social value, local knowledge and relationships that charitable organisations bring to carer support. During 2025-26:

- A total of 2,584 new adult carers were identified and referred to services, an increase by 504 or 24.23% from 2024-25.
- 3,476 unpaid carers were supported, an increase by 1306 or 166.16% from 2024-25.
- A total of 364 young carers were identified, an increase of 23 or 6.74% from 2024-25; the total number of young carers supported dipped from 2,019 in 2024-25 to 1,840 in 2025-26 and this was mainly to change of provider in one local authority.



Carers Hospital and Outreach Discharge Support Services

The Carers Hospital Discharge Support Service (CHDSS) and Carers Outreach Discharge Support Service (CODSS) supports the Health Board's commitment to recognising and supporting unpaid carers at a critical point of care: hospital admission and discharge planning. Funded through the Regional Integration Fund (RIF) and ring-fenced Welsh Government funding via the oversight of the Regional Partnership Board, the services ensure unpaid carers are identified early so that they can be actively involved in discharge planning, and provided with timely information, advice, assistance or support. The service is delivered through dedicated Carer Officers, employed by voluntary sector partners, who are based in our hospital settings, as well as within the community. Carer Officers work alongside hospital and community staff to improve the identification of unpaid carers, support meaningful engagement in discharge decisions and care planning, ensuring they are appropriately informed and supported to care safely at home. During 2025/26, the service reported:

- A total of 1,783 unpaid carers being supported within the hospital and in the community by the Carer Officers, an increase of 205 or 13% from 2024-25,
- 2,131 members of staff and visitors including unpaid carers attended the total 226 drop-in sessions, an increase of 571 or 36.6% of people attending over total increase of 19 sessions.

The impact for unpaid carers is illustrated in the case study below. Names have been changed and are fictitious.

Michelle spoke to the Carer Officer in Glangwili Hospital at the information stand as her husband, John, had recently been admitted to hospital following a fall in the bathroom. John has advanced Dementia and his mobility had declined severely in the last six months. She was visibly upset and now 'dreaded the thought of' her husband being discharged back home, as she felt she could no longer meet his care needs. Michelle wanted to know what her rights were, what options were available to her, to understand the process of what to expect next, to have more effective communications with decision makers and what support was available for her.

The Carer Officer supported Michelle by liaising with ward staff, Social Work Teams and the hospital Long-Term Care Team. Once Michelle understood the process better and knew what her 'Rights' were, she felt listened to and supported, and reported significant improvement in her mental health, with much reduced stress and anxiety. As a result, Michelle felt relaxed and objective when the 'Best Interest' meeting finally took place and felt her opinions/views were taken seriously and valued.

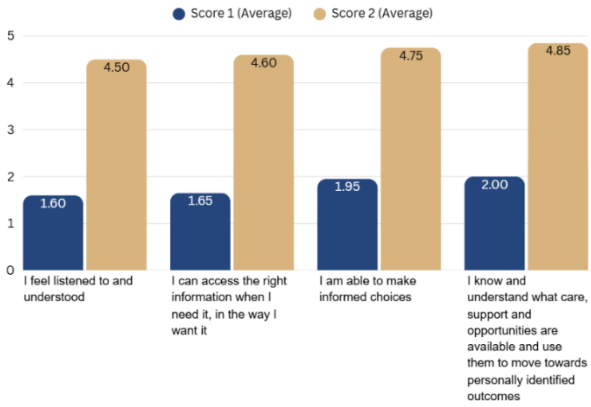
Both CHDSS and CCODSS capture qualitative insight through carer case studies and feedback through "what matters to me" conversations, during which unpaid carers are asked to assess their wellbeing across five key areas:

- Knowing and understanding what support is available and how to access it

- Accessing the right information, at the right time, in the right way
- Receiving early support to develop their full potential
- Feeling heard and listened to
- Feeling connected and supported within their community

This captures the tangible difference that timely information, advice and support can make and complements quantitative reporting and help evidence impact for carers and the wider system. Service outcomes reports show a significant improvement across all five wellbeing measures following engagement with services. On average, unpaid carers reported the greatest improvement in “feeling heard and listened to”, reflecting the person-centred nature of the service. The least improvement, while still positive, related to “feeling connected within the community”, highlighting an ongoing area for development and partnership working.

An example of outcomes from one county, based on data from 20 unpaid carers between October 2025 and March 2026, are shown below. These demonstrate measurable improvements in wellbeing following support, with baseline scores (Blue) compared to post-intervention scores (gold).



Carers Support West Wales (CSWW) website

The Health Board continues to play an active role in supporting and strengthening the Carers Support West Wales (CSWW) website as the region’s primary online “one-stop shop” for unpaid carers. The Carers Team is a standing member of the CSWW steering group, contributing to regular review and quality assurance of content to ensure information remains accurate, accessible and relevant for unpaid carers of all ages and at all stages of the caring journey.

The Health Board also actively promotes the CSWW website as the first point of information and support for both unpaid carers and frontline staff across health settings. Staff are encouraged to signpost colleagues and carers to the website at the earliest opportunity, supporting consistent messaging across the system and enabling carers to access trusted, up-to-date information quickly and independently. The link to the platform is here: Carers Support West Wales | Cymorth Gofalwyr Gorllewin Cymru.

Usage data demonstrates the growing reach and impact of the website. Between 1 April 2025 and 31 March 2026, the CSWW website recorded **151,831** visits, alongside 324,395 engagements across associated social media platforms. User feedback gathered through an online survey further evidences the usefulness of the platform. Of the 237 survey respondents, 100% reported satisfaction with the information provided, with 70% rating their experience as good and 30% as excellent. This feedback provides strong assurance that the website meets carers’ information needs and supports positive user experiences.

One user wrote:

> “Having information in one place, online, is essential for many carers. We don't always have the time to make phone calls or attend a meeting during office hours, so online information which can be found in the middle of a sleepless night or whilst scrolling through social media is really valuable. I also appreciate how Carers Support West Wales provides constant updates of events, which can't be covered by a printed newsletter as new things come up all the time.”

> “… their assistants provides an excellent service. For a person who’s had a stroke the link from hospital to home is invaluable. Also for me, as the main CARER, they provided reassurance and coping strategies for day to day issues. A special mention for Hayley, the OT assistant. She always phoned on the day of the arranged visit to confirm and check whether anything needed to be done before the visit. This is such a good practice when life is hectic.”

Supporting our staff

The Health Board actively promotes a carer-inclusive workplace culture demonstrates as a member of the Carers Wales Employers for Carers (EfC) scheme. This commitment was independently recognised in April 2025 through achievement of Level 3 Carer Confident Ambassador status. The Health Board also provides regional leadership by chairing the regional EfC Steering Group, sharing best practice, strengthening cross-sector learning and encouraging engagement from small and medium-sized organisations, contributing to wider workforce resilience.

Health Board activity has focused on increasing awareness and strengthening practical support for working carers and the managers who support them. This includes the provision of staff training, targeted promotion of unpaid carer awareness initiatives, and close collaboration with Workforce Advisors, Occupational Health and Relationship Managers. Evidence of the practical application becoming embedded within workforce processes was demonstrated by a recent Organisational Change Plan (OCP) where staff with caring responsibilities were supported to complete a Carers Passport, ensuring their needs were identified and considered within during the change process.

The Wellbeing Champion Network has further extended their reach through the delivery of wellbeing days across main hospital sites, providing accessible opportunities for staff and managers to discuss caring responsibilities, access advice and information, and seek support.

Staff Carers peer support group

The Health Board continues to actively support staff with unpaid caring responsibilities through the ongoing delivery of a Staff Carers Peer Support Group as part of our commitment to facilitating staff networks. The group provides a safe, inclusive space for staff carers to connect, share experiences and access timely information and support, contributing directly to staff wellbeing, inclusion and retention.

The peer support group meets monthly via Microsoft Teams and during the reporting year:

- **11** support sessions were delivered, and
- **173** members are now members of the Carer Peer Support Network, an increase of 30 or 21% in the last year.

Content of network sessions is shaped by members to ensure relevance and impact, with recent topics including carer wellbeing, future care planning, and consultation on the new national Carers Strategy. A dedicated Teams channel has also been established, enabling members to share information, ask questions and access recordings of previous sessions. This flexible, digital approach supports peer connection beyond scheduled meetings and reflects the Health Board's commitment to accessible, carer-inclusive support.

The positive impact of this work has been formally recognised at the Hywel's Applause Awards when the Carers Team achieved a Highly Commended award in the Diversity, Inclusion and Belonging category.

> "I've found the Carers Support Group online and the recorded sessions they offer, a fantastic resource and source of support. With dad and now mum's rapidly declining health, the manual handling session which I watched the recording of proved completely invaluable when dad fell recently and we had to safely recover him from the floor. Without it I wouldn't have had a clue on the safest way to get dad up and might well have caused him further injury. Absolutely essential viewing I'd say. Thank you."

Staff Carers Survey 2025 – Balancing Employment and Unpaid Care

The Health Board's annual staff Carers Survey was conducted in June 2025 aligned to Carers Week and the feedback provided valuable insight into the experiences, needs and priorities of staff with unpaid caring responsibilities. The survey findings highlighted what is working well and where further improvement is required to support carers in the workforce and was used to shape actions during the second half of the year. Some of the key messages are outlined in the infographic below.

188 staff members completed this year's survey, of these 139 (74%) were staff with unpaid caring roles which is almost the same number as last year (140). The remaining 26% of the responses were from line managers of staff with unpaid caring roles.

The majority of staff **(62%)** who responded to the survey were frontline staff (nursing / midwifery staff or Allied Health Professionals).

Most of our staff who have caring responsibilities are **aged 45-55**, a change from age 55-64 last year.

Staff Survey 2025

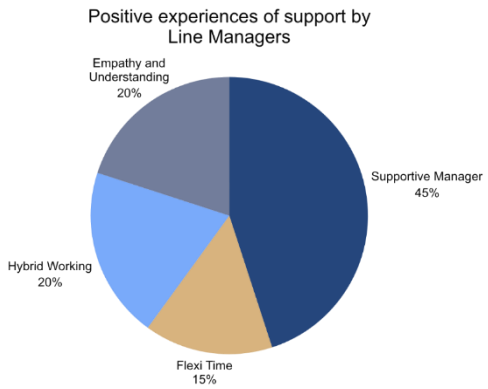
Balancing Employment and Unpaid Care

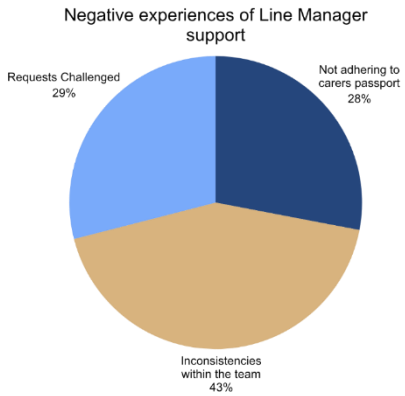
There has been and **82%** increase in those saying that they said that they work as before but the job is negatively affected by caring (e.g., tiredness, anxiety, stress, etc.)

Most of our staff higlighted that **an improved awareness of policies, needs of unpaid carers and the support available, among line managers through training** could help them in the workplace.

130 (69%) of staff said they hadn't used any of the support available. This question linked to an open ended question later on in the survey '**what more could the Health Board do to support unpaid carers in the workplace'.** The most common theme from the responses to this question was **the need for greater management awareness and training on support available.**

Following the 2025 Staff Carers Survey, targeted feedback sessions were held with both staff who are unpaid carers and their line managers to explore key themes in more depth and to assess how consistently carers are supported across the Health Board. Participants shared a range of positive and negative experiences of workplace support.





Staff also provided practical suggestions on what would better support them to remain in employment alongside their caring responsibilities. All feedback was thematically analysed, with recurring themes identified and captured to inform learning and action. The separate session with managers focused on the challenges of supporting staff with caring roles across different service settings. While experiences varied by context, communication and clarity of policies emerged as consistent themes. Managers in ward-based and community settings reported challenges in securing short-notice cover when staff required unexpected caring-related leave, highlighting system pressures alongside a commitment to supporting staff compassionately.

The Carers Team has incorporated findings into the Carers Action Plan 2026-27 to strengthen alignment between staff feedback and organisational improvement activity. This approach provides clear assurance that staff carers' voices, and the perspectives of those managing them are actively listened to, that learning is translated into tangible improvement, and that the Health Board remains committed to building a consistent, carer-inclusive workplace culture.

Embedding awareness and support for unpaid carers

Person-Centred Approach training

Members of the Carers Team play a key role in supporting the development and delivery of mandatory Person-Centred Approach as an on-boarding training for all new staff across the Health Board. This ensures that principles of person-centred care, includes the recognition of unpaid carers, understanding their role, and responding to what matters to individuals and families.

Manager's training

During the year, work has been undertaken to refresh and strengthen manager's training which now includes greater emphasis on early conversations, use of the Carers Passport, reasonable adjustments, and effective signposting to internal support, including the Carers Team, Workforce Advisors, Occupational Health and the Unpaid Carers SharePoint resource hub. This ensures managers are equipped with practical tools and clear routes for support, aligned with organisational policies and the Health Board's Employers for Carers commitments. A total of 5 sessions were delivered and attended by 56 staff.

> "Excellent training. I'm now thoroughly informed and really know how to identify, help and signpost unpaid carers. Really empowering. Thanks so much!"

Other bespoke training

The Carers Team extended its reach team support into primary care. The team attended all seven collaborative cluster meetings, delivering carer awareness training directly to optometry professionals. The Health Board carers poster and information about the Carers Support West Wales website were disseminated across optician practices, enabling practices to display this information for both staff and members of the public.

Partnership Working

As described earlier in this report, the Carers Team work closely with local authority and voluntary sector organisations to embed the early identification, recognition and support for unpaid carers. Other examples include:

Dementia Conference

The West Wales Dementia Conference was held on 1 July 2025 at the Halliwell Centre, Carmarthen, bringing together over 120 delegates from health and social care, the third and voluntary sectors, and local communities. A key focus of the event was raising awareness of the critical role of unpaid carers and the need to better recognise, support, and respond to their experiences alongside those of people living with dementia. The conference provided an important platform for Health Board and our services to network, share good practice, and promote services for unpaid looking after people with dementia which is especially important as the prevalence of dementia continues to grow.

Admiral Nursing

During 2025/26, the Admiral Nurse team delivered the START (Strategies for Relatives) programme across the region, delivering a total of 144 individual 90-minute sessions. START is an evidence-based psycho-educational programme specifically developed to support unpaid carers of people living with dementia, equipping unpaid carers with practical strategies to reduce symptoms of anxiety and depression and to improve overall quality of life. Outcomes are measured using the Hospital Anxiety and Depression Scale, a validated assessment tool that enables monitoring of carers' emotional wellbeing and identification of support needs. Feedback from carers indicates a positive impact, particularly in reducing isolation and providing opportunities for shared learning and peer support.

GP Cluster – Tywi Taf

The Tywi Taf Cluster in Carmarthenshire has funded a dedicated Carer Assessment Co-ordinator post, which became operational in October 2025. The role works closely with GP practices across the cluster to deliver personalised Carers' Needs Assessments and support unpaid carers to identify outcomes that matter most to them and ensure access to tailored information, advice, and assistance.

Between October 2025 and April 2026, a total of 64 unpaid carers were referred to the Co-ordinator from across the eight GP surgeries within the cluster. All 64 carers were offered a Carers' Needs Assessment, with 28 assessments completed to date and a further 18 currently in progress, reflecting continued engagement and demand for the service.

The assessments have resulted in a range of positive outcomes for unpaid carers, including access to Carers ID cards, referrals to Admiral Nurses, Occupational Therapy, micro-enterprise services, short breaks, and Direct Payments. The case study below illustrates the impact for patients as a result of this work.

During a carer assessment, it was identified that the unpaid carer was providing support to a family member with dementia and was experiencing significant emotional pressure. They were visibly distressed, managing their own health difficulties, and struggling with the increasing demands of the caring role. The assessment enabled a clear identification of unpaid carer strain and ensured their needs were formally recognised.

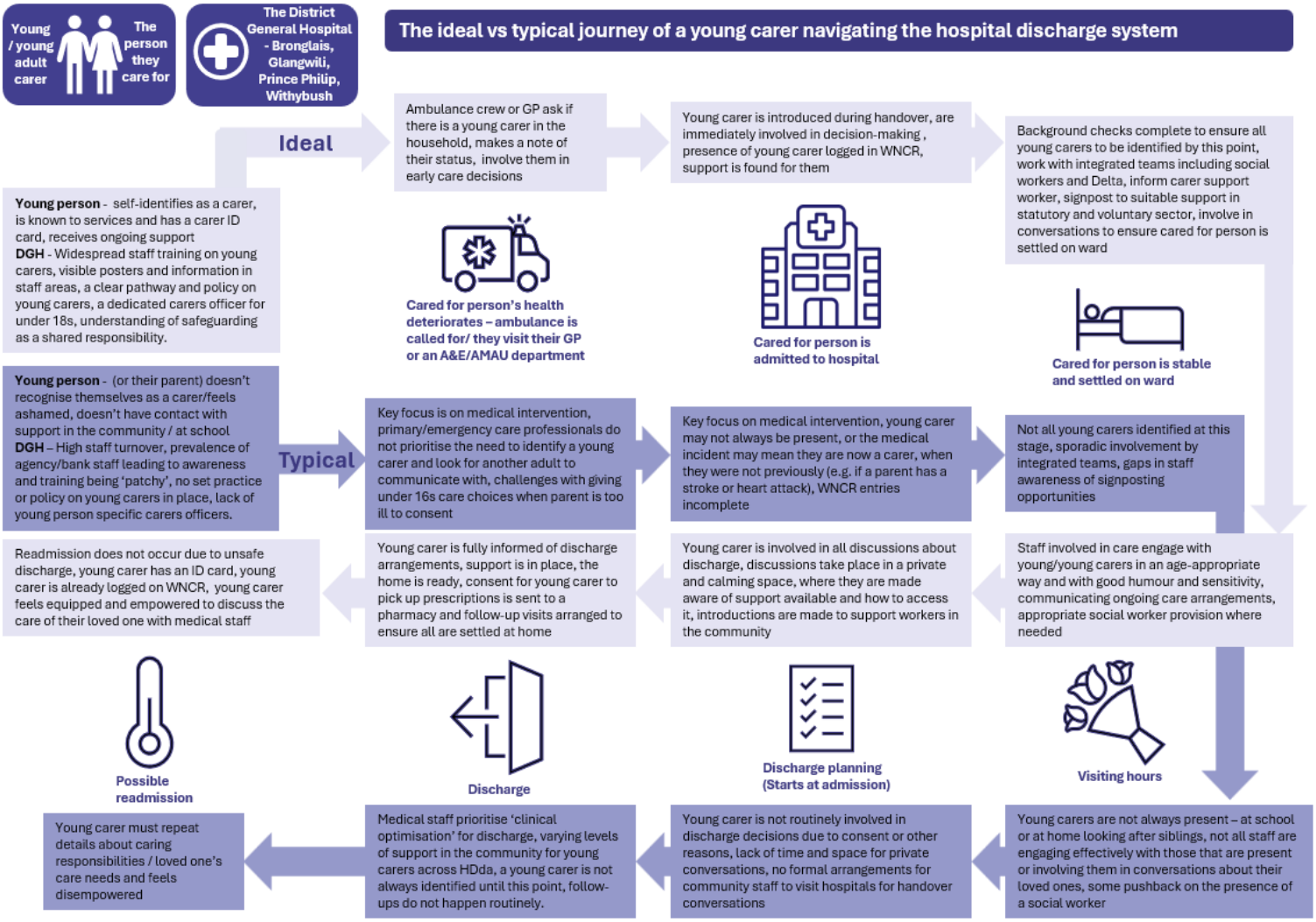
To support the unpaid carer's own emotional wellbeing, they were referred to an Admiral Nurse for specialist, dementia-focused guidance. They were also signposted to a third-sector organisation for comprehensive benefits advice and received assistance in progressing their carer ID card application. Information about local activities and support groups was provided to encourage social engagement and help reduce feelings of isolation. The aim was to explore ways for the unpaid carer to access community activities and hobbies that were important for their own wellbeing and opportunities to recharge, particularly as they felt unable to leave the person they care for at home alone due to their dementia diagnosis.

At the same time, a referral was made for the cared-for person to receive a Care Needs Assessment. The unpaid carer expressed that they were very grateful for the assessment and noted that the support provided offered significant comfort at a highly stressful time.

Carers Assessment Co-ordinator

Research – young carers experience of discharge pathways

The Health Board commissioned Opinion Research Services (ORS) to undertake an independent study to improve understanding of the experiences, challenges, and support needs of young carers navigating the hospital discharge process. The study, which concluded in March 2026, comprised a comprehensive literature review, 18 stakeholder interviews with hospital staff and service providers, and in-depth interviews with 11 young carers. Findings were synthesised into three composite case studies (representing the perspectives of a young carer, a service provider, and hospital staff), alongside a mapped journey of a young carer's hospital experience and a detailed technical report. Below is a journey map illustrating the ideal versus typical journey of a young carer navigating the Health Board hospital discharge system.



Overall, the findings highlight a significant gap in recognition and identification of young carers. While some participants reported recognition by teachers or social workers, most young carers did not feel acknowledged in their unpaid caring role. A perceived stigma associated with being a young carer was reported, with participants describing reluctance among professionals and peers to discuss caring responsibilities. This lack of open conversation contributes to low awareness and limited understanding of what constitutes a young unpaid carer. The findings also underline the need for improved identification, clearer referral pathways, use of accessible language, and earlier engagement of support services to ensure young carers are recognised, assessed, and supported as part of safe and effective hospital discharge planning. The findings will be incorporated into actions for 2026/27.

Conclusion

This report has demonstrated how the Health Board is supporting unpaid carers both in the workforce and in the community. The collaborative efforts between teams, underpinned by staff training and awareness raising activities have led to increased identification of unpaid carers. The activities highlighted in the report also shows our commitment to improving the health and wellbeing of our unpaid carers and providing support to help them with their caring role.

As we move forward into 2026/27, we remain committed to addressing the evolving needs of unpaid carers of all ages and ensuring our staff who are unpaid carers are supported in the workplace. We will continue to proactively support and advocate for their invaluable contributions to the health of our population and communities and acknowledge the vital role they play in supporting care at home.

4.6

11:55, 10 Mins

4.6 - Update on Progress Against the Anti-Racist Wales Action Plan

Anna Bird (Hywel Dda UHB – Assistant Director of Business, Partnerships and Inclusion)

For assurance

Attachments

4.6 SBAR - ARWAP Update Paper May 2026 FINAL.pdf

4.6 Appendix 1 - Anti-racist Wales Local Action Plan report 2025-2026 FINAL.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 May 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on progress against the Anti-racist Wales Action Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Eiddan Harries, Diversity and Inclusion Manager Helen Sullivan, Head of Partnerships and Inclusion

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

As part of the Welsh Government's commitment to making Wales an anti-racist nation by 2030, the Anti-racist Wales Action Plan (ARWAP) sets clear expectations for NHS organisations to address racism across employment, leadership, governance, and service delivery.

The Anti-racist Wales Local Action Plan: End of Year Report 2025–2026 provides an update to the People, Organisational Development and Culture Committee on the Health Board's progress in delivering its local Anti-racist Action Plan for the period April 2025 to April 2026.

The report includes an overview of:

- the local context and population
- workforce data and experience
- a self-assessment of progress during 2025–2026
- evidence of impact
- key priorities for the year ahead

The end of year report (Appendix 1) provides detailed progress against each local action.

Cefndir / Background

Following the launch of the national Anti-racist Wales Action Plan in June 2022, the Diversity and Inclusion Team co-ordinated the development of a local action plan to address priorities across workforce, leadership and service delivery.

The local plan is aligned with:

- the Health Board's Strategic Equality Plan 2024–2028,
- duties under the Equality Act 2010 and Public Sector Equality Duty (Wales) Regulations, and
- emerging evidence from workforce equality data, the NHS Staff Survey and Workforce Race Equality Standard (WRES).

During 2025/26, delivery focused on strengthening anti-racist culture and behaviours, improving staff experience, fairness and retention, addressing barriers to staff accessing support (both organisational and peer-led), and addressing barriers to access, experience, and outcomes in health services for ethnic minority communities, embedding accountability through governance, and building the foundations for long-term, sustainable change rather than isolated interventions.

Asesiad / Assessment

Delivery of the 2025/26 Anti-racist Action Plan showed steady progress against the local actions which were aligned to meet expectations within the national action plan. As reported in Appendix 1, most actions are recorded as completed, on track or continuing as planned, and any delays in delivery are clearly understood and are being managed.

Progress reflects a more mature approach, moving from activity-based delivery towards sustained cultural and structural change, underpinned by stronger governance, leadership oversight and accountability. Appendix 1 includes a self-assessment of progress, which highlights several positive outcomes for our staff and population, including:

- Significant expansion of Active Bystander training across the Health Board, strengthening staff confidence to recognise, challenge, and respond to racist behaviour in everyday working life.
- Improved Equality Impact Assessment (EqIA) processes, with stronger scrutiny and assurance, supporting more consistent and robust consideration of racial equality in policy and service development.
- Strengthened visibility, support, and escalation routes for Black, Asian and Minority Ethnic staff, through the embedding and active promotion of the *Work in Confidence* and *Speak Up* platforms, alongside targeted engagement through the staff network.
- Participation in the Aspiring Board Members Programme, supporting the development of a more diverse future pipeline for senior and board-level leadership roles in line with the Anti-racist Wales Action Plan.
- Strengthening of trusted, community-based outreach for refugees and asylum seekers through the Community Development Outreach Team (CDOT), improving confidence in accessing healthcare and uptake of prevention, screening, and early intervention services.

Action is informed by evidence triangulated from various sources, including the Workforce Race Equality Standard (WRES) data, staff voice, employee relations intelligence and exit interviews, giving confidence that priorities reflect lived experience. While disparities in recruitment, progression and senior representation remain a concern highlighted in the WRES and 2024/25 Health Board Pay Gap reports, work to address these issues will continue to be a focus for the 2026-27 Anti-Racist Action Plan aligning to actions being progressed through the Workforce Intelligence and Data Sub-Group of the Equality, Diversity and Inclusion (EDI) Taskforce.

Welsh Government has signalled that 2025 will be the last year that WRES reports will be produced. They are now moving towards the creation of a more holistic Workforce Equality Report. This will incorporate data related to ethnicity, however will broaden to consider other protected characteristics including disability, age and sex.

Argymhelliad / Recommendation

The Committee is asked to:

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

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	5. Offer a diverse range of employment opportunities which support people to fulfill their potential 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	• Anti-racist Wales Action Plan • 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:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial planning is one of the key considerations as the health board implements its own anti-racist action plan for employment and service delivery
Ansawdd / Gofal Claf: Quality / Patient Care:	Services and policies are more inclusive and consider the specific needs of Black Asian and Minority Ethnic People.
Gweithlu: Workforce:	Improved recruitment and retention of Black Asian and Minority Ethnic staff. More support and inclusivity of Black Asian and Minority Ethnic staff. Increase in diversity of workforce.
Risg: Risk:	Lack of staff awareness of issues faced by Black Asian and Minority Ethnic people. Lack of funding to achieve some of the actions set out by Welsh Government due to not having a dedicated budget.
Cyfreithiol: Legal:	Breaches in Equality Act 2010 where Black Asian and Minority Ethnic staff and service users may be discriminated against. Non-compliance with the Public Sector Equality Duty.
Enw Da: Reputational:	There could be at risk of reputational damage if unable to provide adequate support for Black Asian and Minority Ethnic individuals and demonstrate progress against the Anti-racist Wales action plan to achieve the vision of an anti-racist nation by 2030.
Gyfrinachedd: Privacy:	Any information or data used for the purposes of providing evidence for the local action plan, such as 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 Anti-racist Wales Action Plan outlines the actions that the health board needs to take, to contribute to equity of wellbeing and addressing racism.

Cymru Wrth-hiliol

An Anti-Racist Wales

Anti-racist Wales Local Action Plan: end of year report 2025/2026

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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Introduction

As part of the Welsh Government's commitment to making Wales an anti-racist nation by 2030, the Anti-racist Wales Action Plan (ARWAP) sets clear expectations for NHS organisations to address racism across employment, leadership, governance, and service delivery.

The Anti-racist Wales Local Action Plan: End of Year Report 2025/2026 provides an update on the Health Board's progress in delivering its local Anti-racist Action Plan for the period April 2025 to March 2026. The report includes an overview of:

- the local context and population
- workforce data
- a self-assessment of progress during 2025–2026
- evidence of impact
- key priorities for the year ahead

Appendix One provides detailed progress against each local action, based around the six key themes within the national Anti-racist Wales Action Plan.

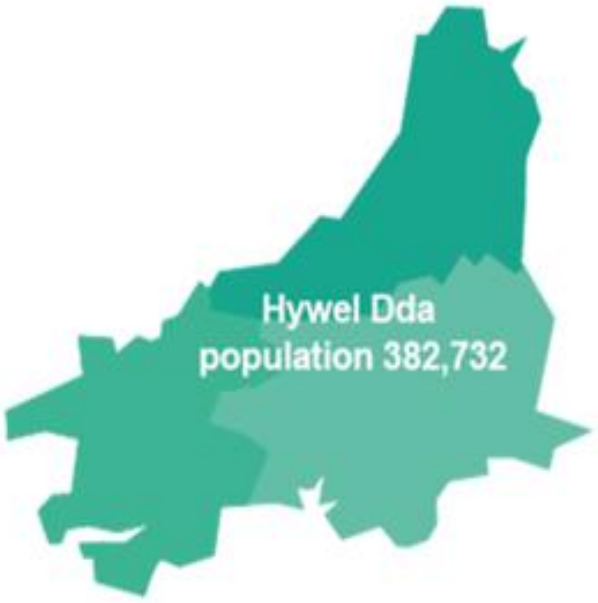
Background

In early 2020, the Welsh Government began work on a Race Equality Action Plan following long-standing calls from the Wales Race Forum and other grassroots organisations. The disproportionate impact of the Covid-19 pandemic on Black, Asian and Minority Ethnic people further exposed the structural racism and inequalities experienced in Wales and beyond. Work was restarted in summer 2020, alongside advice from the Black, Asian and Minority Ethnic Covid-19 Advisory Group and its socio-economic subgroup, and a public consultation took place between March and June 2021. As a result, the plan evolved into the Anti-racist Wales Action Plan, reflecting the national ambition for Wales to become an anti-racist nation by 2030. The plan was launched in June 2022.

The Anti-racist Wales Action Plan set out priority actions for the health sector to act as a catalyst for local delivery, and in response, Hywel Dda University Health Board developed a Local Action Plan to set out how it would address those priorities and contribute to the national vision. Delivery and assurance are supported through the Health Board's established governance arrangements, and an annual progress update is provided to the People, Organisational Development and Culture Committee.

Our population

Hywel Dda University 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.



Based on the most recent census data from 2021the ethnic make up of our population is:

- 1.2% Asian/British Asian
- 0.3% Black/ British Black
- 1% Mixed/ Multiple Ethnicity
- 94% White British
- 0.3% Gypsy, Roma Traveller
- 2.7% White Other
- 0.1% Arab

*Data provided by ONS Census 2021 https://www.ons.gov.uk/census

Our staff

At 31st March 2026 the Health Board employed 1,353 staff who identified on the Electronic Staff Record (ESR) system that their ethnic group as Asian or Asian British, Black or Black British, Mixed, or any other ethnic group. This accounted for 10.20% of our workforce and an increase of 104 staff compared with 2025 data. 653 employees (4.93%) have chosen not to record their ethnicity on ESR which makes data analysis and comparisons less accurate, and work is ongoing to highlight the benefits to staff of self-recording of protected characteristics.

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.

