Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date	**04/11/2025**
Time	**09:30 - 12:30**
Location	**Ystwyth Boardroom / Microsoft Teams Meeting**

People, Organisational Development and Culture Committee Meeting (PODCC)

Agenda - 4 November 2025

1 GOVERNANCE AND RISK

09:30, 40 min

1.1 Welcome and 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 19 August 2025

Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)

1.4 Table of Actions from the meeting held on 19 August 2025

Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)

1.5 Self-Assessment of Committee Effectiveness – 6 month outcome report

Charlotte Wilmshurst (Hywel Dda Health Board - Assistant Director of Assurance and Risk)

1.6 Assurance and Risk Report

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

1.7 Targeted Intervention Progress Report

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

2 PEOPLE

40 min

2.1 Staff Story - Sickness Absence Tool Demonstration

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

2.2 **Partnership Forum Update - DEFERRED**

The Partnership Forum have not met since the previous PODCC meeting due to cancellation.

2.3 **CCG Structure and Process for Recruitment - DEFERRED**

2.4 **Workforce Efficiency**

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

2.5 **Sickness Rates and Cultural Challenges in Theatres - verbal update**

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

3 **CULTURE**

20 min

3.1 **Social Partnership Duty Annual Report**

Sara Rees (Hywel Dda UHB - Senior Public Health Practitioner), Trina Nealon (Hywel Dda UHB - Principal Public Health Officer)

3.2 **Whistleblowing in Hywel Dda - verbal update**

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

BREAK

10 min

4 **PLANNING**

10 min

4.1 **Planning Objectives General Update Report**

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

4.2 **PO Deep Dive: PO1 Workforce stabilisation: Workforce Education and Development Plan - DEFERRED**

This report has been deferred due to staff absence.

5 **PERFORMANCE**

10 min

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

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

6 **SUB-COMMITTEE UPDATE REPORTS**

10 min

6.1 **Strategic People Planning and Education Group (SPPEG)**

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

Update from July 2025 SPPEG meeting. The SPPEG meeting due in September was cancelled, therefore that update will be brought to PODCC in February.

7 **FOR APPROVAL**

30 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**

10 min
All

10 DATE OF NEXT MEETING: 9.30am-12.30pm, Tuesday 17 February 2026

0 min

10.1 Date of Future Meetings

Thursday 21 May 2026
Tuesday 18 August 2026
Tuesday 17 November 2026
Tuesday 16 February 2027

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04/11/2025 09:30 - 12:30

Attachments

1

09:30, 40 Mins

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1 - GOVERNANCE AND RISK

1.1 **10:10,**

1.1 - Welcome and 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 19 August 2025

Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)

For approval

Attachments

2025-08-19 - People, Organisational Development Culture Committee Meeting~.pdf

MINUTES OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE MEETING

Date of Meeting:	**09:30, Tuesday 19 August 2025**
Venue:	**Microsoft Teams Meeting/ Ystwyth Boardroom**

Present:	Mrs Eleanor Marks, Vice-Chair, HDdUHB (Committee Chair) Cllr. Rhodri Evans, Independent Member Ms Ann Murphy, Independent Member
In Attendance:	Mrs Lisa Gostling, Executive Director of Workforce and Organisational Development/ Deputy Chief Executive (Executive Lead) Dr Ardiana Gjini, Executive Director of Public Health Ms Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience Mr Andrew Carruthers, Chief Operating Officer (part) Ms Alwena Hughes Moakes, Communications and Engagement Director Mr James Severs, Executive Director of Allied Health Professions and Health Science (part) Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary Mr John Evans, Deputy Director, Medical Directorate, deputising for Mr Mark Henwood, Executive Medical Director Ms Heather Hinkin, Assistant Director of People Management Mr Robert Blake, Head of Culture and Workforce Experience (part) Mr Anthony Dean, Trade Union Representative Mrs Anna Bird, Assistant Director, Business, Partnerships and Inclusion Ms Tracy Walmsley, Assistant Director of People Planning Mrs Helen Sullivan, Head of Partnerships, Diversity and Inclusion (part) Ms Corinna Lloyd-Jones, Head of Organisation Relations Ms Mandy Nichols-Davies, Head of Safeguarding (part) Ms Tracey Evans, Head of Community Nursing – Ceredigion (part) Ms Lyanne Lewis, Acting Head of Community Nursing (part) Mr Eiddan Harries, Senior Diversity and Inclusion Officer (part)

Minutes Ref.	Item	Action
PODCC (25)55	**Apologies for Absence**	

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

Apologies for absence were received from:

- Ms Anna Lewis, Independent Member (Committee Vice-Chair)
- Mr Mark Henwood, Executive Medical Director

PODCC (25)56 **Declarations of Interest**

The following declarations of interest were made:

- Ms Ann Murphy in her Trade Union role.

PODCC (25)57 Minutes and Matters Arising from the meeting held on 27 May 2025

Subject to the correction of the name Andrew Carruthers on page 11, the Minutes from the meeting held on 27 May 2025 were approved as an accurate record.

Decision:

The Committee APPROVED the minutes of the meeting held on 27 May 2025.

PODCC (25)58 Table of Actions from the meeting held on 27 May 2025

Action PODCC(25)34 remains in progress. Ms Heather Hinkin is currently awaiting an update from the Digital Directorate regarding a date for achieving the target risk score for Risk 737 (Risk of Switchboard not complying with European Working Time Directive due to inability to cover single-handed shifts at 3 sites). All other actions from the PODCC meeting held on 27 May 2025 were complete.

PODCC (25)59 Assurance and Risk Report

A new style report was presented which merges all assurance and risk reports into one.

Mrs Lisa Gostling commented that the Principal Risk score for Risk 1186: Attract, retain and develop staff with the right skills has not been reduced following internal feedback. However, the risk continues to be reviewed.

The score for Corporate Risk 1821: Risk to the welfare of Health Board staff due to current demands, remains unchanged.

Five Operational risks on Datix have been assigned to PODCC. Mrs Gostling emphasised the importance of her reviewing any risks added by other teams that are categorised as Workforce and Organisational Development (W&OD), ahead of committee meetings.

Mrs Joanne Wilson explained that a higher number of operational risks are being assigned to Committees due to the realignment to the new Clinical Care Groups (CCGs).

Following a query regarding the date of completion, now changed twice for the Health Education and Improvement Wales (HEIW) Trauma & Orthopaedics Glangwili Hospital March 2024 Report recommendations, despite there being no reported barriers to completion, **Mr John Evans would confirm the reason and inform and the Committee.** Mrs Marks commented that, given the reports indicated no barriers, she expected the recommendations to be completed by the next PODCC meeting. If not, the Committee would require a clear explanation for the non-completion. **JE**

Members were advised that the recent Executive Team meeting had discussed audit and risks on risk registers, as well as the retention of historical dates. It was noted that retaining the original dates sometimes give a misleading impression that a risk has been in place for a number of years. Emphasis was placed on the importance of ensuring that actions assigned to risks are of high quality and appropriately targeted.

Mrs Wilson highlighted that the assurance report states that 3 of the 4 overdue recommendations within the Trauma & Orthopaedics Glangwili Hospital March 2024 report have now been completed. However, there is no evidence included to validate this. **Ms Wilson will seek clarification on the absence of evidential support.** **JW/JE**

No further discussions took place regarding Welsh Health Circulars.

Mrs Marks informed the Committee that as Chair, she expects Members to arrive on time to join Committee meetings.

The Committee ADVISED the Board that they were unable to take assurance on this item as queries on operational risks could not be answered as the Lead Executive was not present when this item was discussed. **A request was made for the Chief Operating Officer to ensure an update was provided to the Committee in order that these can be discussed at the next meeting.** **AC**

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

Risk Management
• RECEIVED ASSURANCE that identified controls are in place and working effectively;
• WERE NOT ASSURED in terms of the Operational Risks to PODCC;
• CHALLENGED where assurances are inadequate Acts of Parliament, Acts of Senedd Cymru, Assembly Measures and Assembly Acts enable Welsh Ministers to develop more detailed legislation, known as secondary or subordinate legislation, usually by means of Statutory Instruments (SI).

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

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

effectively.

PODCC (25)60 Targeted Intervention Progress Report

Mr Andrew Carruthers and Mr James Severs joined the meeting.

The report presented to the Committee outlines actions set by Welsh Government (WG) as part of the targeted intervention process.

Action 6: Full Substantive Executive Team, Clear Structure, Succession/ Development Plans: A complete and substantive Executive Team is now place, and a clear organisational structure of the Executive Team has been completed. Work remains on finalising the tier below Executive Level. Organisational Development plans are in place for all new appointments into the operational team, and all members of the Executive Team have been set objectives with development plans.

Action 7: Leadership Programmes in Place to Strengthen Management Maturity: A comprehensive set of leadership programmes for managers and clinical staff are in place.

Action 8: Positive Staff Engagement (NHS Wales Survey): Engagement in the staff survey has increased to 20%. Whilst the Health Board is currently meeting the de-escalation criteria in terms of reporting progress against the measures, it is important to acknowledge that feedback continues to highlight challenges within the organisation. This should be considered in the context of the broader organisational climate, where concerns are being raised. There is clear evidence of staff raising concerns through various channels, including anonymous correspondence, formal complaints and cases submitted via the respect and resolution process. These indicators suggest that there are ongoing challenges within the organisation that require continued attention and action.

Mrs Gostling highlighted that one of the key reasons why WG has not de-escalated the Health Board, is their expectation of a comprehensive re-evaluation of the newly established clinical care group structure.

Referring to Action 6, Mrs Sharon Daniel added that the STAR leadership programme was paused last year due to lack of capacity. The programme will, however, return in the autumn.

Following Mrs Marks' query regarding when the next CCG tiers would be finalised, Mr Andrew Carruthers responded that his team are in the process of drafting a report to outline the next steps. He anticipates having a clearer understanding of the current position in September, however, recognised that this could take up to a further 9 months to implement. He also noted that not all job roles within Phase 2 would be new posts and it is expected to reach completion during Quarter 3. Mr Carruthers highlighted that it remains challenging to provide precise timings until the Expressions of Interest and vacancy advertisements have been completed. **It was requested that an update is provided to the next Committee meeting outlining the structure and process for recruitment arrangements, including a timescale for delivery.** Mrs Marks expressed concern that although the

AC

CCG structure was implemented in April 2025, a definite completion date has yet to be confirmed.

