



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **27/05/2025**
Time **09:30 - 12:30**
Location **Microsoft Teams Meeting/ Ystwyth Boardroom**

People, Organisational Development & Culture Committee (PODCC)

HDD_People, Organisational Development &
Culture Committee

NHS Wales

Agenda - 27 May 2025

1 GOVERNANCE AND RISK

09:30, 30 min

1.1 Apologies for Absence

Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)

1.2 Declarations of Interest

All

1.3 Minutes and Matters Arising from the meeting held on 18 February 2025

Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)

1.4 Table of Actions from the meeting held on 18 February 2025

Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)

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

Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)

1.6 PODCC Annual Report

Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair), Lisa Gostling (Hywel Dda UHB - Director of Workforce & OD/Deputy CEO), Chantal Patel (Hywel Dda UHB - Independent Board Member)

1.7 PODCC Self-Assessment of Committee Effectiveness – Outcome report 2025

Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair), Lisa Gostling (Hywel Dda UHB - Director of Workforce & OD/Deputy CEO)

1.8 Targeted Intervention Progress Report

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

1.9 Corporate Risks Assigned to PODCC

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

1.10 Operational Risks Assigned to PODCC

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

2 PEOPLE

35 min

2.1 Recovery Nature Programme Report and Staff Story

Suzanne Tarrant (Hywel Dda UHB - Consultant Clinical Psychologist)

2.2 Trade Union Update

Anthony Dean (Hywel Dda UHB - Estates)

No TU update this time as all the work was completed in line with the WG report.

2.3 Workforce Efficiency Update

Michelle James (Hywel Dda UHB - Head of Resourcing & Utilisation), Daniel Owen (Hywel Dda UHB - Senior Workforce Manager)

2.4 Community Nursing Annual Report/ Community Staffing Update - Deferred

Peter Skitt (Hywel Dda UHB - Clinical Care Group Service Director - Community & Integrated Medicine)

2.5 Agile Working Plan

Sharon Hughes (Hywel Dda UHB - Principal Programme Manager Transformation)

3 CULTURE

40 min

3.1 Welsh Language Annual Report 2024/25

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

3.2 Culture Progression Report, including PADR update (TI 47)
Christine Davies (Hywel Dda UHB - Assistant Director of Organisation Development)

3.3 Staff Survey
Christine Davies (Hywel Dda UHB - Assistant Director of Organisation Development)

3.4 Equality, Diversion and Inclusion Taskforce Update
Anna Bird (Hywel Dda UHB – Strategic Partnerships), Anna Lewis (Hywel Dda UHB - Independent Board Member)

3.5 Armed Forces Annual Update
Anna Bird (Hywel Dda UHB – Strategic Partnerships)

3.6 Speak Up - Deferred
Robert Blake (Hywel Dda UHB - Head of Culture and Workforce Experience)

BREAK

10 min

4 PLANNING
15 min

4.1 Planning Objectives General Update Report
Lisa Gostling (Hywel Dda UHB - Director of Workforce & OD/Deputy CEO)

5 PERFORMANCE
20 min

5.1 Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR)
Michelle James (Hywel Dda UHB - Head of Resourcing & Utilisation), Daniel Owen (Hywel Dda UHB - Senior Workforce Manager)

5.2 Improving Outcomes for Unpaid Carers - End of Year Reports 2024/25

Anna Bird (Hywel Dda UHB – Strategic Partnerships)

6 SUB-COMMITTEE UPDATE REPORTS

10 min

6.1 Strategic People Planning and Education Group (SPPEG) Update

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

7 FOR APPROVAL

15 min

7.1 Outcome of Advisory Appointments Committee (AAC)

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

7.2 Workforce Policies for Approval

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

8 FOR INFORMATION

0 min

8.1 PODCC Workplan 2025/26

Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)

9 ANY OTHER BUSINESS

5 min
All

10 DATE OF NEXT MEETING: 9.30am-12.30pm, Monday 18 August 2025

0 min

10.1 Date of Future Meetings

Tuesday 4 November 2025
Tuesday 17 February 2026

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1 - GOVERNANCE AND RISK

1.1

10:00,

1.1 - Apologies for Absence

Eleanor Marks
(Hywel Dda UHB -
HDUHB Vice Chair)

1.2

1.2 - Declarations of Interest

All

1.3

1.3 - Minutes and Matters Arising from the meeting held on 18 February 2025

*Eleanor Marks
(Hywel Dda UHB -
HDUHB Vice Chair)*

Attachments

[1.3 2025-02-18 - PODCC Meeting Minutes.pdf](#)

**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
UNAPPROVED MINUTES OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT AND
CULTURE COMMITTEE (PODCC)**

Date of Meeting: 09:30, Tuesday 18 February 2025
Venue: Board Room, Ystwyth Building, St David's Park, Carmarthen and via Microsoft Teams

Present: Mrs Chantal Patel, Independent Member (Committee Chair)
Ms Anna Lewis, Independent Member (Committee Vice-Chair)
Cllr. Rhodri Evans, Independent Member
Ms Ann Murphy, Independent Member
Mrs Delyth Raynsford, Independent Member
Mr Iwan Thomas, Independent Member (VC)

In Attendance: Mrs Lisa Gostling, Director of Workforce and Organisational Development/
Deputy Chief Executive (Executive Lead)
Mr Mark Henwood, Interim Medical Director
Ms Sam Hussell, Head of Emergency Preparedness, Resilience and Response, (deputising for Dr Ardiana Gjini, Director of Public Health) (VC)
Ms Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience
Ms Alwena Hughes Moakes, Communications and Engagement Director (part)
Mr James Severs, Director of Allied Health Professions and Health Science
Mr Anthony Dean, Trade Union Representative (VC)
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary
Mrs Amanda Glanville, Assistant Director of People Development
Ms Tracy Walmsley, Assistant Director of People Planning
Ms Heather Hinkin, Head of Workforce
Ms Michelle James, Head of Resourcing and Utilisation
Mr Dan Owen, Senior Workforce Manager, People Effectiveness
Mr Rob Blake, Head of Culture and Workforce Experience (part)
Mrs Enfys Williams, Welsh Language Services Manager (part)
Professor Leighton Phillips, Director Research, Innovation and Value (part)
Mrs Eleanor Marks, Vice-Chair, HDdUHB (observing)
Mrs Clare James, Head of Corporate Governance
Ms Clare Moorcroft, Committee Services Officer (Minutes)

Minutes Ref.	Item	Action
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GOVERNANCE AND RISK

PODCC (25)01 Apologies for Absence

Mrs Chantal Patel, People, Organisational Development and Culture Committee (PODCC) Chair, welcomed everyone to the meeting. Mrs Patel wished to formally thank Mrs Delyth Raynsford, who was attending her final PODCC meeting, for her contribution, stating that she would be missed.

Apologies for absence were received from:

- John Gammon, Health Education and Improvement Wales (HEIW) Independent Member

- Ardiana Gjini, Director of Public Health
- Christine Davies, Assistant Director, Organisational Development
- Anna Bird, Assistant Director, Business, Partnerships and Inclusion

**PODCC Declarations of Interest
(25)02**

The following declarations of interest were made:

- Mrs Chantal Patel – role at Swansea University, with particular reference to item PODCC(25)17 (Research and Innovation Strategy Review)
- Ms Ann Murphy – Trade Union role

**PODCC Minutes and Matters Arising from the meeting held on 16 December
(25)03 2024**

Cllr. Rhodri Evans advised that he had submitted his apologies; however, these were not recorded. This would be rectified.

CM

Decision: Subject to the above amendment, **RESOLVED** – the Minutes from the meeting held on 16 December 2024 were approved as an accurate record.

There were no matters arising.

**PODCC Table of Actions from the meeting held on 16 December 2024
(25)04**

An update was provided on the Table of Actions from the meeting held on 16 December 2024. Mrs Patel noted that, whilst most were complete, two were marked as 'In progress'.

PODCC(24)108 – Mrs Amanda Glanville advised that an item later on the agenda (PODCC(25)15 Medical Workforce Mandatory Training Compliance Update) will provide a more detailed update.

PODCC(24)117 – Mrs Lisa Gostling advised that this will be taken forward as part of the Taskforce work with Ms Anna Lewis. Consideration will be given to the key areas for focus, developing an action plan and defining outcomes.

LG

**PODCC Operational Risks Assigned to PODCC
(25)05**

There were no Operational Risks to report.

**PODCC Welsh Health Circulars (WHCs)
(25)06**

Presenting the Monitoring of Welsh Health Circulars (WHCs) report, Mrs Gostling drew Members' attention to the four WHCs detailed therein, all of which have been closed.

Decision: The Committee **TOOK ASSURANCE** from the Lead Director 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 Targeted Intervention Progress Report (25)07

Mrs Gostling introduced the Targeted Intervention (TI) Progress Report, reminding Members that it summarises information collated by Mr Shaun Ayres. It demonstrates the progress made around the nurse stabilisation programme, medical programme and allied health professions. Also, updates on international recruitment. All of these form part of the actions taken to stabilise the Health Board's workforce and meet TI requirements.

Ms Anna Lewis expressed the view that the report and its information feel a little too 'neat and tidy'. The solutions and actions presented seem extremely straightforward, whilst 'on the ground' there is a major programme of work around the Clinical Services Plan, specifically driven by fragilities and lack of stability in services. Ms Lewis struggled to reconcile the scale of the workforce issues and their ongoing impact on quality and safety with the position presented in this report. In response, Mrs Gostling explained that the report is designed to focus on the TI criteria under the Leadership Domain. Fragile services sit under the Strategic Development and Operational Delivery Committee (SDODC). Members noted that there is a meeting scheduled later in the week to consider the interface between committees and the reporting of the various aspects.

Mrs Gostling emphasised that the existence of plans to address some of the risks and issues relating to workforce will not, in isolation, solve the service fragilities. Acknowledging this additional context, Ms Lewis suggested that the issue is, therefore, perhaps around how the organisation narrates its own position. Given that this report is submitted to Welsh Government, there needs to be a consistency in messaging. The different aspects of governance and assurance are 'artificial' in some respects, and the divides between them are irrelevant to patients (and to staff, to an extent). Ms Lewis reiterated her concerns that the information feels too polished, suggesting that – if this was the reality – the organisation would not be facing the challenges it is. She felt that it needs to be modified to better reflect reality.

In response to these comments, Mrs Gostling committed to review the report and consider changes to more accurately reflect the Health Board's position. It was emphasised, however, that fragility of services is not necessarily addressed in entirety by the required workforce being in place. It was also agreed that Mrs Gostling and Ms Lewis would discuss this issue further outside the meeting. Members were assured that the feedback from Welsh Government suggests that the Health Board is focusing on the correct areas. However, it was acknowledged that there needs to be a

LG

LG/AL

consistency in messages and that the information provided needs to reflect reality. Mrs Gostling advised that the TI Reporting Framework Tracker is for all the domains of TI.

Referencing 'Next Steps' under the Medical Workforce Stabilisation Scheme, Mrs Patel noted the statement around ensuring 90% of all consultants have an agreed job plan by 30 September 2025. She enquired why all consultants do not already have a job plan in place. In response, Mr Mark Henwood explained that the current figure is 87%, against a target of 90%. 100% would clearly be the ambition; however, this is a somewhat artificial target, as achieving it is impacted by absence, including sickness absence. He assured Members that the 90% figure would be achieved well before September 2025.

Mrs Raynsford expressed concerns around equity, noting that Bronglais Hospital (BGH) remains 'behind the curve' in a number of areas, including Physiology, Cardiology, agency staff and medics. She requested assurance that appropriate interventions, support and mitigations are in place. With regard to the nurse stabilisation aspect, Mrs Gostling advised that BGH had deliberately been delayed until the end of this programme, due to the capacity of the leadership team within BGH to manage accommodating the additional overseas nurses. This was in response to a specific request. Mrs Raynsford suggested that it would be useful to highlight this, as it otherwise appears quite 'stark'.

LG

Returning to Ms Lewis' earlier comments, Mrs Joanne Wilson wished to assure Members that there had been a discussion around this matter at last week's Audit and Risk Assurance Committee (ARAC). To confirm Mrs Gostling's statement, all of the TI domains and criteria are aligned to Board level committees, with ARAC applying oversight on behalf of Board. Mrs Wilson suggested that this issue could be discussed at the upcoming Committee Chairs' meeting, to ensure coverage of issues without duplication between committees. Also, to discuss concerns around the report feeling overly positive and not adequately reflecting the true position.

Ms Tracy Walmsley echoed Mrs Gostling's comments, that the TI work is very much focused on the organisation's plans. There is a balance between the details and complexities involved in workforce planning and how the plan is presented. Noting the language used in a number of instances, Mrs Patel enquired whether Welsh Government ever query the use of 'continue to improve' rather than a more quantified outcome. Mrs Gostling advised that this is simply reflecting the standard terminology used by Welsh Government themselves, with a target 'to improve' but by no stated amount.

Whist welcoming the concise document, which reads well, Cllr. Evans agreed with Ms Lewis that it reads too well. He enquired whether the completion dates indicated are realistic and achievable. Again in 'Next Steps' under the Medical Workforce Stabilisation Scheme, he noted the action to reduce sickness absence by ensuring compliance with the attendance to work policy. He enquired whether this indicates that staff are not attending work as they should. Ms Michelle James advised that this was not the case; the action is around ensuring that departments and managers comply with all of the requirements of the policy (for example, completing Return to Work interviews following sick leave). As evidenced by various

reports presented today, sickness absence is an area requiring focus and improvement. There are interventions and support which can be put in place as part of the policy, and the organisation needs to ensure that it is meeting basic obligations in the first instance, before exploring other actions.

With regard to completion dates, Ms Walmsley indicated that there is always a risk in setting dates; however, these are the 'best estimate' at this stage. Cllr. Evans explained that his question stems from frequent discussions at ARAC around whether completion dates are achievable. In respect of the date of March 2025 for the outstanding action around the nurse stabilisation programme, Mr Dan Owen advised that this has been agreed in conjunction with the Heads of Nursing. It has been moved a couple of times; however, this relates to the final element involving BGH. There are various elements which have been considered in determining this date, including central recruitment. Overall, from the nurse stabilisation perspective, it is anticipated that there will be no planned agency from March 2025 onwards. However, given the ongoing pressures and demands on services, there are continuous discussions with operational teams. As such, despite the date being validated as far as possible with nursing colleagues at all levels, there is always the potential for movement in response to risks in services.

Mrs Gostling emphasised that the aim would always be to achieve completion dates as stated and that – should they need to be changed – this would be discussed with the Committee. She added that the Health Board's financial plan will also potentially impact on actions. Whilst there is still much to do, Mrs Gostling wished to recognise that a great deal has been achieved this year, including the reduction from 500 to 50 nurse vacancies; Advisory Appointments Committees (AACs) almost every week; increased participation in the Staff Survey; delivery of the nurse stabilisation plan and associated agency usage reduction. Mrs Wilson reiterated that, if completion dates do need to be changed, there must be consideration of this via the Committee and Board. She also highlighted that, whilst there are some areas of positive progress and assurance, the TI Tracker does still contain a number of 'Alert' and 'Advise' items, which reflect the Health Board's position. Noting that the Leadership and Governance domains have now been merged, Members heard that the feedback from Welsh Government is positive with regard to the actions which have been taken this year. As indicated by Mrs Gostling, it is important not to lose sight of the progress made.

Decision: The Committee **NOTED** the Targeted Intervention Progress Report.

The Committee agreed to **ASSURE** the Board in relation to the Targeted Intervention Progress Report, with the caveat that there will be discussion and consideration of how information is presented in future reports.

PEOPLE

PODCC Staff Survey Results (25)08

Mr Rob Blake provided a verbal update and presentation around the Staff Survey Results, focusing on the HDdUHB results. Key points to note were:

- Response rate was 19.7%, which is lower than the NHS Wales average but a 7.68% increase on previous response rates, the highest increase across all Health Boards. HDdUHB had the third highest response rate and this was its best ever. Mr Blake felt that this was a credit to the teams involved, the innovative and collaborative approach taken, and the communications strategy.
- The staff engagement score dropped by 0.7%, to 71%; however, several other Health Boards' score also dropped to similar levels, but by higher amounts.
- Staff engagement question scores do not show significant change; apart from "I am involved in deciding on changes introduced that affect my work/area/ team/department". This relates to autonomy and being part of decision-making, which has also been consistently noted in all the outcomes survey, identifying it as an area requiring improvement.
- Positivity scores across the ten themes, HDdUHB were higher in five and lower in five against the NHS Wales average. The lowest positivity score was in Morale; however, HDdUHB's score was higher than the NHS Wales average. HDdUHB's weakest area was patient safety, where HDdUHB's score was lower than the NHS Wales average; however, the score was a significant improvement on the 2023 score.
- HDdUHB's top three sub-themes based on positivity scores are PDR/Appraisal and Inclusion. The bottom three sub-themes based on positivity scores are: Burnout; Health and Safety Climate and Work Pressure. All three of the latter see an increase on 2023 scores and an improvement on the NHS Wales average.

Mrs Patel queried whether, despite the improvements noted, the overall picture looks less positive than suggested. Whilst acknowledging that pictorially, it seems that way, Mr Blake emphasised that the majority of HDdUHB's scores have improved since last year, against the NHS Wales average. Even the bottom three sub-themes show significant improvements on last year and are higher than the NHS Wales average. Mrs Eleanor Marks' reading of the data was that, whilst scores have improved, including those for the bottom three sub-themes, the organisation is still a way off from where it would want to be.

- With regards to Patient Safety, there was an improvement in the positivity score from 48.5% in 2023 to 57.1% in 2024.
- Best improved sub-themes were Patient safety, Line management and Support for work-life balance, and those sub-themes that have decreased, based on positivity score. The former were Inclusion, Ability to contribute towards improvement at work and Compassionate Culture.

- The dashboard provided by Health Education and Improvement Wales (HEIW) allows analysis of 'hotspots' and comparison against the NHS Wales average, which uses data from Health Boards only. As suggested by Mrs Marks, whilst there are areas of positivity, there are other areas requiring improvement. One of the most pleasing aspects is that all of those areas in the latter category are already receiving support from the Workforce and Organisational Development (OD) teams; there are none which flagged additional concerns.
- It was noted that for the areas of concern in 2023, there has been improvement across all five areas of concern; however, there is still more work to be done.
- Next steps were outlined.

Mrs Marks enquired regarding the mechanism for implementing actions from the Staff Survey, particularly when staff morale is low and there is a suggestion that staff are coming into work even when unwell, indicating that stress is a factor in the organisation. 'Top down' implementation brings with it a lack of ownership, and a common perception among staff is that actions are stated but not implemented or monitored. In response, Mr Blake suggested that a 'top down' approach is required in relation to the reports and results, with leaders sharing these with their teams. As indicated on Slide 12, a 'you said/we did' approach will be employed. However, he agreed that the Health Board needs to demonstrate to staff the actions taken in response to their feedback in the Staff Survey. An example would be the 'Speaking Up Safely' campaign; whilst there has been an improvement in the speaking up score this year, there are other opportunities to demonstrate a focus in this area. Similarly, there are a number of threads, mechanisms and workstreams which can be progressed. Mrs Marks welcomed this response, whilst indicating that the true test will be when staff believe their concerns will be taken seriously and acted upon. Members heard that the Staff Survey results are being presented to the Health Board Partnership Forum, County Partnership Forums, and other groups including the Local Negotiation Committee (LNC).

Cllr. Evans noted that the positivity score around the sub-theme Inclusion under the Compassionate and Inclusive theme is lower than the NHS Wales average. He enquired around the steps being taken to engage and improve in this area, suggesting that there is likely a link to sickness absence. He also queried whether this question relates to compassion between staff or compassion towards patients. In response, Mr Blake indicated that it is difficult to judge without context; the Health Board is still awaiting the qualitative data which will provide more detail. However, he was of the opinion that it relates to staff-to-staff interaction. It is challenging to establish what is driving this feedback, as it contradicts with the data around bullying, etc. Mrs Gostling suggested that the Staff Survey data may be most valuable as part of a holistic approach, which includes targeted work, such as culture surveys and conversations around culture. When data from all of these is considered together, with the involvement of the OD Relationship Managers, it tends to produce a more coherent overall context and understanding.

Finally, referencing the action plan developed in response to the 2023 survey findings, Mr Blake advised that 63 of the actions have been completed, 5 are in progress and 1 has not been completed. The action which has not been completed was in relation to producing reports for 'hotspots' and comparison analysis, which was due to limitations with the dashboard. As mentioned earlier, this will be possible this year and will be addressed via triangulation of data.

Welcoming the information, particularly the breakdown of data by area, Mrs Raynsford expressed concern regarding the results from all Unscheduled Care locations. She indicated that this reflects the feedback that Independent Members receive when they are undertaking 'walkabouts' in these areas. Mrs Raynsford suggested that it would be useful to triangulate the data and correlate with issues raised at the Quality, Safety and Experience Committee (QSEC). It was also suggested that there needs to be a concerted focus on Unscheduled Care and Estates and Facilities in particular. Acknowledging this, Mr Blake advised that a great deal of targeted work had been undertaken in Estates, which has produced positive results. However, more work is necessary and is planned. Cllr. Evans observed that the scores for Radiology are extremely low across all themes, suggesting that this stands out particularly. Members heard that the OD and Workforce teams are working with the Radiology directorate. As indicated earlier, this is an example where the results have reinforced that the teams are focusing their work appropriately.

Drawing discussion to a close, Mrs Patel thanked Mr Blake for his presentation, whilst noting that it is challenging to respond having not received information in advance. She suggested, and it was agreed, that any further queries be directed to Mr Blake. In response to a query around whether this issue should be escalated to the Board, Mr Blake reiterated that there are difficulties caused by the absence of qualitative data. He emphasised, however, that overall, the results are positive and that even those areas below the NHS Wales average have improved since last year.

ALL

Decision: The Committee **TOOK ASSURANCE** that appropriate measures are in place to address the findings of the Staff Survey 2024, noting that further queries can be raised if necessary.

PODCC Trade Union Update: Implementation of Welsh Health Circular WHC (25)09 (2024) 017

Ms Heather Hinkin introduced the report, which represents the final of the updates in relation to the WHCs. The completion report had been submitted early for the fourth time; with every report submitted earlier than the due date. This reflects positively on the collaboration to compile the information necessary for these reports. As indicated in the report, the Health Board Partnership Forum established four workstreams in December 2023 following a scoping exercise of the key issues arising from the non-pay deal. Ms Hinkin wished to recognise and thank Trade Union colleagues, particularly the Health Board Partnership Forum Chair, for their contribution. The organisation has delivered on every aspect; however, there must be a continued focus on this area. Whilst there is more work required, this will not need to be reported to Welsh Government. Welsh Government has

acknowledged the Health Board's submission and confirmed that it contains the information required.

Mr Anthony Dean wished to draw Members' attention to the fact that the review of Radiography on-call standby for out of hours is dependent on the annual planning cycle being approved.

Decision: The Committee:

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

The Committee agreed to **ASSURE** the Board in relation to Implementation of Welsh Health Circular WHC (2024) 017.

CULTURE

PODCC (25)10 Analysis of Increased Workplace Stress at Hywel Dda University Health Board

Introducing the report, Ms Hinkin reminded Members that this had been requested in August 2024; its preparation had been delayed due to staffing issues. Ms Hinkin thanked the Head of the Health Board's Staff Psychological and Well-Being Service and Head of Occupational Health for their significant contributions to the report. The report represents an initial analysis, with more to be done in terms of triangulation of data going forward. In summary, there has been a notable increase in Section 10 (S10) absences, which are sickness absences attributed to anxiety/depression/stress. Despite national trends showing rising mental health concerns in younger people, within HDdUHB it is the 51-55 age group which is most affected. This does tend to reflect the workforce demographic within the Health Board and may also be menopause related. There is an issue in terms of data quality, which in some cases precludes the ability to analyse whether absences due to stress involve workplace or personal issues.

Recent figures suggest that 1 in 6 of the UK population has a neurological condition; more than half a million people a year are being diagnosed. It would, therefore, be surprising not to see the impact and prevalence of this in the workforce. However, there can still be a stigma around recognising and acknowledging stress, and individuals' pride can also prevent them seeking support. More work is required in this respect. Similarly, when analysis is applied to the data sets, Bereavement is one of the top four reasons cited for management referrals. However, this can also be 'hidden' under a classification of general anxiety or depression. Consideration also needs to be given to population health and the potential impact of where staff live on their health and wellbeing. Referencing the scale of the issue, Ms Hinkin advised that S10 absences accounted for approximately a cost of £8m to the Health Board last year. More could and should be done in this area. There are many factors and potential actions, which may necessitate the prioritisation of activity. In addition, the introduction of many different

interventions can make it challenging to establish which of these is having a positive effect. However, further input would be welcomed.

Mrs Patel welcomed the thought-provoking report, as did Mr Iwan Thomas. Mr Thomas noted, in respect of the 2023 Staff Survey data, that only 48% believed the organisation took positive action on staff health and wellbeing. He queried whether additional analysis can establish where these staff are based, to facilitate targeted work. Referencing one of Ms Hinkin's comments, he suggested that there are factors outside the Health Board's control and that efforts should, perhaps, be focused on those internal factors upon which it can impact. It is important not to become 'distracted' by aspects which the Health Board is not able to influence. In response to Mr Thomas' first query, Ms Hinkin indicated that the response rate for the 2023 staff survey was only 12% of the total workforce, so the data in question represents only 48% of 12%. There is also an element of personal perception involved in any feedback, and further work is required to fully understand what may drive such perceptions.

Members were reminded of plans to invite Dr Suzanne Tarrant to a future meeting to discuss the Recovery in Nature Programme. At a recent session, Mrs Gostling had heard the experiences of some those who have attended this programme, and the difference it had made to their lives. Mrs Gostling suggested that this programme has impacted significant numbers of lives, at very little cost.

Mrs Marks, had also heard the very powerful stories and suggested that it is important to communicate these more widely. This would, perhaps, serve to contradict any perception that the Health Board is an uncaring organisation. Thanking the team for their comprehensive report, Mrs Marks agreed that there is more which can be done in this area. She speculated that there was a particular correlation with the over 50s in terms of the cost of living crisis, post COVID-19 recovery, 'squeezed middle effect' and all the resulting stresses and strains. Picking up on a comment made by Mr Thomas, Mrs Marks also suggested that further analysis be undertaken to assess whether particular sites are more (or less) impacted. If so, whether by external societal factors, individual managers, or the environment and estate in which staff are working. Finally, Mrs Marks highlighted that in certain sites there is often a link with diversity and inclusion, to the way people feel about how they work. She suggested that there should be alignment between these workstreams. Overall, however, she commended the report and work already undertaken and looked forward to hearing more.

Observing that the report presents a great deal of assembled data, Ms Lewis felt that it illustrates the challenges involved in demonstrating cause and effect. Also the complexity of the issues. As a result, the focus should, perhaps, be to prioritise taking as many actions as possible to improve the situation and evaluating their impact. Referencing page 4 of the report, and the list of factors identified by staff seeking psychological support as areas of concern in terms of work-related stress, Ms Lewis noted that these largely centre on the day-to-day working environment. In addition to the remedial measures, she queried how the organisation can seek to 'get upstream' of issues and the role of operational leaders in this. It was suggested that leaders should be pre-empting and preventing problems becoming issues,

so that there is less need for reactive measures. This is an issue for management to own, rather than the Workforce and OD team.

Mrs Patel agreed, whilst noting that there is also an issue around capacity. Fragilities exist in services outside the Clinical Services Plan. Mrs Patel expressed concern regarding how the organisation will manage this demand, along with all of the other pressures. Ms Lewis also wished to raise the topic of support for carers. She suggested that the level of caring responsibility among staff is probably underestimated, particularly given the age profile of staff. Managing caring responsibilities in addition to a job can be extremely challenging, and Ms Lewis suspected that this is a 'hidden need'. Ms Hinkin emphasised that the Diversity, Partnerships and Inclusion team is undertaking a great deal of work to raise the profile of carers and publicise the support available. The Health Board does have a responsibility to support carers and provide them with access to resources, etc. Discussion of issues such as this should also form part of managers' welfare checks on staff, which should focus on the person as well as their role, as part of compassionate leadership. Ms Hinkin agreed with comments that the organisation should focus on what it can and should do.

Ms Ann Murphy noted with concern that the 2022 Staff Wellbeing Needs Survey highlighted continuing stigma around discussing mental health or seeking psychological support. She observed that mental health issues among men are becoming increasingly apparent and well-publicised, and was concerned that there seems to be an over-emphasis on women, for example, around the menopause. Ms Murphy enquired whether sufficient support is being targeted towards the male workforce, citing the model of 'men sheds'. It was acknowledged that there is probably not enough focus on this area, particularly as evidence suggests that men are less likely to raise concerns or seek support. Ms Hinkin recognised the need to consult more extensively with staff, to establish what the barriers to engagement are, and what would encourage them to engage more.

Cllr. Evans emphasised that this situation will not change overnight, noting the proposal for a progress report in October 2025. He requested clarity on measures and outcomes, and whether these will be for the Task and Finish Group to determine. Cllr. Evans suggested that there may only be 'green shoots' of improvement by that point. Adding to this, Mrs Patel enquired who will be overseeing and implementing the report's recommendations. She noted that this cannot be the responsibility of OD alone, it has to involve management also. In response, Ms Hinkin indicated that the Planning Objective will facilitate identification of 'the who, the when and the what'. There may be certain actions upon which progress can be made relatively quickly, for example, improvements in data quality on the Electronic Staff Record (ESR) system. Other actions may be more subtle and will show a more gradual improvement. It was suggested that the Directorate Improving Together Sessions (DITS) and internal escalation process will also influence this area. Ms Hinkin felt that the most pressing priority is for data quality to improve. There also needs to be evaluation of measures and interventions to determine where the focus is best placed. Consideration had been given to the timing of an update, and the timeframe of six months had been determined as appropriate to potentially see some progress.

In view of the fact that the report was prepared in response to a Board request, the Committee considered whether this matter should be escalated to the Board. Ms Lewis referenced the previous agenda item on the Staff Survey and noted that the work in relation to this will consider metrics on similar issues. She suggested that, as the work in response to the Staff Survey results is formalised and taken forward, the two workstreams be considered and reported to Board as one.

Decision: The Committee:

- **CONSIDERED** the Analysis of Increased Workplace Stress at HDdUHB report, as a first step to better understanding our S10 reasons for absence, in highlighting potential areas for further analysis and in outlining some initial next steps and areas of focus
- **AGREED** to receive a further report highlighting progress at its October 2025 meeting

The Committee agreed to **ASSURE** the Board in relation to measures being taken in response to the Analysis of Increased Workplace Stress at HDdUHB report.

PODCC Welsh Language Standards (25)11

Mrs Enfys Williams joined the Committee meeting.

Mrs Enfys Williams presented the report on Safon 110 / Standard 110 – Enabling Clinical Consultations through the Medium of Welsh. This focuses on the requirement to produce a five-year plan describing how the organisation is progressing towards achieving the Standard. In discussions with the Welsh Language Commissioner, Health Boards had been requested to identify a specific service with which to begin implementation. HDdUHB has chosen to begin with the Speech and Language Therapy service. This service has been chosen because it is one of the priority groups within the Welsh Government’s ‘More than just words’ Strategic Framework. Also, they have, as a service, already made changes in this area, in response to historic complaints. The action plan is a live and evolving document, and is a five year plan; however, it is hoped that within 12 to 18 months it will also be rolled out to another service, potentially Dementia care.

Welcoming the report and work that it describes, Mrs Raynsford also commended the choice of service as one which has already undertaken work in this area. For example, in introducing communication boards for children. She was concerned, however, that this is a five year plan and emphasised the need for pace of change. Mrs Raynsford hoped that it will be possible to achieve the changes required in Speech and Language Therapy and move onto the Dementia service quite swiftly. In response, Mrs Williams explained that, whilst the Standard requires a five year action plan, the intention is to roll this out into services before the five year point. There are certain elements which will take time to implement – for example, the assessments used by the service are not all available in Welsh, so will need to be translated. Before these can be used, testing will need to take place to

ensure that both Welsh and English versions produce the same outcomes. However, there are other actions which can be progressed more quickly.

In terms of the ambition for parity of service between clinical consultations being provided in both English and Welsh, Ms Alwena Hughes Moakes highlighted that not many Welsh-speaking consultants are being trained. This will take time to embed, as much as raising awareness of the need. Services such as Speech and Language Therapy are high impact in terms of patient outcomes and patient need. However, offering clinical consultations in Welsh across the entire Health Board, in even five years, will be ambitious. Consideration should be given to how the organisation enables an environment of awareness, if not an environment of delivery.

Mrs Patel noted that the Health Board has recently taken on a number of international doctors and nurses, many of whom have expressed an interest in Welsh language courses. She enquired around the availability of these. Ms Hughes Moakes advised that the Welsh Language team meet all of these staff at Induction. There is a range of Welsh Language course options available, from entry level to improving skills and confidence in using Welsh. This is a topic of discussion with the Welsh Language Commissioner's office and Welsh Government. When Health Boards attract and recruit international staff, they are often multilingual already and are, therefore, more open to learning Welsh. There needs to be a focus on enabling this, both for new recruits and existing staff. Additional funding has been secured which will enable more entry level Welsh lessons, to be delivered by Aberystwyth University.

Mrs Marks welcomed the report and the work it outlines. She highlighted that the Welsh Language Commissioner is a regulator and that, as such, the Health Board should do its best to meet any five year requirement they set. The population of Hywel Dda is probably one of the largest Welsh-speaking communities in Wales. With regard to Dementia care, Mrs Marks gave an example of a film shown at a conference she had attended, around a gentleman attending a Dementia assessment. He was a Welsh speaker and author, but his son had not been allowed to translate the doctor's questions. As a result, he was made to feel that the doctor had no confidence in him because he could not answer in English. At a follow-up appointment, the doctor had been German, and had understood the bilingual aspect, allowing his son to translate, thereby ensuring that the patient received the help they needed. This serves to demonstrate the importance of treating people in their language of choice and preference. The Welsh Language Standards are to ensure that Welsh is treated no less favourably than English. Every commitment to this end is important. Ms Hughes Moakes advised that the Welsh Language team is hoping to undertake some recording of storytelling, building on videos such as the one featuring Mrs Williams and her son. These will seek to illustrate the challenges experienced by individuals whose first language is Welsh, including children and elderly people, especially elderly people with Dementia.

Cllr. Evans enquired whether there has been any discussion with the Welsh Language Commissioner around translating Board and Committee papers into Welsh, or providing simultaneous translation, noting that this is standard practice for Local Authorities. In response, Mrs Williams advised that when the Standards were issued, there was a consultation, during which the

Welsh Language team and Corporate Governance team explored this matter but it was felt at the time that there were other, more pressing, priorities. However, Ms Hughes Moakes advised that the Welsh Language Commissioner has recently requested Powys Teaching Health Board to ensure that all agendas and minutes for its Board and Committees are translated, so this may be an issue which will need revisiting.

Mr James Severs wished to remind the Welsh Language team that the Clinical Executives are available as a resource. In addition, he has the SRO role for Dementia within the Regional Partnership Board, so can assist in that respect if required. Mr Henwood advised that he had recently attended a conference on Artificial Intelligence (AI) and suggested that this offers various opportunities. For example, ChatGPT is apparently very effective in translating into Welsh and he felt that use of this should be explored. Mrs Williams indicated that the Welsh Language team does use AI tools to assist in translation; however, this still requires editing and scrutiny. There are differences between formal and informal/spoken Welsh. Ms Hughes Moakes also highlighted that using AI for consultations in Welsh does not provide parity with holding consultations in English. Mrs Wilson counselled the need for caution in terms of the use of AI, and there would need to be an AI policy in place. This would also, ultimately, be a decision for the Health Board Chair.

Mrs Raynsford felt that the positive relationship with the Welsh Language Commissioner fostered by the Health Board's Welsh Language team should be recognised. Also, the work and achievements over the last few years.

The Committee agreed to highlight to the Board that actions are being taken in response to the requirements of Welsh Language Standard 110 – Enabling Clinical Consultations through the Medium of Welsh. Also, that consideration is being given to the use of AI (subject to caveats around the need for an AI policy) for assisting in parity of service provision.

Decision: The Committee **TOOK ASSURANCE** from the report as a reflection of the activity currently planned in order to enhance and embed the Welsh language and culture at Hywel Dda, whilst enhancing patient experience.

Ms Alwena Hughes Moakes, Mrs Enfys Williams and Mr Rob Blake left the Committee meeting.

CP/LG

PLANNING

PODCC Delivery against Planning Objectives aligned to PODCC (25)12

Mrs Gostling presented the report, which provides an update on progress during Quarter 3 against the Planning Objectives aligned to PODCC. Members noted that all measures are on track.

Decision: The Committee **TOOK ASSURANCE** on the current position in regard to the progress of the Planning Objective (PO1 Workforce

Stabilisation) aligned to PODCC, in order to assure the Board that the Planning Objective is progressing and is on target.

PODCC Workforce Planning and Efficiency (25)13

Introducing the People Plan Update, Ms Walmsley advised that this presents a summary of the workforce planning process and some of the challenges involved. This has been linked with work in relation to medical efficiency, as it aligns to all workforce stabilisation programmes associated with safety, quality and reducing variable pay. Ms Walmsley presented a number of slides, beginning with one outlining 'Our Strategic Approach in Context'. The stabilisation programme began many years ago, when there was an attempt to plan for the next 15 years. This plan had included a new hospital. Clearly, there is a different situation now; however, the principles and alignment to the Strategy are the same. There are various positives, including work with HEIW and with local teams. The next slide on 'Our Approach – Supply' describes use of the regional framework.

To illustrate some of the challenges mentioned, Ms Walmsley presented slides around 'Retirement Projections Medical', which describe how workforce modelling techniques are applied to consider different scenarios. Moving onto 'Nursing and Midwifery Projections: Scenarios', this outlines how various scenarios and factors would impact workforce supply. Of these, Scenario 3 was noted as probably the closest to reality. These demonstrate some of the challenges and complexities underlying workforce planning. Various actions need to be taken to manage and identify solutions for these. Work is also being undertaken around risk and operational action plans. This has identified 740 actions within operational workforce planning, with 98 direct risks and 100 indirect risks. These are examined through a workforce lens and aligned to the regen framework, and thence identify interventions being undertaken. Ms Walmsley was able to take assurance from this that the correct actions are being identified and prioritised and that the overall position is an improved one.

In terms of the medical stabilisation programme, Mr Owen reported that there is a great deal of work ongoing around medical rostering and bank. While the roll-out is taking place, the organisation can either wait for data analysis from the rostering, or try a more manual approach to working with the services. Welsh Government has set challenging targets around medical agency from April 2025; a further 30% reduction in spend and outflow. The Health Board is examining its current spend in this area and potential mitigations. The main issue currently is around on-call provision, with certain individuals unable to undertake on-call due to lack of specific competencies. This applies to both consultant and specialty grade. When this cover is not available through Bank locum, agency provision is having to be sourced. The Health Board is also experiencing significant gaps in Deanery junior doctor provision. Late withdrawals of recruits are leaving services with little chance of filling these gaps.

There is a particular issue in Mental Health regarding specialist consultants, especially in Ceredigion. The Workforce team is working with the directorate to mitigate this challenge. In the meantime, a costly agency worker is being

utilised, although this has stabilised the service in Ceredigion. It has also allowed the operational consultant to step away and take a wider view of the situation. Mr Owen emphasised that this is not just a local issue; specialist consultants in Mental Health are in extremely short supply nationally. In terms of sickness and annual leave cover, whilst certain rosters have 'headroom' built in, others do not and these generate risk. Where high cost locums are being utilised, this usage is linked to exit plans. Mr Owen assured Members that action plans are being developed and the team is working with services.

In regard to the Mental Health issue, Mrs Raynsford enquired whether conversations are taking place around the potential for a regional approach, or support from neighbouring Health Boards. Mr Henwood advised that the latter have similar issues, perhaps worse. Whilst a regional solution would be helpful, there is – as indicated – a national staffing issue in Mental Health. Mr Owen added that the Health Board has also experienced appointees withdraw from offers very late on; he suggested that this may be indicative of the 'negotiating power' of others. The organisation is trying to take a strategic approach. Ms Walmsley advised that part of this is an international recruitment programme, where the Workforce team is working with services to assess the current activity and what is required in the future.

Mrs Patel noted in the AAC report later on the agenda that – following the late withdrawal of an applicant – one consultant vacancy has not been readvertised, as the service are considering other options. She requested further information around 'reviewing' consultant posts in this way. In response, Mr Henwood explained that this takes into account the skillset required, and whether this can be delivered by a staffing model other than a consultant. Utilising less senior grade doctors would facilitate international recruitment. Mr Owen advised that such processes all feed into the medical stabilisation programme, which replicates that used for nursing. There needs to be a detailed exploration into the cause of issues, followed by development of mitigations and solutions.

With regard to Bank locum, Members heard that analysis has identified that there are 77 consultant grade Bank locum workers in total. Of these, 20 are specialist registered and 57 are not. This is an area requiring further work in terms of substantiating these staff. There is potential for disparity, because within this Bank cohort are substantive staff; it is not purely temporary staff. Other factors and their impact in terms of staffing (for example fragility) need to be taken into account. The team is working with the Medical Director and his team to ensure that competency requirements are met, to enable staff to be moved into substantive posts. This will ensure that Bank locum use is restricted to temporary staffing, and will provide a position in regard to expenditure and coverage. The roll-out of Allocate will also generate data in this respect.

Bank locum usage is significant for consultant cover, again involving perspective and non-perspective cover. The Health Board has tended to use individuals to cover whole services; whether as a result of historical, operational or workforce decisions, because there are no other options available. At some point, the organisation will need to 'press pause' and establish whether changes can be implemented. Care will be required, however, around how individuals are taken through the change process,

and in terms of communication and engagement. All of this feeds into the stabilisation programme, which is maturing. One of the main elements is around demand and capacity. Other aspects include consideration of the skillset required to deliver a given service to patients; service requirements; job descriptions; international recruitment; and historic contractual arrangements. In terms of discussions with services, attention is required to avoid unnecessary duplication or repetition.

Professor Leighton Phillips joined the Committee meeting.

Ms Walmsley emphasised that the Health Board is seeking to consider every professional group. Commending the work already undertaken, Mr Severs noted that there are professions other than clinical (for example finance and workforce) and enquired whether there are any long-term plans to consider these also. Ms Walmsley responded that, whilst these staff groups are certainly not precluded from the longer term scope, the priority at present is clinical professions. Concluding discussions, Cllr. Evans wished to acknowledge the work being undertaken, which is detailed clearly within the report and information presented today.

Decision: The Committee **TOOK ASSURANCE** that:

- The People Plan will be developed for 2025/26 with a future focus to align resources to agreed priorities via the Annual Planning Cycle. (Plans completion end of February 2025)
- People Stabilisation programmes are in place for Nursing and Medical professional groups and linked to associated professionals (ACS staff group and MAPS)
- People Plans are in development for other clinical professions Allied Health Professions, Healthcare Science Additional Professional and Technical (which includes Pharmacy)
- People Plans are in development for Estates and Ancillary and Administrative and Clerical

PERFORMANCE

PODCC (25)14 Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR)

Ms Michelle James presented the report, which is intended to provide assurance around workforce metrics and key performance indicators; the data set being 31 December 2024. More information has been included around the future workforce learning and development, and on mandatory training. Variable pay has reduced further in December, with agency spend as a percentage of the total pay bill currently at 2.57%. A significant contributor to this reduction is the recruitment of 99 international nurses from May to December 2024. 43 of these have been placed at BGH, and a reduction in agency usage at that location would now be expected.

Referencing the slide 'Starters, Leavers & Turnover as at December 2024', Mrs Marks noted the word cloud and the most common themes of 'Stress', 'Workload' and 'Retirement'. She enquired whether this feedback, and that from exit interviews, is being considered in conjunction with the Staff Survey

and staff wellbeing data. She felt that there is a common thread running through all. Mrs Gostling confirmed that this was the case, highlighting that it also links with earlier discussions around sickness absence. In regard to exit interviews, Mrs Gostling suggested that consideration needs to be given to how information from these is managed. When leavers indicate that they do not wish their feedback to be shared, this is respected; however, it makes it challenging for services to learn any lessons about why staff are leaving. The OD team is working on how certain information might be released to facilitate this learning.

Decision: The Committee **NOTED** the content of the Performance Assurance and Workforce Metrics report and **TOOK ASSURANCE** on performance in key areas of the Workforce and OD agenda.

PODCC Medical Workforce Mandatory Training Compliance Update (25)15

Mrs Patel reminded Members of the background to this item, with Mr Henwood introducing the update report on Medical Workforce Mandatory Training Compliance. He explained that the report addresses a specific issue around Paediatric Resuscitation training; however, there are various other issues around the recording of medical training, which should be acknowledged. Whilst Mr Henwood was assured regarding the competency of doctors within the Health Board, he was less assured by processes to record these competencies. In response to the concerns raised at the previous meeting, an immediate review had been undertaken. Records on ESR identified that 37 doctors required paediatric resuscitation training; however, none were compliant according to their ESR records. For context, Mr Henwood explained that there are a number of different routes to achieving the required competency. There is also the issue of more senior doctors being above this competency level; the Royal Colleges are exploring whether consultants can be exempted in such cases.

As indicated on page 2 of the report, further enquiries had revealed that, of the 37 doctors: 29 possessed the relevant competency; 4 are aware of the need to renew their training and are seeking training to do so; 1 had provided an unclear response (and is assumed to be non-compliant with competency requirements); 2 staff are on long-term sick leave; 1 had not responded. The report also includes the immediate actions to be taken and the proposed approach going forward. Mr Henwood was concerned that mandatory training is not taken seriously enough by certain medical staff, and he assured Members that he will be seeking to address and improve this situation. As such, an action plan has been developed. One of the historical reasons behind some of the challenges is the decision to manage doctors via Intrepid rather than via ESR. The forthcoming cessation of Intrepid and new version of ESR will offer opportunities in this regard. Mr Henwood hoped that the report provides the necessary information around actions taken and planned.

Welcoming the comprehensive update, Ms Murphy indicated that it does provide the required assurance that HDdUHB's doctors have the required competencies in this area. In addition to the general concerns expressed at the previous meeting, she had been concerned about potential public

perceptions around this matter. Ms Murphy agreed that it would be preferential to have a single repository for all data on staff training. Indicating that the issue of mandatory training has been discussed at ARAC, Cllr. Evans noted the statement that '769 wider clinical staff across the organisation have completed this training'. He enquired regarding the proportion this represents of the total staff mandated to have this training. Mrs Glanville advised that the exact figure is not available; however, compliance is higher than the Welsh Government benchmark. This group includes nurses, allied health professional and health care support workers. Mr Henwood suggested that this demonstrates the issue in terms of recording training.

With regard to generic core skills training and mandatory training (those requirements which are reported to Welsh Government), Mrs Glanville advised that any areas not meeting the benchmark have action plans. These are driven via the Mandatory Training Group and Strategic People Planning and Education Group (SPPEG). Reflecting the concerns raised at the previous meeting, work has begun to examine compliance for all non core skills training frameworks. To achieve this, the team is interrogating the data in a different way; by staff group and service, etc. The analysis already undertaken has identified that there is a great deal more work required. A report will be presented to SPPEG in March 2025, with an action plan and priority list. This is a significant undertaking. Members heard that the Intrepid system is being replaced by a system called Codi. The Workforce and Medical Education teams are discussing how to ensure that there is a data interface between Codi and ESR. Mrs Glanville also wished to highlight the significant impact on training compliance of non-attendance. The organisation's capacity to deliver courses is constrained and this is further impacted when attendance is poor. As an example, a recent course was due to have 12 attendees, and only 2 presented. With low attendance rates, compliance takes longer to achieve. To address this, course organisers are overfilling courses by 10%.

Mrs Marks wished to focus on the journey staff make from medical leader to organisational leader. She enquired when such staff are identified for their leadership skills as opposed to their medical skills, and what this journey looks like. It was highlighted that staff can be very good in a medical role; however, this does not necessarily translate into being good leaders. Mr Henwood agreed with the latter. He indicated that leaders are generally identified by the organisation or by colleagues. The pathway or journey is not necessarily well defined, and it is often reliant on individuals to drive it themselves. Mr Henwood felt that a more defined pathway is required, noting that there are a number of 'hard' managerial skills involved in leadership roles. Mrs Marks suggested that there are people who are potentially superb leaders, whilst recognising that some may not want to take this route. She looked forward to discussing the matter further. Members were reminded by Mrs Gostling that the Health Board has a medical leadership programme. The next stage of recruitment to the new operational structure involves clinical lead roles, which will include development plans for all.

Decision: The Committee:

- **NOTED** the work being undertaken to resolve mandatory training and establish a single point for record keeping, to improve compliance across the Medical and Dental Workforce in 2025
- **TOOK ASSURANCE** that the paediatric staff listed are either compliant and in date or have arrangements in place to become compliant

SUB-COMMITTEE UPDATE REPORTS

PODCC Research and Innovation Sub Committee Update Report (25)16

Presenting the Research and Innovation Sub-Committee Update Report, Professor Leighton Phillips wished to highlight two issues. Firstly, he indicated that there has been good progress around the issue of regional oncology trials. Since the report was prepared, there has been positive engagement with Swansea Bay UHB and dedicated clinical leadership time has been identified. This will make steps in addressing the issue around equity of access to trials across the region. Secondly, again in relation to a long-standing issue, the amount of commercial research undertaken within the Health Board. Members heard that commercially-funded research often offers patients earlier access to life-extending and life-changing treatments. Inroads have been made in this area by means of submitting funding applications in three areas: oncology, metabolic disorders and respiratory disease. Professor Phillips suggested that this may well result in significant progress in these areas.

Ms Murphy reported on a 'walkabout' she and Ms Sharon Daniel had recently undertaken, at which Professor Phillips' team had been praised for their impact and value to services. She suggested that consideration be given to how the value of the Research and Innovation team can be disseminated across the organisation. Professor Phillips welcomed this feedback and agreed that more effective communication is required. He hoped that the refreshed Research and Innovation Strategy would assist in this regard and suggested that clinical examples and case studies often work most effectively for engagement purposes. There is also a place for the Committee and Board structure in raising the profile of Research and Innovation, so that it does not appear a 'niche' activity. Ms Walmsley suggested that linkages could be made between research and innovation and workforce planning. Building on this, Ms Daniel felt that the potential for more clinical academics within the Health Board should also be explored. Welcoming this input, Professor Phillips committed to take these comments forward and develop a communication and engagement plan to promote Research and Innovation.

LP

Decision: The Committee:

- **NOTED** the items the Sub-Committee is advising them of
- **TOOK ASSURANCE** on the items that the Sub-Committee is providing assurance on

PODCC Research and Innovation Strategy Review (25)17

Professor Phillips introduced the Research and Innovation Strategy 2025-2030, reminding Members that it had been four years since the previous Strategy was produced. He suggested that the significant progress during that time should be both recognised and reflected upon. The support provided by this Committee, the Board and by staff across the organisation is also acknowledged. Four years ago, there was one clinical research facility; there are now four. Four years ago, there were one or two people with dedicated clinical leadership time for research; there are now ten. The Health Board has research programmes in women's health, primary care, orthopaedics, stroke, respiratory and diabetes. Also in non-clinical areas such as biophilic design, staff wellbeing and arts in health. There are also plans for a social innovation institute in addition to TriTech. Professor Phillips emphasised, however, that there is no sense of complacency, and identified three key areas of focus for the future: access and impact; culture and environment (including promoting research); and partnerships.

Referencing the final slide 'Delivering the Strategic Plan', Mrs Patel noted that, in the new committee structure, the Research and Innovation Sub-Committee reports to the Digital, Data, and Innovation Committee rather than PODCC. Mrs Wilson confirmed that this would be the case from 1 April 2025. Mrs Gostling suggested that there will still be a link to PODCC in terms of education, probably via SPPEG. Mr Thomas thanked Professor Phillips for their recent productive discussion around partnerships and community interaction. He was continuing this dialogue with other colleagues in the Research and Innovation team.

Recognising that funding in the research sector can be somewhat precarious, particularly in the current financial climate, Mrs Raynsford enquired how this will be managed and how value for money will be demonstrated, in both patient outcomes and benefits to staff. Professor Phillips explained that there are three funding streams into the team: Health and Care Research Wales; commercial funding; and partnerships with universities. With each come restrictions on how the funding can be used, and it can be challenging to navigate these restrictions. Professor Phillips has tried to reduce the dependency on any one funding stream; the applications mentioned earlier is one mechanism, as is TriTech. It can be challenging; however, he felt relatively secure with the mitigations in place at present. In terms of demonstrating benefit to Welsh Government, the Board and the public; Professor Phillips suggested that research enables the Health Board to offer its patients access to studies, treatments and care they would not otherwise have had. Ultimately, it involves outcomes.

Welcoming the report, Ms Lewis noted that the evidence base for organisational and management research is not as rigorous as for clinical service delivery. There is a great deal of management research undertaken elsewhere and Ms Lewis enquired whether there is potential for the Health Board to explore this area to a greater extent. Professor Phillips confirmed that there is, and indicated that a statement is included in the high-level wording of the Strategic Plan. There are opportunities, which are being proactively pursued. Mrs Gostling requested that she be involved in the workstream around management research. Mrs Glanville wished to provide assurance that Research and Innovation is part of the workplan for SPPEG.

LP

Decision: The Committee **DISCUSSED** the content of the Research and Innovation Strategy 2025-2030 and agreed to **RECOMMEND** this to the Board for approval.

Professor Leighton Phillips left the Committee meeting.

PODCC Strategic People Planning and Education Group (SPPEG) Update (25)18

Members noted that no SPPEG meeting had been held since the last update report to PODCC.

FOR APPROVAL

PODCC Outcome of Advisory Appointments Committee (AAC) (25)19

Ms Hinkin presented the Outcome of AAC report, advising that this had been prepared in January 2025. Three of the six consultant appointments had commenced in post, with a fourth to commence next week. As mentioned earlier, one vacancy is being reviewed. Mrs Raynsford welcomed the return to face-to-face appointment committees and the frequency at which these are now taking place, with roughly one per week.

Decision: The Committee:

- **APPROVED** the appointments on behalf of the Board
- **NOTED** the candidate withdrawal detailed within the report as requested

PODCC Corporate / Workforce Policies for Approval (25)20

Ms Hinkin introduced the Workforce and Organisational Policies for approval, summarising the actions being requested. Regarding the All Wales SAS Charter, this is presented for consideration of adoption, with the suggestion that the annual report required as part of this be presented to the Committee later in the year. This will go through internal governance processes, as agreed with LNC colleagues. There is one request around reconsideration of a previous PODCC decision; to remove policy review dates for All Wales policies, noting their extant position, following agreement of a revised approach to the review of All Wales policies and procedures. Finally, there are three policies for which extensions are being requested.

Mrs Wilson requested that the removal of policy review dates be discussed with her, as this would involve a change to the Written Control Policy.

HH

Decision: Subject to discussion with the Director of Corporate Governance, the Committee **AGREED** to:

- Adopt the All Wales SAS Charter and receive a copy of the annual report for the Medical and Dental Business Group (MDBG) for information and/or assurance in October 2025

- Remove policy review dates for All Wales policies, noting their extant position
- Extend the review date of the following three policies:
 - 121 - Relocation Expenses (until 31/06/25)
 - 133 - Equality, Diversity & Inclusion Policy (until 31/05/25)
 - 558 - Medication Errors (until 31/05/25)

**PODCC FOR INFORMATION
(25)21**

The Committee received and noted the PODCC Workplan 2024/25.

**PODCC MATTERS AND RISKS FOR ESCALATION TO BOARD
(25)22**

As noted.

**PODCC ANY OTHER BUSINESS
(25)23**

Noting that this was Mrs Patel's final meeting as PODCC Chair, Ms Lewis wished to formally recognise Mrs Patel's contribution over the past two years and thank her for her efforts. Members noted that Mrs Marks would take over as PODCC Chair from the next meeting.

**PODCC DATE OF NEXT MEETING
(25)24**

27 May 2025

1.4

1.4 - Table of Actions from the meeting held on 18 February 2025

*Eleanor Marks
(Hywel Dda UHB -
HDUHB Vice Chair)*

Attachments

[1.4 Table of Actions PODCC 18 February 2025.pdf](#)

**TABLE OF ACTIONS
PEOPLE, ORGANISATIONAL DEVELOPMENT AND CULTURE COMMITTEE (PODCC)
MEETING HELD ON 18 FEBRUARY 2025**

MINUTE REFERENCE	ACTION	LEAD	TIME SCALE	PROGRESS
PODCC(25)03	Minutes and Matters Arising from the meeting held on 16 December 2024: <ul style="list-style-type: none"> To record RE's apologies in the approved minutes 	CM	February 2025	Complete
PODCC(25)04	Table of Actions from the meeting held on 16 December 2024: <ul style="list-style-type: none"> To take forward, as part of the Taskforce work with Ms Anna Lewis, action PODCC (24)117 (to capture the risks associated with the equality, diversity, and inclusion data concerns) 	LG	April 2025	Complete On the agenda for next EDI Task Force meeting on 28 May.
PODCC(25)07	Targeted Intervention Progress Report: <ul style="list-style-type: none"> To review the report and consider changes to more accurately reflect the Health Board's position 	LG	April 2025	Complete Reviewed in line with the new enhanced monitoring level 3
	<ul style="list-style-type: none"> To discuss the above issue further outside the meeting 	LG/AL	April 2025	In Progress. A meeting is currently being scheduled.
	<ul style="list-style-type: none"> To highlight in the report the reasons for phasing nurse stabilisation at BGH 	LG	April 2025	Complete. This was answered during the PODCC meeting on 18 February.
PODCC(25)08	Staff Survey Results: <ul style="list-style-type: none"> To direct further queries to Mr Rob Blake 	ALL	April 2025	Complete
PODCC(25)11	Welsh Language Standards <ul style="list-style-type: none"> To highlight to the Board that actions are being taken in response to the requirements of Welsh Language Standard 110 – Enabling 	CP/LG	March 2025	Complete Highlighted in the PODCC Update Report to Board

MINUTE REFERENCE	ACTION	LEAD	TIME SCALE	PROGRESS
	Clinical Consultations through the Medium of Welsh. Also, that consideration is being given to the use of AI (subject to caveats around the need for an AI policy) for assisting in parity of service provision			
PODCC(25)16	Research and Innovation Sub Committee Update Report <ul style="list-style-type: none"> To develop a communication and engagement plan to promote Research and Innovation to staff 	LP	April 2025	Complete LP met Communications Director on 24 April and has agreed a communications plan for next 12 months, starting with the launch of the new Strategic Plan. The R&I Sub-Committee has now transferred to the ownerships of the Digital, Data & Innovation Committee.
PODCC(25)17	Research and Innovation Strategy Review <ul style="list-style-type: none"> To link with Mrs Lisa Gostling on management research work 	LP	April 2025	Complete LP has shared details of the Swansea University School of Management event with Lisa Gostling. The R&I Sub-Committee has now transferred to the ownerships of the Digital, Data & Innovation Committee.
PODCC(25)20	Corporate / Workforce Policies for Approval <ul style="list-style-type: none"> To discuss the removal of policy review dates with Mrs Joanne Wilson 	HH	April 2025	Complete At its meeting held on 8 June 2023, the Welsh Partnership Forum Business Committee, agreed to a revised approach to the review of All Wales policies and procedures. The core element of this approach is to move away from using a review date as a prompt for review of an existing policy. The approach recognises key prompts for review and provide an option for a transactional review where changes/updates to an existing policy are more administrative than material.

MINUTE REFERENCE	ACTION	LEAD	TIME SCALE	PROGRESS
				<p>The Welsh Partnership Forum Business Committee also confirmed that All Wales W&OD policies remain extant until replaced by an updated version approved by the Welsh Partnership Forum.</p> <p>NHS Wales Employers will issue this schedule on a quarterly basis as confirmation of policies remaining extant to provide clarity and support organisations from a governance and assurance perspective.</p> <p>The Workforce and OD Team are working with the policy Co-ordinator to enact the changes on a local level.</p>

Leads:

AG: Amanda Glanville	CM: Clare Moorcroft	JW: Joanne Wilson	SD: Sharon Daniel
AL: Anna Lewis	CP: Chantal Patel	LG: Lisa Gostling	TW: Tracy Walmsley
CH: Carly Hill	HH: Heather Hinkin	LP: Leighton Phillips	

1.5

1.5 - People, Organisational Development & Culture Committee (PODCC) Terms of Reference (ToRs)

*Eleanor Marks
(Hywel Dda UHB -
HDUHB Vice Chair)*

| For approval

Attachments

[1.5 PODCC ToRs SBAR.pdf](#)

[1.5 Appendix 1 - PODCC Terms of Reference v9.Updated070325.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 May 2025
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 August 2024, and these were subsequently approved by the Board, on 26 September 2024. The Board also approved the following changes on 28 January 2025 as part of the revised governance arrangements from 1 April 2025.

- Research and Innovation Sub-Committee reporting to the new Digital, Data and Innovation Committee
- Changing the frequency of meetings from bi-monthly to quarterly
- 4 x Independent Members per Committee (except Quality, Safety and Experience Committee which will have 5).
- Where Independent Membership has reduced to 4, the quoracy will be amended to 'A quorum shall consist of no less than two of the membership and must include as a minimum the Chairman or Vice-Chairman of the Committee, and one other Independent Member, together with a third of the In Attendance Members.'

- Updated job titles, e.g., from Director to Executive Director, Director of Operations to Chief Operating Officer, where appropriate.
- The Director of Corporate Governance will be removed from the In Attendance section however will attend committees (or nominate a deputy) to provide governance advice and support.
- Other cosmetic amendments required to standardise Board Committee level terms of reference.

Asesiad / Assessment

The People, Organisational Development & Culture Committee Terms of Reference and operating arrangements (**Appendix 1**) have been reviewed since Board approval on 30 January 2025, and a number of changes and amendments to terms have been made. These are clearly marked on Appendix 1 and relate to the following:

Section	What has changed?	Why?
2.1	Purpose – section amended	Additional wording added “to provide advice and assurance to the Board on the following”
2.1.1-2.1.4	Purpose – section amended	Removed the following wording, as duplication of 2.1 “To provide assurance to the Board on”
2.1	Purpose – section removed	Removed as responsibility as transferred to the Digital, Data and Innovation Committee (DDIC) “To provide assurance that the organisation is discharging its functions and meeting its responsibilities with regard to the research and innovation activity carried out within the Health Board” .
3.1	Key Responsibilities – section amended	Wording removed to standardise Board Committee level terms of reference.
3.1.6	Key Responsibilities – section removed	Removed as responsibility as transferred to the Digital, Data and Innovation Committee (DDIC) “Receive the Research & Innovation (R&I) Annual Report for approval prior to submission to the Health and Care Research Wales, to ensure the Health Board increases its Research & Development/R&I capacity, research output and research income” .
3.1.10	Key Responsibilities – section amended	New standard wording for PO’s added, as follows “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	Key Responsibilities – section added	Standardised Board Committee level ToRs. “Seek assurance on the delivery of the requirements arising from Health Board’s regulators, WG and professional bodies” .
3.1.12	Key Responsibilities – section amended	New standard wording for risks for Committee ToRs added, as follows: “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 subcommittees, 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	Key Responsibilities – section removed	Removed as now included with section 3.1.12
3.1.12	Key Responsibilities – section removed	Wording removed as duplicates Section 10.4 and to standardise Board Committee level terms of reference.
4.1	Membership – Independent Member removed.	Reduced Independent Members from 3 to 2 (excluding Chair and Vice-Chair), following agreement by Board in January 2025 (Board Governance arrangements)
5.1	Quorum and Attendance – section amended	Quoracy changed from three to two Independent Members following agreement by Board in January 2025 (Board Governance arrangements)
5.8	Quorum and Attendance – section removed	Section removed as no longer relevant “The Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required” .
8.1	Frequency of Meetings -section amended	Frequency changed from bi-monthly to quarterly, following agreement by Board in January 2025 (Board Governance arrangements).
10.3.1	Reporting – section removed	Removed as Sub-Committee has transferred to the Digital, Data and Innovation Committee (DDIC) “Research & Innovation Sub-Committee” .
10.3.3	Reporting – section removed	Removed as responsibility has transferred to the Digital, Data and Innovation Committee (DDIC) “University Partnerships” .

10.3.4	Reporting – section removed	Removed as the group has been dis-established “ Black Asian Minority Ethnic (BAME) Advisory Group ”, with the work taken forward by the Equality, Diversity and Inclusion (EDI) Taskforce.
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The refreshed Targeted Intervention areas relating to Leadership, Capability and Culture, will be added to the terms of reference once finalised by Welsh Government.

Argymhelliad / Recommendation

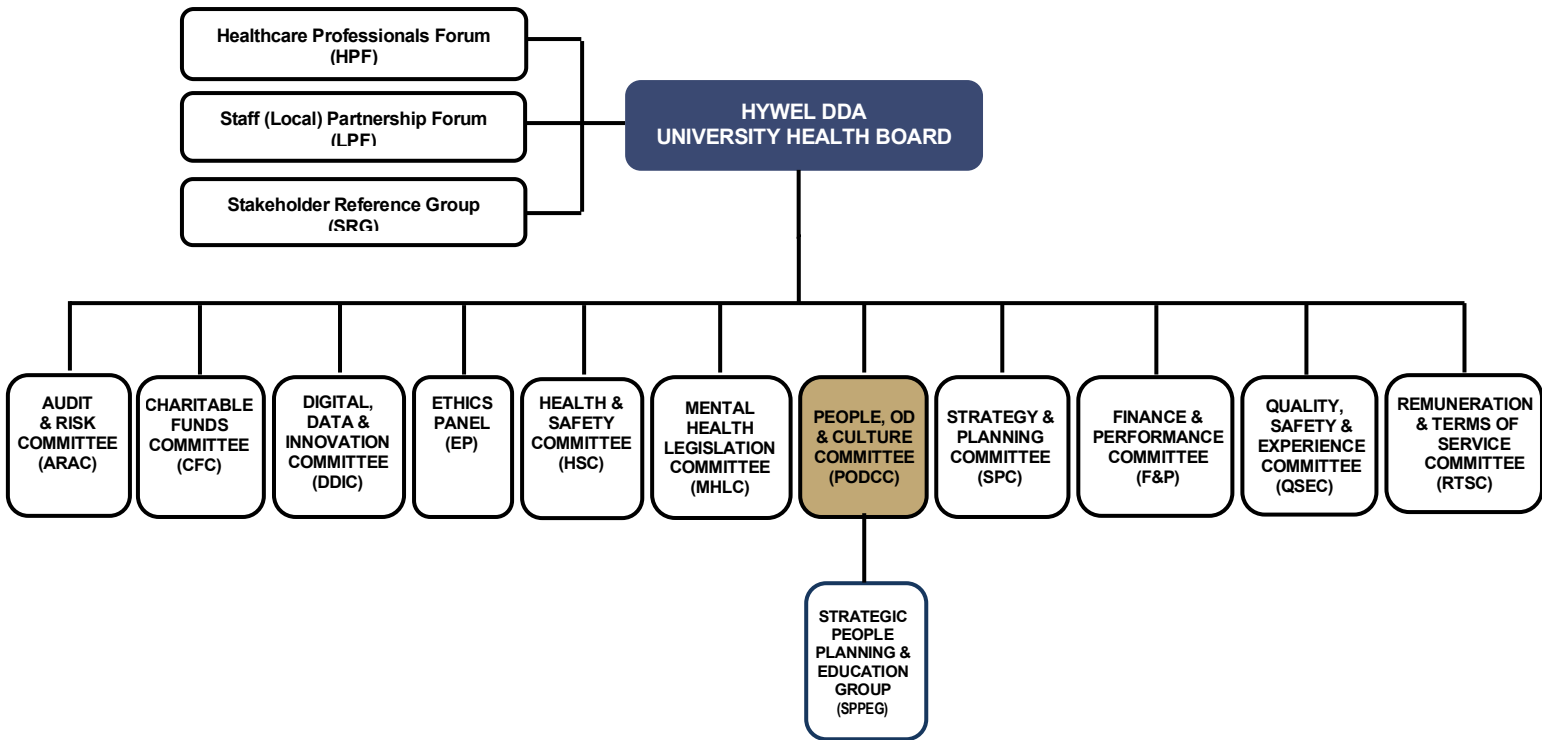
The Committee are asked to approve the People, Organisational Development & Culture Committee’s Terms of Reference for onward ratification by the Board on 31 July 2025.

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
Partion / 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



Version	Issued To	Date	Comments
V1	Hywel Dda University Health Board	29.07.2021	Approved
V2	PODCC	20.06.2022	Approved
V2	Hywel Dda University Health Board	28.07.2022	Approved
V3	PODCC	03.04.2023	Approved
V4	Hywel Dda University Health Board	25.05.2023	Approved
V5	PODCC	19.06.2023	Approved
V6	PODCC	05.07.2023	Approved via Chair's Action
V6	Hywel Dda University Health Board	27.07.2023	Approved
V7	PODCC	15.02.2024	Approved
V7	Hywel Dda University Health Board	28.03.2024	Approved
V8	PODCC	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)

PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

TERMS OF REFERENCE

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 ~~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.~~
 - 2.1.2 ~~To provide assurance to the Board on 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 ~~To provide assurance to the Board on The organisation's ability to create and manage strong, high performance, organisational culture arrangements.~~
~~— To provide assurance that the organisation is discharging its functions and meeting its responsibilities with regard to the research and innovation activity carried out within the Health Board.~~
 - 2.1.4 ~~Provide assurance~~ That there are appropriate arrangements to ensure education and commissioning meets future workforce needs.

3. Key Responsibilities

- 3.1 ~~The People, Organisational Development & Culture Committee will shall,~~ 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.

~~Receive the Research & Innovation (R&I) Annual Report for approval prior to submission to the Health and Care Research Wales, to ensure the Health Board increases its Research & Development/R&I capacity, research output and research income.~~

- 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 Appointments 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 ~~To receive an assurance on delivery against all relevant Planning Objectives falling under 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*) and 4 (*The best health and wellbeing for our communities*) (see Appendix 2), in accordance with Board approved timescales, as set out in Health Board's Annual Plan~~ **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** ~~allocated~~ to the Committee **and its sub-committees**, and ~~provide assurance to the Board that risks are being managed effectively 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.**

~~— To recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.~~

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.

~~3.12 — Agree issues to be escalated to the Board with recommendations for action.~~

4. Membership

4.1 The membership of the Committee shall comprise:

Member
Independent Member (Chair)
Independent Member (Vice Chair)
3 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 ~~three~~ **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.
- ~~The Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required.~~
- 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 ~~bi-monthly~~ **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:

~~Research & Innovation Sub-Committee~~

- 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
~~University Partnerships~~

~~The advisory group feeding into this Committee is the:~~

~~Black Asian Minority Ethnic (BAME) Advisory Group~~

- 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.

1.6

1.6 - PODCC Annual Report

***Eleanor Marks
(Hywel Dda UHB -
HDUHB Vice Chair),
Lisa Gostling (Hywel
Dda UHB - Director
of Workforce &
OD/Deputy CEO),
Chantal Patel (Hywel
Dda UHB -
Independent Board
Member)***

| For approval

Attachments

[1.6 PODCC Committee Annual Report 24-25 v3.pdf](#)

PEOPLE, ORGANISATIONAL DEVELOPMENT AND CULTURE COMMITTEE

ANNUAL REVIEW REPORT

2024/2025

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: and

Chairs Reflections

As this is my final year chairing the PODCC committee, I would like to express my appreciation for the commitment and contributions of all members, staff and partners who have supported the work of the committee throughout the year.

This year we have continued to oversee and monitor the organisation's progress in delivering its planned objectives. I am particularly pleased with the strides we have made in addressing nursing workforce shortfalls. There remains more to be done with the medical workforce, but the direction of travel is positive.

The annual report details the activities and measures undertaken to give confidence to the Board of the appropriateness of actions taken. We recognise that much more needs to be done in terms of aligning and supporting the work of this committee with other committees.

The Committee focusses on five key aspects: Governance, People, Culture, Performance & planning. These key aspects bring to life the complexity of managing its people who are at the heart of delivering vital services to the community it serves. We have received individual first-hand experiences and reports by staff of how the organisation is supporting them in their employment journey.

One of the most encouraging developments has been the organisation's commitment to supporting and valuing its people. We are actively promoting staff well-being, recognising the importance of retention strategies and building a culture that values resilience and care.

The establishment of Strategic People Planning and Education Group in 2023 marked a welcome step toward aligning education, development and workforce planning. More however needs to be done to create a truly comprehensive and joined-up approach to education and training that addresses organisational current and future needs.

The Committee has matured in its role with an improved focus on impact and outcomes. We remain committed to continuous improvement and recognise that this

is a work in progress. I leave this role with confidence in the foundations we have built and the direction we are heading.

Chantal Patel

PODCC Chair (up to 31 March 2025)

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 15 April 2024.

[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 Terms of Reference 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 work plan is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks.

[Link to PODCC Work Plan 2024-25 People, Organisational Development and Culture Committee Work Plan 2024-25](#)

3. Sub-Committee/s

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 15 April 2024. In line with their Terms of Reference, the Sub-Committee provided a report after each meeting, as well as produce an annual report which was presented to the Committee on 18 February 2025 reporting on activity throughout the year.