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

- The percentage of staff identifying as White has decreased by 0.65%.
- The percentage of staff identifying as Black or Black British has increased by 0.20%.
- The percentage of staff identifying as Asian or Asian British rates increased by 0.43%.
- The percentage of staff identifying as having mixed ethnicity has increased by 0.09%.
- The percentage of staff identifying as from Any Other Ethnic Group has increased by 0.14%.
- Those staff whose records are not recorded on ESR has decreased by 0.21%.
- A higher proportion of candidates who are White are offered employment when compared to the % of candidates who apply from other ethnic minority groups.
- The main reasons given by our Black, Asian and Minority Ethnic employees leaving the organisation include:
    - Voluntary Resignation – Other/Not Known
    - Voluntary Resignation – Relocation
    - Retirement Age

2025/2026 Self-Assessment of progress

The Health Board's Local Action Plan is structured around six themed areas, aligned to the national Anti-racist Wales Action Plan. In this section of the report a summary of the progress made during 2025/26 is provided but more detailed information of progress against each specific action is available within Appendix 1.

Focus area 1: Peoples experience of racism in everyday life

Summary of progress

During this reporting period, there has been clear progress in addressing people's experiences of racism in everyday working life, though some actions remain in development. Practical steps to improve culture and staff confidence have advanced well. The health board no longer uses the 'BAME' acronym in its official communications, and the Equality Impact Assessment (EqIA) process continues to ensure proper consideration of race in all policy development. Active Bystander training has expanded significantly over the last 12 months, with ten sessions delivered during 2025/2026 and strong engagement across a wide range of teams, supporting staff to recognise and challenge racist behaviour. Uptake of the anti-racist e-learning has continued to improve, reaching 91% compliance by March 2026, though further work is needed to increase completion rates to the 100% compliance standard expected by Welsh Government.

An Equality, Diversity and Inclusion (EDI) Task Force was established in 2025 and provides the foundation for a coordinated approach to tackling discrimination across all protected characteristics. Two of the sub-groups established have a direct link to this focus area: Board Allyship and the Engagement and Co-production group. While a formal anti-racist pledge has not yet been agreed, this remains under active consideration as part of the Task Force's work programme to ensure that this is co-produced with our staff. In parallel, the Black, Asian and Minority Ethnic Staff Network has been well supported and continues to play a visible role, leading and shaping key awareness and celebration activities including Diwali, Black History Month and South Asian Heritage Month.

Summary of Self-Assessment: Overall, momentum has been maintained, with strong progress on cultural change activities, alongside some actions that require further development to fully meet original timelines.

Focus area 2: People's experience of racism when accessing services

Summary of progress

Good progress has been made during this reporting period in strengthening how the health board addresses racism and inequality in service access, with most actions advancing as planned and embedded across multiple workstreams. Significant development has taken place to improve the quality and consistency of Equality Impact Assessments (EqIAs) and Equality and Health Impact Assessments (EHIAs). New tools, guidance and training were introduced during the year, and these have increased staff confidence and capability. Robust assurance arrangements are now in place, supported by a quality assurance process, to ensure that the despite the increasing number of EqIAs being undertaken their quality is improved through engagement with staff networks and community groups.

Progress has also been made in raising awareness of religion, belief and cultural needs through targeted training and consistent internal communication, with positive staff feedback indicating improved understanding and reflection on practice.

Targeted action to improve experiences for Black, Asian and Minority Ethnic service users continues, particularly within maternity and mental health services. A back log of out of compliance Maternity policies and procedures was addressed, and participation in the Diverse Cymru BME Mental Health Workplace Good Practice Certification Scheme remains ongoing. Practitioner-focused anti-racism and cultural awareness training has been well received, with evidence that staff are identifying immediate and longer-term changes to their practice.

Partnership-based work led by the Community Development Outreach Team has continued with community-centred models, including pop-up vaccination clinics and assertive outreach, which have improved access to prevention, screening and smoking cessation services, particularly within seldom heard communities. Governance arrangements have been re-established through the Equity Oversight Group, providing renewed strategic direction and a stronger focus on deprivation and prevention. Work to improve access to interpretation and translation services remains ongoing and will require continued attention to ensure consistent staff awareness, monitoring and assurance.

Summary of Self-Assessment: Overall, momentum has been maintained, with strong progress on actions to ensure that people do not experience racism when accessing our health and care services. The Strategic Equality Plan (SEP) 2024–2028 provides a stable framework for this work. A scheduled mid-term review in 2026 will allow objectives to be tested against emerging evidence and evolving population need, ensuring they remain relevant and effective.

Focus area 3: People's experience of being part of the workplace

Summary of progress

During this reporting period progress has been made in improving the experience of Black, Asian and Minority Ethnic staff within the workplace, particularly in relation to visibility, support, and access to advice and escalation routes. The Black, Asian and Minority Ethnic staff network continues to be actively facilitated by the Diversity and Inclusion team, with regular quarterly meetings, ongoing promotion, and a strong peer-support offer. The network remains an important mechanism for engagement, feedback, and raising awareness of organisational initiatives, including the confidential reporting platforms and support resources.

Awareness and accessibility of routes to raise concerns about bullying and harassment have increased. Active Bystander training has expanded and is now delivered both on a quarterly, health board-wide basis and through targeted team sessions. The *Work in Confidence* and *Speak Up* platforms are now well embedded and consistently promoted, and the Black, Asian and Minority Ethnic staff network has received dedicated sessions to support understanding and confidence in using these routes. Induction arrangements continue to reinforce expectations around behaviour, unconscious bias, and where to access help, supporting early cultural alignment for new starters.

There has also been progress in intelligence-gathering, for example, exit interview data continues to be analysed to identify themes and potential problem areas, and peer-support elements remain embedded within staff network sessions.

Work to understand and address longer-term workforce inequalities, including career progression and retention for Black, Asian and Minority Ethnic staff, is underway through data monitoring, targeted engagement, and forthcoming reviews linked to leadership, appraisal, and people management practices.

Summary of Self-Assessment: Overall, momentum has been maintained, with strong progress on actions to improve staff experience.

Focus area 4: Peoples experience of gaining jobs and opportunities

Summary of progress

Progress has continued during this reporting period to improve equity in access to jobs, learning and career progression for Black, Asian and Minority Ethnic staff, though several actions remain at an early or developmental stage. Cultural competence training for managers is now being delivered, alongside the Hywel Dda Manager Skills programme, strengthening managerial understanding of the barriers faced by ethnic minority staff and supporting more inclusive day-to-day people management practices.

Work is underway to improve fairness and accessibility within recruitment processes. Actions to review job descriptions and person specifications to reduce indirect discrimination are in progress, alongside commitments to open advertising through NHS Jobs/TRAC and the routine provision of feedback to candidates. Inclusive recruitment training and employability support, including interview skills, form part of this offer, although further evidence on uptake and impact for Black, Asian and Minority Ethnic staff is still being developed.

There is also a continued strategic focus on workforce data and pay equity. Ethnicity Pay Gap reporting remains an established requirement, with commitment to using these findings to encourage uptake of development opportunities, address under-representation in higher-paid roles, and strengthen recruitment into clinical, medical and dental posts. In addition, workforce data from ESR, TRAC and the NHS Staff Survey is being used to inform performance against the Workforce Race Equality Standard (WRES), enabling targeted action where underperformance is identified.

Summary of Self-Assessment: While the overall direction of travel is positive, several actions remain ongoing and will require sustained focus during 2026/27, particularly in relation to measurable outcomes, staff confidence in career progression, and the consistent application of inclusive recruitment practices at all levels, including senior appointments. Continued monitoring, staff engagement and data-driven assurance will be essential to demonstrate tangible improvements in access to opportunities and progression over time.

Focus area 5: Peoples experience of when they lack visible role models in positions of power

Summary of progress

Progress in addressing the lack of visible role models in positions of power remains mixed during this reporting period. Workforce data shows a modest increase in the proportion of staff from ethnic minority backgrounds, rising from 7.2% to 7.8%. However, representation at senior levels (Agenda for Change 8a and above) continues to lag behind the wider workforce, indicating that progression into senior leadership remains a challenge despite some improvement reflected in ethnicity pay gap data at these levels.

A key constraint remains the quality and completeness of senior and Board-level ethnicity data. Currently, only one Board member is recorded via the Electronic Staff Record, although actual representation may be higher due to incomplete self-reporting. These data gaps limit assurance and make it difficult to present a fully accurate picture of representation in positions of influence who can be seen as role models.

A significant positive development has been the launch by Welsh Government of the national Aspiring Board Members Programme, aligned with the Anti-Racist Wales Action Plan. The first 12-month cohort commenced in May 2025 and was promoted across the health board, supporting the development of a more diverse future pipeline for Independent Board Member roles and increasing awareness of senior leadership opportunities within the health and care system. The health board has actively participated in this programme with two existing Board members attending the development programme alongside the Hywel Dda programme participant.

Summary of Self-Assessment: Overall, while national infrastructure and strategic intent are now in place, local impact on senior leadership diversity remains limited. Accelerated action is required to improve data completeness, strengthen internal pipelines (including the Assistant Director talent pool), and translate workforce diversity into visible representation at senior and board levels.

Focus area 6: Peoples experience of racism as a refugee or asylum seeker

Summary of progress

During this reporting period, work has continued to support refugees and asylum seekers to access healthcare and to reduce barriers linked to racism, language, and social exclusion.

Partnership-led, community-based outreach remains a core feature of delivery. This work is led by the Community Development Outreach Team (CDOT), in collaboration with local authorities and third-sector organisations. CDOT has expanded engagement with refugees and asylum seekers across a wide range of informal and trusted community settings. Targeted outreach delivered with partner organisations has supported groups with specific language needs and enabled regular, culturally sensitive engagement. This has increased confidence in accessing healthcare, improved health literacy, and supported uptake of vaccination, screening (including TB, blood-borne viruses and liver screening), smoking cessation, and early prevention services.

Through assertive outreach approaches, CDOT has also contributed to wider wellbeing and inclusion activity. This includes accredited nutrition sessions, gardening, and arts-based interventions for unaccompanied asylum-seeking children. Refugees and asylum seekers have continued to be actively included in Health Board consultations, ensuring lived experience informs service design and improvement.

CDOT has also provided practical support to asylum seekers experiencing financial hardship by arranging food parcels, linking individuals to local services, and coordinating multi-agency support where required.

Access to interpretation and translation services remains integral to this work and is addressed through wider actions within the *Accessing Services* programme.

Summary of Self-Assessment: Overall, progress in this area is strong and demonstrates the value of sustained partnership working, trusted community presence, and proactive outreach models in supporting refugees and asylum seekers to access services safely and with dignity.

Demonstrating impact: staff and patient experience

Alongside the self-assessment and progress updates provided earlier in this report, two specific case studies are set out in this section to illustrate the impact that actions are having on the experience of staff and patients.

Staff story

A line manager raised early questions about how best to support a newly appointed apprentice joining their team. The new starter was a young Muslim man with specific faith-based needs, including time for prayer and access to culturally appropriate support. Rather than waiting for issues to arise, teams across Future Workforce, Operational Workforce, Culture and Diversity and Inclusion worked together with clinical colleagues in advance of the new staff members start date.

The health board has an established process for supporting new starters through a “buddy scheme” and a local physiotherapist volunteered to act as a point of contact, sharing a draft welcome pack developed specifically to meet the needs of Muslim staff. This included information on prayer space, halal food options, local mosques, and community links. The discussions also prompted wider consideration of existing prayer facilities on site and how this information could be made more visible for future new starters.

Clear communication during the induction period reassured staff that support was in place without placing the burden on the apprentice to raise sensitive issues himself. The approach helped normalise conversations about faith, culture, and inclusion as part of everyday workforce practice.

Over time, the impact extended beyond the initial onboarding. The volunteer buddy supporting the apprentice strengthened links with existing staff, including colleagues from the Black, Asian and Minority Ethnic Staff Network, and became more connected locally by attending prayer services in the area. This helped reinforce a sense of belonging, not only for the new starter but also for staff involved in supporting him.

Patient story

The Community Development Outreach Team (CDOT) identified a young unaccompanied asylum seeker through their community outreach work. They supported him to attend a creative engagement session organised following inter-agency discussions about children living locally with limited access to supportive spaces.

The session used graffiti art as the medium to introduce conversation. He arrived visibly quiet and cautious, with little expectation of what the day would involve. Working alongside a local artist and community staff, the informal activity helped break down barriers. Through sketching, shared laughter, and conversations about everyday interests such as sport and food, the young person became more relaxed and confident. For the first time, he spoke openly about his interests and his experiences since arriving in the area.

During the day, he was able to access practical health information in a way that felt safe and non-judgemental. Translation resources were shared, which gave him reassurance that support would be available when attending medical appointments. He later described the session as one of the most enjoyable information days he had attended.

Following the event, it was reported that he had re-engaged with a local youth group run by People Speak Up. This was significant, as he had previously experienced racism in the area and had felt unwelcome and isolated. Since reconnecting, he has begun to form friendships locally, suggesting a positive shift in confidence, trust, and sense of belonging.

Looking ahead

During the next reporting period, the focus will shift towards consolidation, ensuring that actions are clearer, more focused, and better aligned to impact. The existing action plan will be reviewed and refreshed to simplify its structure, reduce duplication, and better reflect progress already achieved. This will include clarifying ownership and embedding accountability for each action throughout the organisation and prioritising actions with the greatest potential to improve lived experience. Engagement with the Black, Asian and Minority Ethnic Staff Network will be central to this refresh, with the aim of increasing ownership, relevance, and meaningful participation.

Findings from the NHS Staff Survey will be used more deliberately to guide targeted interventions. Rather than applying a single approach across the organisation, resources will be directed towards areas where data indicates the greatest need, enabling more timely and proportionate action at service and team level.

To strengthen assurance and oversight, relationships with key workforce functions will be further developed, particularly with the Culture and Workforce Experience team and Operational Delivery Relationship Managers (ODRMs). This will support improved intelligence-gathering, enable earlier identification of emerging concerns, and ensure progress and risks are captured more consistently.

Together, these next steps will help move the programme from activity-based delivery towards sustained, outcome-focused improvement.

People's experience of racism in everyday life

RED – significantly behind schedule/high risk area AMBER – behind schedule, but no issues GREEN – in progress & on target BLUE – complete & compliant

Action	Link to Primary Action Plan	By When	Lead Person/ Team	Outcome Measures	Progress
Health Board will develop a plan to adopt an anti-racist pledge by March 2025.	Black Asian and Minority Ethnic Advisory Group	Mar-26	Business Partnerships, and Inclusion	By adopting an anti-racist pledge, the Health Board will be able to show its commitment to being an anti-racist organisation.	An EDI Task Force was established in 2025 to proactively address discrimination and promote fairness across all protected characteristics. While a formal anti-racist pledge has not yet been developed, the Task Force is actively exploring this as a potential outcome of its workstream.
Review and implement the recommendations from the audit of All-Wales NHS Workforce policies through an anti-racist lens: 1. Not using the 'BAME' acronym 2. Improving culture through the delivery of cultural intelligence training, Active Bystander sessions 3. Ensure completion of the anti-racist e-learning on ESR	ArWAP	Mar-26	Workforce and Organisational Development	Polices and processes do not disadvantage people from Black, Asian and Minority Ethnic backgrounds. Staff acknowledge where racism exists and are clear on what it means to be anti-racist and can recognise forms of racism such as micro-aggressions. Staff have the confidence to call out racist behaviour.	The 'BAME' acronym is no longer used in any official health board communications. EqIA process ensures due regard is provided for the protected characteristic of Race, ensuring Polices and processes do not disadvantage people from Black, Asian and Minority Ethnic backgrounds. Regular Active bystander training is delivered ensuring Staff have the confidence to call out racist behaviour. Between April 2025 and March 2026, ten Active Bystander sessions were delivered, reaching 281 staff from a wide range of roles and departments. In addition to open, health-board-wide sessions, the Diversity and Inclusion Team was asked to support several specific teams. This included targeted sessions for Workforce and Organisational Development (delivered through a collaborative learning event), obstetrics and gynaecology teams, pharmacy team at Glangwili hospital and a medical team within Prince Phillip hospital.

					Anti-racist e-learning hosted on ESR continues to be regularly promoted across the health board. The training supports staff to understand where racism exists, what it means to be anti-racist, and how to recognise different forms of racism, including micro-aggressions. As of March 2026, the health board achieved a 91% compliance rate for completion of the Anti-racist e-learning.
The Black, Asian and Minority Ethnic staff network are encouraged and supported to have a voice and organise their own activities.	ArWAP	Ongoing	Business Partnerships, and Inclusion	The staff network organises activities that are important to them, raising awareness, celebrating the diversity within the network through various celebrations. Cohesion is encouraged by welcoming staff and allies.	During 2025–26, several national awareness events were recognised and celebrated across the health board, including South Asian Heritage Month and Black History Month. The Black, Asian and Minority Ethnic Staff Network subgroup led the planning and delivery of the health board's Diwali celebration in October 2025. Members of the subgroup also continues to lead on Black History Month activity and promotion, as well as identifying and supporting other events that are important to its members.

People's experience of racism when accessing services

RED – significantly behind schedule/high risk area AMBER – behind schedule, but no issues GREEN – in progress & on target BLUE – complete & compliant

Action	Link to Primary Action Plan	By When	Lead Person/ Team	Outcome Measures	Progress
Ensure robust impact assessment and assurance procedures are in place, from planning stages to requests for final approval from Board. Actions to achieve this are: • Review EQIA policy and develop procedural guidelines for staff • Improve record keeping and data collation on EQIA undertaken across the health board • Increase training opportunities and awareness raising of EQIA • EDI Team to attend training on using engagement tools to record activity (Tractivity & Engagement HQ) • Liaise with the Communications and Engagement Team to improve consultation and engagement with community groups and individuals with protected characteristics, carers and vulnerable groups • Review population data and other relevant data as it becomes available to ensure that the most current data is used to inform EQIA (e.g. Local Wellbeing Plans, Census Data)	EDI Annual Plan	Mar-26	Diversity & Inclusion Manager	Managers have increased confidence in undertaking EQIA and know where to access further advice and support. Board Members are assured that sufficient EQIA has been undertaken when they receive items for approval at Board and Committees. • Evidence of: published policy and procedural guidelines • Quarterly dashboard to show number of EQIA/EHIA undertaken • Quarterly dashboard to show the number of training opportunities and advice/requests provided to staff • Evidence of consultation and engagement undertaken to support policy development and service changes • EQIA and EHIA include up to date population data and statistics	The EDI team has developed and promoted a range of additional resources to increase confidence and capability in undertaking Equality Impact Assessments (EqIAs) and Equality and Health Impact Assessments (EHIAs), and to ensure staff know where to access further advice and support. These resources include a new EqIA template with built-in guidance, a considerations document to support authors to assess potential impacts across each protected characteristic, and an EqIA video explaining both the purpose of EqIAs and how to complete them. Between April 2025 and March 2026, the EDI team quality assured 260 EqIAs. This activity has ensured appropriate challenge, consistency and proportionality, while supporting policy authors and service leads to strengthen mitigation and action planning where required. The EDI team is also available to provide tailored EqIA training and has delivered sessions to raise awareness and improve understanding of the process. Teams can request this support via the Business, Partnerships and Inclusion SharePoint page. In addition, health board consultations are routinely shared with all staff networks to ensure the voices of staff with protected characteristics are heard. This approach is also applied when engaging with

• Continue to seek expert advice from external companies and organisations to inform EQIA. • Provide advice and support for the EQIA/EHIA which is being undertaken for the long-term aims of A Healthier Mid and West Wales which include plans for a new urgent and planned care hospital and healthcare facilities, the repurposing of existing hospitals and service redesign					community-based organisations and groups, supporting wider participation and feedback from a diverse range of communities.
Review SEP 2020-2024, undertake a period of consultation and produce a revised SEP and equality objectives for 2024-2028 • Produce and publish SEP Annual Monitoring Report • Work in regional partnership and establish steering group to create partnership working opportunities to progress the SEP Objectives within the Hywel Dda area • Identify areas for improvement and actions needed to realise the SEP Objectives in full	EDI Annual Plan	Apr-24	Diversity & Inclusion Manager	The SEP Annual Report demonstrates how the organisation promotes EDI and actively seeks to eliminate discrimination The SEP 2024-2028 is reflective of feedback obtained from engagement and consultation with the local population • SEP Annual Report • Actions Plans and interim progress reports • Committee Reports which outline any potential risks and mitigating actions • Published SEP 2024 - 2028	A new Strategic Equality Plan was published in 2024 and runs until 2028. A formal mid-term review of the Equality Objectives will provide an opportunity to assess whether the objectives remain appropriate in light of new evidence, emerging risks, and changing organisational or population needs (review is scheduled for May 2026). This review will help ensure the objectives remain relevant, responsive, and can be refined where required, rather than remaining static.
Monitor procedures for accessing interpretation and translation services. Actions to achieve this are: • Develop procedural guidelines to help staff determine the need to access interpretation and translation services to support	EDI Annual Plan	Dec-24	Diversity & Inclusion Manager Community Development Outreach Manager	Service users can understand and communicate effectively with the health board. Staff can access interpretation and translation services in a timely manner. Evidence of:	Documentation available to advice staff on how to access interpretation and translation services, available via the B,P&I SharePoint page. Record of interpretation services accessed can be sought from interpretation and translation service provider.

individual patient needs • Develop quick guides and video tutorials to assist staff and lunch and learn sessions • Review available methods for accessing online interpretation and translation services in line with prudent healthcare principles (Card Medic) • Monitor and investigate incidents which report problems in accessing interpretation and translation services and identify appropriate solutions to increase usage of available services			Patient Experience Manager	• Policy documentation • Record of interpretation services accessed • Service user feedback and incident reporting • Staff training resources and guidelines • Staff surveys • Interpretation cards used, to request an interpreter for unplanned episodes of care	Interpretation cards regularly promoted by the CDOT team. This action will be aligned to the Accessible Communication and Information standards moving forward
To raise awareness of religion and cultural needs of service users. Actions to achieve this will be: • Liaise with Chaplaincy and Nursing and offer support to develop and implement the Spiritual Care Agenda • Promote religious events in the Diversity and Inclusion Calendar to raise awareness and promote inclusivity amongst the workforce • Provide training on religion and belief, to staff	EDI Annual Plan	Mar-26	Diversity & Inclusion Manager Lead Chaplain Heads of Pharmacy	The health board demonstrates that it is inclusive of all religions and celebrates cultural differences. This will be evidenced through: • Concerns and queries log data • Spiritual Care Plans • Health Board news items	Religion and belief training continued to be promoted across the health board. Three sessions have now been delivered to a total of 68 members of staff. Here is some of the feedback received from those that attended the training: “Overall, it was an excellent session which should be encouraged for all organisations in Wales.” “good to take time to learn about other cultures / religions” The Business, Partnerships & Inclusion team publish a Diversity calendar every year which highlights several religious events. The team also produce a ‘What’s on’ each month to further promote these events further. Promotion of these resources occurs regularly throughout the year through our various internal communication channels.
To improve Black, Asian and Minority Ethnic service user	EDI Annual Plan	Mar-26	Diversity & Inclusion	Black, Asian and Minority Ethnic Service Users have a	The EDI team continue to work closely with the maternity team to ensure that their policies and

experience in Maternity and Mental Health Directorates. Action to achieve this include: • Support the development of policies and procedures within maternity to address disproportionate risks to Black, Asian and Minority Ethnic expectant mothers • Facilitate participation in Diverse Cymru BME Mental Health Workplace Good Practice Certification Scheme			Manager Patient Experience Midwife Heads of Mental Health	more positive experience when accessing services and the Health Board implements actions to improve service user experience. This will be evidenced through: • Engagement activity • Feedback from staff and service users • Certification Scheme documentation	procedures are inclusive and fair. Over the last 12 months in particular the EDI team have supported the maternity team to work through a backlog of policies and procedures ensuring they are now all up to date and compliant. The health board continues to participate in the Diverse Cymru BME Mental Health Workplace Good Practice Certification Scheme. Hywel Dda University Health Board (UHB) utilizes a variety of resources and strategies to promote cultural competency, including accessible toolkits, leadership development programs, and a focus on partnership working
Work in partnership to ensure equity of service for ethnic minority people, in relation to health promotion, early intervention and prevention and tackling health inequalities. Actions to achieve this will include: • Address the barriers to accessing heathcare • Represent communities and their needs through the health board Health Equity Group • Promote vaccinations and mythbust • People are empowered to take action to participate in actions to improve their own health and wellbeing, such as screening services, smoking cessation, misuse of alcohol and other substances	CDOT Plan on a Page	Mar-26	Community Development Outreach Manager	Equity of services is improved for Black, Asian and Minority Ethnic people. This will be evidenced through: • Uptake of preventative services • Service User feedback • Services are responsive to the needs of Black, Asian and Minority Ethnic people and access to services is improved by removing barriers	The Community Development Outreach Team continue to lead on this work. Over the past year, partnership working between our vaccination team and the Community Development Outreach Team has deepened, enabling more consistent and meaningful engagement with seldom heard communities. The pop-up clinic model has continued to prove highly effective, allowing vaccination services to be delivered directly within community settings such as mosques, homeless shelters, traveller sites, nurseries, antenatal clinics, and general outpatient departments. This approach has contributed to a noticeable shift towards more proactive, community-centred models of vaccination delivery. Staff across the health board are increasingly recognising the value of meeting people where they are, rather than relying solely on traditional clinic-based approaches. The partnership with CDOT has strengthened cross-sector working and fostered a culture of

					shared responsibility for reducing health inequalities. Between April 2025 and March 2026, significant progress has been made in re-establishing governance structures and embedding equity within prevention and service planning. The Equity Oversight Group reconvened in October 2025 following earlier delays and has since met twice, providing renewed strategic direction. The group is actively supporting the implementation of the 20four7 prevention framework (20four7 Prevention Model), with a particular focus on the 20% most deprived communities. Our smoking and wellbeing team continues to diversify engagement routes, strengthen partnerships with substance use services and community outreach teams, and focus on groups with the highest smoking prevalence (this includes Black, Asian and Minority Ethnic communities)
Support the delivery of wider health messages to ethnic minority communities and ensure that they have a greater understanding of their rights, regarding healthcare.	CDOT Plan on a Page	Mar-26	Community Development Outreach Manager	Increased engagement between the health board, trusted intermediaries and Black, Asian and Minority Ethnic people. This will be evidenced through: • Health messages will be available in a range of languages • Strategies are developed to empower people to access health care services	CDOT continue to lead on this workstream. Over the past year, the Community, Digital and Outreach Team (CDOT) has strengthened partnerships with Local Authorities and third-sector organisations, supporting more coordinated and effective outreach activity. CDOT has shared early prevention messages, supported people to access healthcare information through demonstrations of the Wales 111 website, and ensured a consistent community presence for smoking cessation services. Assertive outreach activity has also increased engagement with screening programmes, including TB and blood-borne virus (BBV) screening delivered jointly with Hepatology teams.

					CDOT's ongoing presence in community settings has improved health literacy, encouraged healthier lifestyle choices, and strengthened pathways into screening, vaccination, and smoking cessation services. The use of translated materials, digital demonstrations, and culturally sensitive communication has improved accessibility, particularly for individuals whose first language is not English.
Deliver specialist training on Race, Anti-racism for practitioners and Cultural Awareness Training and other related topics as required.	ArWAP EDI Annual Plan	Ongoing	Business Partnerships, and Inclusion	Staff will have increased knowledge, with the aim of Black, Asian and Minority Ethnic Service Users having a more positive experience when accessing Health Board services.	Both Anti racism training for practitioners and Cultural Awareness training continued to be promoted across the health board. Seven sessions of the Anti-racism training for practitioners have now been delivered to a total of 99 members of staff. Here is some of the feedback received from those that attended the training: "Thank you - it was very thought provoking and interesting, and good to have discussions with professionals who want to be more inclusive" "I'll be recommending to colleagues, I think this training should be mandatory." "Extremely informative and thought provoking. Listening to lived experiences was valuable in being able to ensure we tackle racism at the first instance." Additionally, 3 Cultural Awareness in healthcare training sessions have been provided to 36 members of staff. Feedback received from those that attended the training include:

					"This session was very informative and as a staff of a diverse background I felt very emotionally affected by how patients' treatment was affected because of their religion and culture/beliefs". When staff members in attendance at the Cultural awareness in healthcare were asked 'Will you be making any changes as a result of the knowledge you have gained from the training?' all recorded answers of either: Yes, I have identified specific changes to implement immediately, or Likely, I see potential changes but need to discuss or evaluate further.

People's experience of being part of the workplace

RED – significantly behind schedule/high risk area **AMBER – behind schedule, but no issues** **GREEN – in progress & on target** **BLUE – complete & compliant**

Action	Link to Primary Action Plan	By When	Lead Person	Outcome Measures	Progress
Continue to facilitate the Health Board's Black Asian and Minority Ethnic staff network. Actions will include: • Monitor progress of meetings, actions and agenda items with the Chair • Promotion of network to increase and encourage membership and attendance • Arrange and promote network social events for members and allies • Establish links with wider Black Asian and Minority Ethnic networks within the Hywel Dda	EDI Annual Plan Workforce, Organisational Development and Education 10-year strategy	Mar-26	Diversity & Inclusion Manager	Black Asian and Minority Ethnic staff feel supported in the workplace. This will be evidenced through: • Evidence of staff engagement • Minutes and Meeting Actions • Staff Testimonials • Contribution to policy development and relevant consultations • Evidence of regular network activity and events	The Business, Partnerships and Inclusion team continue to support and facilitate the Black Asian and Minority Ethnic staff network. In partnership with the network's chairs. Staff network sessions continued to take place on a quarterly basis throughout 2025/2026 with the B,P&I team monitoring progress of meetings, actions and agenda items with the Chair(s). Staff network members are routinely asked to contribute to policy development and relevant consultations. These have included: • PPH MIU • CSP

area and across Wales • Establish links for joint working with other NHS Wales staff networks					• ARWAP development Staff network subgroup continues to lead on the provision of network activities and events. These have included Diwali, Black History Month and Windrush day.
Ensure that all staff are aware of the routes available to them to raise any issues relating to Bullying & Harassment. The action will be achieved through: • Through the production of a document setting out accessible routes to raise issues relating to Bullying & Harassment which will be available for all staff and promoted via staff side & ODRM's in the service and also via the Black Asian and Minority Ethnic Network • All new starters will receive a communication from the Culture & Staff Experience team a month after commencement, on how and who to contact generally, with regard to how to resolve issues • Active Bystander training will be offered to all staff on a quarterly basis, to provide tools and techniques for dealing with situations of bullying, harassment and inappropriate behaviour	Bullying and Harassment Task and Finish Group Action Plan	Mar-26	Workforce Culture and Experience Diversity and Inclusion Manager Diversity and Inclusion Manager	Staff know where to find information. This will be evidenced by: • Information included on new SharePoint page • Email template for new starters • Attendance records and feedback from Active Bystander Training sessions • Follow-up discussion with staff who have attended sessions	The provision of Active Bystander has increased during 2025/26 and is now being offered through quarterly health board wide sessions or through a targeted approach directly to specific teams/departments. During this reporting period the Black, Asian and Minority Ethnic staff network have received a specific session on our Work in Confidence platform. Work in Confidence is an online platform designed to provide a secure and anonymous way for staff to raise concerns within the workplace. It offers a private and safe channel for communication. Work in Confidence ensures confidentiality and support for staff in raising concerns. It's a safe space for anonymous communication, promoting a trustworthy environment where issues can be addressed without fear. The Culture team continue to engage with all new members of staff.
Embed training opportunities at induction • New induction programme	Bullying and Harassment Task and Finish Group Action Plan	Ongoing	Learning and Development Manager	Staff know where to go for help and advice. This will be evidenced by:	All new starters are required to complete a 24 week induction process which, identifies where people can access help in relation to Bullying and Harassment and community

that was rolled out from April 2022, identifying where people can access help in relation to Bullying and Harassment and community support • Reinforced through the Customer Service Making a Difference programme, which covers unconscious bias. This will be rolled out to all staff including M&D • Unconscious bias session introduced				• Information presented to staff during their induction • Feedback from Black Asian and Minority Ethnic colleagues	support. Making a difference and Unconscious Bias sessions also form part of this induction process. These sessions are also readily available to all staff members outside of the induction period.
Enable staff to raise complaints in confidence, to feel supported and to be assured that action has been taken. This action will be achieved through: • Launch of the Working in Confidence platform where people can raise their issues anonymously if required about a range of issues, including Bullying & Harassment • Nominating representatives in different areas in order that staff can link with. Liaising with the Black Asian and Minority Ethnic network to assist with this by identifying champions • Introduce a safe space conversations initiative at Black Asian and Minority Ethnic Staff Network meetings • Diversity and Inclusion Team to monitor concerns and queries raised via the dedicated mailbox and EDI Surgeries	Bullying and Harassment Task and Finish Group Action Plan EDI Annual Action Plan	Ongoing	Workforce Culture and Experience Diversity and Inclusion Manager	Black Asian and Minority Ethnic staff subjected to Bullying and Harassment know how to raise a concern and feel listened to when they do raise them. Staff have an increased awareness of the EDI Team and know how to access support and advice. This will be evidenced through: • Concerns and queries log data • Corporate Induction Resources • Evidence of promotional events • Feedback from staff	The working in confidence and speak Up platforms are now firmly established across the HB and are continuously promoted. The B, P & I team also manage a Concerns and queries log. The concerns and queries log (which will be renamed to queries and questions log during 2026/2027) is updated in line with any concerns presented/raised to the B,P&I team. Complaints will still be directed towards our established complaints procedures. All staff network sessions continue to include a peer support element.