Cllr Rhodri Evans queried the reason why the actions within three recommendations at Appendix 1 were rated amber, given that the table indicates they are fully complete. **Mrs Gostling agreed to confirm with Mr Shaun Ayres.** **LG**

The Committee were ASSURED on this item.

The Committee ADVISED the Board that concerns were raised regarding the incomplete rollout of the Clinical Care Group (CCG) structure, noting the absence of a confirmed timeline and recruitment plan, despite its implementation in April 2025. The Committee remained significantly concerned about the timescales, due to the impact this was having on individuals impacted by the new structure, recognising there were increased complaints to Board Members and the Trade Unions about the process.

Decision:
The Committee RECEIVED ASSURANCE from the Targeted Intervention Progress Report.

PODCC (25)61 **Staff Story - Hope**

Ms Heather Hinkin introduced staff member Clare who shared her experience with the Committee.

Clare shared her experience of being contacted by the NHS counter fraud team in 2023 regarding allegations of fraud. Clare received an extremely powerful letter stating that she would be “interviewed under caution” and warning that failure to attend could result in arrest. Although subsequent to this the records confirmed no wrongdoing, these checks were only undertaken after the letter had been issued.

Clare spoke of how the investigation affected her, which was exasperated by also experiencing bullying within the workplace.

The investigation process took 18 months to complete, during which Clare felt very unsupported. The turning point came when Clare reached out to the Executive Director of Workforce and Organisational Development who provided invaluable empathy and support. The Assistant Director of People Management, Heather Hinkin was then assigned to provide direct support to Clare.

Lessons learned from this included further training for Investigating Officers, who undertake this voluntary function in addition to their day-to-day work.

Members were concerned by the length of time taken to address incidents of bullying and harassment in the workplace.

It was suggested that learning and training opportunities should include the Executive Team as well as other members of staff.

Mr Anthony Dean commented that Investigation Officers should be given more time away from their day-to-day duties to work on investigations. He also suggested reviewing the Health Board's values.

Mrs Wilson stated that she would link in with counter fraud team on amending the wording of the letters and include an update in the next Counter Fraud Report to the Audit and Risk Assurance Committee. **JW**

Mrs Marks requested an update be presented to a future PODCC Committee meeting on lessons learned regarding wording of correspondence issued to staff during fraud investigations. **LG**

The Committee acknowledged the value of sharing staff stories, including those that reflect challenges or less positive outcomes.

Mrs Gostling commented that similar challenges have been experienced with the over/underpayment of salary policy. Redress occurs swiftly when a member of staff is overpaid with strongly worded correspondence, however when a member of staff in underpaid, the process of resolving this can often take time. **Mrs Marks requested an update on improving this process be presented at a future PODCC meeting.** **LG**

Ms Alwena Hughes-Moakes fully appreciated the necessity of using legal terminology and maintaining a serious tone in written communications. However, there remains an opportunity to convey with kindness. This applies particularly with patient-facing letters, which currently lack warmth and often feel overly formal and impersonal. The tone should reflect compassion without compromising authority.

PODCC (25)62 **Partnership Forum Update**

Key themes discussed at the partnership forum include:

- Local Partnership Forums have increasingly struggled to be quorate, a situation that appears to have deteriorated since the establishment of CCGs).
- Staff morale continues to be of concern.
- Regional Innovation Fund (RIF) funding requires more consideration in terms of how to plan to either integrate and fund internally, or suspend arrangements once funding has ceased for projects that are not viable.
- There is a shortfall in Band 2 and 3 staff due to vacancies being withheld.
- The Partnership Forum will assist with increasing participation in the staff survey in October.

Cllr Evans observed that staff morale was a standing agenda item and questioned whether any proactive steps were being undertaken to address

this, or if it remained primarily a topic discussion. In response Ms Heather Hinkin explained that the Workforce and Organisational Development Team is actively working on this issue, while noting the complexity involved due to the wide range factors influencing staff morale.

Mrs Gostling stressed the need for better ways to capture staff morale, noting that current methods focus too much on negatives and struggle to capture the experiences of 10,000 staff. She suggested a more effective system is required, as more staff express unhappiness, however, are reluctant to take action, and it is unclear how to address this responsibly.

Mrs Daniel noted the importance of understanding resilience and tolerance.

Ms Murphy speaking as a Trade Union representative, noted that team morale concerns are identified more quickly, with support accessed through Organisational Development (OD). She emphasised the value of informal conversations by managers, such as during a tea break, in maintaining morale. However, she observed that individual morale concerns remain harder to resolve.

Mrs Gostling commented that the county basis, partnership forums model may not suit all geographical needs, prompting discussions on how best to include the CCG's work and potentially utilise the Health Board Partnership Forum in a different way.

Mrs Daniel added that sub-groups feeding into the Quality, Safety and Experience Committee (QSEC) are in a locality streaming structure. However, they will now need to be considered on a CCG level rather than a county basis.

The Committee were ASSURED on this item.

Decision:
The Committee NOTED the report and RECEIVED ASSURANCE that the partnership forums promote the sharing of issues and concerns and working together to achieve appropriate resolution

PODCC (25)63 Equality Diversity and Inclusion (EDI) Update

Mrs Helen Sullivan and Mr Eiddan Harries joined the meeting.

The Health Board is required to provide annual update reports to WG on the progress being made to implement equality. WG confirmed they have received assurance from the current report.

Members were advised that the EDI task force meeting took place last week, with a Board Seminar session scheduled to further progress some of the EDI discussions. Ahead of the session, Board Members will be asked to ensure their demographic information on the Electronic Staff Record (ESR) is up to date.

The EDI Team has received, a draft blog from Anton Emmanuel, Head of Strategy and Implementation for Welsh Race Equality, highlighting concerns

regarding ethnic minority staff and career progression. This is an issue that the EDI Team is already aware of and actively working to address.

Mr Robrt Blake and the Workforce Culture and Experience Team have undertaken a comprehensive analysis of the NHS staff survey based on a range of characteristics including a number of protected characteristics, staff recruited from outside of the UK and caregiver status. The team has also assisted in providing responses to consultations on the UK Supreme Court ruling and the Equalities and Human Rights Commission (EHRC) draft guidance, and the draft Disabled People's Right Plan.

Mrs Marks praised the report's quality and emphasised the importance of carers being visible and valued within the Health Board. However, noted it was unclear how they are represented in the EDI report, and suggested this be considered further.

In response to Cllr Evans' querying Mrs Anna Bird confirmed that the Health Board's submission to the consultation on Disabled People's Rights Plan had been completed and submitted to WG.

The Committee were ASSURED on this item.

Decision:
The Committee NOTED the updates provided in this report on key areas of equality, diversity and inclusion work and recent public consultations.

PODCC (25)64 Strategic Equality Plan Annual Report, inc Workforce Equality & Pay Gap Reports

The Strategic Equality Plan is a four year plan which sets out four overarching objectives. A number of key actions sit under each objective. The EDI Team has endeavoured to ensure the plan is accessible, and includes specific outcomes.

The Committee discussed challenges experienced in obtaining information from services. Mr Harries commented that his team continuingly engage with various Health Board channels and staff networks in order to obtain data.

Cllr Evans commented that although the report outlines actions to be completed for improvement, it does not identify what success looks like, such as a measure of improvement. Mrs Bird agreed and would consider incorporating that information within the next action plan.

The pay gap update report outlined a number of areas for improvement, including:

- Black, Asian and Minority Ethnic (BAME) staff Bands 3-5 are earning less than other colleagues.
- The highest pay gap is within admin and clerical.
- Male staff are earning more than female staff for agenda for change Bands 1 to 3, 6, 7 and 8.
- There continues to be no representation of BAME agenda for change staff at Bands 8B and 9.

Work is required to further explore the challenges and triangulate data.

Mrs Marks noted that whilst 74% of staff have completed training 26% have not, and enquired what actions are being undertaken to address this. Mrs Marks also suggested adding graphics to the report in order to better highlight figures to the Board.

Mrs Alwena Hughes-Moakes commented on the active bystander training update, and questioned how compliance can be improved. She highlighted the importance of staff being able to speak up on somebody's behalf if they are unable to speak up for themselves. Mrs Gostling added that this also applies to instances of inappropriate sexual behaviour.

Mrs Gostling raised concerns about why some staff choose not to apply for vacancies or promotions, and suggesting that some Health Board processes may unintentionally exclude individuals. She cited an example where gendered language in a job advert led to no male applicants for the role of psychologist and referenced research shows that that females only apply to a vacancy when they meet 100% of the personal specification, whereas, a male will apply at 60%.

It was also noted that there are reasons for differences in pay, such as the use of flexible working, for example, females will often utilise flexible working due to caring responsibilities. Meanwhile males will work many extra shifts.

Mrs Marks commented that the question should be what more the organisation can do, not only what individuals can do.

Mrs Helen Sullivan informed the Committee that there was a limit to the number places available for each active bystander training session as they are external providers.

The Committee were ASSURED on this item.

Decision:
The Committee:
• RECEIVED the SEP Annual Report 2024-2025 noting that this is a consolidated report bringing together all reporting requirements established under the Equality Act 2010, and AGREED its submission to Board for approval and publication.
• NOTED: the examples of work which has been undertaken to meet the Public Sector Equality Duties and SEP Objectives 2024-2028.
• NOTED: the intersectional analysis and action plan which sets out the actions which will be taken in 2025-26; this will be a document for internal use only.

PODCC (25)65 LGBTQ+ Action Plan

The report presented to Committee included an update to the 2024 action plan. It was highlighted that the 2021 census included questions on gender identification for the first time. ESR does not include these questions, which

could create a gap in data. A new Chair and Vice-Chair were welcomed to the ENFYS network.

The Committee were ASSURED on this item.

Decision:
The Committee:
• NOTED the update provided on progress against the Health Board's LGBTQ+ local action plan.
• NOTED that the Health Board are no longer Stonewall Diversity Champions.

