



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 August 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Monitoring of Welsh Health Circulars (WHCs)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce and Organisational Development (OD)
SWYDDOG ADRODD: REPORTING OFFICER:	Rachel Williams, Head of Assurance and Risk

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

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report to the People, Organisational Development and Culture Committee (PODCC) includes updates on progress in relation to the implementation of Welsh Health Circulars (WHCs), which come under the remit of PODCC and its Sub-Committee structure. The Committee is requested to receive assurance from the lead Executive, Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

Cefndir / Background

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

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

Asesiad / Assessment

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

- **Green** = completed

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

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

The following WHCs have been received and confirmed as having a plan in place, and being on schedule to be completed by the timescale provided (Amber RAG status):

WHC Ref	Name of WHC	Date Issued	Lead Executive/Director	Health Board Date for Completion
017-24	Implementation of the Non-pay Elements of the 2022-4 Collective Agreement	28/03/24	Director of Workforce & OD	January 2025

Progress Update

This WHC is being actioned in conjunction with WHC 031-24: Agency Workforce Reduction Programme and Control Framework 2024-25 due to the interdependencies between the two circulars which will ensure that the Health Board is optimising All Wales flexibilities and requirements of the non-pay deal to support the delivery of the agency reduction plans.

The WHC has identified three areas where aspects of the non-pay collective agreement require local action, with specific actions underpinning each area.

- Part 1 required assurance to be provided by May 2024 via the submission of a report confirming that appropriate measures are in place regarding the relevant aspects of the collective non-pay agreement. This element of the WHC was completed on 29 May 2024 as confirmed by the Director of Workforce and OD.
- Part 2 of the WHC required the Health Board to provide a completion report by January 2025 confirming full implementation of the relevant aspects of the collective non-pay agreement. The Director of Workforce & OD has confirmed that the Health Board is on track to deliver this report within the timescales set. An action plan, which has been agreed in partnership, is due to be submitted by 31 July 2024 and the Director of Workforce & OD has confirmed that this will be completed as required.
- Part 3 requires the Health Board to produce an outcomes report by January 2025, based on local priority areas and supporting action plan as identified by the local partnership forum. The Director of Workforce & OD has advised that this work will be built into their programme to ensure delivery.

The WHC is due to be implemented in full by 31 January 2025, with an updated position being presented to the Committee at its meeting in August 2024 (agenda item 4.2).

WHC Ref	Name of WHC	Date Issued	Lead Executive/Director	Health Board Date for Completion
031-24	Agency Workforce Reduction Programme and Control Framework 2024-25	17/06/24	Director of Workforce & OD	March 2025

Progress Update

This WHC is building on the WHC 046-23: All-Wales Control Framework for Flexible Workforce Capacity and is being actioned in conjunction with WHC 017-24: Implementation of the Non-Pay Elements of the 2022-4 Collective Agreement, due to the interdependencies between the two circulars which will ensure the Health Board is optimising All Wales flexibilities and requirements of the non-pay deal to support the delivery of the agency reduction plans.

The WHC has identified three areas where aspects of the Agency Workforce Reduction Programme and Control Framework requires local action as follows:

- Part 1 of the WHC provides updates on the actions taken in social partnership to incentivise substantive work for the NHS in Wales and makes the links to requirements and interdependent programmes of work that support the agency reduction programme.
- Part 2 of the WHC provides updates on this programme of work to reduce agency expenditure.
- Part 3 of the WHC sets out the next steps and requirements for NHS organisations and arrangements for national monitoring and learning for the remainder of the 2024 - 2025 financial year.

An updated position is being presented to the Committee at its meeting in August 2024 (agenda item 4.2).

The following WHC has been received and confirmed as External, ie where the means to achieve compliance is currently outside the gift of the Health Board (External RAG status).