Improve retention of Black Asian and Minority Ethnic staff in the workplace and reduce negative experiences of Black Asian and Minority Ethnic Staff. This action will be progressed by: • Developing a retention plan and analyse resignation letters and intervene if possible • Exit Interviews to be offered to all staff moving internally in order that departments where there may be problems can be identified	Bullying and Harassment Task and Finish Group Action Plan Workforce, Organisational Development and Education 10-year strategy	Ongoing	Head of Workforce Culture and Experience Head of Workforce Policy	Ensure that no individual leaves the organisation or feels they have to change roles due to Bullying & Harassment. This will be monitored through: • Analysis of Exit Interviews data • Progress of Retention Plan	Exit interview data is regularly analysed by culture team to identify themes/reasons for leaving.
Commit to addressing perceived problem areas as they are reported. We will ensure staff know who to report matters to and will develop better intelligence to identify problem areas. This will be progressed by: • ODRM's will gather intelligence in conjunction with Operational Workforce Managers to analyse information in relation to numbers of employee relations cases, levels of sickness and turnover. • ODRM's and Operational Workforce Managers to meet regularly in order to triangulate data and intelligence • ODRM's will undertake culture surveys and co-create	Bullying and Harassment Task and Finish Group Action Plan	Mar-26	Head of Workforce Culture and Experience Head of People and Organisational Effectiveness	Progress will be monitored through: • Analysis of employee relations cases • Analysis of sickness levels and turnover • Evidence of training to address problem areas	Clear reporting routes have been reinforced, ensuring staff know who to raise concerns with and how issues will be escalated and addressed. ODRMs have worked with Operational Workforce Managers to gather and analyse intelligence relating to employee relations cases, sickness absence, and turnover, strengthening our understanding of emerging issues. Culture surveys have been completed across relevant areas, with findings used to inform shared discussions and priorities. Strategically aligned People Culture Plans have been co-created with services, informed by survey findings and wider workforce intelligence.

strategically aligned People Culture Plans.					
Increase awareness of the change in the Respect and Resolution Policy Framework through: • Develop 'Just in Time' video on new Healthy Working Relationships Scheme and implement associated communication strategy • Questionnaires for all parties involved at the end of each case which has necessitated the involvement of the Operational Workforce Team in order to assess whether the individuals felt the new process had been helpful/beneficial	Bullying and Harassment Task and Finish Group Action Plan	Ongoing	Head of Workforce Culture and Experience	Progress will be monitored through: • Educational videos & Webinars i.e. Cuppa Conversations • Information cascaded on OD SharePoint pages via a dedicated landing page, with posters with QR codes located on-site • Informal resolution and training workshops • Internal Facilitated Conversations and Mediation network	Staff departures have impacted the capacity of the Bullying and Harassment Task and Finish Group, resulting in challenges to convene as originally scheduled. Consequently, progress on this action has been delayed. Plans are being developed to re-establish the group's membership and ensure continuity of work going forward.
Commit to training more Investigating Officers from a Black Asian and Minority Ethnic background and also Employee Relations panel members in respect of formal hearings • Operational Workforce team to encourage additional IO's to come forward from Black Asian and Minority Ethnic background. Positive action statements to be included in future adverts for Bank IOs • Review disciplinary and appeal panel make up and wherever possible ensure Black Asian and Minority Ethnic representation	Bullying and Harassment Task and Finish Group Action Plan	Ongoing	Head of Workforce	Health Board is assured that there is ethnicity balance on formal Employee Relations Panels • Number of trained Investigating Officers	Staff departures have impacted the capacity of the Bullying and Harassment Task and Finish Group, resulting in challenges to convene as originally scheduled. Consequently, progress on this action has been delayed. Plans are being developed to re-establish the group's membership and ensure continuity of work going forward. Head of Workforce Culture and Experience has attended recent Balck, Asian and Minority Ethnic staff network session to deliver a session on the Speak Up Safely platform and encourage members to become speak up safely champions.

Ensure staff member feels fully supported during any period of absence and subsequent return to work after raising a concern around bullying and harassment • Appoint designated Operational Workforce Advisor to support the staff member to ensure they feel fully supported during their period of absence and return to work	Bullying and Harassment Task and Finish Group Action Plan	Ongoing	Operational Workforce Teams	Staff feel confident returning to work after a period of sickness after raising a concern of bullying and harassment	Staff departures have impacted the capacity of the Bullying and Harassment Task and Finish Group, resulting in challenges to convene as originally scheduled. Consequently, progress on this action has been delayed. Plans are being developed to re-establish the group's membership and ensure continuity of work going forward.
Continue to raise awareness of the revised Buddy Scheme for new overseas staff joining the Health Board.	Workforce, Organisational Development and Education 10-year strategy	Ongoing	Head of Recruitment and Workforce Equality, Diversity & Inclusion Learning and Development Manager	Staff feel supported and welcomed into the Health Board and have settled into the area and know where to access information and support. This will be monitored through: • Increased number of Buddies • Feedback from participants	Awareness of the revised Buddy Scheme has been strengthened across recruitment, onboarding, and induction processes for new overseas staff joining the Health Board. Information about the Buddy Scheme is now shared consistently with new starters, ensuring clear understanding of the support available and how to access it. The scheme has supported overseas staff to feel welcomed, settle into both the organisation and the local area, and access practical and wellbeing support.
ArWAP Working Group (established by the Black Asian and Minority Ethnic Advisory Group) will explore the reasons for the disproportionate number of minority ethnic nursing staff still working at Band 5 after 20 years' service.	ArWAP Strategic Equality Plan	Mar-26	Workforce Culture, Diversity and Inclusion Manager	Improved staff feedback about their experience in relation to career progression for nurses from ethnic minority groups in Hywel Dda. Monitoring of data gathered for the Ethnicity Pay Gap Report.	Black Asian and Minority Ethnic Advisory Group is currently inactive, but this action has been incorporated into the workforce data and intelligence workstream of the Taskforce.
The Staff Performance and Development Review will be revised as part of the Staff Discovery Action plan for 2024/25 and work will be	Staff Discovery Action plan	Ongoing	Head of Research Innovation and Improvement	Outcomes will included reduced staff turnover, productivity of teams/individuals will be improved.	The Health Board offers a range of leadership development programmes designed to build strong, supportive people leadership.

undertaken to strengthen the Leadership of People to ensure people are supported to be their best and that dysfunctional practices and unacceptable behaviour are addressed.			Head of Organisation Relations		These programmes, including LEAP and the Manager's Skills Programme, help leaders develop the confidence and capability to support staff to be their best. They also reinforce expectations around addressing dysfunctional practices and unacceptable behaviour early and consistently.
In response to the results of the NHS staff survey, where staff reported that they had experienced discrimination at work, the Bullying and Harassment Task and Finish Group will be re-established to explore and address the issues.		Mar-26	Head of Workforce Culture and Experience	Improved experiences of staff with a clear message to our staff, our patients, their relatives and the public that the Health Board will not tolerate discrimination or harassment, and when it is raised, we will challenge the behaviour and take all appropriate action to protect our staff.	Staff departures have impacted the capacity of the Bullying and Harassment Task and Finish Group, resulting in challenges to convene as originally scheduled. Consequently, progress on this action has been delayed. Plans are being developed to re-establish the group's membership and ensure continuity of work going forward. The EDI team has initiated collaboration with the Culture Team to assess whether staff survey data can be used to identify teams or departments with the highest need for Active Bystander support.

People's experience of gaining jobs and opportunities

RED – significantly behind schedule/high risk area **AMBER – behind schedule, but no issues** **GREEN – in progress & on target** **BLUE – complete & compliant**

Action	Link to Primary Action Plan	By When	Lead Person	Outcome Measures	Progress
Review the process to ensure that L&D opportunities are more accessible and available to Black, Asian and Minority Ethnic staff working in the health board and provide Employability Skills training to support staff, including when applying for a job through interview skills.	Bullying and Harassment Task and Finish Group Action Plan Workforce, Organisational Development and Education 10-year strategy	Ongoing	Head of Learning and Development Learning and Development Manager	Black, Asian and Minority Ethnic Staff feel that training and development opportunities are open to all. This will be evidenced through: • Monitor uptake of training and development opportunities of Black, Asian and Minority Ethnic Staff • Focus groups with Black, Asian and Minority Ethnic staff	HDdUHB is strengthening how learning and development activity supports progression, talent development and internal mobility. Three interconnected strands of work are underway to support this approach: the establishment of a single, centralised record of all training activity through the One Source of Truth (OSoT) system; completion of a comprehensive Training Audit; and the development of a robust Training Needs Analysis (TNA) process. Together, these strands will improve the consistency, transparency and oversight of learning and development across the workforce. Importantly, they will enable the organisation to better understand who is accessing development opportunities, how these align with progression pathways, and where targeted interventions may be required to address under-representation at senior levels. This work will support more informed decision-making and provide a stronger evidence base to ensure that training and development activity contributes directly to fairer progression outcomes for all staff. A review of learning and development processes is underway to ensure opportunities are accessible, inclusive, and promoted equitably to Black, Asian and Minority Ethnic staff.

					Learning and Development teams are actively assessing how opportunities are communicated, accessed, and supported, with a focus on reducing barriers to participation. Employability Skills training, including interview skills and support for applying for roles, is being delivered to support staff development and progression. Engagement with Black, Asian and Minority Ethnic staff is informing improvements and ensuring training provision reflects lived experience.
Provide training to Managers in order for them to better understand the opportunities and differences in tackling issues concerning Black, Asian and Minority Ethnic staff to promote cultural awareness. This action will be progressed via: • Cultural Competence Training Package to be developed • Develop Managers skills programme	Bullying and Harassment Task and Finish Group Action Plan	Ongoing	Learning and Development Manager	Managers will have a better understanding of the challenges facing Black, Asian and Minority Ethnic staff. Progress will be monitored via: • Training attendance records • Feedback from training	Cultural Competence Training is now being delivered by the L&D team and the Hywel Dda Managers Skills training is available for suitably qualified health board staff
Review all Person Specification requirements before posts are advertised. This will include: • Design new template for Job Description and Person Specifications • Job Evaluation Team to review quality of job descriptions to identify any discriminatory text.	Bullying and Harassment Task and Finish Group Action Plan Workforce, Organisational Development and Education 10-year strategy	Ongoing	Senior Workforce Manager	Job Descriptions will not indirectly discriminate against Black, Asian and Minority Ethnic applicants. Progressed will be evidenced through: • New Job Description and Person Specification template • Monitor number of JDs	A review of Person Specification requirements prior to advertisement is underway to ensure roles are fair, proportionate, and inclusive. A new Job Description and Person Specification template has been developed and is being implemented to support consistency and reduce the risk of indirect discrimination.

• Add 'Discriminatory words and phrases used in job adverts and person specifications' guidance and examples to the Job Evaluation page on the Intranet				amended as part of Job Evaluation review	The Job Evaluation Team is reviewing the quality of job descriptions and person specifications to identify and address any potentially discriminatory language. Guidance on *discriminatory words and phrases used in job adverts and person specifications*, including practical examples, has been added to the Job Evaluation page on the Intranet.
Ensure all staff irrespective of ethnic origin feel that career development and progression within the Health Board is equally as accessible. Actions include: • Ensure all vacancies are advertised openly to via TRAC/NHS Jobs • Ensure candidates are routinely offered feedback if unsuccessful at shortlisting or interview stages • Deliver management training on best practice inclusive recruitment. • Deliver employability support sessions to assist staff applying for a job, preparing for an interview and interview skills.	Bullying and Harassment Task and Finish Group Action Plan Workforce, Organisational Development and Education 10-year strategy	Ongoing	Head of Recruitment and Workforce Equality, Diversity and Inclusion Learning and Development Manager	Black, Asian and Minority Ethnic staff feel that they have equal opportunity to career development and progression. This will be evidenced through: • Monitoring of interview feedback from candidates • Training attendance records	Processes are in place to ensure all vacancies are advertised openly via TRAC/NHS Jobs, supporting fair and transparent access to opportunities. Unsuccessful candidates are routinely offered feedback at both shortlisting and interview stages, supporting learning and future progression. Management training on best-practice inclusive recruitment is being delivered to strengthen fair decision-making and consistency across recruitment panels. Employability support sessions, including application support and interview skills, are being delivered to support staff development and progression.
Produce an Ethnicity Pay Gap report to identify disparities and help us work towards mitigating or eliminating them. Actions will include: • Identify how we can	Workforce, Organisational Development and Education 10-year strategy	Ongoing with pay gap reports published by April	Head of Recruitment and Workforce Equality, Diversity and Inclusion	Actions are identified to address the Ethnicity Pay Gap Report which will be monitored by: • Reduction in the Ethnicity Pay Gap • Increase in the number of Black,	The Ethnicity Pay Gap report is produced and publicised alongside the Strategic equality plan annual report annually. Analysis from the report is being used to identify roles, teams, and staff groups where pay gaps are greatest.

encourage people to apply for roles in sectors where there are greater pay gaps • Look at providing development opportunities for our Black, Asian and Minority Ethnic colleagues to meet the criteria for higher paid jobs within the Health Board • Attract, recruit and retain those who identify as being Black, Asian and Minority Ethnic into Additional Clinical Services • Attract, recruit and retain individuals who identify as being Black, Asian and Minority Ethnic into medical and dental roles		of each year	Resourcing	Asian and Minority Ethnic applicants where there are greater pay gaps • Increase in number of Black, Asian and Minority Ethnic Additional Clinical Services • Increase in number of Black, Asian and Minority Ethnic into medical and dental roles	Actions are in place to encourage applications from Black, Asian and Minority Ethnic staff into roles and sectors where pay gaps are more pronounced. Targeted development opportunities are being progressed to support Black, Asian and Minority Ethnic colleagues to meet the criteria for higher-paid roles. Recruitment and retention activity is focused on increasing representation of Black, Asian and Minority Ethnic staff within Additional Clinical Services. Specific actions are also underway to attract, recruit, and retain Black, Asian and Minority Ethnic staff into medical and dental roles.
Workforce data from ESR, Trac, NHS Staff Survey and training records will be used to develop a report that shows Health Board performance against the 12 Workforce Race Equality Standard indicators. The health Board will then develop an action plan to address any underperformance, as indicated in the WRES report.	ArWAP	Ongoing	Head of Partnerships, Diversity and Inclusion	High quality workforce data will be used to show underperformance and a local action plan developed to take action to ensure: • Black, Asian and Minority Ethnic staff feel confident to provide information about their ethnicity. • Black, Asian and Minority Ethnic staff feel confident to speak up about discrimination. • Black, Asian and Minority Ethnic staff feel confident and are encouraged to progress and take up opportunities for learning and development	Workforce data from ESR, TRAC, the NHS Staff Survey, and training records has been brought together to produce a comprehensive Workforce Race Equality Standard (WRES) report covering all 12 indicators. The report provides a clear and robust picture of Health Board performance, using high-quality data to identify areas of strength and underperformance. Findings from the WRES report have informed the development of a local action plan to address identified gaps and improve outcomes for Black, Asian and Minority Ethnic staff. The action plan is aligned with the Anti-racist Wales Action Plan (ArWAP) and is

					embedded within wider workforce and organisational improvement activity. Engagement and communication activity has supported increased staff confidence in sharing ethnicity data and understanding how this information is used to drive improvement.
Recruitment to senior positions is done using a range of methods in addition to the interview, such as psychometrics and performance to a wider group of stakeholders		Ongoing		A fair recruitment process is created by removing unconscious bias and the halo effect. Appointing panels consider several sources of evidence beyond interview panel questions.	Recruitment to senior positions utilises a range of assessment methods in addition to panel interview. Candidates are assessed through multiple evidence sources, such as presentations or engagement with a wider group of stakeholders, to provide a balanced and rounded view of capability. These approaches support fairer recruitment outcomes by reducing the impact of unconscious bias and the halo effect.

People's experience of when they lack visible role models in positions of power

RED – significantly behind schedule/high risk area AMBER – behind schedule, but no issues GREEN – in progress & on target BLUE – complete & compliant

Action	Link to Primary Action Plan	By When	Lead Person	Outcome Measures	Progress
Increase the diversity of applicants, for the Assistant Director talent pool.	Workforce, Organisational Development and Education 10-year strategy	Mar-26	Organisational Leadership Dev team	As part of the talent management and succession planning approach, there will be a diverse and sustainable leadership pipeline	Workforce data shows a gradual increase in the proportion of staff from ethnic minority backgrounds, rising from 7.2% to 7.8% during the reporting period. Representation at senior levels (Agenda for Change 8a and above) remains lower than across the wider workforce, although ethnicity pay gap data indicates some improvement at these levels compared to the previous year. Board-level ethnicity data is currently incomplete. One Board member is recorded through the Electronic Staff Record (and therefore included in the Workforce Race Equality Standard reporting), although representation may be higher as not all Board members have completed or updated their equality information. Persistent gaps in self-reporting limit the accuracy of published data and restrict the organisation's ability to present a fully representative picture.
Development of an Aspiring Board Members programme	ArWAP	May-25 Was originally due to start Dec-23	Welsh Government	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	Boards are strongest when they reflect the diversity of the communities they serve. In line with the Anti-Racist Wales Action Plan, the Welsh Government has introduced the Aspiring Board Members Programme to support people from Black, Asian, and minority ethnic backgrounds to prepare for

				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.	Independent Board Member roles within NHS Wales.This 12-month programme aims to build a more diverse pipeline for future appointments and broaden opportunities across the health and care sector. The first cohort began in May 2025 and was promoted across the health board marking an important step toward more inclusive leadership.

People's experience of racism as a refugee or asylum seeker

RED – significantly behind schedule/high risk area AMBER – behind schedule, but no issues GREEN – in progress & on target BLUE – complete & compliant

Action	Link to Primary Action Plan	By When	Lead Person	Outcome Measures	Progress
* See action in 'Accessing Services' tab for ensuring patients and carers are provided with interpretation and translation services	EDI annual plan CDOT annual plan	Ongoing	"Diversity & Inclusion Manager	* See action in 'Accessing Services' tab for ensuring patients and carers are provided with interpretation and translation services	Update included above in Accessing Services section or update on CDOT activity below.
Refugees and Asylum Seekers are supported on arrival to the Hywel Dda area and information and guidance on accessing healthcare services is provided in their first language	CDOT annual plan	Ongoing	Community Development Outreach Manager	" Asylum Seekers and Refugees are confident in accessing healthcare services.	CDOT has expanded engagement with refugees and asylum seekers across a wide range of informal and trusted community settings. Targeted outreach delivered with partner organisations has supported groups with specific language needs and enabled regular, culturally sensitive engagement. This has increased confidence in accessing healthcare, improved health literacy, and supported uptake of vaccination, screening (including TB, blood-borne viruses and liver screening), smoking cessation, and early prevention services. Through assertive outreach approaches, CDOT has also contributed to wider wellbeing and inclusion activity. This includes accredited nutrition sessions, gardening, and arts-based interventions for unaccompanied asylum-seeking children. Refugees and asylum seekers have continued to be actively included in Health Board consultations,

					ensuring lived experience informs service design and improvement.
Ongoing engagement with Refugees and Asylum Seekers, to address health care needs and remove barriers to accessing health care services.	CDOT annual plan	Ongoing	Community Development Outreach Manager	"The needs of Refugees and Asylum Seekers is used to inform the development and delivery of services and remove barriers to access.	CDOT has continued to provided practical support to asylum seekers experiencing financial hardship by arranging food parcels, linking individuals to local services, and coordinating multi-agency support where required. Access to interpretation and translation services remains integral to this work and is addressed through wider actions within the *Accessing Services* programme. Overall, progress in this area is strong and demonstrates the value of sustained partnership working, trusted community presence, and proactive outreach models in supporting refugees and asylum seekers to access services safely and with dignity.
Work in partnership with each local authority and other partner organisations to support those coming to Wales seeking asylum and those from Ukraine.		Ongoing	Public Health Community Development Outreach Manager	Refugees are confident in accessing healthcare services. Information available in a range of community languages	During this reporting period, work has continued to support refugees and asylum seekers to access healthcare and to reduce barriers linked to racism, language, and social exclusion. Partnership-led, community-based outreach remains a core feature of delivery. This work is led by the Community Development Outreach Team (CDOT), in collaboration with local authorities and third-sector organisations.

4.7

12:05, 10 Mins

4.7 - Performance Assurance and Workforce Metrics Report

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

For assurance

Attachments

4.7 IPAR SBAR.pdf

4.7 Appendix 1 - Strategic Objectives.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 May 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Assurance & Workforce Metrics
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce and Organisation Development (OD) / Deputy CEO
SWYDDOG ADRODD: REPORTING OFFICER:	Michelle James, Head of Resourcing and Utilisation

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

A purpose of the People, Organisational Development & Culture Committee (PODCC) is to provide assurance to the Board on best practice around the workforce and organisational development (OD) agenda.

This report provides assurance of delivery against national delivery framework targets. The dataset presented is accurate as at 31 March 2026 (unless stated otherwise e.g. for NHS Wales benchmarking datasets).

Cefndir / Background

The dashboard has been developed to report on the individual delivery plans for the 12 specific requirements, targets have been identified against the eight strategic statements of intent in the 10 year strategy to demonstrate the link between the target and progress in delivery of our strategy.

The frequency in which the dashboard in Appendix 1 is produced has been amended in line with the Committee frequency and as such is reported quarterly with the full range of metrics and Key Performance Indicators (KPI's) presented annually in February.

Asesiad / Assessment

The dashboard in Appendix 1 presents performance against the following national delivery framework targets:

Overall staff engagement score – scale score method

- The response rate has fluctuated through 2024/25 and 2025/26. The highest response rate was seen in January 2026 at 26%, it has since dipped slightly. Ways to increase participation are continually being explored.
- More detailed methods of reporting are being explored with the focus on maintaining anonymity.

- Engagement score up until February 2026 had been continuously above 70%, it has increased in March to 74%.
- 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 to maximise the newly qualified pipelines and reduce variable pay for nursing is underway.
- Ongoing support is being provided to the medical workforce through workforce planning.
- Pressures are expected to continue for the medical workforce into 2026/27.
- Agency has remained below 5% of the total pay bill since November 2023.

Education and Commissioning template to Health Education and Improvement Wales (HEIW) aligned to the Integrated Medium-Term Plan (IMTP) submission on an annual basis.
Data in relation to Health Care Support Worker (HCSW) framework on annual basis and related requirements for funding

- 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.
- Continue to strengthen partnership with HEIW and engage in strategic review of the framework.

Percentage of sickness absence rate of staff

- As per the NHS Performance Framework 2025-26, the Health Board sickness absence target is a reduction on the 2024-25 outturn of 6.60%. The end of year performance is marginally above the target rate with a rolling absence rate of 6.67%.
- Anxiety, stress and depression continues to account for the highest of all reasons for absence across the health board at 33.9%. Work is ongoing to ensure managers identify on ESR where work related stress is the specific reason for absence so better data and analysis can be captured in this regard and stress risk assessments actioned accordingly.
- Ongoing focused support from the Workforce Teams continues in collaboration with Senior Managers with a focus on hot spots across all Clinical Care Groups with designated action plans devised for managers/CCGs to support the reduction of sickness absence.
- Designated support from Workforce continues to be utilised to help address sickness absence aligned to employee relations matters.

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, but they have been increasing month on month through the year from 55% at the start of 2025/26 to 68.2% in March 2026.

Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation

- We continue to be above our 85% target; however performance has declined slightly since December 2025 by 0.4%.
- We only have one staff group that is below the 85% target which is Medical & Dental. These rates continue to steadily increase and have increased by 5.5% since December 2025, currently sitting at 64.1%.
- The Learning and Development Team is currently working closely with Medical and Dental. Action plans remain in place; these have enabled bespoke training packages to be developed collaboratively with key stakeholders.
- We continue to perform higher than NHS Wales.

Percentage of headcount by organisation who have had a Performance Appraisal Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training).

- The combined appraisal compliance continues to fluctuate between 82.1% and 84% with the current rate at 82.7%.
- We continue to perform better than NHS Wales, however we continue to fall slightly short of the 85% target.

Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job

- The rate has fluctuated but sits at 70.9% in February 2026.

Consultant/Specialty and Associate Specialist (SAS) doctors with a job plan & Consultants/SAS doctors with an up-to-date job plan (reviewed with the last 12 months).

- There has been a 5% decrease since December 2025. Current job plans are recorded at 75% against a target of 90%.
- The declining trend has been impacted by a large number of job plans that have expired.
- Escalation meetings have been set up to discuss declining compliance.

Percentage of compliance for staff appointed into new roles where an adult or child barred list check is required.

- We continue to maintain 100% compliance over the last 12 months.

The targets are presented in a format which will allow PODCC to assess the alignment between the key performance indicator and the intentions as set out in the 10-year Workforce, Organisational Development & Education Strategy.

Argymhelliad / Recommendation

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

- **NOTE** the content of the Performance Assurance and Workforce Metrics report, and
- **RECEIVE ASSURANCE** of performance in key areas of the Workforce and OD agenda

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

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

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Staff Engagement Score Year on Year

Year Of Survey	Sent to	Number Completed	Response Rate	Engagement Score
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%
2025 Sample in July	870	185	21%	72%
2025 Sample in August	855	189	22%	72%
2025 Sample in September	872	195	22%	73%
2026 Sample in January	866	222	26%	73%
2026 Sample in February	851	179	21%	69%
2026 Sample in March	848	134	16%	74%

Engagement Score by Staff Group

Role	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Jan-26	Feb-26	Mar-26
Administrative and Clerical	72%	73%	71%	74%	75%	75%	74%	72%	77%
Allied Health Professionals	71%	75%	73%	72%	70%	72%	71%	64%	74%
Estates, Facilities & Support Services	77%	72%		69%		74%	63%		
Healthcare Scientists		72%		75%	74%	78%	72%	71%	76%
Medical and Dental	77%	62%	78%	65%	66%	67%	75%	68%	77%
Nursing and Midwifery	71%	75%	72%	68%	70%	71%	74%	70%	71%
Other Clinical Services		80%	76%	80%	73%		75%	71%	69%
Other Scientific and Technical							69%		
Other							87%		

Note - Any area with less than 5 responses will not be reported on so as not to identify anyone and respect confidentiality

Due to the national staff survey no local surveys between Oct 25 – Dec 25 were undertaken. This was agreed nationally.

Current Performance

The staff engagement score for the staff voices survey fluctuates monthly but February 2026 has seen the lowest score of 69% it has increased again in March to 74%.

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. This year, we introduced local accountability for staff survey results at Tier 2 and Tier 3 levels. All areas that received a report on the previous Staff Survey were required to submit action plans identifying their top three priorities for improvement. These action plans will be monitored through EITs meetings.

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

Nursing
The average year-to-date monthly spend on nursing variable pay is £1.19M, with a reducing trend, and M12 at £1.13M.
Total year-to-date variable pay spend is £14.3M, of which £4.2M relates to agency spend.
The majority of agency spend is within Community and Integrated Medicine (£3.5M) and Planned Care (£699k).
Overtime accounts for £3.1M, with £1.9M in Community and Integrated Medicine and £1.1M in Planned Care.
To address these pressures, work is underway to maximise the use of newly qualified pipelines and reduce variable pay usage across all elements, including surge capacity, sickness cover, and enhanced patient support.

Allied Health Professionals (AHPs) and Health Care Sciences (HCS)
The average year-to-date monthly spend on variable pay is £169k, with M12 reduced to £109k.
Total year-to-date variable pay spend is £2.03M, of which £1.05M is agency spend.
A significant proportion of this spend relates to Pathology, Dietetics, Physiotherapy, and Radiology, with additional demand arising from Waiting List Initiatives, increasing usage.

Medical
The average year-to-date monthly variable pay spend is £2.63M, with an increase in M12 to £3.12M.
Total variable pay spend is £31.83M, with £4.76M attributable to agency usage.
Additional Duty Hours and Waiting List Initiatives account for £27M of the total spend.

Agency usage has remained below 5% of the total pay bill since November 2023.

Performance Against Trend

Nursing
Work is ongoing to align nursing establishment and streamlining numbers with variable pay spend.

AHPs / Health Care Sciences
The Radiology recruitment plan is progressing, with additional support via exit plans linked to agency usage.

Medical
Ongoing support is being provided to the medical workforce through resource, operational, and strategic workforce planning.

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

Month Name	2025/2026
April	0.95%
May	1.59%
June	1.11%
July	1.34%
August	1.37%
September	1.45%
October	1.63%
November	1.43%
December	1.98%
January	1.85%
February	1.85%
March	1.54%

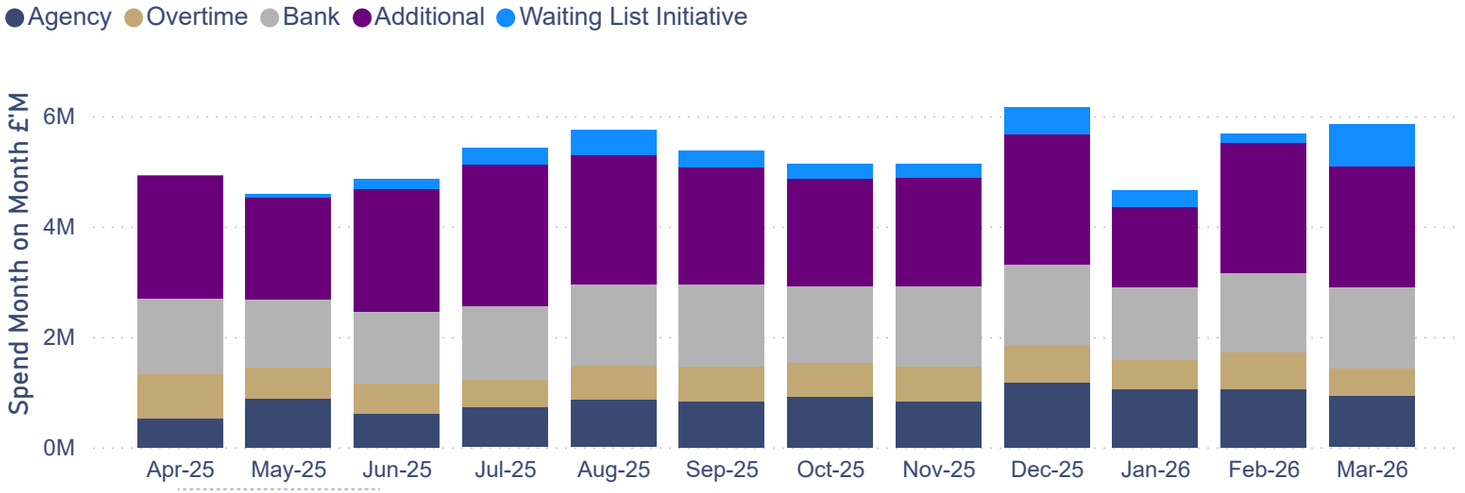
Future Positive Actions

Nursing
Agency spend has increased slightly to £394k; however, plans are in place to reduce this through the placement of Newly Qualified Nurses.