PODCC (25)66 Culture Overview Report

Ms Corinna Lloyd-Jones presented a cultural overview on Quarter 1 of the year, aligned to the culture diagram and outlined key contributors, while noting challenges in distinguishing overlapping areas. Ms Lloyd-Jones highlighted that the report included 'lived' experience more than data, which reflect staff experiences being shared with the W/OD team. Ms Lloyd-Jones noted negative experiences are shared more frequently than positive ones and questioned how the Health Board could more proactively seek out and highlight positive staff experiences.

The report also outlined examples of enabling cultural progression into Quarter 2. Resilience and tolerance remain challenging, with the Workforce and Organisational Development teams requested to support several team conflicts.

The importance of managing expectations was highlighted. There is a need for compassionate leadership, even when working on longer term solutions, and keeping staff members updated is extremely important.

Mr Carruthers shared, that he would be meeting with a Professor from London Business School later today to explore potential research collaboration with the Health Board which could contribute to the wider discussion around staff morale, and its connection to improved patient outcomes and experience.

Ms Murphy shared that she found Ms Lloyd-Jones' team to be very valuable in her role as a TU representative, and queried whether the team has their own support. In response, Ms Lloyd-Jones advised that the team support each other and have also trialled restorative support.

Mr Carruthers welcomed the paper, noting that it effectively outlined the significant challenges currently facing the organisation. He recognised the ongoing difficulties in managing and delivering services on a daily basis. He also acknowledged the sense of uncertainty among staff, driven by financial pressures and budget limitations, which are affecting service provision. Mr Carruthers stressed the value of learning from mistakes and near misses as a means of driving continuous improvement. He encouraged the development of a positive organisational mindset to support transformation during these testing times. Additionally, he highlighted that the accelerating

pace of digital change will demand greater agility and adaptability from the Health Board.

The Committee considered the importance of managing expectations and emphasised the need to assist staff in progressing more swiftly through current challenges.

Mrs Daniel stated that the report section on cultural context (pressing demands which are impacting on the ability of the leadership body as a whole to progress the cultural intent) frames the challenges well.

Dr Ardiana Gjini praised the report and thanked the team for their support to the Public Health Directorate, particularly in leadership and culture development. She acknowledged ongoing challenges, including financial pressures and the pandemic, and stressed the importance of a restorative, forward-looking approach. She noted the difficulty of driving improvement in a constrained environment and highlighted upcoming pandemic exercises, emphasising the need for continued staff support.

Mr Dean raised concerns on the timescale of resolving staff issues, noting that several staff members have reported experiencing ongoing problems for a considerable period of time.

CD

The Committee requested a Culture Overview Update be presented in six months' time.

The Committee were ASSURED on this item.

Decision:
The Committee:
• NOTED and DEBATED the content of the paper outlining the cultural overview of the landscape of the organisation during Quarter one, 2025/26.
• RECEIVED ASSURANCE that there are mechanisms in place to secure organisational feedback about factors affecting the cultural progression of the organisation and that these issues will need to be further managed throughout the remaining Quarters of 2025/56.

PODCC (25)67 **Speak Up, Make Meaningful Change: Update Report**

Mr Robert Blake joined the meeting.

Since the formal launch of the Speak Up agenda in October 2024, the report now presented to Committee outlines quantitative data collated since implementation alongside continued efforts to develop and refine a culture of speaking up within the Health Board.

The staff survey 2024 reflects a positive increase in the metrics which align to the Speak Up agenda. There has also been an increase in engagement from staff, especially through the anonymous route for speaking up in the workplace platform.

In addition to the data, the report explores several hypotheses regarding potential barriers that may prevent staff from feeling safe to raise concerns

or to share ideas. It also highlights the first learning event that was held with a range of stakeholders across the organisation which focused on enhancing the speak up culture. From that event several actionable insights emerged, and work is already progressing to address those, which include the development of draft job description for the Speak Up Guardians role which is currently under review in preparation for a recruitment campaign.

Ms Murphy observed that the Speak Up Guardians are not currently promoted in a way that ensures widespread awareness. She also highlighted concerns that some Guardians hold managerial positions, which may discourage staff from feeling comfortable raising sensitive issues with them. In response, Mr Blake advised that there was a need to review the Guardian role, noting that the number of guardians has declined as staff often lack the capacity to undertake the voluntary role. He noted that his team has engaged with a number of staff networks in an effort to encourage greater diversity. Mr Blake also emphasised that there remains significant reluctance among line managers to release staff to undertake the role.

Referring to the top categories bar graph within the report, Cllr Evans queried whether there had been any changes to the bullying trends over previous six months. Mr Blake responded that whilst the data had remained stable, there will be natural fluctuations. He added that categories can be misleading for example staff may raise bullying or harassment issues, however, it may not actually be the case once investigated. He suggested that perhaps education on what is bullying or harassment would be beneficial.

Mr Blake noted that while there have been some very positive outcomes, staff remain hesitant to share their experience more broadly.

The Committee were ASSURED on this item.

Decision:
The Committee:
• NOTED the update provided within this report regarding Speak Up.
• RECEIVED ASSURANCE from the progress outlined

PODCC (25)68 HEIW Report on General Surgery at Withybush General Hospital

Mr John Evans presented a report on Health Education and Improvement Wales (HEIW) targeted visits to HDdUHB sites. The first visit was made to the General Surgery Department of Withybush Hospital (WGH) on the 24 April 2025 and the second to the General Medicine Department of Glangwili Hospital (GGH) on the 16 June 2025.

Highlights of the report include:

WGH:
- 4 recommendations had been made, which have all been addressed in the action plan.
- Concern that these issues have raised by HEIW .
- Misogyny was identified as a concern. A plan is being developed to address this across all Health Board sites, not limited to general surgery.

GGH:

- The use of clinical reporting systems
- Doctors frequently working beyond their 5pm scheduled working hours
- Concern regarding the findings on patients safety
- Staff shortfall in particular insufficient on-call cover. There is a plan in place to address the shortfalls
- The GMC will await the outcome from HEIW before reviewing the shortfall in medical staffing

Mrs Gostling expressed concern regarding the action plan, specifically the classification of an action addressing inappropriate behaviour as complete, solely on the basis of an email being sent. She emphasised that an email alone is insufficient to resolve such matters and that further, more substantive actions are necessary.

Cllr Evans commented on the 18 risks on the HEIW risk register for HDdUHB, and sought clarification that the risks were scored in accordance with Health Board processes before being added to the HDdUHB risk register.

Mr Evans agreed to clarify that the 18 risks have been correctly scored in line with the Health Board processes. **JE**

Mrs Wilson advised that while the Assurance and Risk Team can assist with identifying risk scores, the responsibility for the action should not be assigned to the team. She also emphasised that sending emails should not be used as a tick box approach to closing actions.

It was confirmed that the actions would be added to the AMaT (Audit Management and Tracking) system.

Ms Hinkin expressed concern that certain behaviours may become accepted as the norm, for example when issues are dismissed with comments like “they are like that with everybody”.

Mrs Gostling emphasised that a staff member’s line manager should be the first point of contact when raising a concern. She noted that issues are often escalated through alternative channels, which can result in the manager being unaware of matters requiring resolution.

Mr Evans suggested incorporating signposting on where staff should raise concerns as part of the induction process.

The Committee were ASSURED on this item.

Decision:

The Committee:

• NOTED the outcome of the targeted visits and subsequent recommendations.

• RECEIVED ASSURANCE from the attached action plans which outline the completed and planned work being undertaken to address identified areas for improvement.

PODCC (25)69 Sickness Rates and Cultural Challenges in Theatres

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

PODCC (25)70 Joint Inspection of Child Protection Arrangements Report

Mrs Daniel presented an inspection report with action plan following a joint inspection in Pembrokeshire in March 2025.

Ms Mandy Nichols-Davies informed the Committee that the Joint Inspectorate of Child Protection Arrangements focussed on the protection of children aged 11 and under at risk of abuse and neglect; leadership and management; and effective multi agency partnership arrangements.

The report does not reflect the positive findings identified by Healthcare Inspectorate Wales (HIW) which include:

- Robust governance structures and safeguarding policies in place;
- Strong leadership in managing children under care of the Health Board,
- Reference to a pilot with a safeguarding specialist post in one of the HDdUHB emergency departments (unfortunately, that pilot ended, however, the positive improvements that supported an increase in training).
- Compliance and quality of safeguarding referrals.
- Noted that learning from local and national reviews is widely shared across the Health Board, including primary care.
- Safeguarding module in DATIX, which is enhanced to provide scrutiny and oversight of safeguarding incidents.
- Child and adolescent mental health services (CAMHS) waiting times having significantly reduced, which supports children being assessed and receiving appropriate interventions within 28 days.
- Well-being and support services that are available to our staff across the organisation when they're involved in traumatic safeguarding incidents.
- The Health Board is consistently represented at multi agency meetings, including those of the regional safeguarding board and its subgroups

The assessment identified several areas of improvements and the Committee were informed of poor compliance with Level 3 safeguarding training. Notably, only 37% of medical and dental staff were compliant as of December 2024.

To provide assurance safeguarding training compliance is reviewed quarterly at the Strategic Safeguarding Steering Group. Actions arising from these discussions are incorporated in the improvement plan, ensuring that the Group continues to identify and mitigate risks and gaps in mandatory safeguarding training compliance. The issue of safeguarding training compliance has been alerted to the Quality, Safety and Experience Sub-Committee. All related actions have been recorded within the AMaT system.

Training compliance reached approximately 64% at the end of Quarter 1, an improvement from 55% at the end of Quarter 4. Despite this progress there continue to be notable gaps in compliance among medical staff. Targeted improvement work is required to address this. The training team has confirmed that sufficient capacity is available to ensure all staff requiring Level 3 compliance to achieve compliance.

Ms Tracy Walmsley commented that there were subtleties in professional groups in statutory and mandatory training but acknowledged that compliance is low.

Cllr Evans stated that the drop in compliance was not acceptable, and the 85% compliance target should be 100%.

Mrs Gostling added that training compliance should be discussed as part of staff Performance Appraisal Development Reviews (PADR) and Personal Development Plan (PDP) discussions. There is a requirement for managers and staff to understand their responsibility to undertake training.