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

WHC Ref	Name of WHC	Date Issued	Lead Executive/Director	Progress Update
046-23	All-Wales Control Framework for Flexible Workforce Capacity	13 December 2023	Director of Workforce & OD	Closed, and superseded by WHC 031-24.
022-23	Armed Forces Covenant – Healthcare Priority / Special Consideration for Veterans / Ex Armed Forces Personnel	21 June 2023	Director of Workforce & OD	The Health Board has implemented this WHC, with additional work being carried out to enhance the process even further and to improve compliance reporting.

013-24	Governance on interim appointments to Executive and Senior Positions <i>(link not yet available)</i>	10 April 2024	Director of Workforce & OD	The Health Board has implemented this WHC.
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Argymhelliad / Recommendation

The Committee is requested to:

- **RECEIVE ASSURANCE** on the management of WHCs, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning WHC actions on the WHC Tracker from across Hywel Dda University Health Board's (HDdUHB) services reviewed by the lead Executive, Director or Supporting Officer.
Rhestr Termau: Glossary of Terms:	Not Applicable
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Relevant Lead Executives, Lead Directors or Supporting Officers.

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

Gyfrinachedd: Privacy:	No direct impacts from report.
Cydraddoldeb: Equality:	No direct impacts from report however each action is outlined in description of overarching actions required.

WHC No	Year	Name of WHC	Link to WHC	Date Issued	Status	Category	Overarching Actions Required	Lead Director	Lead Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG / R - behind schedule / A - on schedule / G - Completed	Assurance reporting	Progress update	Lead Service / Directorate	UHB implementation date	Datix risk reference and title
017-24	2024	Implementation of the Non-pay Elements of the 2022-4 Collective Agreement	https://www.gov.wales/implementation-non-pay-parts-2022-2024-collective-agreement-whc2024017	28/03/2024	Action	Workforce	NHS Wales operates an effective and long standing social partnership model which brings Welsh Government, NHS Employers and health unions together to pursue shared priorities and address workforce challenges. The social partnership approach is supported through formal structures both at national level (Wales Partnership Forum) and at local Health Board / Trust / Special Health Authority level. Each of the partners bring their unique perspective and priorities in order seek to coproduce solutions and agree delivery outcomes.	Director of Workforce & OD	Lea Gostling	N/A	Chief Executives, NHS Wales Health Boards/Trusts/Special Health Authorities Directors of Workforce, Health Boards/Trusts/Special Health Authorities	31/01/2025	Amber	PODCC	The Executive Director of Workforce & OD has advised that the WHC has been shared with the Trade Union and Workforce leads and will be discussed in the All-Wales Partnership Forum in June 2024, although it is recognised that some of the policies Welsh Government (WG) are seeking assurance on have not yet been issued by the All-Wales Partnership Forum. Each of the partners has their own objectives; the Health Board are actioning their reduction plans linked to variable pay. If the Health Board is not compliant with the WHC, there is a risk to staff morale and reporting via All-Wales Groups of non-compliance, however this will be the same for all Health Boards across Wales.	Workforce & OD	Jan-25	N/A
031-24	2024	Agency Workforce Reduction Programme and Control Framework 2024-25	https://www.gov.wales/sites/default/files/pdf_versions/2024/6/3/1718785639/agency-workforce-reduction-programme-and-control-framework-2024-2025-whc2024031.pdf	17/06/2024	Action	Workforce / Finance / Delivery	Enhance quality and safety of patient experience by delivering more care by our own workforce who are employed in and familiar with our organisations and processes	Director of Workforce & OD	Anna Bird	N/A	Chief Executives, NHS Wales Health Boards/Trusts/Special Health Authorities Health Authorities Chief Operating Officers, Health Boards/Trusts/Special Health Authorities Directors of Finance, Health Boards/Trusts/Special Health Authorities Subordinate Directors of Workforce, Health	N/A	Amber	PODCC	21/06/2024 - Executive Director of Workforce & OD has confirmed that Strategic Partnerships will lead the process of implementation and updating the actions linked to this WHC.	Workforce & OD	Mar-25	N/A

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PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 August 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Implementation of Welsh Health Circular WHC (2024) 017
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce & Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Anna Bird, Assistant Director of Strategic Partnerships, Diversity and Inclusion

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The attached report provides an update on the progress which is being made to implement the non-pay elements of the collective agreement for 2022-2024 for Agenda for Change (AfC) staff, as required by Welsh Health Circular WHC (2024) 017.