The **Anti Racist Wales Implementation Group** (previously called the Black Asian Minority Ethnic Advisory 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 20 August 2024. It has now been agreed to disband the Anti Racist Wales Implementation Group.

The **Research and Innovation Sub Committee** (R&ISC) reported into the People, Organisational Development and Culture Committee with its own TOR and workplan during 2024-25. The Sub-Committee's TOR were last reviewed on 15 April 2024. In line with their TOR, the Sub-Committee provided a report after each meeting, as well as produce an annual report which was presented to the Committee on 18 February 2025 reporting on activity throughout the year. From 1 April 2025, this Sub-Committee will now move to the remit of the Digital, Data and Information Committee.

4. Table of attendance

Membership	15/04/24	13/06/24	20/08/24	29/10/24	16/12/24	18/02/25
Associate Professor Chantal Patel	✓	x	✓	✓	✓	✓
Anna Lewis	✓	✓	✓	✓	✓	✓
Ann Murphy	✓	✓	✓	✓	✓	✓
Delyth Raynsford	✓	✓	✓	✓	✓	✓
Rhodri Evans	✓	✓	✓	✓	x	✓
Iwan Thomas	x	x	x	x	x	✓
In Attendance						
Lisa Gostling	✓	✓	✓	✓	✓	✓
Prof John Gammon	✓	✓	✓	x	✓	x
Sharon Daniel	✓	✓	✓	✓	✓	✓
Mark Henwood	✓	✓	✓	✓	✓	✓
Dr Ardiana Gjini	✓	✓	✓	✓	✓	✓
James Severs	✓	x	✓	x	✓	✓
Alwena Hughes- Moakes	✓	✓	✓	x	✓	✓
Joanne Wilson	✓	✓	✓	✓	✓	✓
Meeting quorate?	Yes	Yes	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.*

Strategic Equality Plan (SEP) Annual Report – In August, the Committee asked the Board to identify which areas of inequality it wished to include in its list of priorities, as there were a number of issues within the Health Board (such as the gender pay gap) as outlined in the SEP Annual Report, which required addressing. The Board noted the Alert on 26 September 2024 and agreed this required further detailed discussion.

In December, the Committee took assurance from the SEP Annual Report (which was published in April 2024). The risks associated with the equality, diversity, and inclusion data concerns (highlighted at Board on 26 September 2024) were included

on the risk register to amplify Committee and Board level discussions, monitoring of actions and accountability.

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

Community Nursing Annual Report – In June, the Committee advised the Board that assurance could not be taken from the Community Nursing Annual Report that there was long-term strategic resilience within the current position. Operational measures were broad ranging to mitigate risks, a fundamental challenge around workforce sustainability remained. It was noted following recent Welsh Government (WG) guidance, the Health Board had to ensure the appropriate level of administrative support to clinical teams whilst also recognising the current financial position. The Board noted this advisory.

Corporate Risk Report - The Committee received the Corporate Risk Report at its meetings in April 2024 and August 2024.

- **Risk 1821: Risk to the welfare of Health Board staff due to current demands** – In August, although the Committee took assurance on the identified controls and planned actions set out in the report, the Board was advised that it was with the caveat that further work would take place to identify the current position with staff well-being (in particular the increase in stress related absences) and outline actions required to improve this. The Board noted this advisory. In October, Risk 1821 increased its score from 9 to 12 as it had noted that sickness absence rates were increasing. Careful consideration was being taken at different organisational levels to mitigate through organisational planning approaches to manage workload at management level, and then the consequences upon staff wellbeing. A further update report is scheduled to be presented at the PODCC Committee meeting in May 2025.

Medical staff mandatory training – In December, the Committee advised the Board that a lack of centralised data intelligence was highlighted during a medical staff mandatory training update and assurance was sought that effective monitoring processes were in place to provide a holistic view of performance management and compliance rates across the Health Board. Due to specific concerns raised regarding resuscitation/basic life support training compliance rates of paediatric medical staff within the report, the Chair requested an update, which was presented at the February 2025 meeting. The Board noted this advisory. The Head of Education would examine how all training records can be centralised onto the Electronic Staff Record (ESR) system, to facilitate accurate reporting.

In February the Committee were updated and noted that work was being undertaken to resolve mandatory training concerns and establish a single point for record keeping, to improve compliance across the Medical and Dental Workforce in 2025. Assurance was provided that paediatric staff highlighted during discussions at the previous meeting were either compliant and in date or had arrangements in place to achieve compliance.

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.*

Operational Risk Report - The Committee received the Operational Risk Report at its meetings in October 2024 and February 2025.

Workforce Efficiency / Planning – In April, the Committee received assurance that all relevant work was being taken forward to meet the Workforce Efficiency (Agency costings) following the introduction of the Standard Control Framework for all health boards by the WG. This required that the Health Board developed reduction plans for agency staff across all staff groups and produce action plans to address this. The Committee discussed the challenges and where work was going well.

In April, the Committee also took assurance on the approach being taken to create a comprehensive and coherent workforce plan outlined in the Workforce Planning Report. The report identified the top 53 risks across the board and aligned all of the interventions along each of the pillars. The plan was currently looking at the next 12 months, but with a long-term scope of 3 years, 6 years, and 12 years.

In August, the control measures undertaken to reduce variable pay for all staff groups, as outlined in the Workforce Efficiency Update Report, were noted, recognising the challenges ahead.

In February, the Committee were informed that the People Plan will be developed for 2025/26 with a future focus to align resources to agreed priorities via the Annual Planning Cycle. People Stabilisation programmes are in place for Nursing and Medical professional groups and linked to associated professionals (Acute Coronary Syndrome (ACS) staff group and Medical Associate Professions (MAPs)); People Plans were in development for other clinical professions Allied Health Professions, Healthcare Science Additional Professional and Technical (which includes Pharmacy); People Plans are in development for Estates and Ancillary and Administrative and Clerical.

Cultural Progression – In April, the Committee took assurance that all matters in relation to Cultural Progression were being progressed. The Organisational Development Relationship Managers (ODRM) team reviewed its structure, and the way the team worked both internally and externally. An important task for the team was to identify the culture across the health board and take that learning forward in a meaningful way. During discussions, it was noted that good news stories are collected through the retention strand of the ODRM team who take stories from challenging teams and spotlight where things are going well.

Performance Assurance and Workforce Metrics - Assurance was taken on the Performance Assurance and Workforce Metrics throughout the year. The Committee recognised that Statistical Process Control (SPC) charts had greatly improved the intelligence submitted to Committee enabling it to see trends and providing the Committee with clear sight on what is happening across the organisation. The Committee were interested to hear that the Workforce team were looking into diverse cultural norms which could affect sickness absences, including looking at the reasons for absences.

During the Performance Assurance and Workforce Metrics reports, the Committee:

- Agreed that it would be helpful to examine the impact that the increase in dementia training undertaken by Health Board staff is having on patient and family experience.
- Noted the national challenges with staff sickness absence due to stress, depression and anxiety were discussed and the extent of actions underway to support staff wellbeing.
- Requested an update at the December 2024 meeting on the actions underway to improve the medical workforce mandatory training compliance and performance management.

Contractual and Legislative Changes – In April, the Committee received assurance from the report on the Contractual and Legislative Changes: Immigration and Sponsorship UK Policy Changes, that there was a negligible impact from the immigration changes announced by the Government in December 2023.

Monitoring of Welsh Health Circulars (WHCs) - Assurance was taken throughout the year on the WHCs report, and that the responses to the WHC were submitted by the deadlines set by WG or were on track to be completed ahead of the deadlines.

Updates were received throughout the year regarding WHC 017-24 Implementation of the Non-pay Elements of the 2022-24 Collective Agreement, which was issued in March 2024 and implemented in full by 31 January 2025. An action plan was submitted in July 2024 with the support of the Staff Partnership Forum. The Health Board has delivered on every aspect of the WHC. Whilst there is no ongoing requirement to report to WG, a continued focus on this area is needed.

WHC 031-24 Agency Workforce Reduction Programme and Control Framework 2024-25 was issued in June 2024 and was implemented in full within the timeframe (March 2025). In February it was noted that a plan has been drawn up to mitigate the issues raised by PODCC, which are a part of the wider plans to centralise training data by the Workforce and Organisational Development Team.

The Armed Forces Annual Report 2023/24 – In June, an annual report for 2023-24 was presented to the Committee detailing the work undertaken by the Health Board to implement the Armed Forces Covenant and Armed Forces Covenant Duty, detailing a broad range of activities to improve outcomes for veterans and members of the Armed Forces community. The issue of low uptake of public health screening services with veterans was raised. This was added to the workplan for discussion at a QSEC meeting.

Annual Carers Report – In June the Committee received assurance that all relevant work was being undertaken to support unpaid carers, including staff who work for the Health Board, and have unpaid caring responsibilities in their home lives. Assurance was also received on the work being undertaken to demonstrate that the Health Board is proactively addressing the priorities of the regional Carers Strategy.

Community Nursing Annual Report – In June, the Committee was only able to take assurance from work at an operational level from the Community Nursing Annual Report (see the ‘advise’ matter above).

Speak Up Agenda – In June, assurance was taken on the work of the Speak Up Agenda to create open and anonymous mechanisms for staff to speak up around any clinical or non-clinical concerns or ideas.

Staff Partnership Forum – In June the Committee received assurance from the Staff Partnership Forum Update which focussed on the joint work of the implementation of the non-pay elements of the collective agreement for 2022-24 for Agenda for Change (AfC) staff. The non-pay programme was also incorporated into a Welsh Health Circular (WHC) (2024)017, dated 28 March 2024.

Employee Relations – In June the Committee received assurance that all matters were being progressed regarding internal Employee Relations cases for the period January to December 2023, employment tribunal activity and employment policy review work for financial year April 2023 to March 2024. A more detailed report was discussed at in-Committee due to the sensitive information contained.

Welsh Language Annual Report – In June the Committee received assurance that all relevant work was being undertaken around the Health Board’s own discovery process action plan, the WG strategic framework ‘More than just words’, and the Health Board’s compliance with the Welsh language standards, which were incorporated into a single Welsh Language Annual Report 2023/24.

Planning Objectives aligned to PODCC – In April, the Committee took assurance from the Delivery against Planning Objectives Closure Report 2023-24, and update reports provided throughout 2024-25. The Committee received assurance that Delivery against Planning Objectives aligned to PODCC was progressing. The Committee were presented with deep dive presentations for each of the planning objectives aligned to PODCC. The following points were noted:

- In June, the Committee were advised that the Health Board has the lowest nurse staff turnover rate in Wales.
- In October, the Committee were assured that all Planning Objectives were on track, apart from the development of the Workforce Plan. A draft was in place and ongoing revisions were being made in light of Targeted Intervention escalation discussions with WG. The Workforce Plan will be presented as part of the Integrated Medium-Term Plan (IMTP) process for 2025/26.

Targeted Intervention (TI) – In August, the Committee discussed the governance approach and the areas of work aligned to it under TI.

In October, the Committee continued to oversee the key initiatives for improving workforce sustainability, leadership development, and organisational culture as part of the TI de-escalation process. Monitoring progress of the strategic initiatives and programmes linked to TI was scheduled on the Committee’s work programme.

In December, The Committee noted progress was made to recruit into key executive position roles, finalising leadership programmes, and implementing workforce plans as reported via the TI Progress Report. In relation to the TI Progress Report.

In February, the Committee noted significant progress against the criteria allocated to the Committee, with the caveat that there would be discussion and consideration of how information was presented in future reports.

Employment Law – In August, the Committee received assurance that the Health Board was aware of potential changes to Employment Law following the change of Government and is forward looking regarding any impacts and opportunities that may arise.

In December, the Committee noted a number of changes to Employment Law, including an increase in statutory sick pay, maternity and paternity pay and recent changes to pension tier rates.

Staff Survey Results – In August, the 2023 Staff Survey Results were discussed, with assurance provided that lessons are being learnt, and further work being undertaken to increase compliance for the 2024 staff survey, which was launched on 1 October 2024. The Staff Survey action plan was accepted, with the caveat that it would be amended to a two-part plan, setting out actions for the Workforce teams and departmental managers.

In December, the Committee noted that 21% of staff completed the Staff Survey, which was a significant improvement over the previous year's response rate of 12%. The survey results provided valuable insights to inform future staff engagement strategies and support improvements in workforce feedback methods.

In February, Staff Survey Results were verbally presented focusing on trends, improvements and areas for focus. Whilst noting that the Health Board needs to demonstrate the actions taken in response to feedback, the Committee was assured that appropriate measures are in place to address the findings of the survey. It was agreed this would be a substantive item at the next meeting.

LGBTQ+ Local Action Plan – In August assurance was taken that progress continues against the Health Board's LGBTQ+ Local Action Plan. The Committee agreed with the decision to not continue with membership of the Stonewall Diversity Champion Programme in 2024/25.

Workforce Education and Development Plan – In August, the Committee was assured by work taking place on the delivery of a Workforce Education and Development Plan, which supports the pipeline for staff progression.

Tritech Institute - In August, performance against the Tritech Institute Key Performance Indicators (KPIs) was reviewed, with progress made noted.

Health Education and Improvement Wales (HEIW) Targeted Visits - In August, an update was provided following three HEIW targeted visits to Health Board hospitals, and work undertaken to address recommendations by the HEIW. The

Committee was assured by this work, and that plans are in place to self-identify issues.

Reduction of agency and bank nurses - In response to a request from the Committee on 15 April 2024, Members received a report in October on the impact that the reduction of agency and bank nurses is having on clinical outcomes for patients. The comparison data suggested an overall reduction in reported incidents; however, it was recognised that the data was only available for five months and the pressures linked to the winter period may influence the position. An update report which examined the triangulation between incidents and reduction of agency and bank staff was submitted to the QSEC in February 2025, where it was highlighted that although the overall number of vacancies has reduced, there had been a significant increase in experienced workforce recruitment, who are being supported by the Corporate Nursing Team, Senior Leads and Learning and Development team. QSEC took assurance from this report.

Staff retention work programmes – In December, progress relating to the staff retention work programmes, including the actions arising from the Retention Discovery Work, was shared. The work programmes were on track, and staff turnover figures monitored as part of the Escalation Framework. The Committee received assurance that appropriate progression towards the ambitious target figures was being made.

Analysis of Increased Workplace Stress at Hywel Dda University Health Board – In February, the Committee welcomed the report and held a detailed discussion as a first step to better understand Section 10 absences, which are sickness absences attributed to anxiety/depression/stress. Also, to understand better the reasons for absence, potential areas for further analysis and some initial next steps and areas of focus. It was agreed that a further report highlighting progress would be scheduled for November 2025.

Welsh Language Standards - In February, the Committee noted the Welsh Language Standards actions being taken in response to the requirements of Welsh Language Standard 110 – Enabling Clinical Consultations through the Medium of Welsh provided assurance. Consideration was being given to the use of Artificial Intelligence (AI), subject to caveats around the need for an AI policy, for assisting in parity of service provision. The Committee took assurance from the report as a reflection of the activity currently planned in order to enhance and embed the Welsh language and culture at Hywel Dda, whilst enhancing patient experience.

Medical Workforce Mandatory Training Compliance – Following December's advisory to the Board, the committee received an update in February outlining that work was being undertaken to resolve mandatory training concerns and establish a single point for record keeping, to improve compliance across the Medical and Dental Workforce in 2025. Assurance was provided that paediatric staff highlighted during discussions at the previous meeting are either compliant and in date or have arrangements in place to achieve compliance.

Staff Stories - The Committee received staff stories at each of its meetings during 2024/25 with a focus on the following Services/ Programmes of work:

- The Value of Cultural Progression (April 2024)
- Armed Forces Staff Network (June 2024)
- Promoting Our Own (August 2024)
- Simulation Training (October 2024)
- Apprenticeship Programme (December 2024)
- Recovery Nature Programme (February 2025)

Research and Innovation Sub-Committee (R&ISC) - The Committee took assurance from the R&ISC Update Reports which outlined the research and innovation activity and the management of its functions. Assurance was also taken from the R&I University Partnership Updates. The Committee approved the R&ISC Terms of Reference and the R&ISC Annual Report which outlines the research and innovation activity during 2023/24 and the management of its functions.

In considering the R&ISC Update Report, noted positive progress around the issue of regional oncology trials and anticipated consequences in terms of equity of access to trials. Also, actions to increase the levels of commercial research undertaken within the Health Board, which can offer patients earlier access to life-extending and life-changing treatments. The Committee recognised the importance of promoting research and innovation.

The Committee were assured that significant progress has been made to the R&I Strategy 2025-2030 since the previous strategy. Examples of progress included increases in the number of clinical research facilities and the number of staff with dedicated clinical leadership time for research. The Health Board has established research programmes in both clinical and non-clinical areas, however, a continued focus is required, with key areas being access and impact; culture and environment (including promoting research); and partnerships. The Committee recommended the Strategy to the Board for approval in March 2025.

Strategic People Planning and Education Group (SPPEG) - The Committee took assurance from the SPPEG reports on its activities and decisions, and the approval of its Terms of Reference. The Committee approved the HEIW Glangwili Hospital Trauma and Orthopaedics Visit Report to be monitored by QSEC. The Interprofessional Education Plan highlighted the impact on quality of education, future workforce experiences and development of educators, and that the action plan would be monitored via the SPPEG.

Black, Asian and Minority Ethnic (BAME) Advisory Group/ Anti Racist Wales Implementation Group - Assurance was taken from the BAME Advisory Group Annual Report and the intention to review its Terms of Reference and its membership to other groups in the Health Board. This group was disestablished in 2024/25 and a new group, the Anti Racist Wales Implementation Group was established, which provided the Health Board's progress on the Anti-Racist Wales Action Plan, as well as the local action plan for the period April 2024 – September 2024.

Items approved by the Committee during the year.

Policies:

- Policies for publication:
 - 511: Carers Policy
 - 085: Leave and Pay for New and Existing Parents.
 - 153: Equality Impact Assessment Policy and Procedure
 - 464: Industrial Injury Claim Procedure
 - 1085: Leave and Pay for New and Existing Parents Policy
 - 995: All Wales Respect and Resolution Policy
 - 1262: All-Wales Pensions Flexibilities Policy
 - 1270: NHS Wales Pregnancy Loss Support Policy
- Deferral of the review of the Medication Errors Policy until 31 March 2025.
- Extensions to the following policies:
 - 112: Early Careers: Preceptorship and Beyond Policy
 - 121: Relocation Expenses until 30 June 2025
 - 133: Equality, Diversity & Inclusion Policy until 31 May 2025
 - 558: Medication Errors until 31 May 2025
- Removal of the following policies:
 - 389: Expenses Policy
 - 124: Retirement Policy
- Adoption of the All-Wales Job Evaluation Policy and Procedure.
- To remove policy review dates for All Wales policies, noting their extant position (subject to discussion with the Director of Corporate Governance).
- To adopt the All-Wales Specialist and Associate Specialist (SAS) Charter and receive a copy of the annual report for the Medical and Dental Business Group (MDBG) for information and/or assurance in October 2025.

Advisory Appointments Committee (AAC)

- The number of appointments which were made at Advisory Appointment Committees.

Terms of Reference

- The PODCC TOR for onward ratification by the Board.
- The BAME Advisory Group ToR, with the caveat that the proposed new name Hywel Dda Anti-Racist Wales Implementation Group would be reconsidered, to provide more of a focus of Hywel Dda University Health Board driven work rather than Wales-wide, and to also consider whether there was enough emphasis on all minority groups.

6. Committee Effectiveness - Feedback from self-assessment process

As stipulated within Standard Orders, the Board introduced a process of regular and rigorous self-assessment and evaluation of the performance of the People, Organisational Development and Culture Committee.

- For the People, Organisational Development and Culture Committee this involved the completion of a short digital form which requested feedback on the following areas:
 - Governance and administration
 - Committee's inputs
 - Conduct of Committee meetings
 - Interface with other Committees, including the Board
 - Committee's impact
 - Individual role on Committee

The results from which were fed into an action plan, combining information and Auditor/Regulator feedback.

The process was undertaken during the year and reported to the Committee on 16 December 2024. [Link to Self Assessment Outcome Report.](#)

The Committee will receive an update on progress at the mid-year point.

7. Conclusion

The Committee is satisfied that it continues to operate effectively and in line with 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.

It has been agreed going forward in 2025-26, the People, Organisational Development and Culture Committee would meet on a quarterly as opposed to bi-monthly basis. Meetings are scheduled to take place in May 2025, August 2025, November 2025 and February 2026.

1.7

1.7 - PODCC Self-Assessment of Committee Effectiveness – Outcome report 2025

***Eleanor Marks
(Hywel Dda UHB -
HDUHB Vice Chair),
Lisa Gostling (Hywel
Dda UHB - Director
of Workforce &
OD/Deputy CEO)***

| For assurance

Attachments

[1.7 PODCC SA Outcome SBAR May25.pdf](#)



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	People, Organisational Development and Culture Committee (PODCC) Self-Assessment Outcome Report 2024/25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Eleanor Marks, PODCC Chair 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)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide outcome of the People, Organisational Development and Culture Committee (PODCC) Self-Assessment 2024/25 process to the Committee.

Cefndir / Background

In line with Section 10.2.1 of Standing Orders, the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Section 10.2.2 also states that each Committee must also 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.

A refreshed approach to the Committee self-assessment process was developed in 2023 which was intended to be proportionate, achievable and add value to the organisation's governance capability. For PODCC, this involved:

- Short digital form which requested feedback on the following areas:
 - Governance and administration
 - Committee's inputs
 - Conduct of Committee meetings
 - Interface with other Committees, including the Board
 - Committee's impact
 - Individual role on Committee

The feedback from this form was considered alongside other information, such as:

- Matters alerted to the Board
- IM Reflective sessions
- Auditor/Regulator feedback

The PODCC Chair and Lead Executive met to consider the Committee's effectiveness to date based on responses from the above digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates, where it has made an impact and what it has shone a light on, and the areas where it could have done better. With only 5 responses received, it has been challenging to effectively analyse the committee's performance.

Asesiad / Assessment

The PODCC Chair and Lead Executive met to consider the Committee's effectiveness to date based on responses from the above digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates, where it has made an impact and what it has shone a light on, and the areas where it could have done better.

Look back at Committee's effectiveness over previous 12 months...

The below analysis was based on responses from the digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates:

What we want to continue to do next year

- Good governance and administration of Committee
- Receive good support from EDs/Deputies re attendance, timeliness of papers
- Chair effectively and have open, transparent and productive debate with constructive challenge from IMs
- Maintain a robust focus on staff wellbeing with an outcome-based approach
- Good interface with other committees and Board
- Private meetings used appropriately for discussing items not for the public domain
- Maintain suitable representation of the multi-disciplinary workforce in attendance and contributions

What we want to change going forward

- Strengthen Committee focus on impact and longer-term strategic matters which position workforce within the wider organisational agenda and priorities, to meet the needs of our population
- Improve content of papers by reducing operational detail in papers, focussing on issue/risks, impact, actions being taken, intended outcomes, value and sustainability
- Introducing a thematic approach to PODCC reports to avoid duplication of reports
- Review membership to include more operational leadership to provide assurance on the strategic workforce risks and issues faced by organisation
- Strengthen contributions by IMs and presenters
- Improve oversight of compliance with legislation, guidance, and best practice around the workforce and OD agenda
- Improve assurance relating to educational needs of the future workforce
- Mitigating late paper submissions caused by operational pressures by offering coaching or briefings to ensure timely submissions

Suggested areas of focus for 2025/26

- Shift from the transactional approach to assuring WOD departmental functions towards transformational approach to secure a future workforce for the UHB
- Become a driving force for EDI improvement.
- Remain searching in terms of staff feedback via national survey and other metrics, noting recent deteriorating performance on some cultural metrics
- Oversight of escalation domains under the remit of the Committee
- Improve EDI, access to education and training with measurable impact/ outcome, enhancing workforce experience, accessible employment (widening participation for e.g. no formal interviews where not advantageous to securing employment).”
- Clarity as to what excellence in healthcare management looks like in practice and build it accordingly
- Develop the culture of speaking up openness and approachability
- Share more information about what is being done to support staff to be their best at work
- Agree 2-3 tangible improvements and hold ourselves to account for delivery
- Deep dives into issues that affect our workforce
- Leadership, governance & workforce culture
- EDI Education and Training Leadership Skills (to improve health and wellbeing of workforce)

The following actions will be taken forward by the Director of Corporate Governance/Board Secretary:

Action	By whom	By when
To reshare the report writing SOP and guidance with report authors	CSO	Jul25
Consider adopting a thematic approach where possible to prevent repetitions in discussions and streamline meeting agendas	DOW&OD/DCEO	Aug25
Consider including suggested areas of focus for 2025/26 on Committee Workplan	DOCG/CSO	Aug25

Argymhelliad / Recommendation

The Committee is asked to consider the outputs from the Committee Self-Assessment process, and to agree the actions to be taken to improve its 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 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)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	PODCC Terms of Reference PODCC Self-Assessment digital form results Auditor and Regulator feedback through Structured Assessment, and Internal Audit
Rhestr Termau: Glossary of Terms:	Included within 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 Director of Corporate Governance/Board Secretary

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

Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	An effective PODCC should seek out areas of system weakness and facilitate an organisational culture that drives strategic development and operational performance.
Gweithlu: Workforce:	Not applicable

Risg: Risk:	An effective PODCC should drive improvement through scrutiny and challenge on the effective and efficient management of risks relating to strategic development and operational performance.
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

1.8

1.8 - Targeted Intervention Progress Report

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

Attachments

[1.8 Review and Confirmation of Escalation Status Criteria - PODC.pdf](#)



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Canolfan Staff 1
Staff Base 1



People, Organisational Development and Culture Committee Meeting Review and Confirmation of Escalation Status Criteria for 2025/26

27 May 2025, Microsoft Teams



Introduction

This report provides a review and alignment of Hywel Dda University Health Board’s position in relation to the newly refreshed Welsh Government Escalation Status criteria framework (formerly known as Targeted Intervention - TI). Following recent organisational updates, including key executive appointments and significant improvements in staff engagement and leadership, the purpose of this report is to explicitly outline the criteria aligned to the People, Organisational Development and Culture Committee (PODCC) under the revised Escalation Framework.

The refreshed Escalation Status criteria set by Welsh Government necessitate that each Board committee clearly understands and explicitly owns criteria relevant to their specific responsibilities. The alignment, retention, or realignment of criteria within this report reflects the specific wording and requirements defined in the new framework, ensuring appropriate governance and oversight while recognising the significant progress made by the Health Board. This approach supports the Health Board’s aim to move forward positively and clearly reflects the shift from targeted intervention to enhanced monitoring for Leadership and Governance.

Key Organisational Updates

The Health Board has successfully stabilised its leadership structure with substantive appointments:

- Professor Philip Kloer appointed substantive Chief Executive Officer.
- Substantive appointments made to the Deputy Chief Executive and Director of Nursing, Quality, and Patient Experience roles.
- Active recruitment process ongoing for a substantive Medical Director.
- It is particularly noteworthy that leadership and governance have now moved into enhanced monitoring status, reflecting significant progress in governance and organisational capability.



Explicitly retained criteria aligned directly to PODCC oversight:

1. Criterion 46 - Substantive Executive Director Team - Commitment to maintaining leadership stability, clear succession planning, and robust development arrangements.
2. Criterion 47 - Leadership and Management Development Programmes - Continued delivery and impact assessment of leadership development programmes aimed at enhancing management maturity across the Health Board.
3. Criterion 48: Positive Staff Engagement in NHS Wales Surveys - Ongoing emphasis on enhancing staff feedback mechanisms and developing action plans responsive to staff engagement survey outcomes.



Realignment has been determined purely by explicit definitions provided within the refreshed criteria:

- 1. Workforce Sustainability (Previously Criterion 45)** - Removed from national Escalation Status criteria, recommended to be monitored locally as a key performance indicator (KPI) by PODCC.
- 2. Clinical Change Led by Clinical Leaders (Previously Criterion 47)** - Clearly now aligns under Clinical Services criteria (9–13), overseen by the Strategy and Planning Committee due to explicit links with clinical service delivery. However, there is an argument that this could still be reported to PODCC, but, may risk a level of fragmentation between committees.
- 3. Effective Use of Data to Demonstrate Leadership Improvement (Previously Criterion 49)** - Now explicitly encompassed within broader organisational governance and performance management frameworks, overseen by Audit & Risk Assurance Committee (ARAC), as this is where the self-assessment against the wider leadership maturity matrix reports into. As with the clinical change led by clinical leaders it is not wholly unreasonable to advocate that this could report to PODCC/ However, the same issue around duplicity of reporting and fragmentation runs the inherent risk of causing confusion?

Summary of Proposed PODCC Escalation Status Criteria Alignment

Explicitly Retained - Criteria 46 (Executive Stability), 47 (Leadership Programmes), and 48 (Staff Engagement).

Realigned - Workforce Sustainability (local KPI), Clinical Leadership (Strategy and Planning), Data-driven leadership improvement (ARAC).



Staff Engagement – 2024 NHS Wales Staff Survey Results

The recent NHS Wales Staff Survey 2024 demonstrated an increased response rate for HDUHB from 12% to 19.7%, positioning the Health Board 3rd out of the 6 Health Boards. Although slightly below the NHS Wales average response rate of 21.9%, this represents substantial improvement. The overall Staff Engagement Index score was 71.3%, just below the NHS Wales average of 72%.

Key findings include:

- Top improved sub-theme: Patient Safety, improved by 8.7% to 57.1%.
- Positive improvements observed in Line Management (69.1%, improved by 5.7%) and Support for Work-Life Balance (62.7%, improved by 5.6%).
- Improvements in previous areas of concern such as Burnout (31.7%, improved by 4.7%) and Work Pressure (49.7%, improved by 0.5%).

Overall, the staff survey indicates continued progress and highlights areas needing ongoing attention, notably inclusion and staff involvement in workplace improvements.

Proposed Next Steps and/or Considerations for PODCC

- Maintain routine local monitoring of workforce sustainability.
- Consider and agree the revised and/or amended criterion and the alignment to each committee.

Conclusion



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This alignment explicitly adheres to the revised Welsh Government Escalation Status framework, clearly reflects the Health Board's significant progress, and provides clarity of accountability and governance oversight. The criteria outlined within this report have been aligned based purely on explicit definitions provided in the new framework, clearly differentiating roles and responsibilities with the intention of ensuring maximum clarity and accountability



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND



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1.9

1.9 - Corporate Risks Assigned to PODCC

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

| For assurance

Attachments

[1.9 PODCC SBAR CRR May 2025 correct version v2.pdf](#)

[1.9 Appendix 2 PODCC Corporate Risk Register May 2025.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Corporate Risks Assigned to People, Organisational Development & Culture Committee (PODCC)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce and Organisational Development/Interim Deputy Chief
SWYDDOG ADRODD: REPORTING OFFICER:	Charlotte Wilmshurst, Assistant Director of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

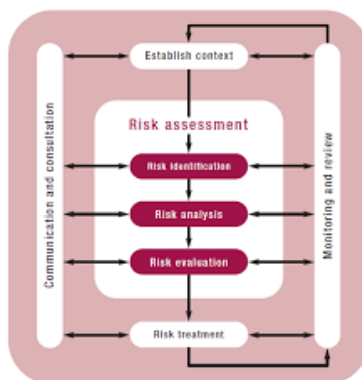
SBAR REPORT

Sefyllfa / Situation

The Committee is asked to request assurance from the Lead Executive Director for the People, Organisational Development & Culture Committee (PODCC) that the corporate risks in the attached report are being managed effectively.

Cefndir / Background

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.



(Risk Management Process, ISO 31000)

The Board's Committees are responsible for the monitoring and scrutiny of corporate level risks within their remit. They are responsible for:

- Seeking assurance on the management of risks on the Corporate Risk Register (CRR) and providing assurance to the Board that risks are being managed effectively and report areas of significant concern, for example, where risk appetite is exceeded, lack of action, etc.

- Reviewing corporate and operational risks over tolerance and, where appropriate, recommend the 'acceptance' of risks that cannot be brought within Hywel Dda University Health Board's (HDdUHB) risk appetite/tolerance to the Board.
- Identify through discussions any new/emerging risks and ensure these are assessed by management.
- Signpost any risks outside of its remit to the appropriate HDdUHB Committee.
- Use risk registers to inform meeting agendas.

A revised approach to risk tolerance was agreed by the Board at its meeting in March 2025 to reflect the organisation's readiness to bear the risk after risk treatment, in order to achieve its objectives. This supersedes the previous approach agreed in September 2018 which set the tolerance levels for risk aligned to risk impact domains.

The revised approach utilises the target risk score (TRS) of risks in order to demonstrate the lowest level of risk exposure that the Health Board is willing to tolerate, following the completion of all planned actions aligned to each risk. The TRS represents the ultimate level of risk achievable given the available means and resource. Once the TRS is achieved, if the risk continues to exist, it should then be tolerated / accepted unless further actions are identified or made possible (eg additional resources). If achieving the TRS is deemed unacceptable (i.e the TRS is too high), further discussion or escalation is required. The TRS should be quantified, and where possible aligned to performance targets (including quality metrics), with a set timescale for achieving the reduction of the Current Risk Score to the TRS.

Risks will be 'treated' until a discussion to 'tolerate' a risk is triggered – this would be when the Executive Risk Owner for corporate risks does not support the TRS. The Board will be asked to accept any risks where the Health Board is unable to treat within its available means.

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 operational risks escalated that are of significant concern and require corporate oversight and management.

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

The Board has delegated a proportion of its role of scrutiny of assurances to its Committees to make the most appropriate and efficient use of expertise. Therefore, Committees should also ensure that assurance reports relevant to the principal risks are received and scrutinised, and an assessment made as to the level of assurance it provides, taking into account the validity and reliability i.e. source, timeliness, methodology behind its generation and its compatibility with other assurances. This will enable the Board to place greater reliance on assurances, if they are confident that they have been robustly scrutinised by one of its Committees; and provide them with greater confidence regarding the likely achievement of strategic objectives, as well as providing a sound basis for decision-making. It is the role of Committees to challenge where assurances in respect of any component are missing or inadequate. Any gaps should be escalated to the Board.

The process for risk reporting and monitoring within the Health Board is outlined at Appendix 1.

Asesiad / Assessment

The PODCC Terms of Reference reflect the Committee's role in providing assurance to the Board that principal risks are being managed effectively by the risk owners (Executive Leads).

The Terms of Reference state that:

3.1.13 To seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned allocated 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.

3.1.14 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).

There are 2 risks currently aligned to PODCC (out of the 21 that are currently on the CRR) as the potential impacts of the risks relate to the workforce. This can be found at Appendix 2.

Changes Since Previous Report

Total Number of Risks	2	
New risks	0	
De-escalated/Closed	0	
Increase in risk score ↑	0	
No change in risk score →	2	See Note 1
Reduction in risk score ↓	0	

Note 1 – No change in risk score

Since the previous report, the following risk has been added to the register.

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1978 - Risk of insufficiently skilled workforce to deliver services due to limited labour market	01/04/24	Director of Workforce & OD	4x4=16 (Reviewed 29/04/25)	This risk has been scored as 16 (the likelihood is "likely" and has the potential to have a "major" impact) as the number of staff impacted from staff sickness is still high compared to identified "All Wales" benchmarks (c1-2% higher). Staffing levels (acute & community) continue to operate below established	3x4=12

				<p>levels due to both vacancies and sickness/absence which is supplemented by additional hours, bank and agency. Further work has been undertaken to understand the level of risk across each staff group (nursing, medical, allied health professionals and healthcare support) to comprehend the level of risk by each group. It is hoped as further action is taken through stabilisation, Improving Together and workforce planning to reduce the risk score. However it should also be noted that due to the Health Board's current financial position and considering the wider financial context; this may result in the potential requirement to increase the risk score to 20 once board decisions have been finalised regarding the utilisation of agency, bank and locum workforce.</p> <p>A summary of the gaps to enable a stable workforce in each professional group are noted below: 1) nursing & midwifery: a) Destabilisation of the nursing workforce linked to introduction of RNA (Registered Nursing Associate) role b) Destabilisation of the workforce due to the changes in job descriptions and bandings 2 & 3 (leading to potential litigation) with potential implications for higher bands, c) gaps in specific nursing skills sets i.e. public health (new role), critical care, theatres (although</p>	
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				<p>wider workforce implication), midwifery (SCBU: Special Care Baby Unit) and health visiting (dependent on model of care to be provided locally). d) Risk profile for nursing based on retirement and turnover generally in each branch of nursing.</p> <p>2) Medical and Maps workforce (Medically Associated Professionals - Physician Associates, Anaesthetic Associates and Surgical Care Practitioners) a) Destabilisation of the medical workforce due to regulation of Anaesthesia Associate (AA) and Physician Associate (PA) roles b) Specific skills gaps related to high locum usage/recruitment gaps i.e. haematology c) Consultant cover in emergency departments of Glangwili General Hospital /Withybush General Hospital and mental health. c) Medical rate card issues leading to "internal bidding across sites and health boards"</p> <p>3) Allied health professionals - destabilisation of the workforce due to capacity potentially outstripping demand/high locum usage in physiotherapy (potential exacerbation by "recovery work") b) Specific establishment challenges in paediatric speech and language therapy (SALT) and dietetics.</p> <p>4) Healthcare Science destabilisation due to a) Lack of clarity on benefit of regional models</p>	
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				<p>identified b) gaps in pathology and radiology workforce per se with potential exacerbation of recovery work and possible consequential sickness increases, c) specific skill set challenges in sub specialities i.e. sonography where national challenges exist d) connected implications on broader workstreams i.e. Cancer pathways i.e. interventional radiology.</p> <p>5) Ability to create true multi-disciplinary workforces.</p> <p>6) Niche skills gaps due to an aging workforce and retirement risks in critical skills/niche specialities. However, through a risk management approach and the aligned stabilisation programmes, there is growing confidence that with focused management effort, at a local, regional and national level the Health Board will be able to mitigate.</p> <p>We have identified 98 direct workforce risks on the workforce themed risk register that require intervention and support, with an additional 100 risks that have workforce planning implications which require further exploration. This enables a proactive approach.</p>	
1821 - Risk to the welfare of Health Board staff due to	04/10/23	Director of Workforce & OD	4x3=12 (Reviewed 08/04/25)	We are alert to the potential consequences of the staff welfare risk, and are monitoring a number of areas/metrics to assess if the risk may be increasing	2x3=6

current demands				e.g. turnover, absence etc. Careful consideration is being taken at different organisational levels to mitigate through organisational planning approaches to manage workload at management level and then the consequences upon staff wellbeing. The score has been increased from 9 to 12 as it has been noted that sickness absence rates are increasing.	
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Argymhelliad / Recommendation

PODCC is asked to seek assurance that:

- All identified controls are in place and working effectively;
- All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises; and
- Challenge where assurances are inadequate.

This in turn will enable PODCC to provide the necessary assurance (or otherwise) to the Board through its Update Report, that the Health Board is managing these risks effectively.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	To seek assurance on the management of the corporate risks allocated to the Committee and provide assurance to the Board that corporate risks are being managed and monitored effectively, reporting any areas of significant concern.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained in the report.
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

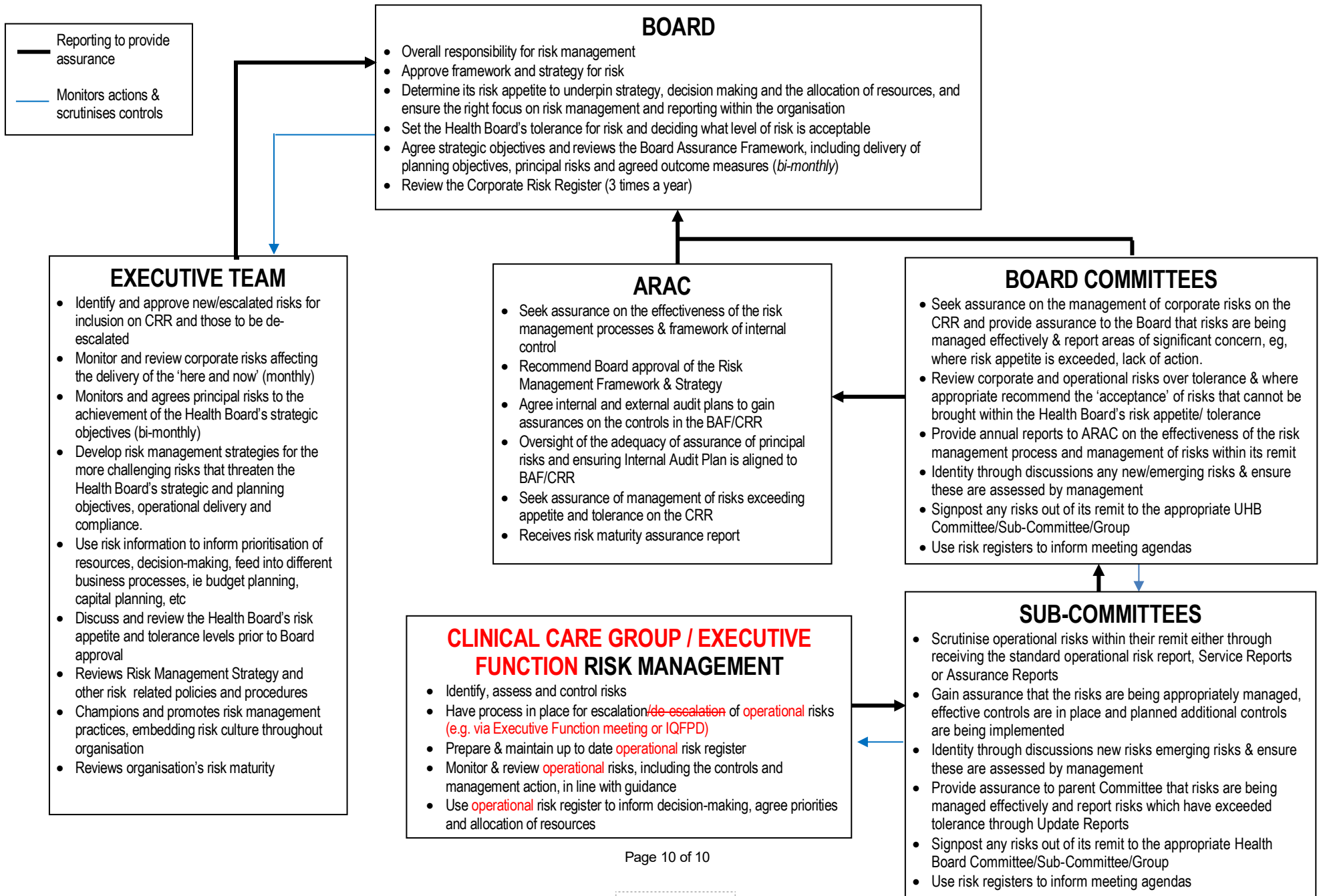
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services reviewed by risk leads/owners.
Rhestr Termau: Glossary of Terms:	<p>Current Risk Score - Existing level of risk taking into account controls in place.</p> <p>Target Risk Score - The ultimate level of risk that is desired by the organisation when <u>planned</u> controls (or actions) have been implemented.</p> <p>Tolerable risk – this is the level of risk that the Board agreed for each domain</p>
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Relevant Executive Directors.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report however impacts of each risk are outlined in risk description.
Gweithlu: Workforce:	No direct impacts from report however impacts of each risk are outlined in risk description.

Risg: Risk:	No direct impacts from report however organisations are expected to have effective risk management systems in place.
Cyfreithiol: Legal:	No direct impacts from report however proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.
Gyfrinachedd: Privacy:	No direct impacts
Cydraddoldeb: Equality:	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.

Appendix 1 – Committee Reporting Structure






CORPORATE RISK REGISTER SUMMARY MAY 2025

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Tolerance Level	Previous Risk Score	Risk Score May-25	Trend	Target Risk Score	Expected Date of achieving Target Risk Score
1978	Risk of insufficiently skilled workforce to deliver services due to limited labour market	Gostling, Lisa	Workforce/OD	8	4×4=16	4×4=16	→	3×4=12	NA
1821	Risk to the welfare of Health Board staff due to current demands	Gostling, Lisa	Workforce/OD	8	4×3=12	4×3=12	→	3×2=6	NA

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		<i>NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you</i>
	Detailed review of relevant information	
	Medium level review	
	Cursory or narrow scope of review	

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

Date Risk Identified:	Apr-24
Strategic Objective:	1. Putting people at the heart of everything we do and 2. Working together to be the best we can be and 3. Striving to deliver and develop excellent services

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

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

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	5x4=20
Current Risk Score (L x I):	4x4=16
Target Risk Score (L x I):	3x4=12
Expected Date To Achieve TRS:	
Tolerable Risk:	8
Trend:	New risk

Rationale for CURRENT Risk Score:

This risk has been scored as 16 (the likelihood is "likely" and has the potential to have a "major" impact) as the number of staff impacted from staff sickness is high still compared to identified All Wales benchmarks (c1-2% higher). Staffing levels (acute & community) continue to operate below established levels due to both vacancies and sickness/absence which is supplemented by additional hours, bank and agency. Further work has been undertaken to understand the level of risk across each staff group (Nursing, Medical, AHP and HCS) to comprehend the level of risk by each group. It is hoped as further action is taken through stabilisation, Improving Together and workforce planning to reduce the risk score during 2024/25. However it should also be noted that due to the Health Board's current financial position and considering the wider financial context; this may result in the potential requirement to increase the risk score to 20 once board decisions have been finalised regarding the utilisation of agency, bank and locum workforce.

A summary of the gaps to enable a stable workforce in each professional group are noted below:

- 1) Nursing & Midwifery:
 - a) Destabilisation of the nursing workforce linked to introduction of RNA role
 - b) Destabilisation of the workforce due to the changes in Job Descriptions and Bandings 2 & 3 (leading to potential litigation) with potential implications for higher bands,
 - c) gaps in specific nursing skills sets i.e. Public Health (new role), Critical Care, Theatres (although wider workforce implication), Midwifery (SCBU) and Health Visiting (dependent on model of care to be provided locally).
 - d) Risk profile for nursing based on retirement and turnover generally in each branch of nursing
- 2) Medical and Maps Workforce
 - a) Destabilisation of the medical workforce due to regulation of AA, PA roles
 - b) Specific skills gaps related to High Locum Usage/Recruitment Gaps i.e. Haematology c) Consultant cover in ED GGH/WGH and Mental Health.
 - c) Medical rate card issues leading to "internal bidding across sites and HB's
- 3) Allied Health Professionals - destabilisation of the workforce due to capacity potentially outstripping

Rationale for TARGET Risk Score:

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

demand/high locum usage in Physiotherapy (potential exacerbation by "recovery work")

- b) Specific establishment challenges in Paediatric SALT & Dietetics

4) Healthcare Science destabilisation due to

- a) Lack of clarity on benefit of regional models identified
- b) gaps in Pathology and Radiology workforce per se with potential exacerbation of recovery work and possible consequential sickness increases,
- c) specific skills set challenges in sub specialities i.e. Sonography where national challenges exist
- d) connected implications on broader workstreams i.e. Cancer pathways i.e. Interventional Radiology.

5) Ability to create true multi disciplinary workforces.



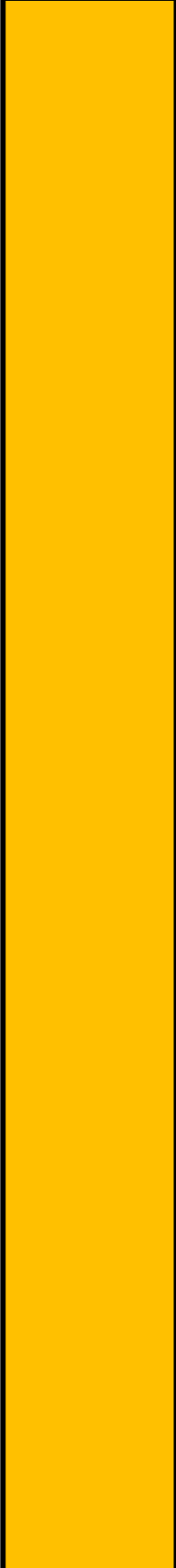



6) Niche skills gaps due to an aging workforce and retirement risks in critical skills/niche specialities. However, that said, through a risk management approach and the aligned stabilisation programmes, there is growing confidence that with focused management effort, at a local, regional and national level we will be able to mitigate.

We have identified there are 98 direct workforce risks on the workforce themed risk register that require intervention and support with an additional 100 risks that have workforce planning implications which require further exploration. This enables a proactive approach.

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	By Who	By When	Progress
<p>Organisational Governance Structure</p> <p>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</p> <p>Organisational Gap Analysis based on a 10 year profile developed and annual assessment strategic & operational review of workforce (including Education Commissioning Assessment)</p> <p>Inter-People and Corporate Team & Planning Objectives</p> <p>Establishment Control</p> <p>Agency usage</p> <p>Bank Utilisation & ongoing onboarding of supply</p> <p>Efficient Rostering practice</p> <p>Roll out of new rostering system</p> <p>Overview of organisation and service wide risks (assessment of each service area based on workforce availability)</p> <p>Continuous process of assessment of services to be stood down and deployment options based on service needs (CDG)</p> <p>Targeted prioritisation of recruitment/onboarding of new employees to the highest areas of risk in terms of maintaining service delivery (People & OD Strategic Group)</p> <p>Temporary People Utilisation reports shared regularly to monitor levels of supply</p> <p>Align and iterate to implementation groups i.e. Medical retention.</p> <p>Annual completion and submission of Education Commissioning Plan to HEIW and critical assessment to known service level plans</p> <p>Corporate Risks have been developed linked to Wellbeing as part of Risk Management approach.</p> <p>Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans</p>	<p>Workforce planning groups need time to mature and develop focus underpinning SPPEG.</p> <p>Establishment control cannot be relied on as one source of truth for information as a) partially due to temporary changes linked with pathways, b) 9 sources of information not all feed into the establishment control tool, c) data management issues in ESR, e.g., single employer status for some of our medical workforce and d) Changes in the funded establishment not reflective of "on the ground" situations.</p> <p>Tools to enable modelling in short, medium and long term to enable alignment of population health, labour market, internal labour market, activity & performance analysis aligned to financial constraints (work arounds utilised but gaps/issues exist).</p> <p>Digital support with workforce planning to support speed in decision making at local, regional & national levels.</p> <p>Critical analysis of people alignment to priorities for delivery within financial considerations for short, medium & long term; striving to develop a Health Board/System wide approach.</p> <p>Approach has been strengthened and is ongoing.</p> <p>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</p>	<p>Draft Workforce Plan in Place for Each Professional Group identified to address concerns above & monitored through relevant fora i.e. SPPEG, MDT Forum and PODCC</p> <p>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.</p> <p>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)</p> <p>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)</p>	<p>Walmsley, Tracy</p> <p>Walmsley, Tracy</p> <p>Walmsley, Tracy</p> <p>Walmsley, Tracy</p>	<p>31/03/2025 31/05/2025</p> <p>31/05/2025</p> <p>31/05/2025</p> <p>30/06/2025</p>	<p>Good engagement has taken place with all professional leads. Reflected on alignment to Clinical Care Group structure and the need for the Forum that would review and align people plans to clinical service delivery in year and for the long term.</p> <p>As above to be continued and supported by Annual Plan Workforce Workshop 9 January 2025</p> <p>Ongoing, requires "Forum" to align Service, Programmes and Strategy discussion for Workforce to develop integrated approach to link with Workforce Planning Forum and Professional Group Plans. Appointment of Primary Care workforce planner to complement team appointed 4/12/24.</p> <p>To link to Annual Plan & Education Commissioning work; in train. Profiling of People Regeneration Framework required to inform, in train.</p>

CORPORATE RISK REGISTER SUMMARY MAY 2025

SPPEG (Strategic People Planning & Education Group)	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.	Ensure effective methods of workforce utilisation across each professional group in place: Nursing, Medical, AHP and HCS. Critically assess and design plan for work that can be implemented by end of March 2026.	Walmsley, Tracy	31/03/2026	Roll out of Job Planning & Allocate across professional groups; plans required to a) strengthen current approach and b) develop for new professional groups as prioritised against resources. AHP/HCS workshop intended for Jan/Feb 2025.
	To mature and develop focus underpinning SPPEG and alignment to new Clinical Care Group structure.	Completion of Education Commissioning Plan to HEIW and critical assessment to known service level plans as at January 2025 submission to Welsh Government.	Walmsley, Tracy	Completed	Completed. Signed off by Execs.
		Recruitment plan aligned to each professional group (priority for medical for 25/26)	Walmsley, Tracy	31/03/2025 31/05/2025	Business as usual in most cases with the exception for international recruitment.
		Education Plan aligned to each professional group (to 24/25 and reframed for 25/26)	Glanville, Amanda	31/03/2025 30/09/2025	Analysis in train, based on in year and projections.
		Retention Plan aligned to each professional group (to 24/25 and reframed for 25/26)	Davies, Christine	Completed	Analysis in train, based on in year and projections.
		Evaluation of effectiveness of plans 24/25 & Lessons Learnt. (to 24/25 and reframed for 25/26)	Walmsley, Tracy	30/06/2025	Analysis in train; medical stabilisation plan in development.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
	Monitoring of workforce SIP and gaps in establishment control	1st				Assessment & continuous development mechanisms linked to Capacity and Capability (including any negative impacts on Wellbeing)	Maturity Matrix developed 31 June 2024 a) ongoing assessment & testing b) locally, c)regionally, d)nationally The intention over the next 12 months to achieve output a) and b) by March 2025, output c) by September 2025 and d) by December 2025 with any refinements of process/mechanics/content achieved by March 2026. ²	Walmsley, Tracy	Completed	External stakeholder engagement ongoing i.e. other SWP colleagues and HEIW. Shared with HEIW, Strategic Workforce Planning Institute. Discussed with HEIW in November 2024 as part of Strategic Engagement. Meeting with regional colleagues separately to link in as part of regional work programmes. Shared in November 2024 meeting of Regional Network - scheduled for review in workshop January 2025. Discussed with Strategic Workforce Planning Leads at HEIW and other Health Boards, agreement to pilot 2025/2026. ²
	Risk management approach to Workforce themed Risks	1st					Overarching Implementation Plan & Assessment of Impact (Approach defined 30/9/23) and delivered no later than 31/03/25 to link to Annual Planning cycles (identified in Audit Wales initial draft report) ²	Walmsley, Tracy	31/03/2025 31/05/2025	Workforce Plan will take account of the needs to address the actions in the Wales Audit Office Report. Assessment of work by Service, Professional and People Pillar to develop a costed plan for P&OD and HB. Awaiting guidance on how to approach Wales Audit office requirements in line with the current status of our development of clinical models to align to a strategic workforce plan. ²
	Strategic People Planning & Education Group	1st					Value & Sustainability Group to receive updates on variable pay and temporary staffing usage ²	Walmsley, Tracy	Completed	Business as usual. Completed. ²
	Workforce levels monitored at Service Level, Professional Groups and Operational Delivery Group & Improving Together meetings	2nd					Pilot the Maturity Matrix independent assessment process across 2/3 Health Boards including Hywel Dda in 2025/2026.	Walmsley, Tracy	31/12/2025	New Action.

PODCC - IMTP Plan, and process mapped through Planning Sub Group	2nd						
Workforce Planning Internal Audit (Substantial Assurance) April 2022	3rd						
Wales Audit Office review of Workforce Planning (report - Summer 2023)	3rd						
Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans							

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

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

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



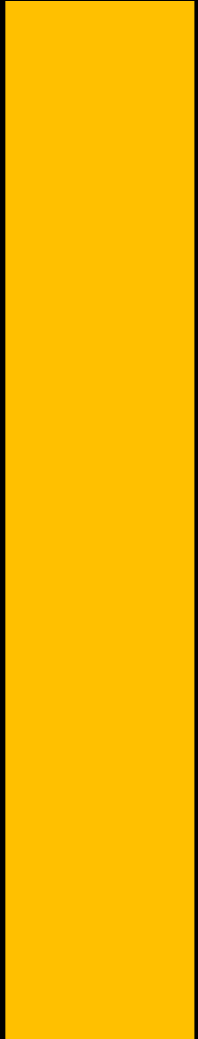






Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×3=12
Target Risk Score (L x I):	3×2=6
Expected Date To Achieve TRS:	
Tolerable Risk:	8
Trend:	↔

Month	Current Risk Score	Target Risk Score	Tolerance Level
May-24	9	6	8
Jun-24	9	6	8
Jul-24	9	6	8
Aug-24	9	6	8
Oct-24	12	6	8
Dec-24	12	6	8
Jan-25	12	6	8
Feb-25	12	6	8
Apr-25	12	6	8

Rationale for CURRENT Risk Score:
 We are alert to the potential consequences of the Staff Welfare Risk, and are monitoring a number of areas/metrics to assess if the risk may be increasing e.g. turnover, absence etc. Careful consideration is being taken at different organisational levels to mitigate through organisational planning approaches to manage workload at management level and then the consequences upon staff wellbeing. The score has been increased from 9 to 12 in October 2024 as it has been noted that sickness absence rates are increasing.

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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>Policies and procedures, which are readily available to staff via the Health Board intranet and the Wellbeing Single Portal. This provides guidance and resources for managers and staff.</p> <p>Forums in place with Executive oversight to review performance against objectives - Core Delivery Group, Directorate Improving Together Sessions, Clinical Services Plan</p> <p>Formal governance arrangements via Board and its sub-committees by Executives and Independent Members - People, Organisational Development and Culture Committee, Strategic Development and Operational Delivery Committee.</p> <p>Performance dashboards to monitor sickness, vacancies, grievances</p> <p>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.</p>	<p>Review of the WHC for the Non Pay Deal has identified specific gaps to be addressed and strengthened as identified under actions opposite.</p>	<p>Review the Staff Retention Discovery Work and ensure high level actions are delivered.</p>	<p>Gostling, Lisa</p>	<p>Completed</p>	<p>Deep dive report into the Retention Planning Objective and the Staff Retention Discovery report action plan was approved by PODCC in Dec 24. Completed.</p>
		<p>Ensure promotion of compassionate leadership principles through a) PADR quantity and quality b) compassionate management and leadership programmes c) localised cultural progression plans</p>	<p>Gostling, Lisa</p>	<p>Completed</p>	<p>Complete</p>
		<p>Review the Best Practice Guidance on Health & Wellbeing Launched for All Wales by HEIW and map across actions to Hywel Dda Cultural Toolkit</p>	<p>Davies, Christine</p>	<p>Completed</p>	<p>Complete. Wellbeing Good Practice Guide mapped across to Hywel Dda Cultural Toolkit and available for access by managers and staff via the WOD Sharepoint page.</p>

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	Wales Audit - Workforce Planning - External Audit	3rd			No specific papers. Recent papers to PODCC highlighted the deep dive on Workforce Themed Risks in October 2023.	Monitoring of actions aligned to wider PO and alignment to Wellbeing for Management and Staff	Evaluation of Action Plans to be fed back to PODCC	Walmsley, Tracy	Completed	All workforce themed risks are reviewed and highlighted to senior leadership team and People and OD committee on a regular basis. Last submission to PODCC in February 2025. ?			
	Core Delivery Group	1st											
	Directorate Improving Together Sessions	1st											
	Workforce & OD Leadership Team Meetings (Risk led)	2nd											
	PODCC	3rd											
	Executive Team meetings (Risk led)	1st											
	Escalation Framework Meetings	1st											

1.10

1.10 - Operational Risks Assigned to PODCC

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

| For assurance

Attachments

[1.10 PODCC SBAR ORR May 2025 v3.pdf](#)

[1.10 Appendix 2 - PODCC Operational Risk Register May-25.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Risks Assigned to People, Organisational Development & Culture Committee (PODCC)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce and Organisational Development/Deputy Chief Executive Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Charlotte Wilmshurst, Assistant Director of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

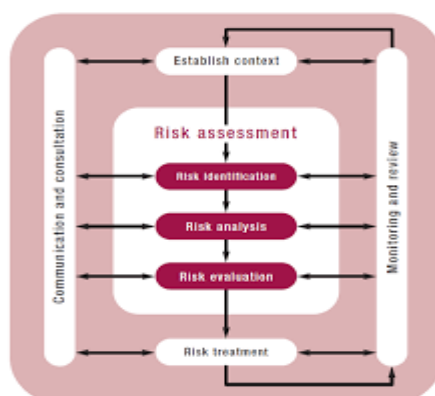
**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Committee is asked to request assurance from the Lead Executive Director for the People, Organisational Development & Culture Committee (PODCC) that the operational risks in the attached report are being managed effectively.

Cefndir / Background

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.



(Risk Management Process, ISO 31000)

Operational risks must be managed within Clinical Care Groups and Executive Functions (collectively referred to as Functions) under the ownership and leadership of individual Executive Directors, who must establish local arrangements for the review of their Risk Registers, which includes the validation of the information and risk scores, and the

prioritisation and identification of solutions to their risks. In addition to these local arrangements, formal monitoring and scrutiny processes are in place within Hywel Dda University Health Board (the Health Board) to provide assurance to the Board that risks are being managed effectively.

Management Leads are asked to review risk assessments and risk actions in line with the following timescales for review:

RISK SCORE	DEFINITION	MINIMUM REVIEW FREQUENCY
15-25	Extreme	This type of risk is considered extreme and should be reviewed and progress on actions updated at least monthly.
8-12	High	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

In monitoring the risks associated with their respective areas of activity, each Committee and Sub-Committee is responsible for:

- Scrutinising operational risks within their remit; either through receiving the Risk Registers or through Service Reports.
- Gaining assurance that risks are being appropriately managed, effective controls are in place, and planned additional controls are being implemented.
- Challenging pace of delivery of actions to mitigate risk.
- Identifying, through discussions, new and emerging risks and ensuring these are assessed by those with the relevant responsibility.
- Providing assurance to its parent Committee, or to the Board, that risks are being managed effectively and reporting risks which have exceeded tolerance through its Committee/ Sub-Committee/ Group Update Report.
- Using Risk Registers to inform meeting agendas.

It is therefore essential that the membership of these Committees and Sub-Committees includes appropriate representation from Clinical Care Groups, and that they are in attendance to provide assurance and to respond to queries.

Relevant discussion should be reflected in the PODCC Update Report to the Board to provide assurance on the management of significant risks. This will include risks that are not being managed within tolerance levels (see [Risk Appetite Statement](#)), and any other risks, as appropriate.

A revised approach to risk tolerance was agreed by the Board at its meeting in March 2025 to reflect the organisation's readiness to bear the risk after risk treatment, to achieve its objectives. The previous approach as agreed in September 2018 which set the tolerance levels for risk aligned to risk impact domains.

The revised approach utilises the target risk score (TRS) of risks to demonstrate the lowest level of risk exposure that the Health Board is willing to tolerate, following the completion of all planned actions aligned to each risk. The TRS represents the ultimate level of risk achievable given the available means and resource. Once the TRS is achieved, if the risk continues to exist, it should then be tolerated / accepted unless further actions are identified or made possible (e.g., additional resources). If achieving the TRS is deemed unacceptable (i.e., the TRS is too high), further discussion or escalation is required. The TRS should be quantified, and where possible aligned to performance targets (including quality metrics), with a set timescale for achieving the reduction of the Current Risk Score to the TRS.

Risks will be 'treated' until a discussion to 'tolerate' a risk is triggered – this would be when the Executive Risk Owner for operational risks does not support the TRS. The Board will be asked to accept any risks where the Health Board is unable to treat within its available means.

The process for risk reporting and monitoring within the Health Board is outlined at Appendix 1.

Asesiad / Assessment

The Terms of Reference state that:

3.1.13 To seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) that are 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 to recommend acceptance of risks to the Board.

3.1.14 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).

There is currently 1 risk aligned to PODCC based on the following criteria:

- PODCC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- The current risk score exceeds the tolerance level;
- Risks have been identified at Operational level on Datix risk module; and
- Risks have not been escalated to the Corporate Risk Register.

Since the previous report to PODCC, 'service' level risks (previously unreported) and directorate level risks are now referred to as 'operational' level risks, as agreed at Board in March 2025. This has resulted in risks that would not have been included in Committee reports now being included if they are high or extreme, ie above 8.

Changes Since Previous Report

Total Number of Risks	1
New risks	1
Risks that are no longer included in the report	0
Increase in risk score ↑	0
No change in risk score →	0
Reduction in risk score ↓	0

See Note 1

Note 1 – New Risks

Following the re-assignment of service level and directorate level risks to operational level risks on Datix, 1 additional risk now meets the reporting criteria for PODCC since the previous meeting:

Risk Reference & Title	Date risk identified	Lead Director	Current Risk Score	Update	Target Risk Score
737 - Risk of Switchboard not complying with European Working Time Directive due to inability to cover single-handed shifts at 3 sites	01/05/18	Director of Finance	12 <i>(reviewed 16/05/25)</i>	Unable 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.	6

The Risk Register, attached at Appendix 2, details the responses to each risk, i.e., the Risk Action Plan.

The heatmap below has been obtained from the [Risk Performance dashboard](#). The information reflects the risk information extracted from Datix of the one risk included in this report:

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5					
MAJOR 4					
MODERATE 3				737	

MINOR 2						
NEGLIGIBLE 1						

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. Risk themes provides 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.

Workforce themed risks are shared with the Workforce and Organisational Development Directorate on a bi-monthly basis to allow them to maintain oversight and provide necessary guidance to those responsible for the risk and develop/improve organisational controls, i.e., policies, procedures, systems, processes, to reduce the risk to the Health Board. The Workforce Directorate triangulate workforce risks across the Health Board to ensure effective risk management, and to contribute to organisational long- and short-term planning, whilst providing assurance that workforce risks are being monitored, and managed accordingly. Progress on this work is monitored via the Strategic Workforce Planning Team meeting.

Argymhelliad / Recommendation

PODCC is asked to seek assurance that:

- All identified controls are in place and working effectively.
- All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises.
- Challenge where assurances are inadequate.

This in turn will enable PODCC to provide the necessary assurance (or otherwise) to the Board through its Update Report, that the Health Board is managing these risks effectively.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

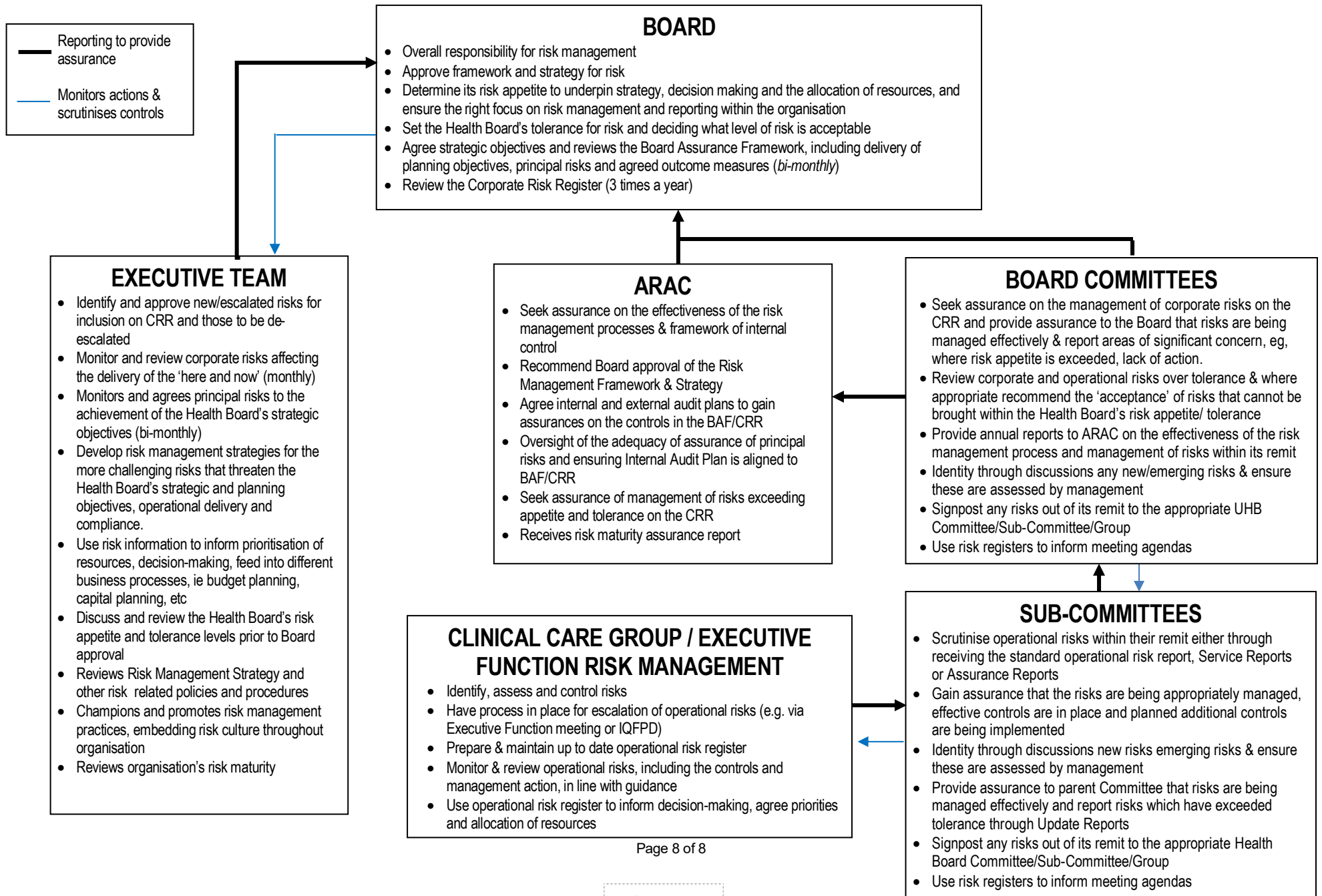
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	To seek assurance on the management of the operational risks allocated to the Committee and provide assurance to the Board that operational risks are being managed and monitored effectively, reporting any areas of significant concern.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained in the report.
Parthau Ansawdd: Domains of Quality	7. All apply

Quality and Engagement Act (sharepoint.com)	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	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 risk on the Datix Risk Module from across HDdUHB's services reviewed by risk leads/owners.
Rhestr Termau: Glossary of Terms:	<p>Current Risk Score - Existing level of risk taking into account controls in place.</p> <p>Target Risk Score - The ultimate level of risk that is desired by the organisation when <u>planned</u> controls (or actions) have been implemented.</p> <p>Tolerable risk – this is the level of risk that the Board agreed for each domain in January 2024 – Risk Appetite Statement.</p>
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Relevant Executive Directors.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report however impacts of each risk are outlined in risk description.
Gweithlu: Workforce:	No direct impacts from report however impacts of each risk are outlined in risk description.
Risg: Risk:	No direct impacts from report however organisations are expected to have effective risk management systems in place.
Cyfreithiol: Legal:	No direct impacts from report however proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.
Gyfrinachedd: Privacy:	No direct impacts.
Cydraddoldeb: Equality:	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.

Appendix 1 – Committee Reporting Structure



Risk Ref	Domains of Quality	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	Risk Tolerance Score	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	Rationale for Target Risk Score	Detailed Risk Decision	Review date
737	Efficient, Equitable, Safe, Timely	Director of Finance	Digital	Digital: Information and Communication Technology	Thomas, Huw -	Tracey, Anthony	Brain, Sarah	Brain, Sarah	01-May-18	<p>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).</p> <p>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.</p> <p>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.</p> <p>Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital.</p>	<p>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.</p> <p>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.</p> <p>Call recording is allowed on new system if issues are raised.</p> <p>Post-implementation review of system was carried out on 19th January 2023. Digital side of system is operable.</p> <p>Update May 2025 - OCP is currently progressing to eliminate lone working and allow breaks in line with EWTD</p>	Statutory duty/inspections	8	4	3	12	<p>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.</p> <p>No complaints have been received from staff to date and concerns in the teams are minimal.</p> <p>Risk score was reviewed following review of system which occurred in January 2023.</p>	<p>Review physical alarm systems in GGH and WGH switchboards</p> <p>No update from estates - highlighted in Health and Safety report</p> <p>Review physical alarm systems in BGH and PPH switchboards</p> <p>Alarms highlighted in Health and Safety meetings and included in reports no update from estates</p> <p>Health and Safety review of all sites to be carried out in May 2023 (inspecting physical environments and support mechanisms for staff)</p> <p>All Health and Safety Reviews have been carried out some actions already done clearing of areas, awaiting completed reports.</p> <p>Develop work plan to enable switching between sites</p>	<p>Beynon-Thomas, Kelly</p> <p>Beynon-Thomas, Kelly</p> <p>Beynon-Thomas, Kelly</p> <p>Beynon-Thomas, Kelly</p>	<p>29/4/2023-29/4/2023-04/02/2024-04/07/2024-31/03/2025</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>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</p> <p>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.</p> <p>Health and Safety advisor booked in to carry out review. Update Action at next review.</p> <p>Work plan to be developed once review of alarms and Health and Safety inspection carried out.</p>	People, Organisational Development and Culture Committee	2	3	6		Treat	21-Aug-24

2 - PEOPLE

2.1

2.1 - Recovery Nature Programme Report and Staff Story

***Suzanne Tarrant
(Hywel Dda UHB -
Consultant Clinical
Psychologist)***

| For discussion

Attachments

[2.1 PODCC SBAR Recovery in Nature Evaluation.pdf](#)



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Recovery in Nature Programme Evaluation
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce and Organisational Development (W&OD) and Deputy Chief
SWYDDOG ADRODD: REPORTING OFFICER:	Suzanne Tarrant, Consultant Clinical Psychologist, Head of the Staff Psychological Wellbeing Service

**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 purpose of this report is to provide assurance that the Recovery in Nature Programme facilitated by the Staff Psychological Wellbeing Service is delivering an effective contribution to the mental health support available to staff as evidenced in evaluation, and to provide an update on plans for continued delivery of the programme in 2025.