Mrs Marks noted that the report raised some concerns and highlighted areas requiring attention, including leadership and the lack of representation of the voice of the child. While constructive discussion regarding training are underway, she emphasised the need to improve compliance and strengthen staff relationships. There is concern about potential issues in uninspected areas and highlighted the importance of staff ensuring newly promoted managers receive appropriate training and support.

Cllr Evans request an update to the Committee on safeguarding training compliance in six months' time. **SD**

The Committee were ASSURED on this item.

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

PODCC (25)71 Planning Objectives General Update Report

The Planning Objectives update report was presented to the Committee. No further discussions took place on this item.

The Committee were ASSURED on this item.

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

PODCC (25)72 Community Nursing Update Report/ Community Staffing Update

Ms Tracey Evans and Ms Lyanne Lewis joined the meeting.

An update report was presented which outlines the key achievements of the Community Nursing Services across the three counties for the period April 2024 to March 2025. Key messages on community working from the report include:

- 'Further Faster' funding has enabled investment in additional staffing enhancing Weekend District nursing services across 3 counties, recruiting healthcare support workers, assistant practitioners and registered nurses.
- There has been a small increase in activity across the weekdays and a small percentage increase on weekends. A comprehensive caseload review is currently being undertaken across the three counties to identify non urgent weekday work that we can reschedule to weekend.
- Additional Further, Faster funding has been received to support palliative care specialist teams to improve equality of urgent assessment of the complex deteriorating patient, and provide access to advice and support, and to put in place and review advanced care plans, admission avoidance and improve flow, particularly at weekends.
- A robust nurse-led community clinic model has been developed for patients over 18.
- A key achievement was the development of a community Trial Without Catheter (TWOC) which has resulted in a large positive impact across the three counties, with waiting times reduced from 120 days to 17, an 86% improvement. This has achieved a patient satisfaction score of 100%, and the cost savings on annual catheter related expenditure was £98,000. It has also enabled increased capacity in urology services with nurse-led clinics for prostate and bladder cancer patients being reinstated.

In terms of workforce, Further, Faster funding alongside GP cluster funding has resulted in an overall 5% increase in registered and unregistered workforce, which equates to an additional 31 whole time equivalent.

The age profile of the community workforce continues to remain a risk and there are a number of actions being undertaken to reduce this risk.

The community nursing team has experienced challenges throughout 2024 with sickness, vacancies and turnover with stress and anxiety cited as the cause of absence. Work is being undertaken to address this. Deep dives into long term sickness have taken place within the absence management process.

Ms Lewis' team has been working closely with workforce colleagues to ensure team leads receive support when managing sickness, capability and disciplinary processes. Exit interviews have been actively promoted and thematic reviews of the feedback are currently taking place. There has been a renewed focus on staff wellbeing, with collaboration taking place

alongside clinical leads, and increased promotion of stress risk assessments.

Restorative supervision, which is provided by community professional and practice development nurses, has been taking place with 151 sessions delivered throughout 2024, consisting of 124 one-to-one sessions and 27 group sessions.

Work is being undertaken to improve staff retention, including supporting flexible working requests, increased signposting to well-being services and resources and enhanced opportunities for staff development.

Mrs Marks commented that the report was very informative and helpful. In particular she commended the improved training and variety of career options for staff.

Cllr Evans enquired how the weekend cover target of 85% would be achieved, and within what timeframe. In response, Ms Evans explained that action plans are in place and work was actively underway to achieve this. Her team aims to complete a review of all caseloads by the end of September 2025, after which they will focus on gradually improving the coverage percentage.

Following a query from Cllr Evans, it was confirmed that the funding was to increase the number of community nurses on weekends, not advanced nurse practitioners.

Cllr. Evans observed that the service had undergone several re-designs and queried whether further changes are anticipated. In response, Ms Lewis advised that the team is exploring opportunities to extend pathways within the community. Additionally, work is underway to assess how the structure may need to evolve in the future, including the potential for 24/7 provision. Consideration is also being given to how best to support Welsh Ambulance Services Trust (WAST) and GP services as part of this process.

Mr James Severs commented that it is vital to have the link between primary care, out of hours services, acute care, community care and WAST and its alignment to the primary care and community services and Urgent and emergency care work.

The Committee were ASSURED on this item.

Decision:
The Committee RECEIVED ASSURANCE that high standards of care, professional practice, staff development and service delivery have remained key priorities for sustainable community nursing services.

PODCC (25)73 Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR)

The Committee were informed that an annual Performance Assurance and Workforce Metrics report will be produced, with a summary version

presented to PODCC throughout the year to provide ongoing oversight.

The Committee were ASSURED on this item.

Decision:
The Committee NOTED the content of the report as assurance of performance in key areas of the Workforce and OD agenda.

PODCC (25)74 Strategic People Planning and Education Group (SPPEG) Update

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

PODCC (25)75 Outcome of Advisory Appointments Committee (AAC)

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

Members were informed that two of the appointed doctors commenced in post in August 2025. The remaining three are due to start in October 2025, which is earlier than the November 2025 date stated within the report.

The Committee were ASSURED on this item.

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

PODCC (25)76 Contractual and Legislative Changes

Ms Hinkin presented an overview of recent contractual and legislative changes focusing on the period from 1 April 2025, and also looking forward to any future requirements. It was noted that the majority of changes occur during April. The report aims to encapsulate work taken place, and the potential impact.

Since the previous report presented to PODCC a ballot on the pay award has concluded and the collective trade union position is with the Cabinet Secretary now for consideration.

Mrs Gostling outlined that the social partnership duty should not be underestimated. It spans this Committee and covers planning, service change, the Health Board's well-being objectives, and other areas which are not traditionally included within staff engagement. The Health Board must consistently spread the message across the organisation that staff do need to be engaged in those conversations.

The Committee were ASSURED on this item.

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

PODCC (25)77 Standards of Behaviour Policy

Following no questions, the Committee approved policy 248.

The Committee were ASSURED on this item.

Decision:
The Committee APPROVED the Standards of Behaviour Policy (248).

PODCC (25)78 Workforce Policies for Approval

Following no questions, the Committee approved policy 229 and agreed to the removal of local policy 002, and the extension of the policies below:

558/787 - Medication Errors Policy (to 30 November 2025)
21 - Relocation Expenses (to 30 November 2025)
1103 - Performance Management Policy (to 7 November 2025)
158 – Redeployment Policy (to 7 November 2025)
438 – Shared Parental Leave (to 7 November 2025)
713 – Honorary Contracts (to 7 November 2025)

The Committee were ASSURED by the report.

Decision:
The Committee:
• RECEIVED assurance that the above local policy has been reviewed in line with Policy 190.
• APPROVED the revised Appendix 7 of Policy 229: Re-Registration Policy
• EXTENDED the six local policies in accordance with the dates provided.
• ADOPTED the All-Wales Procedure for the Recovery of Overpayments.
• REMOVED the local policy on Underpayments and Overpayments of Salary Policy.
• NOTED the addition of FAQs on underpayments to the SharePoint page on policies.

PODCC (25)79 Mwy Na Geiriau/More Than Words Report

The Committee noted the Mwy Na Geiriau/More Than Words report.

PODCC (25)80 PODCC Workplan 2025/26

The Committee noted the PODCC workplan 2025/26.

PODCC (25)81 ANY OTHER BUSINESS

No other business was discussed at this time

PODCC (25)82 **DATE OF NEXT MEETING: 9.30am-12.30pm, Tuesday 4 November 2025**

Date of Future Meeting:

Tuesday 17 February 2026

1.4

1.4 - Table of Actions from the meeting held on 19 August 2025

Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)

For assurance

Attachments

Table of Actions PODCC 19 August 2025.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

TABLE OF ACTIONS
PEOPLE, ORGANISATIONAL DEVELOPMENT AND CULTURE COMMITTEE (PODCC)
MEETING HELD ON 19 AUGUST 2025

MINUTE REFERENCE	ACTION	LEAD	TIME SCALE	PROGRESS
PODCC(25)34	**Operational Risks Assigned to PODCC** • To check the timings for achieving the target risk score for Risk 737 (Risk of Switchboard not complying with European Working Time Directive due to inability to cover single-handed shifts at 3 sites) and inform Committee Members.	**HH**	~~**31 July 2025**~~ **21 Oct 2025**	**Complete**: OCP completed and approved. Implementation phase underway with necessary changes in progress. Revised target completion date: January 2026.
PODCC(25)59	**Assurance and Risk Report** • To ensure an update on operational risks is provided to the Committee in order that these can be discussed at the next meeting.	**AC**	**21 Oct 2025**	**Closed:** Update included within the Assurance and Risk report submitted to November PODCC meeting.
PODCC(25)59	**Assurance and Risk Report** • To establish the rational for the date of completion being delayed twice (from Aug 24) for the Trauma & Orthopaedics Glangwili Hospital March 2024 Health Education and Improvement Wales (HEIW) Inspection Report recommendations, despite there being no barriers to completion reported.	**JE**	**21 Oct 2025**	**Complete:** Unfamiliarity with the AMAT system initially has led to barriers not being reported and confusion around who should be leading on the implementation of the actions has also meant that there were some delays around the updating of the system. All requirements detailed within the report have now been fulfilled and of the further recommendations, only one cannot be progressed (further information provided on the system).
PODCC(25)59	**Assurance and Risk Report** • To establish why there is no evidence included to support completion of the recommendations within the Trauma &	**JW/JE**	**21 Oct 2025**	**Complete:** Recommendations were closed on AMAT during a transitionary phase to a more formal and robust process where services are required to