The People, Organisational Development and Culture Committee (PODCC) is asked to note for assurance this paper, the attached update report (Appendix 1). In order for the Health Board to comply with Welsh Government reporting timescales it should be noted that this report was submitted on 31 July 2024.

Cefndir / Background

The Welsh Health Circular (2024) 017 provides a framework for delivery in partnership on progress in a number of key areas. Each Health Board is required to submit an update to Welsh Government in this regard at regular intervals throughout the year (May 2024, July 2024, September 2024 and January 2025).

The July 2024 update requested a summary of progress of specific actions as well as the development, agreement, and adoption of action plans. Updates on progress made against the contents of the action plans is expected to be included as part of the September 2024 update to Welsh Government.

In addition to the sharing of the Welsh Government submission, this paper also includes an overview of the progress of four associated workstreams which are co-delivered with Staff Partnership Forum members. Staff Partnership Forum established four workstreams in December 2023 following a scoping exercise of the key issues arising from the non-pay deal in relation to:

- Flexible working – to include flexible rostering practice and rosters.
- Agency reduction – with links to incentivising pay, contracts and general Terms and Conditions.

- Retention – to include retire and return.
- Sickness absence – to include parity between support for mental health and physical Health.

Asesiad / Assessment

Appended to this SBAR is the update which was submitted to Welsh Government on 31 July 2024 against the key actions set out in WHC (2024) 17. The majority of actions are on-track, but four actions were Red, Amber, Green (RAG) rated as Amber, as follows:

- **Pension Flexibilities** – the Health Board is awaiting the final publication of the all-Wales policy in order to progress this action.
- **Access to drinking water** – the findings from the Scoping Exercise are currently being analysed and although work is ongoing an amber rating is being provided to reflect that more work is required to provide assurance.
- **Radiology on-call standby** – there are current challenges around the delivery of this action which include sickness, recruitment and increased service demand.
- **Nursing for the Future Workforce Plan** – this plan has not yet been published by Health Education Improvement Wales (HEIW).

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

Flexible working

The established Task and Finish group first met in June 2024 and is currently scheduled to meet on a four-weekly cycle in order to maintain momentum. Actions undertaken since the last update include:

- Monitoring data regarding flexible working requests recorded via Electronic Staff Record (ESR) on a monthly basis to identify areas of best practice and development needs.
- Operational Workforce colleagues encouraging all staff to send a copy of their flexible application to them at the same time as it is submitted to their manager to enable individual and manager/service support from an early stage of the process with a view to reaching an agreement.
- Operational Workforce colleagues and Trade Unions working in partnership to deliver an Essential HR session as part of the new Hywel Dda Manager programme, which includes positively managing flexible working.
- Working with our Leadership Development and Corporate Nursing teams to begin exploring options to incorporate flexible working (and retire and return) into Health Board Development Programmes eg LEAP and STAR.
- Capturing a Senior Sister's staff story to illustrate the value of flexible working as a method of highlighting positive impact.
- Discussing common barriers to flexible working in our Nurse Retention Group and collectively exploring ways of overcoming them.
- Scoping how our Organisational Development (OD) Relationship Managers could add an assessment of flexible working maturity into their exploration phase when working with services/teams.

As this work also aligns with the Health Board's wider retention programme, updates continue to be shared with the specific retention groups as necessary, including Nursing, Medical and Allied Health Professional (AHP); the latter group is scheduled to begin in September 2024.

Additionally, links have been made with the Health Board's new Rostering Group and a member of the Flexible Working Group is also a member of the Rostering Group.

Agency Reduction

The Task and Finish group has been established and has met several times to discuss elements within the National Workplan. The reduction of nursing agency also forms part of the Variable Pay Expenditure Reduction and Efficiency Group which meets weekly.