Cefndir / Background

The Staff Psychological Wellbeing Service (SPWBS) provides a stepped model of care to contribute to a culture of wellbeing and resilience and support the mental health of staff. We recognise that a range of resource options are needed and preferred and that not everyone wants to access or can make good use of self-help, psychoeducation or one-to-one therapy. The evidence supporting nature-based therapies (links to research articles below) has developed considerably over recent years and our experience during the pandemic clearly showed a greater interest in and willingness to look to nature for more holistic mental health and wellbeing support.

[Nature-based outdoor activities for mental and physical health: Systematic review and meta-analysis - ScienceDirect](#)

[Nature-based interventions to promote health for people with stress-related illness: An integrative review - Johansson - 2022 - Scandinavian Journal of Caring Sciences - Wiley Online Library](#)

[Frontiers | The Potential for Outdoor Nature-Based Interventions in the Treatment and Prevention of Depression](#)

[Factors influencing the effectiveness of nature-based interventions \(NBIs\) aimed at improving mental health and wellbeing: An umbrella review - ScienceDirect](#)

The Recovery in Nature (RiN) programme was first delivered in 2022 with support from NHS Charities Together Stage 3: COVID-19 Recovery Funding. The funding was available over a period of two years of delivery, after which the programme has been funded internally within Hywel Dda University Health Board (HDUHB), drawing on existing staffing resources in the SPWBS.

Aims and Content of the Programme

The programme has been designed as a psychological intervention for work-related stress and burnout, and thus to improve mental health and reduce sickness absence. For some participants this may mean that they are able to avoid going on sick leave and for others that they are able to return to work more quickly and sustain a successful return to work following mental health related absence. Participants also learn new skills to enable them to sustain their own wellbeing, the programme thereby also contributing to a more proactive and preventative approach.

The key therapeutic components of the programme are:

- A focus on nature as a therapeutic ally (deepening our relationship with nature for mutual benefit and viewing a meaningful reconnection with nature as fundamental to our overall health and wellbeing)
- Psychoeducation to increase understanding of stress and burnout, the science behind the benefits of being with and in nature, and strategies to support improved mental health
- A carefully facilitated process of mindfully stepping back from work and busyness to reflect on self-care needs and develop a personalised recovery plan
- Establishing a safe group environment for sharing and connection to aid normalisation and address experiences of shame, loneliness and isolation.

The initial model was to offer a series of Ecotherapy Retreats for staff, with attendance on four consecutive Fridays at a woodland venue. Whilst this proved popular, staff feedback in 2022 on the need for a shorter experience due to the difficulties around release, led to the addition of a series of single Recovery in Nature Days from 2022 onwards.

The offer over the last 3 years has been:

- An Ecotherapy Retreat (of four Fridays each) in each of the three counties (3 per year)
- Two Recovery in Nature Days in each of the three counties (6 per year)

An application and screening process is in place for the Ecotherapy Retreats, enabling us to ensure that the therapeutic intervention is suitable for each person at that time. Clinical Risk Assessments are undertaken as needed prior to confirming participation and onwards referral or signposting is offered and supported should this be required.

Each event has two therapeutically trained facilitators and a maximum group size of 12 with a total capacity of the RiN programme each year of 108. The programme has been designed and is facilitated by the SPWBS Team, with external sessional input provided by a local artist for the Nature Art component within the Ecotherapy Retreat programme.

The process during each of the RiN Days and Ecotherapy Retreats flows through time for personal reflection, sharing in pairs or small groups as well as whole group discussions. There are also a series of carefully designed nature invitations as well as guided mindfulness activities and some educational input from the facilitators. The programme now provides a

workbook to participants to use during the RiN Days or Ecotherapy Retreats which includes key information to support the process as well as space for reflection.

The woodland venues have been carefully selected to provide accessibility, appropriate facilities as well as the sense of "being away". One venue has been paid for, but the others have been provided without charge thanks to the generosity of local partners (Jerry and Charlotte Roberson for Scolton South Woods near Haverfordwest and the University of Wales Trinity St David's for Cynefin near Carmarthen). An appropriate Risk Assessment and Emergency Procedure was drawn up for each event/venue/group, and there was a qualified Outdoor First Aid trained facilitator present at each event.

A follow-up framework was designed and delivered to provide post-retreat support as a means of sustaining gains and encouraging embedding of new behaviours into daily life:

- A series of emails to check in, serve as a reminder and offer a supplementary resource: these are sent weekly for four weeks and then monthly for three months (option to opt out if desired)
- A one-to-one appointment (online or in-person) is offered by the Retreat facilitators at four weeks post Retreat to check in and reflect on the personal Recovery Plan.

Whilst other programmes to support staff wellbeing in outdoor spaces have developed since the pandemic in England, the RiN Programme in HDdUHB remains unique as an employee wellbeing offering in NHS Wales.

The RiN programme contributes to the overarching Workforce and Organisational Development planning objectives for 2025/2026

- Foster a workplace culture of connection, appreciation and positivity, enabling our people to thrive
- Create a compassionate, inclusive and respectful experience for colleagues and patients

Asesiad / Assessment

Attendance

Year	No. Retreats	Attendees	No. RiN Days	Attendees	Total Attendees
2022	3	20	1	6	26
2023	4	28	5	38	66
2024	1*	8	6	56	64
	8	56	12	100	156

(*2 Ecotherapy Retreats were cancelled due to last minute withdrawals and insufficient numbers)

A rigorous evaluation framework was built into the RiN programme from the outset, providing the means to assess outcomes and impact. Both quantitative and qualitative methods were utilised, acknowledging the importance of clinically valid and reliable psychometric pre/post and follow up measurement as well as an understanding of participants experience.

The quantitative measures used were:

- Clinical Outcomes in Routine Evaluation ([CORE-OM](#)), a 34-item questionnaire with four main domains: wellbeing, problems, functioning and risk
- Maslach's Burnout Inventory ([MBI](#)), a 22-item questionnaire designed to measure the three main components of burnout: emotional exhaustion, depersonalisation and reduced personal accomplishment
- The Inclusion of Nature in Self scale ([INS](#)), a single item question designed to measure the extent that individuals include nature as part of their identity (nature connectedness)
- Various rating scales formed part of the participant feedback form that was used either at the end of the day or on the final day. These questions were designed to enquire about different aspects of the participants' experience including the suitability of the venue, their sense of being away and the skill of the facilitators,

The qualitative measures used were:

- Thematic analysis of various free text questions within the participant feedback forms
- Use of the Most Significant Change approach ([MSC](#)), this was brought in as an additional layer in October 2024, drawing on participants' experience over all the years of delivery thus far (2022 – 2024)
- Verbatim quotes shared during the programme were also noted as a way of capturing personal experiences as they unfolded

Programme review process:

The SPWBS Team met at the end of each year's programme to review the evaluation data, consider participants' experience and reflect on their own experience of being involved. This time of reflection allowed for consideration of what was working well, what needed to change and other improvements to the overall programme. While some practical aspects were adjusted over time, the essential process and content of the programme remained the same, meaning that a comparison of outcomes was appropriate.

Key learning points were:

- Early and wide promotion to all areas and staff groups is essential to ensure sufficient numbers
- Mechanisms to support release of staff to attend are needed e.g. the Manager's Commitment Form, waiting lists for each event with cancelled places offered as quickly as possible
- Two facilitators are definitely needed to take care of the group process, manage one-to-ones as needed and to take care of all the practical arrangements
- Being involved in the facilitation is highly beneficial for SPWBS Team members in terms of providing role variety and deeply rewarding due to the significant sense of making a real difference in people's lives.

Constraints

The following factors have presented as challenges or limitations in the delivery and evaluation of the RiN programme:

1. Uncertainty around funding leading to delays in permissions with short time frames for planning, preparation and promotion
2. Difficulties for staff to be released in advance, attendance in work time dependent upon manager's permission with some managers more supportive than others and staffing levels variable across services

3. Cancellations at short notice due to difficulties around staff being released and unpredicted changes in staffing levels
4. Limited availability of venues that satisfactorily meet the criteria for the purpose of the programme
5. Provision of project management support, administration and facilitation from within the SPWBS Team, which is small and has been carrying vacancies, drawing resource away from other aspects of service delivery

Outcomes

1. CORE-OM

Paired sample t-tests were used to assess pre-post outcomes. These demonstrated clinically significant changes ($p < 0.001$) for all items combined as well as for the domains of Wellbeing, Functioning and Problems. This result suggests that over the period of time that participants attended an Ecotherapy Retreat, they experienced a clinically significant overall improvement in their mental health and functioning.

2. MBI

Paired sample t-tests were used to assess pre-post outcomes. These demonstrated clinically significant changes for Emotional Exhaustion (reduced) and Personal Accomplishment (increased). The change in Depersonalisation scores was not clinically significant. This result suggests that over the period of time that participants attended an Ecotherapy Retreat, they experienced an overall improvement in symptoms of burnout.

3. INS

A paired sample t-test was used to assess pre-post outcomes across both RiN Days and Ecotherapy Retreats. This demonstrated clinically significant changes ($p < 0.001$) suggesting that participants experienced a greater sense of nature connectedness following their involvement in the programme.

Participant feedback

Key themes from the feedback forms:

- Over 98% of participants reported that they would highly recommend the programme to colleagues
- All participants who responded in the follow-up feedback indicated that it had been very important for them to participate and that the programme should be available to all staff to support mental health
- All the participants indicated that they had been able to achieve their personal goals for attending to some extent, with around 65% saying they had achieved them a great deal or quite a bit
- Over 95% of participants indicated that following their event, they were spending more time in nature, engaging with nature more to support their wellbeing, and noticing and engaging more deeply with nature
- Over 90% of participants experienced the facilitation of the days and retreats as very good or exceptional and felt that their personal needs and wellbeing were well cared for
- Themes arising from what was found to be most helpful:
 - Being in Nature
 - Feeling not alone
 - Having practical exercises and strategies
 - Having time to slow down and be present
 - Learning about the science behind the benefits of nature connection

- Themes arising from what brought about the positive changes:
 - Reconnecting with or deepening relationships with nature
 - Slowing down and having time to be to reflect and connect
 - Increased self-awareness leading to greater kindness to self and improved self-care

Participant comments

"I found the experience very rewarding. Thank you for arranging such an amazing opportunity for staff. It makes me feel more valued."

"Extremely valuable, I think this has helped to give my work balance and meaning, I think I need to practice strong self-care as a prerequisite to caring for others"

"I thoroughly enjoyed and found great understanding and techniques to reflect on my burnout experience last year and ways to look to prevent this occurring again and manage my workload, including the associated stress and anxiety that comes from my demanding role. I had not taken part in anything like this previously and wasn't sure how I would feel about the reflective nature of the process, but I felt quickly at ease and encouraged to try out these new experiences in a safe place."

"A really valuable experience. Giving me a day for 'me' but also empowering me to use the different techniques in my day-to-day life."

"Today has been really restorative. I've been reminded how to relax, take time out outside, and what I used to enjoy doing. I've got a deeper appreciation of nature and wish to nurture it more and teach my son about it too."

"The scientific background was amazing and made me think of nature differently - in a good way!"

"It made me realise it was ok to prioritise nature and myself. I am making an effort to be in nature more and am already benefiting from it. I have taken colleagues on lunchtime walks and we are all benefiting"

Most Significant Change

An invitation to share a personal story of most significant change was sent out to all 156 participants in the RiN programme for 2022, 2023 and 2024. Stories were gathered from 18 participants and 7 of these were selected for sharing with a Story Selection Panel held on 28 January 2025. The panel chose 2 Most Significant Change stories, and both will be shared with the Committee today.

The stories are gathered using open questions:

1. What has changed for you because of taking part in the RiN programme?
2. Which is the most significant change for you and why?
3. What do you think brought about the change?

Initial analysis of themes shows the following:

- People have gained in both proactive, preventative ways as well as from seeking therapeutic support due to existing mental health concerns

- Re-connecting with nature is experienced as rewarding and valuable, and enabled by the sense of being given permission through sharing of the evidence base for the mental and physical health benefits of being with nature
- A high value is placed on knowing that you are not alone, that others struggle too and that it is okay and useful to share your own feelings and experience with others. The sense of stigma around not always coping is reduced through acknowledging the commonly shared experience of suffering
- Many gains were at an individual level, but participants also talked about wider impacts on family, friends, colleagues and others in the work setting. The changes were experienced as rippling outwards into workplaces and communities.

A full thematic analysis of all 18 stories is underway and will provide useful learning for the programme going forward.

Evaluation Summary

In summary, the evaluation of the Recovery in Nature Programme for staff clearly demonstrates clinically significant improvements in mental health, a reduction in symptoms of burnout and improvements in nature connectedness for participants. Qualitative feedback provides insight into the transformative impact of the programme, how much it is valued and the perception that it would be useful to offer on a more regular basis, to more staff.

Recovery in Nature programme for staff 2025

The RiN programme for 2025 repeats the 2024 plan with a series of six single Recovery in Nature Days (2 in each county) as well as three Ecotherapy Retreats (one in each county). This provides a maximum of 108 staff members the opportunity to participate. The content of the RiN Days and Ecotherapy Retreats remains consistent with previous years, but the workbooks provided for each have been improved and updated. Careful evaluation of the programme will continue, including Most Significant Change.

Previous experience has shown that early and extensive promotion is required to reach as many staff as possible with the offer and the enable forward planning around leave, rotas and service levels. In 2025, the RiN programme has been advertised as follows:

- SharePoint [Recovery in Nature for Staff 2025](#) (712 page views between 10 April and 5 May)
- Global email, regular Viva Engage posts, Staff Facebook page
- Within programmes, workshops and webinars the SPWBS team have offered
- Via various Teams channels
- Via key allied services and teams (Occupational Health, OD Relationship Managers, Wellbeing Champions, Union Representatives)
- Printable A4 posters to be shared in areas where staff have limited access to health board networks

As of 5 May 2025, 92 applications had already been received with four events (3 RiN Days and 1 Retreat) already being fully booked. This is by far the best response in the history of the programme and suggests greater staff awareness as well as a definite level of interest and need.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is requested to **TAKE ASSURANCE** that

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

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 To provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, ensuring Hywel Dda University Health Board (the Health Board) is recognised as a leader in this field.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	2. Timely 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 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	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:	Included in the body of the report
Rhestr Termau: Glossary of Terms:	Included in the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts on adverse quality and/or patient care outcomes/impacts
Gweithlu: Workforce:	No direct impacts on adverse existing or future staffing impacts. Report for assurance only
Risg: Risk:	No direct impacts on risks identified and plans to mitigate risks.
Cyfreithiol: Legal:	No direct impacts on legal impacts or likelihood of legal challenge.
Enw Da: Reputational:	Unlikely to have any potential for political or media interest or public opposition:
Gyfrinachedd: Privacy:	No potential impact on individual's privacy rights or confidentiality and/or the potential for an information security risk due to the way in which information is being used/shared, etc.
Cydraddoldeb: Equality:	N/A

2.2

2.2 - Trade Union Update

Anthony Dean
(Hywel Dda UHB -
Estates)

No TU update this time as all the work was completed in line with the WG report.

| For assurance

2.3

2.3 - Workforce Efficiency Update

*Michelle James
(Hywel Dda UHB -
Head of Resourcing
& Utilisation), Daniel
Owen (Hywel Dda
UHB - Senior
Workforce Manager)*

| For assurance

Attachments

[2.3 PODCC Workforce Efficiency May 25.pdf](#)

[2.3 Appendix 1 - PODCC Update Stabilisation \(Workforce Efficiency\) Ap 1 May~.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 May 2025
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)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

Work continues on the development of the two programmes of work formally constituted under “people stabilisation programmes”:

- Nursing Stabilisation (includes Additional Clinical Services)
- Medical Stabilisation.

The focus of these programmes has been the reduction of agency spend and associated variable pay cost linked with various strategies to support stabilisation in each professional group.

In addition, through the new Clinical Care Group structure, services are looking at how all staff groups are operating to identify efficiencies. This is supported through the development of service led people plans and alignment to work through Strategic People Planning Education Group (SPPEG) and the People Professions Workforce Planning Forum work. The People Planning Team and wider Workforce & Organisational Development (OD) Directorate are working across different themes (Recruitment, Retention, Development) and undertaking work to analyse these themes for the following groups:

- Allied Health Professions & Healthcare Scientists
- Estates and Facilities
- Administrative and Clerical.

Appendix 1 provides a summary position for each of the professional staff groups giving the status of each scheme, highlighting the opportunities and challenges faced.

Cefndir / Background

The baseline position for the two main programmes is as follows:

Nursing Stabilisation - Agency

In March 2023, agency use stood at 332.54 WTE (Temporary Workforce Utilisation Tool, 28/04/2025). By March 2025, this had reduced to 91.2 WTE, with no off-framework nursing agency staff used since June 2023. Using March 2023 as a baseline, the nursing agency spend at that time was £3.1m per month.

Medical Stabilisation - Agency

Medical agency spend averaged £389k per month in 2024/2025 (Variable Pay Report), totalling £4.67m for the financial year. This represents a reduction of £1.18m compared to the 2023/2024 total of £5.85m.

Asesiad / Assessment

Nursing Stabilisation

As of March 2025, Nursing agency has reduced to £464k per month, representing a monthly saving of £2.636m. Further plans are in place to continue this reduction into the 2025/26 financial year, in line with the [Agency Reduction Welsh Health Circular \(WHC/2024/031\)](#), which mandates a further 30% reduction in agency use from the 2024/25 outturn. Some of the savings required will be achieved through the reduction in new agency rates of pay which have been agreed as part of the all Wales Nursing Agency framework, our financial team are currently costing this to determine the level of savings which can be expected. To meet the required savings the Health Board would need to see a reduction in expenditure of circa £139k per month taking total spend to £235k per month during 2025/26. In April 2025 Nursing agency reduced to 65.7wte with a spend total of £464k. Usage remains linked to the following reasons:

- Vacancies held for Newly Qualified Nurses in September 2025 and overseas recruitment.
- Surge/Enhanced Patient Support
- Sickness and Annual Leave Cover

Work continues on refining and developing approaches to roster management and critical workforce gaps.

Medical Stabilisation

The Medical Stabilisation Programme consists of several workstreams which include implementation of a medical E-rostering system, International recruitment and targeted workforce pipeline initiatives to stabilise the medical workforce i.e. Portfolio Pathway development.

It is recognised that medical agency usage is largely linked to services where workforce stability remains a significant challenge. Exit plans are currently in place for longstanding agency workers with exit dates scheduled between May 2025 and March 2026 for 8 posts, pending successful international recruitment. Further opportunities have also been identified Unscheduled Care and Mental Health & Learning Disabilities and work has begun on this. The chart below provides a breakdown of the reasons for agency cover during the period from April 2024 to March 2025, illustrating the ongoing difficulties in managing vacancies within the medical workforce.

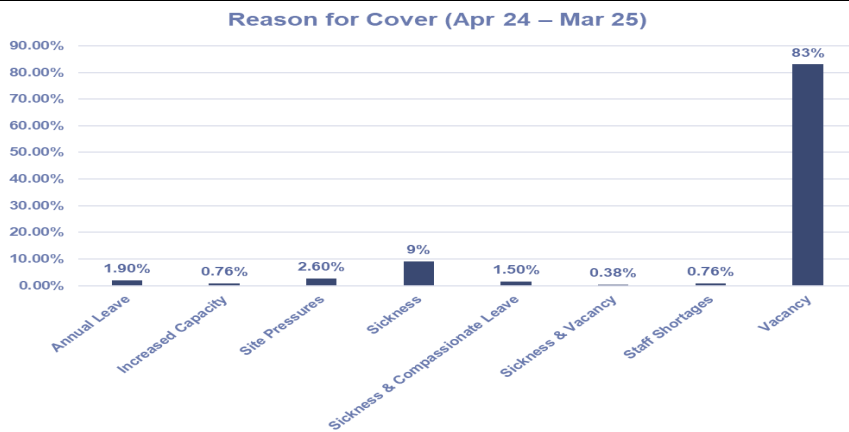


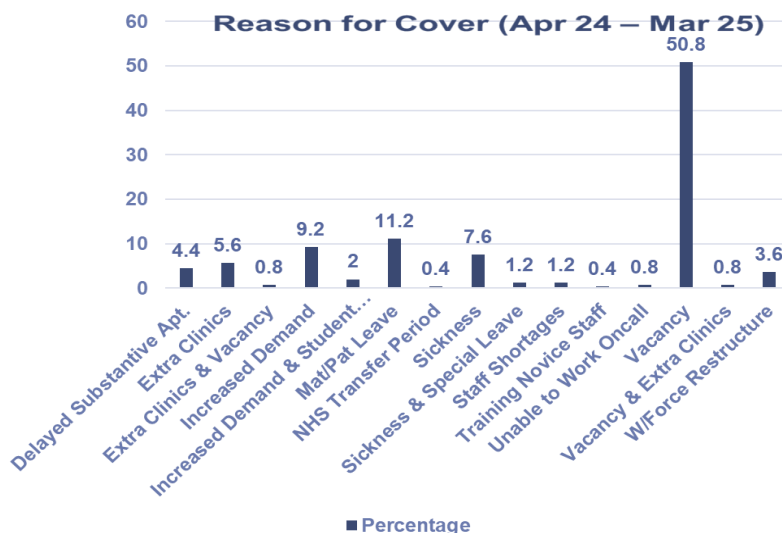
Figure 1 - Reason for Cover, Medacs Reporting

For context and scale, there are currently 184 actions identified within the Health Board’s 2024/2025 Workforce Plan, specifically aligned to the Medical and Dental profession. Central themes include developing clarity on establishments and job plans, reviewing variable pay, articulating risk and reducing vacancies. Previously, this has been difficult to capture due to the nature of the way in which information is recorded and the differing systems used for medical staff, when compared to other health professionals. The Medical Stabilisation Programme is triangulating workforce, finance and service information. By ascertaining staffing needs and operational pressures, assessing against vacancies, agency and risk, the team can support services to explore pipelines through alternative routes and succession plan for their future workforce.

It is known that pockets of inefficiency exist in some services, through variable pay, vacancies and a lack of substantive workforce, however the drivers behind this need to be clearly mapped. The work of the Medical Stabilisation Programme aims to address this and build a professional plan with the workforce baseline being the starting point.

Allied Health Professions and Healthcare Science Stabilisation

The workforce effectiveness team have assessed the Allied Health Professionals (AHP)/ Health Care Sciences (HCS) Professional Staff Groups agency usage is directly linked to services where workforce stability remains a challenge, and fragility exists. Overall, 50% of agency worker requirements are related to vacancy cover.



This analysis, along with recruitment plans for both substantive and bank staff, aims to reduce agency reliance. However, due to ongoing performance pressures, agency usage at the start of 2025 has been higher than at the end of 2024. This trend is expected to continue while performance improvements are pursued without fully aligned workforce plans and pipelines to support substantive staffing or to utilise variable pay through bank work as an alternative to agency usage.

Agency spend within Allied Health Professionals has decreased by £430k compared to the 2023/2024 financial year, with total expenditure for 2024/2025 standing at £977k, further reduced from £1.4m in 2023/2024. Workforce efficiency, service leads, and recruitment teams have been working continuously to phase out agency workers.

Administrative and Clerical Stabilisation

On 1st November 2024, the Health Board revised its approach to variable pay for administrative and clerical (A&C) positions, including additional hours (ad hoc hours worked by part-time staff), overtime, and bank shifts; services were informed that all additional hours, overtime, and bank requests for administrative and clinical staff were to cease from this date. To manage this process, a formal approval system was introduced, requiring A&C variable pay requests to be submitted to the Financial Control Sub Group (FCSG) for consideration. Between 1 November 2024 and 30 April 2025, a total of 37 variable pay requests were received. Particular attention is being paid through the Clinical Care Group structure to the areas with the highest usage.

Estates and Facilities Stabilisation

Progress has been made with regard to reviewing rosters and a task and finish group set up to take work forward. The programme has undergone a change in executive leadership and is currently under review in line with this transition. There is currently no agency usage within Estates and Facilities, however, bank usage remains the primary driver of variable pay, exceeding trends seen in other staff groups. In 2024/2025, bank usage increased to £2.17m compared to £2.11m in 2023/2024. This increase is attributed to inefficient rostering practices, misalignment between rosters, mismatches in demand & supply (associated with gaps due recruitment, absence etc) and gaps in support mechanisms.

It is important to highlight that as services are stabilised and recruitment opportunities realise reductions in agency and variable pay; challenges will present in how we address entrenched workforce gaps (which will be mostly associated with fragile services with critical role or skills gaps). We will need to reflect on how we address these gaps either through a “contingent” workforce, consider reconfiguration of services and/or redesign workforce models.

Critically, organisational risks will need to be managed across performance, quality, safety and costs. Through the work identified above we will continue to refine the approach, mechanisms and metrics to develop a clear workplan with measurable outcomes and the team will continue to ensure impact and implications of the programmes of work are understood and managed.

Argymhelliad / Recommendation

- The People, Organisational Development and Culture Committee is asked to DISCUSS the Workforce Efficiency Update.

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)	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:	Included within the main body of the report.
Rhestr Termiau: Glossary of Terms:	Included within the main 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:	Executive Team. Core Delivery Group Variable Pay Expenditure Reduction And Efficiency Group.

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:	<u>No strategic programme of work</u>



APPENDIX 1

Workforce Efficiency Update Report May 2025

People & Organisation Development & Culture Committee



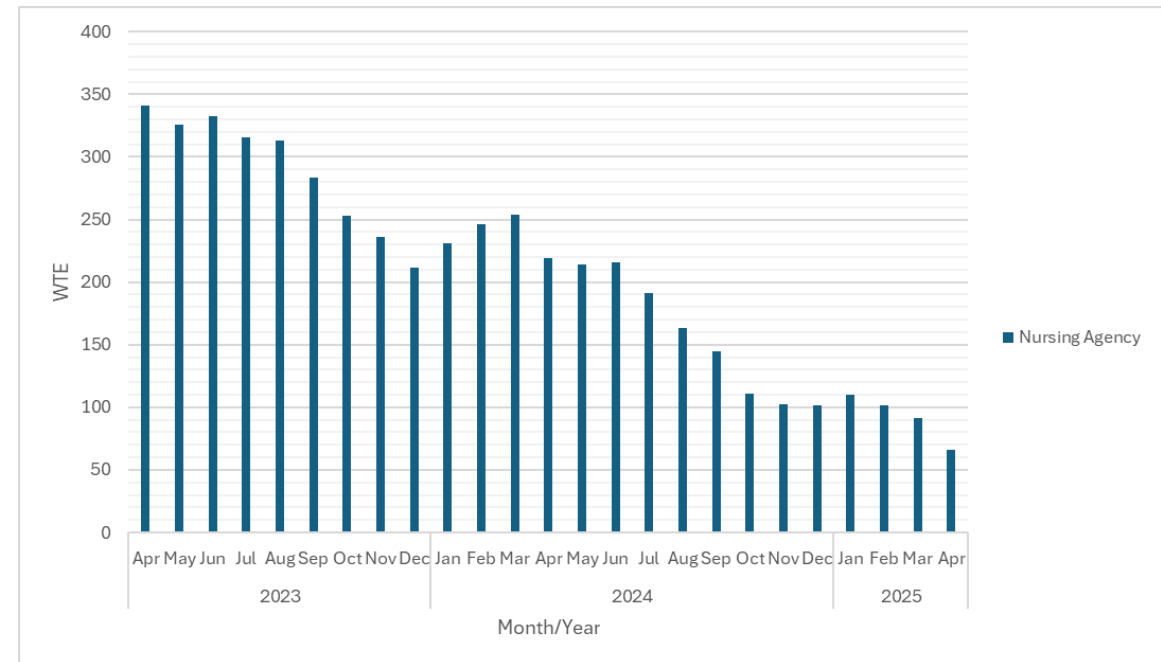
Agency Reduction Plans

May 2025

- Plans to mitigate holding vacancies for NQNs
- Assessments to mitigate unplanned elements: Surge, EPS, sickness, etc.
- Sickness management drivers linked to variable pay are to be assessed by care group.
- Roster management refresh: Strengthen training for specific areas.
- International recruitment to reduce planned care agency usage and ensure stabilisation across theatres.

In April, the nursing agency had 65.37 WTE, the lowest level of nursing agency usage. Of this, 22 WTE are vacancies, either due to delays in IEN competency or being held for NQNs.

The remaining WTE agency usage is attributed to unplanned elements such as surge, enhanced patient support, and sickness above the headroom percentage.

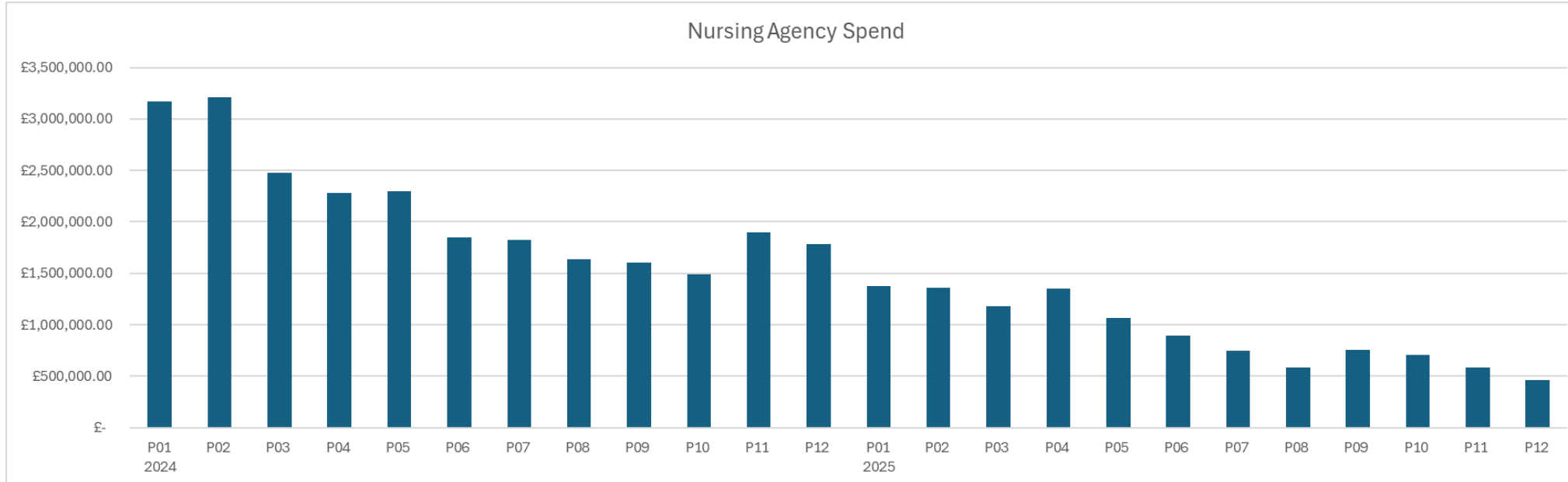




Agency Reduction

The Nursing Rostering Group is now live with standard operating procedures for variable pay, including unavailability management and rostering best practices. Continued support from organisational development teams will empower leaders and managers, with sharing through leadership groups starting with LEAP.

An additional savings delivery plan has been identified in Planned Care, utilising international recruitment to stabilise and reduce agency spend across theatres. The delivery of savings will continue with a further 30% target from the outflow of 2024/25. The current nursing stabilisation plan is forecasted to achieve this.



Medical Agency Highlights



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Agency Reduction

Medical Exit Plans

- Medical exit plans exist for all agency workers (28 workers as of 25 March). Between May 2025 and March 2026 8 will have exited.
- These plans are linked to current workforce pipelines but are complex in nature.

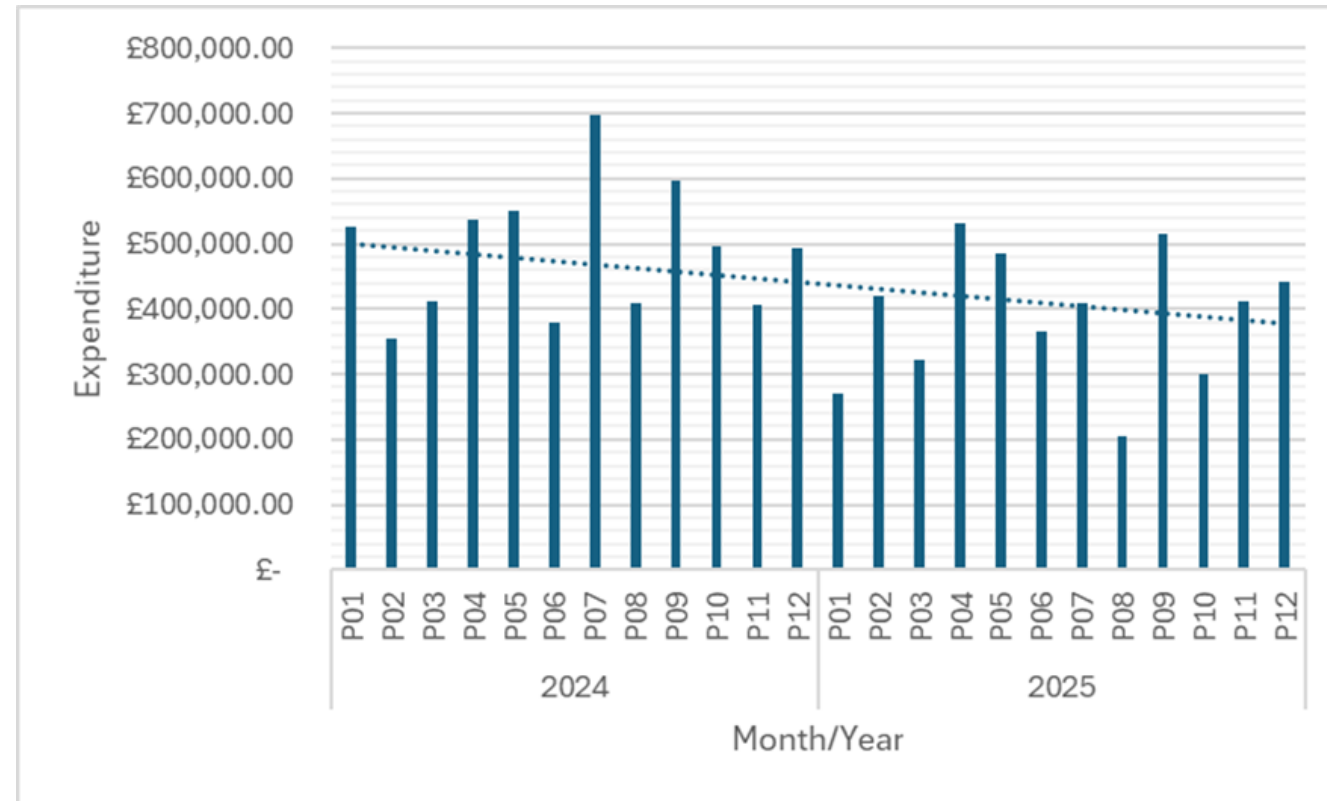
Savings Plans

- The medical stabilisation group has generated savings plans for each worker. Linked to the medical exit plans.
- This process is complicated by potential job plans linked to workers covering agency positions.
- Risks exist in relation to possible need for "double running"

International Recruitment

- Medical international recruitment continues to provide solutions for medical stabilisation.
- A possible 15 Consultant and SAS grade workers are being requested by services to stabilise the workforce (June 2025 Cohort); further cohorts possible for November 2025 if able to secure further funding from Welsh Government.

The chart below highlights the current and historic medical agency pay from April 2024 to March 2025.



Medical Bank Locum Highlights



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Medical Bank Locum Reduction

Transition of Bank Locum Workers

- 12 out of 24 identified bank locum workers have now transitioned to substantive positions.
- This marks a positive shift in bank locum usage, driven by the medical workforce team.

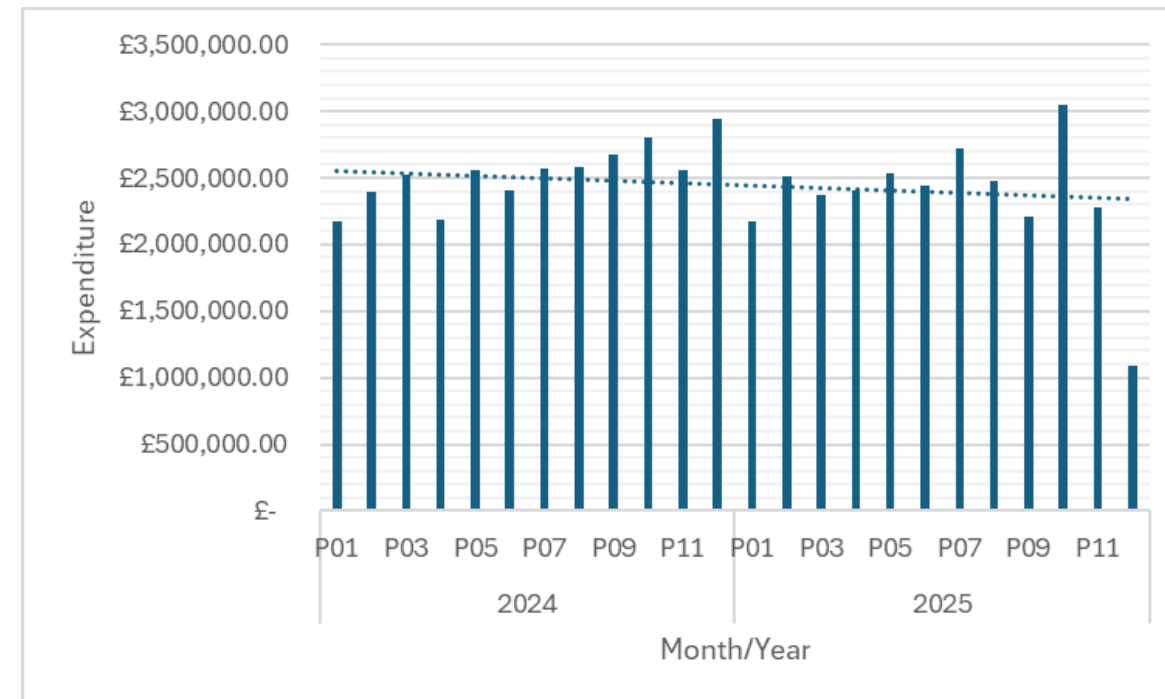
Financial Impact

- Spend is expected to show a reduction in Month 12.
- This reduction is likely due to a payment delay.
- An increase in spend is anticipated in Month 1 of 2025/2026.

Medical Spend Analysis

- Current medical spend is primarily driven by additional duties, accounting for over 15,000 hours.
- This report is new and requires further analysis before a detailed perspective can be provided.
- The Medical Workforce Team is currently working on this for Medical Variable Pay.

The below chart highlights the current and historic bank locum usage from April 2024 to March 2025.



Allied Health Professionals Agency Highlights



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

AHP Agency Reduction

Current Workforce Composition:

- The agency comprises 10 workers, Exit plans are in place to minimise the use of AHP agency workers.
- Vacancies are filled by extra clinics and increased demand in physiotherapy due to performance lists and maternity cover.
- All workers are within the price caps set for each speciality.

Financial Impact and Future Projections:

- Due to waiting list pressures, reducing agency expenditure in the short term is unlikely.
- Plans exist to support services in exiting agency throughout the year, with assistance from professional leads and heads of service.
- This analysis, along with recruitment plans for both substantive and bank staff, aims to reduce agency reliance.
- However, due to ongoing performance pressures, agency usage at the start of 2025 has been higher than at the end of 2024.

Financial Data:

- Agency spend within allied health professionals has decreased by £435k compared to the 2023/2024 financial year. Spend in 2023/2024 was £1.213m, while spend in 2024/2025 was £778k.
- Workforce efficiency, services, and recruitment teams have been working continuously to phase out agency workers.
- However, increased recovery demand remains a challenge, requiring additional cover to support the health board's recovery.

The below chart highlights the current and historic bank locum usage from April 2024 to March 2025.



HS Agency Reduction

Current Workforce Composition:

- The agency comprises 14 workers; exit plans are in place to minimise the use of HS agency workers.
- Vacancies are filled by extra clinics due to scanning backlogs and pressure across maternity/sickness driving the use of high-cost agency.
- There is a variance between price caps and hourly charges, this is driven due to a demand shortage for CT radiographers.

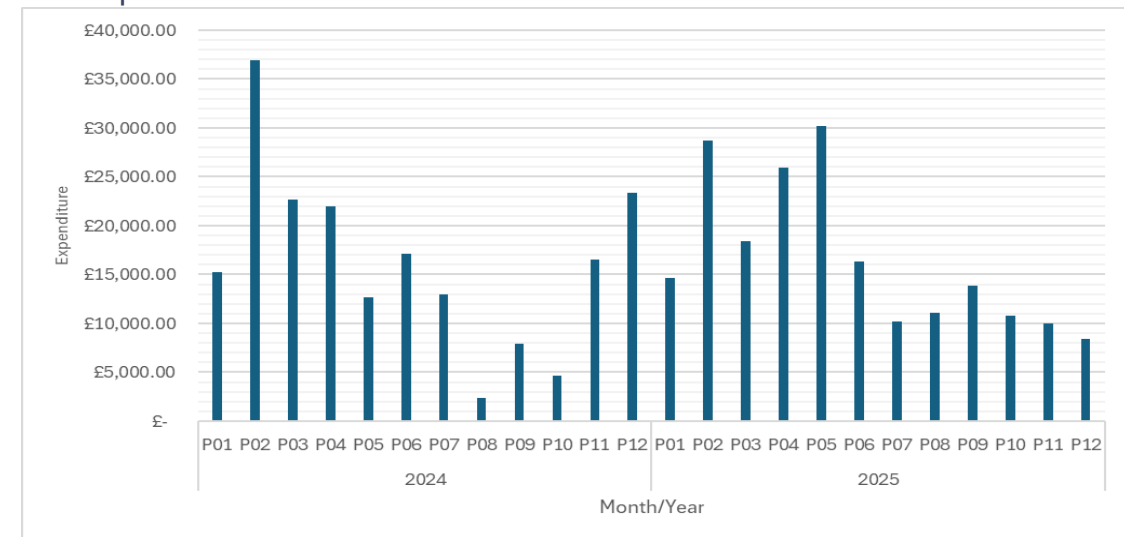
Financial Impact and Future Projections:

- Due to waiting lists, extra clinic requirement is needed to improve scanning backlogs, reducing agency expenditure in the short term is unlikely.
- Plans exist to support services in exiting agency throughout the year, with assistance from professional leads and heads of service.
- This analysis, along with recruitment plans for both substantive and bank staff, aims to reduce agency reliance.
- However, agency usage at the start of 2025 has been lower than 2024/2025.

Financial Data:

- Agency spend within health care scientist has remained constant with an increase of £4k compared to the 2023/2024 financial year. Spend in 2023/2024 was £194k, while spend in 2024/2025 was £198k.
- Workforce efficiency, services, and recruitment teams have been working continuously to phase out agency workers.
- However, increased recovery demand remains a challenge, requiring additional cover to support the health board's recovery and extra clinics to reduce scanning backlogs.

The below chart highlights the current and historic bank locum usage from April 2024 to March 2025.



Admin and Clerical Variable Pay Highlights



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

A&C Bank Reduction

Current Workforce Composition:

- During the previous 2 years there have been no agency worker requests.
- The majority of variable pay sits within staff bank due to lack of head room in patient-facing A&C roles like receptions. (Further work ongoing)
- There is a variance between services, with significant spend being seen in USC ED Receptions and Out of Hours.

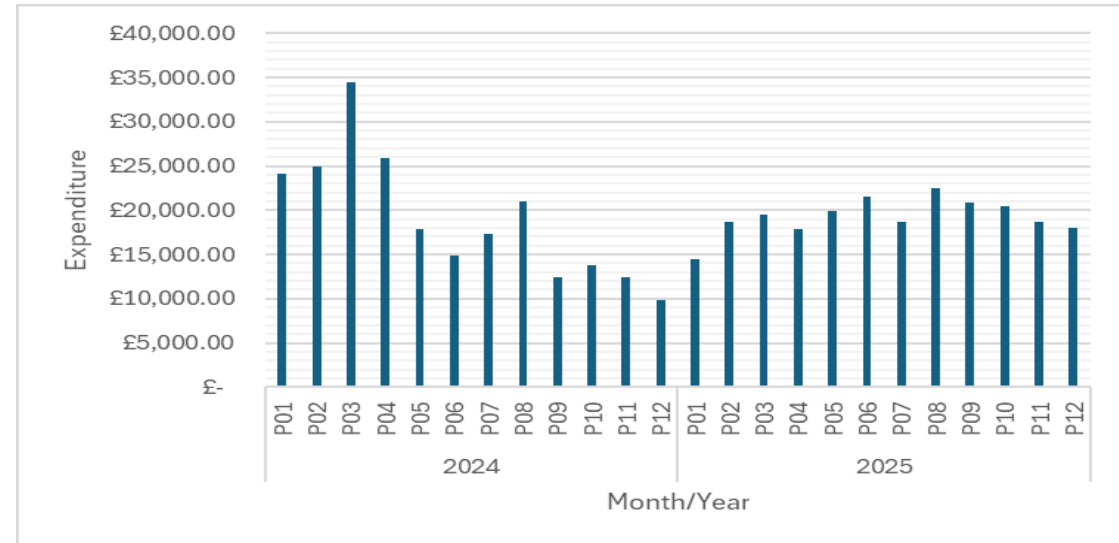
Financial Impact and Future Projections:

- Head room and correct demand and capacity are the main drivers for bank usage.
- Controls have been in place since November 2024 with any request for additional hours, overtime or bank required to come to FSCG for authorisation.
- 37 requests have come to FSCG covering increased demand, sickness/maternity.
- It's unlikely this spend will be reduced without a reduction of patient facing services or a plan to align additional head room/demand to A&C roles or reconfiguration of provision through alternative solutions.

Financial Data:

- Bank spend within A&C staff has remained constant compared to the 2023/2024 financial year. Spend in 2023/2024 was £229k while spend in 2024/2025 was £230k.
- Workforce efficiency and services have been drafting plans on how to reduce this variable pay need.
- However, a change to how head room is calculated for A&C areas would need to be agreed, along with budgeted and demand linked to GP OOH service. This requires further work to ascertain implications.

The below chart highlights the current and historic bank locum usage from April 2024 to March 2025.



Estates and Facilities Variable Pay



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Estates Bank Reduction Key Takeaways

Current Workforce Composition:

- Since October 2023 there have been no agency bookings in Estates.
- Bank usage is being driven by ineffective rosters that are not aligned to demand
- Bank usage remains static, plans are in place to review PPH and GGH rosters as part of phase 1 review.

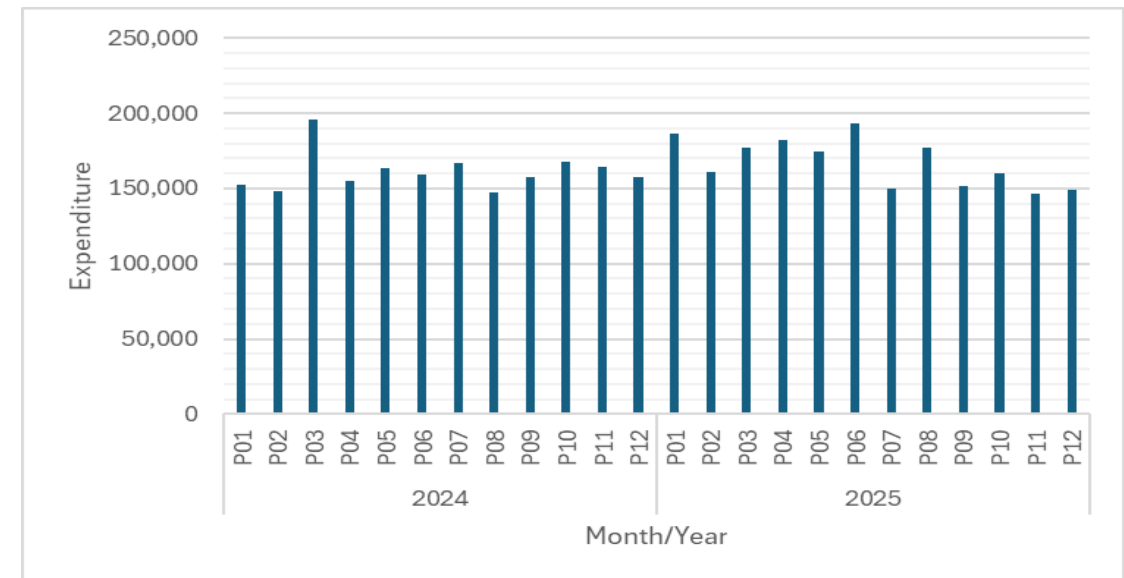
Financial Impact and Future Projections:

- Bank usage reduction plans exist for PPH and are being worked on for GGH with WGH and BGH to follow..
- OCP process for the change of rota in PPH is continuing with GGH planned from June 25.
- The plan aims to reduce the overall usage of bank and substantiate and stabilise the workforce.

Financial Data:

- Bank spend within Facilities staff has remained constant. Spend in 2023/2024 was £1.93M while spend in 2024/2025 was £2.08m.
- Workforce efficiency and services have been drafting plans on how to reduce this variable pay need.

The below chart highlights the current and historic bank locum usage from April 2024 to March 2025.





DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

2.4

2.4 - Community Nursing Annual Report/ Community Staffing Update - Deferred

***Peter Skitt (Hywel
Dda UHB - Clinical
Care Group Service
Director - Community
& Integrated
Medicine)***

| For assurance

2.5

2.5 - Agile Working Plan

Sharon Hughes
(Hywel Dda UHB -
Principal Programme
Manager
Transformation)

Attachments

[2.5 Agile Working Strategic Plan SBAR Apr 2025.pdf](#)

[2.5 Appendix 1 - Agile Working Strategic Plan Final v4.pdf](#)

[2.5 Appendix 2 - EqIA Screening for Agile Working Strategic Plan FINAL.pdf](#)



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Agile Working Strategic Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies – Executive Director of Strategy & Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Sharon Hughes, Principal Programme Manager Transformation

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 Agile Working Strategic Plan aims to transform the way we work and our working environments. Our vision for the way we work is that practices and environments based on trust, empowerment, creativity and inclusion will provide an excellent service by enabling the philosophy that: **“Work is an activity we do, not a place we go.”** This means empowering staff to work where, how and when they choose but also recognising throughout that it is **‘not a one size fits all and is subject to operational constraints.’**

Agile working is not prescriptive, and this plan is a starting point to empower our staff to adopt new ways of working. We will continue to learn and adapt to both agile working practices and our working environments.

Agile working is not working from home, or flexible working, which is a contractually agreed work pattern or flexitime based on core hours. Neither is it only about changing office spaces and new technology. All of these things enable agile working practices and working environments, it is about changing the way we work to be flexible to deliver better services. Space and the ability to work in an agile way will be open to everyone equally but confined by the practicalities of their role.

The Agile Working Strategic Plan was approved by the Executive Team (ET) on 18 December 2024. Based on the feedback received during the meeting, a new section on Agile Working and 'Working Overseas' was incorporated. This addition was made after thorough research and with the support of senior colleagues from the Workforce and OD team. The updated document was then resubmitted to ET on March 19, 2025, where it received approval.

Cefndir / Background

On 25 March 2022, Welsh Government published ‘Smarter working: a remote working strategy for Wales’, which outlined the approach to achieving 30% of the Welsh workforce working at or near to home. It set out the economic, social, environmental and cultural benefits

of remote working, and explained plans to encourage/support employers in Wales to embed remote working for the long-term in the Welsh workplace.

The Board approved Decarbonisation Delivery Plan initiative 37 stating that *‘HDdUHB will support the Welsh Government’s target for 30% of the Welsh workforce to work remotely, by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space’*.

Initially, the Agile Working Strategic Plan was presented to the Operational Planning Governance and Performance (OPGP) on the 13 August 2024. Feedback was received from a number of sources, primarily from within the Workforce and Organisational Development Directorate and amendments incorporated into the strategy document. Between August 2024 and November 2024, engagement on the document was sought from Senior Management Teams, Workforce & Organisational Development (W&OD) Senior Leadership Team, Equality & Diversity Team, Local Negotiating Committee (LNC), Strategic Partnership Forum and Trade Union representatives for feedback and endorsement. The feedback received was captured and discussed with W&OD senior colleagues and subsequent amendments were made to the strategy, which include a section on Privacy and Confidentiality (page 8) and Office Etiquette (page 10).

Asesiad / Assessment

In response to the national strategies and expectations, HDdUHB established an Agile Working Taskforce Group (chaired by Lee Davies, Executive Director of Strategy & Planning) to develop an approach to remote/hybrid/agile working. Hot desk environments have already been set up at a number of sites along with a collaborative hub at Cardigan Integrated Care Centre and we continue to expand this practice going forward with developments such as Picton Terrace Corporate Hwb, Cross Hands Health & Wellbeing Centre and the Carmarthen Hwb which aligns to the HDdUHB Property Asset Strategic Plan. The Agile Working Strategic Plan provides an overarching direction of travel giving more depth and understanding than what the Agile Working Toolkit provides.

It is important to note that the plan highlights throughout that we recognise that not all roles can be undertaken in a completely agile way. The plan is about people and our working environments and focusses on a shift in culture and thinking which aims to challenge perceptions and change attitudes and behaviours away from the traditional “supervision by sight” model.

Argymhelliad / Recommendation

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

- NOTE the content of the Agile Working Strategic Plan report.

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.
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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	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	'Smarter working: a remote working strategy for Wales' 'NHS Wales Decarbonisation Strategic Plan' & 'Hywel Dda Decarbonisation Delivery Plan'
Rhestr Termiau: Glossary of Terms:	<u>Included within the report.</u>
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	FET, SRC, Senior Management Teams, Workforce & Organisational Development Senior Leadership Team, Equality & Diversity Team, LNC, Strategic Partnership Forum and Trade Union representatives.

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

Ariannol / Gwerth am Arian: Financial / Service:	No Integrated Impact Assessment Template
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Ansawdd / Gofal Claf: Quality / Patient Care:	No Integrated Impact Assessment Template
Gweithlu: Workforce:	No Integrated Impact Assessment Template
Risg: Risk:	No Integrated Impact Assessment Template
Cyfreithiol: Legal:	No Integrated Impact Assessment Template
Enw Da: Reputational:	No Integrated Impact Assessment Template
Gyfrinachedd: Privacy:	No Integrated Impact Assessment Template
Cydraddoldeb: Equality:	No negative impacts identified through EqIA process <ul style="list-style-type: none"> • Has EqIA screening been undertaken? Yes (if yes, please supply copy, if no please state reason) • Equality Impact Assessments

Agile Working Strategic Plan

Hywel Dda University Health Board

(To be read and implemented in conjunction with the [Agile Working Toolkit](#))



Executive Sponsor & Function:	Lee Davies, Executive Director Strategy & Planning
Document Author:	Sharon Hughes
Approved by:	Hywel Dda Executive Team
Approval Date:	19 th March 2025
Review Date:	March 2026
Version:	V2

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Executive Summary

Work is an activity we do, not a place we go.

Our Agile Working Strategic Plan ensures the workforce model, culture, technology and associated space requirements reflect and retain the high trust working relationship and innovation following the change initiated because of the Covid-19 Pandemic.

Introducing more agile working practices will involve developing a new work culture. It is not about doing things in the old way with some modern technologies and redesigned offices – it is about new ways of working using new tools, new processes, and new approaches to management and teamwork. This requires different types of behaviours and different expectations about how work is done.

This requires a shift in thinking as it will challenge perceptions on the construct of work and enable a new focus on outcomes. We will need to support all relevant staff to make this change in a compassionate and inclusive way. We will need to be clear on expectations.

We want to do this to attract, engage and reward our staff whilst delicately balancing the needs of our patients/families, whether they are internal or external, with the needs of our workforce to live healthy lives. We want to continue to grow, innovate, and allow people to challenge the status quo. Working in this way will allow us to attract high calibre professionals who are patient focused and agile in their approach.

Our plan will take account of how we work and measure our productivity, the health and wellbeing of our staff and managers and our working environments. We will also make sure that our approach is sustainable and inclusive and although we recognise that not all roles can be undertaken in a completely agile way, we will provide equity of offer i.e. not everyone will get the same, but they are equally considered.

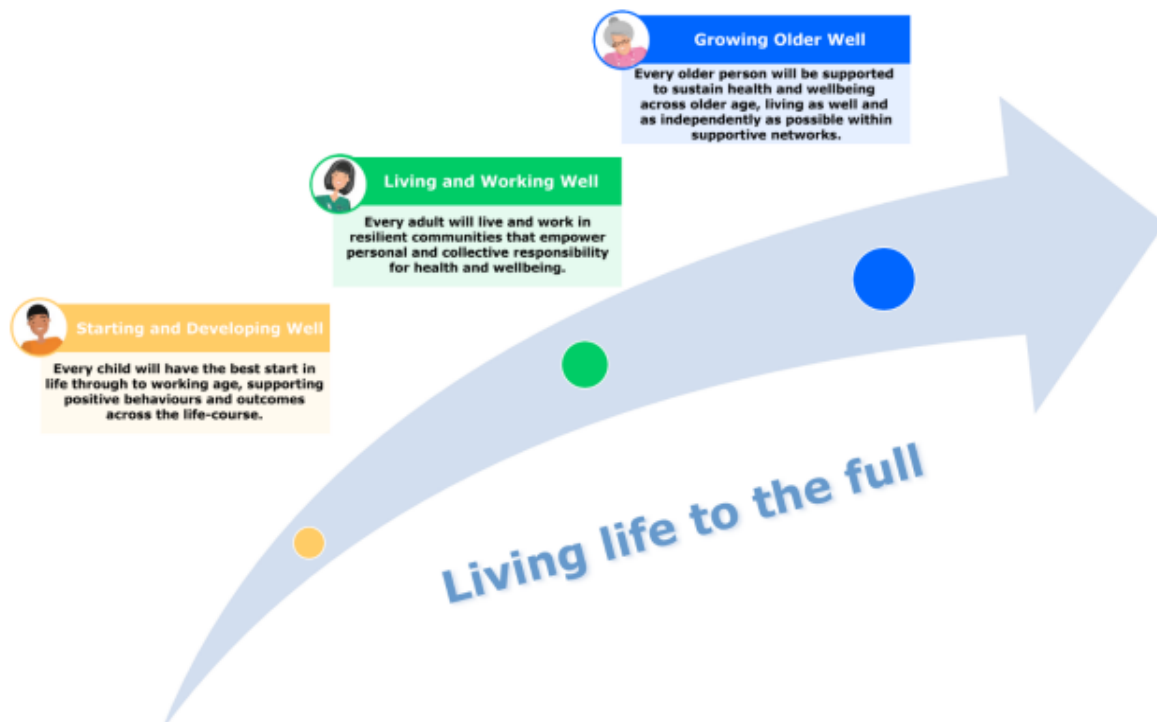
We choose to work in collaboration and partnership with our staff, patients, families, trade unions and other stakeholders and we will review our induction to make sure all our staff understand how we work here and what our expectations are.

This plan will evolve as we continue to learn what an agile approach means for our services and our staff. This document will not cover all the answers you may have about agile working within HDdUHB and should be read together with our HDdUHB Agile Working Toolkit.

HDdUHB Strategy

A Healthier Mid & West Wales

Our strategy is based on a vision for the future and a set of strategic goals. To make sure we focus on how the health and care system will look and feel for families in the future, we have focused on three interconnected phases across the life-course, each with an associated strategic goal: Our three strategic goals – starting and developing well, living and working well, and growing older well - are framed around three life phases and replace the previous eight health related strategic objectives. The three pro-active strategic goals emphasise a joint whole system approach to health and well-being with our partners and communities. While we recognise that these life phases overlap and that none is more important than the other, we also wish to support the provision of services and actions taken to improve health and well-being that may be focused on the delivery of specific goals. Whilst we can make a positive contribution to influence these strategic goals, we recognise that we cannot deliver them alone. We have developed a series of long-term outcomes that describe our ambitions for each of the strategic goals. Our shared vision is a mid and west Wales where individuals, communities, and the environments they live, play and work in are adaptive, connected and mutually supportive. This means people are resilient, resourceful, and enabled to live joyful, healthy and purposeful lives with a strong sense of belonging.



Our Values

To achieve our ambitions, we need to be consistently delivering the best and we will achieve this by:

- **Putting people at the heart of everything we do** - We take responsibility for the effective care of our patients whilst we support our colleagues to ensure we place people at the centre of all we do.
- **Striving to deliver and develop excellent services** - We will endeavour to continually improve and enhance the services we offer as a health care provider
- **Working together to be the best we can be** - We take responsibility to work alone or as a team to build reputable services to deliver the very best health care we can for our patients.

The Agile Working Strategic Plan firmly supports our strategic priorities and our values. Demonstrating our behaviours in all that we do will help us to create fantastic experiences for patients and their families, colleagues and the people we work with.

Agile Working Strategic Plan

Introduction

Our Agile Working Strategic Plan ensures the workforce model, culture, technology and associated space requirements reflect and retain the high trust working relationship and innovation following the change initiated because of the Covid-19 Pandemic.

We want to do this to attract, engage and reward our staff whilst delicately balancing the needs of our patients, their families and the public with the needs of our workforce to live healthy lives. We want to continue to grow, innovate, and allow people to challenge the status quo.

This plan is about people and our working environments and requires a shift in culture and thinking. This change in culture will challenge perceptions, impact line managers, supervisors as well as staff and will invoke discussion about the traditional “supervision by sight” model.

The plan is inclusive and applies to all HDDUHB staff including temporary staff, although a standardised approach will not work for all staff or the whole organisation. We will need directorates to determine what will work for their service and within each team.

The Vision

Hywel Dda will be a vibrant workplace where creativity and collaboration is actively encouraged and staff feel engaged and empowered to work to their best.

- People - we will empower our people to work wherever is most appropriate for the delivery of their services and meeting patient/public need.
- Process - we will streamline and digitise our processes and provide the appropriate technology to full enable agile/hybrid working and exemplary service delivery.
- Place - we will provide a network of flexible workspaces that provide an energised and innovative collaboration environment, local to where they are needed and will be the visual depiction of our values and culture.

We want to transform the way we work and our working environments. Our vision for the way we work is that practices and environments based on trust, empowerment, creativity and inclusion will provide an excellent service by enabling the philosophy that:

“Work is an activity we do, not a place we go.”

This means empowering staff to work how and where they choose, subject to operational constraints and agreement from line managers, to maximise productivity and deliver the greatest value to the business whilst achieving excellent service delivery.

Supports our Strategic Priorities and Values

The plan aligns with our strategic priorities and values because:

- An agile organisation will increase productivity through empowerment, responsibility and accountability ensuring we provide excellent service.
- We commit to continually listening, learning, and adapting to our environment, using technology to extend the scope of our services, embracing sustainability, to not only improve our services but also make them seamless no matter where and how the work is done.
- We commit to becoming an employer of choice ensuring our employer value proposition is attractive to a national, bilingual and multigenerational workforce.
- We commit to being courageous in the way we work with colleagues, patients, their families and suppliers, supporting the development of innovative services across Wales to achieve the well-being goals of value based and prudent healthcare.
- We commit to reviewing our current working environments to support creative, collaborative, innovative spaces, enabling our staff to be productive whilst ensuring value for money for our customers.
- We commit to an informal agreement between our staff and their managers, trusting our staff and our staff trusting us to do the right thing in relation to where, how and when work is done, by supporting the overarching aim of the Welsh Government, for 30% of Welsh Workers to work flexibly at or near home.

Principles that sit behind the strategic plan

At the heart of everything we do is our commitment to providing fantastic services that are easy to use, responsive and reliable. Our guiding principles are:

1	The opportunity will exist for the workforce to work in an agile manner <u>if/where the role permits it</u> . This working arrangement could include: <ul style="list-style-type: none"> • Working at home (subject to appropriate risk assessment), • At an agile working hub or; • At an agreed place of work (site - subject to Health Board approval)
2	For team development, staff wellbeing and creative working, face-to-face contact will continue to be important and therefore all members of staff would be expected to attend their stated place of work on a regular basis, with the frequency agreed with the line manager.
3	Teams that are linked/ work closely together will be co-located wherever possible to allow for closer collaboration (e.g. in a zonal working/ open desk policy approach).
4	The main base for the workforce will (where possible) reflect the Health Boards broader strategy to shift services into the community, thereby decongesting acute hospital sites.
5	Overall improvement in quality and suitability of estate and overall reduction in estate leased and/ or owned by HDUHB (as per the HDUHB Property Asset Strategic Plan).

To achieve these principles, we will work with all our staff to ensure we:

- Communicate the rationale/purpose about why we might require staff to spend a proportion of their working hours at designated offices or at other locations to meet the needs of the business.
- Are demonstrating our core values by listening to our staff and responding to their needs and expectations.
- Are supporting the culture and change in thinking required for adaptation to agile, by providing people with the right tools, development and support.
- Adapt and learn making use of pilots, good practice, trends and technology.
- Treat our staff as individuals, allowing them choice but also accepting that one size will not work for everyone, nor will it work for all roles.

Reasons that HDUHB might need staff to attend the office or site

To facilitate the running of an effective, healthy and efficient health board that continues to provide excellent services, we will ask our staff to attend our offices/sites. This will depend on the needs of the directorate and the specific team. The reasons for this are varied and include but are not limited to:

- It being a requirement of the role.
- Attendance at certain meetings which are more effective held face-to-face.
- To meet staff development needs (though training, experience, and learning from others).
- Staff wellbeing check-in, intra-team and inter-team relationship building.
- Performance Meetings (PADR).
- Induction periods when an individual commences in a new role.
- To ensure that we retain the internal networking, stimulation of creativity and shared experiences that are difficult to replicate in an entirely remote/virtual/homeworking environment.
- To ensure good staff access to support from colleagues (to line managers and senior colleagues within the wider organisation).
- Personal, residential, health-related circumstances or equipment needs that make it unreasonably difficult for a staff member to work from home or which hinder their reasonable productivity.
- Individual staff preference for working at our offices.
- Concerns about a staff member's capability to work safely or productively from home.
- Concerns around a staff member's ability to work safely i.e., increased risks for some people caused by working from home, such as increased 'coercive control' linked to violence against women or domestic abuse.

There are a range of benefits from working together in the same place, even if only for some of the time.

Benefits that HDUHB acknowledge come from the ability to work in an agile way:

HDUHB understands and acknowledges there will be times that staff can work more effectively in an agile way. The reasons for this will often depend on the role and the specific employee and include but are not limited to the following:

- The need to improve inclusivity and widen access. Agile working opens recruitment to people from different socioeconomic, geographic, cultural backgrounds and enables those who may not be able to work 'standard hours' career opportunities.
- To enable staff from across Wales to come together virtually and instantly to make decisions to support organisational objectives.
- To reduce the commute and other journeys between meetings to meet the Welsh Government's climate change commitments and ambitious targets on carbon reduction, for example through less time spent commuting or the use of shared working spaces. This also reduces stress, thereby improving staff mental health.
- To allow staff more control of their work-life balance, taking account of personal circumstances including safeguarding and other home life vulnerabilities.
- To increase performance and productivity. Allow staff focussed time to concentrate on a specific task or project without disruption, giving staff time to think.
- To support the Foundational Economy and improve the financial wellbeing of staff, supports local communities and thus supporting overall wellbeing.

Agile Working Practices

To achieve our vision, we will implement our approach (which will be incremental) to allow us to adapt and learn from experience. It will be transparent so that our staff can work in the following way:

Agile with minimal constraints

- We will ensure our technology is enabling and that people are trained and supported in learning how to use the ever-changing technological landscape.
- We will introduce new ways of working together that reduce the need to travel.
- Everyone will be expected to check in with their team and their patients/families to ensure that the agility does not damage services or have a negative impact on colleagues.

Empowered, accountable and independent

- Our staff will be trusted to reach goals, quality standards and milestones set by managers, limited only by operational constraints, national agendas and governance.
- Our managers will have permission to drive their teams forward based on productivity, which in turn will empower our staff.

Driving performance

- We will use the behaviours that hold up our values to role model the way we do things. These behaviours will be discussed as a part of our PADR process.
- We will all have a role to play in communicating wins and areas for improvement so that we can learn and move forward successfully.

Health and Wellbeing

Our approach will ensure our staff and the environment are affected positively and looked after. We will take account of their health, safety and wellbeing so that they remain safe, no matter where and how they are working.

Prioritising Wellbeing

Managers and staff will agree to check in with each other to ensure they are enabled and supported with preferred ways of working.

- Everyone will be told about our approach during recruitment and reiterated at induction.
- Everyone will be made aware of and comply with our health and safety policy and associated procedures. These apply wherever you are working – whether at one of our hubs, at home, or another location.
- Every new colleague will have an induction and their line manager will be responsible for initiating discussions on agile working arrangements.
- Managers will meet with each employee to ensure they are coping from a wellbeing perspective.
- Managers will be able to signpost people effectively for support and tap into the combined knowledge of their peers and the Workforce and OD Team

Environment and Equipment

- All colleagues will familiarise themselves with the All-Wales Guidance on Working with Display Screen Equipment, which should be read in conjunction with the Agile Working Toolkit.
- We will provide DSE Assessments for those that disclose health concerns, and we will signpost everyone to undertake their own online DSE assessment to ensure they are working safely.
- Agile Working accommodations will have a standardised set-up across all hot-desking/work areas which will include one monitor, a keyboard and mouse as a minimum.
- As some colleagues will not sit in the same place every day, colleagues will take responsibility for adapting their differing environment to their own needs. The exception to this will be colleagues who have a disability or health condition that prevents this agile approach and/or where they require specialist/ergonomic equipment.
- Managers will check in with their people to ensure workloads are manageable no matter how the work is being done.
- Everyone should take regular breaks from work in line with the Working Time Regulations.
- We will recognise when teams need private spaces to protect individuals' privacy or to accommodate a sensitive conversation
- We will provide appropriate storage so that people can store personal belongings and work securely.
- We will provide the right technology to suit the requirements of the role.
- Everyone will be responsible for the security of equipment, software, files and any other information in their possession. Our Digital and Information Governance Teams can provide guidance on this.
- Everyone will have a responsibility to report situations where systems or equipment are not working effectively or have been lost or stolen so that alternative arrangements are made.

Managership, Support and Development – Mentoring, New Ways of Working

We will support managers and staff to think outside of traditional ways of working and allow them the discretion to get the job done. Building trust depends on being clear on what is expected and effective communication. For managers who are used to closely supervising their teams or managing on process, this may be a challenge.

- Managers will be expected to approach management in a different way; focussed on performance, behaviours and self-awareness, not on control.
- Managers will be expected to work with individuals to identify how best to keep in contact and assess workloads whilst monitoring and measuring performance.

- Managers will be expected to rethink meetings and use a variety of ways to keep in touch with their people for example daily phone or 'teams' calls to check in, weekly face to face updates, monthly 1:1 meetings and scheduling team meetings.
- Teams will be expected to rethink and document basic team protocols (working instructions), so that although they may not always be sitting together, everyone knows how to deal with each task, are able to provide a solution and communication remains seamless so that no one is left feeling isolated or vulnerable in terms of confidence or the need for support.
- Staff will be open with their colleagues and their managers, so others know what they need.
- We will let colleagues know where and when we are working. How this is done is agreed by the team.

Working Environment

Our approach will identify creative and collaborative accommodation to ensure staff are productive and our services are seamless, exceeding expectations whilst making effective and efficient use of existing/new space. We will do this by:

- Having the right technology to support shared workspaces which works for the organisation and staff, this will also ensure that when cross functional teams need to sit together, they can.
- We will provide flexible meeting spaces to enable collaboration, space for quiet and concentration, space for confidential work and phone calls.
- We will provide drop in spaces for colleagues working on the move who need a base for a short space of time but do not have time to unpack their kit and just need to log into the network and use an office phone.
- We will provide bookable office spaces.
- We will provide flexible multipurpose spaces that can be used how colleagues want.

Focus on Efficiency of operation (to enable agile working).

- We will have clear desk principles and use the appropriate space for the activity. If plans change, we will move to a more appropriate space.
- Personal items and 'work in progress' will not be left out and appropriate storage will be made available.

Privacy & Confidentiality

Respect Everyone's Privacy and Maintain Confidentiality - There isn't always seclusion when it comes to agile working office environments, it is possible that coworkers can hear every conversation you have and can see everything you do. It's important that you respect everyone's privacy and maintain confidentiality for all. If you plan on having a sensitive conversation, have it away from the main open plan workspace. Keep your eyes on your own work and not on your coworker's. Sometimes you're going to hear business or information not intended for your ears, act as if you didn't hear something you shouldn't have and don't add to the noise level by repeating it.

Sustainability and Inclusivity

The decisions we make every day about where we work and the way we communicate can increase or reduce our need to travel, our energy consumption and the consumption of physical resources. Our approach will take account of the environment and society and help our staff to reduce both their own and corporate environmental footprints.

- Where possible, we will enable people to work around their home locality, which will indirectly support their community and support the foundational economy.