AHPs / Health Care Sciences
Agency spend reduced to £46k in M12, with reductions expected to be sustained into 2026/27.

Medical
Agency spend reduced slightly in M12 to £935k per month, though pressures are expected to continue into 2026/27.

Variable Pay Month on Month



NHS delivery framework target: 3.B: Deliver requirements of regulators – a) Submit Education and Commissioning template to HEIW aligned to IMTP submission on an annual basis Strategic Delivery Lead: Assistant Director of People Planning. Operational Delivery Lead: Assistant Director of People Planning

This target aligns to the following statement of intent:

2 - Recruiting and Retaining Great People & 4 - Delivering a Workforce Fit for the Future

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Key	
	Output known
	Completed
	In Progress

Plan	Education Commissioning	Status
2020/21	Out turn c2023	
2021/22	Out turn c2024	
2022/23	Out turn c2025	
2023/24	Out turn c2026	
2024/25	Out turn c2027	
2025/26	Out turn c2028	

Future Positive Actions

Reviews will be undertaken using the education commissioning submission alongside higher award data to ensure any missed opportunities are identified and maximised.

This work will also support HEIW by providing a comprehensive range of information, including workforce pipeline and supply data, to inform longer-term planning linked to education commissioning and enable the health board to mitigate workforce risks associated with supply and demand.

Collaboration with HEIW will continue to be prioritised to support the health board's education and training requirements. Ongoing work with professional leads will enable workforce supply modelling, supporting professional group plans for transformation and Clinical Services Plans (CSPs).

Current Performance

Engaging with HEIW with regards to the 2027/28 education commissioning cycle. The discussions to date have been focused on developing the process to improve and standardise the approach used across Wales, which has taken on board health board feedback.

The education commissioning return was submitted on 30 March 2026 via HEIW's SharePoint site, alongside submission through our internal governance and executive approval processes.

This work builds on existing development pathways and improvements to higher education processes. The information supports workforce planning through operational delivery and professional workforce plans aligned to the Annual Plan. Further work will be undertaken to ensure alignment between enhanced and advanced practice pathways and the health board's workforce requirements.

Performance Against Trend

Previous submissions to HEIW have been completed in line with expectations and agreed timelines. All commissioning activity has been conducted through the lens of current funded establishment, using workforce (inc. risk position), financial and performance data to assist decision making.

Improvements during the year have been driven through education commissioning activity within primary care and community services.

Plans are in place to further strengthen these processes, aligning commissioning activity more closely with primary care strategic workforce plans and the refreshed Community First Strategy.

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

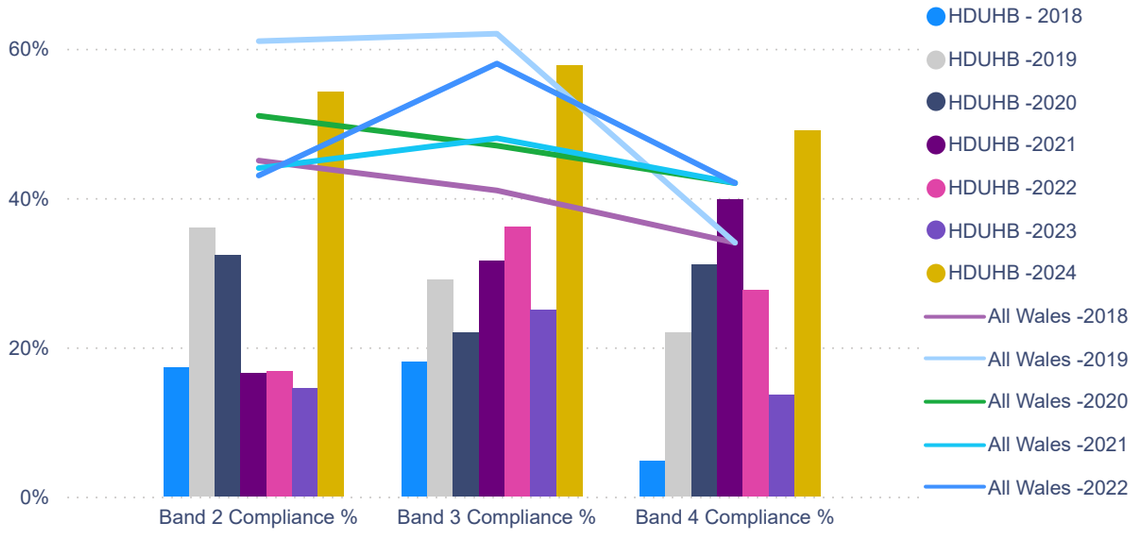
Operational Delivery Lead : Learning & Development Manager

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

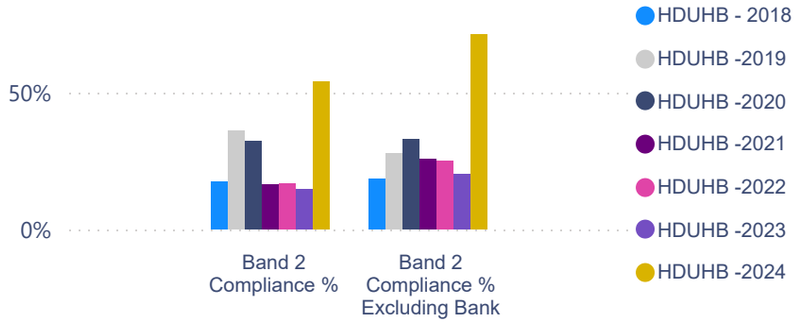
Collaborative work is underway with Health Education and Improvement Wales (HEIW), who are preparing to establish a formal review of the career framework. Requests have been made to address identified anomalies in role definitions and equivalency recognition, particularly concerning long-standing staff, 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%

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

Impact of Bank Compliance on Career Framework Data



Future Positive Actions

Continue to strengthen partnership with HEIW to address discrepancies in the framework impacting compliance data and actively contribute to the strategic review of the framework

Advance the refinement of existing datasets to improve data quality, consistency, and reliability supporting informed decision-making and accurate reporting.

Maintain biannual reporting to SPPEG, with scheduled updates delivered in May and November, reinforcing transparency and accountability.

Performance Against Trend

Compliance levels continue to demonstrate a sustained upward trajectory, reflecting the effectiveness of strategic interventions, most notably the introduction of dedicated administrative support and targeted data cleansing initiatives. These foundational actions have significantly enhanced operational accuracy and reporting integrity.

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**

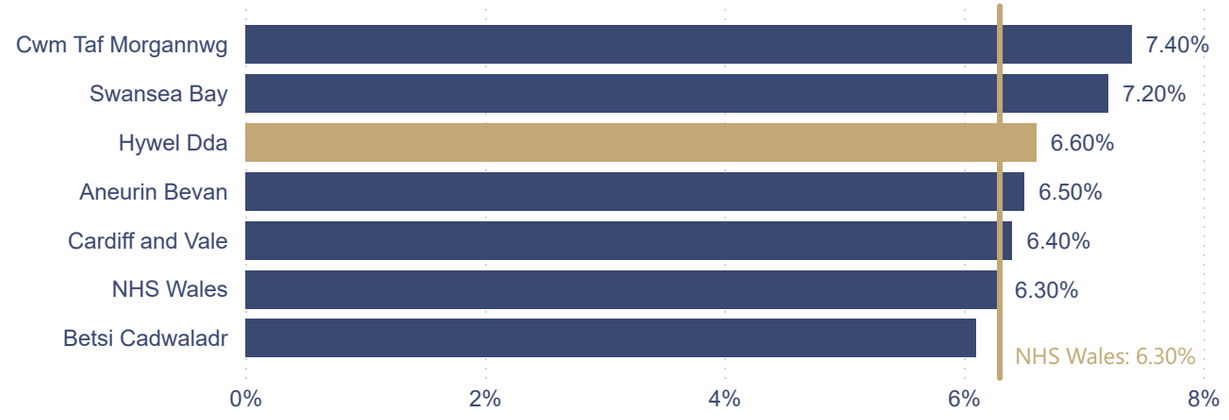
NHS delivery framework target: 5.A.i - Develop plans to deliver, on a sustainable basis - Percentage of sickness absence rate of staff Strategic Delivery Lead: Assistant Director of People Management Operational Delivery Lead: : Head of Workforce

This target aligns to the following statement of intent:

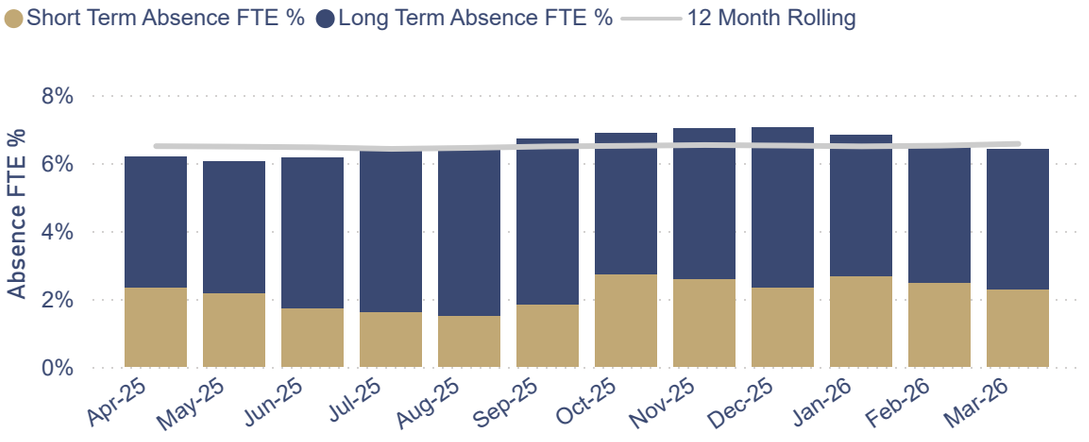
3 - Engaging our Staff

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

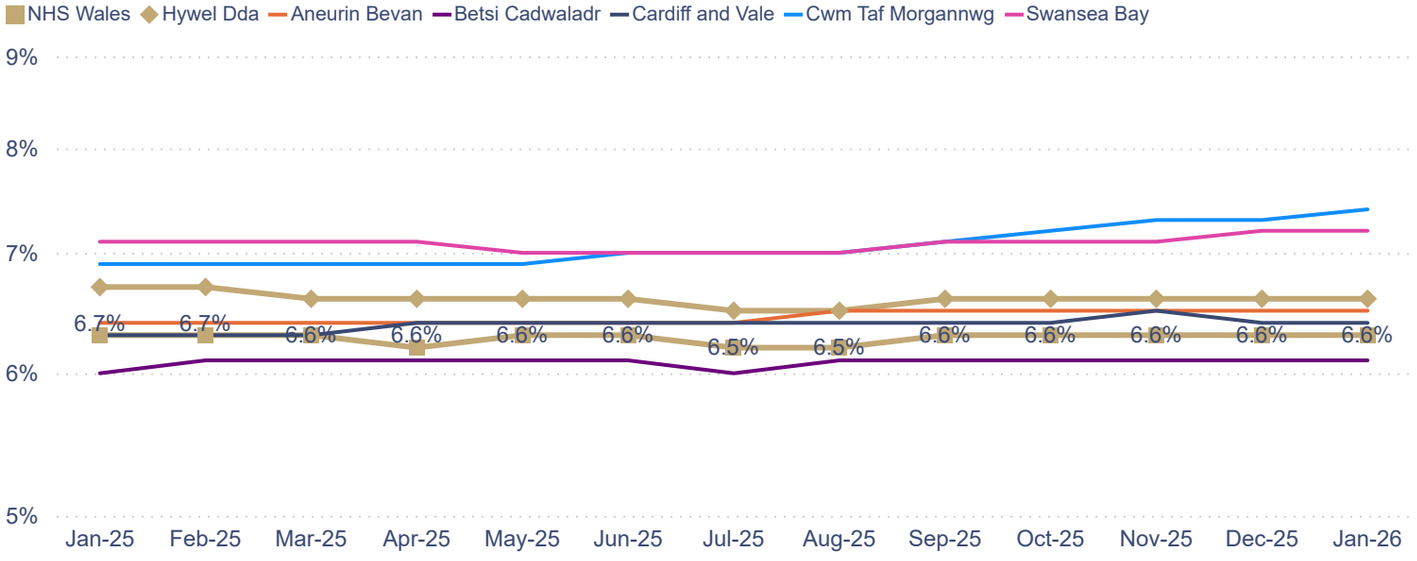
12 month rolling sickness absence rates (UHBs only) to Jan 2026



Hywel Dda In Month Sickness Absence by Long Term & Short Term compared to Rolling 12m



Rolling 12-month sickness absence rates, Jan'25 to Jan'26



Current Performance

The end of year performance is marginally above the target rate with a rolling absence rate of 6.67%. The traget as per the NHS Performance Framework 2025-26, the Health Board sickness absence target is a reduction on the 2024-25 outturn of 6.60%.

Performance Against Trend

Anxiety, stress and depression continues to account for the highest reasons for absence across the health board at 33.9%. Work is ongoing to ensure managers identify on ESR where work related stress is the specific reason for absence.

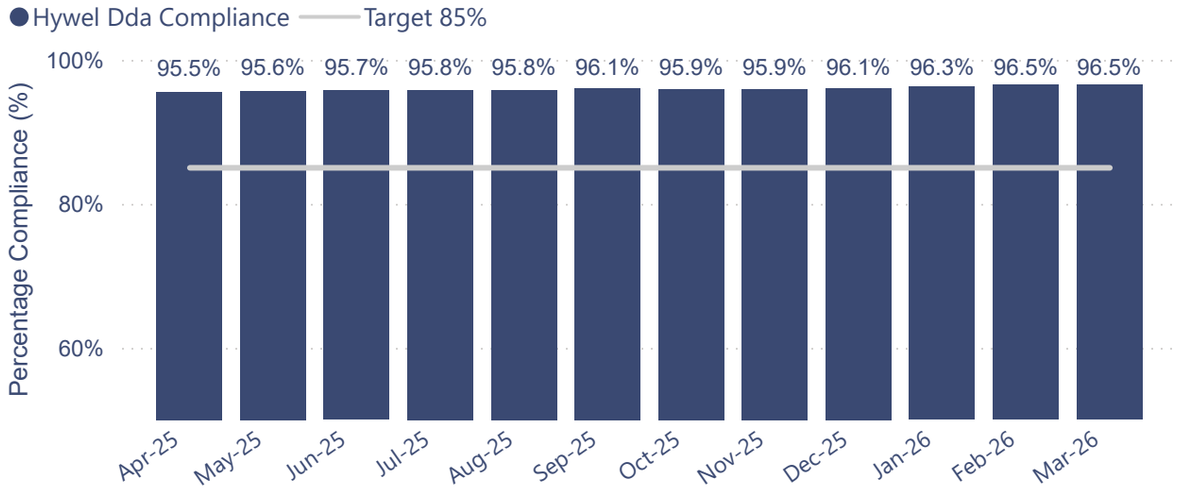
Future Positive Actions

Designated support from Workforce continues to be utilised to help address sickness absence aligned to employee relations matters.

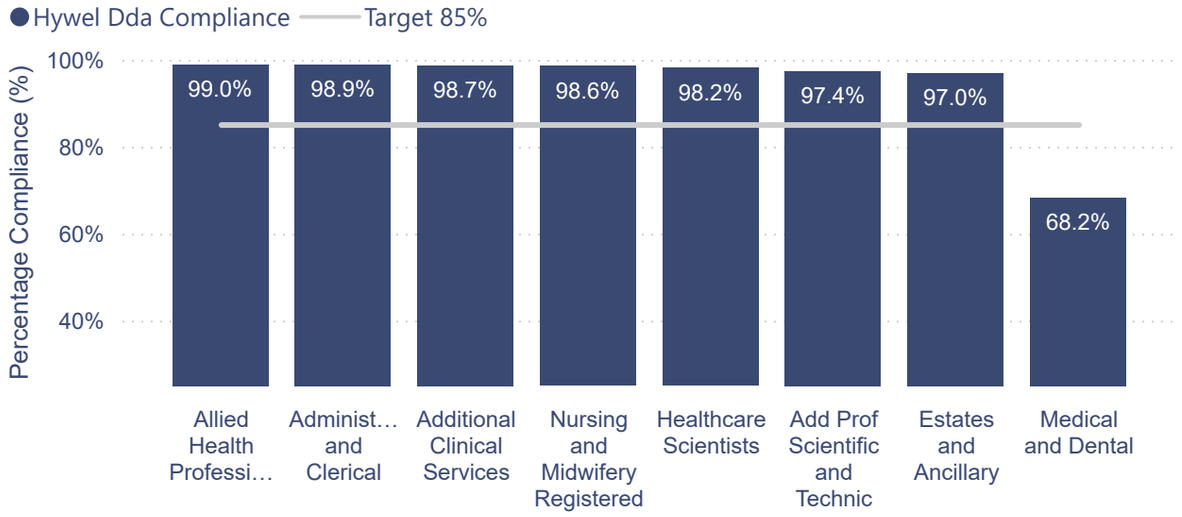
NHS delivery framework target: 5.A.i - Qualitative report providing evidence of provided learning and development in line with the Good Work – Dementia Learning and Development Framework & Percentage of employed NHS staff completing dementia training at an informed level Strategic Delivery Lead: Assistant 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 is consitently above the 85% target in all staff groups 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 we have seen Health Board compliance continue to remain above the 85% target.

Medical and Dental has been steadily increasing through the year rising from 55% in April 2025 to 68.2% in March 2026.

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.
- Offer bespoke support to any areas who are not currently demonstrating compliance with Dementia training.
- Revisit work carried out with service area leads for Medical and Dental to support with improved compliance within these areas.

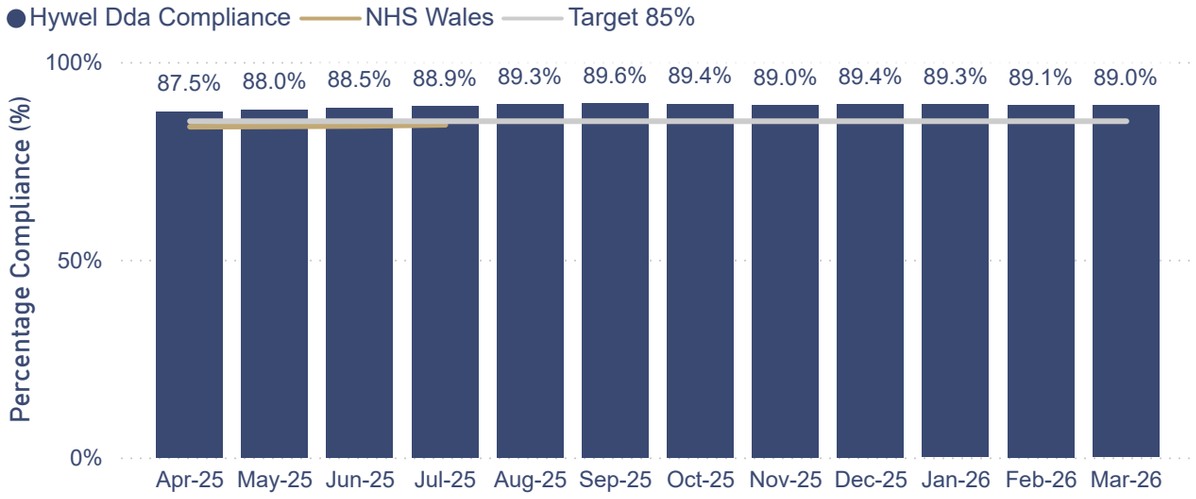
NHS delivery framework target: 5.A.i -Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation. Strategic Delivery Lead: Assistant Director of People Development Operational Delivery Lead: : Learning & Development Manager

This target aligns to the following statement of intent:

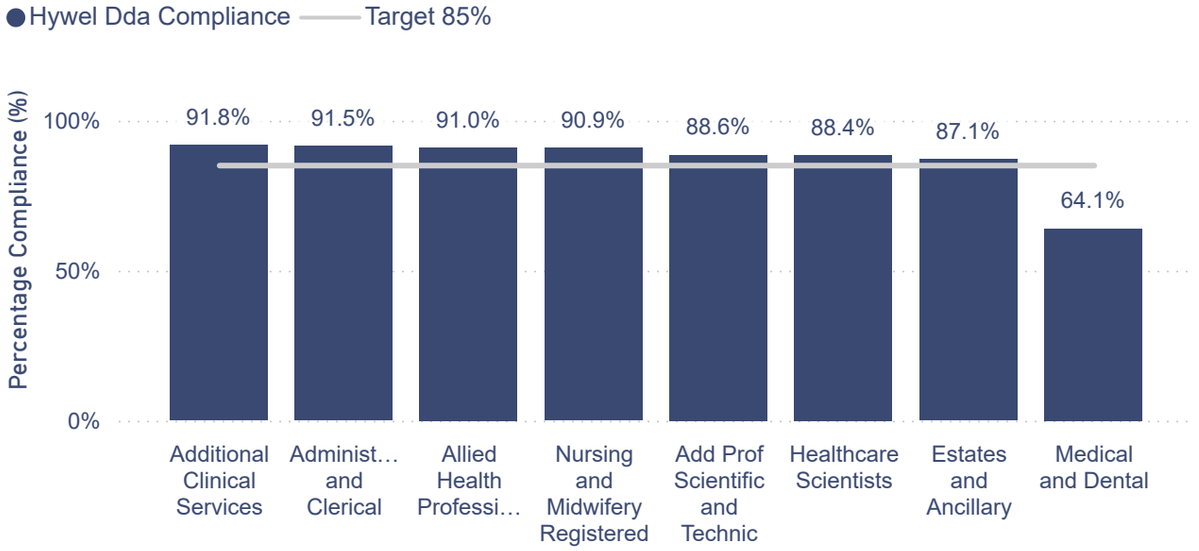
6 - Developing High Performing Teams

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 above the target of 85% for compliance with the Core Skills Training Framework and above NHS Wales.

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

All staff groups with the exception of Medcical and Dental are now above the 85% target for CSTF. Medical and Dental has been steadily increasing through the year rising from 51% in April 2025 to 64.1% in March 2026.

Future Positive Actions

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

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

Sep-25
76.4%

Jan-26
79.3%

Feb-26
70.9%

Mar-26
76.9%

Current Performance

The current position for PADR is only just short of the Welsh Government target of 85% sitting at 82.7%.

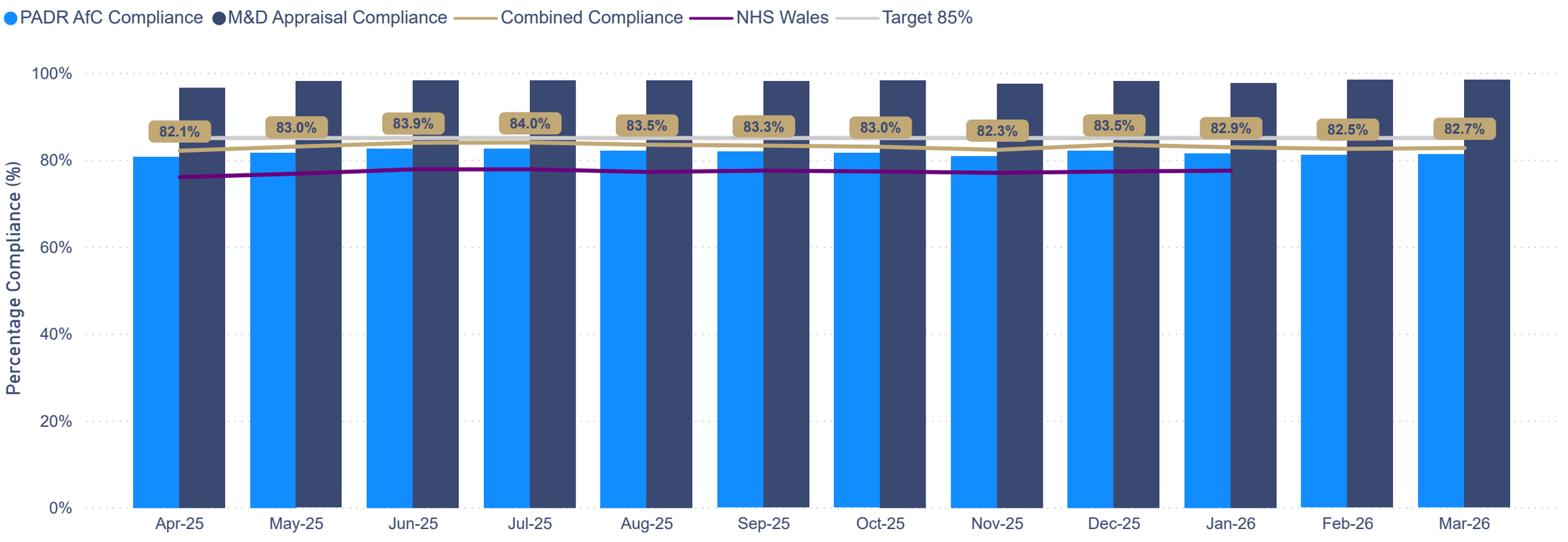
Performance Against Trend

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.

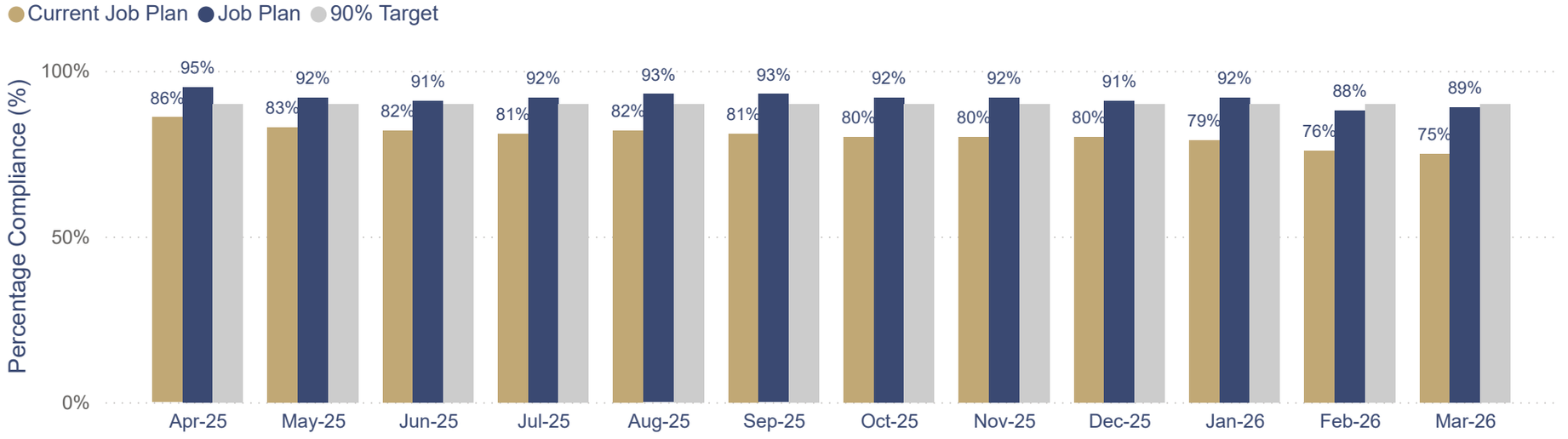
PADR Compliance to NHS Wales Performance and Target of 85%



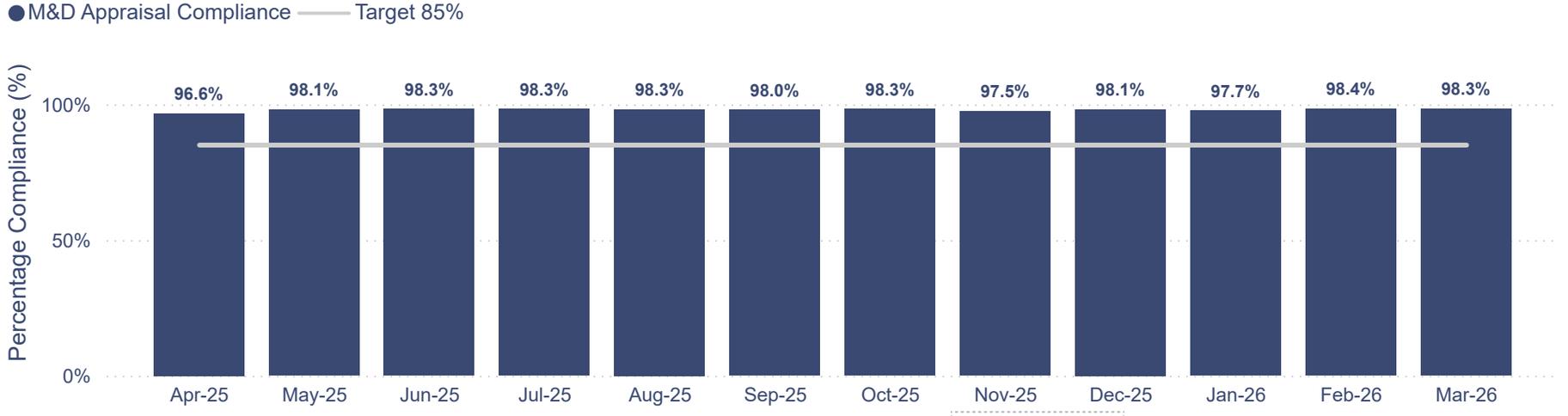
NHS delivery framework target: 5.A.i - Percentage of staff who have had a medical appraisal in the previous 12 months (exc Drs and Dentists in training) and Consultant/SAS doctors with a job plan & Consultants/SAS doctors with an up to date job plan (reviewed with the last 12 months).
Strategic Delivery 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 has been an overall 4% decrease in compliance over the past 3 months.

Performance Against Trend

Trend is declining at 75%, this is due to large numbers of job plans expiring. As a rolling program this will continue to affect compliance.

Future Positive Actions

Processes are in place for chasing up all clinicians to sign off their job plan, Service Delivery Managers and Clinical Leads will be asked to discuss sign off with clinicians.
High level escalation meetings to be set up with Medical Director and Clinical Care Groups to discuss decreasing compliance.
A Directorate level escalation process is in place, ongoing meetings with Directors of Services, General Managers and Clinical Directors, to ensure action plans are developed 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 GIG 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%
Jul-25	80	75	4	100.0%
Aug-25	116	114	7	100.0%
Sep-25	196	191	4	100.0%
Oct-25	171	162	3	100.0%
Nov-25	118	110	4	100.0%
Dec-25	103	100	2	100.0%
Jan-26	139	136	1	100.0%
Feb-26	109	98	5	100.0%
Mar-26	110	118	7	100.0%

5

12:15, 0 Mins

5 - SUB-COMMITTEE UPDATE REPORTS

5.1 **12:15, 0 Mins**

5.1 - Strategic People Planning and Education Group (SPPEG) Reports - DEFERRED

6

12:15, 0 Mins

6 - FOR APPROVAL

6.1

12:15, 2 Mins

6.1 - Outcome of Advisory Appointments Committee (AAC)

Heather Hinkin (Hywel Dda UHB - Assistant Director People Management), Sally Owen (Hywel Dda UHB - Head of Recruitment and Workforce Equality, Diversity & Inclusion)

For approval

Attachments

6.1 SBAR AAC PODCC May 2026 - V2.pdf

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 May 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Advisory Appointments Committee
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling – Executive Director of Workforce & OD (Organisational Development) and Deputy Chief Executive Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Heather Hinkin - Assistant Director of People Management

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

To update the People, Organisational Development & Culture Committee (PODCC) on the outcome of the Advisory Appointments Committees (AAC's) held between 20 January 2026 to 17 April 2026, and to seek approval for these appointments on behalf of the Board.