The Health Board's agency expenditure is decreasing, with comparisons between M11 (February 2024) and M3 (June 2024) highlighted below:

Agency Spend February 2024	Agency Spend June 2024
Nursing £1.8m	Nursing £1.1m
Medical £407k	Medical £321k
Allied Health Professions and Health Scientists £54k	Allied Health Professions and Health Scientists £48k
Health Care Support Worker £48k	Health Care Support Worker £4k

A notable reduction in agency usage has been seen within the Mental Health and Learning Disability Directorate, who have recorded a reduction from £48k in M11 (February 2024) to £4k in M3 (June 2024). This reduction has been supported by the onboarding of additional bank staff and the return of substantive staff from re-deployment. Work is ongoing through operational workforce plans and roster reviews to better understand future staffing requirements.

Areas where expected reductions have not been achieved are subject to deep dives and work is underway in a number of specific areas.

Retention to include Retire and Return

Several meetings of the Task and Finish group have already taken place, and they are currently scheduled to meet every four weeks to maintain momentum. Progress achieved so far is as follows:

- A SharePoint page has been developed to provide a one stop resource for staff who wish to find out more about either retirement or flexible retirement. [Retirement and Flexible Retirement \(sharepoint.com\)](#), this includes: *What do I do if I retire?* and *What do I do if I want to retire flexibly?* information.
- A video has been developed (and is currently being edited and Welsh subtitles attached) as a training resource for both managers and staff to showcase a coaching conversation on flexible retirement.
- OD, Workforce and Trade Union representatives continue to highlight/advertise/educate the flexible retirement agenda and provide support to managers and staff where needed. The strap line is '*have a conversation rather than saying no.*'
- The All-Wales Retirement Policy is due to be available at the end of the summer, and this may have an impact on the current flexible retirement offering. Frequently Asked Questions (FAQs) are also due to be available which will be placed on the SharePoint page.
- Lunch and Learn sessions had been planned, but feedback from union colleagues on this approach has led to an agreement to defer this action taking place. Union colleagues felt it was giving the wrong message with regard to promoting wellbeing, as it was taking place at lunch time.
- Some of the key barriers to changing hearts and minds on flexible retirement have been identified as:

- Lack of knowledge on the part of managers
- Lack of understanding of what is possible
- Service pressure – e.g., easier occasionally to accommodate reduction in hours but not offer fixed days
- Incorrect assumptions that the manager will have to offer flexible approach to all staff that request it i.e. ‘If I give to one, I have to give to all.’

Action to be carried forward

The view of the Group is that the project has achieved what it set out to do and while further meetings are planned, the main actions going forward are to:

- Advertise/educate/inform what is currently available
- Share the Retirement Policy and video across engagement groups to educate and inform, in an effort to change hearts and minds as above
- Explore whether a calculator could be available to make accessing estimates easier for staff.

Sickness Absence

Several meetings of the Task and Finish group have taken place and are currently scheduled to meet on a bi-weekly basis. Members of a separate group initially set up to review the Exploration of Mental Health Statistics have also been invited to support the Group in making progress around the action plan. The work of the group is currently focussed on:

- Ensuring that support for the mental wellbeing of staff has parity with physical wellbeing support.
- Provision of support for individuals to enable them to remain in work or return from absence as quickly as possible.
- A focus on redeployment (including cross boundary working) rather than sickness absence when this is appropriate.

Action Plan

An outline plan has been drafted which may require further development and detail once new members of the group participate in discussions.