MINUTE REFERENCE	ACTION	LEAD	TIME SCALE	PROGRESS
	Orthopaedics Glangwili Hospital March 2024 HEIW Inspection Report recommendations.			upload appropriate evidence to support their closure. As such, these recommendations were re-opened on review with a request for evidence to be uploaded. Evidence has been uploaded to AMAT for actions noted as fully complete, and redacted where necessary to ensure staff confidentiality ensuring compliance with data protection and information governance requirements. One recommendation remains open on the report, which will be re-aligned to Community and Integrated Medicine as its implementation is within the gift of the Clinical Care Group.
PODCC(25)60	**Targeted Intervention Progress Report** • To present an update to the next Committee meeting setting out the CCG structure and process for recruitment arrangements, including timescale for delivery.	**AC**	**21 Oct 2025**	**Complete:** Added to the agenda for the November PODCC meeting.
PODCC(25)60	**Targeted Intervention Progress Report** • To confirm with Shaun Ayres why the 'Action Ratings' within the table in Appendix 1 are set as Amber, even though the actions are marked as fully complete.	**LG**	**21 Oct 2025**	**Complete:** Advice received indicated that whilst the actions in place give assurance on progress, until leadership is de-escalated, they remain amber.
PODCC(25)61	**Staff Story** • To link with the Counter Fraud Team on amending the wording of their letters to staff, and to include in the next Counter Fraud Report to the Audit and Risk Assurance Committee (ARAC).	**JW**	**21 Oct 2025**	**Complete:** A meeting was held to discuss the issue, and letters have now been reviewed.
PODCC(25)61	**Staff Story** • To present an update to a future Committee meeting on lessons learned	**LG**	**21 Oct 2025**	**Complete:**

MINUTE REFERENCE	ACTION	LEAD	TIME SCALE	PROGRESS
	regarding wording of correspondence issued to staff during fraud investigations.			Forward planned on the PODCC workplan for February 2026 as part of the Employee Relations Deep Dive agenda item.
PODCC(25)60	**Staff Story** • To present an update to a future Committee meeting on improving the process relating to the under/over payment policy.	**LG**	**21 Oct 2025**	**Complete:** Forward planned on the PODCC workplan for February 2026 as part of the Employee Relations Deep Dive agenda item.
PODCC(25)66	**Culture Overview Report** • To present a general cultural overview update to the Committee in six months' time	**CD**	**21 Oct 2025**	**Complete:** Forward planned on the PODCC workplan for February 2026.
PODCC(25)68	**HEIW Report on General Surgery at Withybush General Hospital** • To clarify that the 18 Health Board-wide risks on the HEIW risk register have been correctly scored in line with the Health Board processes before being added to the HDdUHB risk register.	**JE**	**21 Oct 2025**	**Complete:** The 18 risks referred to in the SBAR are on the HEIW medical education risk register which relate specifically to Hywel Dda. The educational risk register which HEIW hold will include risks from Health Boards across Wales. The risk scores are determined by GMC National Training Survey Results, action taken by the Health Board to manage quality issues and subsequent feedback obtained from trainees and trainers as to how they feel the issues have been dealt with. The risk scores are determined by HEIW in accordance with their quality assurance processes and so the scores will be informed by their processes rather than the Health Board processes. HEIW will measure quality standards in accordance with the GMC's Promoting Excellence: Standards for medical education and training document.
PODCC(25)70	**Joint Inspection of Child Protection Arrangements Report**	**SD**	**21 Oct 2025**	**Complete:** Forward planned on the PODCC workplan for February 2026.

MINUTE REFERENCE	ACTION	LEAD	TIME SCALE	PROGRESS
	• To present an update on safeguarding training compliance to the Committee in six months' time.			

Leads:

LG: Lisa Gostling	JE: John Evans	JW: Joanne Wilson
HH: Heather Hinkin	CD: Christine Davies	SD: Sharon Daniel
AC: Andrew Carruthers		

1.5

1.5 - Self-Assessment of Committee Effectiveness – 6 month outcome report

Charlotte Wilmshurst (Hywel Dda Health Board - Assistant Director of Assurance and Risk)

For assurance

Attachments

1.5 PODCC SA 6 Month update.pdf

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	04 November 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Committee Self-Assessment Outcome Report 2024/25 – Progress Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Eleanor Marks, PODCC Lisa Gostling, Executive Director of Workforce and OD/Deputy CEO
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 purpose of this report is to provide an update to the People, Organisational Development and Culture Committee (PODCC) on the actions agreed in response to the outcomes from the Self-Assessment 2024/25 process.

Cefndir / Background

In May 2025, the PODCC received a report which presented the outcomes of the Self-Assessment 2024/25 process. 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
- Independent Member (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.

Asesiad / Assessment

The table below provides an update in respect of the actions that were agreed in response to the outcomes of the PODCC Self-Assessment 2024/25:

Action	By whom	By when	Progress
To reshare the report writing Standard Operating Procedure and guidance with report authors.	Director of Corporate Governance/ CSO	Complete	Links to guidance are emailed with the call for papers. Corporate Governance training, which includes report writing, with Clinical Care Groups (CCGs) has been undertaken. This training and guidance will also form part of the new managers training (Bands 3 - 7) which is scheduled to start in early 2026.
Consider adopting a thematic approach where possible to prevent repetitions in discussions and streamline meeting agendas.	Director of Workforce and OD	Complete	Discussed at agenda setting meetings.
Consider including suggested areas of focus for 2025/26 on Committee Workplan	Director of Corporate Governance / CSO	Complete	Suggestions added to the workplan.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** from the progress made against the actions being undertaken to improve its effectiveness.

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. In doing so, account will be taken of the requirements set out in the NHS Effective Board Committees Guide
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd:	Not Applicable

Domains of Quality Quality and Engagement Act (sharepoint.com)	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Terms of Reference Self-Assessment digital form results Auditor and Regulator feedback through Structured Assessment and Internal Audit reports
Rhestr Termau: Glossary of Terms:	Included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Director of Corporate Governance/Board Secretary

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

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

1.6

1.6 - Assurance and Risk Report

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

For assurance

Attachments

1.6 PODCC - November 2025 FINAL CLEAN 3 (003).pdf

1.6 Appendix 1 - PODCC Principal Risk Register - October 2025.pdf

1.6 Appendix 2 - PODCC Corporate Risk Register - Oct25.pdf

1.6 Appendix 3 - PODCC Operational Risk Register - October 2025.pdf

1.6 Appendix 4 - PODCC - Overdue Actions November 2025.pdf

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

Assurance and Risk Report

People, Organisational Development & Culture Committee - 4 November 2025

Situation

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

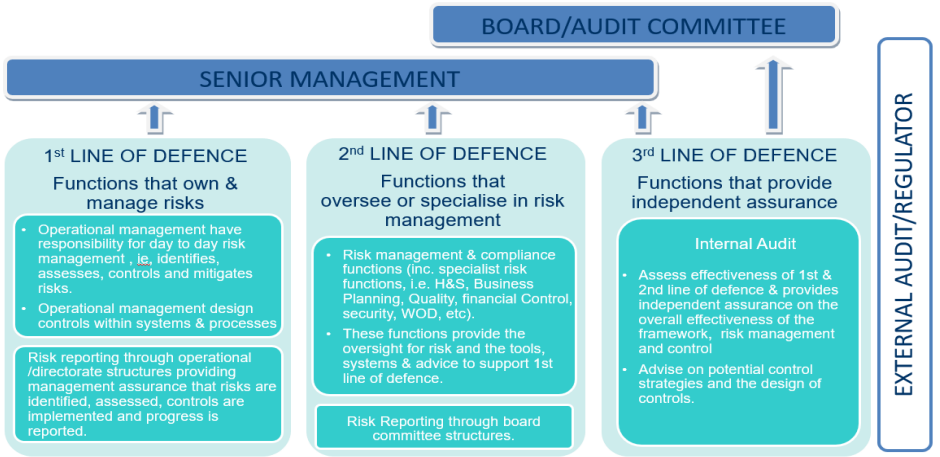
Principal Risks: 1	Corporate Risks: 2	Operational Risks 5
Audit and Inspection Reports 3	Welsh Health Circulars 0	Ministerial Directions 0

Risk Management - Overview

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

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

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



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

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

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

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

Principal Risks Assigned to PODCC

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

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

There is 1 risk currently aligned to PODCC (out of the 15 that are on the PRR) as of 13 October 2025.

The following slide provides a summary of the reportable principal risk aligned to PODCC. The PRR attached at **Appendix 1**, provides full detail of the risk, including control measures in place, a risk action plan to further manage and mitigate the risk, and sources of assurance.

Principal risks will be reviewed as part of the strategy refresh that is currently underway.

Principal Risk assigned to PODCC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1186 - Attract, retain and develop staff with the right skills	Deputy Chief Executive Officer and Director of Workforce & OD (Organisational Development)	**15**	**16** ↑ (Reviewed 25/09/25)	**8**	31/08/2035