To share the Health Board Year End Recruitment Report 2025-2026 report with the Committee.

Cefndir / Background

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

- Consultant in Child and Adolescent Mental Health Services (CAMHS) with a special interest in Perinatal Mental Health Service (MHS)
- Consultant in Acute General Medicine
- Consultant In Paediatric Dentistry Community Dental Service
- Consultant In Psychiatry for Adults with Intellectual Disabilities
- Consultant In Old Age Psychiatry
- Consultant In Cardiology
- Respiratory Consultant

Asesiad / Assessment

Consultant in CAMHS with a special interest in Perinatal MHS

The AAC, comprising of Dr Neil Wooding, Chair of Hywel Dda University Health Board (HDdUHB); Prof Phil Kloer, Chief Executive Officer; Dr Catherine Burrell, Clinical Director/Deputy Associate Medical Director – Primary Care and Community representing the Medical Director; Dr Agnes Ayton representing the Royal College and Dr Warren Lloyd and

Eleri Murphy representing the department met on 25 February 2026 to interview one candidate for the Consultant in CAMHS with a special interest in Perinatal MHS. The one post is based in Carmarthen, however, covers the three counties of Carmarthenshire, Pembrokeshire and Ceredigion. This is a replacement post.

Dr Abigail Davies (External) was appointed to the post of Consultant in CAMHS with a special interest in Perinatal MHS based at Carmarthen. Start date within the next three months.

Application in direct response to British Medical Journal (BMJ) advert.

Consultant in Acute General Medicine

The AAC, comprising of Eleanor Marks, Vice Chair representing the Chair of Hywel Dda University Health Board (HDdUHB); Lee Davies, Executive Director of Strategy and Planning representing the Chief Executive Officer; Dr Catherine Burrell, Clinical Director/Deputy Associate Medical Director – Primary Care and Community representing the Medical Director; Dr Thomas Cozens representing the Royal College and Dr Scott O'Rourke and Dr Robin Ghosal representing the department met on 5 March 2026 to interview one candidate for the Consultant in Acute General Medicine post. This is a newly created, eight sessions per week part time role based at Prince Philip Hospital.

Dr Aled Lloyd (External) was appointed to the post of Consultant in Acute General Medicine based at Prince Philip Hospital. Start date within the next three months.

Consultant In Paediatric Dentistry Community Dental Service

The AAC, comprising of Eleanor Marks, Vice Chair representing the Chair of Hywel Dda University Health Board (HDdUHB); James Severs, Executive Director of Allied Health Professions and Health Science representing the Chief Executive Officer; Dr June Picton, Associate Medical Director for Professional Standards representing the Medical Director; Dr Laura Gartshore representing the Royal College and Dr Jelena Paden and Marie Mickiewicz representing the department met on 12 March 2026 to interview one candidate for the Consultant In Paediatric Dentistry Community Dental Service post. This is a newly created, six sessions per week part time role based in Carmarthen.

Dr Rohini Mohan (External) was appointed to the post of Consultant in Paediatric Dentistry Community Dental Service based in Carmarthen. Anticipated start date in May 2026.

Consultant In Psychiatry for Adults with Intellectual Disabilities

The AAC, comprising of Neil Wooding, Chair of Hywel Dda University Health Board (HDdUHB); Lisa Gostling, Deputy Chief Executive Officer representing the Chief Executive Officer; Dr June Picton, Associate Medical Director for Professional Standards representing the Medical Director; Dr Warren Lloyd representing the Royal College and Dr Bill Thompson and Lisa Bassett Gravelle representing the department met on 2 April 2026 to interview one candidate for the Consultant In Psychiatry for Adults with Intellectual Disabilities post. This is a 10 session, full time role based in Pembrokeshire.

No appointment made

Consultant In Old Age Psychiatry

The AAC, comprising of Neil Wooding, Chair of Hywel Dda University Health Board (HDdUHB); Lisa Gostling, Deputy Chief Executive Officer representing the Chief Executive Officer; Dr June Picton, Associate Medical Director for Professional Standards representing the Medical Director; Dr Warren Lloyd representing the Royal College and Dr Graham O'Connor and Neil Mason representing the department met on 2 April 2026 to interview one candidate for the Consultant In Old Age Psychiatry. This is a 10 session, full time role based in Carmarthen.

Dr Faryal Sohail (Internal) was appointed to the post of Consultant in Old Age Psychiatry based in Carmarthen. Anticipated start date within three months.

Consultant In Cardiology

The AAC, comprising of Eleanor Marks, Vice Chair representing the Chair of Hywel Dda University Health Board (HDdUHB); Huw Thomas, Executive Director of Finance representing the Chief Executive Officer; Dr Catherine Burrell, Clinical Director / Deputy Associate Medical Director for Primary Care and Community representing the Medical Director; Dr Mark Ramsey representing the Royal College and Dr Senthil Elangovan and Dr Eiry Edmunds representing the department met on 7 April 2026 to interview one candidate for the Consultant In Cardiology post. This is an eight session role based in Prince Philip Hospital.

No appointment made.

Respiratory Consultant

The AAC, comprising of Rhodri Evans, Independent Member representing the Chair of Hywel Dda University Health Board (HDdUHB); Lee Davies, Executive Director of Strategy and Planning representing the Chief Executive Officer; Dr Sion James, Deputy Medical Director – Primary Care and Community representing the Medical Director; Dr Chris Wathen representing the Royal College and Professor Kier Lewis and Dr Angela Puffett representing the department met on 17 April 2026 to interview one candidate for the Respiratory Consultant post. This is a replacement post, 10 sessions per week based at Withybush Hospital.

Dr Ravindra Kedia (External) was appointed to the post of Respiratory Consultant based at Withybush Hospital. Start date within the next three months.

Application in direct response to BMJ advert.

Health Board Recruitment – Year End Report 2025-2026
The Health Board Recruitment – Year End Report 2025-2026 (Appendix1) produced through Canva, provides a high-level overview of the work undertaken by the Recruitment Team during financial year 2025/26. As outlined within the report significant progress has been made in filling vacancies, including a number of previously hard to fill roles, which has also helped with a reduction in variable pay and bank usage.

Argymhelliad / Recommendation

The Committee is requested to:

- **NOTE** withdrawals / no appointments made;
- **APPROVE** the appointments on behalf of the Board.

- **NOTE** the Health Board Year End Recruitment Report 2025-2026 which highlights the activities undertaken to attract, recruit and onboard applicants into Hywel Dda University Health Board during FY 2025/2026.

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: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	AAC – Appointments Advisory 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

6.2

12:17, 3 Mins

6.2 - Workforce Policies for Approval

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

For approval

Attachments

6.2 PODCC - SBAR - Policies - V2- April 26.pdf

6.2 Appendix 1a - 100 - Org Induction Policy - for approval.pdf

6.2 Appendix 1b - 100 - EqIA draft.pdf

6.2 Appendix 2a - 113 - L D Policy - for approval.pdf

6.2 Appendix 2b - 113 - EqIA draft.pdf

6.2 Appendix 3a - 158 - Redeployment Policy for approval May 2026.pdf

6.2 Appendix 3b - 158 - Equality impact assessment.pdf

6.2 Appendix 4 - 283-Alcohol and drugs substance misuse policy for approval.pdf

6.2 Appendix 5a - 948B - DBS Checks Procedure for approval May.pdf

6.2 Appendix 5b - 948 Equality impact assessment.pdf

6.2 Appendix 6a - 1103 - Performance Management Policy for approval.pdf

6.2 Appendix 6b- 1103 equality impact assessment.pdf

6.2 Appendix 7 - HDUHB 2025 NHS Wales Recognition Agreement.pdf

6.2 Appendix 8 - All Wales Policy Schedule - March 2026.pdf

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 May 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Workforce & Organisational Development (W&OD) Policies
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling, Executive Director of Workforce & Organisational Development and Deputy Chief Executive Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Heather Hinkin, Assistant Director of People Management

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The report provides the required assurance that the Written Control Documentation (WCD) Policy (policy number 190) has been adhered to in the development of the documents which are in line with legislation/regulations, the available evidence base and are put forward for approval and implementation within the Health Board.

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the Committee is asked to note or approve the recommendations in relation to the below:-

- Local policies for approval
- All Wales policies, documents and updates
- Policies not yet presented for approval (extension requests)
- Policies reallocated to another Committee

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
All of our policies have now been considered as part of a disrupted approach with the majority now meeting our aim to reduce to five pages or less. We continue to undertake desk top reviews where we can as the content has already been streamlined in a previous cycle.

100 – Organisational Induction Policy (Appendices 1a&b)

- A desktop review was undertaken and minor changes made to update hyperlinks, update language/terminology, clarification of responsibilities.
- Global consultation was undertaken
- Policy shared with local partnership forums, Health Board Staff Partnership Forum (HBSPF) and the Local Negotiating Committee (LNC).
- The Equality Impact Assessment (EQIA) has been updated.

113 – Learning & Development Policy (Appendices 2a&b)

- A desktop review was undertaken and minor changes made to update hyperlinks, language/terminology, with updated wording around funding specifically to remove mandated training from fee repayments in Section 9.
- New wording included in 'Study Leave' Section relevant to counter fraud investigations
- Global consultation was undertaken
- Policy shared with local partnership forums, HBSPF and LNC
- The EQIA was updated to take account of the review/changes made.

158 – Redeployment (Appendices 3a&b)

- A desktop review was undertaken of the policy and minor changes were made, language simplification, condensing word count in sections, reducing duplication and correcting links.
- The tone of the policy is now more employee-friendly focusing on clarity and support rather than procedure and legalities.
- Consultation was undertaken with the local partnership forums.
- It is anticipated that a new, All-Wales Redeployment Policy will be published soon hence why a desktop review was undertaken.
- Global consultation was not required due to the minor changes made.
- The EQIA was updated to take account of the review/changes made.
- However, HBSPF considered this policy on 20/1/26 and it was agreed to defer onward consideration by Committee to allow the trade unions more time to consider the changes. This process has now been completed and HBSPF agreed at its meeting on 7 May 2026 for onward consideration to the People, Organisational Development and Culture Committee (PODCC).

283 – Alcohol and Drug / Substance Misuse (Appendix 4)

- A desktop review was undertaken of the policy and comments or suggestions on the current wording was requested of our trade union colleagues electronically. No comments or suggestions were received.
- Proposal is therefore to confirm to PODCC that a review has been undertaken and no changes have been made to the current policy.

315 – Flexible Deployment of Staff Policy

- A desktop review was undertaken of the policy and comments or suggestions on the current wording was requested of our trade union colleagues electronically. No comments or suggestions were received.
- Proposal is therefore to confirm to PODCC that a review has been undertaken and no changes have been made to the current policy.

948 - Disclosure and Barring Service Policy/Referrals Procedure and Checks Procedure (Appendices 5a&b)

- As this is a relatively new policy, only minor changes were made during the review to one of the supporting documents (948B). The policy wording remains unchanged.
- A TU rep was invited to the meeting to review however was unable to attend.
- Due to the minor changes made, global consultation was not required.

- Documents have been shared with local partnership forums, HBSPF and LNC.
- EQIA did not require update due to the minor changes made.

1103 – Performance Management Policy (Appendices 6a&b)

- Only minor changes have been made to the policy ie:
  - one page introduction added (page 4) as a quick guide to give the ethos of performance management overall. This has been based on the performance management training content that the team deliver. The trade unions welcomed this addition.
  - Updated hyperlinks
    - The revised policy was shared with the local partnership forums, HBSPF and the LNC.
    - Global consultation was undertaken.
    - The EQIA was updated.
    - A full review of the policy will be undertaken in conjunction with our trade union colleagues, as part of a working group, to refresh the full policy over the next 12 months.

All Wales policies

All Wales documents for adoption:

NHS Wales Recognition Agreement with the British Medical Association (BMA) (Appendix 7)

This document has been agreed on an All-Wales basis in social partnership at the Medical & Dental Business Group (MDBG) meeting held on 7 October 2025 and was initially discussed in the LNC meeting in January 2026. This document is to replace the former local negotiating committee recognition agreements that Health Boards had in place. The document was signed by our Executive Medical Director and Joint Staff Side Chair of the LNC on 8 and 1 April 2026 respectively. The document was further discussed at the LNC Meeting on 27 April 2026 where it was agreed for onward adoption by PODCC. As a result of this change, henceforth the LNC will be known as the Joint Local Negotiating Committee (JLNC).

NHS Wales Protocol for Recognising Continuous Service

This document was brought to Committee at its last meeting for noting. As members may recall, the Agenda for Change – (AfC) Handbook was being updated with the protocol to recognise continuous service for the purposes of annual leave calculations from 1 October 2024. As the Handbook had not been updated by January 2026, it was agreed to merely add this document to our SharePoint pages.

However, the implementation retrospectively of the policy has not been possible to achieve due to the way information is stored regarding former employment history. Since our last Committee meeting in February 2026, an internal process has been developed to enable managers to consider this protocol prior to the successful applicant taking up their post (complete with an approvals process to the W&OD People Management function to ensure that only public service in Wales in recognised under the Protocol.

During our analysis, a few other Health Boards in Wales also confirmed that they were not seeking to retrospectively apply the protocol due to similar difficulties. Of note is that the intention of this originally was to be a voluntary protocol and we are aware that not all public

sector organisations in Wales have been applying this when Health Board staff take up posts within their organisations.

The Committee is therefore asked to re-consider the noting of this protocol to being adopted from 17 February 2026 so that we can apply it consistently from this date now that we have the appropriate governance in place.

All Wales Documents for Information:

A copy of the updated All-Wales policy schedule from NHS Employers was received on 31 March 2026 and is attached as an Appendix for information.

The Committee is asked to note the following All Wales policies which were adopted through Chair's action on 12 April 2026:

- **All-Wales Improving Performance at Work**
- This policy was received by the Health Board on 26 February 2026 having been agreed at the November 2025 Welsh Partnership Forum Meeting.
- **All-Wales Disciplinary Policy and Process (including How to Guides)**
- This policy was received by the Health Board on 13 February 2026 having been agreed at the November 2025 Welsh Partnership Forum Meeting.
- **All-Wales Flexible Working Policy**
- This policy was received by the Health Board on 12 March 2026 having been agreed at the November 2025 Welsh Partnership Forum Meeting.

Policies not yet presented for consideration
The Committee has requested an update at each meeting on those policies that are not on track and for a brief explanation to be provided. A request for extension of four local policies together with rationale is therefore outlined below:

Policy Owner	Policy name and number	Rationale	Proposed Extension Date
Operational Workforce	109 – Time off in Lieu Procedure	A few minor amendments have been agreed with the trade unions. The Equality Impact Assessment is in the process of being updated. Policy will be ready for the next meeting.	31/08/2026
Operational Workforce	001 – Adverse Conditions Policy	Awaiting confirmation as to whether further global consultation is required post changes made regarding a new section on hot weather and how the policy is enacted at a local level.	31/08/2026
Staff Psychological Wellbeing Services	340 - Staff Psychological Wellbeing Policy	At a meeting on 27 April 2026 it was agreed to consider a	30/11/2026

		joint policy with Swansea Bay UHB as part of its regional working arrangements.	
Recruitment in conjunction with All Wales Policy Review Group	121 - Relocation Expenses Policy	We are still waiting for the approved version of the All-Wales policy following the consultation on the final draft. Our trade union colleagues are supportive of an extension rather than a full review of our local policy. It is therefore more prudent to extend rather than review our local policy at this time.	30/11/2026

Local policy removed from PODCC Remit

Safeguarding/Nursing	246 - Managing Allegations against Employees of Hywel Dda University Health Board of Harm/Abuse Involving Children or Adults Policy	This policy has been moved from PODCC's remit to the Quality, Safety and Experience Committee (QSEC).

Asesiad / Assessment

The seven local policies have been shared with the Local Partnership Forums and documents that apply to Medical and Dental colleagues have been shared with the Local Negotiating Committee (LNC) for information. Staff Partnership Forum met on 7 May 2026 to consider the revised policies.

A screening Equality Impact Assessment (EqIA) has been developed or updated as required on advice from the Corporate Governance Team.

In addition, two All-Wales documents require adoption, and four policies require extension due to their review dates or stage of consultation. One policy change requires noting due to its removal from the PODCC's remit due to its re-allocation to QSEC. Finally, a number of documents have been provided for information as they have been approved through Chair's action outside of the Committee.

Following approval of the recommendations contained below, all documents will be uploaded/updated or removed from the intranet site.

Argymhelliad / Recommendation

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

- **RECEIVE ASSURANCE** that the above local policies have been developed/reviewed in line with Policy 190.
- **APPROVE** the seven revised/reviewed local policies listed and note the one removed from PODCC's remit.
- **EXTEND** four local policies in accordance with the dates provided.
- **ADOPT** the two All Wales documents and note the All-Wales policy schedule update provided.
- **NOTE** the documents provided for information.

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	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 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:	

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 Forum and LNC where appropriate

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. The charter will support the implementation of the Fatigue and Facilities Charter that is already ongoing (including its links to working time).
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A

Cydraddoldeb: **Equality:**	Updated or new EQIA are attached as appropriate for the revised local policies.

Organisational Induction Policy

Policy information

Policy number: 100
Classification: Employment, Volunteering and Work Experience Placements
Supersedes: Not applicable
Version number: 5.0
Date of Equality Impact Assessment:

Approval information

Approved by: People Organisation Development & Culture Committee PODCC
Date of approval:
Date made active:
Review date:

Summary of document
This document outlines a clear framework for the induction of all new employees, volunteers and work experience placements, into the organisation across all areas of service and signposts to relevant processes, procedures, and other associated policies.

Scope:
This policy applies to all employees (medical and non-medical) and non-employees of the HDdUHB in all locations, including, temporary employees and locums. Doctors in training will also attend a separate induction programme, organised through the relevant Post Graduate departments at the start of their rotation.

To be read in conjunction with:

- 1103 – Performance management policy (opens in a new tab)
- 113 Learning and Development Policy (opens in a new tab)
- 201 All Wales Disciplinary procedure (opens in a new tab)
- 203 All Wales Capability Policy (opens in a new tab)
- 248 Standards of Behaviour Policy - Incorporating Declarations of Interests, Gifts, Hospitality and Sponsorship (opens in a new tab)
- 443 - AW Pay Progression Policy (opens in a new tab)
- 836: All Wales Information Governance Policy (opens in a new tab)
- 837: All Wales Information Security Policy (opens in a new tab)

- 238: Information Governance Framework (opens in a new tab)
- 275: Secure Transfer of Personal Information Policy (opens in a new tab)
- 347: Corporate Records Management Policy (opens in a new tab)
- 172: Confidentiality Policy (opens in a new tab)

Owning group: Workforce and Organisational Development
Executive Director job title: Director of Workforce and Organisational Development

Reviews and updates:

1. New Policy – 08.03.2010
2. Revised – 04.04.2013
3. Revised – 18.05.2017
4. Data Protection Act / General Data Protection Regulations 2016 or any subsequent legislation to the same effect section 14 17.05.2018
5. Review

Keywords: Induction, Learning and Development, Compliance, Training

Glossary of terms

CPD	Continuous/Continuing Professional Development
CSTF	Core Skills Training Framework
ESR	Electronic and Skills Framework
HDdUHB	Hywel Dda University Health Board
KSF	Knowledge and Skills Framework
L&D	Learning and Development
PADR	Personal Appraisal Development Review

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Introduction

Induction is the process through which employees and non-employees (collectively referred to as new starters) adjust to their new position, whether they are new to Hywel Dda University Health Board (HDUHB) or an existing employee progressing to another role. Induction is a vital part of onboarding and integration into the working environment.

Policy statement

To help us give the best possible care and services all new starters, regardless of pay grade or position, must undertake the Corporate Induction and a Local Induction.

Scope

This policy applies to all employees (medical and non-medical) within the HDdUHB in all locations, including, temporary employees and locums, volunteers and those on work experience placements. Doctors in training will also attend a specialised 'local' induction programme organised through the relevant Post Graduate Departments at the start of their rotations.

Collectively these groups will be referred to as 'new starters' within this policy.

Aim

It is the aim of HDUHB to ensure that induction is dealt with in an organised and consistent manner, to enable new starters to be introduced into their role and working environment quickly and safely, so that they can contribute effectively as soon as possible.

This induction policy associated procedures and guidelines aim to set out general steps for managers and to follow during the induction process. It is expected that all employees and new starters will adhere to this policy.

Objectives

The aim of this document will be achieved by the following objectives:

1. Signpost to resources and provide support to facilitate successful inductions for all new starters.
2. Outline key personnel with responsibilities to ensuring the organisational induction is implemented in line with this policy and associated compliance requirements.

Main body

There are two parts to our organisational induction:

Corporate Induction

This is organised centrally by the Learning and Development Team and will contain mandatory, statutory and CPD training. For more detail please see Induction Journey Explained (sharepoint.com) – opens in a new tab. Please note that volunteers and those on

work experience placements are not required to attend Corporate Induction and complete localised inductions with the Future Workforce Team.

Local Induction
This is organised by the post holder's line manager, or in the case of doctors, the Medical Education Team. This will include service and role specific training, some of which will be mandatory, statutory or CPD. For guidance, please see Manager's Pack (sharepoint.com) – opens in a new tab. The HDdUHB is committed to periodically reviewing induction and training arrangements to ensure they remain aligned with organisational priorities and professional requirements. Future updates to this policy may reflect these developments.

The L&D Team have produced a range of tools and resources on our intranet site to support both corporate and local inductions – opens in a new tab.

The usual process by which Learning and Development (L&D) are notified of a new starter is primarily via the Resourcing Team (fig.1), however sometimes other teams such as the Medical Team or Future Workforce Team, liaise with L&D direct.

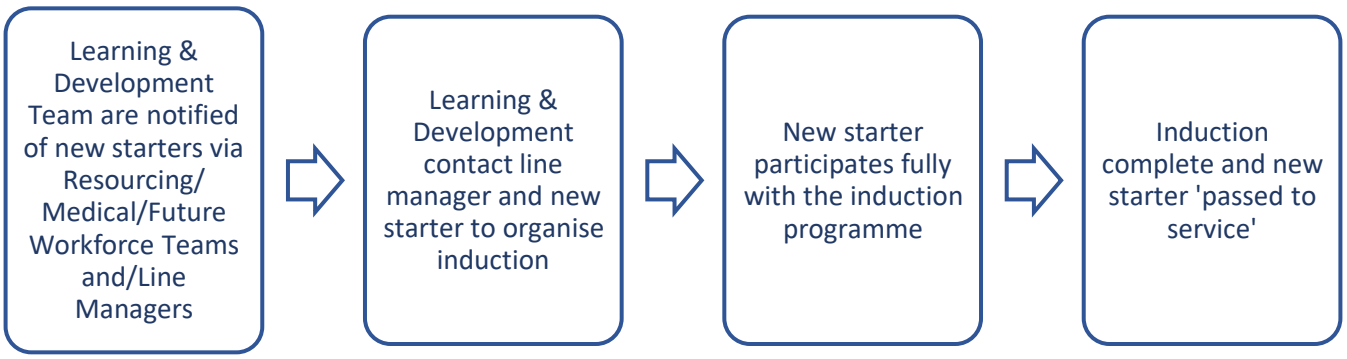

Figure 1 Managing the induction process

Ultimately, it remains the responsibility of the line manager to ensure that all new starters have received an organisational induction therefore should contact L&D with any queries or referrals. See 'Responsibilities' for further detail.

Responsibilities

Chief Executive
As Accountable Officer, the Chief Executive has overall responsibility for ensuring the HDdUHB 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.

Director of Workforce and Organisational Development
It is the Director of Workforce and Organisational Development's responsibility to ensure:

- the policy is formulated and disseminated
- the policy is reviewed and updated
- that organisational induction attendance is monitored and reported to the relevant bodies as required.

Learning and Development Team
The Learning and Development team are responsible for ensuring that:

- The policy is published, reviewed, and updated and held on the HDdUHB intranet site.
- Sufficient organisational induction programmes are planned a year in advance to ensure seamless employment practice to meet anticipated projected recruitment need.
- The programme content and delivery methods are reviewed and updated regularly (minimally annually).
- The team adapt and plan for additional programmes if required and identify capacity issues in a timely manner to all key colleagues within resourcing and operational services.
- They liaise with the resourcing team and hiring managers to ensure new starters have places booked in a timely manner.
- Bookings are arranged for all new starters on relevant programmes.
- All attendance is inputted to ESR to inform accurate reporting.
- The Welcome to Hywel Dda: Manager's Pack – opens in a new tab - is available to hiring managers and made available via the intranet.
- Anyone who has been 'risk assessed', attend and complete the full programme and report any failure to attend to their line manager who is responsible for ensuring attendance.
- Provide a Welcome to Hywel Dda – opens in a new tab -information pack for all new staff.
- There is effective monitoring and evaluation of the induction programme to inform all reviews of content and delivery.

Clinical Education Team
The team are responsible for ensuring that:

- Sufficient clinical induction programmes are planned a year in advance to ensure seamless employment practice to meet anticipated projected recruitment need.
- The programme content and delivery methods are reviewed and updated regularly (minimally annually).
- The team adapt and plan for additional programmes if required and identify capacity issues in a timely manner to all key colleagues within resourcing and operational services.

- They liaise with the Learning and Development Team to ensure new starters are supplied with places on courses in a timely manner.
- All attendance is recorded and shared with Learning and Development to inform accurate reporting.

Senior Managers and Heads of Services
It is the responsibility of all Senior Managers and Heads of Services to ensure that:

- The policy is disseminated throughout their respective services and departments.
- All employees within their department or professional group adhere to this policy in all respects.
- Supervisory, managerial, and professional leads within their department understand their responsibilities in relation to the policy.
- Compliance with all aspects of the policy is monitored.
- All new starters have a period of supervision/mentorship/preceptorship when first employed to provide them with guidance and support. Induction and the associated training only enable competence through work-based development and supervision.
- All new starters have a Local Induction to their work area with clearly defined outcomes which are monitored and documented.
- All new starters, having attended organisational induction have a full Local Induction programme and are fully aware of their role and responsibilities.
- Any new starters requiring additional follow up days linked to organisational induction will be released from work to ensure they attain full compliance in accessing the expected programme content.
- All new starters are informed how to access appropriate advice and support, particularly those participating in on call rotas - this includes locums and agency staff Line managers.

Hywel Dda Recruitment Team
It is the responsibility of the Recruitment team to ensure that:

- Learning & Development Department are informed of all new starters to enable the relevant induction to be arranged.

Line Managers

Line Managers are responsible for: Ensuring the candidate's first day of employment is spent attending the organisational induction programme.

- Ensuring protected time is provided to enable completion of all e-learning modules.
- Ensuring their new starter has a copy of their job description, KSF outline and initial core objectives and PADR, by the end of their organisational induction period.
- Ensuring their new starter has attended and completed the organisational induction programme and all mandatory training requirements, before carrying out any duties within the workplace.

- If mandatory training is not completed, line managers should complete the appropriate risk assessments and return to Learning and Development.
- Ensuring that the Local Induction procedure and checklists are followed for all new starters.
- IT are informed of new starters and their commencement date so that new starters can be given access to the relevant organisational IT systems and can be allocated network and e-induction passwords.
- Keeping copies of completed checklists on file and for notifying the Learning & Development Team on completion.
- Identifying mentors, preceptors, and supervisors as appropriate for new, who will provide them with guidance and support for a period.
- Ensuring that within the first week the new starters have an initial PADR meeting to set core objectives for the first year.
- Ensuring that the policy is disseminated throughout the Department.
- Ensuring that all, having attended organisational and Local Induction programmes are fully aware of their responsibilities in relation to competence.
- Ensuring that all new starters are kept up to date with news and developments, both locally and from across the organisation, through the HDdUHB internal communication channels (e.g., Team Brief, Hywel's Voice newsletter, Global emails, Intranet etc).

Health, Safety & Security Department

It is the responsibility of the Health, Safety and Security Department to ensure that all employees are aware of their responsibilities under health and safety legislation by ensuring that:

- The content of the programmes delivered is compliant with statutory Health and Safety regulations and HSE requirements.
- All new starters complete appropriate subject-specific training, such as Manual Handling and Violence & Aggression, prior to commencing any duties in the workplace (or can provide documentary evidence of having previously completed HDdUHB recognised training programs such as the All-Wales Passport, which includes their level of competence, pending agreement with training SME).
- Records are maintained of attendance and non-attendance.
- The programmes delivered are evaluated and reflect current research based best practice and statutory requirements.
- In exceptional circumstances, and only after all other options have been explored, the Manual Handling and/or Violence & Aggression teams (as appropriate) will discuss with the employee and the employee's manager, alternative arrangements and risk reduction measures that must be put in place until training can take place.

Fire Officer

It is the responsibility of the Fire Officer to ensure that:

- Employees requiring higher level of fire safety training other than that given at Corporate Induction receive this training within one month of commencement of duties in the HDdUHB.
- Records are maintained of attendance and non-attendance and received by the Learning & Development Department and are entered on the HDdUHB's Learning Management System.
- The programmes delivered are evaluated and reflect current research based best practice and statutory requirements.

Post Graduate Manager

It is the responsibility of the individual Post Graduate Departments to:

- Plan and support the delivery of the specific induction programmes for undergraduate and post graduate clinical employees.
- That these programmes complement and are reflective of the Organisational Induction Programme.
- Monitor and keep records of attendance.
- Ensure that the programmes delivered are evaluated and reflect current research based best practice, statutory requirements and that the content is corporate.

Individual's Responsibility

All employees are accountable and responsible for their own competence within the scope of their role and must limit their actions to those for which they are deemed competent. However, the HDdUHB notes that some employees will be governed by the specific guidance of their Professional Bodies.

The individuals are responsible for:

- Completing the Corporate Induction fully and any additional training/activities required.
- Completing their Local Induction programme with their manager.
- Carrying out tasks and duties in the manner described by their manager or specialist, always acting safely and competently. Where an individual does not feel that they are competent to carry out their role safely and competently they should refrain from continuing and seek advice from their manager as soon as possible, so that further support can be provided.
- To carry out their roles within the workplace.

Employees moving from other departments within the HDdUHB

When existing employees move from one department to another, they should be provided with a Local Induction programme. These employees do not need to attend the Hywel Dda Welcome if already completed but may be required to carry out other mandatory training required for their new role.

Organisational Induction – Medical Employees

All medical employees will carry out e-learning within their workplace. The Service Delivery Manager must ensure protected time is provided to enable completion of all e-learning modules.

Consultant Employees

Consultants are required to have an initial orientation period of 2-3 days, which should be free from clinical commitments as well as a departmental induction and e-learning modules to be completed. During this time:

- They are required to attend Day 1 of Corporate Induction.
- Details of the Induction programme must be forwarded to medical staffing for inclusion on the relevant personal file.

They should meet with the:

- Chairman to discuss the overall aim, direction, and ethos of the HDdUHB.
- Chief Executive to discuss the strategic direction of the HDdUHB as a whole and for their service.
- Medical Director to discuss the HDdUHB corporate governance principles and standards for clinical care.
- AMD for Medical Education.
- Director of Nursing to discuss quality and patient/public involvement arrangements within the HDdUHB.
- Associate Medical Director to discuss the service aims of the directorate, job planning and appraisal process.
- Clinical leads within the HDdUHB on areas such as clinical audit, risk management, clinical effectiveness, R&D and clinical standard setting.
- Chairs of relevant professional/other bodies within the HDdUHB such as the Medical Staffing Committee and Local Negotiating Committee
- Heads of service in relevant departments such as radiology, histopathology, biochemistry etc.