Argymhelliad / Recommendation

The Committee is requested to:

- **NOTE** the final version of the update report (attached) which was submitted to Welsh Government on 31 July 2024 in line with the requirements of Welsh Health Circular (2024) 017.
- **NOTE** updates provided on the collaborative workstream activity on other areas of the non-pay deal.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:

Cyfeirnod Cylch Gorchwyl y Pwyllgor:

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

	2.2 To provide assurance to the Board on the implementation of the UHB's Workforce and OD Strategy, and the all-Wales Health & Social Care Workforce Strategy, ensuring these are consistent with the Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be 4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Welsh Health Circular (2024) 017 - Implementation of the Non-pay Elements of the 2022-4 Collective Agreement.
Rhestr Termiau: Glossary of Terms:	Not Applicable.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Not Applicable.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	None arising from this paper.
Ansawdd / Gofal Claf: Quality / Patient Care:	None arising from this paper.
Gweithlu: Workforce:	None arising from this paper.
Risg: Risk:	Delivery on the Welsh Health Circular must be reported to Welsh Government at specified intervals. Failure to comply may impact our relationship with Welsh Government and our local and national trade unions.
Cyfreithiol: Legal:	None arising from this paper.
Enw Da: Reputational:	Reputational risks may arise from a failure to implement all aspects of the Welsh Health Circular within our control.
Gyfrinachedd: Privacy:	None arising from this paper.
Cydraddoldeb: Equality:	None arising from this paper.

Hywel Dda University Health Board - Non Pay Elements of the collective pay deal 2022/23 and 2023/24 - July 2024 Update