- Where possible, we will support a reduction in journeys, encourage, and assist our staff to use more environmentally friendly transport (car sharing, cycling, walking).
- Our office spaces will avoid the use of non-reusable plastics and we will champion recycling.
- People will treat our working environments as if they were responsible for the energy consumption and use only what is necessary.

How we work

Agile working is not working from home, or flexible working, which is a contractually agreed work pattern or flexitime based on core hours. Nor is it only about changing office spaces and modern technology. All these things enable agile working practices and working environments, but it is about changing the way we work to be flexible to deliver better services.

Space and the ability to work in an agile way will be open to everyone equally but confined by the practicalities of their role. Colleagues with an agreed working pattern should also be able to work in an agile way.

The way our staff can work varies dependent on:

- the needs of their service area
- the demands of the role
- service user requirements
- individual working preferences and
- the impact of arrangements on colleagues

Managers should have open conversations with their teams to understand what is possible without impacting on services provided. Discretion will be used and managers should focus on compassionate management, whilst staff should be mindful of establishing healthy working relationships. This is important because everyone should acknowledge that equality of access does not mean that everyone must be treated in the same way.

How agile arrangements should be determined and be implemented:

- Each Director/Senior Managers will agree with their Teams, how agility can be implemented within their services and within each role and keep this under review with their senior team.
- Managers will initiate conversations with their team and new starters to determine how the role can work in an agile way and ensure the person has the right technology to do the job.
- Our staff will work their contractual working hours but will manage their working pattern in way that works for them and the organisation and is in line with the Working Time Regulations.

Office Etiquette

Be Mindful of Your Noise Level - It's essential that you're mindful of your own volume. Speak at an indoor level, set phone's ringer on low/silent/vibrate and have extended conversations away from the open plan areas or book a booth/pod/room. If you enjoy listening to music, always bring headphones.

Help Keep the Workspaces Running - Every open-plan and agile workspace is going to have communal printers and supplies. If you see that the printer is low or out of ink, change the cartridge or put in a request for someone to do so. Be a team player! Also, if you take the last of any supplies, speak up and raise the issue or put in a request for more.

Practice Good Hygiene - In open plan/agile working offices good hygiene is a must. If you book a desk/meeting room or use one of the kitchens, please make sure the area is left clean for other colleagues to use after you and stop germs from spreading.

Travel

See Travel Expenses Policy

Working from Home

Staff in certain roles will be able to work from home and will have the technology and tools to enable them to do this. This can provide a quiet space to focus, help them juggle home and work life, and help us to reduce our impact on the environment.

- If it is appropriate for staff to work from home, they are responsible for ensuring that they have an appropriate broadband connection to work effectively. As working from home is the employee's choice, we do not reimburse staff for the cost of their broadband connection or other household bills such as landline connection, heating, lighting etc.
- It is expected that staff choosing to work from home will have spoken to their own insurer and have the necessary cover in place.
- The ability to work from home is not a substitute for childcare or caring responsibilities. It is the employee's responsibility to ensure they make suitable arrangements for this, should they choose to work from home.
- It is particularly important when working from home, or off site, that family members, friends, members of the public and anyone else cannot gain access to confidential or personal information.
- Working from home or remotely is not a contractual entitlement or a substitute for annual leave.

Working Overseas

This plan only applies to staff whilst they perform their duties within in the UK. The health board recognises that we have a diverse workforce and, from time to time, they may seek to work from abroad for a short period of time. However, there are legal considerations for both staff and the Health Board if there is a requirement or a request to work abroad which is why applying Agile Working principles without additional checks in place can lead to legal complications that can affect, for example, the contract of employment and tax liabilities.

Employees must therefore comply with the following requirements in full prior to undertaking work from abroad. (please note, this does not include an occasional email sent whilst on leave nor attendance at an international conference as a delegate or speaker).

- Employees who need or wish to make a request to work whilst abroad must be able to guarantee they will be able to carry out all their duties while working from overseas in a confidential and secure way.
- Be able to work during their normal UK working hours.
- Must seek specialist advice and guidance to be able to adhere to localised employment and tax laws, and have discussed this with their line manager, information governance team, digital team, finance and workforce specialists.
- Receive the relevant permissions to use health board digital equipment abroad, including access to NHS systems due to cyber security threats that can emanate from foreign states and to ensure staff do not breach local statutory provisions (e.g. encryption laws, data protection, etc).
- Employees should plan and discuss any overseas agile working requests with their line manager and seek advance approval in writing from their Executive Director and the Executive Director of Workforce & Organisational Development once all the above criteria have been met.

Prior to receiving approval to work abroad it may be necessary for the Health Board to commission specialist international tax advice from an external provider. This is not a quick process and the Health Board will need to satisfy itself that this cost is an appropriate use of public funds. As the information requirements can also

be significant, any requests to undertake agile working abroad, should be made in writing at least 3 months **before** any such working arrangement is due to commence. An application does not guarantee approval will be given.

Timescales

Agile working is not prescriptive and this plan is a starting point to empower our staff to adopt new ways of working. We will continue to learn and adapt to our environment and utilise an incremental approach to both agile working practices and our working environments.

Who will be involved?

Our staff

Developing and embedding agile working practices is everyone's responsibility. It is not something we will impose on people; we will all be responsible for adopting the approach and developing it. We need our staff's commitment for it to be a success.

Our Partners

We will work with those we lease our workspaces from to ensure that they are fit for purpose and that we have permission to utilise the space most effectively for our needs.

Performance Measurements and Benefits Realisation

To determine whether our approach to agile working has been successful, we will introduce several key measures:

- We will measure whether we have a healthier and happier workforce through local sickness data, staff engagement data and how successful we are at attracting and retaining talent.
- We will measure how successful we are at reducing our carbon footprint through individual data in relation to commutes, corporate expense, and fleet data and how we occupy our office spaces.

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	Lee Davies, Director of Strategy & Planning
Service Area	Transformation

Title of Procedure, Project, Proposal, Policy being screened:	Agile Working Strategic Plan
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Publication of the Agile Working Strategic Plan – the overarching hearts and minds / vision document to support staff to understand the toolkit that was published in Autumn 2023. This plan will add more context and provide a direction of travel and some insights into the world of Agile Working and what it means to different parts of HDUHB.

It is for all staff to access and utilise but it is not a policy or a mandating document, it gives context to the fact that work is an activity we do, not a place we go.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

- [The Agile Working Toolkit](#) and associated EqIA which includes staff and population data.
- NHS Wales Approach to Agile Working Briefing and Guidance including relevant policies and guidance mentioned within. [FINAL All Wales Agile Working.pdf](#)

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	
Justification of impact identified: All age groups will benefit from this guidance, however younger colleagues whose income may be lower may benefit from not needing to commute or commute as far/frequently.					
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: The plan recognises that not all roles can be undertaken in a completely agile way but provides equity of offer, not everyone will get the same, but they are equally considered. A standardised approach will not work for all staff or the whole organisation, it enables directorates to determine what will work for their service and within each team. Therefore those with certain disabilities may be able to adapt their working day to support their needs. The plan opens up recruitment to people with different needs and enables those who may not be able to work 'standard hours' or in an office environment with career opportunities i.e. some people with neurodivergent conditions may need time to concentrate on a specific task or project without disruption, or certain physical disabilities may require a person to take longer breaks etc.					
Gender Reassignment Is it likely to affect those who either:					
<ul style="list-style-type: none"> • 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: This plan will not impact those who have undergone gender reassignment; however, it may have a positive impact on those who are undergoing treatment. It will give the person flexibility around appointments and give them the opportunity to be comfortable in their environment when undergoing hormone treatment which can impact mood, cause hot flushes and tiredness etc.					
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	x	Negative Impact		No Impact	
Justification of impact identified: The plan enhances balancing the needs of our patients/families with the needs of our workforce and can reduce commuting and journeys between home and work and meetings to meeting. This will allow staff more control of their work-life balance, taking account personal circumstances, including safeguarding and other home life vulnerabilities. This could have a positive impact on the workplace/employment of those who are married or in a civil partnership as it may provide flexibility around caring responsibilities, more access to a shared vehicle meaning allowing partners to work in different places and roles.					
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	
Justification of impact identified: Agile working can have a positive impact on pregnant staff and those wanting to return from maternity as it provides an opportunity to work in a different way. Agile working offers those who are breast feeding or caring the opportunity to carry on working with minimum disruption. Offering the choice to work in an agile way to those who are in the latter stages of pregnancy will also have a positive impact.					
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: The plan opens up recruitment to people from different socioeconomic, geographic, cultural backgrounds and enables those who may not be able to work 'standard hours' career opportunities. It aims to afford everyone more choice and flexibility and opportunity to shape work around life for those with certain cultural needs or beliefs.					
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: The plan could allow people who have certain needs due to their religion or belief the opportunity to adapt their working day to suit these needs, i.e. those who wish to celebrate religious festivals may be able to work in ways that allow them to participate as much as possible.					
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	x	Negative Impact		No Impact	
Justification of impact identified: Agile working will impact mainly female colleagues who are likely to have more caring responsibilities. They may be able to spend more of the time in the home to facilitate caring.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: Agile working will not impact colleagues who are attracted to other people of the same, opposite or both sexes.					
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	<input type="checkbox"/>	Negative Impact	No Impact
			x
Justification of impact identified: This plan will not impact impacts on members of the Armed Forces and their families, their needs will be considered in the same way as others.			
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.			
For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty			
Positive Impact	x	Negative Impact	No Impact
Justification of impact identified: This plan may improve the financial wellbeing of staff, the increased choice and flexibility may mean less frequent commutes, shorter distances or the opportunity to travel in more cost, and potentially environmentally friendly ways. Colleagues may also choose to spend more of the time in the workplace if this helps manage household bills, particularly heating and electricity, the usage of which may increase if choosing to work from home. The plan may also provide flexibility around childcare and therefore could decrease the cost of childcare for some.			
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	<input type="checkbox"/>	Negative Impact	No Impact
			x
Justification of impact identified: It is not likely that the opportunity to speak Welsh will be impacted due to this plan, however discussions around agile working requests will need to consider the possible impact on the provision of a bilingual service. Teams should also consider opportunities to use and practice Welsh even when working remotely.			

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Sharon Hughes
	Title	Principal Programme Manager
	Contact details	Sharon.hughes66@wales.nhs.uk
	Date	11.12.24
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Lee Davies
	Title	Director of Strategy & Planning
	Contact details	Lee.davies3@wales.nhs.uk
	Date	11.12.24
	Name	Kylie Daniels

Guidance has been provided by Diversity & Inclusion Team:	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@wales.nhs.uk
	Date	11/12/2024
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.

3 - CULTURE

3.1

3.1 - Welsh Language Annual Report 2024/25

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

| For approval

Attachments

[3.1 PODCC SBAR Adroddiad Blynyddol 2024 2025.pdf](#)

[3.1 Appendix 1 - Welsh Language Annual Report 2024-25 FINAL.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 May 2025
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 (WG) is committed to strengthening the provision of Welsh language services to the people of Wales.

Part of how the WG 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 WG's Strategic Framework for Welsh Language, More than just words.

Recognising the need for annual reporting, including against HDdUHB's own Welsh language ambitions, as outlined within the Welsh language and Culture Discovery Process, 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 HDdUHB'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 WG's Cymraeg 2050 strategy, launched in July 2017, that defines the WG'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.

More than just words

The More than just words plan 2022-27 was launched by the Minister for Health and Social Services at the National Eisteddfod in August 2022. The ambitious five-year plan was developed by an expert group, following an independent evaluation of the first More than just words five-year plan. Research showed that, for many Welsh speakers, being able to access services in their own language made a significant positive difference to their overall experience and, in many cases, their health and well-being outcomes.

But it also demonstrated that people often found it difficult to access the services they need and were reluctant to ask when Welsh language services were not offered. At the core of the strategy is the principle of the Active Offer, which places a responsibility on health and social

care providers to offer services in Welsh, rather than on the patient or service user to have to request them.

The 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 2024/25 provides an insight into how the Health Board has implemented and promoted the Welsh Language Standards, implemented the actions within More than just words and also the first year of the plan following the Discovery process.

Also included in the report is information on 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.

The report (Appendix 1) also touches upon our recently published action plan against Standard 110 and also the action plan following a statutory investigation into our switchboard services.

Argymhelliad / Recommendation

The Committee is asked to:

- **ENDORSE** the Welsh Language Annual 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: Datix Risk Register Reference and Score:	Risk reference: 1232, risk score: 12
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	6. Person-Centred
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 Termiau: Glossary of Terms:	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:	Welsh Language & W&OD sub-group All Wales Welsh Language Officers

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	HDdUHB staff time to support implementation of the Standards and in some instances to undertake internal training and translation costs. These costs are currently absolved within the Welsh Language Services Team budget and within directorates themselves.

Ansawdd / Gofal Claf: Quality / Patient Care:	Communication is at the heart of everything HDdUHB do therefore treating service users and staff in the language of need is key to the organisation's culture and engagement. There is evidence that high employee engagement can deliver quality patient care.
Gweithlu: Workforce:	All staff have a role to play in implementing the statutory Welsh Language Standards.
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 th 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 2024/25



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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Vision for 2025/26

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 Key Performance Indicators (KPIs) outlined within the Bilingual Skills policy, Cymraeg 2050, and More than Just Words whilst also striving to comply with the Welsh Language Standards.

Cover image: Shan Lewis, Health Care Support Worker, Withybush Hospital, during Welsh Language week 2025.

1. Introduction

This Welsh Language Annual Report focuses on the work undertaken by Hywel Dda University Health Board during 2024-25.

The 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 the Health Board's internal work, 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 is interwoven throughout decision making processes at board level.

The term of office of Delyth Raynsford, the Independent Member who championed the Welsh language, came to an end at the end of March 2025. During her tenure, Delyth was a great support in promoting the language within the Health Board - encouraging colleagues to give it a go - and provided valuable guidance to the Welsh Language Services team. Thank you, Delyth, for your continued endorsement. From 1 April 2025, Rhodri Evans became the Welsh language champion on behalf of the Board.

The People, Organisational, Development & 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 and media including the creation of new materials that are shared online and offline. Staff have adapted to more digital and virtual communication post-pandemic, and digitally accessible materials have continued to be utilised and are readily available for staff to access.

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 a continued reintroduction of some face-to-face sessions. The sessions include new 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.

During the year, we introduced four Cwrs Croeso sessions for individuals – as an opening to learning Welsh for individuals who are new to the language. As a follow-on, and with the support of the National Centre for Learning Welsh, we introduced a series of 10-hour Welsh language courses for staff. These courses are available to colleagues who have completed the Cwrs Croeso and provide an introduction to Welsh - enabling individuals to hold basic conversations in Welsh. These will be further developed and embedded during 2025-26.

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. The Welsh Language Services have attended numerous conferences and public sector events during the past year such as Enabling Quality Improvement in Practice (EQIIP), annual Nursing Conference, investors in carers events, and careers events. These are great opportunities to engage with staff and stakeholders and promote the language and how individuals can support greater use of Welsh in our workplaces, services, and community.

During the past year, the Welsh Language Services team has facilitated the provision of the confidence building course, and supplemented opportunities for informal use of Welsh through our Cloncan series of in-person and online events. These short sessions enable colleagues from across the Health Board to connect and practice the use of Welsh in an informal and welcoming setting.

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 new Compliance Assessment Tool, which was adopted by all Directorates to measure compliance with the Standards. We continue to meet bi-monthly to monitor progress and discuss opportunities for improvement.

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 10 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.

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 a 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, in support of Diwrnod Shwmae, a series of video and audio clips were released to encourage staff to use their Welsh, enabling greater awareness of basic phrases and pronunciation.

During November 2024, the Health Board supported the Welsh Language Commissioner's campaign - 'Defnyddia Dy Gymraeg' (Use Your Welsh) initiative as a means of encouraging people to use the language in their day to day lives. The aim of the initiative is to encourage people to use the Welsh they have, whether they are fluent or not, to establish the Welsh language as a natural part of their day to day lives. The campaign ran from 25 November until 9 December 2024. Our Welsh Language Services team worked in partnership with Primary Care Services again this year to hold a 'Defnyddia dy Gymraeg' week for primary care staff. This included virtual language awareness sessions, and an opportunity for primary care staff, including independent contractors, to join Welsh language confidence building taster sessions.

To mark Dydd Santes Dwynwen on 25 January 2025, videos were created to celebrate the day with staff from Glangwili Hospital taking part by saying a word they associate with love. This was shared within the Health Board, using Viva Engage, as a platform for engaging with staff. Linking to the video was a promotion to encourage colleagues to sing-up to the various opportunities to learn Welsh within Hywel Dda.

To celebrate St David's Day this year the Welsh Language Services team used the opportunity to host 'Welsh Week' that focused on doing little things to bring attention to Welsh culture. Seeking alternate ways to increase visibility of the language and key phrases, posters were developed and shared on bathroom doors in a range of locations across Health Board.

The team worked with the Communications team to ensure that St David's day was celebrated on social media with posts including quotes from staff stating why Welsh is important to them in the workplace, which gained significant reach and engagement with the public on the Health Board's social media channels.



Daffodils were also handed out to staff at Glangwili Hospital in the run up to St David's Day and a [video](#) created that was shared on social media. Viva Engage was used to bring attention to the translation services and to remind staff of their duty under the standards of supplying bilingual letters, posters, emails and more. was used to bring attention to the translation services and to remind staff of their duty under the standards of supplying bilingual letters, posters, emails and more.

We also took this week as an opportunity to hold the Health Board's first Eisteddfod for staff and their families, to raise awareness of Welsh culture amongst colleagues and teams. Local businesses kindly donated prizes that were gifted to the successful competition winners. There were 10 categories that ranged from photography to poetry, and included team activities such as best decorated ward. Every category had at least one entry and with some categories being inundated with entries. Staff members were asked to judge. The categories and winners were:

Category	Winner	Prize donated by
Photography (child)	Harlyn Tooby	Siop y Pentan
Photography (adult)	Diana Green	Bluestone
Art (child)	Elsa Burson	Siop y Pentan
Art (adult)	Tricia Rees	Vale of Rheidol
Singing	Gwilym Scourfield	Cawdor, Llandeilo
Dancing	Megan Evans	Folly Farm
Poetry	Mel Storey	Aberglasney

Acostig Poem	Meinir Morris	Scarlets
Speaking (learner)	Laura Hiscox	Ani Bendod
Ward Decorating	Angharad Ward, Bronglais	Castell Howell



Eisteddfod Hywel Dda

Migration to resilience

It was 1972, a life so bleak, impossible to leave.
Until Amin came to power, chasing a dream.
"All Asians must leave in 90 days," he decreed.
Leave the country of our birth? Our home?
The place where we belonged?

We were the backbone of the economy,
Yet harassed, intimidated, faces filled with fear.
What will happen to us? To many questions, no answers.
"Take your suitcases and affairs, nothing more," he ordered.

When your home is on fire, what do you take?
Leave the houses, farms, businesses, and cars.
These now being to ignore, he declared.
The soldiers banged on doors,
Guns waving, voices shouting demands.

On the way to the airport, they took all we had
Money, jewellery, dignity—stripped away.
Women assaulted by their cruelty, hearts heavy with despair,
We boarded flights to nowhere,
Uncertain of what lay ahead.

Winter greeted us with biting winds,
Housed in empty military camps,
A far cry from the warmth we had known.
At least we were together—
British in Britain, though strangers in this new land.

Unaccustomed to charity, we were donated clothes,
Clinging to whatever shred of pride remained.
But we found these in simply being alive.
That was over 50 years ago, and somehow,
The human spirit recovered.

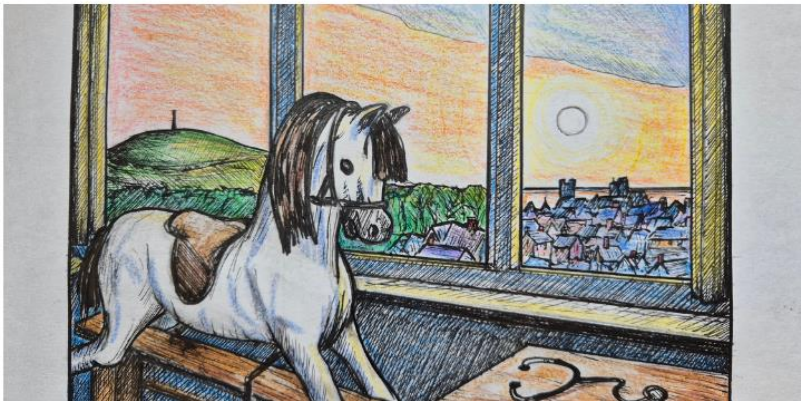
We started over with nothing,
Grit and determination our only currency.
The entrepreneurial spirit, though trapped,
Bubbled up again, refusing to be silenced.
"We can deal with this," we told ourselves,
Not quite believing but trying all the same.

It's been hard to speak of those dark days,
The fear, the loss, the trauma, the injustice.
But today, the memories come alive,
Stories passed down, captured forever.
And yes, it's good to talk.

Wales opened its arms,
Welcoming us with its rugged coasts,
Snow-capped mountains, and castles steeped in history.
Cool Cardiff, stunning Swansea beaches and winding coastal paths.
This land embraced us, it's people too.
And now, it is ours too and we love you back.

Our Wales, our home,
Where resilience took root,
Where the pain of the past turned into the promise of tomorrow.
We belong here,
Hukanna matata
Fy Nghymra
Rwy'n perthyn yma
From migration to resilience,
Our story continues.

Mel Storey



In addition to the prizes awarded to staff who entered the various categories in the Eisteddfod, Ellen Masters was also awarded tickets to the Royal Welsh Spring Fair for being this year's Learner of the Year. Ellen has been self-learning for years and has recently joined the Cwrs Codi Hyder. Richard Jones, the tutor, awarded Ellen, for her dedication to learning but also for being intent on putting what she has learnt into practice in her workplace through use of Welsh in emails and phone calls.

Additionally, and to promote Dydd Gwyl Dewi, daffodils were handed out to staff across the acute site to celebrate all things Cymraeg and remind everyone to do the

little things – encouraging everyone to live the values of St David and “gwnewch y pethau bychain”.

The overall aim of the week-long St David’s Day programme of activities was 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.

Following on from the success of the collaboration between the Health Board’s Welsh Language Services team and the Primary Care and Community Services Academy the teams continued to hold Welsh Language awareness sessions in June and November.

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 during October and November 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 in terms of learn Welsh opportunities and support to understand the legal obligations to comply with Welsh legislation. Therefore, supporting the delivery of primary care services through the medium of Welsh has been 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](#) (internal link only): 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](#) (internal link only): 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).

In February 2025, a five-year plan on how the organisation is progressing towards achieving Standard 110 - the required standard in being able to offer clinical consultations through the medium of Welsh – was presented to PODCC. The plan aims to ensure that patients feel more comfortable discussing their health matters in their language of need, improving communication and positive patient outcomes. Current practices may not fully accommodate Welsh speaking patients, and there may be a need for staff training and a review of current resources and procedures.

In discussion with teams that fall within the seven priority groups of the Welsh Government's Strategic Framework, More than just words, the work has started within an individual service initially - Speech and Language Therapy services. The initial plan has been developed so that it may be transferred easily to other services, once piloted and tested. It is a working document and is subject to change as the work progresses during 2025-26.

The plan covers the following 6 areas of work:

- **Baseline assessment of the current situation**
Baseline audit of staff Welsh language skills; forms, letters and patient information available bilingually
- **Training and Development**
Implement a comprehensive Welsh language training plan for staff at all levels to improve staff Welsh language skills focusing on communication skills essential for effective patient interactions at all levels.
- **Recruitment and Retention**
Increase the recruitment of Welsh speaking staff, with an emphasis on explaining the level of Welsh language skills required for each post.
- **Welsh language resources**
Provide and/or develop Welsh language resources from language glossaries to assessments, in order so support staff to deliver services through the medium of Welsh.
- **Patient Awareness and Engagement**
Raise awareness among Welsh speaking patients about their right to receive services through the medium of Welsh

- **Monitoring and Evaluation**

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

Looking forward to the year ahead

Despite the operational challenges, the past year continues to see a reinvigoration of the Health Board's activities to promote the Welsh language and our culture within the Health Board and our broader community. This provides a firm platform to continue our work for 2025-26. 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.

2. Vision for 2025/26

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 2025-36. A focus will be on building upon the discovery process that was completed in 2023 to understand the Welsh language and cultural needs and aspirations of our communities – of staff, patients, service providers, and supporters. The follow-up plan reflects our findings and deliver upon the board's priorities.

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 whilst also striving to comply with the Welsh Language Standards.

We will continue to do this in conjunction with the service areas during the 2025/26 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, 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
- Deliver and evolve the Safon 110 / Standard 110 plan for enabling clinical consultations through the medium of Welsh.

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

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 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 health 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.

Ceinwen Lloyd (Hywel Dda UHB - Welsh Language Suppor...
Mar 25

Seen by 227

Do you know your duty when it comes to the Welsh language standards?

Cyfieithu Ar y Pryd (CAP)

Simultaneous translation

You must ensure that your application forms for posts provide a space for applicants to indicate that they wish an interview or other method of assessment in Welsh and if an applicant so wishes, you must conduct any interview or other method of assessment in Welsh, or, if necessary, provide a simultaneous or consecutive translation service from Welsh to English for that pur... see more



<http://hduhb.nhs.wales/healthcare/services-and-teams/welsh-language-services/welsh-language-documents/welsh-language-compliance-notice/>

Ceinwen Lloyd (Hywel Dda UHB - Welsh Language Suppor...
Mar 18

Seen by 1,974

Do you know the Welsh language standards?

Cyfieithu Ar y Pryd (CAP)

Simultaneous translation

If you have invited more than one person to a meeting, and at least 10% (but less than 100%) of the persons invited have informed you that they wish to use the Welsh language at the meeting, you must arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting

Find all of the standards here: hduhb.nhs.wales/healthcare/services-and-teams/welsh-language-services/welsh-language-documents/welsh-language-compliance-notice/



COMPLIANCE NOTICE SECTION 44 WELSH LANGUAGE (WALES) MEASURE 2011
Hywel Dda University Health Board Issue Date: 30/11/2018

COMPLIANCE NOTICE – SECTION 44 WELSH LANGUAGE (WALES) MEASURE 2011 Hywel Dda University Health Board – Issue Date: 30/11/2018 Standard Number Class of Standard Standard Imposition Day 1 Service Delivery standards If you receive correspondence from a person in Welsh you must reply in

hduhb.nhs.wales

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 also designed and created new lanyards for Welsh speakers and lanyards for Welsh learners. These lanyards include the Health Board logo and the Work Welsh logo. The purpose of these lanyards is that patients and staff can quickly identify and recognise who they can use their Welsh with.



These lanyards add to the range of Give it a Go merchandise that serves as a visible reminder to staff and patients to use their Welsh, so that staff can:

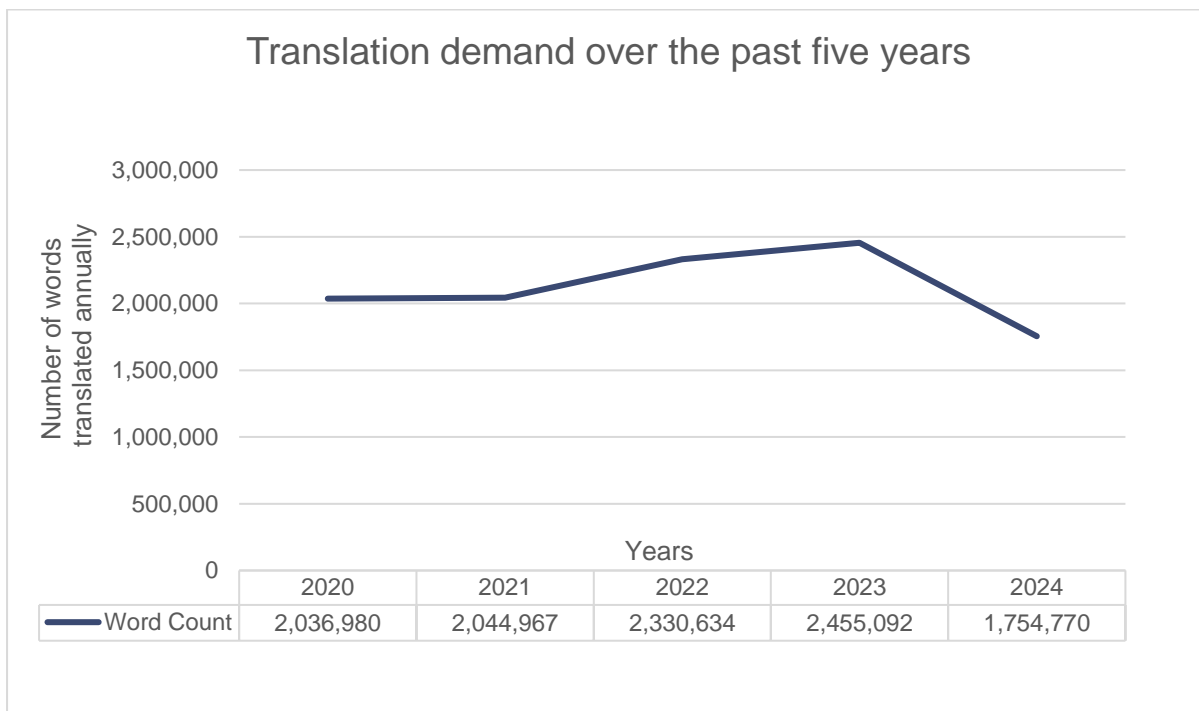
- Be aware of colleague's language choice.
- Enable patients to use their language of comfort from first point of contact.

Demand on translation services

There has been a decrease in the total number of words submitted for translation in 2024-25. Staffing and financial pressures across the Health Board could mean that departments may not have the ability to create new materials, leading to a reduction in translation.

The Welsh Language Service 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. In 2025-26 the team aims to work with Workforce and Organisational Development to ensure that their Intranet and SharePoint pages are completely bilingual. This, as well as consultation activities such as Llanelli Minor Injuries Unit and the Clinical Services Plan, where a number of public documents are produced means that the translation requirements will be in-line with previous years during 2025/26.

An email reminder is sent to all Health Board staff on a quarterly basis 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 Translation Services team have recently audited various departments such as Radiology and Maternity to ensure that all literature is available bilingually. The intention is to further this project and work with other departments 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 obtain translations of 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.

During the past year, most 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.

A 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 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 will be a big part. The course was launched in January 2023 and on 31 March 2025 86% of the Health

Board's workforce had completed the course. Further work will be done to promote and remind individuals of the need to complete the course and ensure compliance.

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 2024/25, 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.

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, 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 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 within the Global email sent to all Health Board staff. The latest information from the language skills audit is available on page 21.

Welsh language course providers have adapted their way of delivering training since the pandemic. Face-to-face classroom-based learning is now being offered as well as online virtual learning. 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. Many courses offered by the National Centre for Learning Welsh offer both face-to-face and online options, meaning that our staff are more likely to be able to join depending on their workplace circumstances. 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.

Since the beginning of 2023, we have been working closely with the National Centre for Learning Welsh to continue to provide the Confidence Building Course to our staff. The Confidence Building Officer, Richard Jones, continues to work as part of the Work Welsh scheme by the National Centre for Learning Welsh, and provide a series of short confidence building courses for staff. The aim of the Work Welsh 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 two years. The aim of the scheme has been to offer short confidence building courses and work with individuals to change the use they make of the Welsh language with patients. The series of Confidence Building courses was open to all Health Board staff as well as targeting specific groups of staff such as Receptionists, Apprentices and Nurses - staff who have direct contact with patients.

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 proud 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.

Increasing the use of the Welsh language was the main aim of the plan and, with 108 individuals having attended the courses over the past year, we can say with confidence that many more staff now use more Welsh with patients and other colleagues in the workplace.

Angharad Evans, Team Secretary

Angharad has been attending the confidence building course with Richard since April 2024. She says that the courses are great and since attending them regularly she uses her Welsh with patients and colleagues. She likes that the courses are online and the flexibility that Richard offers when it comes to her work schedule. Attending the group sessions virtually means that she gets to meet colleagues from all over the Health Board, people she may never have had the chance to converse with previously, and they get to have informal chats to practice together. Angharad would recommend the course to anyone who has some understanding of the language but wants the push to start speaking it with others. Angharad now starts emails in Welsh

and will answer the phone in Welsh confidently, which is something she wouldn't have attempted before joining Richards lessons.

Alan Treharne, Consultant Obstetrician and Gynaecologist

Welsh is Alan's second language and before he moved to Ceredigion he didn't use Welsh in the Workplace. He has been very lucky with the support he has received with his colleagues at Bronglais hospital and he says that speaking Welsh is an important part of his consultation with patients. He feels confident enough to start speaking Welsh before English. He says that this helps his connection with Welsh speaking patients and makes them feel more comfortable and that he understands the importance of letting people answer back in their first language.

We're ever so 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 this year. The series of Confidence Building courses will again be open to all Health Board staff as well as targeted groups of staff such as School Nurses, Speech and Language workers and Porters; staff who have direct contact with patients. More information can be found on page 22.

The Welsh Language Services team has been working on an ongoing project with the Learning & Development department to provide new '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, 43 members of staff have attended the sessions, staff from various departments Health Board wide; radiologists, dementia well-being, consultants, 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.

Other Welsh Language Awareness sessions were held over the past year include sessions with the Speech & Language Therapy Services team. These particular sessions involved a focus on matters relating to the Welsh Language Standards and how to ensure compliance is met. A further session was arranged for hospital-based Speech and Language Therapist with a particular focus on patient need and patient language choice.

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 34 generic job descriptions are agreed and already translated. These 34 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.

Two Welsh language service complaints were received by the Health Board during 2024/25, one came directly from the Welsh Language Commissioner's office. The complaint involved English only information being displayed in the Pharmacy at Prince Philip Hospital. The Welsh Language Services team visited the department and spoke to the pharmacy manager.

She accepted that the signs were in English, however as the signs held staff only information and were displayed on the door into a staff area, she hadn't realised they needed to also be bilingual. She apologised for the mistake as she realises the information can be seen by the public. The posters were immediately taken down and have been translated by the Translation team.

She noted that all other signage – both temporary and permanent – within the pharmacy department, is bilingual. The reception desk displays the Iaith Gwaith poster, and staff are encouraged to wear Iaith Gwaith badges and lanyards. The internal area of the department also displays the Health Board's own Give it a go merchandise. She also confirmed that staff Welsh Language levels are discussed at all PADR's, and some staff access Welsh Language learning opportunities. The Welsh Language Services team have since shared an updated list of all opportunities available. No further action was taken.

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 has now produced an action plan that is being implemented until the end of 2025. *Please see appendix 1*

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, 2025, 97.4% of staff have recorded their Welsh language skills as can be seen in the table below.

The Welsh language skills questionnaire form continues to be used to capture the data required and is available for download via the intranet. Staff language skill data

is also discussed with managers at performance review meetings. Staff language data is also now transferred from NHS Jobs to ESR on appointment to post.

The breakdown of Welsh Language recording as of 31 March 2025 was:

Welsh skill level	Number of employees	%
0 - No Skills / Dim Sgiliau	4891	40.4%
1 - Entry/ Mynediad	2676	22.10%
2 - Foundation / Sylfaen	1,075	8.90%
3 - Intermediate / Canolradd	884	7.30%
4 - Higher / Uwch	922	7.60%
5 - Proficiency / Hyfedredd	1,355	11.20%
Not yet recorded on ESR	312	2.60%
Total	12,115	100%

The areas of improvement, and steps we intend to take during the coming months to improve the recording and development of Welsh language skills include:

1. Encouraging staff and managers to review ESR levels where improvement in language ability has been made.
2. Further encouraging those on level 0 to move to level 1. We aim to encourage more staff to complete the 10-hour online taster courses
3. Implementing our strategy to encourage those on level 1 to move to level 2. This is in line with our Bilingual Skills Policy; a commitment to get to 50% at level foundation in 10 years.
4. Reviewing Bilingual Skills policy targets in light of the 2021 Census data

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				Total number of new / vacant posts
	Welsh essential	Welsh desirable	Welsh needs to be learnt	Welsh not necessary	
Hywel Dda UHB	22	2175	0	288	2485

Out of the 2485 posts advertised, 2616 posts were offered and 529 individuals appointed to these posts hold Welsh language skill levels 3 to 5.

The Workforce & Organisational Development team has added a Welsh language skills requirements assessment to the recruiting process. This assists managers to determine whether posts should be advertised as Welsh Essential or Welsh Desirable. The tool ensures that managers follow a set formula that considers the language needs of the population and the current skill mix, and skill gap, within the team. This allows services to recruit individuals with the required level of Welsh language ability to ensure a comprehensive Welsh language service is available. A Top 10 Tips animation continues to be used widely to support recruiting managers in understanding their responsibilities in delivering the aims of the bilingual skills policy. We also look to hold Welsh Language training sessions with Workforce and Organisational Development to improve knowledge of how they apply to their day to day work.

We continue to make use of Lleol website, a jobs website that promotes roles where Welsh is noted as essential, to advertise the Health Board's Welsh essential jobs. Welsh essential posts are also shared to a specific group on Facebook that only advertises Welsh essential posts.

3.7 Learning opportunities provided during 2024-25

The shift to more online learning has continued to be a positive move for Health Board staff in terms of accessing learning. As a Health Board we are fortunate to be offered various learning opportunities through the Welsh Government funded initiative Work Welsh - an opportunity for employees to learn Welsh from little or no knowledge, or to further develop their existing language skills. The Welsh Language Services team are a link between our staff and course providers making the process of finding the best course for our staff as easy as possible.

The Work Welsh scheme offers a range of opportunities from online self-study courses, taster courses, Nant Gwrtheyrn 'Use' courses and more recently the Work Welsh Academy which provides training, support and guidance for employers that

will help employers gain a better understanding of how to support learning, and how to plan and increase the Welsh language skills of the workforce. An example of a recent training programme offered is 'Chairing a bilingually and hosting bilingual events', which is again available for any member of staff Health Board wide.

Confidence Building Courses – Work Welsh programme

The full-time Confidence Building Officer is employed by one of the Learn Welsh providers, Aberystwyth University, for a period of 12 months. The aim again during 2024-2025 was to offer short confidence building courses and work with individuals to change the use they make of the Welsh language with patients. The series of Confidence Building courses has been and continues to be open to all Health Board staff as well as targeting specific groups of staff such as School Nurses, Dementia staff, Porters and Apprentices; staff who have direct contact with patients.

Who the course is aimed at:

In addition to staff with existing Welsh speaking skills, this year the courses are also available for staff with little or no Welsh skills at all, as the aim is to improve confidence to use the language whatever the level of Welsh.

Aim:

The purpose of these sessions is to change linguistic habits and improve the confidence of reluctant speakers, so that they use Welsh when they would normally use English.

Course details:

Held via virtual classroom, including an opportunity for one-to-one sessions with a tutor for further support, the course supports individuals by providing general guidance or, if staff have specific areas of work they wish to concentrate on e.g. practise a telephone script, or how to write a formal email. A typical course involves two hours of learning per week, and the individual can continue the sessions with the tutor for as long as required or until they feel more confident to use the language.

Many staff from different departments attended the courses over the past year, ranging from Occupational Therapists, Mental Health Workers, Consultants, Staff Nurses and many more.

At the end of the reporting year (31 March 2025) 108 members of staff had completed the courses. This is a fantastic achievement as the set target for the year was to reach 100 members of staff. Current work pressures continue to be a limitation in terms of attendance and drop-off rates, however, the flexibility of the courses and the opportunity of 1:1 sessions helps, and staff always have the opportunity for to re-join at a later date or attend on a 1:1 basis with the tutor.

Further analysis of the confidence Building courses

Six two-hour long courses were held over 12 weeks which equates to 24 hours of

contact for each course. The one-to-one sessions have been extremely popular with the staff with approximately 478 hours of contact noted by the tutor. The time spent with each individual varies, with some spending up to 12 hours one-to-one with the tutor, and others only needing a few hours to build confidence.

Month	Staff	Number of individuals
June 2024	Primary Care Staff	14
September 2024	Apprentices	18
September 2024	Nurses BGH	28
October 2024	Nurses GGH	32
October 2024	Apprentices	3
November 2024	Primary Care Staff	12
December 2024	Pembrokeshire Community Hospitals	6

Following the success of the scheme during the past year at Hywel Dda University Health Board, a similar scheme is currently being rolled out with other Health Boards; an opportunity to share experiences and work collaboratively. Work continues with the Work Welsh scheme co-ordinator, and a series of promotional video clips have recently been launched as part of a promotional campaign to further promote the successes of the Confidence Building scheme.

Other opportunities to learn Welsh opportunities

The Welsh Language Services team continue to be proactive in promoting all Welsh Language learning opportunities to staff, as well as supporting them to choose the most appropriate course for their level of ability. The funding to offer more short intensive courses that was secured last year to offer course at beginner level for Health Board staff proved popular and the uptake was high.

In September 2024, working with the National Centre for Learning Welsh and their provider Aberystwyth University we were able to offer a Welcome to Welsh course to our staff who were complete beginners to learning the language. The course is a one-off session online or 1.5 hours. The tutor, supplied by Aberystwyth University, uses the session to give a taste of what it's like to learn Welsh by looking at linguistic patterns to health-related words. The session also gives an overview of what resources are available to staff if they decide to continue learning Welsh.

Four sessions offered to staff throughout the year and the National Centre for Learning Welsh has confirmed that the courses will run through 2025-26 offering a further six sessions throughout the year to staff.

Following on from the success of the number of participants who attended the Welcome to Welsh course, Aberystwyth University and the Health Board won a tender to trail a 10-hour Welcome course in March 2025. This course is offered to everyone who attended the Welcome to Welsh course and staff are asked to give 1

hour a week of their time for 10 weeks to help them learn conversational Welsh that will help them interact with patients. The course concentrates on health care phrases. We are pleased to confirm that there will be three more blocks of 10 hour courses offered to staff over 2025-26.

The following table shows the number of participants enrolled on the various courses offered at the Health Board during 2024-25.

Course	Level	Location	Number of participants enrolled
Confidence Building Courses	Level 3 and above	Online virtual classroom & 1:1 sessions	108
Welcome to Work Welsh 10 hour online course	Entry	Online self-study	49
6-week short intensive course	Entry – Level 0	Online virtual classroom	15
6-week short intensive course	Entry – Level 0	Online virtual classroom	13
6-week short intensive course	Entry – Level 0	Online virtual classroom	22
Cwrs Croeso	Entry – Level 0/1	Online virtual classroom	36
Cwrs Croeso	Entry – Level 0/1	Online virtual classroom	32
Cwrs Croeso	Entry – Level 0/1	Online virtual classroom	27
Cwrs Croeso	Entry – Level 0/1	Online virtual classroom	16
Online Self Study course	Entry	Online	5
'Use' course Nantgwrtheyrn	Higher	Face to face	2
'Use' course Nantgwrtheyrn	Intermediate	Face to face	3

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
Hafan Derwen
Parc Dewi Sant
Heol Jobswell | Jobswell Road
Caerfyrddin | Carmarthen
SA31 3BB

welshtranslation.services@wales.nhs.uk

Appendix 1:

Action Plan - Informing Callers about Welsh Language Service (Standard 9):

Action	Progress	Completion Date	Senior Responsible Owner
Automated System: Implement an automated telephone system that informs callers about the availability of a Welsh language service at the start of the call	The designated call channels will be implemented so that the caller will be greeted with a bilingual message and then can choose option 1 for Welsh. This will then be routed to a Welsh speaking operator.	Start Date: January 2025 Completion Date: July 2025	Director of Digital
Staff Training: Ensure all staff are trained to inform callers about the Welsh language service and to start conversations in Welsh	The designated Welsh line into the Switchboard will enable the operator to deal with the call in Welsh, as the automated service will have picked up that this is the caller's preference. The member of staff answering the call will be able to establish the nature of the call, hold an initial conversation and deal with any query that does not relate to a "specific subject" in Welsh.	Start Date: January 2025 Completion Date: March 2025	Director of Digital / Director of Communications and Engagement
Guidance and Protocols: Update all guidance documents to clearly outline the steps staff must take to comply with standard 9	All scripts, policies, and procedures to be reviewed to ensure a consistent bilingual service is delivered by the Switchboard across the Health Board. This will be done in conjunction with the Welsh Language team to ensure compliance with the Welsh language standards.	Start Date: January 2025 Completion Date: March 2025	Director of Digital

Handling Calls in Welsh (Standard 10):

Action	Progress	Completion Date	Senior Responsible Owner
<p>Initial Greeting: Ensure all calls are greeted in Welsh and that staff can handle initial conversations in Welsh</p>	<p>Refresh of operator scripts to include a bilingual Health Board message.</p> <p>Training and confidence building sessions for switchboard operators.</p> <p>All relevant staff to have completed the mandatory Welsh language awareness training on ESR</p>	<p>Start Date: January 2025</p> <p>Completion Date: March 2025</p>	Director of Digital
<p>Transfer Protocols: Develop protocols for transferring calls to Welsh-speaking staff when necessary</p>	<p>During the initial conversation, if the caller requests to speak with a Welsh-speaking staff member or if the call handler identifies that the caller would be better served in Welsh, the call will be transferred.</p> <p>The call handler will inform the caller that they will be transferred to a Welsh-speaking staff member (where available) and provide a brief explanation of the transfer process.</p> <p>A list of Welsh-speaking staff members will be available to operators and will be maintained and regularly updated.</p>	<p>Start Date: November 2024</p> <p>Completion Date: December 2024</p>	Director of Digital
<p>Welsh Language Training: Provide ongoing Welsh language training to staff to improve their ability to handle calls in Welsh</p>	<p>Working with the Welsh language team within the Health Board to build on current Welsh language skills of staff and promote confidence in using the Welsh language when answering calls. We will also be undertaking training with staff who have limited Welsh language knowledge to upskill them in call handling through the medium of Welsh.</p>	<p>Start Date: November 2024</p> <p>Ongoing: Continuous training sessions throughout 2025</p>	Director of Digital / Director of Communications and Engagement

To ensure the successful implementation of the action plan and compliance with Welsh Language Standards 9 and 10, we will establish a robust monitoring and evaluation framework. Here are the key components of our progress monitoring strategy:

Monitoring and Evaluation Framework

1. Regular Progress Reviews:

- a. **Monthly Meetings:** We will hold monthly progress review meetings with key stakeholders, including representatives from the Digital team, and Communications & Welsh language services team. These meetings will assess the progress of each action item and address any challenges or delays.
- b. **Quarterly Reports:** Detailed quarterly progress reports will be prepared and shared with senior management within the Health Board. These reports will include updates on the implementation of the action plan, any issues encountered, and corrective actions taken.

2. Performance Metrics:

- a. **Compliance Metrics:** We will establish specific performance metrics to measure compliance with standards 9 and 10 (draft attached in Appendix 1). These metrics will include the percentage of calls informed about the Welsh language service, the percentage of calls handled in Welsh, and the number of staff trained in Welsh language skills.
- b. **Patient Feedback:** We will collect feedback from callers regarding their experience with the Welsh language service. This feedback will be used to identify areas for improvement and ensure that the service meets the needs of our Welsh-speaking patients.

3. Audits:

- a. **Bi-Annual Audits:** Internal audits will be conducted bi-annually to assess compliance with the action plan and Welsh Language Standards. These audits will involve reviewing call recordings, staff training records, and patient feedback.
- b. **Audit Reports:** The findings of the internal audits will be documented in audit reports, which will be shared with senior management and the Welsh Language Commissioner.

4. Continuous Improvement:

- a. **Feedback Loop:** We will establish a feedback loop to continuously improve our Welsh language service. This will involve regularly reviewing patient feedback, audit findings, and performance metrics to identify areas for improvement and implement necessary changes.
- b. **Ongoing Training:** We will provide ongoing Welsh language training to staff to ensure they have the skills and confidence to handle calls in Welsh effectively.

By implementing this monitoring and evaluation framework, we will ensure that the action plan is executed effectively, and that Hywel Dda University Health Board achieves full compliance with Welsh Language Standards 9 and 10.

3.2

3.2 - Culture Progression Report, including PADR update (TI 47)

***Christine Davies
(Hywel Dda UHB -
Assistant Director of
Organisation
Development)***

| For assurance

Attachments

[3.2 Culture Update Report 2024-25 FINAL.pdf](#)

[3.2 Appendix 1 Case Study.pdf](#)

[3.2 Appendix 2 - Culture Driver Diagram May 25.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Culture Change – a holistic review of our Organisation Development work in 2024-25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce & OD/ Deputy CEO
SWYDDOG ADRODD: REPORTING OFFICER:	Christine Davies, Assistant Director of OD & Corinna Lloyd-Jones, Head of Organisation Relations

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

**ADRODDIAD SCAA
SBAR REPORT**

<p><u>Sefyllfa / Situation</u></p> <p>This report provides an update in relation to our cultural progression work since our previous report in April 2024. In particular, it references the work of our Organisational Delivery (OD) Team which contributes to the overall Workforce and Organisational Delivery (WOD) Workforce and Sustainability Planning Objective for 2024-25 and specifically the following action:</p> <p>1.3 Delivery of a Retention Plan to support the supply-side elements of the Workforce Plan and underpin workforce stabilisation.</p> <p>Over the past year, our OD team has made significant cultural progress delivering key improvement measures in-line with the above, however we have remained realistically mindful that our Health Board’s values-centred culture journey is challenged. The need to navigate financial pressures while protecting patient safety and achieving significant efficiency savings weighs heavily on our leaders and staff, posing a risk to morale.</p> <p>Additionally, the escalation of our Health Board to Targeted Intervention (level 4) in January 2024, which attracted additional support and scrutiny from Welsh Government due to their concerns about the performance and delivery of our services, has added a further complex layer of challenge to our cultural progression. With a particular focus on the escalated domain of Leadership and Governance, our OD team has worked diligently over the past 12 months to support the enhancement of leadership capacity and capability. This has contributed to its de-escalation from Targeted Intervention to Enhanced Monitoring (level 3) in March 2025, reflecting the significant progress made.</p> <p>Despite the unprecedented challenges our Health Board continues to navigate, as an OD Team, we hope this report provides assurance to the Committee that our consistent commitment to a shared vision and taking informed actions to reach it one step at a time, is building a healthier and happier working culture in Hywel Dda University Health Board (HDdUHB).</p>

Cefndir / Background

This report provides a progress update in relation to the work of our OD Team in line with the specific Planning Objective noted above and also in the improved performance related to Targeted Intervention status.

Much appreciation is also extended to our colleagues across our WOD directorate for their pioneering collaborative work to support HDdUHB's cultural intent. Another essential element of enabling our cultural journey has been our continued positive trusting relationships with our Staff Side colleagues. Guided by a compassionate shared purpose of supporting staff, our open and honest partnership working helps build a better understanding of how our staff are being affected through the local knowledge and intelligence shared by our Trade Union (TU) colleagues regarding areas of staff unrest and hotspots of management challenges.

We must also recognise that the past year has been an exceptionally difficult time for our leaders not only as a result of the system pressures, but also the constant change across our Health Board; from fundamental restructuring to more nuanced adjustments in how our services are delivered. In particular, the large-scale structural organisational change implementation across our Operations function has challenged many leaders both professionally and personally, including in relation to their job security, roles and career plans. It is therefore a true credit to their dedication and resilience that they have continued to compassionately engage and support their staff on our culture journey despite the ongoing turbulence.

Finally, and most importantly, we are consistently humbled and encouraged by how committed our leaders and staff are to building a happier and healthier HDdUHB. We have learnt that healthy and happy work environments are crucial to ensuring the delivery of high-quality patient care. Given the current challenges across the NHS, it would be understandable if our colleagues viewed our values-centred culture change as being removed from reality, however by being truly listened to and engaged on the journey, they courageously come together to embrace organisational learning and use it to co-create better ways of working across our Health Board.

Asesiad / Assessment

The following section illustrates our work as an OD team during the past year on a thematic basis.

1.0 Leadership and Capability

Talent Acquisition

During the first 6 months of 2024-25, at the request of the Executive Team, our OD team developed a robust senior leadership talent acquisition process for bands 8c-9. The attraction and appointment of high-quality candidates into these roles is key to the Health Board being able to deliver on its objectives and future plans, therefore psychometric assessments alongside traditional selection methods provide a systematic and evidence-based approach to identify leadership potential and 'fit' for the role. In addition, it raises the benchmark for leadership talent and offers assurance regarding the calibre and suitability of candidates and supports targeted development.

By identifying development needs early on in their role tenure, our leaders are supported to grow into their roles effectively, enhancing performance and stability at a time when strong

leadership is more vital than ever. From a developmental perspective, successful candidates receive a bespoke personal development plan to support their transition and development into their roles.

This approach commenced within the Health Board's revised Operations structure and since July 2024, 15 appointments have been made. This process has also been extended to the wider organisation at the same level, resulting in a further 8 appointments being made.

Throughout this process, it has been paramount that candidates have a good experience and feedback received from both successful and unsuccessful candidates positively reinforces this.

LEAP

Continuing with its success following the launch in 2023, our LEAP (Leadership Engagement with Awesome People) Programme continues to flourish, empowering leaders to build on their own and their teams' strength to develop individual and collective performance. Delivery of LEAP continued during the past year, with 4 cohorts being delivered to 66 senior leaders at bands 7-8c. To date, 9 cohorts have been delivered to 154 of our Health Board leaders.

The impact that LEAP has on delegates is profound, which is demonstrated throughout, but also at presentation days upon programme completion where they can evidence the difference in themselves from commencing the programme to completing. Feedback is all positive and it is wonderful to see leaders investing and embracing their own development:

"One of the most underrated aspects of LEAP was the opportunity to step away from the constant stress and strain of work. It allowed me to disconnect from my screen and connect with like-minded individuals facing similar challenges. This sense of community really helped alleviate my feelings of isolation and it helped knowing that others were experiencing the same worries. The post-COVID era made this sharing of concerns, troubleshooting, and conversation even more essential. LEAP provided the much-needed space for me to reflect and recognise my achievements and rebuild the confidence I needed in my role and to apply for another leadership role (which I would not have considered before LEAP)"

A robust evaluation process underpins our LEAP Programme, and this was endorsed in year by the Strategic People Planning and Education Group (SPPEG).

New Consultants Development Programme

During 2024, the third cohort of our New Consultant Programme commenced with 19 delegates. This programme was created to enable newly appointed Consultants, GPs and Clinical Specialists to learn more about the Health Board as an organisation, while simultaneously establishing a network of peers from across all sites. This 9-day programme provides a rich learning environment and important relationship building space. To date, 47 delegates have attended and feedback continues to be positive:

"Before attending the programme, I didn't have a very clear understanding about culture, values and the responsibilities of my role within the organisation. This programme helped me to improve my knowledge about these matters..."

"I realised that being a role model is more effective than trying to correct or control others' behaviour."

External Leadership Programmes

Our OD Team continues to work alongside our partner organisations who provide leadership development opportunities, which are all advertised across networks and the whole Health Board. During 2024, our staff attended the following external programmes:

- CLIMB: 2 delegates
- Academi Wales Summer School: 5 delegates
- Advanced Clinical Leadership Programme: 3 delegates

Coaching

To continue extending and embedding our coaching culture, the Coach Approach Programme is now integrated into leadership and management programmes along with ad-hoc standalone programmes to meet organisational demand to embed leading with a coaching style as part of everyday work. To date, 308 leaders have attended the Coach Approach Programme.

Our Coaching Network continued to grow during 2024 and now boasts 43 qualified coaches with a further 11 currently completing their necessary coaching hours. To date, 84 staff have been allocated a network coach and approximately 252 coaching sessions have been undertaken with heartwarming feedback of personal transformation:

“As a result of my coaching sessions, I took professional exams that I would not have had the confidence to do, I improved my line management skills, and just generally felt more confident in my abilities at work” (Coachee)

“Before the coaching sessions I was lost and felt quite alone in the situation I was in. I appreciated my coach’s honesty and the way she made me question & reflect allowing me to develop my skills as a new manager in a difficult situation. The sessions allowed me to structure my thoughts and put a plan in place to manage my team effectively, thank you!” (Coachee)

Excitingly, in 2024 we also partnered with our three local authorities to create a Regional Coaching Network which now has 80 qualified coaches. This collaboration is creating opportunities for both health and local authority staff, expanding the coaching provision and enabling cross-boundary coaching support, along with networking and relationship building.

2.0 Performance Appraisal Development Review (PADR)

The need for regular performance conversations is integral to building our compassionate leadership culture to effectively manage the performance of individuals, teams and our Health Board, whilst supporting staff engagement, wellbeing and the embedding organisational values. Setting clear performance expectations and regularly supporting progress helps manage performance problems through encouraging responsibility for solving them, helping to promote a culture of learning and continuous improvement.

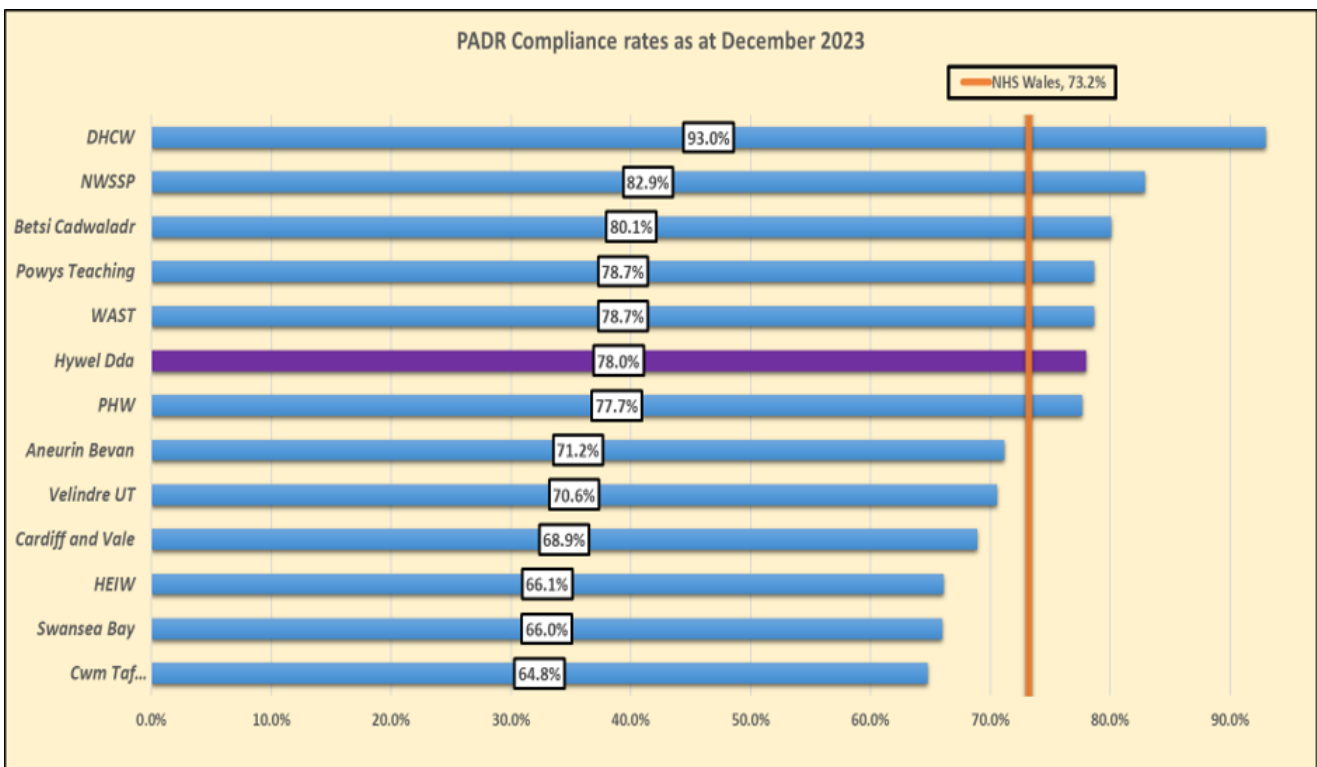
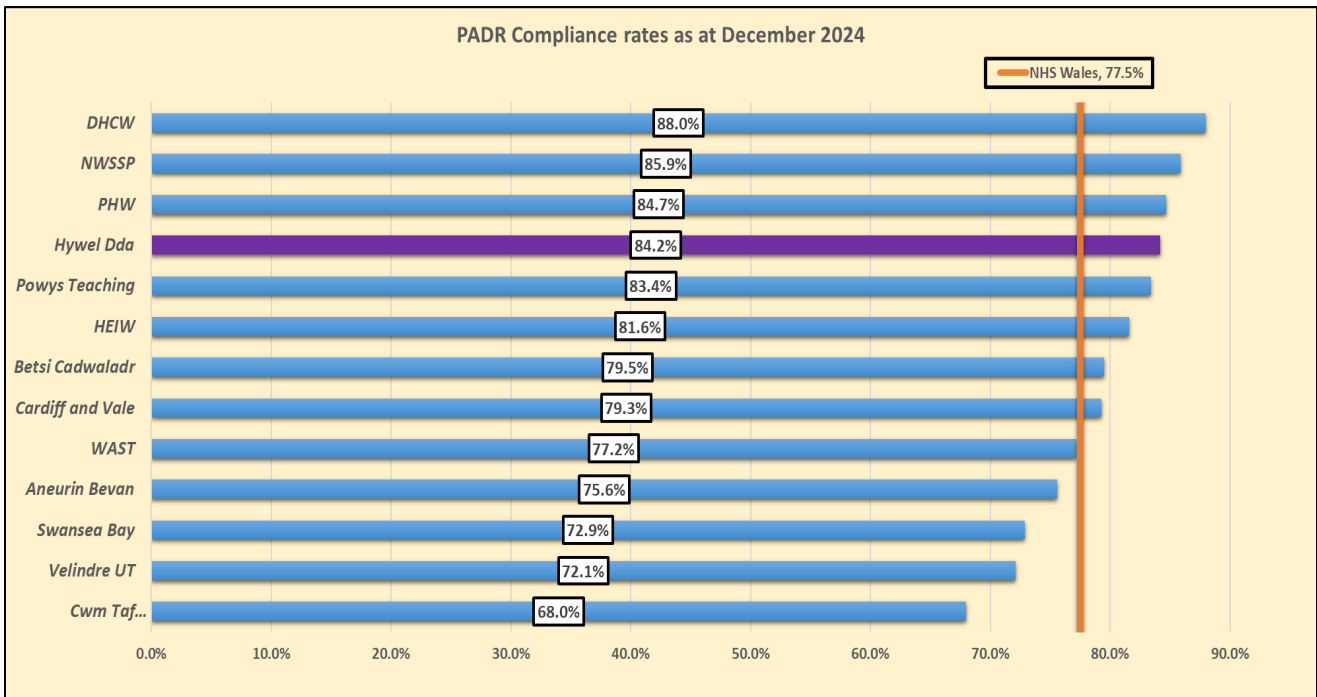
We have continued to strive to embed an employee-led performance management process, which supports individual performance and development and aligns to team, service and Health Board success. This has led to the development of a Performance Management Hub (PADR) that holds all information and resources regarding workforce performance including:

- The Art of the Honest Conversation e-learning: a wonderful e-learning module that supports the adult-to-adult honest conversation.

- Managing Poor Performance Toolkit an excellent toolkit designed by the NHS Executive that supports leaders to compassionately manage poor performance.

The most recent NHS Wales figures showed our Health Board's position for PADR compliance at 84.2% in December 2024, compared with 78% in December 2023.

Our current position means that in terms of PADR compliance we are the best performing Health Board in Wales. Further work will be taken forward in the year ahead to ensure compliance with the 85% tier 1 target.



PADR was also one of our highest scoring areas in our 2024 NHS Wales Staff Survey results, increasing 3.6% from 84% in 2023 to 87.6% in 2024 and outperforming the NHS average by 1.6%.

3.0 Retention

A paper was shared at PODCC in December 2024 as a progress update in relation to our retention Planning Objective and also showing progress with implementing the recommendations included in the Staff Retention Discovery Report. The Committee took assurance of our retention work programmes being on track, reinforced by the turnover figures being monitored as part of the Escalation Framework, and that appropriate progression towards the ambitious target figures would be made within the full year timeline.

In terms of year-end rolling 12-month turnover figures against targets, we have achieved the following in 2024-25:

	Hywel Dda				NHS Wales
	Target	March 2024	March 2025	Achievement	Feb 2024
Nursing	-0.5%	5.52%	5.31%	-0.21%	5.8%
Medical	-1%	10.47%	11.50%	+1.03%	12.7%
Allied Health Professionals (AHP)	-1%	10.01%	8.25%	-1.76%	8.1%
Health Care Sciences (HSC)	-1%	8.88%	8.22%	-0.66%	6.6%

Although we were 0.29% short of reaching our 0.5% reduction target for nursing, given the significant success of our nurse retention in the previous financial year, we have been mindful that a further 0.5% reduction this year was ambitious, however we continued to innovate across all areas of our Nursing Retention Plan and are content to have achieved a slight reduction year on year. We are also extremely proud to continue to be the best performing NHS organisation in Wales for our registered nursing turnover rate. Due to the success of our programme, our Retention Lead has been invited to talk at several national conferences and senior NHS Wales meetings (Health Education and Improvement Wales (HEIW) and Welsh Government) during the past year where we have received widespread praise for the Health Board's progress.

Medical turnover requires further focus during the year ahead therefore we are collaborating with our Medical Recruitment Operational Delivery (ODG) and Medical Stabilisation Groups to ensure an integrated approach to supporting international recruitment and retention of medical staff. Additionally, the increase in medical turnover appears to be a current trend across Wales and is also being considered by the NHS Wales Retention Community of Practice as a hotspot area.

Our new AHP and HCS Retention Group is progressing well and there is an ongoing communication within the NHS Wales Community of Practice groups to support this work, where HDdUHB's Retention Lead is engaging nationally to ensure alignment.

Task and Finish Groups

Two separate Task and Finish Groups were established by our OD team in partnership with Trade Union colleagues in June 2024 and met up to February 2025. The groups also comprised clinical and operational managers and staff to focus on:

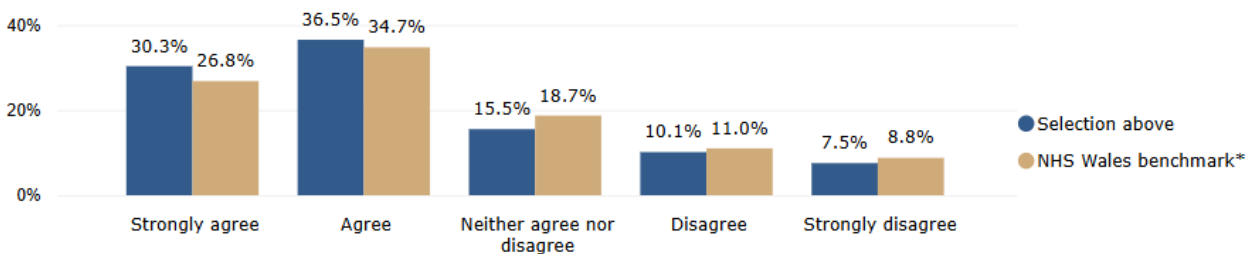
1. Flexible Working: to explore how to overcome barriers to flexible working across the Health Board, with the aim of shifting hearts and minds to build a culture which supports flexible working at team level.
2. Retire and Return: to promote and educate managers and staff in relation to flexible retirement options.

A number of actions were undertaken by each Group, many of which have been embedded into the next phase of our culture change programmes in 2025-26. For Retire and Return, this included developing a SharePoint page to provide a one stop resource for staff who wish to find out more about Retirement and Flexible Retirement. For Flexible Working, this included developing new sessions to educate managers as part of the Health Board’s Management Development and LEAP Leadership Development programmes in relation to the NHS Wales Flexible Working Policy and our commitment to the principle that flexible working becomes the default, including supporting managers to make a cultural shift from “*We can’t do this because...*” to “*How can we make this happen?*”

Encouragingly, as a result of our focus on fostering a leadership culture which promotes flexible working options at team level, our Health Board outperformed the national average across all questions relating to flexible working in our 2024 NHS Wales Staff Survey results, providing an exciting platform to expand upon in the next phase of our culture progression, for example:

Responses to question '14e) I am satisfied with the opportunity for flexible working patterns.' in the 2024 NHS Wales Staff Survey: Hywel Dda University Health Board: All Tier 2: All Tier 3: All sites: All occupational groups

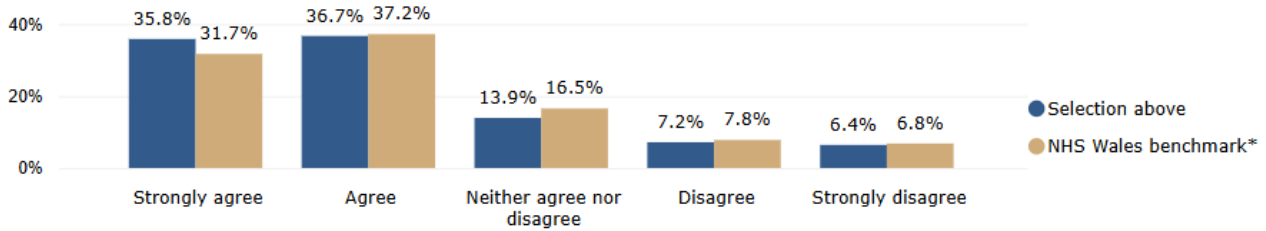
**For the purpose of benchmarking, organisations have been grouped as 'Health Board' organisations and 'Trust/Authority' organisations. Blank responses have been excluded.*



Response	Response count	% of responses	NHS Wales benchmark*
Strongly agree	725	30.3%	26.8%
Agree	873	36.5%	34.7%
Neither agree nor disagree	371	15.5%	18.7%
Disagree	242	10.1%	11.0%
Strongly disagree	180	7.5%	8.8%
Total	2,391	100.0%	

Responses to question '14h) I can approach my immediate manager (line manager) to talk openly about flexible working.' in the 2024 NHS Wales Staff Survey: Hywel Dda University Health Board: All Tier 2: All Tier 3: All sites: All occupational groups

*For the purpose of benchmarking, organisations have been grouped as 'Health Board' organisations and 'Trust/Authority' organisations. Blank responses have been excluded.



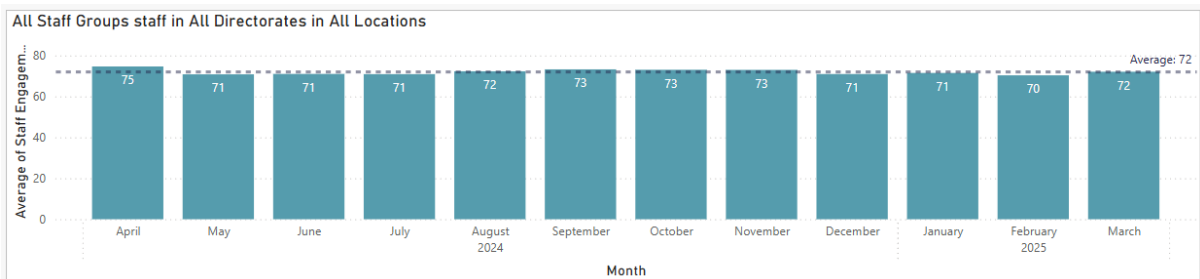
Response	Response count	% of responses	NHS Wales benchmark*
Strongly agree	855	35.8%	31.7%
Agree	875	36.7%	37.2%
Neither agree nor disagree	332	13.9%	16.5%
Disagree	171	7.2%	7.8%
Strongly disagree	153	6.4%	6.8%
Total	2,386	100.0%	

4.0 Staff Experience Surveillance

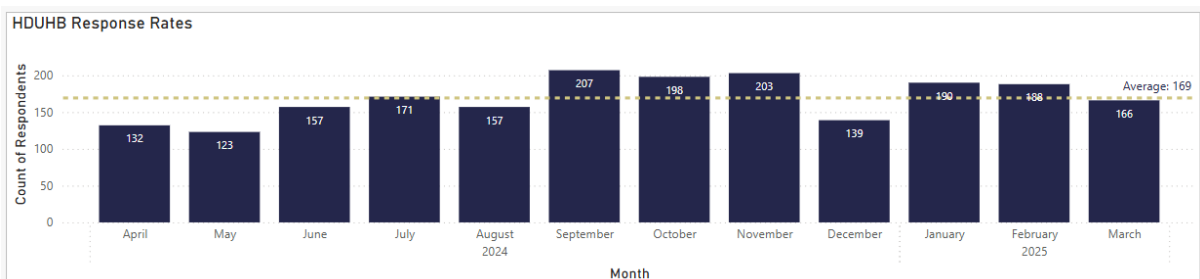
Our OD team continues to collate and utilise staff experiences to measure, evolve and develop workforce initiatives. The Health Board achieved its best response rate for an NHS Wales Staff Survey of 19.7% in October 2024. A separate paper included in this meeting’s agenda outlines our approach to increase participation and the actions that have resulted from the data.