Junior Doctors

Newly qualified doctors (Foundation Year 1) undertake a four-day shadowing/induction period before they start work, providing core and departmental induction at the start of their posts, with identified mandatory training to be completed online during the first few weeks. All other training grades will undergo a half day mandatory induction programme, which will take place on the first Wednesday in either August or February. For Specialty Trainees or doctors who arrive out of these times, individual arrangements will be made to provide an induction process.

Departmental Induction will dovetail the core programme and will take place directly following the half day core programme on the first Wednesday in either August or February. For Foundation Doctors, Departmental Induction will need to take place at the beginning of the

other two posts within the Rotation, i.e., first Wednesday in December and April. Each department will design induction programmes to provide Junior Doctors with information pertaining to their specialty. The departmental induction process will assess competencies as well as departmental orientation and meeting of other relevant employees. Each Junior Doctor will be allocated an Educational Supervisor at the start of the employment, who will meet with the junior doctors on a regular basis to discuss progress, assessments/competence and their general training and developmental needs.

Career Grade and Non-Consultant Career Grade Doctors
These doctors undertake an e-learning based tailored induction specific for doctors in their workplace, as well as a departmental induction. They also require a session on violence and aggression and manual handling.

References

Agenda for Change – opens in a new tab
Knowledge and Skills Framework – opens in a new tab
Welcome to Hywel Dda (sharepoint.com) – opens in a new tab

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	Tracy Walmsley – People Development
Service Area	Learning and Development

Title of Procedure, Project, Proposal, Policy being screened:	Corporate Induction Policy

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Scope
This policy applies to all employees (medical and non-medical) and non-employees of the HDUHB in all locations, including, temporary employees and locums. Doctors in training will also attend a separate induction programme, organised through the relevant Post Graduate departments at the start of their rotation.

Collectively these groups will be referred to as 'new starters' within this policy.

Aim
It is the aim of HDUHB to ensure that induction is dealt with in an organised and consistent manner, to enable new starters to be introduced into their role and working environment quickly and safely, so that they can contribute effectively as soon as possible.

This induction policy associated procedures and guidelines aim to set out general steps for managers and to follow during the induction process. It is expected that all employees and new starters will adhere to this policy.

Objectives
The aim of this document will be achieved by the following objectives:

1. Signpost to resources and provide support to facilitate successful inductions for all new starters.
2. Outline key personnel with responsibilities to ensuring the organisational induction is implemented in line with this policy and associated compliance requirements.

Policy
There are two parts to our organisational induction:

1. **Corporate Induction**
   This is organised centrally by the Learning and Development Team and will contain mandatory, statutory and CPD training. For more detail please see Induction Journey Explained (sharepoint.com).(opens in a new tab).

2. **Local Induction**
   This is organised by the post holder's line manager, or in the case of doctors, the Medical Education Team. This will include service and role specific training, some of which will be mandatory, statutory or CPD.

For guidance, please see Manager's Pack (sharepoint.com). (opens in a new tab) The HDUHB is committed to periodically reviewing induction and training arrangements to ensure they remain aligned with organisational priorities and professional requirements. Future updates to this policy may reflect these developments.

The L&D Team have produced a range of tools and resources on our intranet site to support both corporate and local inductions.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

- Policy ongoing for a number of years, no complaints from protected groups.
- Sought consultation and no EDI issues were highlighted as concerns.
- Amendments have been assessed and supported by Governance team.

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: Consideration given to the impact of familiarity of use with digital tools to complete induction processes, but as induction occurs after application and recruitment procedures, which also include digital processes, no impact was deemed appropriate in relation to Age. However, if digital elements are identified as a challenge, the line manager and the employee should work with the L&D team to agree an appropriate solution.					
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: Corporate induction is designed to be accessible, with delivery being both face-to-face and online. Trainers support learners by asking for any support needs which allows adaptations to be made, such as the opportunity to share resources in advance, captions can be used for online sessions, regular breaks and BSL interpreters.					
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: Corporate induction supports individuals as they begin their journey of entry into the HB.. Corporate Induction delivery team focuses primarily on information sharing, and approaches this with an inclusive ethos that demonstrates respect for all.					
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: No impact was identified.					
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: No impact has been identified since the inception of corporate induction procedures, and no challenges are foreseen.					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact	x	Negative Impact		No Impact	
Justification of impact identified: All trainers are bilingual, enabling delivery in both Welsh and English as necessary. Inclusive ethos is maintained during corporate induction sessions, with delivery team reinforcing our commitment to EDI.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact	x	Negative Impact		No Impact	

Justification of impact identified:
An inclusive ethos is maintained during corporate induction sessions, with delivery team reinforcing our commitment to EDI, delivery team promote respect for all as a part of the corporate induction sessions.

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:
There is no direct impact around sex.

Sexual Orientation
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	x	Negative Impact		No Impact	

Justification of impact identified:
An inclusive ethos is maintained during corporate induction sessions, with delivery team reinforcing our commitment to EDI, delivery team promote respect for all as a part of the corporate induction sessions.

Armed Forces Community
Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:
Armed-Forces-Covenant-duty-statutory-guidance

Positive Impact	x	Negative Impact		No Impact	

Justification of impact identified:
The Armed Forces network is outlined in the Corporate Induction delivery session, to highlight it as a priority for those who have joined us from the forces.

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:
There are challenges that could be considered within socio-economic factors due to ability to drive, access to laptops and technology in terms of training. Whilst the corporate induction team will go out of their way to support with queries, and delivery of corporate induction takes place across all 3 counties and online, we do all that we can to address barriers to attending corporate induction, we aren't able to provide transport, but we can offer spaces where people can attend online. Overall we believe the impact is positive, but as we cannot always guarantee this, we are mindful and do our best to overcome challenges faced by our new members of staff.

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: All Corporate Induction trainers are bilingual and will engage with the Welsh language based on learner needs.					

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	Scott Thomas
	Title	L&D Operational Manager
	Contact details	Scott.thomas4@wales.nhs.uk
	Date	07/05/2026
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	
	Title	
	Contact details	
	Date	
Guidance has been provided by Diversity & Inclusion Team:	Name	
	Title	
	Contact details	
	Date	
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.

Learning and Development Policy

Policy information

Policy number: 113
Classification: **Employment**
Supersedes: Not applicable
Version number:7.0
Date of Equality Impact Assessment:

Approval information

Approved by: People Organisation Development & Culture Committee PODCC
Date of approval:
Date made active:
Review date:

Summary of document

This document communicates our HDdUHB policy on learning and development for all staff groups and signposts to relevant processes, procedures and other associated policies.

Scope:

This policy applies to all employees but please note medical and dental employees have their own policy in relation to Study Leave (opens in a new tab).

To be read in conjunction with:

- 1103 Performance Management Policy (opens in a new tab)
- 100 Organisational Induction Policy (opens in a new tab).
- 201 All Wales Disciplinary procedure (opens in a new tab).
- 203 All Wales Capability Policy (opens in a new tab).
- 248 Standards Of Behaviour Policy - Incorporating Declarations of Interests, Gifts, Hospitality and Sponsorship (opens in a new tab).
- 443 - AW Pay Progression Policy (opens in a new tab).
- 836 All Wales Information Governance Policy (opens in a new tab).
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- 172: Confidentiality Policy (opens in a new tab).

Owning group: Workforce and Organisational Development
Executive Director job title: Director of Workforce and Organisational Development

Reviews and updates:
1. New Policy approved 15/02/2011
2. Revised and approved 04/04/2013
3. Revised and approved 18/05/2017
4. Data Protection Act /General Data Protection Regulations 2016 or any subsequent legislation to the same effect – SECTION 21 added and approved 17/05/2018
5. Amendment to higher award level approved March 2018
6. Full review
7. Full reiew

Keywords: Training

Glossary of terms

CPD	Continuous/Continuing Professional Development
ESR	Electronic Staff Record
HDUHB	Hywel Dda University Health Board
IMTP	Integrated Medium Term Plan
KSF	Knowledge and Skills Framework
L&D	Learning and Development
LNA	Learning Needs Analysis
PADR	Performance and Appraisal Development Review
ROI	Return on Investment

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Introduction

To help us give the best possible care and services, whatever our role, it is important that we continuously replenish our knowledge and develop our skills.

Our approach to learning means that all employees should be supported in developing confidence, skills, knowledge and independence throughout their employment with us. Whilst the beginning of our employment will contain a prescribed Induction, carefully designed to onboard us safely and effectively into our new roles; our ongoing development needs will be identified by mechanisms such as (but not limited to) the Performance Appraisal and Personal Development Review (opens in a new tab) process.

Policy statement

To achieve a learning culture, the Hywel Dda University Health Board (HDUHB) promotes continuous professional development (CPD) and provides access to learning & development (L&D) for employees at all levels so they can fulfil their potential and be responsive to the changing environment.

Learning and Development within HDUHB is guided by the organisation's performance, development and progression processes and other competency frameworks, consistent with Agenda for Change requirements

Scope

This policy applies to all employees. Please note there is a dedicated policy, specifically in relation to Study Leave for Medical and Dental Staff.

Aim

The aim of this policy is to ensure transparency and fairness in relation to accessing development opportunities and decision-making processes. It will also ensure that the investment in our workforce is prudent, sustainable, prioritised and aligned with the HDUHB service strategy and developments.

Objectives

The aim of this document will be achieved by the following objectives:

1. Signpost to the relevant processes and support materials that underpin learning and development at HDUHB.
2. Outline key personnel with responsibilities to ensuring the policy is implemented correctly and associated compliance requirements are met.

Policy

1. Purpose of learning and development

Understanding the purpose of learning and development is key when designing individual development plans and prioritising development activities. Purpose can be broadly categorised into four types:

a) **Statutory** – This type of training is usually required by law or where a statutory body has instructed HDUHB to provide training based on specific legislation (i.e., the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999).

b) **Mandatory** – Mandatory training is compulsory training that is deemed essential by HDUHB for the safe and efficient delivery of services. This type of training is designed to reduce organisational risks and comply with local or national policies and government guidelines. Mandatory training will vary from role to role.

c) HDUHB **Priority** – identified as an organisational need that is essential to delivering the agreed service strategy or in response to an inspection, or audit for example.

d) **Continuous Professional Development** - this is the ongoing process of developing and maintaining professional skills for your current role or another Health Board role you are aspiring to. CPD is often identified during an individual's PADR or during an organisational learning needs analysis.

e) **Role Compliance** – This category includes training and certification requirements that are essential for an individual to remain compliant within their specific role. It ensures that staff meet all professional, regulatory, legal, and organisational standards relevant to their job function. Role compliance training may be dictated by professional bodies, service protocols, or contractual obligations with directly impact patient care and is critical to maintaining safe, lawful, and effective practice.

2. Study Leave

For the purposes of this policy, Study Leave is defined as time away from normal duties for the purpose of undertaking formal or informal learning and development activity.

A working day is defined as 7 ½ hours.

Unlike other policies, approved study leave is not pro-rata'd for part time employees. This is because course content is not usually reduced for part time employees. For more information, please see the Study Leave Process.

The amount of paid study time must be agreed with the manager prior to application. No backfill should be used to support staff release. The maximum paid study leave that will be supported per year is 32 days, unless otherwise agreed with the Learning and Development Team.

Study Leave time awarded to staff as part of an application **must only** be used for study related to the course/training being attended.

Any Study Leave time that is remaining following the completion of the course/training **will be** lost. Any contravention of the policy may result in investigation by the NHS Counter Fraud Service and individuals may be liable for criminal prosecution, disciplinary action and loss of any study leave pay entitlement.

Approval of Study Leave must be keyed into ESR as study leave days are taken.

3. Requesting Study Leave

Employees must ensure their statutory and mandatory training is compliant prior to making study leave requests for CPD. This ensures employees have the knowledge and skills to maintain a healthy and safe working environment for themselves, their patients and their colleagues, before engaging in any further development activities. Compliance can be checked via ESR.

Figure 1 can help identify the correct process to follow when booking or requesting study leave.

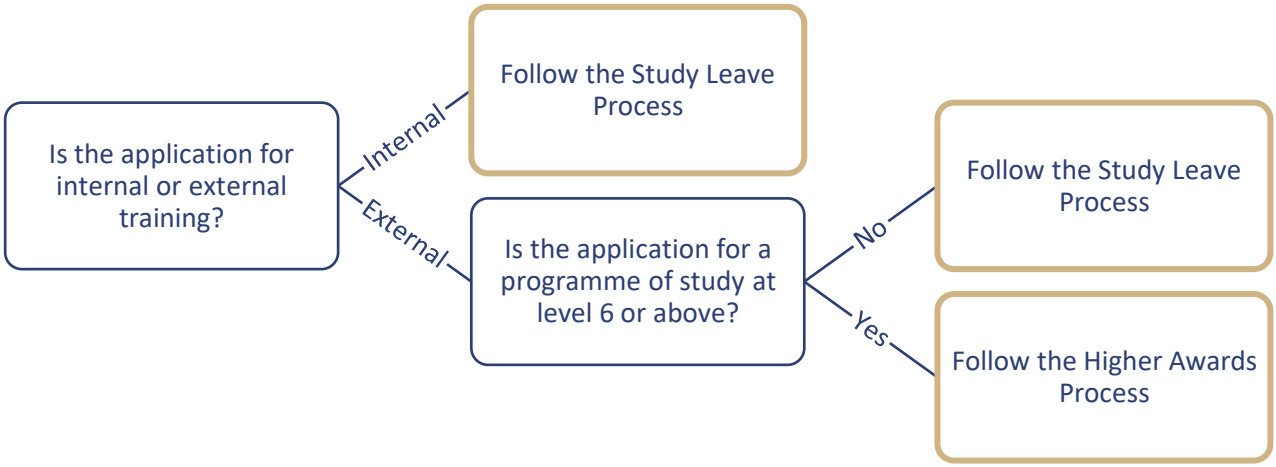

Figure 1 How to identify correct process for booking/requesting training

*The Study Leave process also applies to education and training for Trade Union representatives and overseas study.

4. Reimbursement of expenses

Employees must advise their line manager of any expenses likely to be incurred before applications are made. Please note expenses rates differ in renumeration depending on the category of training and that CPD/Non-compulsory training is reimbursed at a lower rate in line with the NHS Terms and Conditions of Service Handbook (opens in a new tab).

5. Withdrawal of funding

In exceptional circumstances the organisation reserves the right to withdraw some or all of the funding for the continuance of approved study leave i.e. failure to complete the work within the prescribed framework, failure to complete the course or to attend in accordance with the requirements of the course.

Funding would not under any circumstances be unilaterally withdrawn.

Full discussions with senior colleagues, the applicant and the Assistant Director of Workforce and OD (OD)/ Assistant Director of Nursing (Workforce)/ Assistant Director of Therapies and Health Science would take place prior to the notice of withdrawal of funding being issued. The final decision rests with the budget holder.

8. Trade Union education and training

Applications for study leave by Trade Union representatives will need to be made via the usual Study Leave Process.

Leave with pay may be granted to recognised Trade Union Representatives for Trade Union development activities. This must be agreed by the Manager/Department Head/Professional Head of Service or County Director.

9. Overseas study leave

Study Leave process applies however the application form should be at least 3 months in advance and should be approved by an Executive Director of the HDUHB.

10. Funding

The Study Leave Process and Higher Awards Process include applications for funding.

If an application is approved, HDUHB will fund 100% of course fees, books, expenses and any other reasonable expenditure.

To ensure fairness and consistency, all funding decisions must adhere strictly to the approved Study Leave and Higher Awards processes; applications made outside these processes will not be retrospectively funded. In addition, the HDUHB is committed to reviewing funding allocations for postgraduate and doctoral level study to promote equity and support staff development across all levels.

The applicant and the budget holder are required to sign a training agreement before study commences which include the fee repayment requirement.

Please note, no training should be procured or attended prior to formal approval being granted through the Study Leave and Higher Awards panels.

11. Fee repayment requirement

Where a contribution of the fees for an individual's study or higher award has been paid by HDUHB; the employee will be required to pay back a proportion of the amount received if they leave the employment of the HDUHB within a specified period of completion:

Leaving HDUHB employment	Fees pay-back
Before completion of qualification/programme of study	100%
Within 1 year of completion	75%
Between 1 and 2 years of completion	50%
More than 2 years after completion	0%

Table 1 Repayment schedule

Whilst it is unusual for employees to embark on a course and then to withdraw immediately or not to make any attempt to progress, this can happen and, depending on the situation, the HDUHB reserves the right to request employees to repay the fees already incurred.

Each case will be reviewed individually and agreed by the People Development, Education and Compliance team; the individual's General Manager (or equivalent) and the appropriate Executive Director. The individual may appeal to the Executive Director should they not agree the outcome of the decision. Individual decisions will be made in respect of re-payment in full or in instalments.

Where a contribution of fees for individual study has been awarded by HDUHB for CPD, each individual will be required to sign a training agreement prior to the commencement of such a course which outlines the above; failure to sign the agreement will bar the individual from accessing HDUHB funding for the course.

Where training is mandated by HDUHB, individuals are not required to reimburse the HDUHB at any point, nor are they required to sign a training agreement. This applies irrespective of the reason for leaving the organisation, including dismissal.

Please refer to the Study Leave and Higher Awards process for further information.

12. Commercial sponsorship for attendance at courses and conferences

Please refer to the Standards of Behaviour Policy (opens in a new tab)..

Any sponsorship/hospitality related to Post Graduate Medical Education must be approved and signed off by the Associate Medical Director who has responsibility for Post Graduate Education and Training.

Any sponsorship/hospitality related to other learning and development activity must be approved and signed off by the Director of WF&OD who has responsibility for organisational learning, education and development.

Responsibilities

Chief Executive

As Accountable Officer, the Chief Executive has overall responsibility for ensuring the HDUHB 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.

Hywel Dda University Health Board
HDUHB has ultimate responsibility for the continuous development of its employees ensuring that the provision of care and related services for patients are safe and clinically effective. As such they are responsible for monitoring equitable access to learning and development, ensuring adequate resources to deliver required interventions in line with the organisational strategy and IMTP.

Director of Workforce and Organisational Development
The Director of Workforce and Organisational Development is responsible for ensuring provision and delivery of the learning and development function across the organisation. They will provide adequate resources to support learning and development, including statutory and mandatory requirements. They will ensure progress is being made against the organisation's Education Strategy.

People Development Service
People Development will lead the effective implementation of this policy and promote good governance. They will manage centralised funds designated for HDUHB wide L&D activities and monitor and report on organisational training compliance. They will manage centralised processes such as Study Leave and Higher Awards and provide advice and guidance to budget holders, Directors and Heads of Service. People Development will liaise with local education providers to build relationships and develop training programmes to reflect service and patient needs.

Directors and Heads of Services
With primary responsibility of service delivery and departmental budgets, Directors and Heads of Services will be responsible for making sound and transparent decisions in relation to this policy. They will monitor access to L&D activities across their service and attempt to remedy issues ensuring equitable access.

Line managers
Line managers will support all their direct reports in the effective design and implementation of their personal development plans, ensuring they are deliverable within the agreed timescales. They will actively seek to address barriers to development and ensure organisational training compliance requirements are met. This includes keeping in touch with those on long term leave (I.e. maternity leave) and providing access to keeping in touch days to support ongoing professional development. Line managers will notify the L&D Team of other barriers such as low-level literacy and numeracy skills, so the department can seek to support those individuals appropriately. Line managers will comply with recording and reporting requirements that will support the effective monitoring of this policy. They will also comply with other organisational policies and processes associated with this policy.

Individuals

Everyone is responsible for continually assessing their own knowledge and skills against the needs of their role and their service. They will actively seek out cost effective opportunities for themselves and be forthcoming in their requests for development. Employees will notify their line manager and training provider if they are unable to commence or continue with their training/studies. They will ensure they are always compliant with organisational requirements and professional standards associated with their role (where applicable). Individuals are expected to be open and honest regarding barriers they may face for the organisation to provide appropriate support. Individuals will comply with recording and reporting requirements that will support the effective monitoring of this policy.

Local trainers

Many trainers work within the corporate, operational and service structures/teams and as such, have a responsibility for the translation of this policy at all levels. Additionally, they must ensure that any training opportunities developed locally reflect the strategic priorities and are in line with professional standards (where applicable). Local trainers will comply with recording and reporting requirements that will support the effective monitoring of this policy.

References

Agenda for Change (opens in a new tab)
Higher Awards Process (opens in a new tab)
Study Leave Process (opens in a new tab)

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	Tracy Walmsley – Workforce and OD
Service Area	People Development (Learning and Development)

Title of Procedure, Project, Proposal, Policy being screened:	Learning & Development Policy

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The aim of this policy is to ensure transparency and fairness in relation to accessing development opportunities and decision-making processes. It will also ensure that the investment in our workforce is prudent, sustainable, prioritised and aligned with the HDUHB service strategy and developments.

The aim of this document will be achieved by the following objectives:

1. Signpost to the relevant processes and support materials that underpin learning and development at HDUHB.
2. Outline key personnel with responsibilities to ensuring the policy is implemented correctly and associated compliance requirements are met.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

- Policy ongoing for a number of years, no complaints from protected groups.
- Sought consultation and no EDI issues were highlighted as concerns.
- Amendments have been assessed and supported by Governance team.

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: Consideration given to the impact of familiarity of use with digital tools to complete induction processes, but as interaction with L&D occurs after application, recruitment and Induction procedures, which also include digital processes, no impact was deemed appropriate in relation 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	x	Negative Impact		No Impact	
Justification of impact identified: All L&D functions consider accessibility, and all team members respond proactively to any requests received. Trainers, support learners by asking for any support needs which allows adaptations to be made, such as the opportunity to share resources in advance, captions can be used for online sessions, regular breaks and BSL interpreters.					
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	x	Negative Impact		No Impact	
Justification of impact identified: Training such as Hywel Dda Manager, Foundations of Management, Making a Difference and Inform sessions, are all designed to elicit respect in practices across Health Board staff, and as such will have a positive impact in terms of EDI characteristics including 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: No impact has been identified in relation 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	x	Negative Impact		No Impact	x
Justification of impact identified: The policy specifically refers the need to keep in touch with those on long term leave such as maternity, meaning they are given the opportunity to continue to develop during this period.					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact	x	Negative Impact		No Impact	

Justification of impact identified:
Training such as Hywel Dda Manager, Foundations of Management, Making a Difference and Inform sessions, are all designed to elicit respect in practices across Health Board staff, and as such will have a positive impact in terms of EDI characteristics including Race and 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	x	Negative Impact		No Impact	

Justification of impact identified:
Training such as Hywel Dda Manager, Foundations of Management, Making a Difference and Inform sessions, are all designed to elicit respect in practices across Health Board staff, and as such will have a positive impact in terms of EDI characteristics including 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	xx

Justification of impact identified:
No impact identified.

Sexual Orientation
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	x	Negative Impact		No Impact	

Justification of impact identified:
Training such as Hywel Dda Manager, Foundations of Management, Making a Difference and Inform sessions, are all designed to elicit respect in practices across Health Board staff, and as such will have a positive impact in terms of EDI characteristics including 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	x	Negative Impact		No Impact	

Justification of impact identified:
The Armed Forced Network is outlined in training provided by Programme Development within L&D.

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: While some socio-economic factors such as access to transport, laptops, or other technology can occasionally present challenges, we remain committed to making learning as accessible as possible. The L&D team consistently goes above and beyond to support colleagues with queries, and we deliver training across all three counties, as well as online, to maximise flexibility. Although we aren't able to provide transport, we do offer dedicated spaces for staff to join sessions virtually. Overall, we believe the impact of our approach is strongly positive. We remain mindful that individual circumstances vary, and we continually look for new ways to remove barriers and support our new team members in feeling confident and included in their learning journey.					
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: All Corporate Induction trainers are bilingual and will engage with the Welsh language based on learner needs					

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	Scott Thomas
	Title	L&D Operational Manager
	Contact details	Scott.thomas4@wales.nhs.uk
	Date	29/04/2026
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	
	Title	
	Contact details	
	Date	
Guidance has been provided by Diversity & Inclusion Team:	Name	
	Title	
	Contact details	
	Date	
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.

Redeployment Policy

Policy information

Policy number: 158
Classification: Employment
Supersedes: Previous Versions
Version number: 5
Date of Equality Impact Assessment:

Approval information

Approved by: People, Organisational Development and Culture Committee (PODCC)
Date of approval:
Date made active:
Review date:

Summary of document:
Redeployment is the process by which suitable alternative employment is sought for employees who are unfit or no longer able to carry out the duties of their current post for reasons other than Organisational change.

Scope:
Policy applies to all Health Board Staff.

To be read in conjunction with:
995 - All Wales Respect and Resolution Policy (opens in new tab)
204 - All Wales Secondment Policy (opens in new tab)
768 - All Wales Managing Attendance at Work Policy (opens in new tab)
121 - Relocation Expenses Policy (opens in new tab)
203 - All Wales Capability Policy and Procedure (opens in new tab)
573 - All Wales Organisational Change Policy (opens in new tab)
1197 – All Wales Flexible Working Policy (opens in new tab)
315 - Flexible Development of Staff Procedure (opens in new tab)
948 - Disclosure & Barring and Referral (DBS) Policy (opens in new tab)

Owning group: Workforce & OD Department

Executive Director job title: Director of Workforce and Organisational Development

Reviews and updates:
1.0 – New Policy – 30.10.2011
2.0 – No Changes – therefore extended for 3 years – 05.02.2015
3.0 – Revised – 15.03.2021
4.0 – Revised – 20.10.2022
5.0 – Revised – 5.11.2025

Keywords: Redeployment

Glossary of terms
OD – Organisational Development
OCP - Organisational Change Policy
DBS – Disclosure and Barring Check

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Introduction
This policy outlines the process to be followed when an employee needs to be redeployed for reasons other than organisational change. The All Wales Organisational Change Policy (OCP) (opens in new tab) sets out the process to be followed for staff who need to be redeployed due to organisational change.

Policy statement
NHS Wales recognises that finding alternative roles for staff who cannot stay in their current job requires a consistent and supportive approach. Hywel Dda University Health Board is committed to following best practice.

This policy covers redeployment for health-related capability and performance issues. In some cases, redeployment may also result from matters under the 995 - All Wales Respect and Resolution Policy (opens in new tab) issue.

The policy is intended to support staff who are unable to remain in their current role and equality considerations apply throughout.

Scope
This Policy applies to all employees of the Health Board.

Aim
The aim of this document is to:
- Secure alternative employment for displaced employees within the Health Board.

Objectives
The aim of this document will be achieved by the following objectives:
- Ensure staff are aware of redeployment opportunities and the process followed to match appropriate vacancies with eligible staff.
- Eligibility is determined jointly by Occupational Health and Workforce in line with the criteria in the policy. Responsibilities are clearly set out in the final section

Circumstances which may lead to Redeployment
Health Reasons
If Occupational Health advises that an employee cannot continue in their current role for health reasons, redeployment will be considered. Before this, reasonable adjustments to the role or workplace should be explored. Ill-health retirement should only be considered after these options.

Temporary Redeployment
Sometimes Occupational Health, a GP, or Consultant may recommend short-term redeployment (e.g., during recovery from surgery or long-term sickness). This will be managed under the 768 - All Wales Managing Attendance at Work Policy (opens in new tab) and employees will not be placed on the redeployment register.

The Flexible Deployment of staff procedure can be found here (opens in new tab).

Capability - Performance
The outcome of a capability process could also result in a member of staff being temporarily or permanently redeployed.

Respect and Resolution
If a complaint involves another person, steps may be taken to protect employees during the investigation, such as adjusting duties or hours to reduce contact. The 995 - All Wales Respect and Resolution Policy (opens in new tab)
should be followed.

Agreement
Whatever the reason the employee is being considered for redeployment, an agreement form must be signed by both the employee and the designated Workforce Representative.

The Employee agreement proforma can be found **here** (opens in new tab).

Procedure

Staff Consultation
The Health Board is committed to partnership working and will work in partnership with the employee and their representative at all stages of the redeployment procedure. Employees may be accompanied by a trade union representative or a colleague at any stage, except informal or competitive interviews.

Entry onto the Redeployment Register
Employees who are required to be on the redeployment register must complete the form below:

Registration onto redeployment register (opens in new tab).

Timescales
Redeployment opportunities will be explored for 12 weeks, excluding any trial periods. This timeframe includes the employee's notice period. If the notice period is shorter than 12 weeks, the start date will be confirmed in writing by the line manager

Should the search for alternative employment prove unsuccessful, the employment will be terminated on the grounds of incapacity due to ill-health, performance or redundancy at the end of the 12 week period with notice having been served appropriately during that time in line with the employees contractual notice provisions.

Identification of Suitable Employment
Employees on the redeployment register will receive a weekly link to Hywel Dda vacancies. It is their responsibility to review these and contact their Workforce Representative if interested. Communication requirements can be explored and adapted if required.

Suitable roles are deemed as roles at the same band or one band lower. If placed in a lower band, employees will still receive priority for roles at their original band while on the register. Flexibility is

expected, and while preferences will be considered, employees should not refuse reasonable offers within travel distance or at a lower band.

If an employee unreasonably declines a suitable role, the Workforce Representative will explain the implications.

Informal Interview
Employees on the redeployment register will be given priority for suitable vacancies they meet the essential criteria for. This means they will be interviewed before other candidates.
When an employee expresses interest in a vacancy, they should contact their Workforce Representative, who will inform the health board recruitment team who will hold the vacancy until an informal interview or work trial takes place.

Employees can still apply for other roles, including higher band posts, through the normal recruitment process.

If only one employee is interested, the decision to offer a trial period will depend on whether they can reasonably perform the role, with training considered where needed. If multiple employees apply, a competitive interview will be held.

Managers who decide not to offer a trial period must clearly document their reasons. These reasons will be discussed with Workforce.
Fixed-term or temporary redeployment may be considered, and employees can remain on the register until a permanent role is found.

Employment and Disclosure and Barring Check
Should the role require a disclosure and barring (DBS) check, the appointing manager will need to discuss this with the Workforce Representative supporting the redeployment process to make arrangements for the employee to complete the DBS check.

New DBS checks should be carried out when there is a change in the job role that requires either a different level of DBS, a new DBS or where the employee has not had one in their previous role. Refer to 948 - Disclosure & Barring and Referral (DBS) Policy (opens in new tab).

Trial Period
During the trial period, the employee and manager will hold regular informal reviews to check progress and address any issues. The manager should keep a record of these meetings.
At the end of the trial, a formal review will decide if the employee will stay in the role permanently. If successful, managers complete the required documentation. If the employee proves competent early, the appointment can be confirmed before the 4-week trial ends.

Here is a link to the form to record the trial period. **Record of Trial Period** (opens in new tab).

f the role is clearly unsuitable, the trial period may be ended early by mutual agreement. If the trial is unsuccessful, both the manager and the employee must provide written reasons. The Workforce Representative will review the case to ensure that the role is substantively different from the previous

post, that appropriate training has been provided, and that all other relevant factors have been taken into account.

If the trial period is not successful, the manager, employee, and Workforce Representative will work together to identify further redeployment options. Trial extensions may be agreed where required to support successful adjustment or to allow additional training.

Funding Arrangements
During the trial period the employee will be paid by the department in which the trial period is being undertaken who will also fund any additional training required.

Appeals
Any employee who feels they have been treated unfairly during the redeployment process, or can demonstrate that the procedure has not been properly followed, can raise their concerns as part of their appeal against termination in line with the 995 - All Wales Respect and Resolution Policy (opens in new tab).

Responsibilities

Chief Executive
The Chief Executive holds overall responsibility for the effective management of organisational policies.

Director of Workforce and OD
The Director of Workforce and OD has responsibility for ensuring that all employment policies are developed in line with employment legislation and practice and are reviewed and updated as appropriate.