IMMEDIATE ASSURANCE - provide an assurance report by the end of May 2024 confirming that the relevant measures are in place						
WHC Action	Deadline	Delivered Y/N	Evidence	Reasons off track / Plan to get back to Green	Supporting Documents (if applicable)	If No - Rate confidence on ability to get back to green by next reporting period. (H/M/L)
Confirm implementation of the All-Wales Pensions Flexibilities Policy on Retire and Return.	30/05/2024	N	We have not implemented this policy as it is still being finalised by NHS Employers. Staff Partnership response: Agreed	Having received draft V6 of the policy on 15 May 2024, we provided feedback to NHS Employers by the consultation closure date of 3 June 2024. The feedback included comments from staff following our global staff email, our trade unions, and colleagues across W&OD. We received a further draft of this policy (V7) from NHS Employers on 15 July 2024. This took account of feedback received from across all Health Boards, removal of any duplication with the All-Wales Flexible Working Policy and a renaming of the policy to All Wales Flexible Pensions Policy. Comments on this draft are due back by 26 July 2024. The HB will submit any final comments by the due date. Once we receive the agreed version, we will process this through to the next available internal committee for adoption by the Health Board. Awaiting final approved version from NHS Employers.		Medium
Confirm that staff have access to drinking water (freely available within the workplace) and that this is enabled not prevented by Infection Prevention and Control through risk assessments and with clear local guidance, taking the environment and patient risk groups into consideration.	30/05/2024	N	All areas have access to drinking water. Wards and departments continue to be encouraged to have a hydration station away from the nursing station but with easy access. Posters advertising hydration stations/areas are available promoting the need to keep hydrated. A scoping exercise was undertaken during May / June 2024 to ascertain whether colleagues feel that the arrangements in place in terms of the location and suitability of hydration stations, as well as the infection control measures around those stations are satisfactory. A Microsoft Forms Questionnaire was created and requested to be disseminated to each clinical area for completion via the Practice Development Network. Results are currently being analysed and an action plan is being developed around responses received. Staff Partnership response: Agreed	Seeking further assurance that staff are satisfied with measures in place at each site. Thorough analysis of the results of the recently concluded scoping exercise.		Low
REQUIRED ASSURANCE - Baseline Assurance Report by 30/05/24 - develop action plan by end of July 2024; monitoring/progress report by end of Sept 2024. Completion report by Jan 25						
WHC Action	Deadline	Delivered Y/N	Evidence	Reasons off track / Plan to get back to Green	Supporting Documents	If No - Rate confidence on ability to get back to green by next reporting period. (H/M/L)
Review how Unsocial Hours Allowance is implemented to ensure fairness, industrial injuries are properly recognised, and that staff are not discriminated against in line with the Equalities Act 2010.	29/09/2024	Y	Following a request for confirmation of the rates paid, we can confirm that we received notification from Payroll on 10 November 2023 that the unsocial hours allowance payment is calculated centrally by Payroll in Cardiff and average sickness enhancements are then paid two months in arrears from day eight of sickness. Industrial injury is covered by our Industrial Injury Claim Procedure which was reviewed in 2023 and approved on 14 March 2023. Our baseline assessment was completed later than May 2024 due to the difficulty in identifying all industrial injury applications but the action plan has been developed and agreed with our trade union colleagues and is appended with this submission. Our baseline assessment included analysis of the 10 applications we received in 2023/2024. Staff Partnership response: Agreed		Appendix 4: Injury Action Plan	
Review the use of radiography on-call standby in out of hour's arrangements to ensure that the frequency of on-call standby does not negatively impact an individual's work-life balance consistent with the twelve principles set out in Table 22, Annex 29 of the NHS Terms and Conditions of Service Handbook.	29/09/2024	N	The Health Board is actively monitoring the situation and taking action to develop sustainable workforce options to meet the standards set out Table 22 of Annex 29 of the NHS Terms and Conditions Handbook, particularly in relation to frequency of on-calls (principle 3). Ongoing challenges include sickness, recruitment issues and increasing demand, however focused efforts to scope opportunities for 6/7 day working models is underway, with ambitions to develop standardised on-call arrangements across the service. Staff Partnership response: Agreed	Workforce and OD teams are supporting Radiography to develop a long-term sustainable service model, building on the operational workforce plans, and the Health Board is continuing to engage and collaborate with colleagues nationally (e.g. ARCH, HEIW and the National Imaging Academy) as this is a national workforce shortage. The service will continue efforts to proactively recruit, which includes retention of new graduates in September 24. Regional opportunities will continue to be explored which includes development of demand & capacity mapping (as per ARCH workstream) as well as continued engagement and development of the services operational workforce plan, to agree actions to develop sustainable options to mitigate known risks. This work will align with continuing development of the Clinical Services Plan, which includes 7 day working in 2-3 of options drafted at present.	Appendix 5: Radiography Action Plan	Medium
Confirm implementation of All-Wales Occupational Health minimum service levels/KPIs (incorporating monitoring and support).	29/09/2024	Y	As a Health Board we are fully compliant with points 1.1, 2.1, 2.4, 2.5, 3.3, 4.3, 5.3,6.1,6.2,6.3,6.4 (additional detail on each area is provided within the attached Word document). Although we can confirm that progress is being made against 5.1 Health Surveillance Programme, we are unable to report on data at this time. Staff Partnership response: Agreed		Appendix 6: Min. Occ. Health Standards Compliance HDd Q1 Appendix 7: Occ. Health Standards Supporting Data	
REQUIRED ASSURANCE - Local Partnership Forum agree local priority areas and an action plan, developed in partnerships, appropriate to local circumstances, with details provided by the end of July 2024. Update/progress report by end of September 2024 and Outcomes report by end of January 2025.						
WHC Action	Deadline	Delivered Y/N	Evidence	Reasons off track / Plan to get back to Green	Supporting Documents	If No - Rate confidence on ability to get back to green by next reporting period. (H/M/L)
Implementing and monitoring of the Health Education and Improvement Wales (HEIW) Nursing for the Future Workforce Plan.	30/07/2024	N	The consultation from HEIW on Nursing in Wales ran from 13 May – 21 June 2024. Health Boards were invited to review the draft actions of the plan, and their responses would then help shape the Strategic Nursing Workforce plan. A response to the consultation from Hywel Dda was submitted by Heads of Nursing by the deadline of 21 June 2024. Appropriate action will be taken once the final document has been published by HEIW. Staff Partnership response: Agreed			Medium