Staff Voice Survey

During the past year, a total of 2031 staff completed the Staff Voice Survey (previously known as the Board Outcome Survey), with an average Staff Engagement Score of 72% or 3.6 out of 5:



The average number of responses per month was 169:



When comparing the results from the three methods we test our Health Board’s engagement index (also see ‘Enabling Healthy and Happy Working Cultures’ section below for further details regarding our local Culture Survey), they are consistent even though taken from a random sample of staff across all our staff groups. Our NHS Wales Staff Survey engagement result is also on par with national trends in other Health Boards where scores have decreased, however ours is not as significant a shift from 72% in 2023 to 71% in 2024, and reassured by our local staff voice pulse surveys:

	Average Staff Engagement Score
Monthly Staff Voice	72%
Local Culture Survey	72%
National Staff Survey	71%

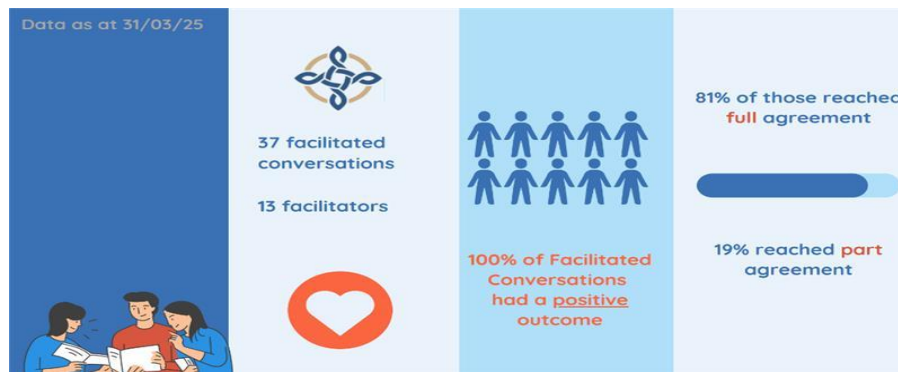
The overall staff engagement scores are similar in each methodology and the same two questions are ranked the highest in each survey, namely *I am happy to go the extra mile at work when required* and *I'm enthusiastic about my job*, providing a great foundation of staff motivation and goodwill to build upon. Conversely, the biggest influencer in terms of increasing staff engagement is *I am involved in deciding on the changes that affect my work/area/team/department* which is informing our focus for the next phase of our culture progression.

Question	Monthly Staff Voice	Local Culture Survey	National Staff Survey
I am happy to go the extra mile at work when required	85%	85%	79%
I'm enthusiastic about my job	75%	71%	66%
I am proud to tell people I work for my organisation	59%	60%	59%
I am able to make improvements in my area of work	54%	64%	60%
I would recommend my organisation as a place to work	53%	55%	56%
I look forward to going to work	55%	52%	52%
I am involved in deciding on the changes that affect my work/area/team/dept	46%	46%	48%

5.0 Health Working Relationships

Conflict Resolution

During the past year, our Organisation Development Relationship Managers ODRMs, and other colleagues across the OD Team, have continued to be initially engaged by services/teams for conflict resolution purposes. The interactions have been with our staff and their respect for one another is an essential component of shaping healthy and happy work environments, therefore we aim to promptly and compassionately support resolution through restorative approaches which encourage constructive dialogue, understanding and, where possible, forgiveness, over harmful confrontation and recourse to formal process. The following infographic illustrates the success of our facilitated conversations between staff across the Health Board in 2024-25.



6.0 Voice, Safety and Trust

Speak Up

The Speak Up and Make Meaningful Change (SUMMC) identity has been launched and continues to support the building of psychological safety across the Health Board whilst reinforcing the values of trust, openness and honesty. The SUMMC agenda continues to be implemented across our Health Board, with all actions in both the self-assessment and development action plan and speak up audit action plan on the Audit Management and Tracking (AMaT) system being completed or ongoing.

The 2024 NHS Wales Staff Survey outlined that we have continued to make progress, and it is encouraging to find that:

- **74%** agreed or strongly agreed the organisation encourages staff to report errors, near misses or incidents: **+4%** on 2023 results
- **76%** felt secure to speak up around unethical behaviours, aligning to the 2023 result and inline with national results
- **50%** felt that the organisation treats staff involved in errors, near miss or incident fairly: **+12%** on 2023 results
- *When errors, near misses or incidents are reported, my organisation takes appropriate action so they don't not happen again* rose from **50%** in 2023 to **57%** in 2024.

The survey also outlined, however, that there we still have work to do in embedding a culture of speaking up:

- **55%** felt safe to speak up around anything that concerned them: **+4%** on 2023 results, however still **-3%** on national average.

The SUMMC agenda will continue to be implemented and embedded across the Health Board in the next phase of our cultural progression. Although we are viewed as an exemplar across Wales for our work already completed, we recognise that there is still more work needed which is guided by our knowledge of the valuable outcomes for our staff and patients.

Exit Interviews

A total of 326 exit interviews were conducted in 2024-25, with 36% from staff moving departments and 64% from staff leaving the Health Board, with the top reasons being:

1. 'Better work-life balance': 120 (36.8%): moving closer to home for easier access to work and better work-life balance was a common reason, along with travel costs. Other reasons cited were moving away and family commitments where changes to work schedules impacted childcare.
2. 'My new role offers more progression': 106 (32.5%): lack of progression and opportunities for advancement led to frustration and the desire to seek new roles.
3. 'I wanted a new challenge': 100 (30.7%): some felt they needed a new challenge.

40% of staff left the Health Board within their first 5 years of service. Suggestions for improvements to improve experiences at work included:

- Induction and feedback: better induction related to the role and regular feedback.
- Valuing team members: value team members at all levels and recognise experience.
- Staffing and resources: more hours for secondment roles, better pay and support when sick.
- Communication and project management: clearer communication regarding project timescales and better use of skills when projects are paused.
- Working conditions and wellbeing: more support and recognition of staff wellbeing.
- Leadership and development: visible leadership and presence of leaders and greater emphasis on rotation within departments, wider development opportunities, and more opportunities for external courses.
- IT and bureaucracy: better IT support for community workers and less bureaucracy and unnecessary changes.
- Fair treatment: treat all staff fairly and equally.

Sexual Safety

In our last Culture Change Update report, we noted our intention to gain a deeper understanding of our culture as part of the next phase of our progression, particularly in relation to those issues that may have been perceived to be 'acceptable' in the past; or may be 'undiscussable' for a variety of reasons. Inspired by the Welsh Ambulance Service NHS Trust (WAST)'s pioneering approach to Understanding Sexual Safety in the Workplace, coupled with our evolving societal context and the significant legislative change introduced by the Worker Protection (Amendment of Equality Act 2010) Bill, which received Royal Assent on 26 October 2023 to become the [Worker Protection \(Amendment of Equality Act 2010\) Act 2023](#), we established an Anti-misogyny Task and Finish Group to explore this agenda, paying particular attention to creating a culture of psychological safety where people can speak up for change. Simultaneous to our local work, the NHS Wales People Network also undertook to create a national Sexual Safety in the Workplace Policy and Charter.

Both our local and the national work this area over the past year have been a helpful starting position to inform the next phase of our work which will be taken forward by our newly established Sexual Safety at Work Task and Finish Group.

7.0 Enabling Healthy and Happy Working Cultures

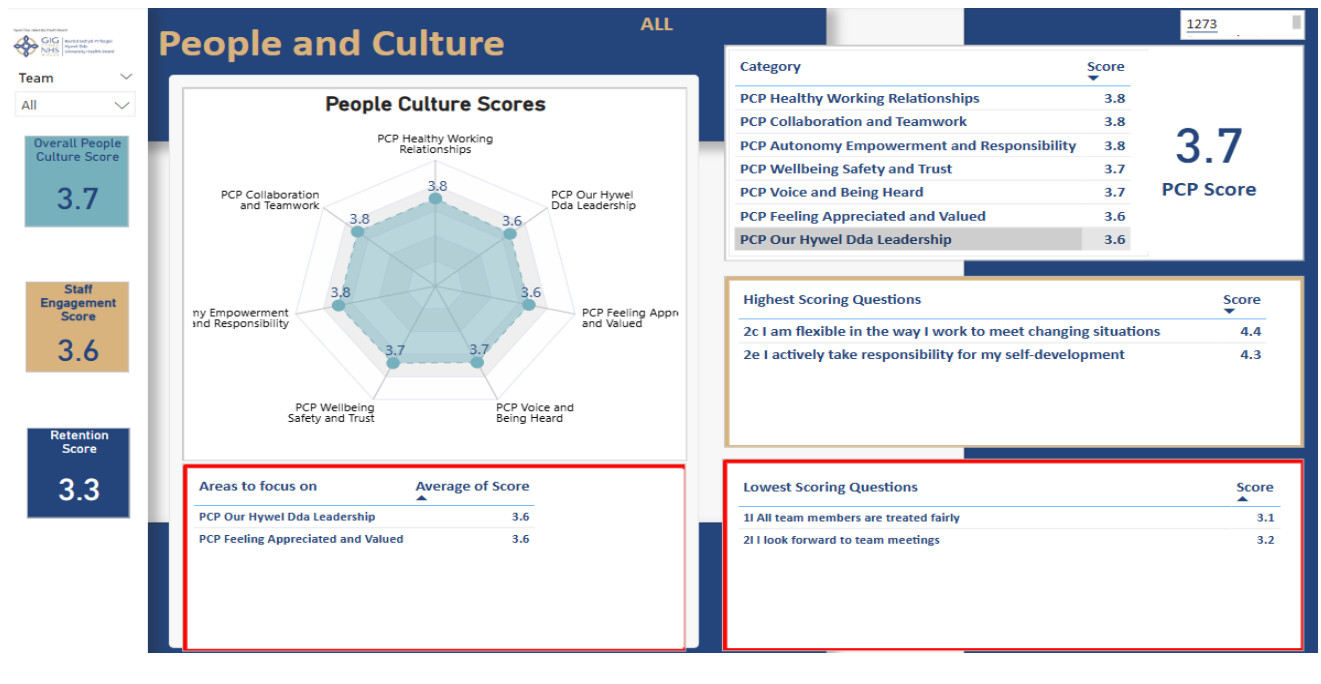
Our ODRMs have continued to focus on promoting and providing proactive and responsive support to local teams to enable healthy and happy working cultures. An essential element of this work is their ability to influence and nurture relationships as a catalyst for change. Through compassionately understanding and valuing staff insights and feedback, our ODRMs are able to help ensure that the desired culture aligns with the needs and expectations of our workforce,

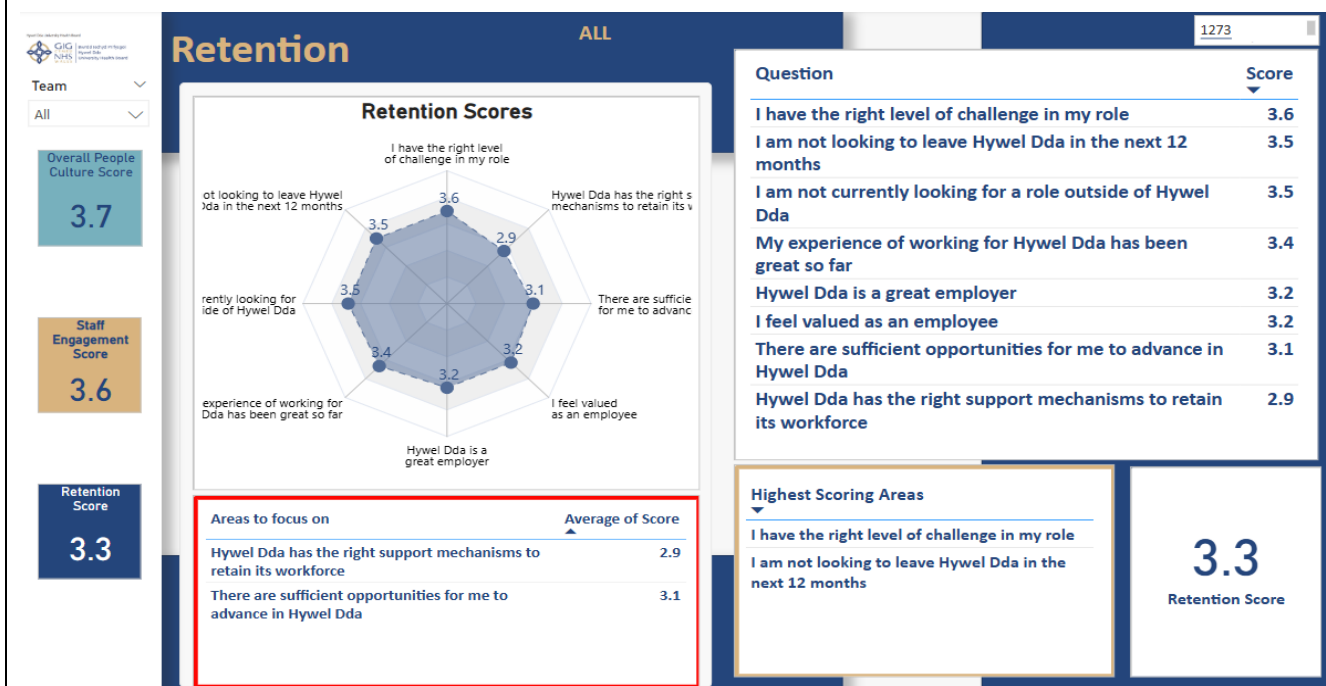
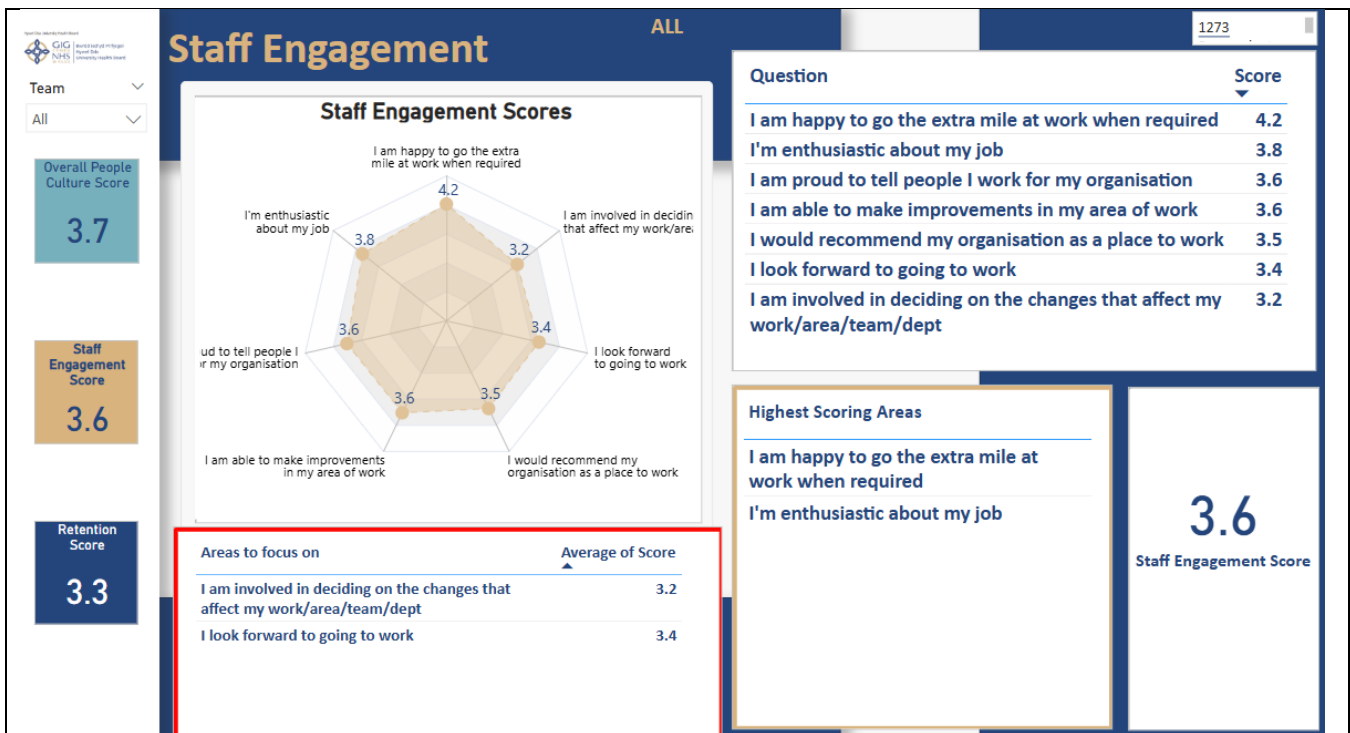
thus fostering a connection with our culture journey on a meaningful level. As an example, see the Radiology Case Study in Appendix 1 illustrating their progression and outcomes to date.

In the summer of 2023, we enriched the exploration phase of our ODRM support by introducing a new culture survey aligned to the Health Board's culture framework. Designed in line with the culture themes which form the Health Board's culture framework, the survey provides three measures: people culture, engagement and retention. This richer exploration phase has strengthened our ODRMs' ability to build a true picture for each service/team based on the interpretation of qualitative and quantitative intelligence from a range of workforce data sources relating to employment experience and working cultures.

Between its introduction up to March 2025, our ODRMs have closed and reported on culture surveys for 53 teams across HDdUHB as part of the exploration phase of their culture journey, with a total of 1273 staff participating. Several teams have now sufficiently progressed in their culture journey to undertake follow-up surveys to evaluate the success of their co-created people culture plans to date (see the Case Study in Appendix 1).

In terms of the overall Health Board, to follow are the dashboards across all culture surveys for people culture, engagement and retention from June 2023 to March 2025:





Our local culture surveys enable nuanced responses to address emerging issues in micro cultures which need working through by the respective leadership teams, with support from their ODRMs. These aggregated results are also enabling a richer discernment of our cultural patterns and themes across the Health Board and accurately focusing the next phase of our culture progression (as noted in the 'areas to focus on' sections in the above dashboards) on organisational learning. Additionally, we are now in an excellent position to track cultural progress year on year and have an organisational comparator for local survey results within teams/services.

8.0 Appreciation and Recognition

To ensure we foster a feeling amongst our colleagues of being valued for their outstanding commitment and dedication to the Health Board. We have dedicated appreciation programme,

which includes a variety of formal methods in which we celebrate our staff. In the past year, our appreciation programme has showed appreciation to our staff through:

- 295: Retirement Letters
- 260: 25-year Long Service Awards
- 66: 40-year Long Service Awards
- ... and 1: 50-year Long Service Award!



Our Long Service Awards are now an embedded part of the programme, with many teams using the award to celebrate colleagues with such dedicated long service:



Carol Seabourne (MA, PG.Dip., ILM)

Service Improvement & Operational Lead at Hywel Dda University Health Board
2d



If you ever wonder the value of [#LongService](#) awards, then 🎯.
Witnessing the reaction of one of our Community Dental Nurses receiving her 25 year service award yesterday, made my day. A token of recognition and appreciation for all of her hard work and commitment to dental patients in Aberystwyth. Yes, this lady has worked not only within the same service BUT at the same clinic for 37 years. Amazing 🤩 and while she seemed to have missed her presentation years ago, she truly valued it yesterday. 🥰 so many happy tears. Congratulations
So important to recognise employee loyalty [Hywel Dda University Health Board](#)



We have also celebrated many staff in our quarterly Chairs Commendation Awards which has seen 154 nominations and 82 winners or highly commended awards. This highly emotional and inspiring event celebrates our workforce through stories of wonderful development and innovation, compassion and collaboration.



We have also hosted two online Hywel’s Applause award ceremonies, and our Culture and Workforce Experience (CWE) Team is preparing this year’s event. Panels are currently being formed for each category and nomination windows are open until 8 June 2025.

9.0 Innovation and Improvement

Fostering a culture for innovation and improvement is also a fundamental part of our OD approach and we are proud to have maintained our track record of securing Welsh Government funding for our programme once again for 2025-26.

Our Research, Innovation and Improvement Team (the RIC Hub) manages our Bevan Exemplar programme which encourages grassroots innovation and provides permission to think creatively for positive change. During 2024-25, we have supported:

- 12 exemplar projects, with 2 from 2023-24 being further developed via an internal Dragon’s Den approach.
- 3 Bevan Clinical Fellows, in addition to the 3 from the previous year.

10.0 Looking Ahead to 2025-26

Looking forward to the year ahead, the outcomes from our progress to date is accurately informing the next phase of our culture journey as outlined in the Culture Driver Diagram in Appendix 2.

Argymhelliad / Recommendation

The Committee is requested to:

- **TAKE ASSURANCE** of our cultural progression during the past year whilst recognising there is still work to do and with the potential to be accelerated, and;
- **NOTE** our future direction of travel as set out in the Cultural Driver Diagram (Appendix 2).

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:	Reference 1186/score 15. Reference 1821/score 12.

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)	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
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within the body of the report.
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: 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 from this paper.
Ansawdd / Gofal Claf: Quality / Patient Care:	None arising from this paper.
Gweithlu: Workforce:	None arising from this paper.

Risg: Risk:	None arising from this paper.
Cyfreithiol: Legal:	None arising from this paper.
Enw Da: Reputational:	None arising from this paper.
Gyfrinachedd: Privacy:	None arising from this paper.
Cydraddoldeb: Equality:	None arising from this paper.

Appendix 1

People, Organisational Development and Culture Committee (PODCC) Report:
Culture Change – a holistic review of our Organisation Development (OD) work in
2024-25

Radiology Culture Journey Case Study

Whilst our Radiology service's culture journey is very much in progress, with further work to do, our OD Team is consistently amazed by how committed their managers and staff are to building a happier and healthier team, despite the ongoing system pressures they continuously navigate.

Background

- Our initial Organisational Development Road Map (ODRM) connection with Radiology was made in 2022 whereby their leadership team sponsored cultural support across their services at each of the Health Board's acute site. Since then, their ODRM has supported each site management team through our whole Roadmap:



People Culture Plans

Examples of commissioned work as part of their site People Culture Plans includes:

- Workshops on topics such as psychological safety, flexible working, health working relationships, appreciation and recognition.
- Team sessions aimed to help staff recognise and adapt to different behavioural styles.
- Coaching conversations with managers and staff as a means of empowering ownership of improved personal and/or team performance and enhanced workplace relationships.
- Regularly signposting managers and staff to Health Board wellbeing and learning and development opportunities, for example to date, 7 leaders across

the service have completed or are currently attending leadership development programme LEAP, with others approved to attend future cohorts.

Another important part of our ODRM support for Radiology has been conflict resolution as a means of improving working relationships across the service. As a fundamental element of maintaining a healthy and happy workplace, since April 2024 we have held 7 facilitated conversations between colleagues within the service to ‘nip things in the bud’ through a restorative approach which encourages constructive dialogue over confrontation. Encouragingly, 100% of those conversations were successful, with 5 reaching full agreement and the others reaching partial agreement.

Progress to Date

All radiology services at each of the Health Board’s acute site have completed the exploration phase of their journey, including local culture surveys, however the team at GGH have sufficiently progressed and have undertaken their first follow-up survey to evaluate the success of their co-created people culture plans to date. From these results, both the service and the OD team were delighted to see improvements in:

- all 7 people culture areas
- each of the overall people culture, engagement and retention scores, with the biggest change in their retention score, which increased by 8% and is reinforced by their significantly improved rolling 12-month turnover rate across the whole service from 8.84% in April 2024 to 6.74%% in March 2025 (-2.1%)

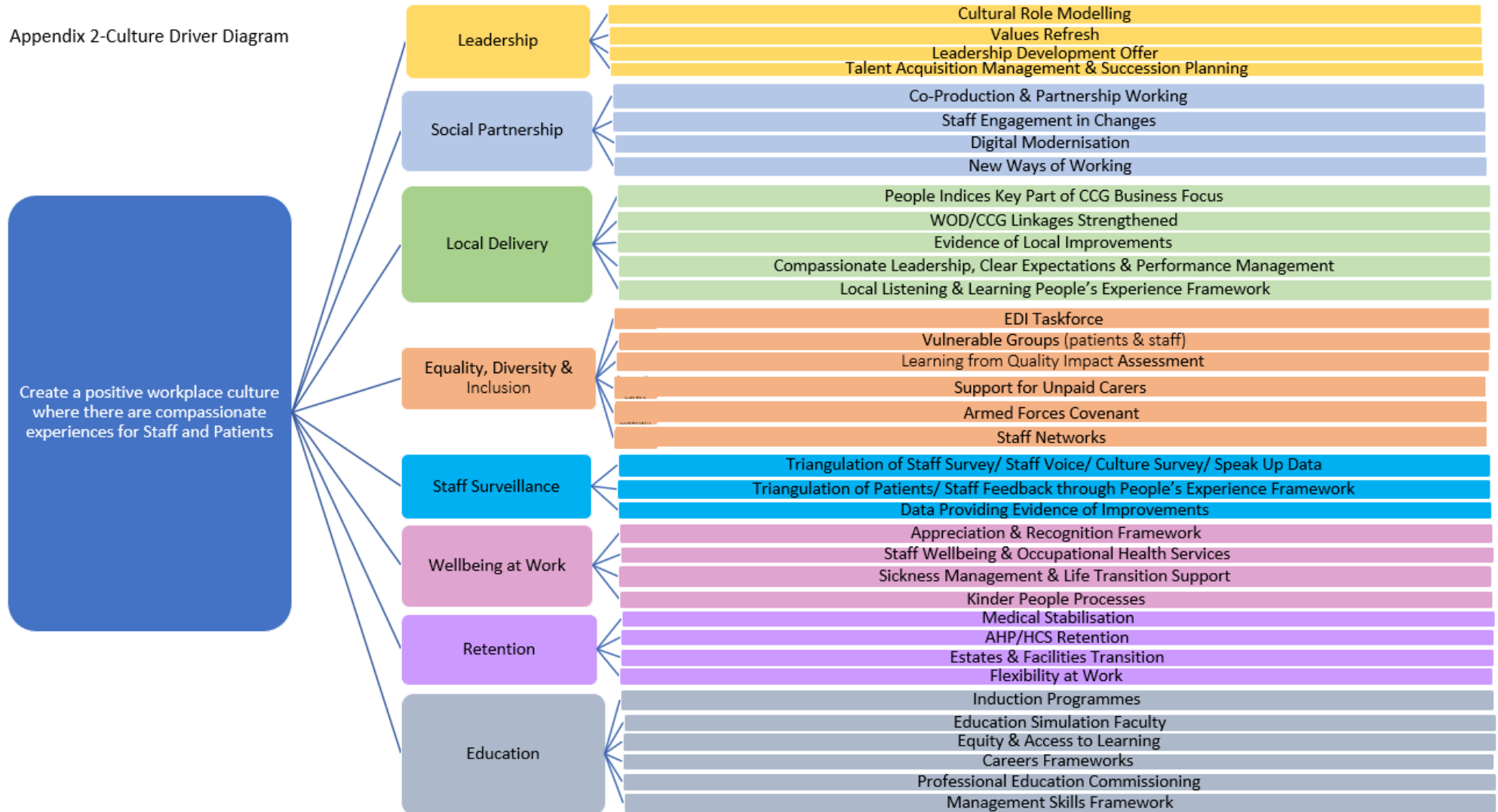
The following captures a summary of these results:

Culture Score Area	March 2024 Score		January 2025 Score		Difference	
	Score	%	Score	%	Score	%
Overall People Culture Score	3.3	66	3.6	72	0.3	+6%
PCP Healthy Working Relationships	3.4	68	3.7	74	0.3	+6%
PCP Autonomy, Empowerment and Responsibility	3.4	68	3.6	72	0.2	+4%
PCP Collaboration and Teamwork	3.4	68	3.6	72	0.2	+4%
PCP Wellbeing, Safety and Trust	3.3	66	3.6	72	0.3	+6%
PCP Feeling Appreciated and Valued	3.2	64	3.5	70	0.3	+6%
PCP Our Hywel Dda Leadership	3.2	64	3.5	70	0.3	+6%
PCP Voice and Being Heard	3.2	64	3.5	70	0.3	+6%
Engagement Score	3.2	64	3.3	66	0.1	+2%
Retention Score	2.9	58	3.3	66	0.4	+8%

Whilst engagement has increased, some questions that contribute to the score have decreased. Notably, *I am happy to go the extra mile at work when required* dipped from 4.1 to 3.8, indicating that staff motivation and goodwill may be beginning to erode. This has helpfully enabled us to focus the leadership team on what needs working through in the next phase of their journey, supported by their ODRM.

Our OD Team is excited to support our Radiology service through the next phase of their culture journey and complete more follow-up surveys across other sites to measure, compare and learn from progress.

Appendix 2-Culture Driver Diagram



3.3

3.3 - Staff Survey

Christine Davies
(Hywel Dda UHB -
Assistant Director of
Organisation
Development)

| For discussion

Attachments

[3.3 STAFF SURVEY SBAR APR 25 RBCD Version as at 15.30pm 01.05.25.pdf](#)

[3.3 Appendix 1 Staff Survey Action Plan 2023.pdf](#)



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Staff Survey Results 2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling – Deputy Chief Executive/ Director of Workforce and Organisation Development
SWYDDOG ADRODD: REPORTING OFFICER:	Robert Blake – Head of Culture / Workforce Experience Christine Davies – Assistant Director of Organisation Development

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 contains an overview and analysis of the 2024 national staff survey, the second of which has been managed by Health Improvement Education Wales (HEIW). The paper shares the organisational analysis for Hywel Dda UHB (HDd UHB) from the October 2024 results and outlines key findings and future actions. The Committee is kindly asked to consider the findings and endorse support in building compliance across the organisation.

The National Staff Survey findings, response rate and engagement score continue to be part of the organisation’s escalation framework set out by Welsh Government.

Cefndir / Background

The 2023 national staff survey provided several organisational challenges for HDd UHB in achieving an appropriate response rate. These were outlined in a People and Organisation Development (PODCC) paper in August 2024 together with an action plan for the organisation (**Appendix 1**). Reflection and learning from this were considered in scoping out a strategy for the 2024 survey.

The strategy aimed to:

Educate and inform by providing all staff with clear, concise, and timely information about the survey's purpose, the process of participation, and the confidentiality of the responses.

Maximise Engagement by using a variety of communication channels to reach every member of our diverse workforce, ensuring broad participation and representation across all departments and roles.

Build Trust and Transparency by emphasizing the survey’s role in shaping workplace improvements and policy decisions, demonstrating our commitment to actionable change based on staff feedback.

Foster a Culture of Openness by encouraging open dialogue about the survey results and the future actions to be taken, reinforcing the survey as a critical feedback mechanism within our organisational culture.

The strategy outlined several actions to drive staff engagement across the three counties. The key components of this strategy evolved through the weeks leading up to launch and the eight weeks of the survey being live.

Some of the actions included:

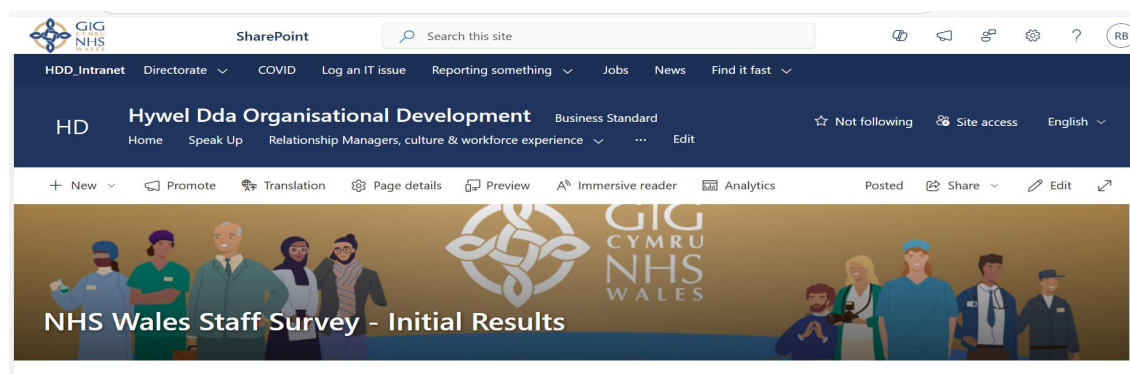
- A robust communication strategy, providing tailored bespoke staff survey messages both physical and digital, designed by the Culture/Workforce Experience (CWE) Communication Officer that looked to educate and bust historical myths.
- A specially developed SharePoint page which housed all information around the national staff survey.
- A video with the Head of Culture/ Workforce Experience aligning to current social media trends that was looking to make colleagues laugh and build engagement.
- A comprehensive list of roadshows held to educate and drive response rates across all counties. These were predominantly attended by the CWE teams and Organisational Development Relationship Managers (ODRM). There were some roadshows that were supported by staff side representatives, which helped build staff encounters from the existing relationships.

All these actions were prioritised to support survey engagement and did come at a cost for the OD directorate. Many staff were utilised in completing these actions, and as such other agendas were paused.

Asesiad / Assessment

The initial survey results for HDdUHB and NHS Wales were released to the organisation late February 2025 through a newly designed dashboard. HDdUHB were part of the task and finish group that helped build this dashboard, which provides greater flexibility in analysing the data across many fields including tiers, staffing groups, sites and EDI information.

These results were published for the wider organisation with a dedicated thank you message from Phil Kloer, Chief Executive, Lisa Gostling, Director of Workforce & OD/Deputy Chief Executive and staff side representatives on 3 March. The organisational and all Wales reports are available on a dedicated [SharePoint page](#)



Organisational Survey Results Summary

1. Response Rate

The 2024 survey saw HDd UHB achieve its highest ever response rate for a national survey at **19.7%**. The final figure was an increase of **+7.68%** on the organisations result for 2023, the fourth best improvement for survey response rates across NHS Wales.

This achievement placed the organisation third for overall response rates across all Welsh health boards, a huge improvement on being last in 2023.

**rates highlighted green and pink indicate rates higher and lower than the overall NHS Wales response rate.*

Tier 1 (Organisation)	Sample size	Responses	Response rate*	vs. 2023 rate	2023 rate
Aneurin Bevan University Health Board	15,318	2,030	13.3%	▼ -4.87%	18.1%
Betsi Cadwaladr University Health Board	20,591	3,577	17.4%	▼ -2.84%	20.2%
Cardiff and Vale University Health Board	17,295	4,639	26.8%	▲ 5.40%	21.4%
Cwm Taf Morgannwg University Health Board	13,269	3,560	26.8%	▲ 8.70%	18.1%
Digital Health and Care Wales	1,271	792	62.3%	▲ 1.78%	60.5%
Health Education and Improvement Wales (HEIW)	506	438	86.6%	▲ 11.40%	75.2%
Hywel Dda University Health Board	12,160	2,396	19.7%	▲ 7.68%	12.0%
NHS Wales Executive	455	237	52.1%	▼ -5.71%	57.8%
NHS Wales Shared Services Partnership	6,182	936	15.1%	▼ -5.26%	20.4%
Powys Teaching Health Board	2,577	780	30.3%	▲ 2.28%	28.0%
Public Health Wales	2,149	1,301	60.5%	▲ 6.79%	53.8%
Swansea Bay University Health Board	15,601	2,008	12.9%	▼ -5.97%	18.8%
Velindre University NHS trust	1,837	619	33.7%	▼ -0.25%	33.9%
Welsh Ambulances Services University NHS Trust	4,314	1,520	35.2%	▲ 12.08%	23.2%
NHS Wales Total	113,525	24,833	21.9%	▲ 1.13%	20.7%

2. Engagement Index

The engagement index has been included in many iterations of the national staff survey. The index score is gained from a formula given to seven survey questions to provide one engagement index score. These questions are as follows

Staff Engagement Questions:

22a) I look forward to going to work

22b) I am enthusiastic about my job

22c) I am happy to go the extra mile at work when required

23a) I am able to make improvements in my area of work

23b) I would recommend my organisation as a place of work

23c) I am proud to tell people I work for my organisation

23d) I am involved in deciding on changes introduced that affect my work/ area/ team/ department.

The engagement index score for HDdUHB for 2024 was 71% (-0.7%), aligning with other Health Boards. Whilst disappointing to see a decrease from the previous year, this was one of the lowest declines across Welsh Health Organisations.

2024 NHS Wales Staff Engagement Index

The average score achieved by organisations in 2024 was 72%, compared with 72% in 2023.



Staff Engagement Index scores by Organisation (Tier 1)

*scores highlighted green and pink indicate scores higher and lower than the overall 2024 NHS Wales engagement index score.

Tier 1	2020	2023	2024	vs. 2023
Aneurin Bevan University Health Board	76%	72%	71%	▼ -1.4%
Betsi Cadwaladr University Health Board	73%	72%	71%	▼ -1.1%
Cardiff and Vale University Health Board	74%	73%	71%	▼ -1.9%
Cwm Taf Morgannwg University Health Board	71%	71%	70%	▼ -0.6%
Digital Health and Care Wales	82%	80%	76%	▼ -4.5%
Health Education and Improvement Wales (HEIW)	81%	79%	80%	▲ 0.9%
Hywel Dda University Health Board	76%	72%	71%	▼ -0.7%
NHS Wales Executive	n/a	75%	76%	▲ 1.2%
NHS Wales Shared Services Partnership	79%	76%	77%	▲ 1.4%
Powys Teaching Health Board	78%	76%	75%	▼ -1.1%
Public Health Wales	76%	75%	74%	▼ -0.6%
Swansea Bay University Health Board	75%	73%	71%	▼ -1.8%
Velindre University NHS Trust	78%	76%	77%	▲ 0.5%
Welsh Ambulances Services University NHS Trust	72%	67%	66%	▼ -1.2%

3.Methodology

The 2024 survey questions are organised into *10 themes* and *20 sub themes*.

For benchmarking purposes, organisations have been grouped and separate NHS Wales organisational averages have been calculated for the following group.

Health boards – Aneurin Bevan UHB, Betsi Cadwaladr UHB, Cardiff and Vale UHB, Cwm Taf Morgannwg UHB, Hywel Dda UHB, Powys Teaching HB and Swansea Bay UHB.

4.Positivity Scores

Positivity scores have been calculated for each theme and sub theme; these are based on the percentage of respondents who provided only positive answers for each question.

These “positivity” scores are highlighted in pink if below the national average or green if above. HDd UHB were above the health board national average in four themes and lower in six, although no more than 1-2% difference in all areas.

Theme	Positivity score	NHS Wales average
Morale	53.1%	52.3%
Patient safety	62.6%	63.7%
Staff engagement	61.2%	61.7%
We are all able to speak up	66.8%	66.6%
We are compassionate and inclusive	66.4%	67.3%
We are continuously learning and improving	44.2%	45.5%
We are stronger together	69.5%	69.2%
We champion flexible working	64.4%	64.5%
We nurture healthy working environments	41.8%	42.0%
We recognise everyone's contribution	57.0%	56.7%

Positivity scores can also be broken down by tiers and again aligned to the ten themes across the health board tier 2 reporting structure.

Tier 2	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
HD Asst DIR OPS Quality And Nursing										
HD CARMARTHENSHIRE COUNTY	53.7%	58.3%	57.7%	61.3%	68.9%	63.3%	68.6%	59.1%	56.2%	63.1%
HD CEREDIGION COUNTY	58.0%	53.5%	58.6%	68.8%	69.7%	63.4%	67.5%	66.1%	58.7%	63.8%
HD CHIEF EXECS OFFICE	69.3%	71.6%	75.0%	75.7%	83.0%	78.1%	81.3%	76.5%	69.3%	81.4%
HD Corporate Nursing	49.4%	58.2%	59.3%	68.7%	70.6%	66.6%	71.5%	72.9%	56.7%	63.5%
HD DIGITAL	62.6%	50.9%	67.3%	66.7%	73.3%	71.0%	80.1%	76.7%	66.9%	72.0%
HD FACILITIES	45.8%	48.5%	51.2%	56.5%	59.0%	42.7%	52.6%	57.5%	54.6%	45.1%
HD FINANCE / PERFORMANCE	62.9%	64.2%	63.5%	67.1%	70.9%	71.9%	74.6%	77.5%	69.5%	70.8%
HD MEDICAL	66.4%	50.3%	69.2%	71.0%	72.2%	73.0%	78.6%	66.5%	64.3%	76.1%
HD MEDICINES MANAGEMENT	46.9%	64.4%	50.3%	57.5%	65.7%	59.8%	66.8%	56.4%	56.2%	56.5%
HD MENTAL HEALTH AND LEARNING DISABILITIES	59.6%	67.2%	66.4%	70.1%	78.0%	70.4%	79.1%	68.7%	57.3%	70.9%
HD ONCOLOGY AND CANCER SERVICES	57.7%	52.9%	54.4%	69.6%	68.5%	61.2%	70.7%	66.5%	57.6%	57.9%
HD Operations Dir Management	58.6%	58.4%	55.3%	67.9%	68.8%	63.3%	67.7%	61.6%	62.8%	58.5%
HD PATHOLOGY	53.8%	68.7%	61.4%	67.4%	71.6%	62.0%	67.5%	60.5%	58.4%	63.6%
HD PEMBROKESHIRE COUNTY	52.7%	48.7%	52.1%	62.5%	67.0%	63.1%	67.9%	58.1%	53.3%	59.5%
HD PLANNED CARE	53.8%	56.9%	53.7%	63.5%	65.2%	61.0%	64.5%	54.0%	56.3%	55.2%
HD Primary Care	55.5%	49.6%	53.1%	61.3%	66.2%	63.6%	70.0%	64.0%	57.4%	65.3%
HD PRIMARY CARE MANAGEMENT	62.4%	56.4%	70.3%	69.5%	71.3%	73.1%	74.0%	77.9%	61.2%	71.2%
HD PUBLIC HEALTH	53.3%	56.9%	61.7%	60.1%	72.2%	64.5%	71.2%	66.1%	62.7%	67.7%
HD RADIOLOGY	37.6%	47.8%	44.5%	44.6%	53.0%	48.7%	50.7%	28.4%	49.8%	45.4%
HD STRATEGIC PLANNING	71.1%	57.1%	79.3%	81.9%	83.0%	83.3%	92.3%	87.1%	70.0%	83.9%
HD THERAPIES	52.4%	55.4%	58.7%	67.2%	71.0%	67.4%	75.4%	67.3%	54.1%	64.7%
HD UNSCHEDULED CARE BRONGLAIS	45.5%	50.3%	52.0%	57.1%	61.1%	58.4%	59.4%	48.7%	50.9%	51.0%
HD UNSCHEDULED CARE GLANGWILI	44.8%	52.3%	46.0%	56.8%	56.2%	59.3%	54.7%	41.6%	47.5%	45.9%
HD UNSCHEDULED CARE PRINCE PHILIP	46.0%	43.7%	49.3%	54.7%	64.6%	61.1%	57.6%	46.1%	48.7%	53.0%
HD UNSCHEDULED CARE WITBYBUSH	54.0%	49.1%	56.5%	60.5%	62.7%	63.0%	60.9%	60.4%	52.8%	56.0%
HD WOMEN AND CHILDREN	56.7%	72.2%	63.2%	72.4%	74.7%	69.7%	70.5%	59.5%	56.5%	63.8%
HD Workforce And Organisational Development	62.1%	57.0%	66.4%	68.9%	72.7%	72.3%	76.9%	74.8%	66.5%	71.9%
Unknown										
Entire organisation	55.5%	57.1%	59.1%	65.3%	69.2%	65.4%	69.7%	62.7%	58.3%	62.9%
NHS Wales average*	54.8%	58.7%	59.6%	66.3%	70.1%	66.8%	69.4%	61.8%	57.7%	62.4%

Results summary – positivity

The highest scoring areas by positivity scores were as follows:–

Theme	Sub theme	2023	2024	Increase /decrease
Patient Safety	Patient Safety	48.5%	57.1%	+8.7%
We Are Stronger Together	Line Management	63.5%	69.1%	+5.7%
We Champion Flexible working	Support for Work-life balance	57.1%	62.7%	+5.6%

The areas that decreased in positivity were:

Theme	Sub theme	2023	2024	Increase /decrease
<i>We Are Compassionate and Inclusive</i>	Inclusion	72.4%	71.5%	-0.9%
<i>Staff Engagement</i>	Ability to contribute towards improvement at work	53.6%	53.1%	-0.5%
<i>We Are Compassionate and Inclusive</i>	Compassionate Culture	69.2%	68.8%	-0.4%

5. Thematic Results

The highest scoring themes and associated sub themes from the Hywel Dda organisational data were:

Theme	Subtheme	2023	2024	Increase /decrease
<i>Healthy Working Environment</i>	(Not experiencing) Negative experiences	86.0%	87.3%	+1.3%
<i>We Are Compassionate And Inclusive</i>	Inclusion	72.4%	71.5%	-0.9%
<i>We are all able to speak up</i>	Autonomy & Control	70.1%	71.2%	+1.1%
<i>We Are Continuously Learning and Improving</i>	PADR/Appraisal	69.2%	70.1	+1.0%

The lowest scoring themes and associated subthemes were:

Theme	Subtheme	2023 result	2024 result	Increase /decrease
<i>We Nurture Healthy Working Environments</i>	Burnout	27.0%	31.7%	+4.7%
<i>We Nurture Healthy Working Environments</i>	Health and Safety Climate	44.7%	45.3%	+0.6%
<i>Patient Safety</i>	Patient safety	48.5%	57.1%	+8.6%
<i>Morale</i>	Work Pressure	49.2%	49.7%	+0.5%

Whilst all three themes showed improvements on the 2023 result, these were the lowest scoring themes from the data.

Based on learning from the 2023 action plan implementation and the results showing for the 2024 survey, a new action plan for 2025/2026 has been developed and is outlined in **Appendix 2**.

Intelligence into Action

These results have been discussed with the Executive Team. Three corporate themes have been identified for a particular focus during 2025. These align with the lowest scoring themes and relevant sub themes of the staff survey which were-

- ***We nurture healthy working environments***
- ***Patient safety***
- ***Morale***

We Nurture healthy working environments

This theme continues to be one of the lowest scoring areas following the 2023 survey. Whilst progress has been made and seen in the scores for this year. The survey demonstrates that there is still much work to be done following the 2024 survey therefore the Task and Finish group established last year for Bullying and Harassment will continue and a new Sexual Safety Task and Finish group will be established.

The sub theme of burnout continues to be an issue, and this will also form part of the action plan.

Patient Safety

This theme showed that staff feel unsafe in reporting errors, near misses or incidents. There is a perception that those that do report are treated unfairly and there is little feedback after doing so. The organisation will need to review its feedback pathways and how we provide staff with suitable feedback following a report. The speak up agenda will need to continue to be embedded and the workforce educated in the importance of speaking up at micro and meso levels of culture.

Morale

This theme shows a correlation in what the organisation is seeing in the monthly Staff Voices Survey in that staff are not involved in change. There is little autonomy in how they complete their roles and a lack of clarity in what their work responsibilities are. The organisation needs to review how it involves staff in decision making and creating wider collective leadership within teams and directorates.

These Corporate themes have been identified in the attached Action Plan in **Appendix 2**, along with the areas below.

Supporting Staff Retention

Specific reports for professional groups had been requested from HEIW as they were unavailable. This position remains unchanged and so the Culture & Workforce Experience team has held designated workshops in the Medical, Nursing and AHPs retention groups to analyse the findings and help to drive forward respective retention work programme for each group.

Equality, Diversity, and Inclusion (EDI) Report

The 2023 staff survey dashboard did not allow organisations to extract specific staff experience data through an EDI lens. This issue has been addressed in the current iteration of the dashboard. The CWE team will complete a comprehensive report and forward it to specific teams and networks to support the strategic direction of the EDI agenda. In addition, the data will be used to inform the work of the EDI task force led by Anna Lewis, Independent Member.

Local Ownership and Leaders Application

Learning from the escalation process during 2024/5 has shown the effectiveness of local ownership, this approach will be further extended in 2025/6. Tier 2 leaders, and where appropriate tier 3 leaders will be issued with their specific paginated reports. The request for these leaders is to identify three local priorities for attention during the next 12 months. Progress against these priorities will form part of the review within the escalation process. The reports will also be accessible for relevant Organisational Development Relationship Manager (ODRM) for each tier, ensuring guidance and support on subsequent workforce actions.

Trade Union collaboration

Survey results have been shared and explored with staff side partners at the March Strategic Partnership forum. The support of staff side is crucial to ensuring the ongoing learning of these survey rounds.

Preparation for Staff Survey 2025

There is a leadership intent to continue the response rate improvement trajectory so that HDd UHB optimises the opportunity to gather valuable staff insights that support ongoing cultural progression. The aim for 2025 is a response rate of **27%**, in line with best performing health board rate of 2024. This is a further 7% increase on the 2024 results.

The organisation will review the hierarchy structure in establishing reports for the 2025 results to incorporate the new care group structure. This will support benchmarking staff survey data for these groups post 2025. The PODCC noted last August that the action plan for the staff survey was too OD/HR-led, and therefore the plans this year have also incorporated a local focus.

It was encouraging to hear positive feedback from staff during roadshows about the "buzz" surrounding the 2024 survey, which helped achieve a high response rate.

The 2025 staff survey will go live in October, and planning has already begun to build on the 2024 results. The CWE team will design several communications aligning key workforce work streams with the survey results. "You said, we did" messages will be used to show staff the changes made based on their feedback, which is crucial for maintaining and improving the response rate. Localised tier 2 and tier 3 reporting will help dispel the myth that completing the survey is meaningless as local leaders and teams will have results that will be pertinent for staff in those areas.

As we gain more experience for understanding and learning from the data for the organisation, the impact of staff surveillance in being able to support cultural progression locally and corporately will continue to increase.

Argymhelliad / Recommendation

The Committee is asked to:

- NOTE the results of the survey and take assurance from actions presented.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	To provide assurance to the PODCC That the organisation is listening to and acting on staff feedback
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Reference 1186/score 15 Reference 1821/score 12
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Striving teams 3. Great care 4. Positive futures
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 2 Financial recovery and route map 3 Transforming Urgent and Emergency Care programme
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:	NHS Wales Staff Survey - Initial Results
Rhestr Termiau: Glossary of Terms:	Within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ceisiadau Gofal Sylfaenol: 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:	Not applicable
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Appendix 1 – NHS Wales Staff Survey 2024 Action Plan

Source: NHS Wales Staff Survey data 2023

Descriptor	Actions To Be Taken	Lead	Progress	Timeframe
1. Communication Campaign	<ul style="list-style-type: none"> Communication strategy completed in preparation for October launch of national survey 	Rob Blake	Complete – 20 % response rate achieved for 2024 survey.	End of August 2024
2. Speak Up Agenda	<ul style="list-style-type: none"> New Speak Up Agenda launches New Speak Up platform will identify and monitor any concerns reporting bullying and harassment 	Rob Blake	Complete – Launched successfully with continued implementation	September 2024
3. Bullying and Harassment	<ul style="list-style-type: none"> New Bullying and harassment task and finish group to be set up. Utilise data from annual survey and speak up agenda as a measurable outcome An Understanding Misogyny task and finish group with an initial exploration focus on analysing data and intelligence to identify patterns and emerging themes 	<p>Rob Blake</p> <p>Christine Davies</p>	<p>Complete – Speak Up Assurance Framework provided to PODCC in July 2023</p> <p>Ongoing - Currently reviewing education on B&H for greater workforce understanding.</p> <p>Discovery Phase complete</p> <p>Design Phase - Ongoing - underway and linked to all Wales approach to sexual safety in workplace including new policy, principles, and eLearning package</p> <p>Delivery Phase – Now converted to sexual safety at work implementation group</p>	<p>End of October 2024</p> <p>September 2024 February 2025</p> <p>Planned May 2025 onwards</p>

	<ul style="list-style-type: none"> The Health Board's established BAME bullying and harassment group will also consider staff survey results for future actions 	Rob Blake/ Steve Morgan	Thematic analysis will be completed for 2023 data - Unable to complete due to dashboard limitations and poor response rates	Annually
4. Retention	<ul style="list-style-type: none"> Survey data for nurses to be provided to Nurse Retention task and finish group for intelligence in supporting strategic actions Survey data for medical provided to Medical Retention task and finish group for intelligence in supporting strategic actions 	Rob Blake / Corinna Lloyd-Jones	<p>Complete - Analysis presented as report.</p> <p>Complete - Analysis presented as report.</p>	<p>End of August 2024</p> <p>End of August 2024</p>
	<ul style="list-style-type: none"> Survey data for AHP provided to Allied Health Retention task and finish group for intelligence in supporting strategic actions Produce reports for hot spots and comparison analysis where possible. Meeting with ODRM's – what are the read across threads for Cultural plans? 	<p>Rob Blake / Corinna Lloyd-Jones</p> <p>Rob Blake</p>	<p>Complete - Analysis presented as report.</p> <p>Unable to complete - due to dashboard limitations and poor response rates in some areas leading to suppression of data.</p>	<p>End of October 2024</p> <p>End of October 2024</p>
5. Health and Wellbeing	<ul style="list-style-type: none"> The continued implementation of the Healthy Working Relationships agenda support people's ability to remain at work Continued progression on all elements of non-pay deal 	<p>Rob Blake and Corinna Lloyd-Jones</p> <p>Heather Hinkin</p>	<p>Complete – Continue work in each programme cohort delivery</p> <p>Complete - The requirements of WHC implemented and reported through to PODCC</p>	<p>Continued Work</p> <p>March 2025</p>

6. Managing Performance	<ul style="list-style-type: none"> The establishment of a specific task and finish group reviewing how HDdUHB manage poor performance and normalising performance conversations and succession planning within the managing performance process 	Rob Blake	<p>Complete - a performance management hub has been designed and launched housing many resources plus an e-learning module on honest conversations and poor management toolkit. Both have been evaluated and excellent resource for staff and leaders.</p> <p>In progress - The group will now re- focus on succession planning integrated into performance management.</p>	<p>First meeting arranged for 26 September 2024</p> <p>July 2025</p>
	<ul style="list-style-type: none"> Review appreciation and recognition programme 	Rob Blake	<p>Complete.</p> <p>Ongoing - Another meeting to review and evolve the programme will take place</p>	<p>April 2025</p> <p>June 2025</p>
	<ul style="list-style-type: none"> Management Development 	Amanda Glanville	<p>Complete - The Hywel Dda manager programme implemented, and cohort delivery continues at pace.</p>	<p>June 2024</p>

3.4

3.4 - Equality, Diversity and Inclusion Taskforce Update

***Anna Bird (Hywel
Dda UHB – Strategic
Partnerships), Anna
Lewis (Hywel Dda
UHB - Independent
Board Member)***

| For assurance

Attachments

[3.4 EDI Task Force Update - FINAL May 2025.pdf](#)

[3.4 Appendix 1 - EDI Task Force ToRs.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Equality, Diversity and Inclusion (EDI) Taskforce
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce and Organisational Development / Deputy Chief Executive Anna Lewis, Independent Member
SWYDDOG ADRODD: REPORTING OFFICER:	Anna Bird, Assistant Director of Business, Partnerships and Inclusion

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This paper provides an update on the progress of establishing an Equality, Diversity and Inclusion (EDI) Task Force which was agreed following discussion at the Board Seminar session in December 2024.

In addition to the brief update, the People, Planning and Organisational Development Committee (PODCC) is asked to approve the Terms of Reference for the EDI Task Force.

Cefndir / Background

Each year the Health Board publishes a Strategic Equality Plan (SEP) Annual Report, alongside reports on Workforce Equality data and Pay Gap data. These reports are scrutinised by PODCC, who then recommend their publication to Board. The reports for the financial year 2023/24 were presented to Board in September 2024 and whilst approved for publication, the Chair asked for a specific session to be arranged to enable further review and consideration of the data, and the implications for the Health Board's work.

A Board Seminar (development session) took place in December 2024. During the session a 'call to action' was issued to Board members and the importance of recognising the systemic nature of inequalities and intersectionality were highlighted, with an emphasis on the Health Boards performance in this area. Themes captured in the SEP Annual Report were explored and data on gender, discrimination, race and disability was presented to the Board members to paint a picture of the issues occurring across the Health Board. This data was further supported by comments and reflections from individuals with lived experience through the presentation of case studies. The case studies used were powerful and generated some difficult conversations but raised the status of the critical issues that need to be addressed for the organisation to grow.

A direct outcome of the Board Seminar was an agreement to create an Equality, Diversity and Inclusion Task Force to progress this work, led by Anna Lewis, Independent Member, which will report to PODCC.

Asesiad / Assessment

During January and February 2025 discussions took place with the Independent Member who will be overseeing this work on behalf of the Board, to plan the initial meeting of the EDI Task Force. It was agreed that the Task Force will take a Theory of Change approach, with the support of the Health Board's Quality Improvement Team. As a direct result of these initial discussions the Enabling Quality Improvement in Practice (EQliP) programme has been strengthened and in future will include the delivery of an EDI session for each EQliP cohort to increase the knowledge about how to incorporate equality considerations into improvement projects and the importance of assessing impacts of changes using an equality impact assessment. In addition, training will be delivered to EQliP coaches to strengthen their skills, knowledge and understanding given the important role they play in supporting project teams.

The Task Force aims to accelerate our work to eliminate discrimination and foster an inclusive and equitable environment within our organisation, ensuring that every voice is heard and respected, and we all have a sense of belonging. Correspondence was sent to Executive Directors inviting them to nominate individuals to join the Task Force, clarifying that it has been established to:

- Ensure that all individuals, regardless of their background or identity, have equal access to education and training, recruitment, promotion and support in the workplace.
- Ensure policies and practices to prevent discrimination, harassment and bullying in the workplace are in place and all policies are viewed through the EDI lens as part of development and review.
- Encourage a diverse workforce that reflects the community it serves and valuing the unique contributions of individuals from different backgrounds.
- Create a work environment where everyone feels valued, respected, has a sense of belonging.

Task Force participants will have the opportunity to:

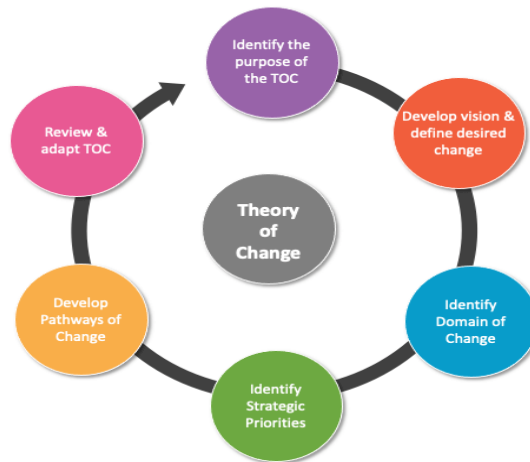
- Build this work collaboratively with ambition and purpose
- Develop and implement strategies to promote equality and diversity
- Participate in meaningful discussions and decision-making processes
- Contribute to creating a more inclusive workplace culture
- Take learning back into their own services

Based on the above, Terms of Reference were developed and PODCC are asked to formally approve these for adoption (Appendix 1).

The first meeting of the Task Force took place on 10 April 2025 and was attended by two Independent Members, three Executive Directors, one staff side representative and nine senior leaders from across the organisation. The session was facilitated by members of the Quality Improvement Team. The initial focus of the session was a presentation led by the Business, Partnerships and Inclusion Team to share the data and information considered at the Board Seminar session with the participants, to illustrate why action needed to be taken to remove discrimination and inequity, and why their input to the Task Force is critical.

The Quality Improvement Team led discussions using a Theory of Change methodology, which is illustrated in the infographic below.

THEORY OF CHANGE



The discussions led to the development of a fishbone diagram, and a report summarising the outputs of the first meeting is being prepared. There was agreement that greater representation is needed on the Task Force, and further engagement from staff across the organisation in order to be able to implement meaningful change. It was agreed that the actions and priorities identified by the Task Force to eliminate discrimination and foster an inclusive and equitable environment, need to be co-produced with staff so methods such as the 'Big Conversation' will be used to engage with staff and empower them to lead and participate in this work.

Another vehicle to achieve wider engagement will be through the Clinical Care Groups, recognising their important role representing operational services. In order to increase their understanding of the diversity and inclusion challenges, it was agreed that the Workforce Culture Team will provide a specific report to each Directorate/Clinical Care Group summarising the results of the 2024 NHS Wales staff survey. Each Directorate/Clinical Care Group will be asked to identify and prioritise 3 key actions that will respond to the survey results and nominate a representative to join the Task Force.

A second workshop session of the Task Force is planned to take place before the end of June 2025. It is anticipated that further discussions during this session and use of the Theory of Change approach will help to identify actions which could be taken forward by a project group, and a place has been held on the next EQliP cohort to support the achievement of this ambition.

Argymhelliad / Recommendation

The Committee are asked to:

1. **NOTE** the update provided in this report on the progress of the EDI Taskforce.
2. **APPROVE** the EDI Taskforce Terms of Reference.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

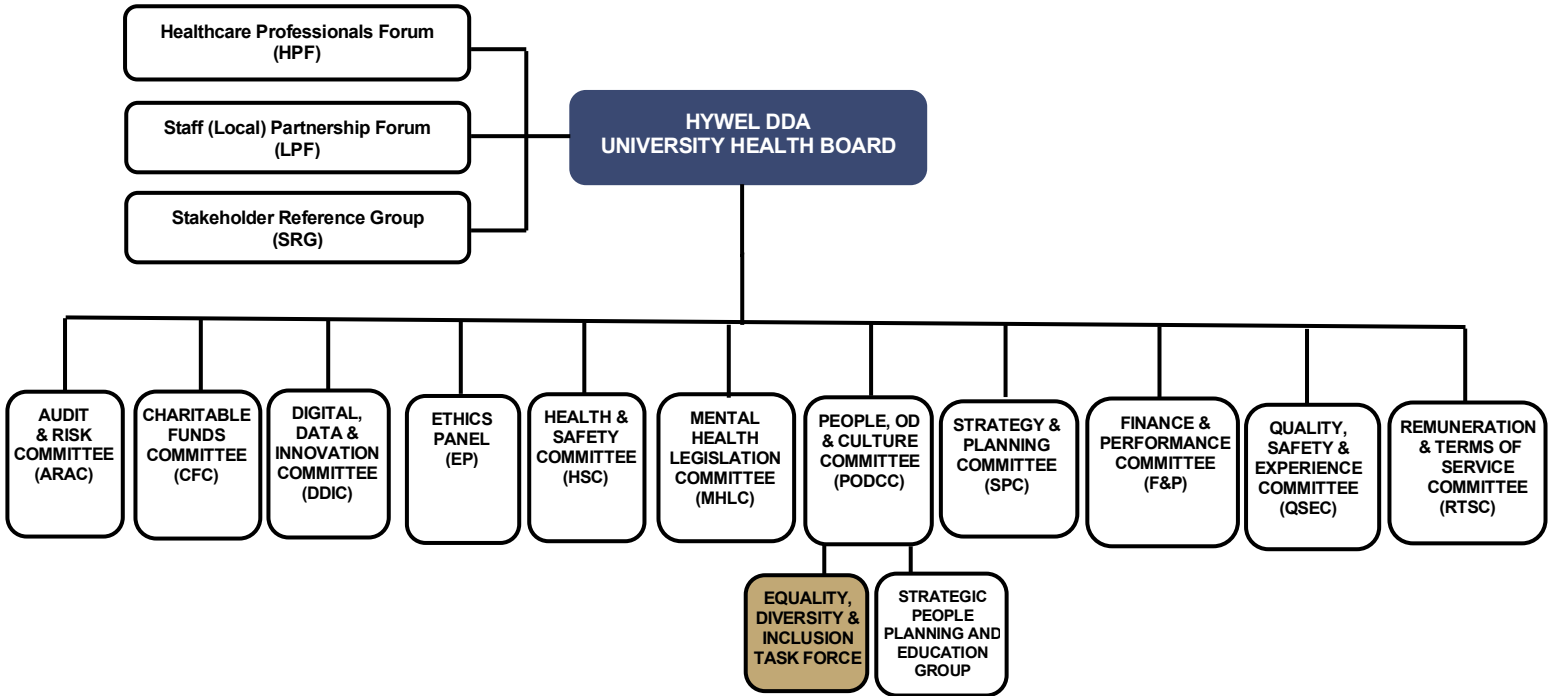
2.1 To provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, ensuring

	Hywel Dda University Health Board (the Health Board) is recognised as a leader in this field.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"> • Equality Act 2010 • Public Sector Equality Duties (Wales) 2011 • Is Wales Fairer (2023) – Equality and Human Rights Commission
Rhestr Termiau: Glossary of Terms:	Included within the document
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	A Financial Impact Assessment has not been undertaken as this an update report.

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



TERMS OF REFERENCE

EQUALITY, DIVERSITY & INCLUSION TASK FORCE

Version	Issued to:	Date	Comments
V.1	People, OD & Culture Committee	27/05/2025	For Approval

1. Constitution

- 1.1 The Equality, Diversity & Inclusion Task Force (the Group) has been established as a group of People, OD & Culture Committee and constituted from March 2025.

2. Purpose

- 2.1 The purpose of the Group is to accelerate our work to eliminate discrimination and foster an inclusive and equitable environment within our organisation, ensuring that every voice is heard and respected, and we all have a sense of belonging.
- 2.2 The Group will:
 - 2.2.1 Promote equality of opportunity
 - 2.2.2 Eliminate discrimination
 - 2.2.3 Foster an inclusive culture
 - 2.2.4 Support our diverse workforce and ensure it is representative of our population
 - 2.2.5 Oversee the University Health Boards compliance with equality and human rights legislation

By focusing on these areas, the EDI Task Force aims to improve the overall quality of care and create a supportive and fair workplace for all employees and patients.

3. Responsibilities

- 3.1 The Group will:
 - 3.1.1 Ensure that all individuals, regardless of their background or identity, have equal access to education and training, recruitment, promotion and support in the workplace.
 - 3.1.2 Ensure policies and practices to prevent discrimination, harassment and bullying in the workplace are in place and all policies are viewed through the EDI lens as part of development and review.
 - 3.1.3 Encourage a diverse workforce that reflects the community it serves and valuing the unique contributions of individuals from different backgrounds.
 - 3.1.4 Create a work environment where everyone feels valued, respected, has a sense of belonging and empowered to achieve their full potential.
 - 3.1.5 Ensure adherence to equality legislation, such as the Equality Act 2010, which protects individuals from discrimination based on the nine characteristics: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion & belief, sex and sexual orientation.

4. Membership

4.1 The membership of the Group shall comprise:

	Directorate
Independent Member (Chair)	Board
Executive Director of Workforce & OD (Vice Chair)	Workforce and OD
Communications and Engagement Director	Communications and Engagement
Executive Director of Nursing, Quality and Patient Experience	Nursing, Quality and Patient Experience
Assistant Director of Business, Partnerships & Inclusion	Workforce and OD
Head of Partnerships, Diversity & Inclusion	Workforce and OD
Assistant Director of People Management	Workforce and OD
Assistant Director of People Development	Workforce and OD
Head of Recruitment and Workforce Equality, Diversity and Inclusion	Workforce and OD
Senior Workforce Manager, Systems & Workforce Intelligence	Workforce and OD
Assistant Director of Corporate Legal Services and Public Affairs	Corporate Services
Chair of Staff Partnership Forum	Trade Unions
Deputy Director of Allied Health Professions	Allied Health Professions and Health Science
Principal Public Health Officer	Public Health
Assistant Director of Nursing	Nursing, Quality and Patient Experience
Representatives t.b.c	Clinical Care Group(s)

4.2 The membership of the Group will be reviewed on an annual basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than a third of the total membership and must include as a minimum the Chair or Vice Chair of the Group.
- 5.2 Any senior manager of the Health Board may be invited to attend by the Group where it is felt appropriate to do so.
- 5.3 The Group may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills, including specialist legal advice.
- 5.4 Should any Member be unavailable to attend, they may nominate a deputy to attend in their place.
- 5.5 The Group may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of particularly contentious issues.

6. Agenda and Papers

- 6.1 The agenda will be based around the Group work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Group members.
- 6.2 The agenda and papers for meetings will be distributed 7 days in advance of the meeting.
- 6.3 The draft minutes and/or table of actions will be circulated to members within 7 days to check the accuracy.
- 6.4 Members must forward amendments to the Group Secretary within the next seven days. The Secretariat will then forward the final version to the Chair for approval.

7. Frequency of Meetings

- 7.1 The Group will meet six weekly and shall agree a schedule of meetings in advance. Additional meetings will be arranged as determined by the Chair of the Group.
- 7.2 The Chair of the Group, in discussion with the Group Secretary shall determine the time and the place of meetings of the Group and procedures of such meetings.

8. Accountability, Responsibility and Authority

- 8.1 The Group is directly accountable to People, Organisational Development & Culture Committee (PODCC) for its performance in exercising the functions set out in these terms of reference.
- 8.2 The Group shall embed the University Health Board's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 8.3 The requirements for the conduct of business as set out in the University Health Board's Standing Orders are equally applicable to the operation of the Group.

9. Reporting

- 9.1 The Group, may, subject to the approval of the Executive Team, establish Sub-Groups to carry out on its behalf specific aspects of the Group's business. The Group will receive a summary following each sub-group meeting providing an update on business undertaken on its behalf.
- 9.2 The Group's Chair will:
 - 9.2.1 Report to the PODCC on the Group's activities.
 - 9.2.2 Bring to the PODCC specific attention any significant matter under consideration by the Group.
 - 9.2.3 Ensure appropriate escalation arrangements are in place to alert the PODCC of any urgent/critical matters.

10. Secretarial Support

10.1 Secretarial support to the Group will be provided by the Workforce Business Support Team.

11. Review Date

11.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Group.

3.5

3.5 - Armed Forces Annual Update

*Anna Bird (Hywel
Dda UHB – Strategic
Partnerships)*

| For assurance

Attachments

[3.5 Armed Forces Update to PODCC - SBAR - FINAL May 2025.pdf](#)

[3.5 Appendix 1 - Armed Forces Annual Report 2024-25 - FINAL.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Improving outcomes for Veterans and the Armed Forces Community – end of year report 2024/25
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

This paper provides an annual update report to the People, Organisational Development and Culture Committee (PODCC) on the work that the Health Board is doing to implement the Armed Forces Covenant and Armed Forces Covenant Duty. The report provides assurance that a broad range of activities are on-going to improve outcomes for veterans and members of the Armed Forces community.

Cefndir / Background

The [Armed Forces Covenant](#) is a promise by the nation ensuring that those who serve or who have served in the Armed Forces, and their families, are treated fairly.

The Covenant¹ states that *'those who serve in the Armed Forces, whether regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.'*

In November 2022, the [Armed Forces Covenant Duty](#) came into force. The Duty places a legal obligation to specified bodies including health to have due regard to the unique obligations of, and sacrifices made by, the Armed Forces and to apply special provisions or remove disadvantages arising for Service people.

In addition, the Health Board has proactively signed up to a number of accreditation schemes which inform our work and help provide a benchmark for good practice and continued improvement and such as the [Pride in Veterans Standard \(PiVS\)](#) and [Veteran Aware](#).

¹

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/578212/20161215-The-Armed-Forces-Covenant.pdf

Asesiad / Assessment

The attached report (Appendix 1) provides an overview of the work that has been undertaken by the Health Board and provides evidence of how we are working to improve outcomes for veterans and members of the Armed Forces community in 2024-25. The report has been written by the Business, Partnerships and Inclusion (BPI) Team who co-ordinate the Health Board's response to the Armed Forces Covenant and chair the Health Board's Armed Forces Steering Group, and the report includes contributions from steering group members.

The report highlights action taken in relation to a broad range of activities in four 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.

This year, an Armed Forces Covenant Health Action Plan has been established to set out priority actions for the next two years. The plan is underpinned by the Covenant and is informed by several accreditation schemes which provide a benchmark for good practice and continued improvement.

The Health Board has seen a number of key improvements, including:

- Started work to refresh the Armed Forces Covenant e-learning module which is hosted on the NHS Wales ESR (Electronic Staff Record) system;
- The commencement of collaborative work to review and improve treatment pathways for veterans with co-occurring mental health and substance misuse issues to better meet their needs and their carers; and
- Continued to provide support to staff through the Armed Forces staff network; 86 staff members are currently registered.
- Being visible to the Armed Forces community by delivering training and resources and celebrating key commemorative events such as Armed Forces Week and Remembrance Day, involving senior leaders, staff and patients.
- Improved identification and support for veterans in primary, secondary and community care as well as in the workforce resulting in an increased number of veterans and members of the Armed Forces community recorded in our systems. For example, as of 31 March 2025:
 - 9,370 (60%) of the veteran population living in Hywel Dda are now registered in our GP practices, an increase by 1,325 (16.68%) in the last year.
 - 234 patients with veteran status were recorded in the Welsh Patient Administration System (WPAS), an increase by 184 (368%) since the introduction of the WPAS Recording of Veteran Keynote staff guidance in June 2024.
 - 131 staff have self-reported their status on the Electronic Staff Records (ESR) system, an increased by 38 (48.86%) in the last year.
 - 217 applicants used the Guaranteed Interview Scheme in the last year. 47% of applicants were shortlisted for interview, and 27.5% of those interviewed were appointed.

This year has provided a strong foundation for future development, and as a Health Board we will continue with our commitment to the Armed Forces Covenant by revalidating our Defence Employer Recognition Scheme Gold Award. In addition, we will continue our work to further

improve our services and outcomes for veterans and the Armed Forces community members both within the workforce, and for our population.

The report, which includes an Executive Summary and electronic links to additional supporting information, is offered to provide assurance to the Committee that the Armed Forces Covenant is being actively implemented.

Argymhelliad / Recommendation

The People, Planning and Organisational Development Committee are asked to:

- **TAKE ASSURANCE** that the Health Board is proactively implementing the Armed Forces Covenant and the Armed Forces Covenant Duty.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 To provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, ensuring Hywel Dda University Health Board (the Health Board) is recognised as a leader in this field.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	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:	<ul style="list-style-type: none"> • Armed Forces Covenant • Armed Forces Covenant Duty
Rhestr Termiau: 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:	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 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.