Managers
It is the responsibility of the manager in liaison with the Workforce and Organisational Development Department to identify suitable alternative employment opportunities and provide advice to employees in respect of this policy.

Occupational Health Department
Occupational Health will advise on reasonable adjustments to help the employee remain in their current role and on redeployment options if they cannot remain in that role due to health reasons.

Workforce and Organisational Development Department
The Workforce Representative will ensure full details of eligible staff are collected and placed on the redeployment register and provide support and guidance to managers and affected employees.

Health Board Recruitment Team
The health board recruitment team will ensure on instruction from colleagues in Workforce that vacancies are held once a suitable vacancy has been identified for anyone on the redeployment register to undertake a work trial and or an informal interview.

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Employee

All employees who are placed on the redeployment register have a responsibility to review all vacancies weekly, should they identify a post which may be suitable they must contact their Workforce Representative to obtain further information.

Staff Representative
Staff representatives have a role in supporting and advising employees regarding the redeployment process and working with the employee and managers to help achieve a successful outcome.

Where can I get Further Advice?

In the first instance speak to your line manager, alternatively you may contact:

Operational Workforce Team:

Carmarthenshire: 0300 303 6138 Pembrokeshire: 01437 773138

Ceredigion: 01970 635782 Or email: Human.Resources.HDD@wales.nhs.uk

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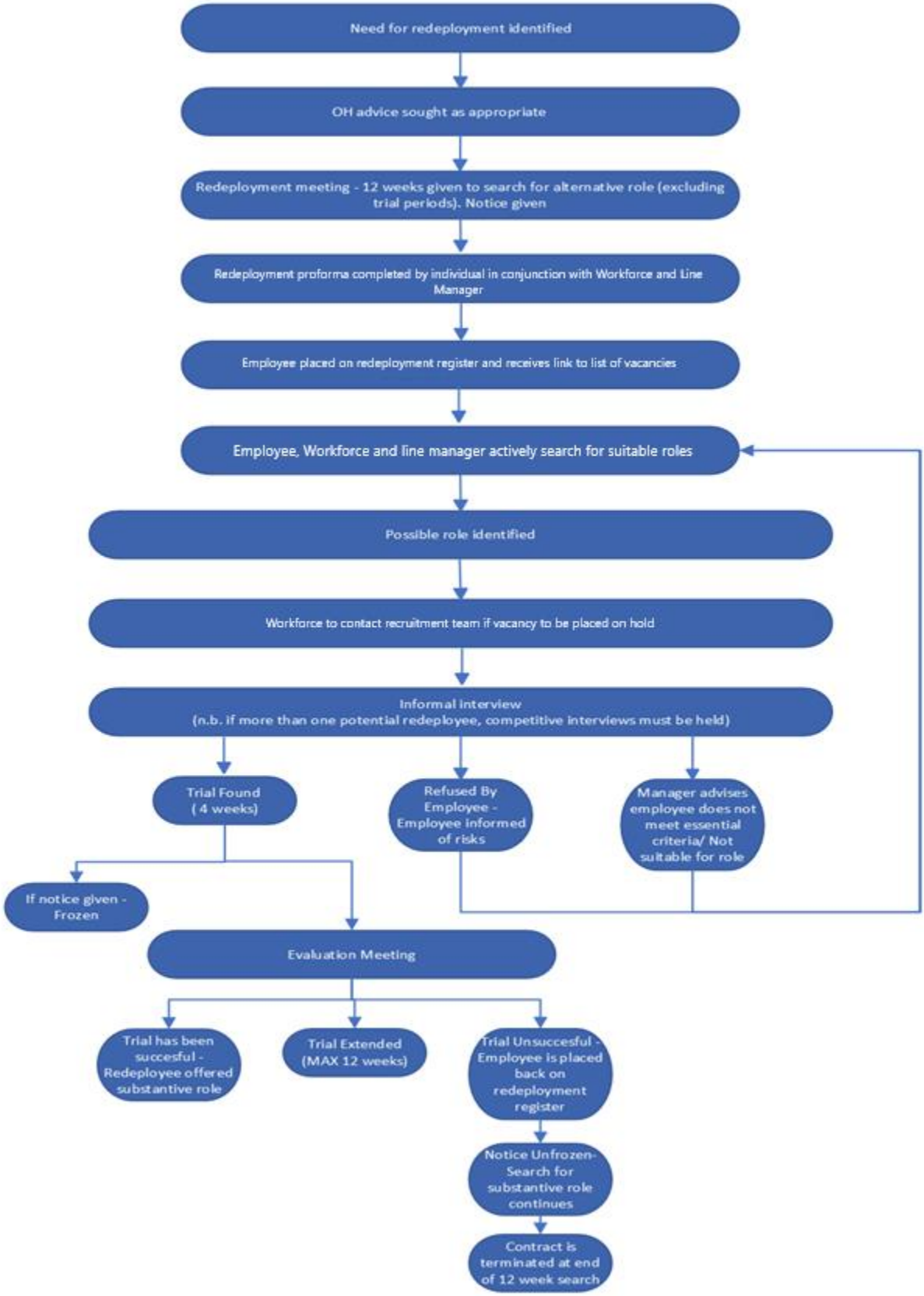
Redeployment Process Flowchart



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On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Director and Directorate	Heather Hinkin / Workforce and Organisational Development
Service Area	Workforce and Organisational Development

Title of Procedure, Project, Proposal, Policy being screened:	Redeployment Policy

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The policy outlines the procedure to be followed where necessary for staff to be redeployed. The policy enables staff to be made aware of redeployment opportunities across the Health Board and outlines the process to match appropriate vacancies with eligible staff. It sets out the process to secure alternative employment for staff who are unable to continue in their current role due to Ill Health, performance or an outcome of a Respect and Resolution case. The policy is a local policy and will be implemented in line with other Health Board policies which address Equality, Diversity and Inclusion which are designed to support staff with a protected characteristic and eliminate discrimination.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

The current Redeployment Policy has undergone a desktop review, which identified only minimal changes were necessary at this stage. It is anticipated that a new, unified All-Wales Redeployment Policy will be published in the near future, at which point a revised Equality Impact Assessment (EQIA) will be completed and submitted accordingly. No complaints or concerns have been raised by employees with protected characteristics in relation to the existing policy. This suggests that the policy continues to be applied fairly and equitably across the workforce.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact)**.**

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: Equality Impact Assessments (EqIAs) (sharepoint.com)

Age

Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact	X	Negative Impact		No Impact	
Redeployment can support employees to work longer and retain their experience and skills. We understand that times of change can feel overwhelming for those experiencing shifts in their needs. However, every individual will be met with compassion, and their evolving needs will be thoughtfully considered at every stage. Older staff may require adjustments (e.g. flexible hours, ergonomic support) in new roles.					
Disability Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact	x	Negative Impact		No Impact	
Redeployment enables staff with disabilities to move into roles better suited to their needs, supporting retention and wellbeing. We understand that times of change can feel overwhelming for those experiencing shifts in their needs. However, every individual will be met with compassion, and their evolving needs will be thoughtfully considered at every stage.					
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
no evidence shows that those that go through Gender Reassignment will be impacted differently to others as a result of this policy					
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
no evidence shows that those who are married or in a civil partnership will be impacted differently as a result of this policy					
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact	x	Negative Impact		No Impact	
Under the Equality Act and maternity protection regulations, employers have a higher duty to provide suitable alternative work where a pregnant employee's role is no longer available or safe. In addition, for up to 18 months after a role ceases to exist, there is a legal requirement to give priority to redeployment opportunities before considering redundancy.					
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

No evidence shows that this policy will impact people differently according to their race, colour or ethnic origin.

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

No evidence shows that those with different religions or beliefs will be impacted differently to others as a result of this policy.

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

There is no evidence that this policy impacts males or females differently.

Sexual Orientation
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact		Negative Impact		No Impact	x

No evidence shows that an individuals sexual orientation will be impacted as a result of this policy.

Armed Forces Community
Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:
Armed-Forces-Covenant-duty-statutory-guidance

Positive Impact	x	Negative Impact		No Impact	

Veterans may have unique health / well being needs and therefore Redeployment will enable them to find a role that suits these required needs following an assessment from Occupational Health.

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	

Redeployment can support individuals to remain in work, gaining an income if they are unable to continue in their current role. Redeployment may reduce financial stress and support career progression.

Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact		Negative Impact		No Impact	x
The opportunity for a person to use the Welsh Language will remain the same as a result of this guidance.					

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: Equality Impact Assessments (EqIAs) (sharepoint.com)

Screening Completed by:	Name	Laura Palmer
	Title	Senior Workforce Manager
	Contact details	Laura.Palmer3@wales.nhs.uk
	Date	5/11/25
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	10.12.25
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	23/12/2025
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.

Alcohol and Drug / Substance Misuse Policy

Policy information

Policy number: 283
Classification: Employment
Supersedes: V5
Version number: V6
Date of Equality Impact Assessment:

Approval information

Approved by: People Organisation Development & Culture Committee *PODCC*
Date of approval:
Date made active:
Review date:

Summary of document: This policy supports the Health Board's commitment to the health and wellbeing of staff and its aim of ensuring staff are guided by helpful and useful policies to promote healthier lifestyles.

Scope: This policy applies to all Health Board employees and bank workers.

To be read in conjunction with:
768 – Attendance at Work All Wales Policy – opens in a new tab
336 - Guidance on Referral of Employees to the Occupational health Service – opens in a new tab
201 – All Wales Disciplinary Policy – opens in a new tab
340 - Staff Psychological Wellbeing Policy – opens in a new tab
203 – All Wales Capability Policy – opens in a new tab
010 - Health and Safety Policy. – opens in a new tab
488 - Professional bodies guidance and Upholding professional standards for Medical and Dental staff.
995 – All Wales Respect & Resolution Policy – opens in a new tab

Owning group: Workforce & OD Sub Committee
Executive Director job title: Director of Workforce & OD

Reviews and updates:

1	New Policy	April 2012
2	Review – minor amendments	24 May 2016
3	Minor amendments to PRISM contact details page 8	30 August 2017
4	Full review	19 March 2019
5	Full review	15.2.2023
6	Full review	

Keywords: Alcohol, Drugs, Substance, Misuse

Introduction

The Health Board recognises its duty to take care of the health, safety and welfare of employees who have alcohol or drug/substance misuse and is committed to providing support. The Health Board also has a responsibility to protect other employees, patients and members of the public and to ensure that any risk is minimised. If an employee is observed in the workplace in a potentially unfit state due to alcohol, drug or substance misuse they could be the subject of disciplinary action.

Policy statement

This policy supports the Health Board's commitment to the health and wellbeing of staff.

Scope

This policy covers alcohol, drug/substance misuse problems and applies to all Health Board employees and bank workers.

Aim

The aim of this document is to:

- Ensure the Health Board provides support to employees with alcohol and drug/substance misuse related problems ensuring that employees are treated according to their circumstances and needs
- Balance the needs of the individual with delivering safe patient care and a safe working environment for all employees

Objectives

The aim of this document will be achieved by the following objectives:

- To ensure that the principles of equity and consistency are applied when dealing with employees who may have alcohol and drug/substance misuse related problem and to support the Health and Wellbeing of those employees.
- To ensure Alcohol or substance misuse problems will be treated as employee health problems and individuals will be treated sympathetically and offered support and assistance in overcoming the problem

Principles

Where a line-manager observes, or is advised of concerns relating to the conduct or performance of a work colleague, with reference to potential use of alcohol or drugs / substance misuse the steps outlined in the Guidance – Alcohol and Drugs / Substance Misuse, section 2 – opens in a new tab - will be followed.

In the event that an employee is observed in work in what their manager or colleagues consider to be potentially an unfit state due to alcohol, drug or substance misuse, the steps outlined in the Guidance – Alcohol and Drugs / Substance Misuse, section 2 – opens in a new tab - will be followed.

An employee with alcohol, drug and substance misuse related problems will be required to co-operate fully with any referral or treatment recommended by the Occupational Health Department.

It is recognised that employees may unexpectedly be called into work to cover staff shortages or to respond to a major incident. Employees will be expected to behave responsibly and if they had consumed alcohol or substances, they must not report for duty and must inform their line manager that they are unable to fulfil their duties. They would then not be in breach of this policy.

The 201 – All Wales Disciplinary Policy – opens in a new tab - will be applied where it is determined that an individual has:

- Attended work or carried out work duties under the influence of alcohol, drugs or any other substance;
- Consumed alcohol or inappropriate drugs or other substances whilst at work or on duty.

Any member of staff proven to have brought in or consumed an illicit drug on the organisation's premises will be reported to the police who will undertake the relevant investigations.

Appeals

Any appeal arising from the application of this policy will be dealt with under the 995 – All Wales Respect & Resolution Policy – opens in a new tab - appeals procedure.

Responsibilities

Chief Executive

As Accountable Officer, the Chief Executive has overall responsibility for ensuring the health board has appropriate WCDs in place. These WCDs must comply with legislation, meet mandatory requirements, and provide services that are safe, evidenced-based and sustainable.

Director of W&OD

Has responsibility for ensuing that this policy is monitored and reviewed on a 3 yearly basis.

Managers Role

- Ensure that all staff are aware of and adhere to this policy and understand its implications.
- Ensure they treat all alcohol, drug and substance misuse related cases confidentially and with sensitivity.
- Support employees at work and encourage them to seek help voluntarily in the first instance.
- Ensure they are aware of the health, safety and welfare of their staff.

Employees Role

- Seek appropriate support and advice from their manager, Occupational Health Department, Workforce or their GP as appropriate if a problem is identified personally or concerns arise regarding a colleague.
- Avoid covering up for or colluding with colleagues and advise their manager if a work colleague has a suspected alcohol, drug and substance misuse related problem that is endangering the safety of other staff, patients or the public.
- To behave responsibly about consuming alcohol or substances and to remember that they must comply with their professional codes of practice at all times.

Occupational Health Department Role

- Provide support, guidance and advice to managers and staff
- Respond to referrals from Managers

- Provide an impartial, confidential service to staff which includes advice or referral/signposting to another agency.
- Raise awareness of this policy and actively promote health promotion initiatives in relation to alcohol, drug and substance misuse.

Workforce Role

- Co-ordinate the monitoring of the effectiveness of this policy.
- Provide advice, guidance and support when required.
- Ensure fairness and consistency in the treatment of all employees.
- Refer employees to external bodies where appropriate.
- Advise on the appropriateness of invoking disciplinary procedures.

Staff side Role

- Encourage their members to seek help where appropriate.
- Inform members of their rights and responsibilities under this policy.

REVIEW

This policy will be reviewed in three years' time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

DRAFT

Disclosure & Barring Service (DBS) Checks Procedure

Procedure information

Procedure number: 948B
Classification: Employment
Supersedes: *N/A*
Version number: *2.0*
Date of Equality Impact Assessment: 05.02.2026

Approval information

Approved by: People, Organisation, Development and Culture Committee PODCC
Date of approval:
Date made active:
Review date:

Summary of document:
To inform employees of the Disclosure and Barring Service (DBS) Checks procedure.

Scope:
To all staff who have a responsibility as detailed in the Disclosure and Barring Service (DBS) Policy.

To be read in conjunction with:
948 - Disclosure and Barring Service Policy – opens in a new tab

Executive Director job title: Director of Workforce and OD

Reviews and updates:
1 – originally one policy
2– new procedure (split from original 948 Policy)

Keywords: Disclosure Barring Service DBS

Glossary of terms
DBS – Disclosure and Barring Service
SRA – Senior Recruitment Advisor
AM – Appointing Manager
NWSSP – NHS Wales Shared Services Partnership

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Scope

To all staff who have a responsibility as detailed in the 948 - Disclosure and Barring Service (DBS) Policy – opens in a new tab.

Aim

The aim of this document is to ensure a robust and consistent approach in the DBS checking.

Objectives

The aim of this document will be achieved by the following objectives:

- Assessing the need for a DBS
- Identify the types of DBS
- DBS process
- Identify process for positive disclosures

DBS

Types of DBS Check

The following types of DBS check are available to employers in the NHS, each providing different types of information:

1. Basic
2. Standard
3. Enhanced without barred list
4. Enhanced with children's barred list information
5. Enhanced with adults barred list information
6. Enhanced with children's and adults barred list information

For up to date guidance on workforce guides please visit: Eligibility guidance for enhanced DBS checks - GOV.UK (www.gov.uk) Eligibility guidance for standard DBS checks - GOV.UK (www.gov.uk) - opens in a new tab.

For information relating to DBS Periodic checks - refer to the periodic checks section.

For more information on the types of checks and regulated activity please visit: https://www.nhsemployers.org/your-workforce/recruit/employment-checks/criminal-record-check - opens in a new tab.

Advertising Posts Which Require Disclosure

Disclosure checks will be required for all posts, which will require the person engaged in that work, to have access to patients as part of their normal day to day duties. In such cases the advertisement will clearly advise applicants of this requirement.

Appointing managers are responsible for identifying if a post requires a DBS check as part of the Vacancy Authorisation process on the Trac Recruitment system. This will also include whether or not the post holder will have access to children or adults or both groups.

Further guidance on the level of checks required for posts within the Health Board is available at DBS eligibility guidance - GOV.UK (www.gov.uk)
Eligibility guidance for standard DBS checks - GOV.UK (www.gov.uk) – opens in a new tab. Staff should approach the Resourcing Team for advice /guidance if required.

A statement is added to the advert to make applicants aware that the post is subject to the Rehabilitation of Offenders Act (Exceptions Order) 1974 and as such it will be necessary for a submission for disclosure to be made to the Disclosure and Barring Service to check for any previous criminal convictions

All Doctors and Dentists require enhanced disclosure with barred lists checks which will be processed by the Medical Recruitment/Workforce Department.

Appointing to Posts Which Require Disclosure

The interview panel should remind candidates during the interview process that appointment to the post is subject to a satisfactory Disclosure Check if applicable. They should also, as part of the interview, ask candidates if they are aware of any legal reason they can't undertake the role eg: have any criminal convictions, cautions, reprimands or other disposals that will show up on a DBS. It should be emphasised that this includes spent convictions and also includes details of driving offences, including speeding (if dealt with within a court) and drink-driving.

Where an appointment is subject to a satisfactory disclosure, this will be outlined in the appointee's offer of employment letter.

Requesting Disclosure

If a candidate is made a conditional offer of employment to a post where disclosure is required, the requirement for them to undertake a DBS check will be outlined in the offer letter and they will be sent an electronic link to the e-DBS system to complete before attending their Pre Employment Appointment meeting.

They will be required to bring a specified set of documentation with them to their Pre- Employment Appointment meeting for verification before the e-DBS form is submitted via the Trac system by secure electronic connection to the DBS.

The DBS performs the checks.

Receipt of Disclosure
When the checks are complete, Trac is notified via the secure electronic connection and the DBS post the certificate to the applicant.
Trac automatically updates the applicant's file on the Trac system to 'success' for clear DBS forms or 'await DBS certificate' if there is something on the certificate. The actual details of the information included are not disclosed.

DBS is requested from the applicant by either NWSSP or the Senior Recruitment Advisor (SRA) and is sent to the SRA who will then discuss this with the Appointing Manager (AM) and only escalated if there is not an agreed outcome with the AM.

If withdrawing a job offer is being considered the Senior Recruitment Advisor will refer the matter to the Assistant Director of W &OD for further discussion/consideration.

Starting Work Prior To Receipt Of A DBS Check

In exceptional circumstances staff may be allowed to commence employment prior to the receipt of their DBS check. In such exceptional circumstances a Risk Assessment must be completed. The Risk Assessment form can be found – DBS Risk Assessment Form. – opens in a new tab.

Dealing with Unsatisfactory Disclosures

When assessing applicants who declare convictions, cautions etc. the criteria should allow for the fact that a conviction does not automatically stop a person gaining employment. However, someone who is barred must not be engaged in regulated activity as this is a criminal offence.

Appointing managers should consider the situation carefully before making a conditional offer of employment to individuals who are:

- On probation (in a legal sense);
- Under a suspended prison sentence;
- Released from prison on parole;
- Still under a conditional discharge;
- Subject to Terrorism Prevention and Investigation Measures.

A DBS disclosure will reveal if the individual has a criminal record, including details of convictions, cautions, reprimands or warnings – subject to filtering. The certificate will only provide the basic facts such as the name and date of offence(s) and, if applicable, details of any sentence(s). It will not put them into context.

When considering disclosure information employers must assess:

- Any legal or regulatory requirements;
- The nature of the offence;
- Its relevance to the position being applied for;
- The length and type of sentence issued;
- At what age the individual committed the offence;
- Whether the applicant has a pattern of offending behaviour, for example, if there are multiple offences;
- Whether the applicant's circumstances have changed since the offending behaviour. For example, where the offence was time limited or committed as a juvenile, and the individual has taken on responsibilities in life to enhance their standing in society, such as through education or voluntary work;
- The circumstances surrounding the offending behaviour and the explanation offered by the individual.

However, where the disclosure indicates that the DBS has made a barring decision against regulated activity, it is illegal for an employer to allow them to engage in regulated activity from which they are barred.

A record of the decision made must be kept by the Appointing Manager for six months.

Withdrawing an Offer of Employment

If the nature of the additional information provided, is such that the Health Board feels that the conditional offer of employment should be withdrawn, the applicant should be informed that the reason for the withdrawal is due to the contents of their DBS. Managers must discuss such cases with the Senior Recruitment Advisor before taking any action.

However, where a disclosure check reveals that the DBS has made a barring decision against regulated activity, the offer of employment must be withdrawn immediately as it is illegal for the employer to allow them to engage in the regulated activity from which they are barred. The appointing officer must explain to the appointed employee that it is a criminal offence and give consideration as to whether the Health Board wants to notify the police for the Health Board to knowingly offer or give employment to any person who has been barred from working with children or adults or to fail to remove them from such work if it is discovered that they have been barred.

Internal Applicants (Internal to Health Board or NHS Wales)

Internal applicants (to Health Board or NHS Wales) who are moving to a post which demands the same level of disclosure will not require another disclosure provided a satisfactory DBS check was carried out within the last 3 years prior to the application for the post.

The trigger for a new check is where:

- Their current DBS check is more than 3 years old;
- They have never had a DBS check before and are moving to a position that now requires them to have a check. The level of check is dependent on the roles and responsibilities of the job;
- They have made a positive declaration;
- Their role has changed and they now require a higher or lower level check or a check against one or both of the barred lists;
- There is concern about the individual's suitability for the post.

If any of the above triggers apply, a new DBS check must be undertaken.

Under no circumstances should a previous Standard DBS check be accepted for posts which require an Enhanced DBS check.

Recruiting from overseas

Currently, the DBS cannot access criminal records held overseas.

If the Health Board is recruiting individual staff from any overseas country, the Recruitment Team will request a certificate of good conduct or overseas criminal record check at the offer stage.

If the Health Board is recruiting a number of overseas applicants as part of a dedicated recruitment campaign, the Health Board must ask the applicant to provide a certificate of good conduct or overseas criminal record check at the offer stage.

N.B. if the individual requires a skilled worker visa and Certificate of Sponsorship in order to be able to work in the UK, a certificate will be required for applicants and from their partners covering the last 10 years.

For guidance on how to obtain certificates visit Criminal records checks for overseas applicants - GOV.UK (www.gov.uk) - opens in a new tab.

Before commencing all overseas recruits must complete a DBS overseas risk assessment. This Risk Assessment form can be – DBS Risk Assessment Form. - opens in a new tab.

Arrangement for Checking Staff Not Engaged by the Health Board

Agency Workers/Locums

It is important that all workers or locums provided via an Agency are subject to checks that are no less rigorous than for employees. The agency is accountable for ensuring that the appropriate DBS checks have been conducted to the required level three yearly. This will include Enhanced Checks for regulated activity if required.

The Heath Board reserves the right to conduct random audits of the DBS checks completed by agencies.

The requirement of agencies to undertake disclosure on their staff is written into and form part of the Agency's Terms and Conditions with the Health Board.

Temporary Staffing

All Bank-only workers, who require a DBS check, will be required to undertake the appropriate level of DBS Disclosure prior to commencement in post.

Contractors

Where private contractors provide staff who work in positions giving them access to patients, they must carry out an appropriate level of DBS Disclosure checks in respect of each member of their staff with the Disclosure and Barring Service. This must happen at least once a year, and they must be able to provide the results of the disclosure to the Health Board upon request.

The requirement of private contractors to undertake disclosure on their staff will be written into and form part of their contract with the Health Board. Refer to the Health Board Policy: 541 – Control of Contractors Policy. - opens in a new tab.

Placement Students

It is the responsibility of the relevant university or college to carry out DBS checks on any of their students who will be undertaking clinical placements where they will undertake work that falls within the Exceptions Order, Police Act regulations and/or regulated activity within Health Board.

The level of disclosure must be agreed with the Health Board in advance. The Health Board will advise on any placement that meets this criterion. Eligibility criteria must be met.

Honorary Contract Holders

In terms of honorary contracts it is the responsibility of the employing organisation to carry out DBS checks and to ensure that the correct level of disclosure check is undertaken. A DBS Eligibility Checklist should be completed and provided with the Honorary Contract request to ensure the correct level of check.

DBS Checks that are more than 3 years old will not be accepted. This also applies to requests for an extension to an Honorary Contract.

Refer to 713 – Honorary Contract procedure - - opens in a new tab.

Work Experience/Placements

A minimum age limit for DBS checks has been set in the Protection of Freedom Act 2012. This means that employers must not apply for a DBS check for individuals aged under 16.

Students aged 16-18 who are on work experience placements engaging in activity with vulnerable groups will also not be required to have a DBS check on the basis that the roles they are undertaking will involve them observing or carrying out minor duties under full supervision. Within the Health Board, work experience students are 16 years, or older, on commencement.

Volunteers

The eligibility criterion for a DBS check is the same regardless of whether the individual is a paid employee or unpaid volunteer.

If a volunteer requires a DBS check because of their volunteering role and responsibilities, consideration will be given as to whether the position satisfies certain criteria to qualify for a free of charge disclosure. The definition of a ‘volunteer’ is outlined within the Police Act 1997 (Criminal Records) Regulations 2002 as:

“A person engaged in an activity which involves spending time, unpaid (except for travel and other approved out-of-pocket expenses), doing something which aims to benefit some third party other than or in addition to a close relative.”

For DBS purposes it is deemed that ‘unpaid’ means not in receipt of any payment (for example, remuneration, allowance, financial benefit, payment in kind, or other means of support) in relation to the activity. The applicant must not therefore:

- Receive payment for activities (except for travel and other approved out of pocket expenses);

- Be on a placement/work experience;
- Be on a course that requires them to do this job role;
- Be in a trainee position that will lead to a full-time role/qualification.

Refer to the Health Board Policy 107 – Volunteers Policy - opens in a new tab..

Redeployment

The Health Board's 158 - Redeployment Policy - opens in a new tab. notes a number of reasons why a member of staff may be redeployed. Dependent on the role of the redeployed staff member, a DBS check may be required. The receiving Line Manager must liaise with the staff member to complete the Registration onto the Redeployment Register. Where required the DBS of the staff member being redeployed, must be checked if the role requires this.

Retire and Return

A check may take place to ensure the person retiring and returning has a relevant DBS check in place. Dependant on the role returning to a DBS check may be required.

Periodic Checks

There is no legal requirement for employers to carry out periodic checks, however positions within the Health Board which require staff to work with children will be required to have a DBS re-check every 3 years.

Use of the DBS Update Service

The DBS Update Service is a facility where an individual may choose to have their DBS Disclosure certificate continually monitored to ensure the information is still correct and take it with them from role to role – where the new role does not change the level of check required or the workforce they will be working or volunteering with i.e. children, adults or both.

If an applicant declares that they have subscribed to the Update Service, the Health Board can go online, with employee consent, and carry out a free, instant check to find out if the information released on the DBS certificate is current and up-to-date. This negates the need to undertake a periodic check if applicable. The responses to the update service checks will be:

- No new information exists;
- If the original certificate contained 'no relevant information';
- New information exists;
- There is no record of the certificate in the service.

References

Disclosure & Barring Service (DBS)

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	Director of Workforce and OD
Service Area	Workforce

Title of Procedure, Project, Proposal, Policy being screened:	948 - Disclosure & Barring and Referral Policy

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The aim of the DBS Policy is to inform all Health Board employees of the parameters for undertaking Disclosure and Barring Service (DBS) checks and referrals for prospective and existing employees.

The Health Board is committed to ensuring that people in its care are safeguarded against exploitation and harm, from any of its actions or its staff. The purpose of this Policy is to ensure a robust and consistent approach in the DBS checking and referral processes.

The aim of this policy will be achieved by the following objectives:

• Identify the need for a DBS
• Identify the types of DBS
• DBS process
• Identify process for positive disclosures
• Identify the process for referral to DBS

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

It is written in conjunction with:

201 - All Wales Disciplinary Policy
098 - All Wales Policy on the Protection of Vulnerable Adults from Abuse All Wales Child Protection Guidance
836 – All Wales Information Governance Policy
158 – Redeployment Policy
173 – Freedom of Information Act Policy https://www.gov.uk/dbs-check-applicant-criminal-record
107 – volunteers Policy
192 – Records Management Policy
713 – Honorary Contract procedure
541 – Control of Contractors Policy

The HB employs staff representing the full range of protected characteristics.

Referrals to DBS are made in accordance with regulations and are not on the basis of any protected characteristic.

Employees would be treated equally under the terms of the policy. Should any training be required this can be access by the suite of recruitment training available to be booked via the learning and development portal. The Health Board approved translation services can also be accessed if required.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact)**.**

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: Equality Impact Assessments (EqIAs) (sharepoint.com)

Age Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.					
Disability Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.					
Gender Reassignment Is it likely to affect those who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.					
Marriage / Civil Partnership Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.

Pregnancy and Maternity
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.

Race / Ethnicity
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.

Religion or Belief
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.

Sex
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.

Sexual Orientation
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.

Armed Forces Community
Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to

civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:
Armed-Forces-Covenant-duty-statutory-guidance

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.

Socio Economic Duty
Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:
more-equal-wales-socio-economic-duty

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.

Welsh Language
Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.

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	Sally Owen
	Title	Head of Recruitment and Workforce Equality, Diversity and Inclusion
	Contact details	Sally.owen4@wales.nhs.uk
	Date	2/2/26
Screening Authorised by:	Name	Heather Hinkin
	Title	Assistant Director of Workforce & OD

(Directorate level owner of the procedures/ proposals/ projects/ policy)	Contact details	Heather.Hinkin@wales.nhs.uk
	Date	4/2/26
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity and Inclusion Officer
	Contact details	Alan.Winter@wales.nhs.uk
	Date	5/2/2026
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Performance Management Policy

Policy information

Policy number: 1103
Classification: Employment
Supersedes: 045 - Performance Appraisal and Personal Development Plan Policy
Version number: 2.0
Date of Equality Impact Assessment: 03.02.2026

Approval information

Approved by: People, Organisational Development and Culture Committee (PODCC)
Date of approval:
Date made active:
Review date:

Summary of document:
To ensure staff at all levels have clear performance objectives, with agreed development plans to support the delivery of their roles.

Scope:
This policy applies to all non-medical or dental employees of the Health Board in all locations, including, temporary employees and locums. Medical staff have a separate medical appraisal system in place but the principles of this policy also apply to medical and dental staff.