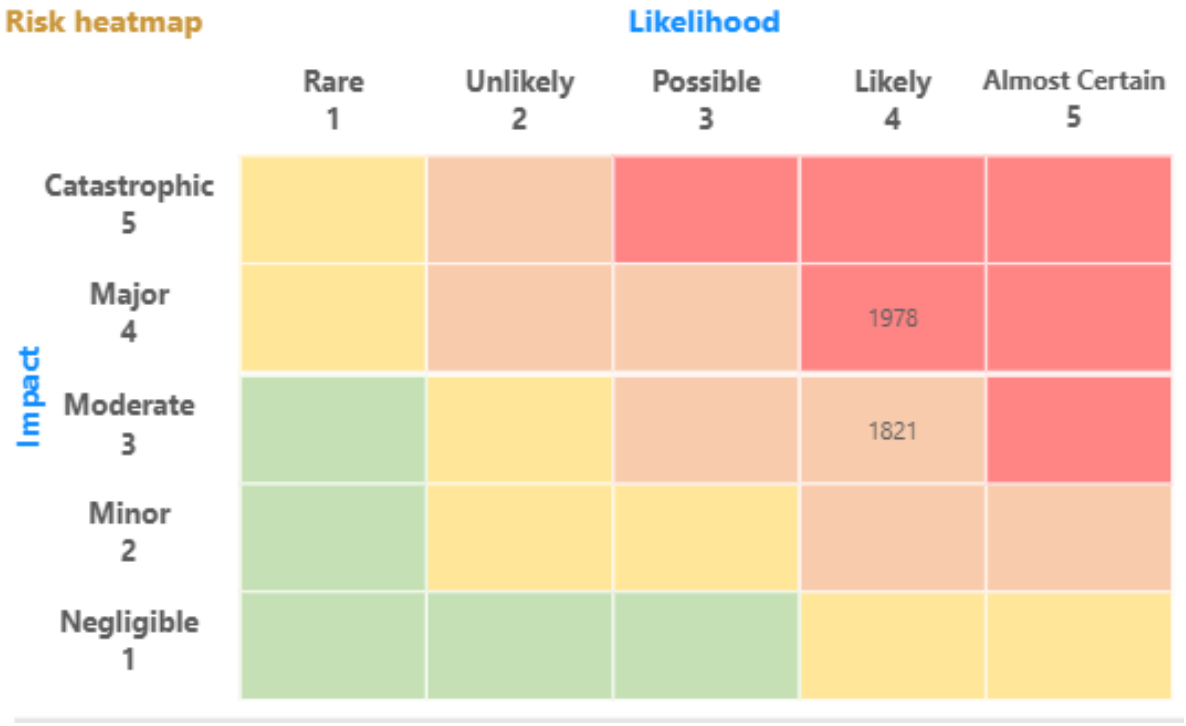
Rationale for Current Risk Score

There are a number of elements; how we prepare our current workforce to have the knowledge and skills to meet future demands, for example use of Artificial Intelligence, Biotechnology and wider Smart Technology & Sensors. To this point of preparedness - there is a daily occurrence where staff are not able to be released for training, vacancies exist and despite agency usage, deficits remain on a daily basis. To add if we do not enable capacity for learning or develop alternative methods to create easier access to learning, we will not be able to design or deliver the workforce of the future. This is inextricably linked to service design and future delivery of services. The impact and likelihood have been reassessed as 16 (4x4), reflecting the 'likely' occurrence that delivery of key objectives due to the lack of staff, as if we do not clearly understand our service models of the near and long-term future, we will not be able to design the workforce we need; and we may then not have the time, capacity or provision to have built and/or developed the future capability we need.

Rationale for Target Risk Score (TRS)

We foresee that population demographics mean that we will have an increase in demand on our services due to an aging population and co-morbidities, alongside this we will also see a reduction in those entering the labour market as there is a reduction in those joining the working age population. This means that we will need to be continually appraising our service delivery models to align to our demands and capacity to respond to those through our workforce which between now and 2040 will be likely to follow the profile described above. Therefore, it is unlikely that we will be completely stable across all professions and services to enable us to achieve a target impact score of 4/5. Our ambition would always be for a likelihood of 1 however we acknowledge that we realistically may face periods of lower staffing levels and therefore 2 feels more appropriate. Agency, locum and bank usage is utilised as needed. Oversight is in place by FCSG for any service change or escalation processes needed.

Corporate Risks assigned to PODCC



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

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

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

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

There are 2 corporate risks currently aligned to PODCC (out of the 20 that are currently on the CRR as at 13 October 2025), with the following slides providing a summary of these.

The corporate risk register attached at **Appendix 2**, provides full detail of the risks, including control measures in place, a risk action plan to further manage and mitigate the risk, and sources of assurance.

Corporate Risks assigned to PODCC
- 1 of 2

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1978 – Risk of insufficiently skilled workforce to deliver services due to limited labour market	Deputy Chief Executive Officer and Director of Workforce & OD (Organisational Development)	**16** → (Reviewed 26/09/25)	**12**	31/03/2026

Rationale for Current Risk Score

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

Rationale for Target Risk Score (TRS)

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

Corporate Risks assigned to PODCC
- 2 of 2

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1821 – Risk to the welfare of Health Board staff due to current demands	Deputy Chief Executive Officer and Director of Workforce & Organisational Development	**12** ➔ (Reviewed 26/08/25)	**6**	31/03/2026

Rationale for Current Risk Score

The existing control measures currently in place described above, plus action taken to address the gaps in controls within the action plan have all been completed within the last 12-months and have mitigated the risk score. New actions have been added to reflect work in place to further mitigate the risk and to achieve the target risk score.

Rationale for Target Risk Score

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

Risk leads are currently reviewing the risk and TRS to reflect the organisational context which we are currently working within. This will be reported to the next PODCC meeting.

Operational Risks assigned to PODCC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

5 operational risks on Datix have been aligned to PODCC which are all within review date. They have been identified as reportable to PODCC based on the following criteria:

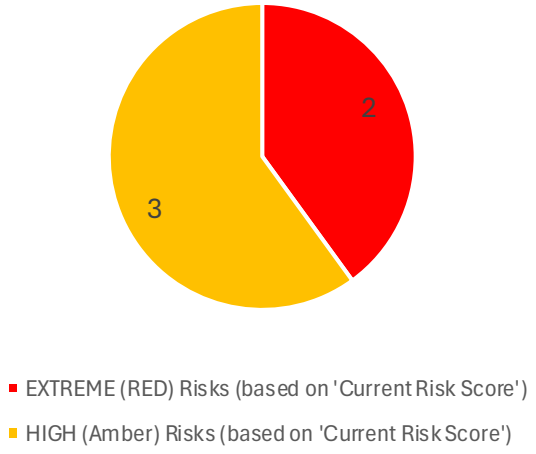
- PODCC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level on Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds the target risk score.

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

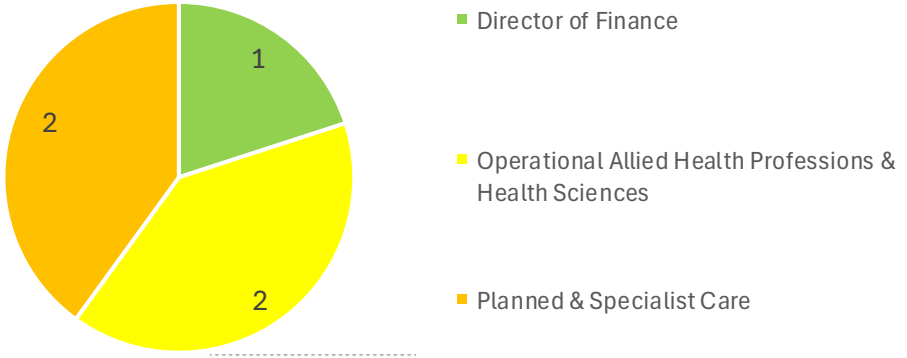
Total Number of Open Risks meeting criteria for reporting	5
New Risks since last reported to PODCC	2
Closed Risks since last reported to PODCC	2
Increase in Risk Score since last reported to PODCC ↑	0
Decrease in Risk Score since last reported to PODCC ↓	1
No Change in Risk Score since last reported to PODCC→	2
EXTREME (RED) Risks (based on 'Current Risk Score')	2
HIGH (AMBER) Risks (based on 'Current Risk Score')	3

The following slide summarises the operational risks aligned to PODCC. The operational risk register attached at **Appendix 3**, provides full detail of each risk, including control measures in place and the risk action plan to further manage and mitigate the risk.

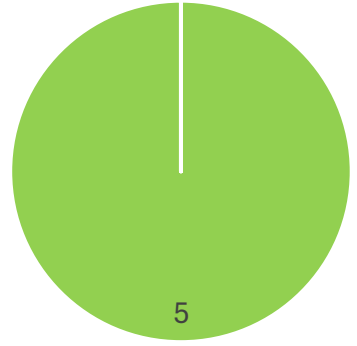
Current Level of Risks assigned to PODCC



Risks Split Out By Clinical Care Group /Executive Function



Target Risk Score



New Operational Risks Reportable to PODCC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2169 - Risk to staff wellbeing in weight management service due to unrealistic patient / referrers expectations with associated unreasonable behaviour	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	25	9	30/11/2025	22/09/2025
2137- Risk of unsustainable surgical SAS Level Rota in Carmarthenshire due to gaps in GGH rota and unfunded rota in PPH	Planned & Specialist Care	Chief Operating Officer	12	6	01/02/2026	11/08/2025

For further information on controls, and planned mitigations, please see Appendix 3

Closed Risks since previous report

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Reason for closure
2102 - Risk of radiology service delivery due to leadership fragility	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	Risk has been re-aligned to Quality, Safety and Experience Committee
1580 - Risk to endoscopy service provision due to challenges in recruiting consultant gastro / endoscopists	Planned & Specialist Care	Chief Operating Officer	Risk has been re-aligned to Quality, Safety and Experience Committee

Decrease in risk score since previous report

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of Last Risk Review
2088 - Risk that staff will have a poor experience whilst at work due to clinical pressures, financial challenges and change processes	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	20	12 ↓	6	31/03/2026	15/09/2025

Rationale for Current Risk Score
System pressures are consistent despite wellbeing interventions. Gains in wellbeing may be adversely impacted when returning to environments that can have an impact on wellbeing.

No Change in Risk Score since previous report

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1409 - Risk of reduced workforce due to difficulty recruiting qualified specialist School Nurses	Planned & Specialist Care	Chief Operating Officer	16	6	30/09/2026	30/09/2025
737 - Risk of Switchboard not complying with European Working Time Directive due to inability to cover single-handed shifts at 3 sites	Digital	Director of Finance	12	6	02/03/2026	02/10/2025

For further information on controls, and planned mitigations, please see Appendix 3

Risk Themes

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 provide assurance that a holistic approach to risk management is undertaken and enables the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.

The ‘Workforce’ theme is currently aligned to PODCC.

This ‘theme’ is included on Datix and shared with the appropriate team leaders on a bi-monthly basis to improve the ‘oversight’ of risks by specialist areas and functions within the Health Board, to provide guidance to those responsible for managing risk and develop/improve organisational controls, i.e., policies, procedures, systems, processes, to reduce the risk to the Health Board.

Service leads receive a notification when risks with a ‘theme’ are entered on the Datix Risk Module. On review of the risk registers, theme leads identify any risks which may require further support, and the relevant risk owner and/or service is then contacted for further discussion when required.

The Sub-Committee’s role in respect of these themed risks is to receive assurance in terms of the management oversight of these, i.e., that advice has been provided to the management lead where appropriate on the management of the risk, as well assuring that any themes/trends have been picked up and addressed e.g., form part of work plans, training, etc.

The Assurance and Risk Team are currently working with Workforce & Organisational Development to review the existing risk theme to better align to the W&OD Directorate Pillars enabling more meaningful information to be captured from the data, to provide better insight. It is anticipated that the risk themes will be agreed and operational risks aligned to these on Datix during Q3 of 2025/26.