Armed Forces Covenant Annual Report 2024 -25



March 2025

Email address: StrategicPartnerships.HDD@wales.nhs.uk

Website: <https://hduhb.nhs.wales/healthcare/services-and-teams/armed-forces-covenant/>

Intranet: [Hywel Dda Business, Partnerships and Inclusion SharePoint page](#))

Executive Summary

Hywel Dda University Health Board (the Health Board) has coordinated its response to the Armed Forces Covenant through the Business, Partnerships, and Inclusion (BPI) team. This report highlights key areas of work and progress made during the 2024-25 reporting period, demonstrating the Health Board's commitment to the Covenant.

The Health Board has an Armed Forces Covenant Health Action Plan outlining its priorities for the next two years. In line with the Covenant our plan focuses on understanding healthcare needs, reducing disadvantages, supporting veterans through awareness and training, and promoting Hywel Dda as an employer of choice. It is informed by a number of accreditation schemes which provide a benchmark for good practice and continued improvement. The Health Board accreditation submission in 2024 for the Pride in Veterans Standard (PiVS) was recognised as best practice and of "Gold" standard.

This year has seen a number of key improvements, including:

- Improved identification and support for veterans in primary, secondary and community care as well as in the workforce resulting in an increased number of veterans and members of the Armed Forces community recorded in our systems.
- Work to refresh the Armed Forces Covenant e-learning module which is hosted on the NHS Wales ESR (Electronic Staff Record) system has been initiated in partnership with the Learning and Development team.
- Collaborative work by Mental Health and Substance Misuse teams has commenced, to review and improve treatment pathways for veterans with co-occurring mental health and substance misuse issues, aiming to better meet their needs and their carers.
- Proactive support to staff through the Armed Forces network and being visible to the Armed Forces community by delivering training and resources and celebrating key commemorative events such as Armed Forces Week and Remembrance Day, involving senior leaders, staff and patients.

This year has provided a strong foundation for future development, and we will continue with our commitment to the Armed Forces Covenant by revalidating our Defence Employer

Recognition Scheme Gold Award and continue our work to further improve our services and the health and wellbeing of veterans and the Armed Forces community both within the workforce and in the community.

As of 31 March 2025:

- ✓ 9,370 (60%) of the veteran population living in Hywel Dda are now registered in our GP practices, an increase by 1,325 (16.68%) in the last year.
- ✓ 234 patients with veteran status were recorded in WPAS, an increase by 184 (368%) since changes in the use of WPAS and the introduction of the WPAS Recording of Veteran Keynote staff guidance in June 2024.
- ✓ 131 staff have self-reported their status on ESR, an increased by 38 (48.86%) in the last year.
- ✓ 217 applicants in the last year have used the Guaranteed Interview Scheme.

Please refer to the full report for more detailed information.

Introduction

The Business, Partnerships and Inclusion (BPI) team co-ordinates the Health Board's response to the Armed Forces Covenant (or 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 paper provides an update on some of the key areas of work which have been on-going during the reporting period 2024-25, demonstrating 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/>

The Health Board Priorities and the Armed Forces Covenant Health Action Plan 2024 – 2026

Beginning this reporting year, the Health Board established an Armed Forces Covenant Health Action Plan (or Action Plan) which outlines the Health Board's priorities for the next two years. The Action Plan is a dynamic document and is coordinated by the BPI team in partnership with our Armed Forces champions and is 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. It sets out the Health Board objectives and actions in line with the Covenant, relevant accreditation schemes, and the Health Board's strategic objectives, for example, its Strategic Equality Objectives. The actions set out in the Action Plan are regularly reviewed and are delivered by working collaboratively with colleagues within the Health Board as well as with the public and the voluntary sector partners.

The Health Board priorities for this reporting year are:

- 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.

These priorities demonstrate our continuing commitment to the Covenant; and the Health Board continues to strengthen the mechanisms for gathering information and reporting the Health Board's actions and progress against the Armed Forces Covenant and ensure that the strategic actions and outcomes are shared widely and visibly across all relevant forums.

Accreditation Schemes

The Health Board has proactively signed up to a number of accreditation schemes which all inform our work and help provide a benchmark for good practice and continued improvement. These include:

Veterans Covenant Healthcare Alliance (VCHA) Accreditation

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), a group of NHS providers including acute, mental health, community, and ambulance trusts that have agreed to be exemplars of the best care for, and support to, the Armed Forces' community. As a VCHA 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 Health Board submitted its Year 2 Review Report to the VCHA in June 2024, subsequently receiving positive feedback.



The Defence Employer Recognition Scheme (DERS) Gold

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 2026, and work has started to review activities and gather evidence for re-validation early next year.

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 and promote 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". Work is ongoing with the veteran clinical leads within the registered practices to further promote the scheme and agree an approach to support and encourage other practices to register. The Health Board Armed Forces Clinical Champion, for example, delivered a presentation to Primary Care Cluster Leads meetings to promote the scheme and offer support as needed. By the end of this reporting year 2024-25, four GP practices in the Hywel Dda area have completed their VFP accreditation, an increase by 33% since the last reporting period. Later in this report we have provided an examples of good practice showcasing work undertaken by [Ystwyth Medical Group](#) as a veteran-friendly practice.



Map of Veteran Friendly Practices in Hywel Dda region.

The Pride in Veterans Standard (PiVS)

The Health Board aims to ensure that the whole veteran community feel confident in accessing its services and support. In partnership with [Fighting with Pride](#), an LGBT+ military charity, the Health Board continued to improve and demonstrate its commitment to being inclusive and welcoming to LGBT+ Veterans, serving personnel, and their families. The Health Board's submission in 2024, was highlighted as best practice example of PiVS annual update return, highlighting how the organisation meets the PiVS Standards.

Quality Improvement project to identify veterans

The Health Board [Enabling Quality Improvement in Practice](#) (EQIIP) 8-month programme gives members of staff the opportunity to work collaboratively and develop their quality improvement skills using evidence-based methodology and various tools and techniques and to help us, as an organisation, continuously improve the way we do things. Through this programme, the EQIIP project "*Improving support for clinical teams in managing*

planned care for veterans” was launched in the autumn of 2023 which helped the project team understand, develop and implement a mechanism that will enable our staff to confidently identify veterans who may be eligible for priority treatment in a timely manner. This piece of work contributed to the improved implementation of the Armed Forces Covenant and Welsh Health Circular (WHC, 2023) 022, also known as Healthcare Priority / Special Consideration for Veterans / Ex-Armed Forces Personnel in the Health Board.

The project team worked collaboratively and within the scope and the principles of the EQliP programme. It specifically sought to improve the use of the Welsh Patient Administration System (WPAS), the Health Board’s clinical system, to record and manage veteran status or “keynotes” and support clinical teams in managing planned care waiting lists. The EQliP Programme concluded in July 2024 but the project team continued to meet and work together to progress key actions and see continuous quality improvement in the implementation of the WHC (2023) 022.



A number of change ideas and improvements have been carried out within this programme. They are highlighted with more details under relevant priority sections below, but in summary, this project has:

- Seen an increase in the number of patients who have self-identified as veterans;
- Developed a guidance document for staff “WPAS Recording of Armed Forces Keynote: A Staff Guide”;
- Enhanced the awareness and action taken by the Waiting List Support Service as a result of changes to the Call Handler’s script;
- Developed a Patients’ Journey Map as a visual representation for staff; and
- Identified potential systems changes for the All-Wales WPAS to help simplify the identification and recording of veterans in our care including those who are eligible for priority treatment.

The Assistant Director of BPI Team presented this project and the proposed All-Wales WPAS systems changes to the All-Wales Veterans and Armed Forces Champions meeting in June 2024.

Priority 1: Understanding the health care needs of our veterans and the Armed Forces community

Population data

The Health Board is the provider of NHS healthcare services for around 382,800 people in Carmarthenshire, Ceredigion, Pembrokeshire (West Wales) and its bordering counties. Of these, we know that around **15,637 (4.08%)** have previously served in the UK Armed Forces. This data has been shared across various planning and commissioning groups and managers such as the

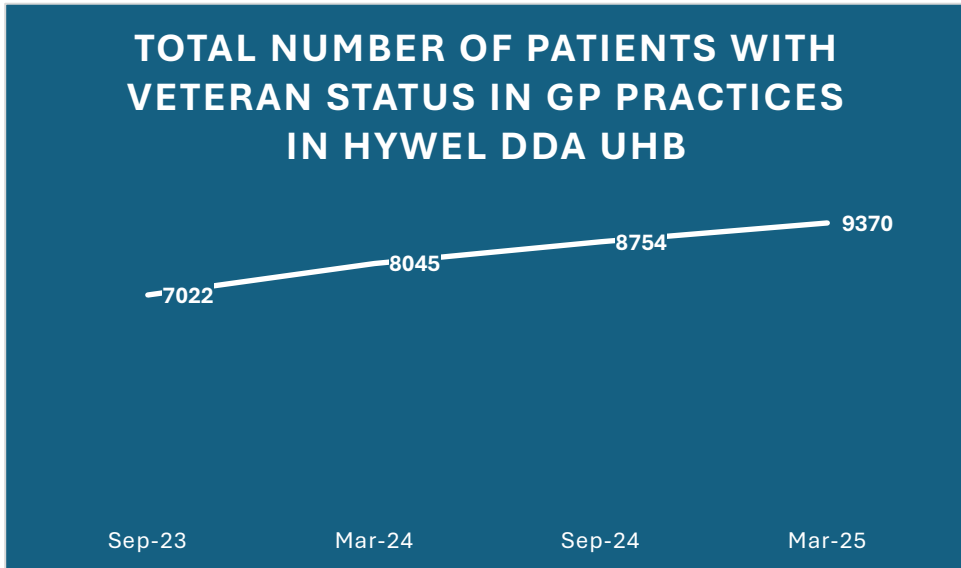


commissioning lead for “Improving treatment pathways for veterans with a co-occurring mental health and substance misuse issues” project. The needs of UK Armed Forces veterans are also considered as part of the Health Board EqIA (Equality Impact Assessment) and EHIA (Equality and Health Impact Assessment) processes. This ensures that staff responsible for planning and implementing changes in the Health Board think of the Armed Forces community, their unique disadvantages, and the potential impact of changes, positive or negative, to veterans and where they are identified that mitigations are considered.

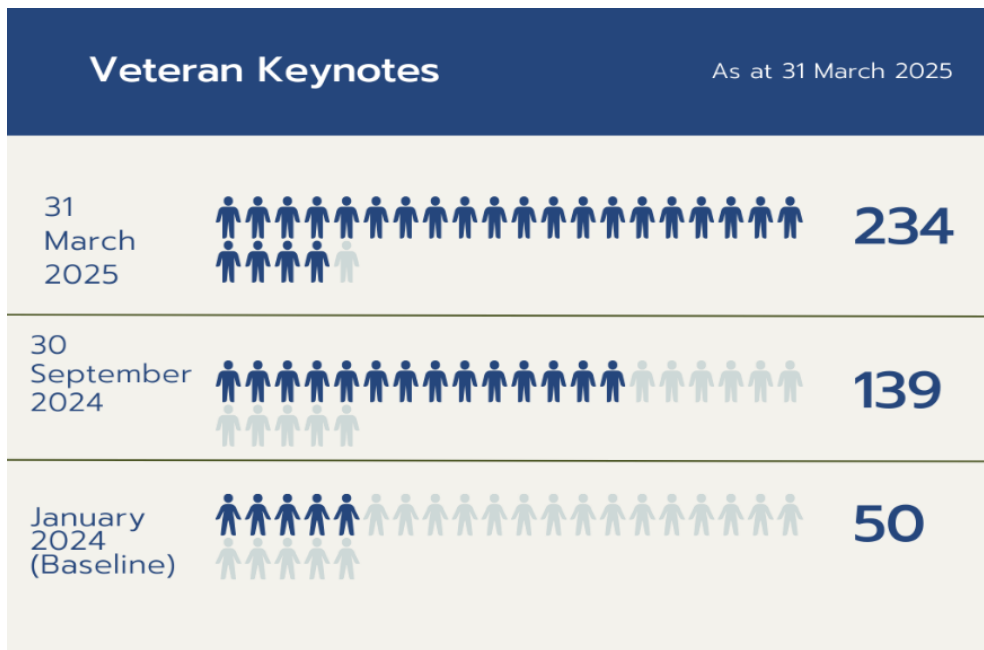
As part of the EQiP project described earlier in the report, the project team carried out a review of the number of veterans recorded in our primary and secondary care systems.

Key data and findings from this work include:

- As of 30 September 2023, a total of **7,022 (45%)** of the veteran population living in Hywel Dda have registered in GP practices with veteran status. This provided a baseline number before initiatives such as the Priority Treatment poster, EQiP project, and promoting the Veteran Friendly Practice scheme were fully implemented.
- As of 31 March 2025, a total of **9,370 (60%)** of the veteran population living in Hywel Dda are now registered in our GP practices: an increase by **1325 (16.68%)** in the last year reporting period, and **2,348 (33.4%)** since September 2023.



- At the start of the EQliP Project, **50** patients with veteran keynotes were recorded in WPAS. As of 31 March 2025, **234** patients with veteran status were recorded in WPAS, an increase by **184 (368%)** since changes in the use of WPAS and the introduction of the WPAS Recording of Veteran Keynote staff guidance in June 2024.
- Of the 234 patients with veteran keynotes in WPAS, **7** were identified and recorded as eligible for priority treatment.



Looking ahead:

The EQliP Project Team will continue quality improvement work to:

- Monitor and report the increase in number of veteran status recorded per GP practice; and
- Ensure consistency in recording eligibility for priority treatment using the open text box in WPAS whilst the initiative to add a “Poppy” marker and a drop-down option to record priority treatment in WPAS (which requires a technical system change) are being looked at.

Health of Veterans and the Armed Forces Community

The Health Board Quality, Safety and Experience Committee received a presentation on the Health of Veterans and the Armed Forces Community in December 2024. The Committee examined the population needs and the Health Board activities for improving the health and wellbeing of veterans and the Armed Forces community. The report provided assurance to the Committee that the health needs of the Armed Forces community remain a key focus of the Health Board in line with our duty to implement the Covenant.

The report to the Committee outlined key issues veterans of the UK Armed Forces face as a result of Service life and explained the provision of healthcare to both full-time Service personnel and veterans and members of the Armed Forces Community. It also highlighted findings from the [Armed Forces Covenant Duty Guidance \(2022\)](#) and the [Health & Wellbeing Needs of Armed Forces Veterans assessment report \(2020\)](#), recognising that although members of the Armed Forces Community mostly have similar levels of health to the general population, some veterans have particular healthcare needs arising from Service. And whilst the vast majority of those leaving the Armed Forces will do so generally healthy, and that over-all, the health of the military population is good when compared to the general population, some veterans, do have unique healthcare needs and disadvantages arising from their obligations and sacrifices of Service life including:

- Challenges in accessing healthcare or the right kind of healthcare;
- Delays in receiving treatment;
- Barriers to self-identifying as veterans;

- Mental health and specific and common conditions arising from Service, exacerbated by Service.

Looking ahead:

The Public Health team will consider how to progress refreshing the local health and wellbeing needs assessment of veterans and members of the Armed Forces community. This would provide a detailed understanding of local population demographics which will be important for health professionals with a planning or commissioning role in order to have a good awareness of the composition of their local Armed Forces Community and their healthcare needs.

Identifying veterans in our care

The EQliP project team continued work to improve the recording and reporting of patients with veteran status in WPAS and other data systems. Discussions are ongoing at various levels to ensure timely identification and recording of veteran status within our clinical systems and that any entitlement to priority treatment consideration for veterans are actioned promptly, for example, in the review and refresh of the All-Wales Referral to Treatment Guidelines.

Our Waiting List Support Service (WLSS) has enhanced their Call Handlers script by adding and routinely asking 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 notes?”*. Where identified and where needed, the WLSS Team record their patient veteran keynotes in WPAS and refer them to services that are available within the community which may support them with their needs as veterans.

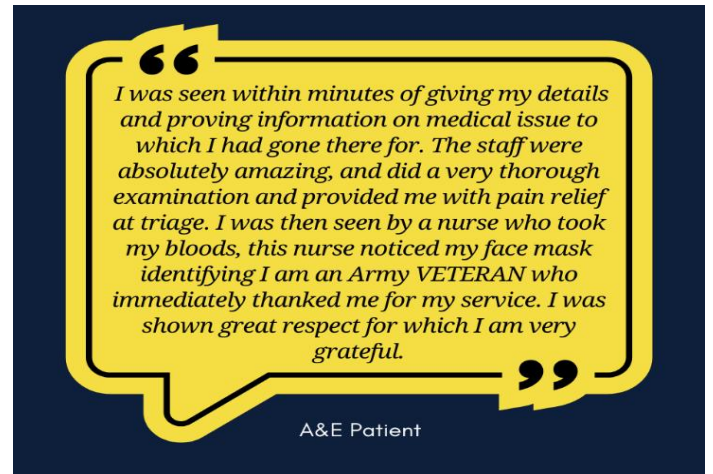
The [Priority Treatment poster](#) and the message to self-identify and share veteran status has been shared with Primary Care networks and relevant partnership forums and through various communication platforms such as the General Medical Service Newsletter and Primary Care Directors Briefing to continue to raise awareness as well as encourage veterans to self-identify and record veteran status in our GP data systems.

The [Identifying veterans who may be eligible for priority treatment - A quick guide for GP practices](#) poster has also been developed to continue to improve staff awareness and ensure consistency in implementing the WHC (2023) 022 across the Health Board.

Patient and Staff Experience

The Health Board contacts over 20,000 people who have used our services every year to ask them for feedback on their experience of using our services.

For this reporting period, 6 people who were veterans/members of the Armed Forces provided feedback, positive and negative, to the Health Board and these were recorded in our Civica system. Discussion within the Health Board Armed Forces Steering Group has started to explore how the Patient Experience team can identify and engage with veterans and the Armed Forces community using the WPAS data system.



Looking ahead:

The Patient Experience Team will explore the creation of bespoke surveys for veterans and members of the Armed Forces community. This will help the Health Board to further understand the needs and experiences of veterans in our care.

The BPI Team records queries that are received directly from members of staff and partners. This log of queries gives the Team and the Health Board a picture of needs and gaps in training or the implementation of the Armed Forces Covenant. The queries logged in the last year were mainly about the implementation of priority treatment and whether this has been applied, and clarification about the process for out of area referrals.

Equality and Health Impact Assessments

Equality Impact Assessment (EqIA) is a process used by staff when planning service changes, developing new services, or reviewing and developing policies to ensure that we are not putting specific populations, such as veterans, at a disadvantage. Whilst veterans are not a named protected characteristic group within the Equality Act (2010), the Armed Forces Covenant Duty established a legal duty to health boards to give "due regard" to the needs of veterans. As a result, the Health Board adapted its EqIA paperwork and does include questions to prompt the consideration of the needs of veterans and the wider armed forces community.

In 2024 - 25
222 EqIAs were
 quality assured by
 the BPI Team.

The veteran population data is shared across various planning and commissioning groups and managers as part of both the Health Board EqIA and EHIA processes. This ensures that staff responsible for planning and implementing changes in the Health Board think of the Armed Forces community, their needs and unique disadvantages, and the potential impacts of changes, positive or negative, to veterans and where they are identified that mitigations are considered.

Priority 2: Working collaboratively to reduce disadvantage for veterans and the Armed Forces community

Working in partnership to implement the Armed Forces Covenant

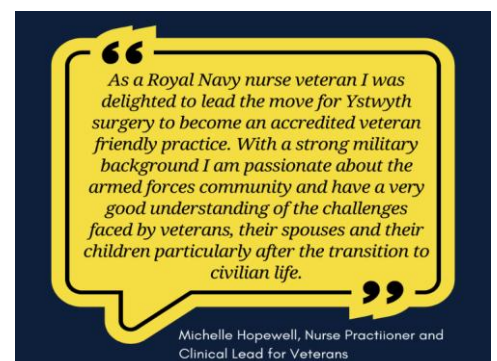
The Health Board Strategic Equality Plan (SEP) 2024 - 2028 includes actions relating to veterans and the Armed Forces community, both in the workforce and in the community. The Health Board SEP Strategic Equality Objective 2: *Working together to improve health and well-being for all* includes a plan of action to:

- “Work in partnership to implement the Armed Forces Covenant Duty and improve access to priority treatment for eligible Veterans”; and to
- “Enhance the Health Pathways Programme to include information on services available to support veterans, unpaid carers and people who are homeless or vulnerably housed”.

This ensures that work to improve outcomes for veterans and the Armed Forces community is visible and discussed within wider groups such as the Strategic Equality Plan Implementation group.

Prioritising support for veterans in Primary Care

In January 2024, Ystwyth Medical Group signed up to the Veteran Friendly Practices scheme and have carried out activities to identify and support veterans using their services. The practice introduced a dedicated morning telephone triage on the first Wednesday of every month to allow access for veterans for advice and signposting for medical and wellbeing needs. A total of three veteran drop-in events were held by the practice in the last year and have seen the attendance and



interest grow from both veterans and organisations. These events also provided an opportunity to shape the provision of healthcare within the surgery.

Veterans attending the drop-in events have been supported to fill in forms to apply for an HM Armed Forces Veteran Card. They were also able to access information, advice and support that matters to them, for example, legal advice, mental health, and employment and were signposted to services such as financial wellbeing support where identified.



The Veteran Legal Link (VLL), a charity that provides free legal advice and specialist support services for veterans and their families in Wales, has been actively represented at the three Veterans Drop-in events. During these sessions, 12 members of the veteran community have been identified and supported, providing them with guidance on health and wellbeing needs as well as signposting them to relevant legal services.



The Cafle Cymru community engagement worker said that:

“The veteran wellbeing event held at the Ystwyth medical centre was a fantastic opportunity to connect with veterans and to enable us to promote the service we offer as Cyfle Cymru. It was great to be able to engage with veterans, other support organisations and staff alike. Events like this are so valuable in providing a hub to provide support, community and practical resources for those who have served. Looking forwards to more collaborations and events like this in the future.”

Ystwyth Medical Group webpage has a dedicated information and advice line for the veteran community. The page contains information about the Veterans Lead as first point of contact, and a directory of all local services in the area.

Ystwyth Medical Group

Ystwyth Medical Group, Parc Y Llyn, Llanbadarn Fawr, Aberystwyth, Ceredigion, SY23 3TL
Tel: 01970 613 500

[Home](#) [News](#) [Online Services](#) [Opening Times](#) [Prescriptions](#) [Appointments](#) [New Patients](#) [Services](#) [Staff](#) [Contact Details](#)

Veterans

Please let us know if you or a relative have served in the British Armed Forces, by calling on 01970 613 500, or by emailing us – contact.w92025@wales.nhs.uk

Veteran advice clinics

Telephone support from Michelle on the 1st Wednesday of every month

- Health
- Support
- Advice
- Welfare
- Lifestyle
- Signposting

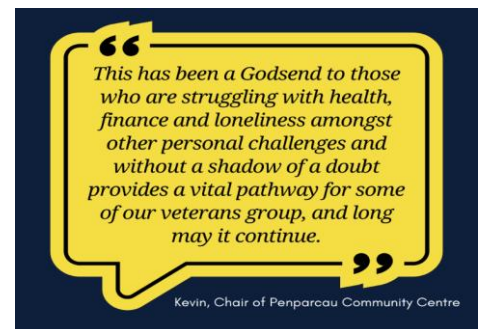
Call to book an appointment



Feedback has been overwhelmingly positive about the practice's initiatives including the events. Led by the Clinical Lead for veterans, Ystwyth Medical group aims to continue to provide these events over the next year.

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 and proactively identified opportunities for partnership working and joint engagement and outreach events. The team also worked with other health services such as Smoking Cessation and Mental Health to improve veterans' wellbeing and expanded its work to reach out to veterans living in rural areas and isolated communities. CDOT attended "Drop in" coffee mornings in Llandovery, Tumble, Ammanford and Upper Brynamman. Advice, information, and support provided by CDOT to veterans at these events include, but were not limited to:



- 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, and
- Signposting to respite and recuperative activities.

CDOT recorded that they engaged with veterans 300 times during 2024/25.

They have also provided support to veterans by signposting them to Veterans NHS Wales and other mental health and relevant support services in the community. Health information such as the priority treatment, veteran ID card, and the Armed Forces and veterans support services in West Wales are taken to various public/outreach events and shared to people to self-identify as veterans. An example of cross-cutting work of CDOT can be seen in these [Case Studies](#).

Improving treatment pathways for veterans with a co-occurring mental health and substance misuse issues

The Dyfed Substance Misuse Area Planning Board has started work to review the Health Board's implementation of the [Welsh Government Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem](#) and the [Welsh Government Substance Misuse Delivery Plan](#). Section 5.7.7 of the Framework set out the action for Area Planning Boards to review their existing local care pathways with a view to ensuring that access to substance misuse treatment for veterans is improved. As part of the Area Planning Board Treatment and Recovery Action Plan, the Substance Misuse Services team worked directly with partners such as the local Armed Forces Liaison Officer (AFLO) and various Armed Forces Covenant community forums to understand current practices and identify areas for improvement. The team carried out a number of workshops to gain specific feedback from partners.

To work towards the above action, the Area Planning Board has commissioned a study into improving substance use pathways for Veterans and their carers in West Wales and how to best meet their substance use and caring needs. The study will have a particular focus on understanding the experiences and needs of veterans accessing substance misuse services as well as further understanding how best to meet the needs of carers

looking after veterans. Overseen by the Area Planning Board, this work will develop an understanding of the substance use needs of veterans and their carers, as well as identifying areas for substance use pathway development for veterans. Overall, this study is seeking to generate an evidence base which will inform:

- What barriers do veterans experience when accessing substance use services in the Hywel Dda UHB area;
- The experiences of carers looking after veterans, and how they access support for substance use related matters in the Hywel Dda UHB area (i.e. ensuring that their own health and wellbeing needs are considered when the person they care for is using substances);
- What elements of the substance use pathway could be further developed in order to best support veterans and their carers;
- What elements of the substance use treatment systems works well for veterans and their carers; and
- Use the evidence obtained to develop a theoretical framework for a new strategic approach, to ensure that the current treatment framework has an impact on further supporting veterans and their carers.

This piece of work commenced in March 2025 and is anticipated to be completed within six months.

Veterans NHS Wales (VNHSW)

Veterans NHS Wales (VNHSW) is a national, specialised, priority service for individuals who have served in the Armed Forces at any time in their lives and who are experiencing mental health difficulties related specifically to their military service. As a result, the service applies due regard to the Covenant principles, including priority treatment as appropriate.

Veterans using the service and those in the community are asked for their feedback at a number of points throughout the care pathway, from triage and assessment to the end of treatment, to continually improve the service. Local feedback is shared nationally and locally through established pathways and used to inform and shape service delivery. VNHSW service development initiatives are tailored to fit local needs. Hywel Dda works 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 veteran population.

VNHSW in Hywel Dda have appointed a volunteer Veterans Representative offering a lived experience perspective to service development.

Veterans using the service are offered a range of delivery formats such as telephone, video conferencing, outdoor appointments ('walk & talk') when provided triage, assessment, psychological therapy and follow up appointment following treatment completion. Given treatment outcomes and service user feedback, 'walk & talk' appointments are completely embedded as routine practice in VNHSW in Hywel Dda. VNHSW in the Health Board continue to collect data specifically relating to this delivery format and to date, client feedback remains overwhelmingly positive.

The Hywel Dda VNHSW Facebook closed group is well subscribed to by a variety of individuals interested in the mental health of military veterans. Membership of this group includes veterans, family members of veterans and organisations who work with veterans. The Clinical Lead, Veterans Therapist and Administrator for VNHSW are responsible for managing this group and have recently spent time planning for and identifying suitable future content to help improve reach and engagement.

The Hywel Dda VNHSW routinely works closely with multiple statutory and non-statutory organisations. Veterans accessing VNHSW in Hywel Dda are frequently signposted to other services available to support the veteran and/or their families.

The Hywel Dda VNHSW has also visited a number of charities as a means of outreach, networking and partnership working. Staff have created pop-up stands in supermarkets and leisure centres, both as an individual service endeavour or as a wider awareness raising event.

Priority 3: Actively supporting veterans and the Armed Forces community through awareness raising events, staff training, and partnership working

Information, advice and guidance has been made available and work has continued to raise awareness of the Health Board's local treatment policy through emails to GP Practices and Primary Care briefing papers and newsletters so that referring clinicians who may be new to the Health Board understand that referral to NHS services in Wales must be considered before any out of area referrals are made.

The guidance which has been developed also includes information about the [All-Wales 111 Planned Care website](#) which helps patients/carers understand how long people are waiting for services provided by each Health Board. On the website individuals can choose the Health Board and specialty and will find information about average wait times. For example, according to the website, as at 24 of April 2025, the average waiting time for a first outpatient appointment for Trauma and Orthopaedics in Hywel Dda University Health board is 20 weeks, and 33 weeks to start of treatment. With much improved use of WPAS in the Health Board, veterans who are identified as eligible for priority treatment should have shorter wait times for first appointment and start of treatment.

Enhancing knowledge through e-learning

In partnership with the Learning and Development team, the Health Board has initiated work to review and update the Armed Forces Covenant e-learning module which is hosted on the NHS Wales ESR (Electronic Staff Record) system. The current e-learning module is NHS England centric and is lacking information about the Armed Forces population data in Wales, local services, Armed Forces Covenant Duty, WHC (2023) 022 and more. The proposal to review and refresh the Armed Forces e-learning modules has been agreed by NHS Shared Services Partnership (NWSSP) and work has started to review its content in partnership with Armed Forces leads in other Welsh health boards.

The screenshot shows a web-based e-learning interface. At the top, the title is 'The Armed Forces Covenant and the needs of service families' with the NHS Health Education England logo. Below the title is a 'Session overview' section with a navigation menu (Menu, Previous, 1 of 21, Next). The main content area is titled 'Covenant and the families' and includes a list of topics: Session overview, Session introduction, Introduction, What makes service life unique?, The Armed Forces Covenant, Impact on healthcare, Self-assessment, Session key points, and Session summary. The text below the list discusses understanding the unique issues arising from the Armed Forces lifestyle, their needs and the issues that impact on their access to health and social care provision. A 'Please note' section states: 'this training is due to be updated in 2023/24. For the most up to date information, please visit www.nhs.uk/armedforceshealth'. Logos for 'Naval Families aff', 'ROYAL AIR FORCE Families Federation', 'elfh eLearning for healthcare', and 'NHS Health Education England' are visible on the right side of the page.

In partnership with [Combat Stress](#), the Health Board coordinated and hosted the ENHANCE+ “[Advanced understanding of women veterans: how services can better meet their needs](#)” training programme. Using materials developed in response to research conducted by Combat Stress, the programme highlighted a need for greater awareness of the unique experiences and potential health needs of women veterans. The training aimed to develop professionals’ understanding and awareness of the health needs in this population group. The programme also features an “[Introduction to women veterans’ experiences and needs](#)”, which is a free, self-guided course covering women and the UK military, military sexual trauma, and women’s health and healthcare. This introductory course is suitable for anyone who supports, works



alongside, employs, or comes into contact with women veterans in the UK. A total of 31 individuals attended this training and 18 of these were health colleagues. This training received insightful feedback from participants.

Spiritual Care

In partnership with the Chaplaincy Team the Health Board has started holding services during Remembrance Day across all four acute hospitals and veteran patients and their carers are also invited to attend the services as a way of recognising their military service. Work has also started to identify patients and improve services for veterans dying in our inpatient care who have no next of kin.

Priority 4: Promoting Hywel Dda as an employer of choice for veterans and the Armed Forces community

The Health Board SEP Strategic Equality Objective 4: *Being an employer of choice* includes an action to:

- Develop a strategic approach to its participation in national accreditation schemes which benchmark best practice e.g. Disability Confident Employer, Carer Confident, Veteran Aware, Pride in Veterans Standard.

The Health Board has signed up to a number of accreditations including Veteran Aware and Pride in Veterans Standard which inform our work and help provide a benchmark for good practice and continued improvement.

Recruitment

A refreshed Guaranteed Interview Scheme video was launched on the Health Board Swyddi Hywel Dda Jobs recruitment social media sites in June 2024, and has been shared with various partnership forums both as part of the Health Board's inclusive recruitment campaign and celebration of Armed Forces week. 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.



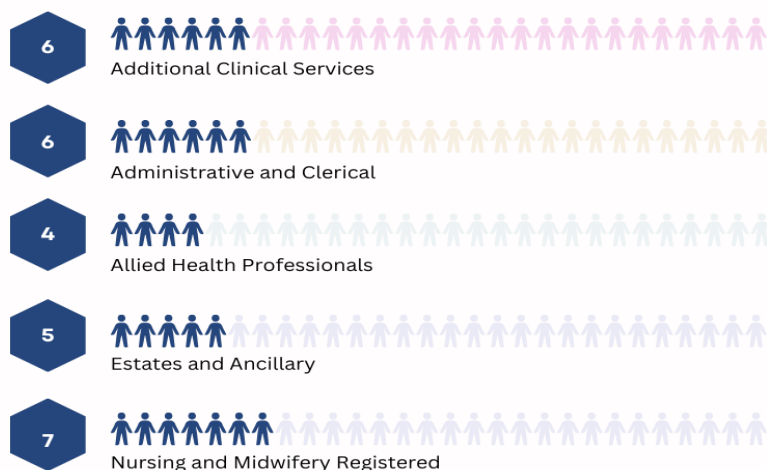
Armed Forces Covenant

The Armed Forces Covenant is a promise by the nation ensuring that those who serve or who have served in the armed forces, and their families, are treated fairly. Candidates will be guaranteed an interview pending they meet the minimum criteria for the job vacancy.

As a DERS Gold award holder, all Health Board vacancies that are advertised on NHS Jobs and Trac include an additional 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 this reporting year, a total of 217 applicants have declared that they are a “Member of the armed forces community”. This is around 1 in every 300 applicants. Of these, 102 (47%) were invited to interview and 28 (27.5%) of those who were interviewed were offered roles in the Health Board. Below is the breakdown of offers by professional group.

Job offers to members of the Armed Forces community in 2024 - 2025



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). The table 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 31 March 2025.

ESR Supplementary role category	Staff Network Member recorded status	ESR Self-recorded status
Veterans	38	59
Reservists	6	6 (1 at High Readiness level)
Adult Cadet Volunteers	10	6
Armed Forces family members	32	60
Total	86	131

The data collected from ESR may not be accurate. 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 staff community in the workforce and there is no way of verifying the data to provide a definitive number. It is encouraging though to see that the number of staff self-reporting their status has increased by **38 (48.86%)** in the last year.

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. For example, in June 2024, a Reservist attended the Health Board's People, Organisational Development and Culture Committee (PODCC) meeting to co-present the Armed Forces Covenant Report, as a way of providing an assurance to the Committee and sharing his experiences as a Reservist working in Hywel Dda. In March 2025, the staff network started discussion of plans for this year's VE Day 80th Anniversary celebration. Several staff network members attend the Health Board Armed Forces Covenant Steering Group meetings and actively contribute 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 2024

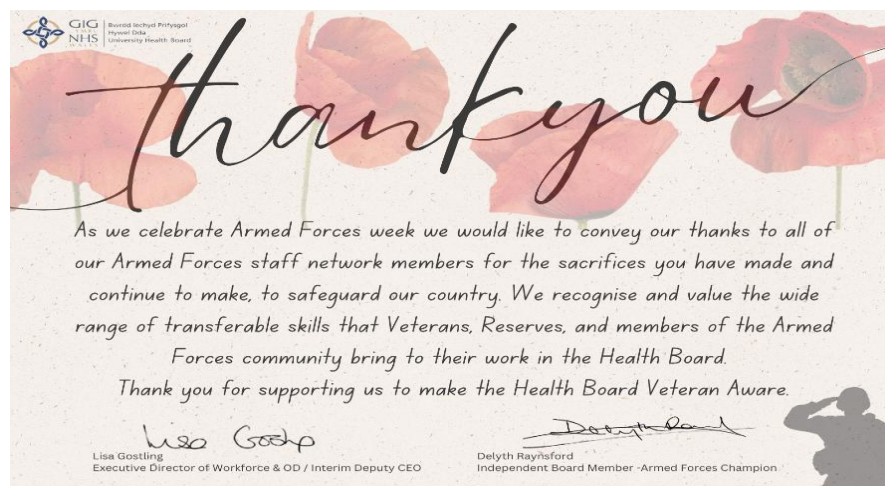
The Health Board celebrates Armed Forces Week each year as an opportunity to acknowledge the diversity and the contribution of our staff who make up the Armed Forces community. This year, the Health Board celebrated Armed Forces Week by simultaneously raising the Armed Forces flag across four acute hospitals, delivering Lunch and Learn

sessions to members of staff, holding the Armed Forces Staff Network Catch Up and Coffee Morning, and launching the refreshed Guaranteed Interview Scheme video. You can find more details about the Health Board Armed Forces Week celebration by clicking the link to the [Armed Forces Week 2024 e-newsletter](#). Plans for Armed Forces Week celebrations were disseminated to partner organisations as a way of sharing good practice and collaborative working.

In addition, a message of reflection from the Health Board Senior Chaplain was issued via global email. The Health Board Senior Chaplain said:

“As a healthcare setting, Armed Forces Week offers the opportunity to reflect and give thanks to the whole armed forces community for the sacrifices and the contributions they make to include the known and unknown, as they protect the UK both at home and overseas.”

A message of recognition and support from the Health Board Executive Director of Workforce and Organisational Development and Deputy Chief Executive, and the Independent Member and Health Board Armed Forces Champion was issued via the Health Board intranet and staff bulletin. A thank you card was sent to all members of the Staff Network to mark the beginning of Armed Forces Week 2024.



An Armed Forces Week Teams background has been developed and used by the Armed Forces champions during Armed Forces Week 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.



Remembrance Day

The Health Board commemorated Remembrance Day in partnership with the Spiritual Care, Estates, and Facilities teams. With support from the Estates team, a simultaneous two-minute silence was held across all four hospital sites (in Outpatients and areas as appropriate). Our Spiritual Care team led the Remembrance Day services and the laying of the wreaths in the chapels across all four hospital sites. The services were attended by patients and members of staff. Each service was followed by a coffee and catch-up event with members of the Staff network and partners.



Independent Members of the Health Board as well as members of the Staff Network attended and laid Health Board wreaths at local Remembrance Sunday events in Aberystwyth, Carmarthen, Haverfordwest, Llanelli and Pembroke Dock.

The Royal British Legion in Carmarthen started their Poppy fundraising event at Glangwili General Hospital (GGH) and in partnership with BPI team, were also able to display and distribute our Priority Treatment poster at their events in other places such as Tesco. This way, information about Priority Treatment and the importance of veteran self-identification with GPs reached the wider population.



The Therapeutic Play Team in GGH Children Ward provided Armed Forces themed activities for children during Remembrance Week as a way of commemorating Remembrance Day with children and young people and their families.

You can view the Health Board message and information about this year's commemoration of Remembrance Day [here](#):

Staff Recognition

A member of the Staff Network was shortlisted and received a bronze award within the Leadership category at the 2024 Welsh Veterans Awards in recognition of his leadership in managing a critical hospital incident and for demonstrating his military work ethic and values and his contribution to the success of his team. Over the years of his employment at Hywel Dda University Health Board, Charles Scarf has been proactively encouraging and supporting ex-military colleagues to get involved in the Health Board initiatives and to promote the Health Board as an employer of choice for veterans and the Armed Forces community. He has also contributed to the refresh of a Health Board video to promote the [Armed Forces Guaranteed Interview](#) scheme. The leadership award demonstrates the importance and value of the transferrable skills which military veterans bring to civilian roles.



On Saturday, 17th August 2024, two of our members of staff, Major Dave Hawkins RAMC, Senior Nurse at Withybush Hospital and Reverend (Major) Martin Spain RChD, Chaplain at Withybush Hospital took part in a special military parade at Cardiff Castle when the 203 (Welsh) Multi Role Medical Regiment (MMR) was formed. They played key roles in the event, with Dave leading the troops as one of the senior officers and Martin, as Padre, dedicating the new formation. The new 203 (Welsh) Multi-Role Medical Regiment has been formed to replace the 203 (Welsh) Field Hospital. It will provide an integrated healthcare system within a single Unit by combining traditional Field Hospital and Medical Regiment roles into a new type of medical unit. This will integrate Primary Healthcare, specialist small teams, pre-hospital Emergency Care, MEDEVAC and Deployed Hospital Care capabilities to make best use of the skills of medical professionals.



Military medical provision relies on personnel from the NHS. An invitation to join the Army Reserves and to serve in the 203 (Welsh) Multi-Role Medical Regiment and in any other units was shared widely via the Health Board staff platforms.

Concluding comments

As we reflect on the past year, we are proud to highlight the significant improvements we have made in various areas of our priorities. Our commitment to veterans and the Armed Forces community and the Armed Forces Covenant has driven important changes and quality improvements, commemorative events, staff awareness and training opportunities, staff recognition, and more, setting a strong foundation for future and further development. We are committed to continue our work to further improve our services and the health and wellbeing of veterans and the Armed Forces community both within the workforce and in the community.

Appendix

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.

Referrals to Robert Jones Agnes Hunt Orthopaedic Hospital

Referrals to Robert Jones Agnes Hunt Orthopaedic Hospital

Did you know out of area referrals including referrals to Robert Jones Agnes Hunt Orthopaedic Hospital (RJAH) in Oswestry are normally only approved when the specialist care is not available within Hywel Dda? As RJAH provides routine orthopaedic procedures which can also be provided by our own consultants within Hywel Dda, referrals should be made to local services first. Receiving surgery locally ensures that there is continuity of care from a rehabilitation perspective and at a time when the cost of living continues to cause pressure for many, reduces unnecessary costs associated with travel further afield.

The Priority Treatment poster includes a link to the NHS 111 website which gives you information about hospital waiting times. It doesn't tell you where you are on the waiting list but it is hoped to give you a better understanding about how long you or your patient will have to wait for services provided by the Health Board. For Trauma and Orthopaedics specialty service in Hywel Dda for example, the AVERAGE time for first hospital appointment with a clinician following a referral from your GP or medical practitioner is 19 weeks and an average of 34 weeks to start treatment (as at 24th September 2024). Some patients will wait less than the average (median) waiting time, and some will wait longer. If a patient is eligible for priority treatment, they should wait less than the average waiting time. Patients who have been directly referred by their GP to RJAH will be referred back for treatment locally and this can cause added delays for the patient, who has to wait while their case is reviewed.

Case Study 1

For almost a year, a CDOT officer has been attending the coffee morning meetings organised by LINKS & Help for Heroes in Carmarthen. Veterans attending coffee mornings are aged between 50 and 75 years old and are predominantly male.

The CDOT officer is also a veteran and this has helped with connecting with the Armed Forces community. The CDOT officer attends the coffee morning once a month with different public health information to ensure all topics are covered at least once every six months. Sessions begin with a brief overview of CDOT and public health work followed by information being given out in paper form and as well as using online resources. This generates conversations around their health needs. For example, in the last session, veterans heard a presentation about the importance of attending cancer screening appointments. Information was given in the form of pamphlets and pull-out infographic guides supplied by Macmillan. This initiated conversations around the topic and veterans freely discussed their experience or that of family and friends of cancer treatment.

Without CDOT support, it is unlikely that the attendees would start a conversation around cancer screening. Research has shown that men are less likely to visit their GP for screening until health issues have progressed to a stage that makes life more uncomfortable for themselves and more challenging for their GP to help them with. Veterans have expressed their appreciation and said they enjoy CDOT's, "Can I just have 5 minutes of your time?" requests which turn into much longer discussions about how they can improve their health and, most importantly, where they can go for help.

Case Study 2

In one of the knit and natter sessions in Haverfordwest, a CDOT Officer met Sonia and had a conversation about mental health. Sonia talked about Leo, her grandson, leaving university due to severe mental health issues. The CDOT Officer offered information and advice about the use of 111 option 2 and other support services that's available locally. In their conversation, the CDOT Officer found out that Leo's father/Sonia's son was in the Armed Forces and mentioned how the VC Gallery, a local support service for veterans, may be able to support the family as part of the veteran community.

The CDOT Officer met with a VC Gallery Officer and has established that Leo was eligible for support through the counselling service that the VC Gallery run for service families. Sonia was almost in tears when provided this information and support as she felt that there would be no support for her grandson. Sonia and Leo were able to meet the VC Gallery Officer and started counselling within a week.

Leo has reported positive outcomes because of the outreach work by CDOT and partnership with the VC Gallery in Pembrokeshire.

3.6

3.6 - Speak Up - Deferred

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

| For assurance

4 - PLANNING

4.1

4.1 - Planning Objectives General Update Report

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

| For assurance

Attachments

[4.1 PODCC PO Update SBAR May 2025 v1.pdf](#)

[4.1 Annex 1 - Q4 PODCC Planning Objective Highlight Report FINAL.pptx](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Delivery Against Planning Objectives Aligned to the People, Organisational Development and Culture Committee
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling (Executive Director of Workforce & OD / Deputy CEO)
SWYDDOG ADRODD: REPORTING OFFICER:	Daniel Warm, Head of Planning Anna Bird, Assistant Director of Business, 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

This paper provides the People, Organisational Development and Culture Committee (PODCC) with an update on the Planning Objective aligned to it as part of the 2024/25 Annual Plan. The paper provides an update for quarter 4 of 2024/25 as well as an overview for 2024/25 as a whole.

Cefndir / Background

The Annual Plan for 2024/25 was built around 10 Planning Objectives (which in themselves are aligned to Ministerial and Local Priorities) and, within this, the de-escalation of our Targeted Intervention (TI) status (across six critical domains: Finance, Strategy and Planning; Performance and Outcomes; Fragile Services; Governance; Leadership, Capability and Culture; and Quality of Care).

The Planning Objectives set out the aims of the organisation *i.e.* the horizon that Hywel Dda University Health Board (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.

One Planning Objective is aligned to PODCC – Planning Objective 1 (workforce stabilisation). The Planning Objective is made up of several components and the overarching narrative as described in the 2024/25 Annual Plan is: *“The Planning Objective is focused on workforce sustainability and aims to achieve this through the delivery of workforce planning, recruitment, retention, and development, and effectiveness initiatives”*.

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

Asesiad / Assessment

The overarching status of the Planning Objective is on-track as it was for the previous reporting period. Highlight reports for the individual components of the Planning Objective can be found in annex 1 demonstrating evidence of the work which has been completed. Additionally, a review of the year (2024/25) as a whole is also included within each.

As noted in the January 2025 Board Paper, the actions and milestones for 2025/26 will continue to be tracked through Planning Objectives and regularly reported to the appropriate committee. Each Planning Objective will also support delivery across the Efficiency, Productivity and Value themes - people, place, enablers, quality, value and outcomes, and clinical service models.

The Annual Plan for 2025/26 highlighted that following the revision of our purpose statement and strategic objectives, the planning objectives will be refreshed through quarter one, aligned to Chief Executive and Executive Director objective setting. Additional areas to be considered as part of this include the strategic refresh and a focus on transforming 'customer' service.

Argymhelliad / Recommendation

The Committee is asked to:

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

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 falling under 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) and 4 (The best health and wellbeing for our communities), in accordance with Board approved timescales, as set out in Health Board's Annual Plan.
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. Striving teams
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Annual Plan 2024/25 Annual Plan 2025/26
Rhestr Termiau: Glossary of Terms:	Explanation of terms is included within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Public Board - March 2024 (acceptance of 2024/25 Planning Objectives as part of the 2024/25 Annual Plan)

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

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

Planning Objective: Development of a Workforce Plan

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

Reporting Period: Quarter 4 2024/25

Overall status: On Target

Rationale: Work is progressing to ensure a quality output with engagement from professional leads and ultimately Care Group leads as we transition to the New Governance Structure this re-alignment will give. Our approach to the development of the workforce plan is aligned to the maturity within our Annual Planning & Health Board wide planning practices.

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

Workforce Plan contribution completed for submission to Board and Welsh Government. Minimum Data Set (MDS) completed and Education Commissioning submitted to Health Education and Improvement Wales (HEIW) following Executive approval.

Activities completed in Quarter 4:

- Education Commissioning submitted to HEIW with Executive & Professional lead approval.
- Annual Workforce Plan submission completed with MDS.
- Continued progress with developing People Plans.
- Prioritisation framework developed based on risk, variable pay.
- Medical Stabilisation – exiting of one high-cost agency consultant to bank locum maintaining stability while reducing costs.

Summary of Achievements during the 2024/2025 Planning Period:

- Variable Pay/Agency usage has reduced significantly from a high of 253wte in March 2024 to 91wte in October 2025, with no Nursing Off-Framework agency being used since June 2023.
- People Planning Stabilisation Programmes enhanced for Nursing and developed for Medical, Allied Health Professional, Healthcare Science and Administrative & Clerical accompanied by the development of People Plans through a "Professional" group lens. Understanding complexity in areas has been a key focus of work for medical stabilisation group to assess appropriate supply routes to meet gaps.
- Introduction of "Accelerated" Allocate Rostering System for Medical workforce to complement and align with Job plans.
- 76 People Plans are in place across the organisation

Matters for information:

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

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



DIOGEL | CYNALIADWY | HYGURCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Submitted By: Heather Hinkin

Date Submitted: 31 March 25



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Planning Objective: Delivery of a targeted Recruitment Plan

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

Reporting Period: Quarter 4 2024/25

Overall status: On Track

Rationale: Work is ongoing and progressing

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

- PO was based on the recruitment of :-
- 40 new clinical apprentices – **Achieved these have been recruited and all passed their gateway reviews and become part of the substantive workforce.**
- 60 overseas nurses – **Achieved – Exceeded plan with a total of 99 Nurses having been recruited and progressed through to achievement of their registration.**
- 30 internal clinical opportunities (grow your own) **Exceeded plan with 26 Level 4 opportunities offered, 31 PT degree opportunities offered (excl. primary and social care)**
- Targeted reduction in locum and agency usage from 1st April 2024, for Nursing; Medical; Admin & Clerical; Health Care Support Worker (HCSW)

Activities completed in Quarter 4:

- A further two appointments into hard to fill Psychiatry Specialty Doctor positions following ANCIPs – increasing the number of M&D onboarding via this source to eight.
- Specialist Grade (Haem) Medic recruited in India via the NHS Wales Pathway due to arrive in Wthybush Hospital (WGH) on 31 March 25. This is the first Specialist Grade sourced via this workstream to arrive in Wales.
- National Allied Health Professionals (AHP)/Health Care Sciences (HCS) recruitment attraction campaign launched reaching over 85k with numerous Expressions of Interest and applications received from across the specialty areas.
- 98 Band 5 Registered Nurses (RN) vacancies submitted to SSP for September qualifiers.
- International Medical Recruitment Operational Delivery Group underway.
- Review of AAC Reps to support medical stabilisation workstream.
- HDdUHB continues to be fastest recruiters in Wales.
- Funding request to WG (via NHS Wales Shared Services Partnership (NWSSP)) for NHS Wales International Recruitment – to recruit 20 experienced Theatre Nurses and 42 Medics.
- Review has been carried out of Annex 21 process with key stakeholders. Panel now in place including escalation process.
- Closure Report for the International RN Project has been submitted. The project recruited 296 IENs.
- New off Trac process for HCSW Bank, going directly to students at Aberystwyth & Swansea Universities. 167 applications were received with effect from 31 March 2025.

Summary of Achievements during the 2024/2025 Planning Period:

- 296 International Educated nurses were recruited and in receipt of NMC PINs, significantly reducing the vacancy position for Band 5 nurses from 280.67 in December 2021 to 18.9 WTE in December 2024.
- Sickness absence is a continuing challenge however we have reduced our monthly sickness figures since December 2024, with latest figures for March being 5.77%, the first time in 12 months it has been below 6%. One intervention includes ecotherapy retreats, supporting staff with high levels of work-related stress.
- Our Recovery in Nature programme is now in its fourth year. The programme offers single Recovery in Nature Days as well as 4 day Ecotherapy Retreats at different woodland sites and evaluation has shown it's clinical effectiveness on measures of wellbeing and burnout while personal stories from participants demonstrate the powerful impact that recovery in nature is bringing to our workforce.

Planning Objective: Delivery of a Retention Plan

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

Reporting Period: Quarter 4 2024/25

Overall status: On track

Rationale for overall status: Work is ongoing and progressing

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

- Year-end 12-month nursing turnover rate decreased from 5.52% in March 2024 to 5.31% in March 2025 (-0.21%). We are also extremely proud to continue to be the best performing NHS organisation in Wales for our registered nursing turnover rate.
- Year-end 12-month medical turnover rate increased from 10.47% in March 2024 to 11.50% in March 2025 (+1.03%), however this appears to be a current trend across Wales and is also being considered by the NHS Wales Retention Community of Practice as a hotspot area.
- Exploration work and research finalised and is informing the early stages of our AHP and HCS Retention Group. There is also an ongoing communication within the NHS Wales Community of Practice groups to support this work, where Hywel Dda's Retention Lead is engaging nationally to ensure alignment.

Activities completed in Quarter 4:

- HB Retention Lead attended HEIW's Board in Jan and NHS Wales Leadership Board in Feb, alongside the NHS Wales Relation Lead, to share Hywel Dda's Retention Journey to date whereby the HB was congratulated for our progressive approach.
- HB's Retention Lead attended Winter 2025 Spread and Scale Academy (funded by HEIW), which is an immersive three-day event designed to propel projects forwards so they can spread to as many people as possible who can benefit.
- New session as part of LEAP Development Programme launched in March, focusing on fostering a leadership culture which promotes flexible working at team level, and 'Our Evolving Flexible Working Landscape' session delivered to HB senior nursing colleagues in March as part of the Future Nurse Workforce Planning Workshop.
- Stay Conversations pilot project launched (collaboration between our HB and Powys HB), including an initial engagement workshop for managers on running successful stay conversations and their potential positive impact on retention.
- Reviewed our accessible Culture Toolkits (one for each of the seven themes) to support leaders to develop and engage their teams.
- Efforts to reduce sickness absence and enable earlier return to work has been ongoing throughout the 2024-25. Delays in implementation of the ER case system has prevented tracking of early return to work, however absence data for March 2025 has reduced to 5.77%, which is the first time in the financial year that the absence figures have reduced below 6% and have shown a continues improvement in our sickness absence figures since January 2025.
- 78% of apprentices were retained, exceeding the target of 75%.

Summary of Achievements during the 2024/2025 Planning Period:

- For the second year, the nursing turnover rate has further decreased from 5.52% to 5.31%, outperforming other NHS Wales organisations. Learning has informed our new AHP and HCS Retention Groups. There is ongoing engagement with the NHS Wales Community of Practice groups to support and ensure alignment.
- The 2024 Staff Survey response rate (20%) showed significant improvement. Dissemination of results organisation wide is driving local ownership and action plans. Our endeavours for staff voice has continued and 2024 saw the launch of our Speak Up platform, where staff can raise any concerns or ideas anonymously.
- Several Task and Finish Groups within WF&OD have driven improvement in areas such as Flexible Working, Retire and Return, CPD and Health and Wellbeing. Actions have been embedded into the next phase of our culture change programmes. In relation to flexible working, our Staff Survey showed improvement in all such questions.

Planning Objective: Delivery of a Workforce Education and Development Plan

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

Reporting Period: Quarter 4 2024/25

Overall status: Completed Rationale for overall status: All actions complete (although 2 actions require interrogation of data and submission to SPPEG)

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

- Increase the number of staff in leadership roles who have participated in a leadership development programme – Management and Leadership training now available for Bands 3 upwards – **Completed**
- Reduction in grievances linked to communication in areas linked to participation in development programmes. **Actions completed – Time needed to embed and track data and impact – This will be tracked through to 2025/26. This will be tracked through 2025/26 using the new ER case management system which goes live May 2025.**
- Increase the number of inter-professional Education opportunities across medical, clinical and wider workforce. **Actions completed. Report previously submitted to PODCC and SPPEG demonstrating impact**
- Increase the number of staff participating in development opportunities from previously underrepresented groups. **Completed: Data capture is completed digitally, now allowing an end of year closure report to be submitted to SPPEG. It should be noted that medical data uses a different system and this needs to be a 2025/26 focus.**
- Embed simulation within clinical education programmes, positively impacting patient safety and experience. **Actions completed, All data will be reported at SPPEG, demonstrating development of educators and clinicians.**

Activities completed in Quarter 4:

- One Source of Truth Programme has enabled increased quality and quantity of training data and at year end, will allow the People Development Team to analyse all training data with the exception of Medical staff to identify if there is inequity staff participating in development opportunities from previously underrepresented groups. This data will be presented to PODCC. This will become business as usual in monitoring and tracking data.
- Further collaboration with Swansea university has allowed for greater opportunities for designing and embedding simulation and interprofessional equipment and this has now begun to become embedded in various clinical programmes.

Summary of Achievements during the 2024/2025 Planning Period

- Supporting our communities to connect with careers, 42 apprentices were recruited, over 10,000 individuals engaged through school engagement, 10,000 volunteer hours supported and 330 work experience placements.
- A new robust process for selecting, appointing and managing senior leadership talent was introduced from July, with 23 senior appointments having been made.
- The internal coaching network now boasts 40 qualified, active coaches. To further enhance the coaching offer, collaboration with the 3 Local Authorities across the RPB, launched our Regional Coaching Network, providing 77 coaches across the region, providing support and development across health and social care.

Matters for information:

Risks to delivery:

- Data in relation to Education and Development for Medical and Dental Staff captured outside the ESR/Generic Processes.
- Lack of buy in from clinical services in relation to IPE.

5 - PERFORMANCE

5.1

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

*Michelle James
(Hywel Dda UHB -
Head of Resourcing
& Utilisation), Daniel
Owen (Hywel Dda
UHB - Senior
Workforce Manager)*

| For assurance

Attachments

[5.1 IPAR SBAR PODCC.pdf](#)

[5.1 Appendix 1 - Strategic Objectives 1.pdf](#)



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Assurance & Workforce Metrics
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce and Organisation Development (OD)/Deputy Chief Executive
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 31st March 2025 (unless stated otherwise e.g. for NHS Wales benchmarking datasets).

Cefndir / Background

The dashboard has been developed to report on the individual delivery plans for the 12 specific requirements, targets have been identified against the eight strategic statements of intent in the 10 year strategy to demonstrate the link between the target and progress in delivery of our strategy.

The frequency in which the dashboard in Appendix 1 is produced has been amended in line with the committee frequency and as such is reported quarterly with the full range of metrics and KPI's presented annually in February.

Asesiad / Assessment

The dashboard in Appendix 1 presents performance against the following national delivery framework targets:

Overall staff engagement score – scale score method

- The response rate has fluctuated through 2024/25 from its lowest at 13% to the apex of 23%. In March 25 there was a 19% response rate. Ways to increase participation are continually being explored.

- More detailed methods of reporting are being explored with the focus on maintaining anonymity.
- Engagement score has been continuously above 70% although it has fluctuated between 75% in April 2024 and 70%; current rate in March 2025 shows 72% engagement.
- There are a number of strategies created to help build staff engagement across the organisation and instigate feelings of pride from working for Hywel Dda. These include
 - Recognition and Appreciation programmes
 - Positive/Supportive Work Environment
 - Professional Development and Opportunities for Growth
 - Strong Leadership Programmes such as LEAP.

Agency spend as a % of total pay bill; Variable pay (agency, locum, bank & overtime: monthly position).

- Work has been undertaken to bring a reduction in all temporary workforce to drive costs down. There is a continued trend of reducing nursing agency use in line with the Nursing Stabilisation Plans.
- A Medical Stabilisation Group has been established to oversee the stabilisation of the medical workforce. This Group aims to assess, analyse, and implement action plans to reduce agency reliance across professional groups while aligning workforce pipelines to ensure high retention rates.
- Exit plans are now in place for all 28 doctors, incorporating a mix of workforce pipelines, including national recruitment, development pathways, and pending international recruitment.
- A phased approach is being implemented to reduce allied health professional and health science premium costs, with bank staff being utilised as a cost-saving measure.

Education and Commissioning template to Health Education and Improvement Wales (HEIW) aligned to the Integrated Medium-Term Plan (IMTP) submission on an annual basis.

Data in relation to Health Care Support Worker (HCSW) framework on annual basis and related requirements for funding

- We are awaiting the receipt of all Wales information for the year 2023.
- HEIW has confirmed that once a HCSW has enrolled on the Clinical Induction, they are on the All-Wales Careers Framework (AWCF) pathway. This has resulted in a measurable increase in compliance for the Health Board for Bands 2, 3 and 4.
- Moving forward, the following actions will be undertaken:
 - Increase opportunities to raise the profile of the AWCF compliance in Senior Manager Team meetings and other platforms.
 - Twice yearly progress updates to the Strategic People Planning and Education Group (SPPEG) – May (post submission of data to Welsh Government) and November (interim position update).

Percentage of sickness absence rate of staff

- A new target has been set for a reduction in the Health Board's sickness absence percentage, the new target is a reduction in the 2024/25 rate of 6.60% for the 12 month rolling absence rate. In March 2025 the rolling monthly absence rate reduced from 6.65% in February 25 to 6.60%.

- Anxiety, stress and depression continues to account for the highest reasons for absence across the majority of the directorates. This is in line with other organisations.
- Temporary redeployment guidance has been developed, and will be embedded in the policies portal to support the All-Wales managing attendance at work policy.
- Deep dives into prevalent high sickness areas continues, with bespoke action plans/additional training devised to support.
- In March 2025 there was a significant reduction in the sickness absence in 3 areas;
 - Unscheduled Care (USC) Prince Phillip Hospital reduced from 9.58% (Jan), 7.26% (Feb) to 6.36% in March 2025, lowest rate for several years at least since April 21.
 - Carmarthenshire County reduced from 10.90% (Jan), 7.89% (Feb) to 5.83% in March 2025, again lowest rate for several years at least since April 21.
 - Facilities reduced from 10.86% (Jan), 9.03% (Feb) to 8.44% in March 2025, lowest rate since moving to Allocate in Aug 23.

Qualitative report providing evidence of available learning and development in line with the Good Work – Dementia Learning and Development Framework.

- The Percentage of staff completing dementia training is consistently well above the 85% target.
- The only staff group not above the 85% target are medical and dental.
- Bespoke support will be offered to any areas who are not currently demonstrating compliance with Dementia training.

Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation

- Our performance has steadily been increasing, we continue to be above the 85% target.
- We have 2 staff groups that are below the 85% target: Estates & Ancillary (77.3%) and Medical & Dental (50.3%). These rates continue to steadily increase.
- The Learning and Development Team is currently working closely with both Medical and Dental, and Estates and Facilities. Action plans have been developed and are currently being implemented and monitored collaboratively.

Percentage of headcount by organisation who have had a Performance Appraisal Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training).

- The combined appraisal compliance has continued to increase raising month on month, currently sitting at 83.7%.

Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job

- The rate has fluctuated between 67% and 77% in the last six months. It currently sits at 72.3%.

Consultant/Specialist and Associate Specialist (SAS) doctors with a job plan & Consultants/SAS doctors with an up-to-date job plan (reviewed with the last 12 months).

- Continued progress and clear improvements have been seen, although there has been a 2% decrease since January 2025. Current job plans are recorded at 85% against a target of 90%.
- An escalation letter is issued on behalf of the Responsible Officer where reminders fail.

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:

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

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	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.**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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



Staff Engagement Score Year on Year

Year Of Survey	Sent to	Number Completed	Response Rate	Engagement Score
2022 Sample in August	1170	199	17%	73%
2022 Sample in September	1129	201	18%	75%
2023 Sample in October	940	168	18%	72%
2022 Sample in November	969	97	10%	74%
2023 Sample in January	1006	144	14%	74%
2023 Sample in February	1010	162	16%	75%
2023 Sample in March	999	168	17%	75%
2023 Sample in April	1001	178	18%	72%
2023 Sample in May	990	181	18%	74%
2023 Sample in June	994	175	18%	76%
2023 Sample in July	985	181	18%	74%
2023 Sample in August	1002	170	17%	73%
2023 Sample in September	972	182	19%	74%
2023 Sample in October	988	161	16%	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%

Engagement Score by Staff Group

Role	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Administrative and Clerical	75%	72%	73%	70%	76%	72%	75%	76%	73%	76%	73%	73%
Allied Health Professionals	76%	70%	78%	71%	70%	74%	72%	72%	71%	69%	69%	73%
Estates, Facilities & Support Services			73%	81%		66%		74%			56%	
Healthcare Scientists			67%	46%	83%	70%	78%			77%	69%	
Medical and Dental	78%	58%	59%	72%	67%	77%	67%	79%	65%	62%	61%	72%
None of these						71%				70%	73%	
Nursing and Midwifery	77%	72%	67%	75%	72%	74%	73%	71%	70%	73%	70%	70%
Other Clinical Services	83%	70%		64%	66%		71%	61%	69%		73%	
Other Scientific and Technical			77%			70%						
Other				71%				66%	80%			70%

Note -

Any area with less than 5 responses will not be reported on so as not to identify anyone and respect confidentiality

Current Performance

The staff engagement score for the staff voices survey fluctuates monthly but has an average of 73%, this was above the engagement score for national staff survey of 71%.

Performance Against Trend

The survey is a thermometer measure so there are many aspects that impact the measure. The organisation is still seeing data that aligns with the monthly average.

Future Positive Actions

The organisation has many agendas that are driving positive action for staff engagement. These include speak up – make meaningful change, appreciation and benefits programmes, cultural work in services, leadership and staff development and local accountability for staff survey results at tier 2 and 3 levels.

NHS delivery framework target: 1.i - Develop plans to deliver, on a sustainable basis – agency spend as a % of total pay bill.
Variable pay (Agency, Locum, 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

Current Performance

Medical
Exit plans are now in place for all 28 doctors, incorporating a mix of workforce pipelines, including national recruitment, development pathways, and pending international recruitment. These plans are now being utilised to phase out high-cost and non-direct engagement (Non-DE) workers.

Allied Health Professionals and Health Sciences
There are currently 22 agency workers across this professional group. While this number continues to decline, there remains a risk associated with the reliance on agency workers to meet health board performance targets.

Nursing
The use of nursing agency staff has reduced to 65.75 WTE as of April 2025, marking a further decline from the previous reporting period. Plans are in place to continue this reduction through agency exit strategies.

Future Positive Actions

Medical
A Medical Stabilisation Group has been established to oversee the stabilisation of the medical workforce. This group aims to assess, analyse, and implement action plans to reduce agency reliance across professional groups while aligning workforce pipelines to ensure high retention rates.

Allied Health Professionals and Health Sciences
Plans to reduce agency reliance are in place, but the increasing need to meet health board performance targets has led to a short-term rise in agency workers. A phase one approach is being implemented to reduce premium costs, with bank staff being utilised as a cost-saving measure. Investment papers highlight the growing demand, particularly in radiology, and a workforce plan is currently being drafted to support implementation while mitigating the need for agency workers.

Nursing
Plans are in place to introduce a new cohort of newly qualified nurses from September 2025, which will further reduce vacancy rates within the nursing professional group.

However, risks remain due to surge demand, enhanced patient support, and sickness, which may continue to drive unplanned agency use.

Performance Against Trend

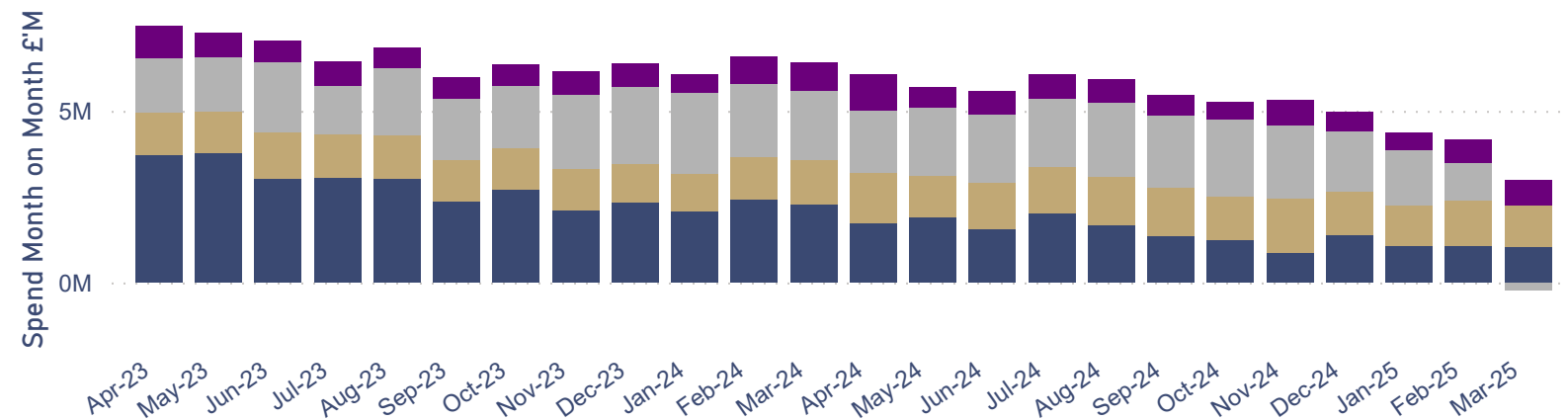
Agency spend has remained below 5% of the total pay bill since November 2023.

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

Month Name	2022/2023	2023/2024	2024/2025
April	6.46%	7.82%	3.40%
May	6.12%	7.62%	3.78%
June	6.94%	5.09%	3.08%
July	5.62%	5.62%	3.94%
August	6.46%	6.05%	3.29%
September	6.52%	4.81%	2.27%
October	6.94%	5.25%	2.41%
November	9.27%	4.19%	1.29%
December	6.23%	4.64%	2.57%
January	7.83%	4.04%	1.93%
February	6.89%	4.71%	1.95%
March	5.17%	3.05%	1.80%

Variable Pay Month on Month

● Agency ● Bank ● Locum ● Overtime



Current Performance







Submission for financial year 2024/25 to cover the period up to c2027 complete. Awaiting refreshed placement matrix from HEIW for next round.

We are planning to commence the 2025/26 round of education and commissioning for out turn of students.

We have now received information from HEIW on how they wish to approach the online education and commissioning portal. We are still in discussion with HEIW with regards to this year's process and the alignment of additional training needs, which will enable clear communication to be sent to Service Leads to assist with completion of their education commissioning return within agreed timelines.

To align with the Annual Planning cycle, we have revised our approach to align education commissioning discussions to Operational Workforce Planning, inclusive of ongoing training and education needs for current and future workforce.

We have devised a plan which will see the completion of the Draft submission by January 2025, and are in the process of aligning/working with professional leads and operational/corporate colleagues to enable an integrated approach to cover the 3 year annual planning cycle, with Executive sign off of all required submissions by February (to align with annual planning timeline) to submit to HEIW by 31st March 2025.

Plan	Education Commissioning	Status
2020/21	Out turn c2023	
2021/22	Out turn c2024	
2022/23	Out turn c2025	
2023/24	Out turn c2026	
2024/25	Out turn c2027	
2025/26	Out turn c2028	

Key	
	Output known
	Completed
	In Progress

Performance Against Trend

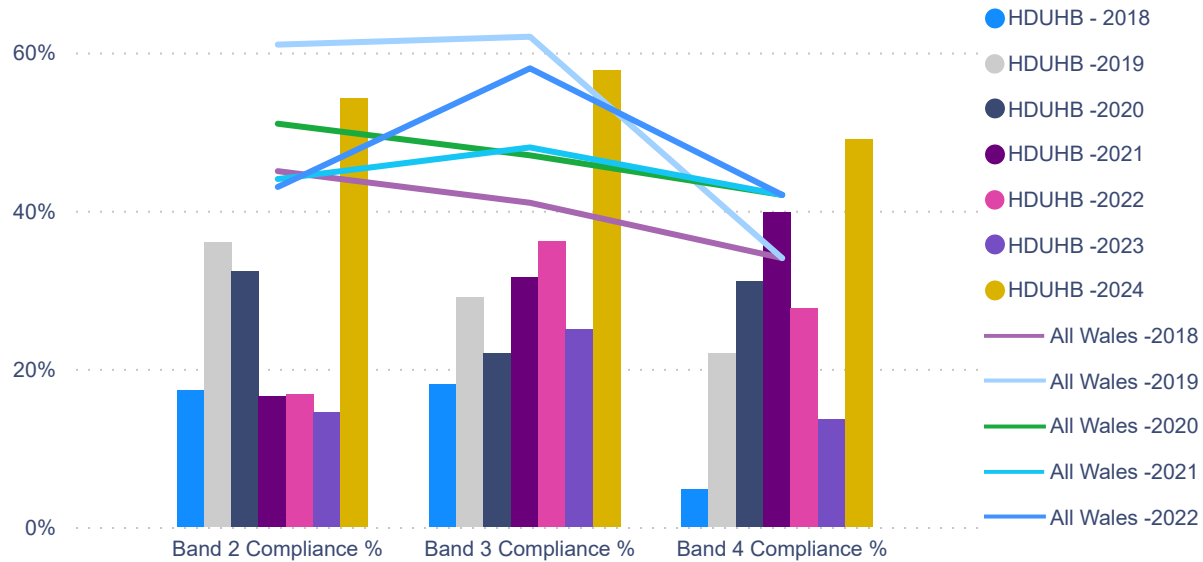
Submission to HEIW are completed as per guidance for all years from 2021 to date based on our current funded establishments. Detailed analysis of submissions available on request.

To note alternative workforce roles noted under APP, PA and CAAP have nominal figures included until a defined "future establishment" can be defined that includes a fuller model for development and expansion in the workforce.