Implementing and monitoring of the Nurse Retention Plan	30/07/2024	Y	<p>Our Retention Task and Finish Groups oversee specific projects as a vital element of sustaining and growing our workforce to meet the increasing and changing demands on services.</p> <p>Our Nurse Retention Group was initially established in 2022. Our Health Board Nurse Retention Action Plan has been mapped to the All-Wales Nurse Retention Plan to ensure alignment with national priorities and we have continued the positive trajectory of implementation. The project planning for all areas of the plan include:</p> <ul style="list-style-type: none"> •Mapping Organisational Culture •Understanding our Data and Communicating with our Staff •Supporting New Starters and Those Changing Roles •Supporting International Staff •Development and Career Planning at all stages of an employee's career •Flexible Working •Flexible Retirement •Health and Wellbeing •Recognising and Rewarding Staff <p>Our Nurse Retention Group continues to meet on a 4-week basis to focus on supporting retention across our nursing staff, and we have regular positive feedback and knowledge sharing from the All Wales Retention Community of Practice.</p> <p>In 2023, against a target of 1% reduction in turnover of nursing staff, we achieved:</p> <ul style="list-style-type: none"> •Registered Nurses: 8.19% to 5.15% (-3.76%) •Unregistered Nurses: 8.94% to 7.16% (-1.78%) <p>We estimate a resulting cost benefit of £2,163,626, based on the avoidance of higher agency cost to cover vacancies.</p> <p>In 2024 to date, our turnover has continued to reduce month by month (5.02% in May 2024 for Registered Nurses) and we are extremely proud to be the best performing NHS organisation in Wales for our registered nursing turnover rate. Additionally, capturing staff stories of best practice and Centres of Excellence across HDdUHB are important qualitative methods of highlighting positive impact, with ongoing reflection on how we scale and spread some of these areas of transformation. We have also offered some of these examples to HEIW for their 'Retention Hub' to promote good work undertaken. HDdUHB also have a dedicated intranet page for retention, which helps signpost and act as an online hub to host these positive nursing retention stories and promote our ongoing project work.</p> <p>Staff Partnership response: Agreed</p>			
Implement and monitoring of the Birthrate Plus report	30/07/2024	Y	<p>Birthrate Plus supports the Health Board to understand the needs of the service and helps to ensure that staffing ratios are correct to provide safe and effective care.</p> <p>HDdUHB has a challenging geographical landscape and offers obstetric led services in both Bronglais and Glangwili Hospitals. The Health Board also provides a supportive homebirth service and community midwifery care delivered across Carmarthenshire, Pembrokeshire and Ceredigion.</p> <p>The midwifery and associated health support worker roles are defined by Birthrate Plus and these form the foundations of the workforce establishments. The workforce establishments confirm that the Birthrate Plus report has been implemented in its entirety and that staffing (both midwifery and support worker roles) align to the requirements as set out in the Birthrate Plus report. There are times when HDdUHB relies on variable rate pay to ensure that minimum staffing numbers are achieved, however this is secondary to sickness (both long and short term) rather than unfilled vacancies. The maternity service does not utilise external agency.</p> <p>Monitoring of the Birthrate Plus report is achieved by utilising an approved acuity tool, with a clear pathway in place for escalation utilising senior midwifery managers to support the achievement of safe staffing when acuity is escalated.</p> <p>Staff Partnership response: Agreed</p>			
Implement and monitoring of other professional group retention strategies	30/07/2024	Y	<p>We established our Medical Retention Group in 2023, which involved analysing our medical staffing data and intelligence as part of the exploration phase, with additional feedback and input from our Medical Leadership Forum. Recently, we have widened membership of the Group to ensure representation from Primary Care, GPs and Mental Health.</p> <p>Our Medical Retention Action Plan mirrors the headings and elements of our Nurse Retention Plan. In the same way that we capture staff stories for nurse retention, we are utilising this methodology through engaging with our medical colleagues to capture positive experiences and spotlight best practice. Our medical staff turnover has also begun to reduce, from 12.05% in April 2023 to 11.04% in April 2024 and from 11.54% in May 2023 to 11.33% in May 2024.</p> <p>In relation to AHP retention, exploration work and research is being finalised ahead of establishing our AHP Retention Group in September 2024. There is ongoing communication at an All Wales level within the Community of Practice groups to support this work and we are engaging at a national level on how we support this staffing group. Once the exploration work has been finalised, we will review the target reduction of turnover required for monitoring.</p> <p>Staff Partnership response: Agreed</p>			