To be read in conjunction with:
133 - Equality, Diversity and Inclusion Policy (opens in new tab)
203 - All Wales Capability Policy and Procedure (opens in new tab)
142 – All Wales Grievance Policy - in draft currently
Learning and Development Strategy
314 - Medical Staff Appraisal Policy – in draft currently
113 - Learning and Development Policy (opens in new tab)
443 - All Wales Pay Progression Policy (opens in new tab)
836 - All Wales Information Governance Policy (opens in new tab)
173 - Freedom of Information and Environmental Information Policy (opens in new tab)

Owning group: W&OD Policy Group
Executive Director job title: Director of Workforce and Organisational Development

Reviews and updates:
1.0 – New Policy – approval 20.10.2022

2.0 – full review

Keywords
PADR, PDP, Performance Appraisal, Personal Development Plan

Glossary of terms
PADR – Performance Appraisal and Development Review
CPD – Continuous Personal and Professional Development
HIW – Health Inspectorate for Wales
NICE – National Institute for Clinical Excellence
NPSA – National Patient Safety Agency
TNA – Training Needs Analysis
IMTP – Integrated Medium Term Plan
PDPs - Personal Development Plans
ESR – Electronic Staff Record
HR – Human Resources
HDdUHB - Hywel Dda University Health Board

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A Culture of Meaningful Performance Conversations

This one-page guide sets the tone for how we approach performance at Hywel Dda - grounded in people, relationships, and meaningful conversations. It describes the spirit behind PADR: a continuous, person-led dialogue that supports wellbeing, development and connection, far beyond an annual meeting.

Performance Management is About People - Not Paperwork

• Performance management is a continuous, relationship-based process.

• PADR is a single moment in a year long conversation that helps us grow.

• Great performance comes from everyday check ins, openness, curiosity, and trust.

Who Owns Performance? Everyone.

• Individuals lead their own development.

• Managers create space, safety, and clarity.

• Teams build trust and belonging.

• The organisation provides tools and values that support growth.

A Year of Conversations - Not a Once-a-Year Event

• Meaningful performance management happens all year.

• Short, informal, supportive conversations matter.

• Nothing in a PADR should ever be a surprise. A Holistic, Person-Led Approach is the aim.

• Every colleague brings different strengths, needs, and experiences.

• Conversations should explore wellbeing, support, barriers, and what matters most.

• It's people first, not process.

Culture Starts With Us

Every interaction shapes our culture. Let's keep conversations human, curious, and supportive.

Want support with Performance Management Conversations? Contact the Culture and Workforce Experience Team workforce.experience.hdd@wales.nhs.uk

Introduction

It is the policy of HDdUHB that all staff have continuous feedback on their performance. It is imperative that staff at all levels have clear performance objectives, with agreed development plans to support the delivery of their roles and to align with the requirements of the 443 - All Wales Pay Progression Policy (opens in new tab).

Policy statement

The purpose of this policy is to ensure that Hywel Dda University Health Board (HDdUHB) has a clear, consistent and fair performance management and development process and that there is a clear link between individual contribution and achieving team, service and organisational strategic objectives of:

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 communities
5. Safe, sustainable, accessible, and kind care
6. Sustainable use of resources

The policy will align to one of Welsh Government's four goals for the health and care system in Wales (the Quadruple Aim) (opens in new tab) and also support:

- A Healthier Mid and West Wales strategy (opens in new tab)
- Workforce, Organisational Development and Education Strategy 2020-2030 (opens in new tab)

Scope

This policy applies to all non-medical or dental employees of the Health Board in all locations, including, temporary employees and locums. These staff will get an annual yearly appraisal as a minimum requirement. Medical staff have a separate medical appraisal system in place. The majority of staff fall under the terms and conditions of the Agenda for Change National Agreement, which includes the Development Review, and forms part of the Agenda for Change national agreement.

Consultant medical staff are subject to annual appraisal as set out in Advance Letter (MD)W5/2001. Other grades of medical staff within the organisation will receive an annual appraisal; this will be carried out using the pro forma and process described in the above Advance Letter.

Equality

HDdUHB recognises and values the diversity of its workforce. Our aim is to provide a safe environment where all employees are treated fairly and equally and with dignity and respect. The Health Board recognises that the promotion of equality and human rights is central to its work both as a provider of health care and as an employer. This policy has been impact assessed using the Health Board integrated impact assessment tool.

Aim and Objectives

An effective performance management system is key in supporting the delivery of the Health Board's strategic vision, purpose and objectives. All staff must be clear of what is expected of them in their roles and how this contributes to the success of their teams and the organisation. Effective performance management is centred on agreeing clear objectives, discussing behavioural expectations and having regular feedback to review progress and agree any development or resources required.

The individual and the organisation will benefit from having clear guidance and support to enable a capable and highly motivated workforce clear on their role and expected behaviours as set out in the HDdUHB Values and Behaviour Framework (opens in new tab).

The organisation and the individual staff member benefits from the support and guidance given during regular meaningful feedback conversations which will enable them to embed an organisational value and be the best they can be. This results in an effective, efficient and highly motivated skilled workforce.

Principles of Performance Feedback and Development

The delivery of high-quality care within the NHS depends on every member of staff:

- Having a clear understanding of their role and the part they play in their team and the organisation.
- Having an agreed set of priorities and objectives for their work.
- Possessing and applying the knowledge and skills they need to perform the role effectively and achieve their objectives.

Performance management is aligning leaders and staff to be clear about expectations and objectives and how their performance contributes to the Health Boards strategic vision and success. It also requires clarity on how progress with objectives are evaluated and measured.

The need for regular, meaningful performance feedback is one that requires a continuous process. It involves ensuring that the work and performance of all staff contribute to the goals of teams, services and HDdUHB as a whole. The aim to continuously improve performance through regular feedback supports the wellbeing of individuals, teams and maximizes workforce effectiveness.

The four key stages to the approach are:

- **Plan –** Setting goals
- **Act –** Doing the job and developing
- **Monitor –** Ongoing feedback conversations, coaching and improvement
- **Review** (PADR) **–** Final check in and rating

Benefits of Positive Performance Discussions

Regular performance discussions provide benefits to the workforce and organisation as detailed in Appendix 12.

Welsh Language

Colleagues wishing to conduct their appraisal in Welsh can request to do so if their line manager is a Welsh speaker. All the documentation is available in the medium of Welsh to comply with Welsh Language Standards and promote the use of the Welsh language where appropriate.

During at least one PADR discussion, managers and colleagues should review welsh language proficiency and ensure it (or any changes) is updated in ESR. Colleagues should also discuss welsh language skills development as part of learning needs if it would be beneficial to the delivery of their work.

Quality and Assurance

The OD Department in collaboration with service leads, will quality assure the implementation of the process and supporting documentation. This will be achieved through on-going quality checks, audits and ESR data, to monitor compliance and quality, as well as through PADR leads established in Directorates.

Performance metrics for PADR are as follows;

- **85%** of staff have undertaken a Performance Appraisal & Development Review with their nominated appraiser in a 12-month period.
- **85%** of staff have a Personal Development Plan in place.
- Training Needs Analysis (TNA) is completed annually from all areas.
- Number of employees passing through pay progression.
- Number of consultant and non-consultant career grade appraisals undertaken.

Pay Progression

The 443 - All Wales Pay Progression Policy (opens in new tab) and Annex 23 of the NHS Terms and Conditions of Service set out five specific pay progression standards, which outline the requirements to be demonstrated before an employee is able to progress to the next pay step point on their pay step date.

Health Board Guidance

HDdUHB has developed guidance forms and checklists for managers and staff providing a clear explanation of the process and associated documentation. The forms are available on the intranet forms library (opens in new tab) See Appendix 8, Appendix 9, Appendix 10 and Appendix 11.

Staff who fall outside of the Agenda for Change Agreement (i.e. Directors, Medical and Dental staff) should still follow the principles of the guidance in this document, excluding the references to the 443 - All Wales Pay Progression Policy (opens in new tab).

Documentation

Copies of the framework and associated guidance for managers and staff including the PADR documentation are available on the HDdUHB Intranet are documented in from Appendix 1 – 12).

Responsibilities

Chief Executive

The Chief Executive holds overall responsibility for the effective management of the Organisational Policy.

Executive Directors

Executive Directors have responsibility to ensure that:

- All staff within their responsibility are aware of and comply with the policy.

- All Executive Directors proactively role model the associate behaviours to build a performance led culture.

Director of Workforce and Organisational Development

It is the Director of Workforce and Organisational Development's responsibility to ensure that:

- The policy is formulated and disseminated.
- The policy is reviewed and updated.
- Owning and monitoring the policy and audit the quality of the process
- Ensuring all managers have access to suitable training
- Reporting compliance to Welsh Government on an annual basis

Senior Managers, Heads of Services

It is the responsibility of all Senior Managers and Heads of Services to ensure that:

- The policy is disseminated throughout their respective services and departments
- All Senior Managers, Heads of Service proactively role model the associate behaviours to build a performance led culture.
- All levels of staff within their department or professional group adhere to this policy in all respects
- The Welsh Government compliance attained within their services through compliance with this policy by ensuring all staff have an annual PADR and PDP and build a performance led culture through continuous feedback.
- Where development plans have associated costs identified to support learning and development, authorisation processes are clear within the team
- The required Health Board process followed within the Health Board Guidance Documentation reviews where individuals have not demonstrated the requisite delivery of objectives or knowledge and skills and pay progression may be affected.
- Payroll notified in a timely manner using the defined Health Board process and documentation if a member of staff should not progress through pay progression.
- All identified appraisers have the requisite skills and knowledge to undertake an appraiser role. (An appraiser may not necessarily be the appraisee's line manager but must supervise them sufficiently on a regular basis).
- Collating all training needs identified through personal development plans into a local service-training plan as part of the Training Needs Analysis (TNA) process.

Heads of Department and Ward Managers

Ward Managers and Heads of Department are responsible:

- All Heads of Departments/Ward Managers proactively role model the associate behaviours to build a performance led culture.
- The reporting of the number of PADRs undertaken and Personal Development Plans (PDPs) recorded in the Electronic Staff Record (ESR) to enable accurate corporate reporting monthly to the Board.
- Ensuring all staff have annual PADR and PDP and gain regular performance feedback via one-to-ones / supervisions.
- Monitoring compliance of PADRs and PDPs locally with their team.
- Following required Health Board process within the Health Board guidance documentation (accessed via the intranet forms library (opens in new tab)) reviews where individuals have not demonstrated the requisite delivery of objectives or knowledge, skills, and pay progression may be affected, and notifying line manager and HR team throughout the process.

- All identified appraisers have the requisite skills and knowledge to undertake the role (An appraiser may not necessarily be the appraisee's line manager but must supervise them sufficiently on a regular basis).
- Collating all training needs identified through Personal Development Plans into a Departmental Training Plan, and submitted to the service manager for information/authorisation and then the Learning and Development Department as part of the Training Needs Analysis process.

Workforce and Organisation Development

The Workforce and Organisation Department are responsible for ensuring that:

- The policy is published, reviewed, updated and held on the Health Board intranet site.
- Training (opens in new tab) for appraisers and appraisees will be available for all staff to enable them to participate in Performance Appraisal and Development Review.
- Records of attendance at training held on the Health Board ESR record.

The Employee

- Take personal responsibility to participate in regular 121's, supervision to gain feedback on their performance.
- Follow the required Health Board process within the Health Board guidance documentation (accessed via the intranet forms library) (opens in new tab)
- Undertake the Health Board's Performance Management Training Workshop (opens in new tab).
- Have an annual PADR and PDP with their appraiser.

Data Protection Act 1998 / General Data Protection Regulations 2016 or any Subsequent Legislation to the same Effect

All documents generated under this policy, including applications, and formal notes and documents generated by managers and any review panel, that relate to identifiable individuals are to be treated as confidential documents, in accordance with the 225 - General Data Protection Policy (opens in new tab). It is recommended that all parties familiarise themselves with the relevant parts of this policy.

Freedom of Information Act 2000

All Health Board records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure, under most circumstances, would include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within the Health Board may be found in the 173 - Freedom of Information and Environmental Information Policy (opens in new tab). It is recommended that all parties familiarise themselves with the relevant parts of this policy.

Records Management

All documents generated under this policy, including applications, and formal notes and documents generated by managers and any review panel, are official records of the Health Board and will be managed and stored and utilised in accordance with the Health Board's Records Management Policy (opens in new tab).

Review

This policy reviewed in three years' time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

Monitoring

Details of all PADR's completed are recorded in a database and reported on periodically to the Partnership Forum and the Health Board.

Discipline

Breaches of this policy being investigated and may result in the matter being treated as a disciplinary offence under the Health Board's disciplinary process. (See 201 - All Wales Disciplinary Policy and Procedure (opens in new tab)).

Appendix 1 – Revalidation Form

PADR Revalidation Form (opens in new tab)

Appendix 2 – NMC 2018 Practice Supervisor Form

NMC 2018 Practice Supervisor Form (opens in new tab)

Appendix 3 – Clinical Supervision Form

Clinical Supervision Form (opens in new tab)

Appendix 4 – How to Enter PADR Dates to ESR

How to Enter PADR Dates to ESR (opens in new tab)

Appendix 5 – PADR PDP Form

PADR Personal Development Plan Proforma Form (opens in new tab)

Appendix 6 – Core PADR Form

Core PADR Form (opens in new tab)

Appendix 7 – Leadership PADR Form

Leadership PADR Form (opens in new tab)

Appendix 8 – Appraisee Guidance

Appraisee Guidance (opens in new tab)

Appendix 9 – Appraiser Guidance

Appraiser Guidance (opens in new tab)

Appendix 10 – Checklist for Appraisees

Checklist for Appraisees (opens in new tab)

Appendix 11 – Checklist for Appraisers

Checklist for Appraisers (opens in new tab)

Appendix 12 – Benefits of Positive Performance Management

Benefits of Positive Performance Management (opens in new tab)

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 – WOD
Service Area	Culture and Workforce Experience

Title of Procedure, Project, Proposal, Policy being screened:	1103 - Performance Management Policy

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Aim of the policy;
To ensure all staff have clear performance objectives and agreed development plans that support role delivery and align with organisational goals, underpinned by continuous, meaningful performance conversations and an annual PADR.

The aims will be achieved by:

- Provide a consistent, fair performance management approach
- Strengthen the link between individual contribution and HDdUHB strategic objectives
- Support pay progression standards and high-quality care
- Promote a people-first culture emphasising wellbeing, development, and regular feedback

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

- Policy scope and content, including equality statement and Welsh language commitments in the Performance Management Policy.
- All Wales Pay Progression Policy requirements and PADR compliance metrics referenced in the policy.
- Internal guidance and forms available via intranet (PADR forms, appraiser/appraisee guidance, ESR recording guidance).
- Relevant HDdUHB policies: Equality, Diversity & Inclusion; Data Protection; FOI; Records Management.
- Welsh Language Standards and practice regarding offering documentation and discussions in Welsh.

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:

Policy applies to all staff groups uniformly and focuses on conversations and development needs tailored to the individual. No age-specific criteria are introduced. Access to PADR and development opportunities is based on role requirements, not 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	✓

Justification of impact identified:
Managers will ensure that PADR's are undertaken with individuals in an environment which is suitable for their individual needs e.g. quiet areas for people with sensory loss, hearing loss, learning disabilities etc. Any reasonable adjustments will be made throughout the PADR process for staff who require it.

The policy emphasises person-led, regular conversations which facilitate early identification of barriers and reasonable adjustments. Documents can be provided in accessible formats and meetings conducted with adjustments as required.

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:

Policy is universally applicable and prohibits differential treatment. Confidentiality of personal data is protected through Data Protection policies; appraisals focus on role objectives and behaviours, not gender history.

Marriage / Civil Partnership
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:

No policy provisions relate to marital or partnership status; processes and access to development remain the same.

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:

Regular performance conversations enable planning for leave, handovers, and support during pregnancy/maternity. Objectives and PADR timings can be flexed. Pay progression standards are applied fairly with consideration of statutory leave.

Race / Ethnicity
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:

Policy applies equally to all staff. Commitment to plain language and access to guidance supports inclusion. Conversations focus on role performance and development; where language support is required, managers can provide additional support.

Religion or Belief
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:

The approach enables flexible scheduling and respectful consideration of religious observance and beliefs; policy content is neutral with respect to 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	✓

Justification of impact identified:

Policy content is sex-neutral. Any differences in outcomes (e.g., access to development) can be monitored through ESR and addressed by relevant teams.

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:

Policy is universally applicable and focuses on role performance and development. Data confidentiality maintained via GDPR policy.

Armed Forces Community
Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to

civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:
Armed-Forces-Covenant-duty-statutory-guidance

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:

The emphasis on person-led conversations supports consideration of unique employment histories, service-related health needs, and transition support without detriment.

Socio Economic Duty
Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:
more-equal-wales-socio-economic-duty

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:

The policy promotes equitable access to development and regular manager support. Monitoring of PADR completion and TNA enables targeted support for staff who may face barriers (e.g., travel costs/time) which can be reviewed by relevant teams.

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:

Policy explicitly enables appraisal in Welsh where possible and confirms documentation availability in Welsh in line with Welsh Language Standards. ESR recording of Welsh language skills is encouraged.

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	Claire Steel
	Title	Culture and Workforce Experience Manager
	Contact details	Claire.Steel@wales.nhs.uk
	Date	2/2/26
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Claire Steel
	Title	Culture and Workforce Experience Manager
	Contact details	Claire.Steel@wales.nhs.uk
	Date	02/02/2026
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	3/2/2026
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Recognition Agreement

1. Agreement and Title

1.1 This Recognition Agreement (the Agreement) is between Hywel Dda University Health Board (henceforth referred to as the Health Board) and the British Medical Association Cymru Wales (BMA) and its Local Negotiating Committee (henceforth referred to as the LNC).

1.2 The committee shall be called the Hywel Dda UHB/Trust joint medical and dental staff local negotiating committee (JLNC).

2. Recognition

The Health Board recognises that it is to the mutual benefit of the Health Board and its employees for the employees to be represented by Trade Unions and professional Associations and therefore recognises the BMA and its LNC as having sole recognition and collective bargaining rights in respect of medical and dental staff employed in the Health Board.

3. General Principles

3.1 The Health Board and the BMA recognise they have as common objectives: -

a) The efficient operation and development of the Health Board and the best interests of the patients and staff.

b) The maintenance of harmonious and constructive relations.

3.2 Both sides recognise their pursuit of these common objectives shall be by: -

a) Negotiation – for the purposes of reaching agreement and avoiding disputes.

b) Consultation – the exchange of views involving an opportunity to influence decisions and their application.

c) Information – keeping each side informed of all relevant matters.

3.3 The BMA recognises the Health Board's responsibility to plan, organise and manage its activities to achieve its set objectives.

3.4 The Health Board recognises the BMA's responsibility to represent the interests of medical and dental staff and to work for improved conditions of employment.

3.5 The LNC will also be informed and consulted on all matters that may pertain to the wider workforce, and impact on the Health Board and its services. Policies which apply to all Health Board staff will also be shared

with the LNC for approval. Although the JLNC is the exclusive forum for engaging with the Health Board, the LNC does wish to engage as appropriate with the Health Board Local Partnership Forum in line with the principle of true partnership working between staff organisations and Health Board Management whilst maintaining the integrity of the LNC.

4. Scope of the Agreement

4.1 The Agreement specifies the following areas as appropriate for collective bargaining including, but not limited to, that specified in the Trade Union and Labour Relations (Consolidation) Act 1992 and the following:

a) Interpretation and application of national pay and terms and conditions of employment/terms of engagement for medical and dental staff.

b) Local implementation of pay, salary structure and terms and conditions of employment/terms of engagement, in accordance with national agreements.

c) Representational rights relating to disciplinary, suspension, restriction of practice and termination of employment/terms of engagement of one or more medical/dental staff.

d) Issues and policies relating to recruitment, redundancy, redeployment, suspension, termination of employment/terms of engagement, discipline (Upholding Professional Standards in Wales) and grievance and all other employment policies relating to medical and dental staff in accordance with national agreements.

e) Matters of health and safety including the physical conditions in which medical and dental staff work.

f) Facilities and time off for BMA LNC representatives.

g) Negotiation or consultation machinery including recognition rights.

h) Introduction of new working practices, new technology, new equipment and new techniques.

i) Contracting out/Transfer of Undertakings, Protection of Employment (TUPE).

j) Strategic Planning decisions including the allocation of resources that have workforce implications, reorganisation of staff and relocation of offices.

k) Organisational decisions likely to affect the job prospects or job security of medical and dental staff.

l) Any other matters which both sides agree to refer.

4.2 The Health Board shall disclose information for collective bargaining purposes including, but not limited to, matters pertaining to pay, benefits, conditions of service, productivity and financial information. This information may be of a sensitive or commercial nature and could be subject to the confidentiality clause in the employment contract or by the professional codes of conduct.

5. Negotiation and Consultation Procedures

5.1 Where national terms and conditions of service or All-Wales policies agreed through MDBG are silent, the LNC will be the sole recognised body to negotiate on all local terms and conditions of service and/or local policies affecting medical and dental staff employed/engaged within the Health Board.

5.2 The LNC will consist of representatives of all branches of practice of medical and dental staff engaged with the employer

5.3 Representatives will be drawn from those with an interest in the items for negotiation/discussion. However, the LNC may choose to co-opt any other person who may not be an LNC representative for consultation purposes or to address a specific issue that is on the agenda.

5.4 The Health Board's representatives will comprise of the Executive Medical Director, Executive Director of Workforce and OD and Head of Medical Staffing (or equivalent). In addition, the Chief Executive will attend at least on an annual basis. Other senior managers may attend depending on the agenda.

5.5 The JLNC shall typically meet quarterly. Written notice of the venue and agenda shall be circulated 10 working days in advance of the JLNC meetings. The minutes shall be circulated within 10 working days of the JLNC meeting being held. The dates of the meetings shall be agreed in advance for a 12-month period

5.6 Chairing of the meetings will rotate between the Staff Side LNC Chair and Executive Medical Director or Deputy.

5.7 The Health Board will appoint secretarial support who will be responsible for administrative arrangements for JLNC meetings and will agree agendas and minutes with both Chairs.

5.8 Sub-Groups may be established to deal with matters of specific interest.

6. Facilities and Time Off

The LNC Chair and/or associate/hospital site Chair will receive a minimum of 1 session per week to support them in undertaking this role plus time off to attend LNC meetings (both pre and main) including reasonable preparation time within working hours.

A Deputy Chair will receive a minimum of half a session per week to support them in undertaking this role plus time off to attend LNC meetings (both pre and main) including reasonable preparation time within working hours

Notification of appointment as an accredited representative will be provided to the Executive Medical Director to enable them to confirm with the employing department the requirement to facilitate paid time off for trade union duties/activities (including preparation time associated with those duties/activities) plus, where necessary, regular sessions in the Job Plan.

Accredited representatives of the LNC will receive reasonable paid time off to attend LNC meetings (both pre and main) including reasonable preparation time during normal working hours. LNC representatives who are able to identify the need for additional time, will be granted an additional sessional allowance and/or as appropriate trade union time off.

Accredited representatives will also have reasonable paid time off and facilities to carry out the duties and activities of the LNC and the BMA. No accredited BMA representative will suffer any loss in pay due to their trade union duties/activities.

7. Flexibility

Both sides recognise the varying demands and the flexibility required of the role as a BMA union/LNC representative, and employers will therefore ensure that they accommodate additional requests for time off in a flexible manner.

Where a union/LNC representative undertakes trade union duties/activities/training outside of their normal working hours, the Health Board/Trust must have a suitable mechanism in place to ensure paid time is being recognised e.g. through agreeing Time off In Lieu or via a local claim form.

8. Maintaining Good Relations

8.1 Both parties recognise that it is in their mutual interest to observe a negotiating procedure, by which issues arising between meetings can be considered and resolved.

8.2 Both parties agree that at each stage of the procedure, every reasonable attempt will be made to resolve issues raised until such efforts have been exhausted, and there shall be no action taken which would unreasonably exacerbate the dispute.

8.3 In the event of failure to agree, matters should be referred to ACAS or a neutral third party by either side for conciliation or jointly for arbitration.

While the matter is in dispute both parties agree that the status quo will be observed.

9. Review and Changes

This Agreement will be reviewed after 12 months and at agreed intervals thereafter. Changes to this Agreement may only be made by agreement of the JLNC. There will normally be a 6-month notice period for changes, unless otherwise agreed

10. Document approval

This document is approved by the signatories below.

On behalf of Hywel Dda University Health Board: Mr Mark Henwood

Executive Medical Director

Date of approval: 8 April 2026

On behalf of LNC: Dr Paul Underwood — HDUHB LNC Chair

Rachael Jeffers — BMA Regional Support Officer

Date of approval: 1 April 2026

Date:-	Mar-26	Name of All Wales Policy	Last Issue Date
		Discplinary	Feb-26
		Organisational Change	Dec-25
		Improving Performance at Work	Feb-26
		Managing Attendance at Work	Oct-18
		Menopause	Dec-18
		Respect and Resolution	Jul-24
		Employment Break Scheme	Dec-25
		Reserve Forces Training and Mobilisation	Dec-25
		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
		Anti-Sexual Harassment Policy	Sep-25
		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
N/A	No	Extant*
N/A	No	Remains Extant*
N/A	No	Extant*
Dec-21	Yes	Remains Extant*
Dec-21	No	Remains Extant*
N/A	No	Remains Extant*
N/A	No	Remains Extant*
N/A	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*
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.

7

12:20, 0 Mins

7 - FOR INFORMATION

7.1

12:20, 0 Mins

7.1 - PODCC Workplan 2026/27

Neil Prior (Hywel Dda UHB - Independent Board Member)

For information

Attachments

PODCC Work Programme 2026-27.pdf

HYWEL DDA UNIVERSITY HEALTH BOARD – PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE WORK PLAN APRIL 2026 – MARCH 2027

The following table sets out the Committee's proposed work plan for 2026-27, including standing agenda items (denoted by *).

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	19 May 2026	18 Aug 2026	10 Nov 2026	16 Feb 2027
Welcome and Apologies*	**Chair**	CSO	N/A	✓	✓	✓	✓
GOVERNANCE							
Declaration of Interests*	**Chair**	CSO	N/A	✓	✓	✓	✓
Minutes from previous meeting*	**Chair**	CSO	APPROVAL	✓	✓	✓	✓
Matters Arising & Table of Actions*	**Chair**	CSO	ASSURANCE	✓	✓	✓	✓
PODCC Terms of Reference	**Chair**	JW	APPROVAL	✓			
PODCC Annual Report to Board	**Chair**	LG	APPROVAL	✓			
Self-Assessment of Committee Effectiveness – Outcome report 2025	**LG**	CJ	ASSURANCE	✓			
Self-Assessment of Committee Effectiveness – 6 month outcome report	**LG**	CJ	ASSURANCE			✓	
Assurance and Risk Report – to include: • Corporate Risks Assigned to PODCC • Operational Risks Assigned to PODCC • Principal Risks Assigned to PODCC • Monitoring of Ministerial Directions • Monitoring of Welsh Health Circulars (WHCs)	**LG**	RW	ASSURANCE	✓	✓	✓	✓
STRATEGIC FOCUS							
Staff Story (video/presentation etc)*	**LG**	various		✓	✓	✓	✓
Delivery against Planning Objectives aligned to PODCC: **General Updates***	**DW**	DW	ASSURANCE	✓ closure	✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	19 May 2026	18 Aug 2026	10 Nov 2026	16 Feb 2027
Staff Survey Results Report	**LG**	CLJ	ASSURANCE	✓			
Notification of General Medicine, Glangwili Hospital entering GMC enhanced monitoring process	**MH**	tbc	ASSURANCE	✓			
Delivery against Planning Objectives aligned to PODCC: Deep Dives: **Goal 1: Healthy Thriving Teams**	**LG**	tbc	ASSURANCE		✓		
Delivery against Planning Objectives aligned to PODCC: Deep Dives: **Goal 2: Customer Service Excellence**	**LG**	tbc	ASSURANCE		✓		
Strengthening simulation learning report	**LG**	TW	ASSURANCE		✓		
5-Year Workforce & Organisational Development Strategic Plan	**LG**	tbc	ASSURANCE		✓		
Financial Grip and Control Assessments	**LG/ HT**	tbc	ASSURANCE		✓		
OPERATIONAL FOCUS							
HB Partnership Forum Report*	**LG**	AD	ASSURANCE	✓	✓	✓	✓
Performance Assurance & Workforce Metrics: Integrated Performance Assurance Report (IPAR)*	**LG**	TW	ASSURANCE	✓	✓	✓	✓
Workforce Efficiency Report	**LG**	TW	ASSURANCE	✓			
Welsh Language Annual Report 2025/26	**AHM**	AHM/EW	APPROVAL	✓			
Armed Forces Annual Update	**LG**	AB	ASSURANCE	✓			
Improving Outcomes for Unpaid Carers - End of Year Reports 2025/26	**LG**	AB	ASSURANCE	✓			
EDI Updates, to include:	**LG**	AB	ASSURANCE				
• EDI Taskforce update						✓	
• LGBTQ+ Action Plan							✓
• Anti-Racist Wales Action Plan (ARWAP)							✓
• Strategic Equality Plan Annual Report, inc Workforce Equality & Pay Gap Reports					✓		
Culture Overview Report	**LG**	CLJ	ASSURANCE			✓	

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	19 May 2026	18 Aug 2026	10 Nov 2026	16 Feb 2027
Speak Up – 6 monthly update report	**LG**	CLJ	ASSURANCE		✓		✓
Social Partnership Duty Annual Report	**LG**	SR	ASSURANCE		✓		
Employment Relations Report	**LG**	HH	ASSURANCE			✓	
Agile Working Plan	**LD**	SH	ASSURANCE	✓			
Sickness Update Report	**LG**	HH	ASSURANCE			✓	✓
Update on Increase in Stress Amongst Staff	**LG**	HH	ASSURANCE			✓	
New Workforce Solution (new ESR)	**LG**	TW	ASSURANCE		✓		
CCG Structure and Process for Recruitment: Costings Update (action from PODCC on 17.02.26 to bring back)	**AC**	GC	ASSURANCE		✓		
Sub-Committee Updates							
Sub-Committee Annual Reports:							
• Strategic People Planning and Education Group	**LG**	TW	APPROVAL	D	✓		
Sub-Committee Terms of Reference:							
• Strategic People Planning and Education Group	**LG**	TW	APPROVAL	D	✓		
Sub-Committee Update Reports:							
• Strategic People Planning and Education Group*	**LG**	TW	ASSURANCE	Did not meet	✓	✓	✓
For Approval							
Outcome of Advisory Appointments Committee*	**LG**	HH	APPROVAL	✓	✓	✓	✓
Corporate & Employment Policies*	**LG**	HH	APPROVAL	✓	✓	✓	✓
Contractual and Legislative Changes	**LG**	HH	APPROVAL	✓	✓	✓	✓
For Information							
PODCC Workplan 2026/27*	**LG**	CSO	N/A	✓	✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	19 May 2026	18 Aug 2026	10 Nov 2026	16 Feb 2027
Administration							
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	**CSO**	N/A		✓	✓	✓	✓
Draft agenda to go to Executive Team	**CSO**	N/A		✓	✓	✓	✓
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting	**CSO**	N/A		✓	✓	✓	✓
Disseminate agenda/papers 7 days prior to meeting	**CSO**	N/A		✓	✓	✓	✓
Type up minutes/TOA within 7 days of meeting	**CSO**	N/A		✓	✓	✓	✓
Circulate minutes and TOA to the Lead Director within 7 days of meeting	**CSO**	N/A		✓	✓	✓	✓
Issue minutes and TOA to Members (including the Committee Chair) following Lead Director review	**CSO**	N/A		✓	✓	✓	✓

Initials:

D – Deferred AD – Anthony Dean AHM – Alwena Hughes-Moakes CLJ – Corinna Lloyd-Jones CJ – Clare James CSO – Committee Services Officer	DO – Daniel Owen DW – Daniel Warm EW – Enfys Williams GC – Gareth Cotrell HH - Heather Hinkin JW – Joanne Wilson	LG – Lisa Gostling RW – Rachel Williams SH – Sharon Hughes TW – Tracy Walmsley

8

12:20, 0 Mins

8 - ANY OTHER BUSINESS

All

For discussion

9

12:20, 0 Mins

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9 - DATE OF NEXT MEETING: 9.30am-12.30pm, Tuesday 18 August 2026

9.1 - Date of Future Meetings

Tuesday 17 November 2026
Tuesday 16 February 2027