Audits and Inspections - Overview

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

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

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

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

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

Recommendations raised, along with the management responses and most recent Progress update provided by the lead officer can be found in Appendix 4.

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

Audits and Inspection Reports assigned to PODCC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

There are currently 3 reports assigned to PODCC:

Date of Report	Report Issued By	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Red (behind schedule)	Amber (on schedule)	Green Recs (completed)	External Recs	Any Barriers to Completion Noted?
Mar-24	Health Education and Improvement Wales (HEIW)	Trauma & Orthopaedics Glangwili Hospital March 2024	Medical Director	Medical Director	Aug-24	~~Aug-24~~ ~~Mar-25~~ Aug 26	8	0	0	7	1	TUEC longer term plans requiring investment
Apr-25	Health Education and Improvement Wales (HEIW)	Education & Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board	Medical Director	Medical Director	Aug-25	~~Aug-25~~ N/K	12	2	0	10	0	None Noted.
Jul-25	Internal Audit	Sickness Management Final Internal Audit Report 2025/26	Director of Workforce & Organisation Development	Director of Workforce & Organisation Development	Sep-25	Nov-25	2	1	0	1	0	None Noted.

Recommendations

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

Risk Management

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

Audits, Inspections and Regulatory Reports

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

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

PRINCIPAL RISK REGISTER SUMMARY OCTOBER 2025

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Oct-25	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
1186	Attract, retain and develop staff with the right skills	Gostling, Lisa	Workforce/OD	3×5=15	4×4=16	↑	2×4=8	31/08/2035	6

Assurance Key:

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

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

RISK SCORING MATRIX

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

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

RISK MATRIX

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

RISK ASSESSMENT - FREQUENCY OF REVIEW

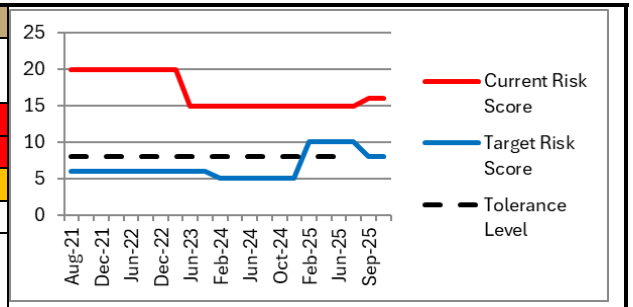
RISK SCORED	DEFINITION	ACTION REQUIRED (GUIDE ONLY)	MINIMUM REVIEW FREQUENCY
15-25	Extreme	Unacceptable. Immediate action must be taken to manage the risk. Control measures should be put into place which will have an effect of reducing the impact of an event or the likelihood of an event occurring. A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

Date Risk Identified:	Apr-21
Strategic Objective:	1. Thriving Teams

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

Risk ID:	**1186**	**Principal Risk Description:**	There is a risk that the Health Board will not be able to attract, retain and develop staff with the right skills to enable it to deliver our strategic vision to improve the overall health and experience of patients and staff within Hywel Dda. This is caused by the lack of critical staff roles (medical, nursing and therapies) with the right skills and values in the market and not being able to offer staff the space, time and support to develop. This could lead to an impact/affect on our ability to improve the well-being of our staff, improve service delivery, access to timely care, change and develop innovative and responsive models of care, initiate and deliver service change and improve patient outcomes.
Does this risk link to any Directorate (operational) risks?		1649 1247	

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	4×5=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	2×4=8
Expected Date To Achieve TRS:	31/08/2035
Trend:	⟷



Rationale for CURRENT Risk Score:

There are a number of elements; how we prepare our current workforce to have the knowledge and skills to meet future demands, for example use of Artificial Intelligence, Biotechnology and wider Smart Technology & Sensors. To this point of preparedness - there is a daily occurrence where staff are not able to be released for training, vacancies exist and despite agency usage, deficits remain on a daily basis. To add if we do not enable capacity for learning or develop alternative methods to create easier access to learning, we will not be able to design or deliver the workforce of the future. This is inextricably linked to service design and future delivery of services. The impact and likelihood have been reassessed as 16 (4x4), reflecting the 'likely' occurrence that delivery of key objectives due to the lack of staff, as if we do not clearly understand our service models of the near and long-term future, we will not be able to design the workforce we need; and we may then not have the time, capacity or provision to have built and/or developed the future capability we need.

Rationale for TARGET Risk Score:

We foresee that population demographics mean that we will have an increase in demand on our services due to an aging population and co-morbidities, alongside this we will also see a reduction in those entering the labour market as there is a reduction in those joining the working age population. This means that we will need to be continually appraising our service delivery models to align to our demands and capacity to respond to those through our workforce which between now and 2040 will be likely to follow the profile described above. Therefore, it is unlikely that we will be completely stable across all professions and services to enable us to achieve a target impact score of 4/5. Our ambition would always be for a likelihood of 1 however we acknowledge that we realistically may face periods of lower staffing levels and therefore 2 feels more appropriate.

Agency, locum and bank usage is utilised as needed. Oversight is in place by FCSG for any service change or escalation processes needed.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
A flexible and responsive recruitment process. A multidisciplinary approach to clinical education. A comprehensive package that enables local people to know what and how they can access workforce development initiatives in the Health Board HR policies (including those for employee relations) in place with programme of review Training programmes in place (a suite of programmes covering management and leadership, Making a Difference, etc) County workforce teams/OD Relationship Managers/Workforce Planners in place to provide workforce support to services (covering sickness absence, etc) Staff Well-being Service and Psychological Service in place Regular contact with Trade Union representatives/Staff Partnership forums Annual NHS staff surveys providing feedback from staff Separate clinical education programmes in place Apprenticeship programme and work experience programmes in place Grow your Own programmes in place Leadership development programmes in place	Strategic integration and alignment of regional programmes with Clinical Services Plan and Primary Care and Community Services Strategy Lack of support for services to people plan effectively and strategically (support roles/tools in place however capacity can be challenged to manage all aspects of need identified (PO1) Lack of appropriate training facilities (space and digital)(Forms part of Estate Strategy) Lack of appropriate training budget (Scoping work being undertaken to identify sources/appropriateness of budgets) Demand and capacity modelling to be considered as part of 2025/26 Planning Cycle)	Develop a Workforce Plan which sets out actions to achieve a balance between workforce demand and supply, supporting workforce stabilisation.	Gostling, Lisa	31/03/2026	These actions have been progressed throughout the year and progress has been reported via PODCC. The most recent report was provided in May 2025. The report confirms completion of points 2-4 within this action, which have now been removed and included as ongoing control measures. Point 1 is ongoing and a revised date has been assigned.
		To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network. (PO 6)	Davies, Lee	31/03/2026	On track as per highlight report presented to SPC in October 2025
		Develop a Primary Care and Community Strategy which is inclusive of: - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7)	Paterson, Jill	31/03/2026	On track as per highlight report presented to SPC in October 2025
		Progress against Business Case process for Implementation of A Healthier Mid and West Wales Strategy & Estates Rationalisation - Modernisation and rationalisation scheme year 1-4 implementation (PO 8)	Davies, Lee	31/03/2026	On track as per highlight report presented to SPC in October 2025

Internal and External talent programmes Directorate Improving Together Sessions aligned with Internal Escalation Framework Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans SPPEG (Strategic People Planning & Education Group) People & OD Committee		Implement the Digital Strategic Plan - To appoint a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region - To work with WG to secure funding for the roll-out of ePMA, and a patient flow and e-observation system. - To implement the following key system developments: 1. Welsh Intensive Care Information System, 2. PROMs and PREMs system & 3. Hybrid print and post. - To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System, 2. The Integrated Eye Care Electronic Health Record, 3. Development of a Community Information System & 4. Development of Maternity and Paediatric record systems. (PO 9)	Thomas, Huw -	31/03/2026	On track as per highlight report presented to DDIC in October 2025.
		To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and slow-down the long-term trends of increasing burden of ill health on the Health Board. 1. Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol. 2. Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care). 3. Leadership and partnership working to strengthen Health Board position on health equity and the wider determinants of health, continuing to develop a Social Model for Health and Wellbeing (SMfHW), Including support & collaboration with PSBs and RPB. (PO 10)	Gjini, Ardiana	31/03/2026	On track as per highlight report presented to SPC in October 2025.

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
See Our Outcomes section on BAF Dashboard	Workforce Leadership Group review progress of planning objectives, measures and staff feedback in detail	1st			Approach to Workforce Planning Paper (including WAO reports) and Workforce Risk Paper and Planning Objectives Update - PODCC (Oct23) Discovery Report: Understanding the Staff Experience in HDUHB during 2020-21 COVID-19 Pandemic - Board (Sep21) Workforce Planning Report provided to every other PODCC meeting (latest February 2025) Delivery Against Planning Objectives Aligned to the People, Organisational	Lack of relevant 3rd line/ independent assurance	Develop a Maturity Matrix for Strategic Workforce Plan (SWP) and "Panel" on a regional basis with national support through National workforce Planning Forum and HEIW	Walmsley, Tracy	Completed	Maturity matrix has been shared with HEIW and SPPEG and will be shared at a Regional Workshop in Jun24. Regional Intelligence Group meetings cancelled. Next meeting November 2024. Further work needed with HEIW on Commissioning Processes alignment i.e. Sonography. Discussed with Strategic Workforce Planning Leads at HEIW and other Health Boards agreement to pilot 2025/2026.
	Pulse surveys sampling 1000 employees each month, selecting different staff each month	1st					Pilot the Maturity Matrix independent assessment process across 2/3 Health Boards including Hywel Dda in 2025/2026.	Walmsley, Tracy	~~31/12/2025~~ 30/01/2026	Presented Maturity Matrix at HEIW AWODS meeting in July 25. Meeting to be set up of working group with wider representation i.e. WAST, DCHW, Cwm Taf & C&V. Planned for September. Given delivery priorities this may be delayed further. A revised project plan will be presented to group and support sought.
	SSPEG oversees people planning and education development	2nd								
	Oversight of Delivery of planning objectives, measures and staff feedback at People, OD & Culture Committee	2nd								
	Staff Partnership Forum	2nd								