Future Positive Actions

HEIW are due to publish a dashboard as part of the "observatory" offering to allow HB's to track the education commissioning process. Details to follow. Once known we will be able to assess further work linked to the People Regeneration work and our approach to future analytics for education commissioning. Alignment has been made to the Higher Awards process which will continue to be strengthened.

Career Framework Data

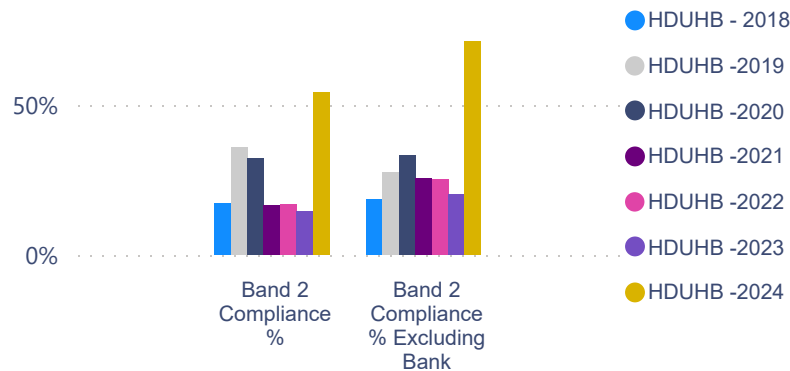


Current Performance
 A number of steps have been taken to increase the AWCF compliance. A Career Framework Administrator was appointed in August 2024 and has used a number of methods to increase the compliance including; cleansing existing records, updating ESR records, connecting with individuals out of compliance for a position update and connecting with induction touch points to secure compliance.

Career Framework- Percentage with requisite level of health related qualification

Profession	% Level 2	% Level 3	% Level 4
Speech and Language service	0.0%	25.0%	0.0%
Radiology	100.0%	24.2%	0.0%
Physiotherapy	0.0%	52.4%	23.9%
Operating Theatres	68.2%	64.0%	100.0%
Occupational Therapy	0.0%	20.0%	6.8%
Nursing Mental Health	74.0%	73.1%	20.0%
Nursing Learning Disability	50.0%	50.0%	42.9%
Nursing Community	75.3%	70.0%	85.0%
Nursing Child	88.5%	72.4%	90.7%
Nursing Adult	70.9%	58.7%	64.6%
Maternity	57.4%	50.0%	0.0%
Dietetics	0.0%	0.0%	33.3%
Bank / Temporary Staff (on Bank only contracts)	40.9%	50.7%	58.1%

Impact of Bank Compliance on Career Framework Data



Future Positive Actions
 Continue to work with HEIW to identify anomaly careers that sit within the framework which are impacting compliance figures (e.g. Nursery Nurse roles)
 Continue to cleanse existing data to improve accuracy
 Increase opportunities to communicate about the AWCF in Senior Manager Team meetings and through other pertinent platforms
 Continue to report twice yearly to SPPEG (May and November)

Performance Against Trend
 A key change in this period is the confirmation from HEIW that once a HCSW has enrolled on the Clinical Induction, they are on the AWCF pathway. This combination has resulted in a measurable increase in compliance for the Health Board for Bands 2, 3 and 4.

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

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:

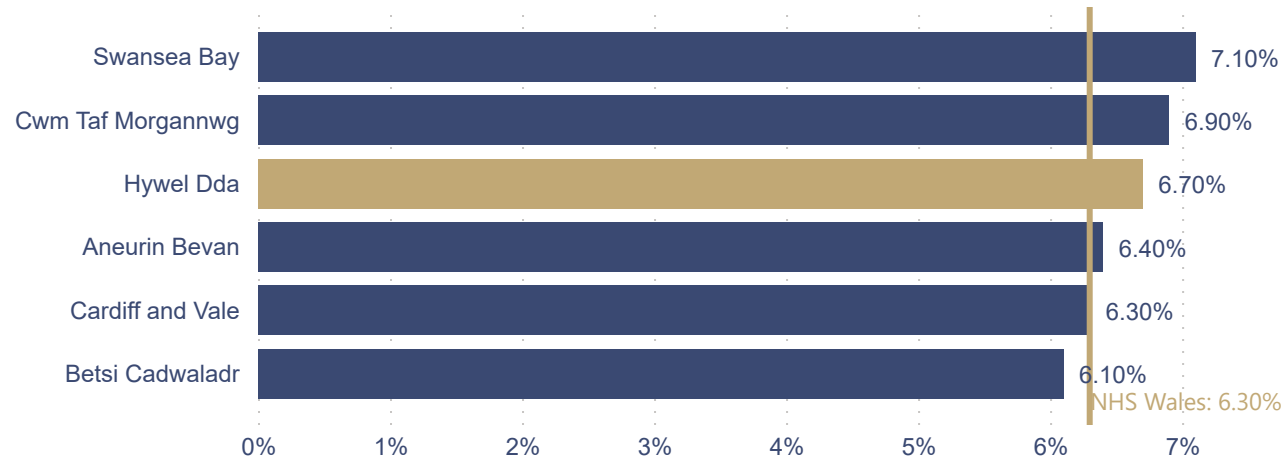
3 - Engaging our Staff



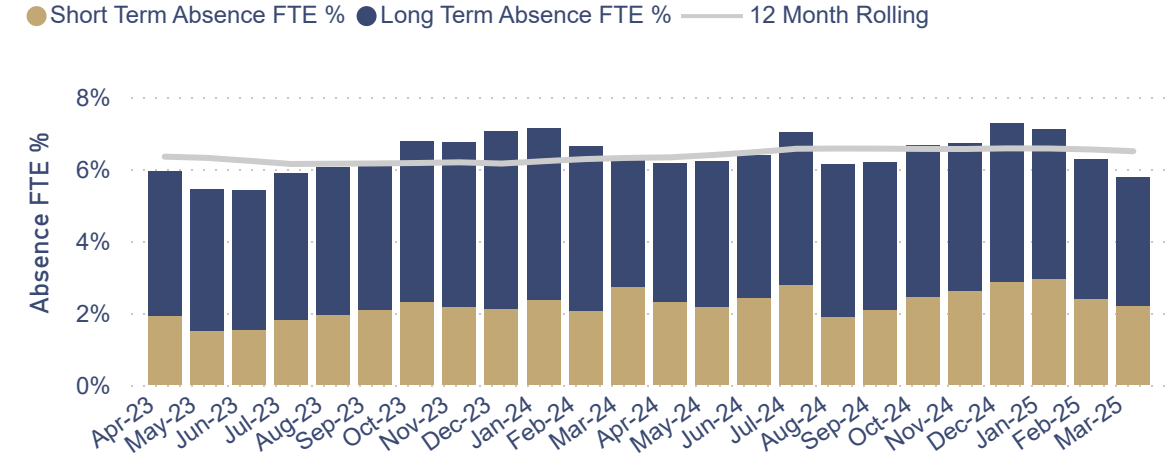
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

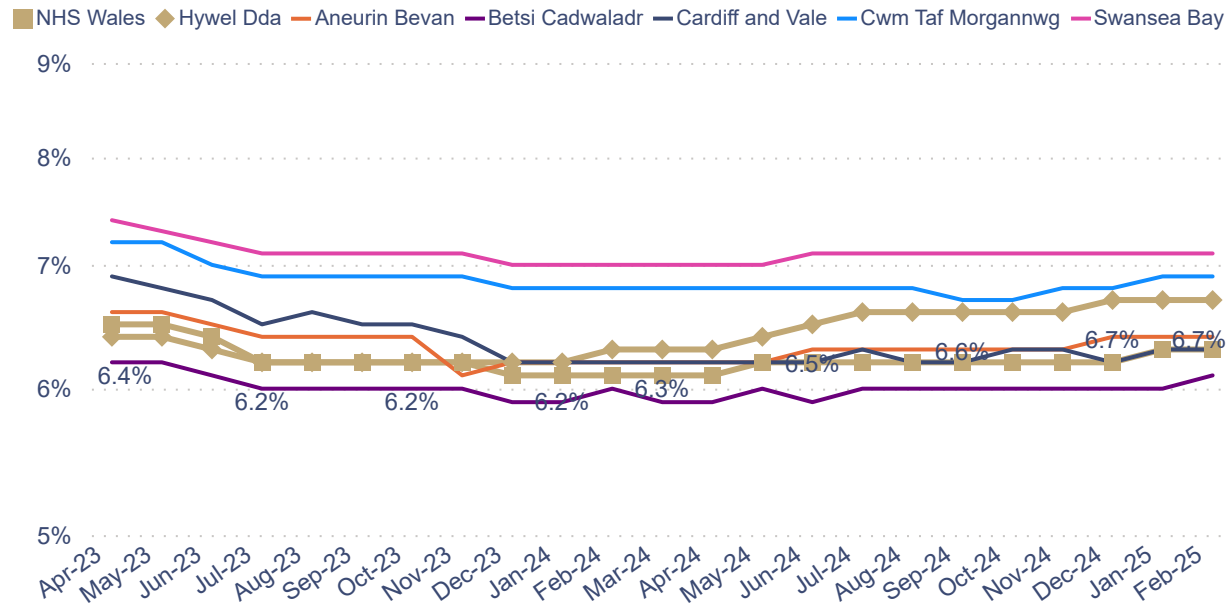
12 month rolling sickness absence rates (UHBs only) to February 2025



Hywel Dda In Month Sickness Absence by Long Term & Short Term compared to Rolling 12m



Rolling 12-month sickness absence rates, Apr'23 to Feb'25



Current Performance

There has been a steady decline in sickness absence rates across the HB to 5.77% in March. With a decrease in both short term and long term sickness absence rates. The rolling sickness absence rate is 6.70% so there are still improvements to be made as we have the third highest sickness absence rate across Wales for a UHB

Performance Against Trend

Anxiety, stress and depression continues to account for the highest reasons for absence across the Health Board (31.6%). Which is inline with other organisations. Absence due to cold, cough, flu (10.1%) remains the second highest sickness reason with gastro problems recorded as the third sickness absence reason (9.7%)

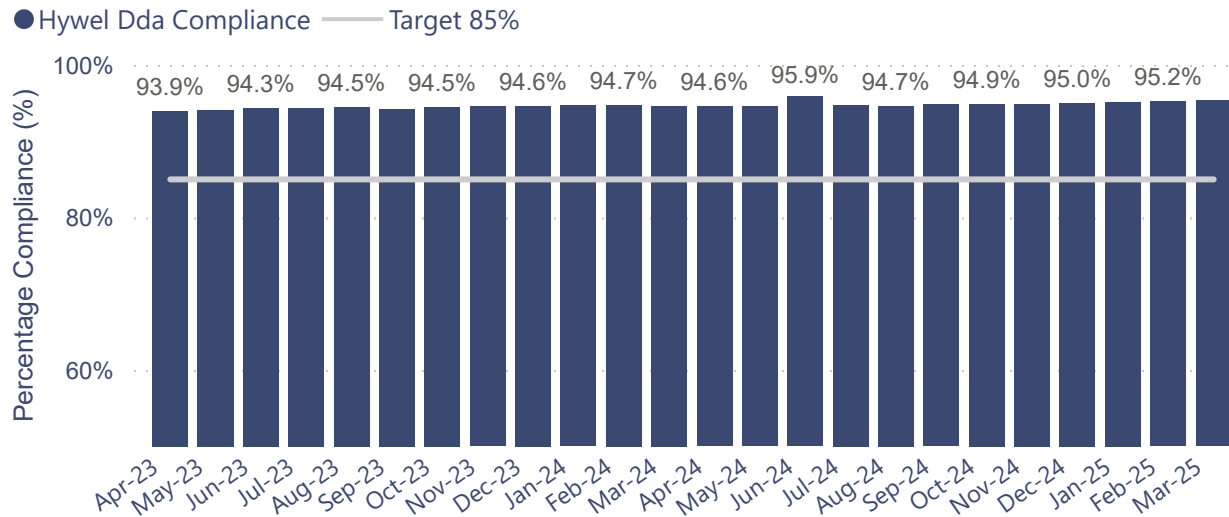
Future Positive Actions

Temporary redeployment flow chart: has been developed to support managers and staff understanding of the process. It will be embedded in the policies portal to support the All-Wales Attendance At Work Policy.

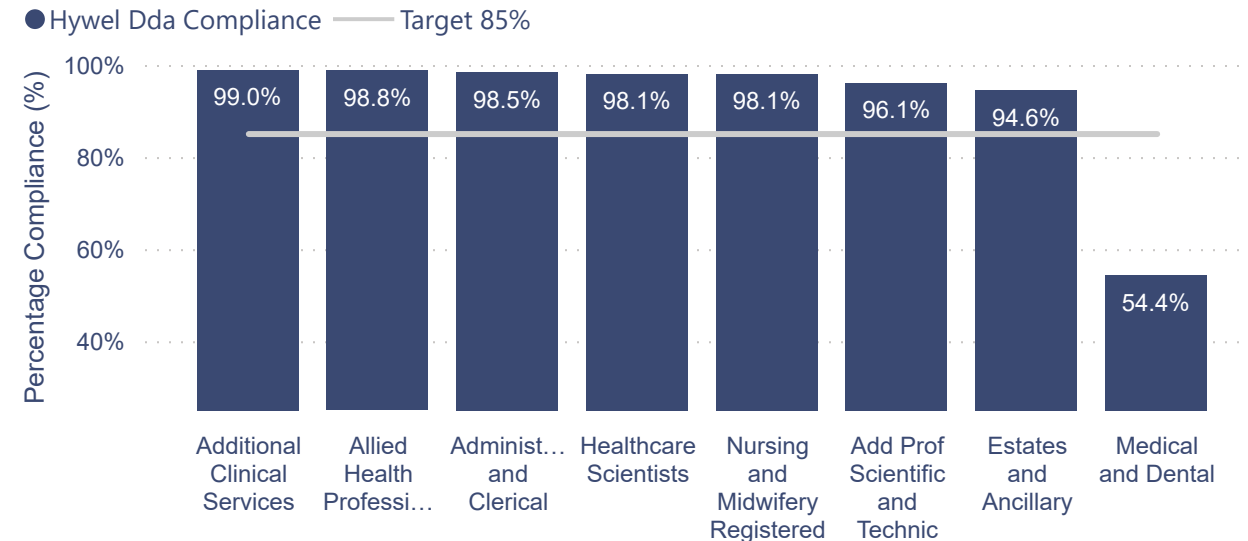
Bite size training sessions: 9 session have been developed to date and the first session "How to conduct a Return-to-Work meeting" has been produced and animated. Feedback on this first iteration has been given, awaiting amendments and final sign off.

Designated support: Deep dives into prevalent high sickness areas continues, with bespoke action plans/additional training devised to support. This will continue in collaboration and support from the WF teams and Senior managers from the Directorates – business as usual.

Percentage of Staff completing Dementia Training



Percentage of Staff completing Dementia Training



Current Performance

Health Board compliance for staff completing Dementia training, currently stands 10.2% above the target of 85%.

When looking at service areas, all areas are currently compliant with this training by at least 9.6% above the 85% target, with the exception of Medical and Dental.

Learning and Development are currently working 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

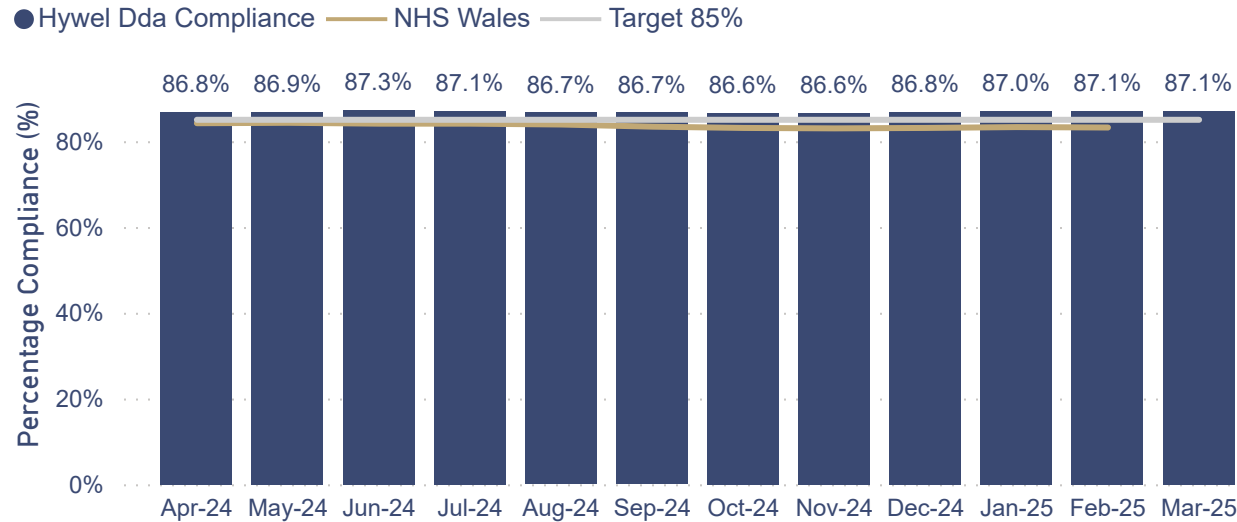
Over the last 24 months, we have seen Health Board compliance in the successful completion of Dementia training, trending upwards from 93.9% in April 2023 to 95.2% in March 2025. This is an overall increase of 1.3%.

Future Positive Actions

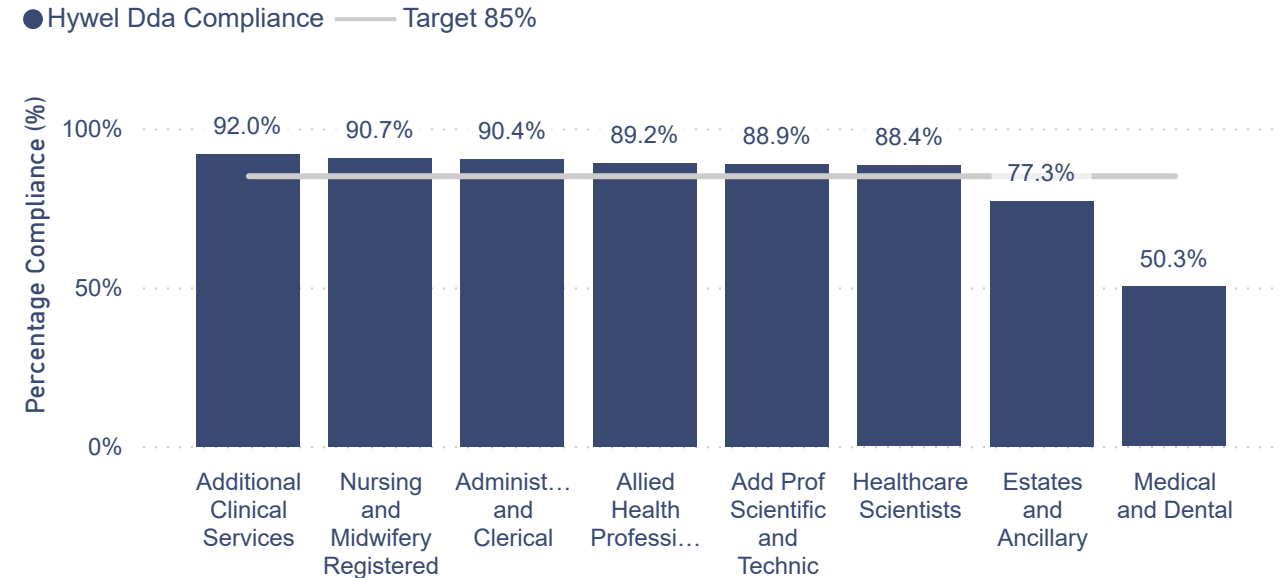
To sustain and further improve upon our current compliance with Dementia training, we will,

- * Continue to review progress made across areas that are not achieving compliance.
- * Look for opportunities to share good practice.
- * Continually reflect on data and using this data to drive strategies for improved completion of this training.
- * Bespoke support will be offered to any areas who are not currently demonstrating compliance with Dementia training.

Core Skills Training Framework (CSTF) compared to NHS Wales Performance and Target of 85%



Core Skills Training Framework (CSTF) compared to Target of 85% by Staff Group



Current Performance

Currently the Health Board is performing at 2.1% above the target of 85% for compliance with the Core Skills Training Framework, and consistently higher than NHS Wales.

Furthermore, the majority of Staff Groups are performing above the 85% target by a minimum of 3.4%, with Additional Clinical Services achieving 7% above target. Medical and Dental and Estates and Facilities are not currently reaching 85% compliance and action plans have been put in place to support areas of low compliance.

Performance Against Trend

Overall, compliance has remained relatively steady, with slight increase in data of 0.3% being seen, moving from 86.8% in April 2024 to 87.1% in March 2025.

Future Positive Actions

The Learning and Development team are currently working closely with both Medical and Dental, and Estates and Facilities. Action plans have been developed and are currently being implemented and monitored collaboratively.

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.

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



Percentage of Staff from the engagement Survey who Strongly Agree or Agree that their PADR helps improve how they do their job

Current Performance
 The current position for PADR is 83.7%, the highest achieved by the organisation and only just short of the Welsh Government target of 85%.

Performance Against Trend
 The trend has continued on an upwards trajectory.

Future Positive Actions
 OD have just 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.

Oct-24
77.3%

Nov-24
72.9%

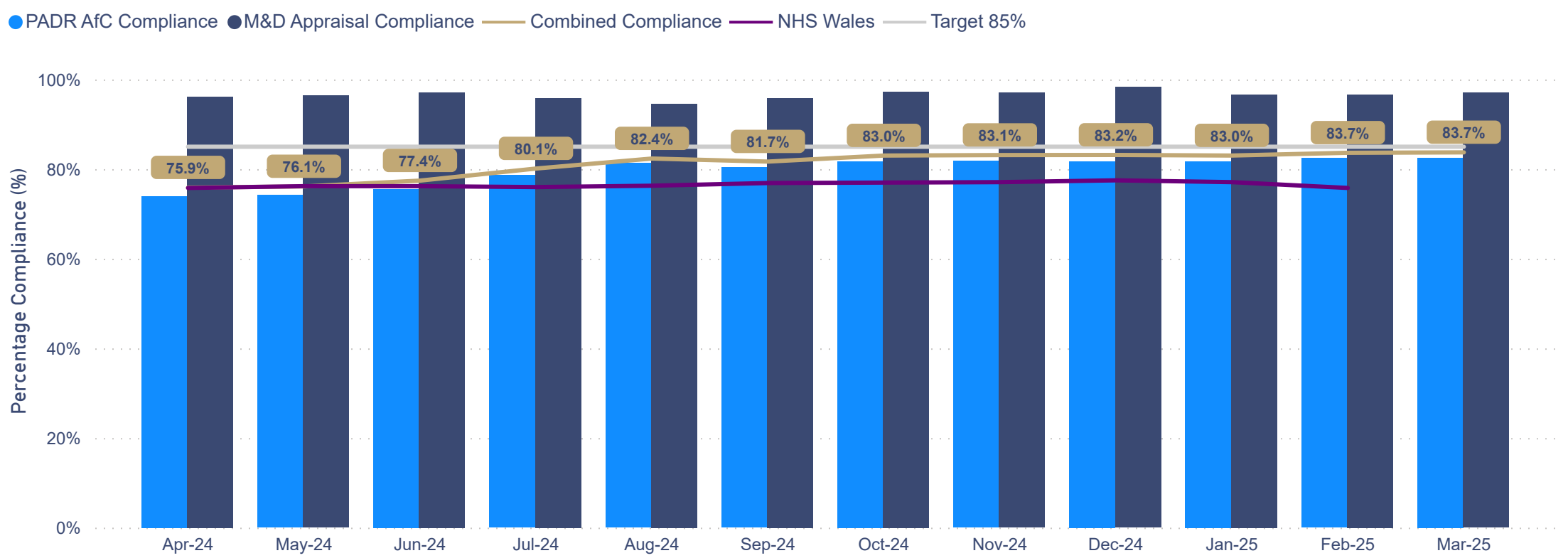
Dec-24
77.0%

Jan-25
67.4%

Feb-25
74.5%

Mar-25
72.3%

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

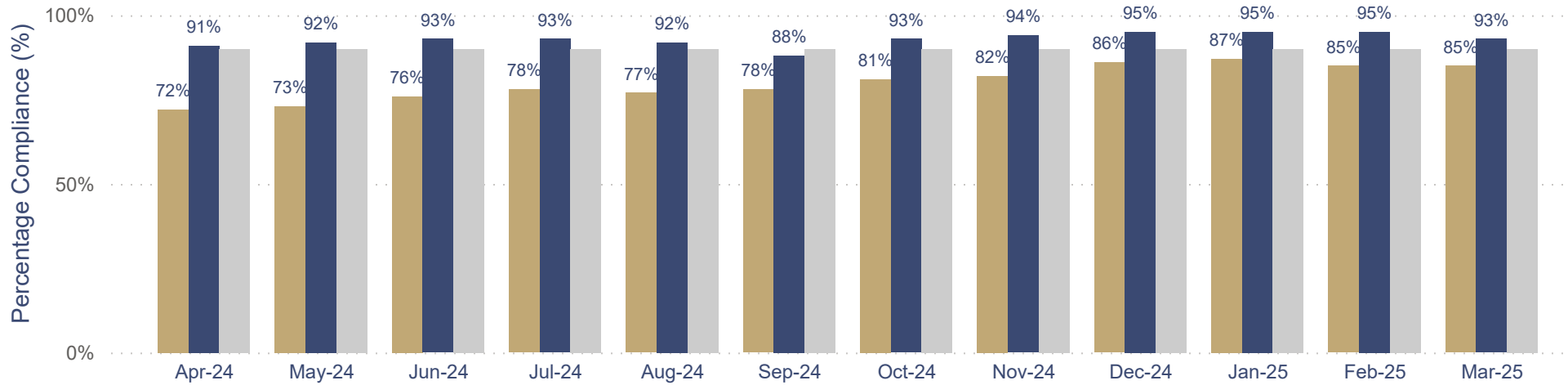
This target aligns to the following statement of intent:

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



Consultants/SAS doctors with a Job Plan (Current is within 12 Months)

● Current Job Plan ● Job Plan ● 90% Target

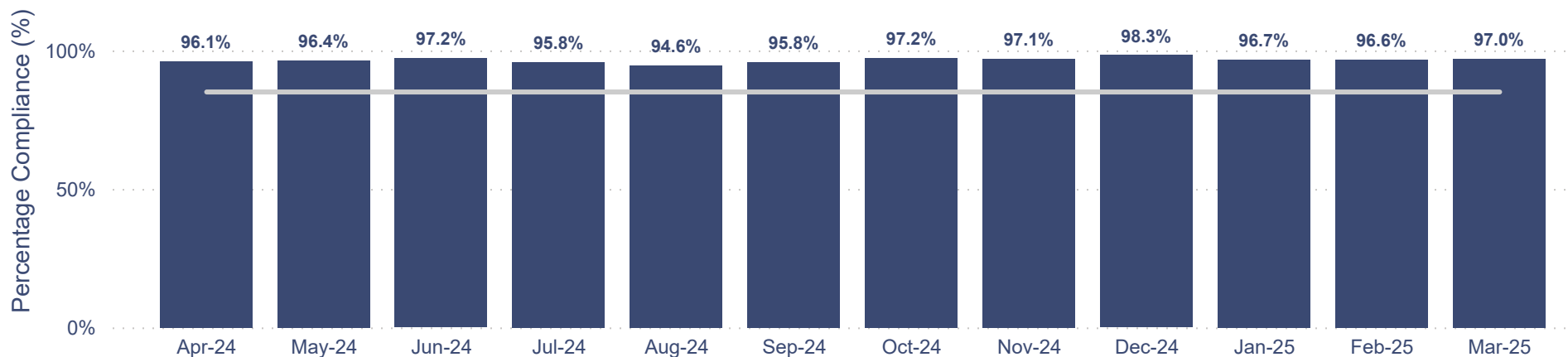


Current Performance
 ▲ There was a 2% decrease in compliance in January 2025 since then the compliance remains at 85%.

Performance Against Trend
 ▼ The trend remains the same steady improvement over time, target is 90%.

Medical Appraisal Compliance Performance against Target of 85%

● M&D Appraisal Compliance — Target 85%



Future Positive Actions
 ▼ Processes in place for chasing up all doctors to sign off their job plan. Escalation process in place, an escalation letter issued on behalf of the Responsible Officer where the chasers fail. Maintaining compliance, advise SDM's on highlight priority work needed monthly and next expiring job plans.

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



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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.

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%

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.

5.2

5.2 - Improving Outcomes for Unpaid Carers - End of Year Reports 2024/25

*Anna Bird (Hywel
Dda UHB – Strategic
Partnerships)*

| For assurance

Attachments

[5.2 Improving outcomes for unpaid Carers.pdf](#)

[5.2 Appendix 1 - Carers Annual Report 2024-25 Final May 2025.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Improving outcomes for unpaid Carers – end of year report 2024/25
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 Pennie Muir – Regional Project Support 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 Social Services and Well-being (Wales) Act 2014 places a duty on the Health Board to provide information, advice and assistance to unpaid Carers.

The attached report (Appendix 1) is presented to update the Planning, Organisational Development and Culture Committee (PODCC) on the ongoing work to identify and support unpaid carers, including staff who work for Hywel Dda University Health Board (HDdUHB) who have unpaid caring responsibilities in their home lives. The report provides assurance that a broad range of activities are on-going to improve outcomes for unpaid carers of all ages.

Cefndir / Background

The West Wales Carers Development Group (WWCDG) is a formal sub-group of the West Wales Regional Partnership Board (RPB), and includes representatives of HDdUHB, the three Local Authorities of Carmarthenshire, Ceredigion and Pembrokeshire, as well as representatives of the voluntary sector and service users and unpaid carers in West Wales.

In November 2020, the West Wales Regional Partnership Board published the West Wales Carers Strategy 2020-2025: Improving lives for Carers. This set out four priority areas based on the principal of equality and fair access for all and have a clear synergy with the national Carers Strategy. The four regional priorities are:

- Improve the early identification and self-identification of carers including young carers and young adult carers;
- Ensure a range of services are available to support the well-being of carers of all ages, in their life alongside caring;
- Support carers to access and maintain education, training and employment opportunities; and
- Support carers to become digitally included.

A Strategy for Unpaid Carers was published by Welsh Government (WG) in March 2021 and set out a refreshed set of national priorities to improve the recognition of and support for unpaid carers. They have clear synergy with the regional strategy and together are used to inform the commissioning of services for unpaid carers in HDdUHB.

The Health Board has a small core budget delegated to the Carers Team to commission support services for unpaid carers and 100% of this budget is used to commission services which are delivered through voluntary sector partners. The Carers Team also co-ordinate the commissioning of Hospital and Community Outreach services for unpaid carers using funding received via the West Wales Regional Partnership Board – this includes Regional Integration Funding as well as a ring-fenced allocation provided by Welsh Government to support carers engagement in hospital discharge.

In addition to the carers support services delivered by voluntary sector partners, there is also considerable work being undertaken by Health Board teams to raise awareness and support the early identification of unpaid carers as part of the Health Board's core business and delivery of health and care services to our patients.

The Business, Partnership and Inclusion Team co-ordinates a Health Board Carers Strategy Group which includes representation from corporate and operational teams across HDdUHB and there has been a high level of commitment to the work to improve outcomes for unpaid carers. This recognises the important role that unpaid carers play within our health and care system, in particular, supporting the provision of care in communities. The Group has established an action plan and individual teams and directorates have committed to take forward a range of actions.

Asesiad / Assessment

The attached Annual Report provides a summary of the breadth of work which was delivered during 2024/25 to meet the needs of unpaid carers. The report is shaped around the four priority areas which reflect the priorities of the regional and national carers strategies, highlighting contributions of teams across the Health Board, as well as actions led by the Carers Team (which forms part of the Business, Partnerships and Inclusion Team within the Workforce and Organisational Development directorate).

The report includes quotes and feedback from unpaid carers to illustrate the difference and impact that carer support services make to individuals who have an unpaid caring role. Collecting qualitative feedback and the experiences of unpaid carers is an on-going priority as service user experiences can bring services to life, as well as play an important role in understanding "what matters" to unpaid carers.

The Health Board currently holds the Employers for Carers Level 2 Carer Confident Accomplished Award in recognition of the support which is offered to our staff who have unpaid caring responsibilities in their home lives. Evidence for the Level 3 (Ambassador) award was submitted at the end of March 2025 and the outcome of the assessment is awaited. The Electronic Staff Record (ESR) system provides a mechanism to identify the number of our staff who are unpaid carers. As of 31st 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. 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. During the year the sessions were attended by 78 staff.

The Health Board commissions voluntary sector partners to provide support for unpaid carers of all ages through a number of different projects. Carers Information and Support services are commissioned jointly with the local authorities. The number of carer referrals received has increased over the year, both for adults as well as young carers, as illustrated in the infographic on page 3. However, it is recognised however, that this is still a very small proportion of the unpaid carers who identified themselves in the 2021 Census; of the 382,800 people living in West Wales, 40,535 (10.6%) reported that they provide unpaid care and 51% of over 65's in west Wales provide over 50 hours of care per week. This demonstrates why early identification of unpaid carers remains an important priority both for the Health Board and the West Wales Regional Partnership Board.

Services jointly commissioned by the Health Board and Local Authority:

Adferiad Recovery - Carmarthenshire Carers Information and Outreach Service

Gofalwyr Ceredigion Carers - Ceredigion Information, Outreach and Young Carers Service

Action for Children – Pembrokeshire Young Carers Service

Carers Trust Crossroads West Wales - Carers Support Pembrokeshire and Carmarthenshire Young Carers services

Key performance indicators	2023/24	2024/25
Number of new adult carer referrals	1189	2080
Number of adult carers who were supported	2218	2170
Number of new young carers referrals	261	341
Number of young carers who were supported	1586	2019

The Carers Hospital Discharge Support Service specifically employs Carer Officers for each of our hospitals to support carers when the person they care for is in hospital and is preparing to be discharged. In addition, the Carers Outreach Discharge Support Service provides the unpaid carer with a wider continuum of support in the community and plays a key role to aid the admission to and timely discharge of patients from hospital by supporting and involving the unpaid carer to ensure that their needs are met back in the community.

171 different teams/settings are engaged with the Investors in Carers (IiC) scheme and the number achieving bronze awards and progressing to higher level silver and gold awards have increased. Training is also an integral part of the scheme with over 1400 people attending online sessions throughout the year (compared to just over 800 in the last year). The IiC scheme 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.

The Carers Team will continue to work collaboratively both with internal teams and services as well as with local authority and voluntary sector organisation to ensure that unpaid carers are visible, valued and supported.

Argymhelliad / Recommendation

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

- **NOTE** the update report and **TAKE ASSURANCE** that the Health Board is proactively addressing the priorities of the regional and national Carers Strategies and making a positive difference for unpaid carers as a result.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 To provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, ensuring Hywel Dda University Health Board (the Health Board) is recognised as a leader in this field.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Great care
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 Termiau: Glossary of Terms:	Included within the document

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable.
Ansawdd / Gofal Claf: Quality / Patient Care:	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 also 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.



Unpaid Carers Annual Report 2024-2025



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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Introduction

This report has been written by the Business, Partnerships and Inclusion (BPI) Team in collaboration with members of the Health Board Carers Strategy Group. The group includes representation from corporate and operational teams across the Health Board and there has been a high level of commitment from members to work together to improve outcomes for unpaid carers.

This report provides an overview of the work which has been carried out by the Health Board and aims to illustrate the impact and outcomes experienced by unpaid carers of all ages. The report provides evidence of progress against each of the regional priorities and offers assurance of the Health Board's commitment to unpaid carers.

National Carers Strategy

The Welsh Government published its Strategy for Unpaid Carers in March 2021 which sets out a refreshed set of national priorities to improve the recognition and support of unpaid carers across Wales. These priorities are consistent with our regional strategy and are used to inform the commissioning of services for unpaid carers in the Hywel Dda region.

Regional Carers Strategy

The Health Board works collaboratively with statutory and third sector organisations through the partnership arrangements of the West Wales Regional Partnership Board (RPB). The RPB published its regional Carers Strategy in November 2020, and this sets out 4 priority areas and a clear vision for how agencies would work together to plan, develop and deliver services that will improve outcomes for unpaid carers and their families.



The priorities are based on the principal of equality and fair access for all and have a clear synergy with the national Carers Strategy. The four regional priorities are:

- Improve the early identification and self-identification of carers including Young Carers and Young Adult Carers.
- Ensure a range of services is available to support the well-being of carers of all ages, in their life alongside caring.
- Support carers to access and maintain education, training, and employment opportunities.
- Support carers to become digitally included and confident.

“A Carer can be anyone, of any age who provides unpaid care and support to a relative, friend or neighbour who is disabled, physically or mentally ill, or affected by substance misuse. Unpaid Carers are the single largest provider of care to people with support needs in our communities, and they save the NHS and Social Services millions of pounds a year.” - Welsh Government, 2023

Leadership

The Health Board’s Assistant Director - Business, Partnerships and Inclusion (BPI) is a member of the Ministerial Advisory Group for unpaid carers and chairs the West Wales Carers Development Group (WWCDG) which is a formal sub-group of the West Wales Regional Partnership Board (RPB). This offers opportunities to ensure clear synergy between national, regional and local priorities.

Coordinated by the BPI Team, the Health Board has an Unpaid Carers Action Plan demonstrating its objectives and actions to improve health and wellbeing outcomes and reduce inequalities for unpaid carers. This Action Plan has been informed by national, regional and local strategies and is continually shaped through the established Health Board Carers Strategy Group. The Carers Strategy Group includes representation from corporate and operational teams from across the Health Board, working together to improve outcomes for unpaid carers.

Priority One

Improve the early identification and self-identification of unpaid carers of all ages

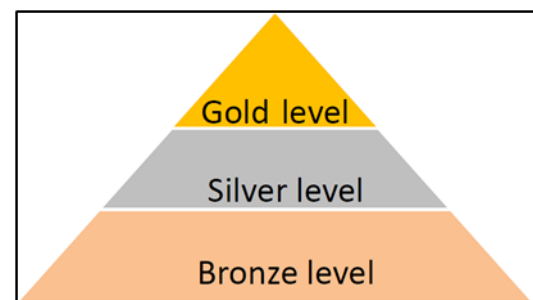
The Health Board has a broad range of actions to support the early identification and self-identification of unpaid carers of all ages. They are outlined below.

Investors in Carers

According to Census 2021, there are around 5 million unpaid carers in England and Wales. This means that 1 in every 11 people living in England and Wales is providing unpaid care. However, the [Carers Week research report](#) by the Carers UK in 2022 says that the number of unpaid carers could be as high as 10.6 million, more than twice as Census 2021 has reported. The Carers UK report also acknowledges that unpaid caring comes with personal costs to unpaid carers as it can affect health and wellbeing, ability to be in paid work, relationships, income and finances. It is something that most of us will experience at some point in our lives, but few of us are prepared for it and it's impossible to predict when we might have to provide care.

The [Investors in Carers \(IiC\) scheme](#) aims to identify unpaid carers of all ages in the Hywel Dda region, and specifically to:

- Promote a whole-system approach and responsibility for the early identification of unpaid carers and ensure that staff have the knowledge to be able to proactively signpost unpaid carers for additional early help and support.
- Upskill carer leads and staff across health, social care, voluntary and public sector areas to have an increased awareness of who are unpaid carers and their needs and how their services can be adapted to be more accessible and inclusive.
- Have a direct impact on unpaid carers to help them be recognised and valued, ensuring that their own health and well-being needs, as well as more holistic needs are addressed so they can continue with their caring role.
- Provide a network of Carers Champions to work and collaborate towards improving outcomes for unpaid carers and staff who are also carers in their personal lives.
- Supports adherence to local and national legislation.



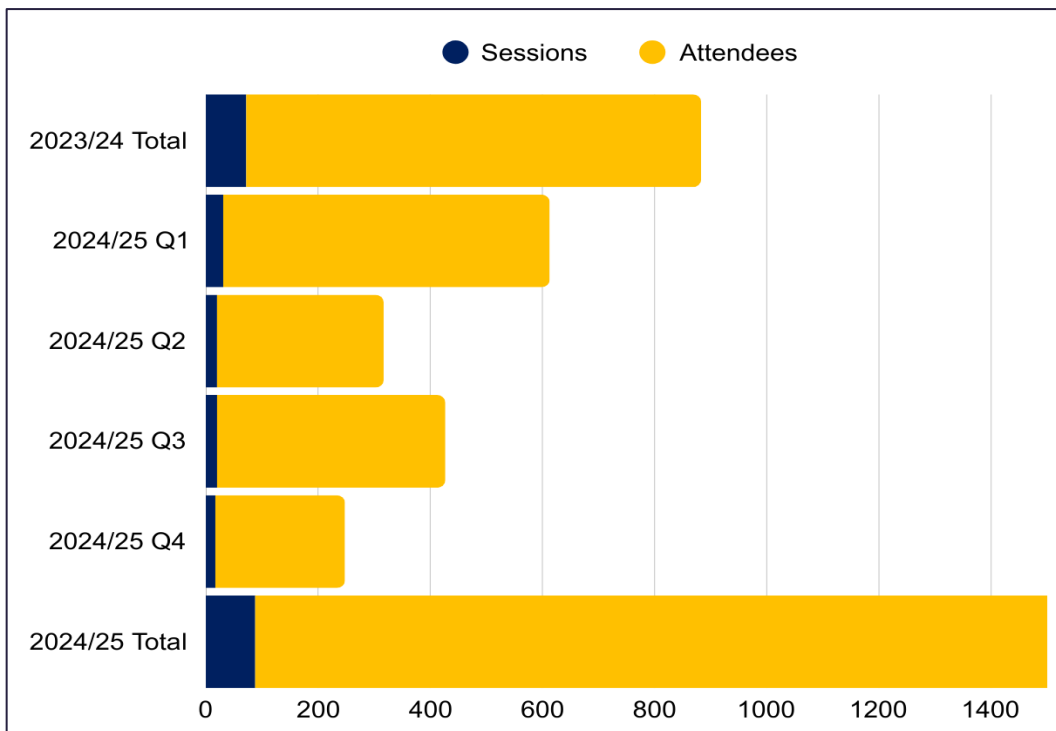
The liC scheme has been designed to ensure participation of a wide range of organisations or “settings” beyond health and these include schools, libraries, leisure centres, Job Centre Plus, and other local authority services as well as third sector organisations. It enables settings to engage with the programme and can progress through three levels - bronze, silver and gold, and evidence improvement in their understanding of unpaid carers needs and support. During the year the liC team has reviewed and refreshed the liC standards and has streamlined the process of submissions for all settings. A core element of the liC scheme is enabling unpaid carers to self-identify and register as an unpaid carer with their GP surgery. Over the last year, a total of 666 unpaid carers were identified and supported by local carer support services as a result of the unpaid carer completing the GP carers registration/referral form.

A wide range of service areas have shown improved commitment and understanding of unpaid carers both within their team and those who use their services, their needs, and are able to identify and refer them to local carers information support services. For example: The Mental Health and Learning Disability (MH/LD) directorate have asked all the teams/wards/services in the directorate to engage with the liC scheme and to potentially gain the bronze award by the end of 2024/25, however due to other operational priorities not all settings were able to achieve this, but the Directorate are committed to achieving this next year. Those who already hold a bronze award were encouraged to work on higher levels of the award. This became part of their continuous quality improvement work and supported the recent Health Education Improvement Wales (HEIW) report recommendation that all MH/LD teams and services ensure that unpaid carers of all ages are identified and supported. In addition, all mental health support services commissioned by the Health Board now require service providers to achieve at least liC bronze level as part of their service level agreement and their progress or level of engagement are regularly monitored through contract review meetings.

The Adult Eating Disorders team gained their silver level this year. They reported that:

“What started out as something intimidating, helped us as a team to develop and deliver the most rewarding work to a sometimes-forgotten group of people. We have found that the sessions and feedback from our unpaid carers humbling, and we have gained not only a sense of fulfilment but a further level of understanding and practice to help our clients and their families.”

Carer Awareness training is integral to the liC scheme and below is a snapshot of training sessions delivered in the last year:

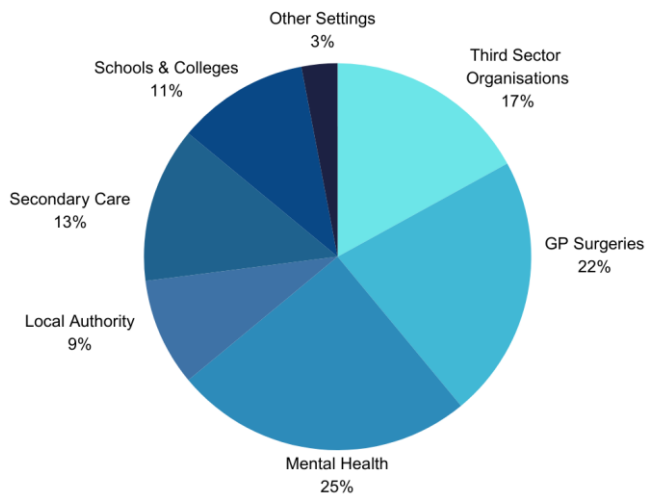


Training sessions are delivered and tailored according to the need of each setting. During Carers Week 2024, a session was delivered that included input from voluntary sector organisations who were able to 'show case' their support for unpaid carers. This helps attendees to understand the range of services available to support unpaid carers. Some feedback from those attending included:

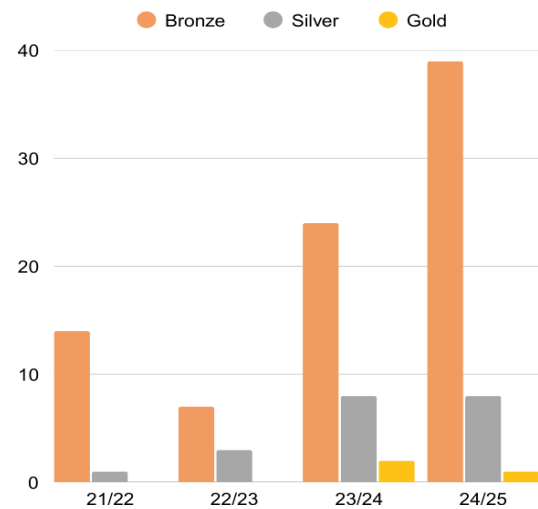


A total of 171 settings are engaged with the liC scheme and the infographics below illustrates the types of settings involved with the liC scheme and the total number of award achievements for the year.

Overall settings engaging with the scheme - 2024/25



liC Total Achievements



Feedback from teams who gained the liC accreditation:

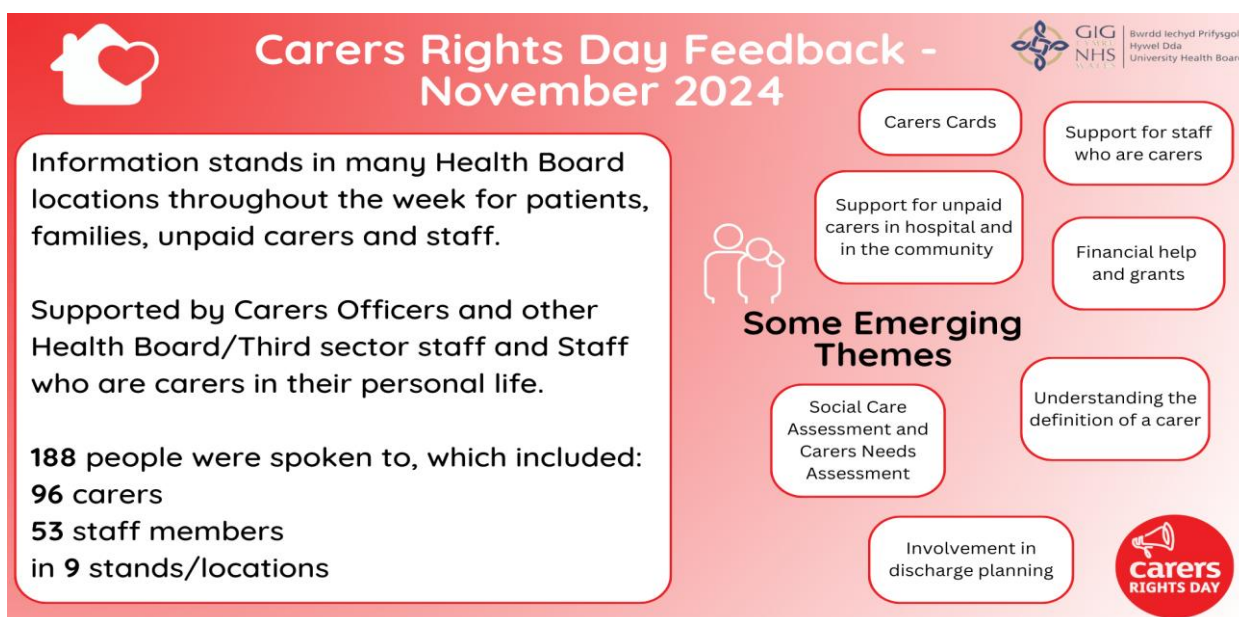
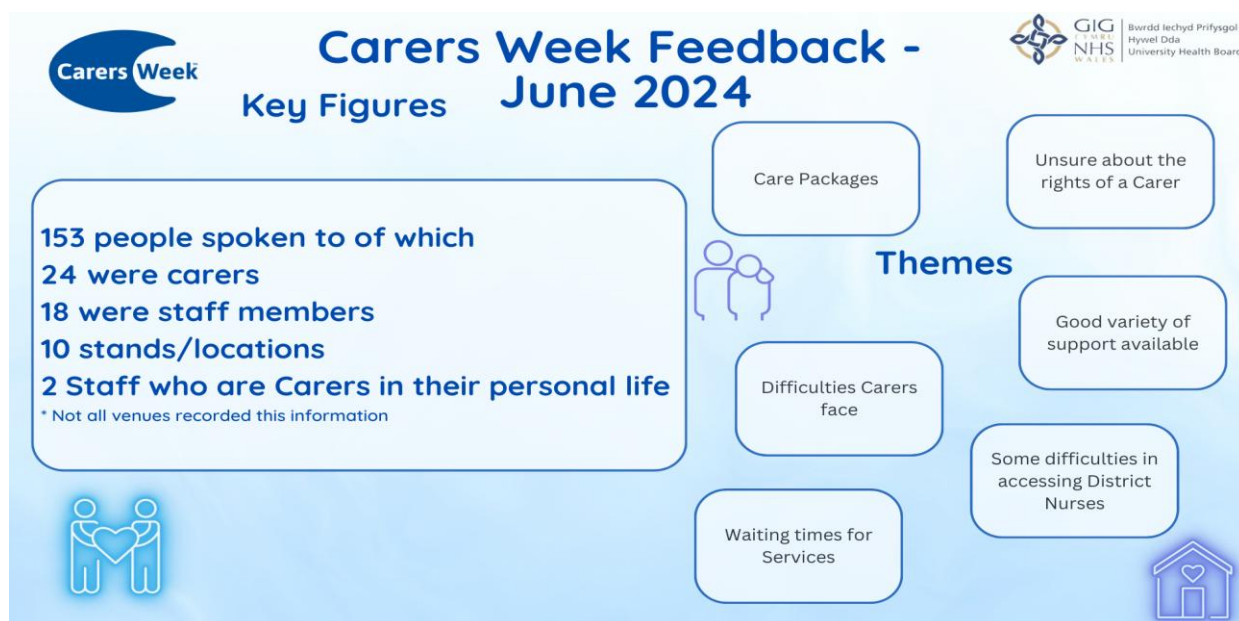
“ We are delighted and proud to have achieved bronze accreditation. We are very happy to improve awareness, support and resources to all unpaid carers. ”

“ We have really appreciated the help and support the team have given us as Carer Leads towards our investors in carers and helping us to train and up skill our staff has been exemplary. ”

“ Thank you for the wonderful work you all do in supporting carers, and in supporting us as practitioners to support those presenting to our service. Knowing there is advice and a point of contact is invaluable. Diolch. ”

Awareness raising activities

During Carers Week in June and Carers Rights day in November, several information stands were held in the main hospital sites across the three counties. These were supported by representatives from the Carers Discharge Support Service, Admiral Nurses, Workforce Advisors and the Community Development Outreach team, promoting the importance of self-identification as unpaid carers and the available services for unpaid carers in hospitals and in the community. The stands were visited by patients, unpaid carers and staff and provided a chance for a one-to-one introductory chat, including signposting to relevant carers information. Key information and feedback shared at these events include, but are not limited to, care packages, barriers faced by carers, need for a variety of available support services, and difficulties in accessing district nurses. Feedback gained from these events continue to shape our services for unpaid carers.



The Health Board developed a Teams background which could be used by members of staff during Carers Week and Carers Right Day to raise unpaid carer awareness.



The Health Board Carers Team have been proactive in sharing information and opportunities for unpaid carers throughout the year using Global emails, Viva Engage and other social media channels.

♥ Do you look after someone? Join the Carers Peer Support Group ♥

An unpaid carer is someone of any age who provides unpaid support to family or friends who could not manage without it. This could be because they are ill, frail, disabled, or have mental health or substance misuse problems.

Being a carer can be difficult, but you are not alone. The Carers Peer Support Group for staff meets monthly online via MS Teams - join us at our next session on **Wednesday 19th February, 12:30-13:30**. It is a welcoming, confidential space to learn more about balancing your caring responsibilities and work commitments, and to connect with others.

Do you care for someone who is living with dementia? We are also holding an information session on **Thursday 27th February, 12:30-13:30**, for members of the Carers Peer Support Group. We will be joined by Charlie Duhig, Admiral Nurse Clinical Lead, who will be talking about the role of the Admiral Nurses and how they can support you in your caring role.

To become a member of our Carers Peer Support Group and join the sessions, complete the form [here](#).

You can also learn more about the Carers Peer Support Group and other staff networks [here](#).

If you have any questions, please email us at: CarersTeam.HDD@wales.nhs.uk see less

🌟 Are you a line manager? Do you know how to support staff who are carers? 🌟

Join us for a short 30-minute training session, to find out more about:

- What it means to be an unpaid carer
- Where you can refer an unpaid carer for support
- What support is available for unpaid carers, within Hywel Dda and externally

And more!

The next session will be held on **Wednesday 12th March at 12:30-1pm**.

To find out more about this session, visit the Course Catalogue [here](#).

To book a place, click [here](#).

If you have any questions, contact us at CarersTeam.hdd@wales.nhs.uk.

Priority Two

Ensure a range of services is available to support the well-being of unpaid carers of all ages, in their life alongside caring

A poster has been created to help promote the services available for unpaid carers of all ages in each of the three counties of the Hywel Dda area.

Ydych chi'n gofalu am rywun?
Os udych chi'n rhoi gofal, di-dâl, yn rheolaidd i berthynas, ffrind neu gymydog na allai ddod i ben â phethau heb eich cymorth chi, yna fe allwch gael gwybodaeth, cyngor a chymorth gan:



Do you look after someone?
If you regularly care for a relative friend or neighbour who could not manage without your help and you don't get paid for it, you can get information, advice and assistance from:

Byddwch yn weladwy. Cael eich cefnogi. Be visible. Be supported.

Dan 25?
Helpu i ofalu am aelod o'r teulu neu ffrind oherwydd salwch, anabledd neu ddibyniaeth? Gall y gwasanaethau isod helpu:



Under 25?
Helping to look after a family member or friend because of illness, disability or addiction? The services below can help:

Cyngor Sir Gâr Carmarthenshire County Council
Gwasanaeth Gwybodaeth Gofalwyr Sir Gâr
Carmarthenshire Carers Information and Support Service
0333 1211 332
E-bost / Email: carersincarms@adferiad.org
www.adferiad.org/services/carmarthenshire-carers-information-support-service/

Adferiad
Cefnogi Pobl - Supporting People

Sir Gâr / Carmarthenshire
Croesffyrdd Sir Gaerfyrddin Gofalwyr Ifanc
Carmarthenshire Crossroads Young Carers
0300 0200 002
youngcarers@ctcww.org.uk

Cyngor Sir CEREDIGION County Council
Tim Gofalwyr a Chymorth Cymunedol
Carers and Community Support Team
01545 574200
E-bost / Email: clc@ceredigion.gov.uk
www.ceredigion.gov.uk/carers

Gofalwyr Ceredigion Carers

Ceredigion
Gofalwyr Ceredigion Carers
Tîm Gofalwyr Ifanc / Young Carers Team
03330 143377
ceredigion@credu.cymru

CARERS TRUST
Communities West Wales
Cymorth Gofalwyr Sir Benfro
Carers Support Pembrokeshire
0300 0200 002
E-bost / Email: carerssupportpems@ctcww.org.uk
www.ctcww.org.uk/services/carers-support-pembrokeshire

Sir Benfro / Pembrokeshire
Gweithreuo dros Blant Sir Benfro
Pembrokeshire Action for Children
01437 633488

GIG NHS
Bwrdd Iechyd Prifysgol Hywel Dda
University Health Board

Cymorth Gofalwyr Gorllewin Cymru
SICRIP AU ORALWY
Carers Support West Wales
CARERS FOR CARERS
www.carerssupportwestwales.org

Y WWCP
Partnership Cymru / Welshman Cymru
West Wales Care Partnership
Cyflawni Hwylod Gydlyn Cymru
Delivering Change Together

YDDERWOLARTH GŶALWYR
Cymorth Gofalwyr
West Wales

CARERS TRUST
Communities West Wales

credu

Gofalwyr Ceredigion Carers

Y GŶALWYR
West Wales

Bwrdd Iechyd Prifysgol Hywel Dda
University Health Board

Carers Information and Support Services

The Health Board has a small core budget to support the commissioning of information and support services for unpaid carers in line with the statutory duties set out in the Social Services and Well-being (Wales) Act 2014. In Hywel Dda, support for unpaid carers is primarily provided by voluntary sector partners and the Health Board acknowledges the additional social value that working collaboratively with the charitable organisations can bring. Carers Information and Support services have been jointly commissioned with the three local authorities in Hywel Dda ensuring a collaborative approach to the planning and delivery of services between statutory organisations.

Below is an overview of the activity reporting the third sector organisations commissioned by the Health Board to provide carers information and support services, including a comparison with the previous year. As noted below, the number of new adult carers referred for assistance has significant increased, as has the number of young carers who are supported.

Services jointly commissioned by the Health Board and Local Authority:

Adferiad Recovery - Carmarthenshire Carers Information and Outreach Service

Gofalwyr Ceredigion Carers - Ceredigion Information, Outreach and Young Carers Service

Action for Children – Pembrokeshire Young Carers Service

Carers Trust Crossroads West Wales - Carers Support Pembrokeshire and Carmarthenshire Young Carers services

Key performance indicators	2023/24	2024/25
Number of new adult carer referrals	1189	2080
Number of adult carers who were supported	2218	2170
Number of new young carers referrals	261	341
Number of young carers who were supported	1586	2019

The services have received positive feedback from unpaid carers of all ages, including:






Carers Hospital Discharge Support Service (CHDSS)

The Health Board and its local authority partners have taken a whole system approach to support and engage unpaid carers in the discharge planning of patients and ensure active provision of Information, Advice and Assistance (IAA) and the Carers Hospital Discharge

Support Service (CHDSS) is funded through the Regional Integration Fund (RIF), overseen by the Regional Partnership Board (RPB).

The Health Board commissioned the voluntary sector to provide Carer Officers who have a specific role in supporting hospital and community staff in the early identification of unpaid carers, enabling improved involvement in the discharge planning process and active provision of information and support.

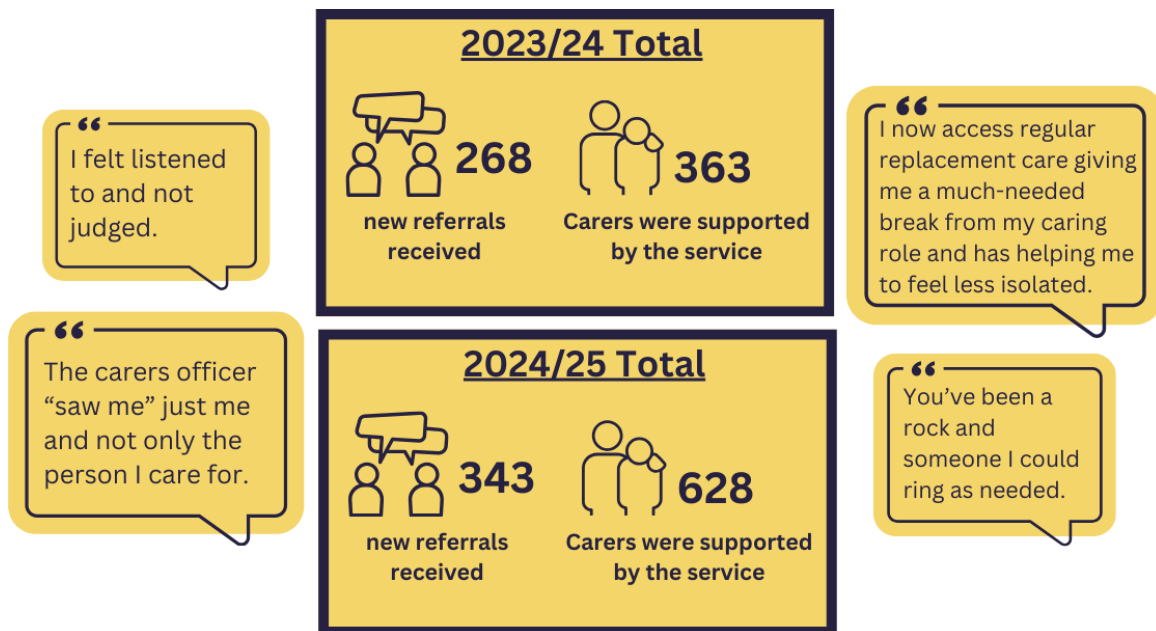
The Carers Hospital Discharge Support Service is part of a wider continuum of support for unpaid carers and plays a key role to aid the timely discharge of patients from hospital by supporting and involving the unpaid carer in the discharge process for the person they care for. Part of this service is also to deliver staff training to enable staff to recognise and identify unpaid carers at the earliest opportunity and ensure that they know how to make unpaid carer referrals to the Carers Officers in each main and community hospitals. Compared to 2023/24, during 2024/25 there has been a 15% increase in the number of referrals made to the Carer Officers and a 33% increase in the number of unpaid carers supported by the Service. The table below provides an overview of the outputs from the service this financial year.

<p>Carmarthenshire Provider - Carers Trust Crossroads West Wales</p>  <p>Ceredigion Provider - Gofalwyr Ceredigion Carers</p>  <p>Pembrokeshire Provider - Adferiad</p> 	2023/24	2024/25	
	Number of new referrals	488	560
	Numbers of unpaid carers being supported	718	950
	Number of staff training sessions	38	40
	Number of staff attending training	197	100
	Number of drop in sessions	224	207
	Number attending the drop in sessions	1130	1560
	Number of information packs given	1185	837

The Carers Officers have continued to adapt their approach to working with staff to raising awareness and knowledge of the needs of carers. Whilst the numbers attending training have reduced, the number of people attending drop in sessions has increased. Similarly, the number of information packs issued has reduced but many unpaid carers prefer to receive the information digitally or directed to the Carers Support West Wales website.

Carers Community Outreach Discharge Support Service (CCODSS)

The Carers Community Outreach Discharge Support Service is also part of a wider continuum of support for unpaid carers in the community and plays a key role to aid the admission to and timely discharge of patients from hospital by supporting and involving the unpaid carer to ensure that their needs are met. The service works collaboratively and alongside the Carers Hospital Discharge Support Services. The Carers Community Outreach Discharge Support service ensures that when unpaid carers are identified in a hospital setting there is a link back into support within the community to ensure that on-going holistic needs can be addressed that enable the unpaid carer to continue with their unpaid caring role.

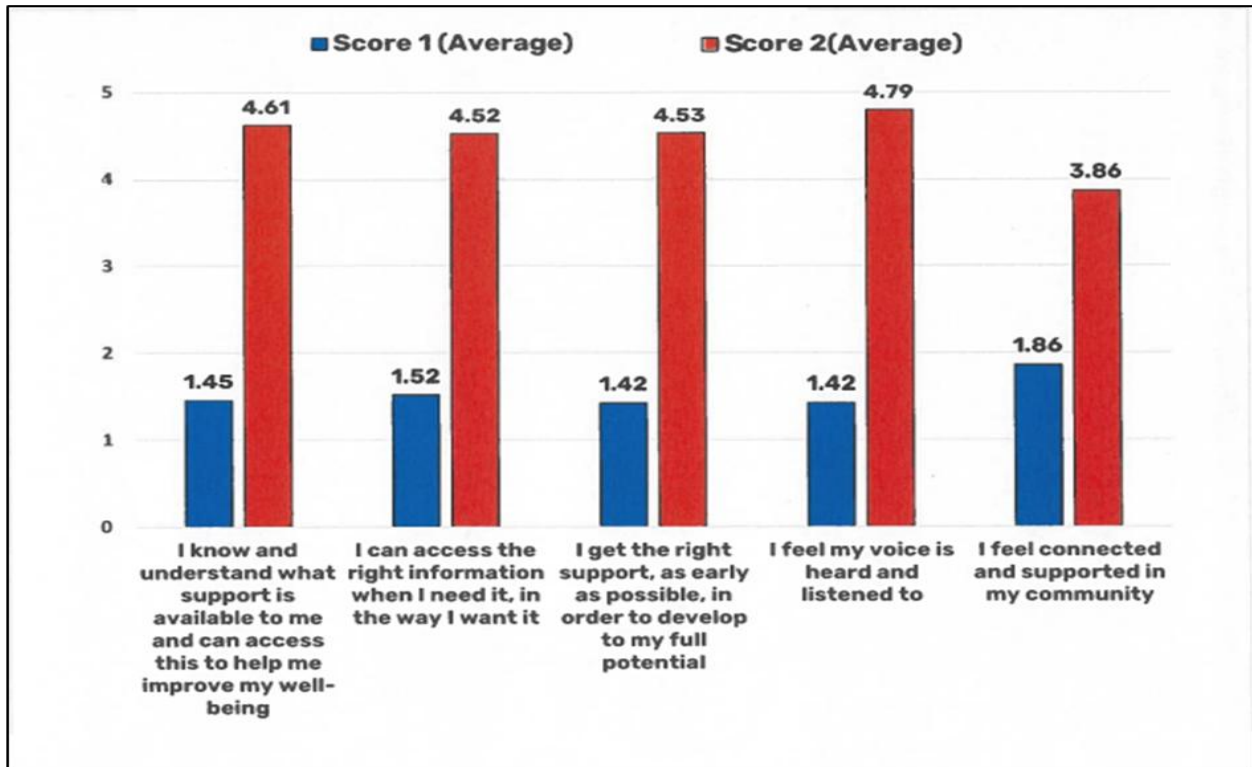


Part of the monitoring of this service includes recording the outcomes and impact for unpaid carers. During their 'what matters to me' conversation unpaid carers are asked to rate their views and experiences against five key wellbeing areas:

- Knowing and understanding what support is available to me and accessing this to help me improve my wellbeing.
- Accessing the right information when I need it, in the way I want it;
- Getting the right support, as early as possible to develop my full potential.
- Feeling that my voice is heard and listened to; and
- Feeling connected and supported in my community.

The service reported a significant improvement in unpaid carers' wellbeing in all five areas. On average, unpaid carers reported the most improvement in terms of feeling heard and listened to and the least improvement in terms of feeling connected and supported in their community. Below is an example of outcomes based on 31 unpaid carers from one county

during October - December of 2024. The blue column indicates the average wellbeing score before receiving support, whilst the red column indicates the average wellbeing score after received support from the service.



Case studies are also used to gain a more detailed insight into the challenges and issues faced by unpaid carers as well as to illustrate the impact of receiving support from Carers Officers. See an example of a [case study](#) below.

Case Study

Overview of the situation

Carys cares for her mother who has a history of Transient Ischaemic Attack (TIA's) and has been in hospital three times this year. Carys also cared for her dad with dementia and her husband who sustained lower back injury in an accident and became bedbound and needed support for a few weeks, Carys ended up with caring for three people.

What worked well

The Carer Officer was able to set up meetings with a social worker and several hospital staff to have a 'What matters to me' conversation. This allowed Carys to voice her concerns about her mum's treatment and explore issues of concern in advance of her mum coming home. It also allowed Carys to talk about the impact of caring for her father as his dementia causes him to get confused.

As a result of the conversation a care package and direct payments have been put in place for when her mum is discharged. Whilst these helped with the caring responsibilities, the conversation also focused on Carys' wellbeing.

Carys was referred to receive some counselling for herself, so she was able to offload some of her anxieties and identify how to stay emotionally well.

What 'good' looks like:

Carys said: Having contacted the Carers Officer who took the time to chat to me I felt I had someone to help and someone I could go to with queries and questions. It was a huge relief and that night I sleep better; it felt like a weight was lifted. When the Carers Officer attended the hospital meeting with me it made a difference having the support I needed. I know I can leave a text, email or phone message and she will contact me back.

Outcomes for the service:

This case study helps us understand the value of this service for unpaid carers and we can use this to illustrate the benefits to key stakeholders, staff, and unpaid carers alike.

Following a presentation at the Carers Wales/Carers Trust Wales conference in July 2024 on the work Hywel Dda UHB are doing to identify and support unpaid carers, two members of Welsh Government Unpaid Carers' Policy team visited the Health Board in October 2024. During this visit the Health Board shared more details of good practice in identifying and supporting unpaid carers, especially around hospital stay and discharge. Following on from this visit, Carers Trust Wales, using Welsh Government funds, has started work to produce a film to highlight the importance of unpaid carers and their involvement in the discharge process including interviews with staff from a ward in Prince Philip Hospital.

A Task and Finish group was set up by the Interim Assistant Director of Nursing to facilitate the production of a new Hospital Discharge booklet for patients outlining what to expect on their admission and on discharge. The Carers Team have contributed to the development of the booklet including text from an unpaid carers point of view. The booklet is being trialled in Withybush Hospital Accident and Emergency department. The Health Board has also developed a Hospital Discharge Toolkit, a SharePoint page which houses all Discharge resources including the Hospital Discharge Booklet and a dedicated page or "tile" for unpaid carers. The Hospital Discharge Toolkit brings together tools, guidance documents and online resources to support staff to ensure patients are discharged safely and timely, as well as providing advice on whether to access more specialist support and advice such as unpaid carers information when needed. The dedicated unpaid carer page gives staff important information on how to refer/signpost the unpaid carer for support.

The Pembrokeshire County Team was part of a collaborative project in 2024/25 to deliver Keeping Well Roadshows across Pembrokeshire, in partnership with Pembrokeshire County Council and Pembrokeshire Association of Voluntary Services (PAVS). The events provided the public with an opportunity to learn about the range of health, local authority and voluntary sector services that are available, including those which accept self-referrals. These events increased awareness and use of accessible health and wellbeing resources for health education and self-management. Information for unpaid carers, and Carers Support Pembrokeshire specifically, was present at many of the events during the year including the event held in Goodwick which coincided with Carers Rights Day 2024

Priority Three

Support unpaid carers to access and maintain education, training and employment opportunities.

The Health Board has delivered a range of actions to identify and support our staff who are unpaid carers.

Employers for Carers

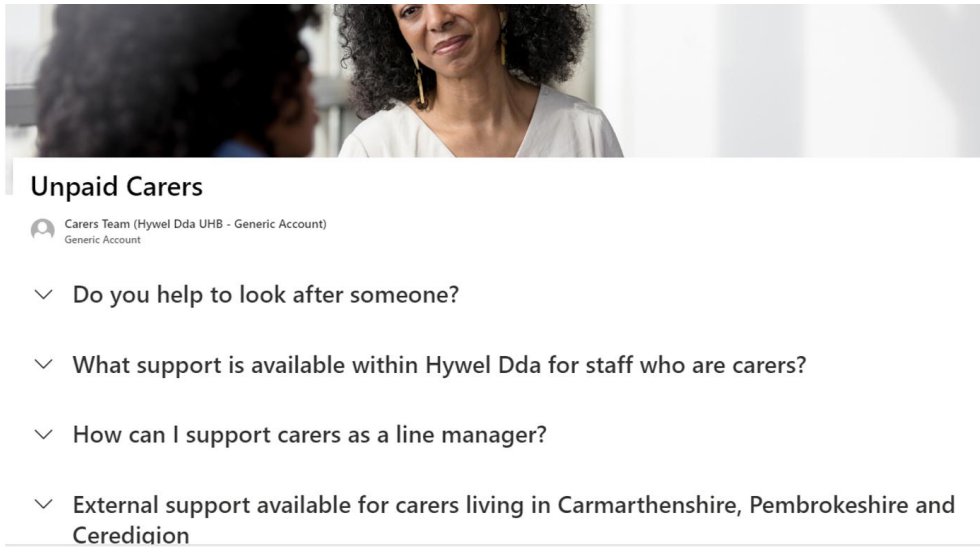
The Health Board is a member of the Carers Wales Employers for Carers (EfC) scheme to visibly support our commitment to retain and manage employees with caring responsibilities. The Health Board holds the Level 2 Carer Confident Accomplished award and has submitted its application and evidence for the level 3 Ambassador award at the end of March 2025.

The Health Board's Carers Team also chairs the regional Employers for Carers steering group who meet quarterly to see how the membership resources can be utilised, share best practice and encourage other small and medium sized organisation to benefit from the available information under the scheme.