Implement appropriate to local circumstances the HEIW Staff health and Wellbeing best practice guide (incorporating nutrition and rest aspects of the staff welfare project).	30/07/2024	Y	<p>Discussion between internal teams (OD, Staff Psychological Wellbeing Service and Occupational Health) to review our own locally developed People Culture Framework and the HEIW Best Practice Guide. Acknowledging that there is extensive overlap between the two frameworks, the Health Board plan to continue to implement its local framework and seven key themed areas to guide our work supporting staff health and wellbeing.</p> <p>The following actions are being undertaken:</p> <ol style="list-style-type: none"> 1. A Communication Plan has been implemented. 2. Work is underway in the Organisational Development Relationship Team to update the toolkits relating to the seven themes and as this is done, the HEIW Best Practice Guide will be used as a reference resource to cross check for gaps or new evidence-based practice to incorporate. 3. The Staff Psychological Wellbeing Service will use the HEIW Best Practice Guide as an ongoing resource in the development and improvement of the range of services offered. 4. The establishment of a Health and Wellbeing Steering Group will provide an appropriate forum for the ongoing review of the use of the guide, as well as to collate any case studies that can be contributed to the guide as part of its development. <p>The Best Practice Guide is an enabler to our own Hywel Dda strategies and can be used as an additional resource for the work around the seven themes of the Hywel Dda People Culture Framework. Our own Culture Framework remains the key map for understanding and organising our cultural progression.</p> <p>Staff Partnership response: Agreed</p>			
Implement appropriate to local circumstances the HEIW Continuing Professional Development Strategy. Have the long-term goal for all staff protected time as parity with medics but set specific steps to achieving that which are realistic and achievable.	30/07/2024	Y	<p>An action plan in relation to the progression of the educational/Continuing Professional Development (CPD) elements of the non-pay element of the pay deal will report into the Strategic People Planning and Education Group structure, providing a platform for escalation and ensuring ongoing progress is monitored. Discussions have already taken place between clinical and workforce colleagues, including nursing and AHP's, identifying some of the opportunities and challenges. To progress this work further and maintain pace, a sub-group is being set up with the prime focus of finalising and monitoring the action plan, which not only considers the HEIW Continuing Professional Development Strategy, but also the National Workforce Implementation Plan and the All-Wales Simulation-Based Education and Training Strategy, providing a local context through the Health Board Interprofessional Education Strategy.</p> <p>The subgroup will develop agree and finalise an action plan that includes:</p> <ul style="list-style-type: none"> •Monitoring delivery of the continuous professional development relevant requirements of the Nursing Staff Levels Act (2016) Statutory Guidance (paras 38 and 40) and the Duty of Quality Statutory Guidance 2023 and Quality Standards 2023 (paras 6.5 and 12.15) and how these principles can be reflected across other professions. •Building on the well-established nursing preceptorship programme and policy, continue to extend this to create a multi-professional preceptorship policy, which support the long-term goal of all staff having greater access to learning. •Scope how all CPD whether experiential (reflective), informal or formal, is recorded. •Monitor the progress made towards the local Interprofessional Education Strategy, recognising how this will deliver against the CDP element and create wider learning experiences. •Scoping of areas/professions where headroom has been allocated for CPD and understanding the financial impact of extending from these roles. •Explore how to advance to a greater focus on organisational capability development as the learning culture matures, with less focus on training programmes. This will consider how to support the individuals within achieving outcomes and developing their capabilities including people management, developing personal attributes, relationships, thus impacting their confidence and competence within their role. •Building a robust Learning Needs Analysis toolkit, supporting teams and managers to understand individual, service and organisational learning needs. <p>Draft Action Plan attached; however, it should be noticed that this will change following set up of the subgroup, agreement of the terms of reference and a greater involvement from both trade unions and wider professions.</p> <p>Staff Partnership response: Agreed</p>	Appendix 7 CPD Action Plan		