Work has continued to raise awareness and offer support to staff, and to line managers who manage staff with a caring role. This has been through staff training sessions, promotion of unpaid carer events, partnership working with teams in Workforce and Organisation Development such as the workforce advisors, occupational health and the relationship managers. This enables collaborative working and ensure that all staff with a caring role are informed and included. For example, in a recent Organisational Change Plan (OCP), staff with a caring role were offered to complete a carers passport so these could be considered in the overall change plan.

Through the Health Board's wellbeing champion network, a number of staff wellbeing days were held in each of the main hospital sites in 2024/25 and were well attended by staff who were able to talk with colleagues about their caring role and receive information leaflets/posters, etc. For example, one manager was able to gain advice from the Carers team about how best to support a staff member with a caring role. The Carers Team listened to the manager's concerns and presented information about the Carers Peer

Support Group and carer related training and policies and was signposted to the Health Board [Carers SharePoint page](#).

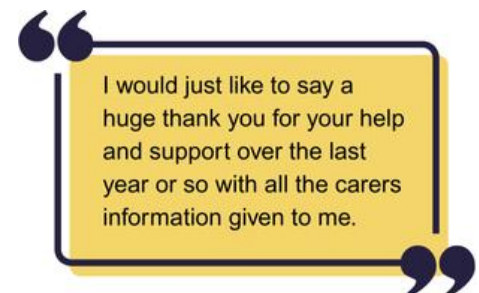


There is a facility on the Electronic Staff record (ESR) to record staff supplementary roles including Working Carer. Staff training, including Person Centred Approach corporate induction module, managers training such as Hywel Dda Manager and LEAP provide an opportunity to promote ESR self-recording, as well as information about support for unpaid carers and the Carers SharePoint page.

As of 31st 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.

Staff Carers peer support group

The Carers Team facilitates a carers peer support group for Health Board staff who have a caring role. This continues to be run monthly on MS Teams and during the year the support group sessions were attended by 78 Health Board staff (some attended more than one session). Some of these sessions included presentations from guest speakers and the topics are chosen to respond to areas of interest expressed by members, as well as an opportunity to facilitate involvement in policy or strategy development. A Teams channel has also been created for members to share information and ask questions, recordings of past meetings with guest speakers are also accessible here.



In November 2024 the head of Psychological Therapies carried out a workshop on the mental health support needs of staff who are carers. 22 network members joined this session in which they were asked about the services/resources that supported mental health, where these were found, what barriers in accessing these and what other types of

support would be useful. A report was produced and shared with the group, used as evidence in our Carer Confident submission and has resulted in a wellbeing session being delivered in 2025.

In addition, the group provides a forum to share experiences and in January 2025 a member of the group shared her story and highlighted the impact that the group had had for her personally.

Ruth joined the Health Board in August 2000 and was caring for her 70-year-old mum. Over the years her mobility and sight had deteriorated, despite being independent lady. In 2020 her mum suffered a few strokes, and her mobility declined and needed assistance in all aspects of daily living tasks. Ruth stepped in to do meal preparation and personal care. Ruth enjoyed her job and still had financial commitments but was sometimes functioning on only three hours sleep. Ruth looked at her rights as an unpaid carer and came across the Carers Peer Support group. The group were able to share their experiences which felt less isolating and helped with understanding other types of support like the carer's passport and Power of Attorney. In December 2024 Ruth's mum passed away and whilst it has been a difficult few years Ruth was immensely grateful for an understanding manager, the peer support group and to the organisation for implementing the values and beliefs allowing her to be supported in her situation and remain in work.

We carried a short survey with the Peer Support Group members to establish information about who they cared for in terms of condition, age and to ask for any specific topics to be considered in future peer support sessions. As a result of this, a separate session was delivered in February 2025 for staff who cared for someone living with dementia. The session was delivered by the manager of the Admiral Nurses service and was attended by 15 staff. One staff member said:

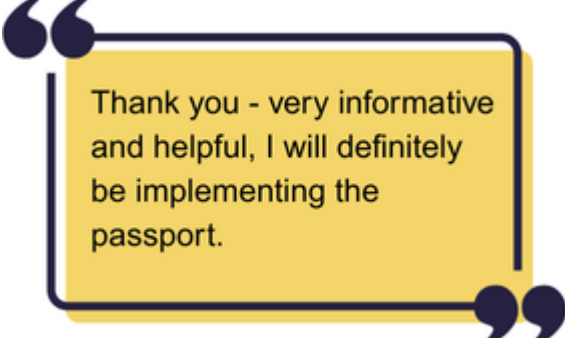
“ This session definitely helped with my understanding of the different types of Dementia and the support available. Very well delivered. Thank you. ”

Carer Aware e-learning

From May 2023, the carer aware e-learning course has been made mandatory for all staff recognising the important contribution that unpaid carers make to the health and care system. This resulted in 88% of staff completing the training as of 31st March 2025, although some clinical professions are reporting much lower levels of compliance. The e-learning course provides a foundation of knowledge and, given the importance of unpaid carers within the community to support our population to remain at home as long as possible, it's vital that staff understand who unpaid carers are and why it is important to identify and support them at the earliest opportunity.

Bespoke training

Between April 2024 and March 2025, the Carers Team delivered 8 sessions for line managers as part of the continual awareness raising work and these were attended by a total of 39 staff. One manager who attended training said:



Thank you - very informative and helpful, I will definitely be implementing the passport.

A face-to-face training session was also delivered to nine Occupational Therapists and Physiotherapists in March 2025 which highlighted the needs of unpaid carers and also covered the impact of sensory loss in particular for patients and their carers.

The Admiral Nurse team delivered two sessions of the START (Strategies for Relatives) programme in 2024 with a total of eight unpaid carers attending. The programme covers strategies to help reduce symptoms of depressions and increase an unpaid carers quality of life through considering how to manage physical health and pain. Sessions were run over an eight-week period for one and a half hours each. The programme uses the Hospital Anxiety and Depression Scale as the assessment tool designed to evaluate anxiety and depression level in inpatients, particularly in medical settings. A difference of 3.4 points was recorded between the pre-intervention result (11.5) and the post-intervention result (8.1), which means that the levels of anxiety and depression and decreased following participation in the training.

Priority Four

Support Carers to become digitally included

The Carers Team are a member of the Carers Support West Wales (CSWW) website steering group. This group undertakes a regular review of the content to ensure that the one-stop shop website for unpaid carers is up-to-date and continues to be promoted and used by unpaid carers of all ages.

Between 1st April 2024 and 31st March 25, there were a total of 187,687 visits to the CSWW website, a 294% increase from the recorded visits in 2023-24. This reflects both the level of ongoing promotion and the website becoming more established and recognised across the region.

A survey was also carried out via the website with 321 people taking part. 100% of people surveyed were satisfied with the information provided and 100% rated their experience as good or excellent.

One carer 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.”

The Health Board continues to promote the website to all unpaid carers both in the workforce and in the community. The link to the platform is here:

[Carers Support West Wales | Cymorth Gofalwyr Gorllewin Cymru.](#)

In 2024 the Carers Team developed a number of generic unpaid carer related, bilingual slides which our Digital Communications team loaded onto the digital screens in Glangwili and Prince Philip hospital sites. They are currently slide numbers 22-33 out of a total of 34

slides on a constant loop 24 hours a day. These were also sent to GP surgeries to be displayed on their screens in the waiting room areas.

Do you look after someone?
If you look after a relative, friend or neighbour who is ill, frail, disabled, has a mental health concern or problematic substance use

Young carers are someone under that age of 18.
and they could not manage without that help, then you are an unpaid carer.

Help and support for unpaid carers
Visit the Carers Support West Wales website. This is a one stop shop for carers of all ages.
www.carerssupportwestwales.org
Please scan the QR code to access the website.

Let your GP practice know if you're an unpaid carer
They can refer you to information and support services for carers

Is the person you care for in hospital?
Ask the ward staff to refer you to the Carers Officer.
They can provide information and advice and support you to be involved in discharge planning meetings.

Carers Rights
Did you know you have a right to a carers needs assessment?
Ask the GP practice or ward staff to be referred to the Carers Information Services or Hospital Carers Officer for more information.

The Community Alarm/Technology Enabled Care team in Pembrokeshire County Council operates on a joint basis for the Health Board as well as Council, as it takes referrals from any NHS staff/service. Referrals come through for an identified need from i.e. an Occupational Therapist or a Multi-Disciplinary team/community Resource Team meeting and when the team goes into the patient/carers home they will advise and identify further support which may be needed e.g. further technology and gadgets which could enable the unpaid carer to have respite or ease the caring responsibilities.

The Pembrokeshire Community also provided funding and support for the further development of Virtual Reality work, including a new App for unpaid carers for training in manual handling. This was launched on 30th April 2025. This is a major development in supporting unpaid carers to safely lift and support the person they are caring for.

The Elemental client system is being rolled out further across NHS teams and also GP surgeries. When people are referred to the Pembrokeshire Hub they can be provided with the right support, which could be a visit from a Social Prescriber (Community Connectors and/or it could also include a benefits check and food/heating vouchers and access to free Leisure Centre activities as well as referral onwards to carers services for more in-depth support and advice around their caring role.

Conclusion

This reporting period (2024-25) has demonstrated how the Health Board is supporting unpaid carers both in the workforce and in the community. The collaborative efforts between teams, along with staff training and awareness raising activities have led to increased identification of unpaid carers. The progress 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, we will remain dedicated to addressing the evolving needs of unpaid carers, 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.

The Health Board's Carers Strategy Group develops and oversees the implementation of an annual action plan to respond to the regional Strategy for Unpaid Carers. As the regional strategy is currently being refreshed, and the Health Board is a key partner in this work, this will enable continued alignment of our work in 2025/26.

6 - SUB-COMMITTEE UPDATE REPORTS

6.1

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

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

| For approval

Attachments

6.1 SPPEG Committee Update March 25.pdf

STRATEGIC PEOPLE PLANNING AND EDUCATION GROUP UPDATE REPORT

Date of last meeting: 03 March 2025

Quoracy: Met

Report by: Amanda Glanville, Vice Chair

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

Alert¹ (to discuss)

The Strategic People Planning and Education Group (SPPEG) Group had no matters of which to **alert** to the People, Organisational Development and Culture Committee (PODCC).

Advise² (to monitor)

SPPEG wishes to **advise** members of PODCC:

- There is an increasing level of staff not attending courses (Did Not Attend - DNA) which are either face to face or where numbers need to be limited to manage participation. DNA rates on some courses have been up to 56%, leading to delivery capacity issues and inefficiencies. While oversubscribing courses has been attempted as a solution, it has not made a substantial difference. Scoping work is underway to identify the full extent of the problem, however delivery teams are already highlighting the consequences of high DNA rates on resources and staff workload. People Development are exploring alternative strategies, such as improved communication, scheduling adjustments and targeted interventions to help mitigate the issue.
- A report was submitted highlighting the Hywel Dda University Health Board (HDdUHB) resuscitation training requirements, including a summary of the challenges faced in meeting the demand for resus training across the Health Board within the current resources. The challenges around DNA were noted and the risk associated with the need for 841 training days, against the shortfall of 263 days. It was noted that to manage this in the short term the resus team were having to risk assess who was most in need of training and that assurance was given that the risks were being monitored at a corporate level on the Risk Register.

Assure³ (to note)

SPPEG wishes to **advise** members of PODCC:

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

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

- The Future Workforce Governance Sub-Group has re-commenced, providing assurance to SPPEG in relation to work undertaken in relation to School engagement, work experience, widening access programmes, volunteering and apprenticeship opportunities has a tight governance process and supports a Health Board wide approach.
- It was noted that the recording of training differs between medical and dental and the remaining workforce, and assurance was provided that this would be looked at when the new Intrepid system (Codi) was embedded to avoid duplication of work.
- Statutory & Mandatory Training Update was provided and assurance that overall compliance is increasing for the Core Skills Training Framework (CSTF) and currently at 87.02% at time of meeting. Medical and Dental and Estates and Facilities were below the Welsh Government 85% benchmark although assurance was provided that the People Development Team were working closely with these teams to offer support. Compliance data has increased as a result of many interventions by all involved, however these plans will continue to be scrutinised as part of the Mandatory Training Group (MTG). Assurance was also taken in relation to the ongoing review of mandatory training and SPPEG noted the 'Fraud Awareness Module' will become a non-renewal e-learning module.
- People Plan update provided assurance that a People Plan would be developed for 2025/26, with a future focus to align resources to agreed priorities via the Annual Planning Cycle. It was noted that People Stabilisation Programmes were in place for Nursing and Medical professional groups and linked to associated professionals (Additional Clinical Services (ACS) staff group and Medical Associate Professions (MAPS)). People Plans were in development for other clinical professions, Allied Health Professions, Healthcare Science, Additional Professional and Technical (including Pharmacy), Estates and Ancillary and Administrative and Clerical.
- Assurance was provided in relation to the oversight and implementation of the work relating to the Registered Nurse Associate (RNA) programme.
- A report was submitted of how the organisation is progressing with the Modernising Scientific Careers (MSC) healthcare science career framework. Challenges notes were access to continuing professional development (CPD), a lack of formal job planning for HCS and the lack of part-time degree schemes available. It was noted that work was required for the development of the Bands 2-4 educational pathways to allow entry into full time or part time degrees for some professions. Assurance was provided that work was commencing to explore potential opportunities with local universities and Health Education and Improvement Wales (HEIW) to develop an action plan of how to progress these challenges.
- An update was provided demonstrating progress that had been made towards the Education and Commissioning process. SPPEG took assurance that this would be submitted by the deadline.

Review of Risks

No risks that need to be escalated.

Sharing of learning

There was lots of discussion around the number of requests for new learning to be added to mandatory training, with approximately 1-2 being submitted every month. It

was noted that mandating training does not demonstrate learning is taking place and suggestions were made as to how using bitesize video clips, microteaches, screen savers are very effective in many cases. It was also noted that recording learning from sessions can be done through automation and therefore be able to capture level of engagement for reporting.

Recommendation

The Committee is asked to:

- Note the items the Group is advising them of and take assurance from the items that the Committee is providing assurance on. Agenda, papers and minutes are available on request.

7 - FOR APPROVAL

7.1

7.1 - Outcome of Advisory Appointments Committee (AAC)

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

| For approval

Attachments

[7.1 SBAR AAC PODCC Apr 2025 -V2.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Advisory Appointments Committee
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling – Director of Workforce & Organisational Development and Deputy Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Heather Hinkin - Assistant Director of People Management

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

To update the People, Organisational Development & Culture Committee (PODCC) on the outcome of the Advisory Appointments Committees (AAC's) held between 18 January 2025 to 30 April 2025, and to seek approval for these appointments on behalf of the Board.

Cefndir / Background

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

- Consultant in Trauma & Orthopaedics with interest in Foot and Ankle Surgery
- Consultant in ENT with Special interest in Head and Neck Surgery
- Consultant in Community General Adult Psychiatry
- Consultant in Intensive Care Medicine
- Consultant Radiologist with Interest in Nuclear Medicine
- Consultant Radiologist with Interest in Women's Imaging
- Consultant Rheumatologist

Asesiad / Assessment

Consultant in Trauma & Orthopaedics with interest in Foot and Ankle Surgery

The AAC, comprising of Eleanor Marks, Vice Chair representing the Chair of Hywel Dda University Health Board (HDdUHB); Prof Phil Kloer, Chief Executive Officer; Dr June Picton, Associate Medical Director representing the Medical Director; Mr Farhan Alvi, representing the Royal College and Mr Owain Ennis and Mr Anirudh Gadgil representing the department met on 27 January 2025 to interview one candidate for the role of Consultant in Trauma & Orthopaedics with interest in Foot and Ankle Surgery.

Mr Ahmed Galhoum was appointed to the post with a start date of 6 May 2025.

Consultant in ENT with Special interest in Head and Neck Surgery

The AAC, comprising of Delyth Raynsford, Independent Board Member representing the Chair of Hywel Dda University Health Board (HDdUHB); Lisa Gostling, Executive Director of Workforce and OD / Deputy Chief Executive Officer representing the Chief Executive Officer; Dr June Picton, Associate Medical Director representing the Medical Director; Mr Sam Fisher, representing the Royal College and Mr Graeme Jones and Mr Vinod Prabhu representing the department met on 6 February 2025 to interview one candidate for the role of Consultant in ENT with interest in Head and Neck Surgery.

Mr Faiz Tanweer was appointed to the post of Consultant in ENT with interest in Head and Neck Surgery. Anticipated start date of 2 June 2025.

Consultant in Community General Adult Psychiatry

The AAC, comprising of Dr Neil Wooding, Chair of Hywel Dda University Health Board (HDdUHB); Andrew Carruthers, Chief Operating Officer representing the Chief Executive Officer; Mr Mark Henwood, Interim Medical Director; Dr Warren Lloyd, representing the Royal College and Dr Anand Ganesan representing the department met on 27 February 2025 to interview one candidate for the role of Consultant in Community General Adult Psychiatry.

Dr Samuel Akinmoluwa was appointed to the post of Consultant in Community General Adult Psychiatry. Start date 9 April 2025. (Internal candidate)

Consultant in Intensive Care Medicine

The AAC, comprising of Maynard Davies, Independent Board Member representing the Chair of Hywel Dda University Health Board (HDdUHB); James Severs, Executive Director representing the Chief Executive Officer; Dr June Picton, Associate Medical Director representing the Executive Medical Director; Dr Bethan Gibson, representing the Royal College and Dr Peter Havalda representing the department met on 4 March 2025 to interview one candidate for the role of Consultant in Intensive Care Medicine.

Dr Anne Frawley was appointed to the post of Consultant in Intensive Care Medicine. Anticipated start date of 7 July 2025

Consultant Radiologist with interest in Nuclear Medicine

The AAC, comprising of Dr Neil Wooding, Chair of Hywel Dda University Health Board (HDdUHB); Prof Phil Kloer, Chief Executive Officer; Dr Eiry Edmunds, Interim Deputy Medical Director representing the Executive Medical Director; Prof Vineet Rakash, representing the Royal College and Dr Liaquat Khan and Dr Rhodri Evans representing the department met on 6 March 2025 to interview one candidate for the role of Consultant Radiologist with interest in Nuclear Medicine.

Dr Farhana Variawa was appointed to the post of Consultant Radiologist with interest in Nuclear Medicine. Start date 1 April 2025. (Internal candidate)

Consultant Radiologist with interest in Women's Imaging

The AAC, comprising of Delyth Raynsford, Independent Board Member representing the Chair of Hywel Dda University Health Board (HDdUHB); Prof Phil Kloer, the Chief Executive Officer; Dr Subhamay Ghosh, Associate Medical Director representing the Executive Medical Director; Dr Sally Bolt, representing the Royal College and Dr Khan and Dr Brand representing the department met on 24 March 2025 to interview one candidate for the role of Consultant Radiologist with interest in Women's Imaging.

Dr Sally Ozougwu was appointed to the post of Consultant Radiologist with interest in Womens Imaging. Anticipated start date May 2025. (Internal candidate)

Consultant Rheumatologist

The AAC, comprising of Dr Neil Wooding, Chair of Hywel Dda University Health Board (HDdUHB); Lee Davies, Executive Director representing the Chief Executive Officer; Dr Catherine Burrell, Associate Medical Director representing the Medical Director; Dr Kiran, representing the Royal College and Dr Jayne Evans and Dr Prathapsingh representing the department met on 24 April 2025 to interview one candidate for the role of Consultant Rheumatologist

Dr Tanzeel Ijaz was appointed to the post of Consultant Rheumatologist. Anticipated start date in June 2025. (Internal candidate)

Argymhelliad / Recommendation

The PODCC is requested to:

- Approve the appointments on behalf of the Board.

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

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

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

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

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

7.2

7.2 - Workforce Policies for Approval

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

| For approval

Attachments

[7.2 PODCC SBAR - revised policies - May 25 V4.pdf](#)

[7.2 133-Equality Diversity and Inclusion Policy - Final Draft \(2025\).pdf](#)

[7.2 EqIA Screening 133 - Equality Diversity Inclusion Policy.pdf](#)

[7.2 Interpretation and Translation Policy \(863\) \(Final with accepted trac c~.pdf](#)

[7.2 EqIA 863 - Interpretation and Translation Policy.pdf](#)



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce & Organisational Development Policies
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce & Organisational Development and Deputy Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Heather Hinkin, Assistant Director of People Management

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The report provides the required assurance that the Written Control Documentation (WCD) Policy (policy number 190) has been adhered to in the development of the documents which are in line with legislation/regulations, the available evidence base and are put forward for approval and implementation within the Health Board.

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the Committee is asked to note or approve the recommendations in relation to the below:-

- Local Policies
- All Wales Policies
- Policies not yet presented for approval

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 the People, Organisational Development and Culture Committee (PODCC) for consideration/assurance.

Details regarding each policy (including the changes made) are outlined below:-

- Local Policies - for approval

133 – Equality, Diversity & Inclusion Policy

- The Executive Director with responsibility for this policy has changed from Public Health to Workforce & Organisational Development and this has been reflected in the governance arrangements for the policy.

- Introduction, policy statement and aims have been re-written to be more concise but remain substantively unchanged.
- Roles and responsibilities have been updated for Board and Workforce Teams.
- A new accountability section has been added to the policy.
- References, related guidance and information sections have been updated to ensure only relevant content is included as some details were no longer relevant.
- Appendix A has been formatted to include links under the protected characteristic headings for ease of reference.
- Flowchart has been updated to reflect changes outlined above.
- Global staff consultation has been undertaken.
- A summary EQIA has also been updated.

863 - Translation & Interpretation Policy

- The Executive Director with responsibility for this policy has changed from Public Health to Workforce & Organisational Development and this has been reflected in the governance arrangements for the policy.
- All references to carers have been updated to become unpaid carers.
- Reference to Primary Care has been updated to Community & Primary Care.
- The Strategic Partnerships, Diversity and Inclusion Team has recently changed their name to Business, Partnerships and Inclusion. Correct contact details and a summary of what the team can provide information on has been added under the Accessing Interpretation and Translation Services section.
- Global staff consultation has been undertaken.
- A summary EQIA has also been updated.

- All Wales Policies and updates

There are no All Wales policies for consideration however a copy of the updated quarterly schedule is attached.

- Policies yet to be presented for consideration

The Committee has requested an update to each meeting on those policies that are not on track and for a brief explanation to be provided. A request for extension of two local policies together with the rationale is outlined below. In addition, the table includes a further policy that was extended via Chair's Action since the last meeting to ensure ongoing compliance with the policy review date.

Medicines Management	558 - Medication Errors	Policy has been to Quality, Safety and Experience Committee (QSEC) and to the local and Health Board Staff Partnership Forums and Local Negotiating Committee (LNC). It also required approval by the Medicines Management Operational Group (MMOG) prior to submission to PODCC. MMOG requested	31/08/25
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		some further actions be taken at its last meeting and is due to re-consider this policy at its May 2025 meeting.	
Workforce	002 – Underpayment and Overpayment of Salary Policy	Local policy has been reviewed in light of the All-Wales Overpayment Policy which is currently held at Health Board Staff Partnership Forum stage. This is to ensure we retain information to support staff on underpayments.	31/08/2025
Business, Partnerships and Inclusion	863 - Translation & Interpretation Policy	Chair's Action taken to extend the policy review date to 31 May 2025. Local policy now included in this paper for approval.	31/05/2025

Asesiad / Assessment

Following approval of the recommendation below, all documents will be uploaded/updated on our SharePoint site and replace current versions.

Argymhelliad / Recommendation

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

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

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:	N/A

Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	6. Person-Centred 2. Timely 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Legislation, national policy, terms and conditions
Rhestr Termiau: Glossary of Terms:	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:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	Staff accessing written control documentation which is out of date, no longer relevant or contradicts current guidance.

Gweithlu: Workforce:	The 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 EQIA are attached for both revised local policies.

Equality Diversity and Inclusion Policy

FINAL DRAFT 2025

Policy information

Policy number: 133

Classification: Corporate

Supersedes: 133 V1, V2, V3 & V4

Version number: V5

Date of Equality Impact Assessment: 02/12/2024

Approval information

Approved by: PODCC

Date of approval: Enter approval date

Date made active: Enter date made active (completed by policy team)

Review date: Enter review date (normally three years from approval date)

Summary of document:

This document states Hywel Dda University Health Board's (HDdUHB) commitment to eliminating any inequalities that may exist in the context of employment, service delivery, partnership working, contractors and outside agencies. It reflects HDdUHB's values and aims to ensure that all staff and service users are treated in accordance with those values, creating an inclusive environment where everyone is treated fairly and equitably.

Scope:

This Policy applies to everybody who works for, or on behalf of, the HDdUHB.

To be read in conjunction with:

- [HDdUHB Strategic Equality Plan and Objectives](#) (opens in a new tab)
- [995 – All Wales respect and resolution policy](#) (opens in a new tab)
- [435 – All Wales Staff to Raise Concerns Procedure](#) (opens in a new tab)
- [768 – Managing Attendance at Work Policy](#) (opens in a new tab)
- [1085 - Leave and Pay for New and Existing Parents Policy](#) (opens in a new tab)
- [894 – Putting Things Right Management and Resolution of Concerns Policy](#) (opens in a new tab)
- [982 – Incidents, Near Miss and Hazard Reporting Policy](#) (opens in a new tab)
- [153 - Equality Impact Assessment Policy](#) (opens in a new tab)
- [201 - All Wales Disciplinary Policy and Procedure](#) (opens in a new tab)

Owning group:

Business, Partnerships and Inclusion Team

04/12/2024

Executive Director job title:

Director of Workforce and Organisational Development

Reviews and updates:

Version 1 – New Policy – 28.06.2011.

Version 2 – Revised – 05.06.2014.

Version 3 – Refresh and Update – 19.12.2017.

revised objectives to adopt a pro-active approach to equality and diversity.

More details around responsibilities. Employment Policy Review Group 02.06.2017

CPRG– 06.09.17.

W&OD – September 2017.

Staff Partnership – September 2017.

Improving Experience Sub Committee – October 2017.

Business Planning and Performance Assurance Committee – December 2017.

Version 4 – Updated reference to Data Protection Act 2018 / General Protection Regulations 2016 (GDPR2016) - 25.03.2022.

Version 5 – Full review undertaken and updated policy presented to People, Organisational Development and Culture Committee - January 2025 – final date **TBC**.

Keywords

Equality, diversity

Glossary of terms

PADR – Performance Appraisal and Development Reviews

Direct discrimination - treating someone with a protected characteristic less favourably than others.

Indirect discrimination - putting rules or arrangements in place that apply to everyone, but that put someone with a protected characteristic at an unfair disadvantage.

Discrimination by association – when someone is treated unfairly because either someone they know or someone they are associated with has a certain protected characteristic.

Harassment - unwanted behaviour linked to a protected characteristic that violates someone's dignity or creates an offensive environment for them.

Victimisation - treating someone unfairly because they've complained about discrimination or harassment.

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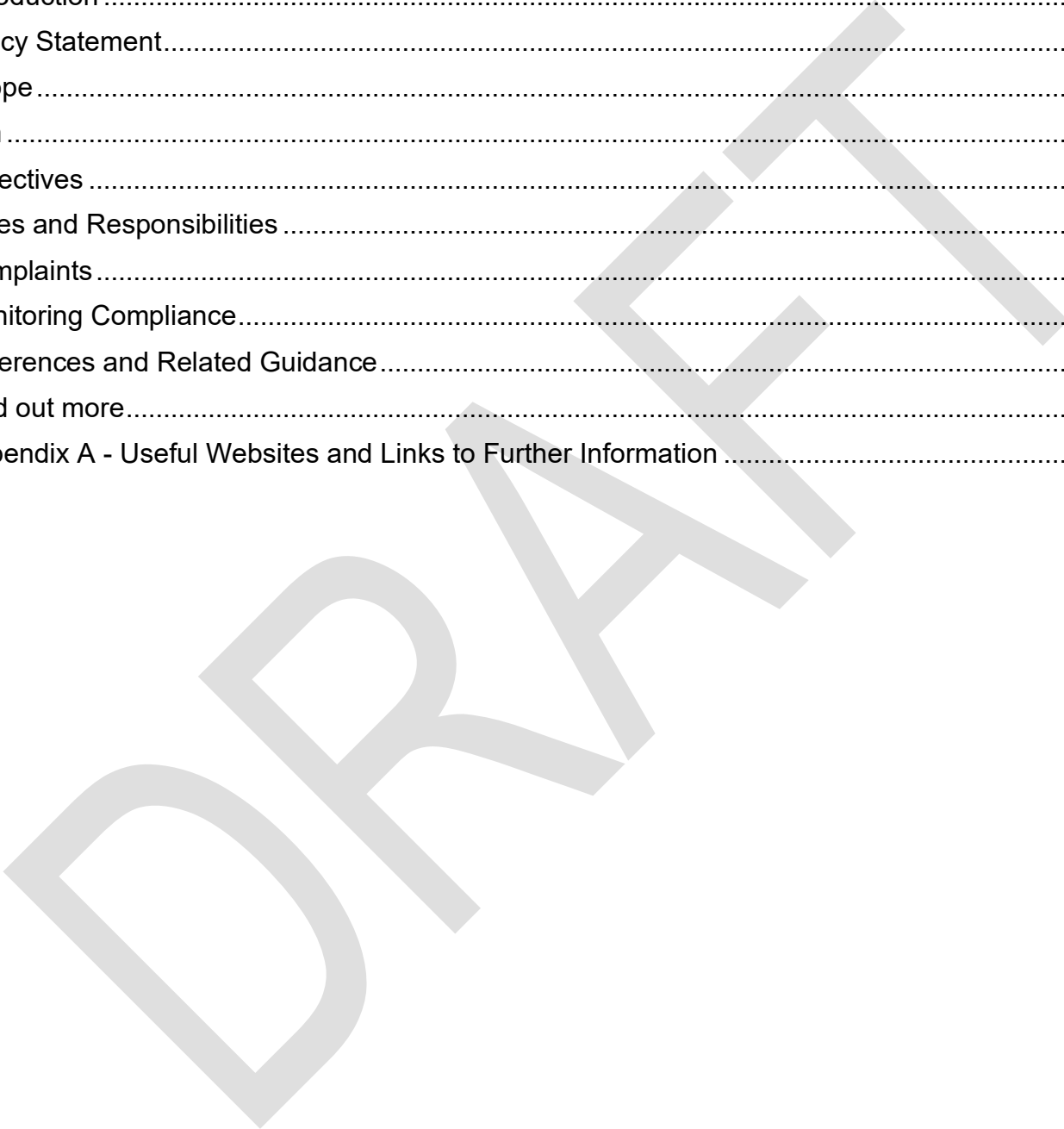
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Introduction

Hywel Dda University Health Board (HDdUHB) operates under the Equality Act 2010, which prohibits discrimination based on protected characteristics such as age, gender reassignment, marital status, pregnancy, disability, race, religion, sex, and sexual orientation. Discrimination can take various forms, including direct, indirect, associative, harassment, and victimisation. We are committed to proactively meet our equality obligations, focusing on the needs of those at risk of inequality.

In addition, all public sector bodies in Wales must also consider the impact their decisions could have on people facing socio-economic disadvantage, the Armed Forces Community and those who speak Welsh. As a major employer and healthcare provider, we aim to reduce inequality, discrimination, and harassment in our services and communities.

Policy Statement

HDdUHB opposes all forms of unlawful discrimination and acknowledges that certain groups and individuals are at greater risk of unfair treatment. We are committed to complying with equality and human rights legislation and actively address issues such as exclusion, discrimination, harassment, victimisation, marginalisation, and exploitation.

We aim to promote equality, foster good relations between individuals with protected characteristics and those without, and ensure inclusivity in both employment and service delivery. We prioritise embedding equality, diversity, and human rights principles across all our operations, and recognise that this requires accountability and ownership among board members, staff, and service providers.

By attracting and retaining a diverse workforce and listening to service users, we strive to become an employer of choice and deliver equitable, person-centered services that utilise the best available skills and expertise.

Scope

This Policy applies to everybody who works within HDdUHB and to everyone who provides goods and services on its behalf. Everyone is expected to conduct their business in a way that reflects the Policy aims and objectives. This Policy also applies to all functions undertaken and to policies developed or adopted by HDdUHB.

Aim

The aims of the Policy are:

- to encourage staff to:
 - implement a values-based approach when carrying out their duties
 - be proactive in creating an inclusive environment where everyone is treated fairly and equitably; and
- to ensure that equality and diversity considerations underpin:
 - the recruitment, employment and development of staff
 - the development and delivery of healthcare services.

Objectives

The aims will be achieved by:

- Promoting, embedding and implementing the health boards values.
- Achieving a representative leadership body and workforce that reflects our local communities.

- Attracting, recruiting, developing and retaining a diverse workforce that can deliver high quality, person-centred services that are fair, accessible, appropriate and responsive to individual needs.
- Supporting all members of our local communities in applying for employment within HDdUHB.
- Monitoring recruitment practices to ensure that systems are open, accountable and fair and that protected groups are not disadvantaged.
- Ensuring that learning and development environments are non-discriminatory and that all staff have the opportunity of career development.
- Encouraging staff to report incidents of discrimination, victimisation or harassment and ensuring there are procedures in place that provide assurance for staff that complaints will be dealt with appropriately, efficiently and effectively.
- Ensuring that accessible mechanisms are in place to support dialogue with and feedback from staff, patients, service users, carers, partner organisations and the general public.
- Ensuring that all HDdUHB policies and practices comply with equality and human rights legislation and Codes of Practice.

Roles and Responsibilities

The Board is responsible for:

- Shaping organisational culture: setting strategic direction, reviewing performance, and ensuring good governance.
- Promoting equality and diversity: Ensuring a coordinated approach is taken to promoting equality, diversity and inclusion.
- Establishing effective practices: Implementing policies and procedures that promote effective working practices related to equality, diversity, and human rights.
- Ensuring compliance with equality duties: Using the equality lens when carrying out Board business ensuring due regard to the General and Wales specific Public Sector Equality Duties.
- Reporting on equality issues: Scrutiny of equality-related statutory reports in accordance with equality legislation and statutory duties.

The Director of Workforce and Organisational Development will ensure that:

- Equality considerations are built into employment policies and procedures to promote a positive, supportive and inclusive working environment.
- Staff have access to appropriate training to support their personal development needs, and training is accessible to all.
- Workforce and Organisational Development Teams analyse workforce equality information periodically to identify any positive actions which need to be taken to address any issues which emerge.
- Reports on equality issues relating to employment are prepared and are scrutinised by relevant Committees and the Board before publication. This will include the Strategic Equality Plan Annual Report, annual Pay Gap Reports, and the annual Workforce Equality Report.
- Information gathered is appropriately analysed including the use of inter-sectional approaches.
- All complaints and concerns from staff and alleged breaches of this policy are dealt with seriously, sensitively, confidentially and in a timely manner.
- Workforce and Organisational Development Teams adopt a pro-active approach to eliminating discrimination, advancing equality and celebrating diversity across HDdUHB.
- Workforce and Organisational Development teams engage effectively with staff, including Staff Networks, in order to ensure the needs of protected groups are being met.

The Recruitment Team will:

- Offer advice and support to appointing managers on inclusive recruitment initiatives. This includes guaranteed interview schemes, support with application and interview procedures and reasonable adjustments.
- Develop and deliver targeted recruitment campaigns for persons with a protected characteristic.
- Produce resources that provide guidance and support on inclusive recruitment.
- Actively encourage and promote inclusive recruitment procedures to staff across HDdUHB.

The Equality, Diversity and Inclusion Team will:

- Promote and support staff to embed equality, diversity and inclusion principles across all functions and services.
- Provide appropriate specialist advice, support and guidance to managers and staff on equality, diversity and inclusion matters.
- Develop, implement, monitor and review the Strategic Equality Plan and Objectives.
- Produce regular update reports for relevant Committees and the Board to provide assurance, escalate any identified risks and recommend solutions.
- Advise, assist and provide positive support to all staff in the development and implementation of policies, procedures and working arrangements to meet the aims and objectives of this policy and those of the Equality Impact Assessment Policy.
- Assist HDdUHB to create and maintain an inclusive environment across all sites and departments.
- Facilitate a range of staff networks for those with a protected characteristic to offer them a supported space to discuss concerns, promote good practice and provide an opportunity to comment on policies and plans to ensure these promote inclusivity and eliminate discrimination.
- Source, develop and deliver specialised equality, diversity and inclusion training to increase knowledge and awareness, in order to better support staff and service users.

Trade Unions and Staff Side Representatives will:

- Offer support to staff in situations where concerns have been expressed and encourage staff to report their concerns through the appropriate channels and procedures where necessary.
- Work in partnership with managers to tackle discrimination, prejudice and harassment at work.

Public and Patient Engagement / Patient Experience Team will:

- Engage with patients and service users and provide accessible mechanisms for dialogue and feedback.
- Identify and escalate any equality, diversity and inclusion issues identified as a result of public or staff engagement via the appropriate channels.

The Communications Team will:

- Ensure accessible, bilingual communication in Welsh and English, as well as the provision of information in other formats and community languages.
- Include images that reflect the full diversity of the population in printed or digital materials.
- Use language that is appropriate for the communities we serve.
- Provide guidance to staff and ensure that all communications are produced in line with accessibility regulations.

Procurement and Commissioning Staff will:

- Build equality considerations into the organisation's relationships with suppliers and ensure equal opportunity is given to tenders from a diverse range of suppliers.
- Ensure that due regard is given to the General and Wales specific Public Sector Equality Duties through each stage of the procurement process and in monitoring our contracts with third parties.
- Ensure that all suppliers of goods and services on behalf of HDdUHB show a commitment to eliminating discrimination, advancing equality and fostering good relations between diverse groups.

Senior Managers will:

- Lead by example by promoting and implementing HDdUHB's values and principles to ensure equality of opportunity, promoting respect and dignity as everyone's right, whether staff, patient, service user, carer or member of the public.
- Adopt a pro-active approach to eliminating discrimination, advancing equality and celebrating diversity in their working environment.
- Ensure that staff are appropriately trained to carry out their responsibilities under this Policy as identified via the PADR process and Professional Codes of Conduct.
- Ensure that staff who raise concerns relating to unfair treatment, discrimination, harassment or bullying are supported and that appropriate action is taken to address their concerns with sensitivity and in a timely manner.
- Undertake equality impact assessments to support service development and change and to demonstrate due regard to the General and Wales specific Public Sector Equality Duties.

All Staff must:

- Act in ways that are in accordance with this Policy and HDdUHB values.
- Not harass, abuse, or intimidate other employees, patients, service users, or any other member of the public they meet, whether on or off HDdUHB premises.
- Take responsibility for their own professional and personal behaviour and conduct themselves in a manner that does not cause offence to another person or bring the organisation into disrepute, intended or otherwise.
- Act fairly and compassionately in all interactions with colleagues, service users, families, carers and members of the public.
- Undertake mandatory equality and diversity training and any additional equality and diversity training as identified by their line manager or within their PADR.
- Inform their line manager if they become aware of any behaviour that undermines equality and diversity.

Accountability

Any employee who does not observe the provisions of this Policy or who discriminates against or harasses another employee, applicant for employment, patient/service user or member of the public will be subject to disciplinary action which could result in dismissal.

This policy requires a collective effort by all of us, to create a supportive, fair, and inclusive environment for staff, patients, and the broader community.

Complaints

The organisation takes all complaints of discrimination or harassment seriously, regardless of whether the complaint is made by employees, managers, service users, or third parties. Employees who believe they have been treated unfairly can use the All Wales Wales [995 Respect and Resolution Policy](#) (opens in a new tab) without fear of victimisation. Proven acts of discrimination will be treated as disciplinary offences and dealt with in accordance with HDdUHB's [All Wales Disciplinary Policy and Procedure](#) (opens in a new tab).

Staff may also confidentially seek support from the Staff Psychological Wellbeing Service.

Prospective employees, non-directly employed workers, service users, and the public wishing to make a complaint in relation to equality, diversity and inclusion should do so in line with [894 - Putting Things Right Policy and procedures](#) (opens in a new tab).

Any complaints received in relation to equality, diversity or human rights will be addressed on an individual basis and appropriate action taken.

Monitoring Compliance

Implementation of this Policy will be monitored by the Equality, Diversity and Inclusion Team and others who are responsible for reviewing the development and implementation of Workforce and Organisational Development policies which relate to the protected characteristics in line with the requirements of equality and human rights legislation.

Service delivery and employment policies and practices will be continuously reviewed against the aims of this Policy and must undergo Equality Impact Assessment.

References and Related Guidance

- Human Rights Act 1998
- Gender Recognition Act 2004 Equality Act 2010
- Welsh Language Measure 2011
- Socio-economic Duty (Wales)
- Wellbeing of Future Generations (Wales) Act 2015
- The Public Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018
- [Armed Forces Covenant Duty 2022](#)

Find out more

For further information please contact the Equality, Diversity and Inclusion Team on 01554 899055 or email Inclusion.HDD@wales.nhs.uk

Appendix A - Useful Websites and Links to Further Information

Age

[Age Cymru | We are the national charity for older people in Wales. \(ageuk.org.uk\)](http://ageuk.org.uk)

[Home - Children's Commissioner for Wales \(childcomwales.org.uk\)](http://childcomwales.org.uk)

[The Older People's Commissioner for Wales \(olderpeoplewales.com\)](http://olderpeoplewales.com)

Disability

[Home. - Disability WalesRNID in Wales - RNID](#)

[Wales Council for Deaf People - Supporting People with Hearing Loss \(wcdeaf.org.uk\)](http://wcdeaf.org.uk)

[Wales / Cymru - RNIB - See differently](#)

Gender Reassignment

[Stonewall Cymru](#)

Race

[Race Council Cymru \(RCC\) | Promotion of equality Community Cohesion, and diversity by the elimination of discrimination on the grounds of race, gender, disability, sexual orientation or religion.](#)

Sex

[We are the Women's Equality Network Wales - Womens Equality Network Wales \(wenwales.org.uk\)](http://wenwales.org.uk)

Sexual Orientation

[Stonewall Cymru](#)

Armed Forces

[Home - Armed Forces Covenant](#)

Socio economic

[The Socio-economic Duty: guidance and resources for public bodies | GOV.WALES](#)

Welsh Language

[Welsh Language Commissioner](#)

General Resources

[Home Page | Equality and Human Rights Commission \(equalityhumanrights.com\)](http://equalityhumanrights.com)

[Diverse Cymru Homepage | Diverse Cymru](#)

[We're here to make life better for carers - Carers UK](#)

Have you witnessed any form of discrimination, been the victim of discrimination or suspect discrimination in the workplace aimed towards yourself, a colleague or a service user?
Please consider the following options;

Discuss the incident with you line manager in the first instance if appropriate to do so

or

Report the incident to a member of the Human Resources Team:
Human.Resources.HDD@wales.nhs.uk

or

Seek further information from the Speak Up Safely Homepage - Hywel Dda University Health Board | Speak up safely (wales.nhs.uk)

or

Discuss the incident with a member of the Culture and Workforce experience Team

note

This option is only available for Staff and not available for services users

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	Workforce and Organisational Development
Service Area	Strategic Partnerships, Diversity and Inclusion

Title of Procedure, Project, Proposal, Policy being screened:	133 - Equality, Diversity and Inclusion Policy
--	--

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

This policy reinforces the Health Board's commitment to eliminating any inequalities that may exist in the context of employment, service delivery, partnership working, contractors and outside agencies. It reflects Hywel Dda University Health Board's values and aims to ensure that all staff and service users are treated in accordance with those values, creating an inclusive environment where everyone is treated fairly and equitably. This policy applies to everybody who works for, or on behalf of, the Health Board.

Aim

The aims of the Policy are:

- to encourage staff to implement a values-based approach when carrying out their duties and to be proactive in creating an inclusive environment where everyone is treated fairly and equitably; and
- to ensure that equality and diversity considerations underpin both the recruitment, employment and development of staff and the development and delivery of healthcare services.

Objectives

The aims will be achieved by:

- Promoting, embedding and implementing the health boards values and principles.
- Achieving a representative leadership reflecting the wider society.
- Attracting, recruiting, developing and retaining a diverse workforce that can deliver high quality, person-centred services that are fair, accessible, appropriate and responsive to individual needs.
- Supporting all members of our local communities in applying for employment within HDdUHB.
- Monitoring recruitment practices to ensure that systems are open, accountable and fair and that protected groups are not potentially disadvantaged.
- Ensuring that learning and development environments are non-discriminatory and that all staff have the opportunity of career development.
- Ensuring that procedures and the working environment encourage staff to report incidents of discrimination, victimisation or harassment and that there is assurance for staff that complaints will be dealt with appropriately, efficiently and effectively.
- Ensuring that accessible mechanisms are in place to facilitate dialogue with and feedback from staff, patients, service users, carers, partner organisations and the general public.

- Ensuring that all HDdUHB policies and practices comply with equality and human rights legislation and Codes of Practice.

Other related policies/areas of work:

- Strategic Equality Plan
- 128 – Maternity, Adoption and Paternity Leave Policy
- 130 - All Wales Dignity at Work Policy
- 153 - Equality Impact Assessment Policy and Procedure
- 435 – All Wales Staff to Raise Concerns Procedure
- 768 – Managing Attendance at Work Policy
- 894 – Putting Things Right Management and Resolution of Concerns Policy
- 982 – Incidents, Near Miss and Hazard Reporting Policy
- 995 – All Wales Respect and Resolution Policy

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

[Home Page | Equality and Human Rights Commission \(equalityhumanrights.com\)](#)
[Stonewall Cymru](#)
[Race Council Cymru \(RCC\) | Promotion of equality Community Cohesion, and diversity by the elimination of discrimination on the grounds of race, gender, disability, sexual orientation or religion.](#)
[Age Cymru | We are the national charity for older people in Wales. \(ageuk.org.uk\)](#)
[Home. - Disability Wales](#)
[RNID in Wales - RNID](#)
[Wales Council for Deaf People - Supporting People with Hearing Loss \(wcdeaf.org.uk\)](#)
[Wales / Cymru - RNIB - See differently](#)
[Diverse Cymru Homepage | Diverse Cymru](#)
[We are the Women's Equality Network Wales - Womens Equality Network Wales \(wenwales.org.uk\)](#)
[Welsh Language Commissioner](#)
[The Socio-economic Duty: guidance and resources for public bodies | GOV.WALES](#)
[Home - Armed Forces Covenant](#)
[We're here to make life better for carers - Carers UK](#)
[Home - Children's Commissioner for Wales \(childcomwales.org.uk\)](#)
[The Older People's Commissioner for Wales \(olderpeoplewales.com\)](#)
[Census - Office for National Statistics](#)
[Equality, diversity and inclusion - Hywel Dda University Health Board](#)

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 EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

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 policy aims to eliminate discrimination against people due to their 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	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
Justification of impact identified: The policy aims to eliminate discrimination against people due to their disability				
Gender Reassignment Is it likely to affect those who either:				
<ul style="list-style-type: none"> • 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	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
Justification of impact identified: The policy aims to eliminate discrimination against people due to their gender				
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	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
Justification of impact identified: The policy aims to eliminate discrimination against people due to their marital or civil partnership status				
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	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
Justification of impact identified: The policy aims to eliminate discrimination against people due to their pregnancy or maternity status				
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	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
Justification of impact identified: The policy aims to eliminate discrimination against people due to their race, ethnicity or nationality				
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	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact

Justification of impact identified: The policy aims to eliminate discrimination against people due to their religion or beliefs			
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 policy aims to eliminate discrimination against people due to the sex			
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.			
Positive Impact	✓	Negative Impact	No Impact
Justification of impact identified: The policy aims to eliminate discrimination against people due to their sexual orientation			
Armed Forces Community Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance			
Positive Impact	✓	Negative Impact	No Impact
Justification of impact identified: The policy aims to eliminate discrimination against people due to their veteran/armed forces status			
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty			
Positive Impact	✓	Negative Impact	No Impact
Justification of impact identified: This policy also requires staff to eliminate discrimination against those who may be disadvantaged due to their socioeconomic status.			
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.			
Positive Impact	✓	Negative Impact	No Impact

Justification of impact identified:

This policy also requires staff to eliminate discrimination against those who speak Welsh and wish to use Welsh in their day to day lives.

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	Eiddan Harries
	Title	Diversity and Inclusion Manager
	Contact details	Eiddan.harries@wales.nhs.uk
	Date	17.12.2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Helen Sullivan
	Title	Head of Partnership, Diversity & Inclusion
	Contact details	helen.sullivan@wales.nhs.uk
	Date	19/02/2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	20/02/2025
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.

Interpretation and Translation Policy

Policy information

Policy number: 863

Classification: Corporate

Supersedes: Previous versions

Version number: 5

Date of Equality Impact Assessment: 02/12/2021

Approval information

Approved by: PODCC

Date of approval: TBC

Date made active: TBC

Review date: TBC

Summary of document:

The health board is committed to ensuring that all patients (or their unpaid carers if required to do so on behalf of the patient) can make informed choices about their healthcare in a dignified manner. The health board will therefore provide high quality interpretation and translation services for, and on behalf of, patients accessing its services, through the use of interpreters who are bilingually competent, neutral, independent and professionally trained and qualified. The aim of this policy is to ensure that all patients and their unpaid carers receive timely, equitable, patient-focused care and do not come to avoidable harm.

Scope:

This policy applies to all Hywel Dda University Health Board staff who care for patients (children and adults) and their unpaid carers, or those acting on behalf of the patient who are Limited English Proficient, regardless of the clinical setting.

This policy also applies to all staff who work within both Community and Primary Care within the Hywel Dda Health Board area.

For the purpose of this policy, the term child refers to an individual up to the age of 18.

For the purpose of this policy the term unpaid carer is defined as someone who provides unpaid help and support to a relative, friend or neighbour who could not manage on their own, due to chronic or life limiting illness, disability, frailty, physical impairment, mental ill health or substance misuse.

To be read in conjunction with:

Hywel Dda UHB Strategic Equality Plan and Objectives

[133 - Equality and Diversity Policy](#) (opens in a new tab)

[153 - Equality Impact Assessment Policy and Procedure](#) (opens in a new tab)

[894 – Putting Things Right PTR Management and Resolution of Concerns Policy](#) (opens in a new tab)

[312 - Chaperone Policy](#) (opens in a new tab)

Patient information:

Include links to [Patient Information Library](#)

Owning group: Business, Partnerships and Inclusion Team

Executive Director job title:

Director of Workforce and Organisational Development [Date signed off by owning group](#)

Reviews and updates:

1 – new policy

2 – review 0/05/2022 (V3)

3 – amendment to paragraph 13.01.2024 (V4)

4 – three yearly review (V5)

Keyword

Interpretation, translation, British Sign Language, BSL

Glossary of terms

Approved interpreter	An Interpreter provided by a professional interpretation service commissioned by the Health Board.
Interpreter	A person who interprets a spoken or signed (British Sign Language) message from one language to another. This can be either face-to-face or by telephone and can include web-based services.
Translation	Translation is the transmittal of written text from one language into another, including Braille. Translation does not strictly have to be into written text – it can also mean translation into audio, CD, or PDF for a website.
Unpaid carer	A person who is responsible for the care and support of older, disabled or ill family and friends who are unable to care for themselves. The care they provide is unpaid.
Limited English Proficient	If English is not your primary language and you have difficulty communicating effectively in English.

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Introduction

Equality and Fairness is at the heart of everything that we do. This means doing our best to ensure that service users are able to understand healthcare information presented to them. This applies to information presented in written form, for example, patient leaflets, letters, and key communications. It also applies to information presented verbally, for example, during clinical consultations.

The Health Board has a process to ensure that people have easy access across the organisation to accredited interpretation and translation services for Welsh, community languages, Braille and British Sign Language, and that best use is then made of the services provided.

Poor communication can be a patient safety risk and presents a major barrier to accessing health care for people who require communication support due to disability or impairment, or because their first language is not English.

It is the Health Board's position that only under exceptional circumstances can family members, friends, unpaid carers or members of staff be asked to provide interpretation (see section 'Emergency situations'). The Health Board commissions independent interpretation and translation services for the patient at no charge to the individual.

The Health Board is committed to ensuring that all patients make informed choices about their healthcare in a dignified manner. The Health Board will provide high quality interpretation and translation services for service users accessing its services through the use of interpreters who are bilingually competent, neutral, independent and professionally trained and qualified. The Health Board commissions face-to-face, telephone and online interpretation and translation services.

Any communication requirements should be documented as part of the patient referral process. It is essential that the individual communication needs of our service users are met in order to enhance the patient experience and for the organisation to comply with Welsh language legislation, equality legislation, the All Wales Standards for Accessible Communication and Information for People with Sensory Loss and other statutory requirements.

Scope

This policy applies to all Hywel Dda University Health Board staff who care for patients (children and adults) and their unpaid carers, or those acting on behalf of the patient who is Limited English Proficient, this also includes those who use British Sign Language, regardless of the clinical setting.

Aim

The aim of this document is to ensure that all patients and their unpaid carers who require communication support receive timely, equitable, patient-focused care and do not come to avoidable harm.

Objectives

The aim will be achieved by:

- Identifying whether an interpreter is required to support communication, or whether translation is required for written documentation.
- Indicating on the patient's health care records where there is a need for them and/or their unpaid carers to have communication support such as having an interpreter present or using telephone/online interpretation.
- Organising interpreters via interpretation services commissioned by the Health Board.
- Organising translation services as required.

Procedure

Interpretation Service

When should an Interpreter be used?

When interacting for simple care and comfort situations (for example when taking blood) alternative aids may be used, such as the Hospital Communication Guide, or with the aid of flash cards, symbols or gestures. [Please follow this link to the Hospital Communications book \(http://online.anyflip.com/kbnnc/igzw/mobile/index.html\)](http://online.anyflip.com/kbnnc/igzw/mobile/index.html) (opens in a new tab).

An approved interpreter must be used where effective communication is critical to patient care outcomes and patient experience such as, but not limited to:

- admission/initial assessment.
- history taking and care planning.
- consent for treatments and research.
- high risk / life threatening situations.
- pre-operative procedures including patient identification and identification of operation site.
- Mental Health Tribunals.
- if the patient is considered to be a "vulnerable person" – this includes, children, individuals with learning difficulties and patients who have been subjected to or potentially at risk of harm, domestic abuse, coercive control and violence.
- explanation of medication or treatments.

- when providing care to or interacting with a Limited English Speaking patient or their unpaid carer.

Methods of interpreting

Generally, using telephone interpreting should be regarded as the first option except in the following circumstances where face-to-face or video interpretation should be considered:

- Interpreting session lasts more than 30 minutes.
- Patient/unpaid carer uses non-verbal communication such as British Sign Language.
- Patient/unpaid carer has a communication, cognitive or learning disability which would make telephone interpreting difficult.
- Where conversation needs to be recorded for legal reasons (Interpretation via MS Teams has a record function).
- Bereavement and breaking bad news (life threatening diagnosis).
- Ethically difficult or challenging situations.

Situations where it may be more appropriate to use a telephone or video interpreter rather than arrange a face-to-face interpreter would be:

- In an emergency where there is insufficient time to organise a face-to-face interpreter.
- When access to an interpreter is required unexpectedly.
- When anonymity is preferred (the camera can be switched off for video interpreting unless it's a BSL interpreter who will need to see the patient/unpaid carer).
- If the conversation is going to be brief (under 30 minutes).
- If there are geographical limitations.

If the patient/unpaid carer is a child, an approved over the phone, online or face-to-face interpreter must be used. This does not prevent the family from being present to provide support as they would do in any other circumstances.

Interpreting may be provided face-to-face, via telephone or online video. The decision as to which means of interpreting is appropriate to use lies with the professional judgement of the health care professional.

Use of non-approved interpreters

The use of staff, spouses/partners, family members, unpaid carers or friends is not acceptable unless there are exceptional circumstances relating to emergency situations (see section [emergency situations](#)). In most cases, telephone or online based interpretation services should be used.

In suspected safeguarding situations the exceptional circumstances do not apply and an interpreter must be used.

Children and young people, other patients and members of the public must **never** be used as a non-approved interpreter.

The patient/unpaid carer may indicate a preference for the interpretation to be conducted by a non-approved interpreter of their choice. In such circumstances, the patient must be encouraged to use an approved interpreter. However, if the patient /unpaid carer insists on using a non-approved interpreter, the health professional would need to make a judgement whether an approved interpreter is also required to give assurance that the interpretation provided by the non-approved interpreter is reliable.

If the patient/unpaid carer, after being advised of the risks involved, insists on using a non-approved interpreter a member of staff should use the telephone interpretation service to make sure that the points below are discussed and understood:

- That using a non-approved interpreter could lead to a poor outcome for the patient.
- That the patient/unpaid carers understanding may be compromised and any decision making based on informal, untrained interpreters could impact detrimentally on the ongoing or future care of the patient.
- That the Health Board cannot be held accountable for misinterpretation.
- That the use of interpreters accessed through a professional interpretation service provides protection for both the patient and the Health Board.
- That the decision to proceed with a non-approved interpreter will be fully documented in the patient's health care records.

Emergency situations

Use of staff – in an emergency situation, telephone and online based interpretation is available for use. However, it may be necessary in some exceptional cases to use staff members to communicate information about care or personal history, interpret clinical information, medical terminology or to facilitate decision making about clinical care.

In the event of an emergency where communication is not possible and there is no time to obtain an interpreter, you may provide immediate treatment necessary to save life or prevent a serious deterioration in the patient's health. This decision and the need for immediate treatment must be fully documented in the patient's health care record.

Use of family and unpaid carers

In an emergency situation, it may be necessary to use adult family members to help communicate basic information about care or personal history, but they **should not** be used to interpret clinical information, medical terminology or to facilitate decision making about clinical care.

The role of an interpreter

The role of an interpreter should be respected and they should not be asked to work outside their boundaries. If required health professionals should allow for extended appointment time for patients needing interpreters. Interpreters are responsible for:

- interpreting accurately
- keeping all information obtained in the interpreting session confidential
- explaining cultural differences where appropriate

Their role does not include:

- giving their own opinion
- chaperoning
- advocating for the patient, family member or staff member
- undertaking other tasks such as written translation
- Lifting patients, looking after the patient's children etc.

Intimate examinations and procedures

Refer to HDHB [312 - Chaperone Policy](#) (opens in a new tab) for advice on the correct use of chaperones. An interpreter is not to be used as a chaperone under any circumstances. If interpretation is required during an examination or procedure, the patient must be shielded from the interpreter by use of curtains or screens, or by the use of telephone or online interpretation services with the patient camera switched off.

Translation Service

When a written translation service should be used

Translations should be used for care critical communications such as:

- Professional to professional letters
- Health care records
- Letters to or from patients

All documents that are translated by the Health Board's commissioned translation service must adhere to the Health Board's information governance requirements.

If a patient is Limited English Proficient or has a disability, the use of translations should be considered for any leaflets or other information normally issued as part of patient care, including, where required, translation into Braille and Easy Read.

Translation is not a substitute for an interpreter. Simply giving a translated document should not be considered as meeting the obligation to provide communication support. If an interpreter is needed then one must be provided.

As with spoken communication, healthcare staff must satisfy themselves that the patient understands the written document. This may require the assistance of an interpreter. The patient may not be able to

read their language. They may speak one language but read in another. Some spoken languages do not have a written form.

When translated documents are developed, consideration should be given to the cultural appropriateness of the text and any graphics.

Accessing Interpretation and Translation Services

[Please follow this link to the Business, Partnerships & Inclusion Intranet page, where you will find the most up-to-date guidance for accessing Interpretation and Translation services](#) (opens in a new tab)

If you require translation into Braille, Easy Read, DeafBlind Manual, Moon, Makaton etc, or if you would like further information on how to make appointments more accessible for patients needing BSL or other community language interpreters, please contact the Business, Partnerships and Inclusion Team via Phone: 01554 899055 or via email: inclusion.hdd@wales.nhs.uk

Non-compliance with the policy may result in an adverse impact for patients, requiring investigation in line with HDdUHB Policy 514 - Management and Investigation of Incidents.

Monitoring

Complaints and concerns received regarding this policy will be noted on Datix and through PALS, and will be considered on an individual basis and appropriate action taken. If health professionals have concerns regarding the quality of the interpretation service, they are able to raise this with the Business, Partnerships and Inclusion team (contact details above).

References

Equality Act 2010

Human Rights Act 1998

Well-being of Future Generations (Wales Act) 2015

Social Services and Well-being (Wales) Act 2014

Welsh Language (Wales) Measure 2011

Health and Care Standards in Wales

All Wales Standards for Accessible Communication and Information for People with Sensory Loss

This procedure has been developed with reference to a range of similar procedures across the NHS in England, Wales and Scotland.

DRAFT

Appendix 1 - Legal and Ethical Issues and management responsibilities

Hywel Dda University Health Board has legal, ethical and business responsibilities to provide effective communication support.

Legal responsibilities are embedded in the Equality Act 2010, Human Rights Act 1998, Well-being of Future Generations (Wales) Act 2015 and Social Services and Well-being (Wales) Act 2014, Welsh Language (Wales) Measure 2011, The Welsh Language Standards (No. 7) Regulations 2018, Health and Care Standards in Wales.

Ethical responsibilities lie in ensuring patients are treated equally, receive high quality care, are fully informed and involved in decisions about their care and can give informed consent.

Management responsibilities lie in ensuring effective use of resources. Poor communication contributes to non-compliance with treatment, cancelled appointments, repeat admissions, delayed discharge and exposure to litigation for negligence and errors.

Illness and other stressful healthcare situations can have a negative impact on anyone's ability to communicate effectively but especially that of someone whose first language is not English. A person who might usually cope well with English or be able to lip read may find it more difficult to communicate or may revert to their first language in stressful situations. Similarly, older people with dementia may revert to the language they spoke as a child.

People who are Limited English Proficient:

- may not be able to give informed consent.
- may not be able to ask questions or seek assistance.
- may not be aware of what services are available to them.
- may not be able to use medication properly or follow care plans because the information is in English.
- may come from cultures with different understandings of health and illness.
- may come from countries with different healthcare systems and so not understand how to use NHS services or understand their rights and responsibilities within the healthcare system.

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	Business, Partnerships and Inclusion
Service Area	Workforce and OD

Title of Procedure, Project, Proposal, Policy being screened:	863 - Interpretation and Translation Policy
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The aim of this document is to ensure that all patients and their Carers who require communication support receive timely, equitable, patient-focused care and do not come to avoidable harm.

The aim will be achieved by:

- Identifying whether an interpreter is required to support communication, or whether translation is required for written documentation.
- Indicating on the patient's health care records where there is a need for them and/or their Carers to have communication support such as having an interpreter present or using telephone/online interpretation.
- Organising interpreters via interpretation services commissioned by the HDUHB.
- Organising translation services as required.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

Data around the number of uses and locations will continue to be monitored. The location of use data will inform future awareness raising around these services.

Ethical responsibilities lie in ensuring patients are treated equally, receive high quality care, are fully informed and involved in decisions about their care and can give informed consent.

Management responsibilities lie in ensuring effective use of resources. Poor communication contributes to non-compliance with treatment, cancelled appointments, repeat admissions, delayed discharge and exposure to litigation for negligence and errors.

Illness and other stressful healthcare situations can have a negative impact on anyone's ability to communicate effectively but especially that of someone whose first language is not English. A person who might usually cope well with English or be able to lip read may find it more difficult to communicate or may revert to their first language in stressful situations. Similarly, older people with dementia may revert to the language they spoke as a child.

References

- Equality Act 2010
- Human Rights Act 1998
- Well-being of Future Generations (Wales Act) 2015
- Social Services and Well-being (Wales) Act 2014
- Welsh Language (Wales) Measure 2011
- Health and Care Standards in Wales
- All Wales Standards for Accessible Communication and Information for People with Sensory Loss

This procedure has been developed with reference to a range of similar procedures across the NHS in England, Wales and Scotland.

We will further analyse locations where there is limited or no service usage and target awareness raising comms as appropriate.

Staff and patient feedback - The new patient feedback system, once fully functional, will allow the sharing of monitoring data around each of the protected characteristics and may also be able to capture interpreter use but we can get that information from WITS/Language Line.

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 EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://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	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: Access to interpreter and translator services provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services.				
No impact envisaged at this time for individuals based on the protected characteristic of Age.				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input type="checkbox"/>
Justification of impact identified: The impact of not having a BSL interpreter when one is required could be significant. However, it's unclear at present as to whether there is a lack of knowledge around the services available, an unwillingness to use these services or a lack of demand.				

Further awareness raising around this provision should increase usage of the services available, having a positive impact on patient experience.

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	✓
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Justification of impact identified:
 Access to interpreter and translator service provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services.

No impact envisaged at this time for individuals based on the protected characteristic of 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	✓
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Justification of impact identified:
 Access to interpreter and translator service provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services.

No impact envisaged at this time for individuals based on the protected characteristic of Marriage and Civil Partnership.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact	✓	Negative Impact		No Impact	
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Justification of impact identified:
 This Service has already been used specifically for pregnancy and maternity advice, ensuring that parents to be and new parents fully understand the advice given to them and are able to ask any questions and obtain any clarity they feel they need. We will continue to monitor and encourage usage as appropriate.

Further awareness raising around this provision should increase usage of the services available, having a positive impact on patient experience.

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	
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Justification of impact identified:
 The purpose of this policy and provision of these services is to ensure that individual's whose first language isn't English have a fair and equitable opportunity

to access all HDUHB services, understand any medical advice provided to them and be able to ask any questions they may have.
 The service is already well used, with interpretation already having taken place in 13 languages. Further awareness raising around this provision should increase usage of the services available, having a positive impact on patient experience.

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	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
 Access to interpreter and translator service provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services.

 No impact envisaged at this time for individuals based on the protected characteristic of Religion and 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	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
 Access to interpreter and translator service provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services.

 No impact envisaged at this time for individuals based on the protected characteristic of Sex.

Sexual Orientation
 Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
 Access to interpreter and translator service provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services.

 No impact envisaged at this time for individuals based on the protected characteristic of 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	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
 Access to interpreter and translator service provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services.

No impact envisaged at this time for individuals based on armed forces/veteran status.

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	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
 Access to interpreter and translator service provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services.

No impact envisaged at this time for individuals based on socio economic status.

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	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input type="checkbox"/>
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Justification of impact identified:
 More often than not Welsh speaking staff are available to discuss issues with patients in their first language. However, if those in charge of the patient's care are unable to speak Welsh fluently, this service can and will be called upon.

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Eiddan Harries
	Title	Diversity and inclusion Manager
	Contact details	Eiddan.harries@wales.nhs.uk
	Date	02/12/2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Helen Sullivan
	Title	Head of Partnerships Diversity and Inclusion
	Contact details	Helen.sullivan@wales.nhs.uk
	Date	13/01/2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk

	Date	16/1/2025
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.

8 - FOR INFORMATION

8.1

8.1 - PODCC Workplan 2025/26

*Eleanor Marks
(Hywel Dda UHB -
HDUHB Vice Chair)*

| For information

Attachments

[PODCC Work Programme 2025-26.pdf](#)

**HYWEL DDA UNIVERSITY HEALTH BOARD – PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE
WORK PLAN
APRIL 2025 – MARCH 2026**

The following table sets out the Committee’s proposed work plan for 2025-26, including standing agenda items (denoted by *).

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	27 May 2025	18 Aug 2025	4 Nov 2025	17 Feb 2026	Apr/ May 2026	Cttee item has Moved to
Governance and Risk								
Apologies*	Chair	CSO	✓	✓	✓	✓	✓	✓
Declaration of Interests*	Chair	CSO	✓	✓	✓	✓	✓	✓
Minutes from previous meeting*	Chair	CSO	✓	✓	✓	✓	✓	✓
Matters Arising & Table of Actions*	Chair	CSO	✓	✓	✓	✓	✓	✓
PODCC Terms of Reference	Chair	CSO	✓				✓	N/A
PODCC Annual Report to Board	Chair	LG	✓				✓	N/A
Self-Assessment of Committee Effectiveness – Outcome report 2025	LG	KR	✓					N/A
Self-Assessment of Committee Effectiveness – 6 month outcome report	LG	KR			✓			N/A
Corporate Risks Assigned to PODCC	LG	RW	✓	✓	✓			N/A
Operational Risks Assigned to PODCC	LG	RW	✓	✓	✓			N/A
Monitoring of Welsh Health Circulars (WHCs)	LG	RW		✓	✓	✓		N/A
Monitoring of Ministerial Directions (if any))	LG	RW		✓	✓	✓		N/A
Targeted Intervention Progress Report	LG	SA	✓	✓	✓	✓		N/A
People								
Staff Story (video/presentation etc)	LG	various	✓	✓	✓	✓	✓	N/A

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	27 May 2025	18 Aug 2025	4 Nov 2025	17 Feb 2026	Apr/ May 2026	Cttee item has Moved to
Discovery Report & Action Plan (TI 47)	LG	CD						N/A
Annual Carers Report	LG	AB	✓					N/A
Workforce Efficiency	LG	TW	✓		✓			N/A
Employment Law	LG	HH					✓	N/A
Employment Reduction: Deep Dive	LG	HH		✓		✓		N/A
Community Nursing Annual Report/ Community Staffing Update	PS	TE/LL/SC	D	✓				N/A
Speak Up thematic/lessons learnt report (6 monthly)	LG	CD	D	✓		✓		N/A
Partnership Forum Update	LG	HH		✓				N/A
Trade Union Update	LG	AD	✓	✓	✓	✓	✓	N/A
Staff Recovery Nature Programme	ST	ST	✓					
Staff Survey Results Update Report (TI 43 & 45)	LG	CD	✓					N/A
Agile Working Plan	LD		✓					
Culture								
Welsh Language Annual Report 2024/25	AHM	AHM/EW	✓					N/A
Update on Increase in Stress Amongst Staff	LG	HH			✓			N/A
LGBTQ+ Action Plan	LG	AB		✓				N/A
Culture Progression Report, including PADR update (TI 47)	LG	CD	✓					N/A
EDI Taskforce	AL	AB	✓					
Armed Forces Annual Update	LG	AB	✓					N/A
Planning								
Delivery against Planning Objectives aligned to PODCC: General Updates	DW	DW	✓ closure	✓	✓	✓		N/A
Delivery against Planning Objectives aligned to PODCC: Deep Dives: PO1: Workforce stabilisation	LG	DO						N/A

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	27 May 2025	18 Aug 2025	4 Nov 2025	17 Feb 2026	Apr/ May 2026	Cttee item has Moved to
○ Workforce Plan (TI 44)	LG	TW					✓	N/A
○ Recruitment Plan (TI44)	LG	HH				✓		N/A
○ Retention Plan (TI 41 & 42)	LG	CD					✓	N/A
○ Workforce Education and Development Plan (TI 41 & 42)	LG	AG			✓			N/A
Strategic Equality Plan Annual Report, inc Workforce Equality & Pay Gap Reports (TI 48)	LG	AB			✓			N/A
Performance								
Performance Assurance & Workforce Metrics: Integrated Performance Assurance Report (IPAR) (TI 48)	LG	TW	✓	✓	✓	✓	✓	N/A
Sub-Committee Updates								
Sub-Committee Terms of Reference:								
• Research & Innovation Sub Committee	MH	LP	N/A	N/A	N/A	N/A	N/A	DDIC
• Strategic People Planning and Education Group	LG	AG	✓					N/A
Sub-Committee Update Reports:								
• Research & Innovation Sub Committee	MH	LP	N/A	N/A	N/A	N/A	N/A	DDIC
• Research & Innovation Sub Committee University Partnerships Update	MH	LP	N/A	N/A	N/A	N/A	N/A	DDIC
• Strategic People Planning and Education Group	LG	AG	✓	✓	✓	✓	✓	N/A
Sub-Committee Annual Reports:								
• Research & Innovation Sub Committee	MH	LP	N/A	N/A	N/A	N/A	N/A	DDIC
• Research and Development Framework Annual Update	MH	LP	N/A	N/A	N/A	N/A	N/A	DDIC
• Research and Development Strategy Review	MH	LP	N/A	N/A	N/A	N/A	N/A	DDIC
For Approval								
Corporate & Employment Policies*	LG	HH	✓	✓	✓	✓	✓	N/A

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	27 May 2025	18 Aug 2025	4 Nov 2025	17 Feb 2026	Apr/ May 2026	Cttee item has Moved to
Contractual and Legislative Changes	LG	HH		✓				N/A
Outcome of Advisory Appointments Committee*	LG	HH	✓	✓	✓	✓	✓	N/A
For Information								
PODCC Workplan 2025/26*	LG	CSO	✓	✓	✓	✓	✓	✓
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 AB – Anna Bird AD – Anthony Dean AG – Amanda Glanville AHM – Alwena Hughes-Moakes CD – Christine Davies CSO – Committee Services Officer	DO – Daniel Owen DW – Daniel Warm EW – Enfys Williams HH - Heather Hinkin HW – Helen Williams KR – Karen Richardson LL – Lyanne Lewis	LP – Leighton Phillips LG – Lisa Gostling MH – Mark Henwood RB – Robert Blake RW – Rachel Williams AL – Anna Lewis PS – Peter Skitt	SC – Sarah Cameron TE – Tracey Evans TW – Tracy Walmsley ST – Suzanne Tarrant
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9

5 Mins

9 - ANY OTHER BUSINESS

All

10

0 Mins

10 - DATE OF NEXT MEETING: 9.30am-
12.30pm, Monday 18 August 2025

10.1

10.1 - Date of Future Meetings

Tuesday 4 November 2025

Tuesday 17 February 2026