Medical Engagement scale feedback	3rd			Development and Culture Committee (May 2025)					
IA PADR Follow up - Reasonable (May-20)	3rd								
Internal Audit on Workforce Planning - Substantial (Apr22)	3rd								
Wales Audit on Workforce Planning (Report Sep23)	3rd								
Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans									
SPPEG (Strategic People Planning & Education Group)									

CORPORATE RISK REGISTER SUMMARY OCTOBER 2025

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Oct-25	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
1978	Risk of insufficiently skilled workforce to deliver services due to limited labour market	Gostling, Lisa	Workforce/OD	4×4=16	4×4=16	→	3×4=12	31/03/2026	6
1821	Risk to the welfare of Health Board staff due to current demands	Gostling, Lisa	Workforce/OD	3×3=9	4×3=12	↑	2×3=6	31/03/2026	13

RISK SCORING MATRIX

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

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

RISK MATRIX

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

RISK ASSESSMENT - FREQUENCY OF REVIEW

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

Assurance Key:

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

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

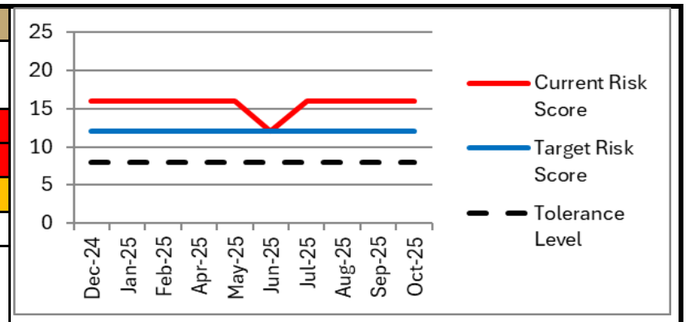
Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective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

Date Risk Identified:	Apr-24
Strategic Objective:	1. Putting people at the heart of everything we do and 1. Thriving Teams 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:**	Sep-25
Lead Committee:	People, Organisational Development and Culture Committee	**Date of Next Review:**	Oct-25

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

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	3×4=12
Expected Date To Achieve TRS:	31/03/2026
Trend:	⟷



Rationale for CURRENT Risk Score:

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

Rationale for TARGET Risk Score:

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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Organisational Governance Structure Improving Together approach to be align to People Planning approach supported by People Planning Team to create an organisational wide approach to in year service challenges Organisational Gap Analysis based on a 10 year profile developed and annual assessment strategic & operational review of workforce (including Education Commissioning Assessment) Inter-People and Corporate Team & Planning Objectives Establishment Control Agency usage Bank Utilisation & ongoing onboarding of supply Efficient Rostering practice Roll out of new rostering system Overview of organisation and service wide risks (assessment of each service area based on workforce availability) Continuous process of assessment of services to be stood down and deployment options based on service needs (CDG) Targeted prioritisation of recruitment/onboarding of new employees to the	To mature and develop focus underpinning SPPEG and alignment to new Clinical Care Group structure to ensure that service workforce establishments have the correct skill mix/skills mix etc Digital infrastructure currently not in place to support the short, medium and long term analysis and modelling for workforce and triangulation of data sources to develop coherent scenario plans based on available evidence.	Workforce Plan in Place for Each Professional Group identified to address concerns above & monitored through relevant fora i.e. SPPEG, MDT Forum and PODCC	Walmsley, Tracy	~~31/03/2025~~ 30/03/2026	Built into medical stabilisation and reports to V&S; Refreshed as part of annual planning cycle; continuous review. Challenge in consolidating 70+ operational plans aligned to professional identify and strategic direction. Requires "Forum" for dialogue and design. Planning Coordination Group acting in interim capacity. Draft Plans completed - final versions will be in place by March 26 (Revised action)
		Each Professional Workforce Plan in place with an implementation action plan developed within 25/26. (This will be maintained as an iterative plan with ongoing monitoring and review by relevant fora i.e. SPPEG, MDT Forum and PODCC. The Professional groups relate to each "Staff Group" identified under ESR i.e. Estates and Ancillary, Admin and Clerical (although service level plans may need specific tailoring), Nursing and Midwifery, Medical and Dental, Healthcare Science, Allied Health Professionals, and Additional Professional and Technical.	Walmsley, Tracy	~~31/05/2025~~ 30/03/2026	Plans in train for September 2025 with review by groups i.e. SPPEG by February 2026 (due to agenda moved from December 2025)

highest areas of risk in terms of maintaining service delivery (People & OD Strategic Group) Temporary People Utilisation reports shared regularly to monitor levels of supply Align and iterate to implementation groups i.e. Medical Workforce Planning and related subgroups i.e. Medical retention, MAPS etc Annual completion and submission of Education Commissioning Plan to HEIW and critical assessment to known service level plans Corporate Risks have been developed linked to Wellbeing as part of Risk Management approach. Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans SPPEG (Strategic People Planning & Education Group) From April 2025, new operational governance structure implemented allowing clinical care groups to escalate concerns to IQFPDG.	Design an approach to primary and community workforce model for 25/26 against agreed priorities for Primary Workforce Planner and Annual Planning Objectives (NB Requires alignment to UEC, Primary Care and Community Programmes of work)	Walmsley, Tracy	~~31/05/2025~~ 30/12/2025	Ongoing, requires "Forum" to align Service, Programmes and Strategy discussion for Workforce to develop integrated approach to link with Workforce Planning Forum and Professional Group Plans. Primary Care Workforce Planner in post from March 2025. Challenges with engagement acknowledged. A summary report developed compiling challenges and opportunities has been developed. Meetings held with PC; revised approach determined. Paper to SPEGG Dec 2025
	Create task and finish group to analyse establishment control and develop tool to accurately reflect staffing requirements in partnership with Finance to ensure effective alignment to workforce changes and future profiling to include Education and Commissioning (3 year forward workforce "shape & spend" profile)	Walmsley, Tracy	~~30/06/2025~~ 30/12/2025	May need to align to National group. National Group meeting took place in July 2025. Consensus on value achieved; on mechanics more challenging discussions.
	Ensure effective methods of workforce utilisation across each professional group in place: Nursing, Medical, AHP and HCS. Critically assess and design plan for work that can be implemented by end of March 2026.	Walmsley, Tracy	~~31/03/2026~~ 31/03/2026	Roll out of Job Planning & Allocate across professional groups; plans required to a) strengthen current approach and b) develop for new professional groups as prioritised against resources. Workshop with Allocate Held. Business Plan to be developed for AHP/HCS. Medical progressing with challenges. OOH service progressing with challenges.
	Completion of Education Commissioning Plan to HEIW and critical assessment to known service level plans as at January 2025 submission to Welsh Government.	Walmsley, Tracy	Completed	Completed. Signed off by Execs.

Recruitment plan aligned to each professional group (priority for medical for 25/26)	Walmsley, Tracy	Completed	Business as usual in most cases with the exception for international recruitment for medical. Developed and implemented up to August 2026. New plan being developed for 2nd International Cohort by 30 September 2025. No posts put forward to date for International Recruitment. Monies to be returned to WG - Finalising with Medical Directorate. Annual cycle now started to re-assess all professional group position.
Education Plan aligned to each professional group (to 24/25 and reframed for 25/26)	Glanville, Amanda	~~31/03/2025~~ 30/11/2026	Analysis in train, based on in year and projections. To be tested by 30 September 2025; work capacity to be assessed. Further work needed to put training plans in place based on TNA. Actions for study leave/higher wards part of BAU
Retention Plan aligned to each professional group (to 24/25 and reframed for 25/26)	Davies, Christine	Completed	Update paper on Staff Retention presented to PODCC to provide assurance in February 2025
Evaluation of effectiveness of plans 24/25 & Lessons Learnt. (to 24/25 and reframed for 25/26)	Walmsley, Tracy	Completed	Built into medical stabilisation and reports to V&S
A robust framework of competency based people planning and related training to underpin the Team around the Patient initiatives and new model development of care. Essential and necessary reliance on educational frameworks rather than new role development, which is an evolutionary aspiration. Practical next steps will be assessed linking into skills gaps within the workforce and the educational infrastructure to support.	Walmsley, Tracy	31/03/2026	Competency based workforce planning was undertaken in 2022/23 with support from HEIW. Refresh of training needed prior to delivery. Delivery may need to commence from March 2026 due to team levels.

						Machanisms & Process for International Recruitment to be devised to enable transparency and engagement	Walmsley, Tracy	31/12/2025	New Action. Engagement with NWSSP/Medical Director to clarify WG position. Meet with HEIW. Design process from local to national in line with partners.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
	Monitoring of workforce SIP and gaps in establishment control	1st				Assessment & continuous development mechanisms linked to Capacity and Capability (including any negative impacts on Wellbeing)	Maturity Matrix developed 31 June 20024 a) ongoing assessment & testing b) locally, c)regionally, d)nationally The intention over the next 12 months to achieve output a) and b) by March 2025, output c) by September 2025 and d) by December 2025 with any refinements of process/mechanics/content achieved by March 2026.	Walmsley, Tracy	Completed	External stakeholder engagement ongoing i.e. other SWP colleagues and HEIW. Shared with HEIW, Strategic Workforce Planning Institute. Discussed with HEIW in November 2024 as part of Strategic Engagement. Meeting with regional colleagues separately to link in as part of regional work programmes. Shared in November 2024 meeting of Regional Network - scheduled for review in workshop January 2025. Discussed with Strategic Workforce Planning Leads at HEIW and other Health Boards, agreement to pilot 2025/2026.

		Risk management approach to Workforce themed Risks	1st						Overarching Implementation Plan & Assessment of Impact (Approach defined 30/9/23) and delivered no later than 31/03/25 to link to Annual Planning cycles (identified in Audit Wales (AW) initial draft report) Refresh of Strategy to be aligned. In draft.	Walmsley, Tracy	~~31/03/2025~~ 30/03/2026	Workforce Plan will take account of the needs to address the actions in the Wales Audit Office Report. Assessment of work by Service, Professional and People Pillar to develop a costed plan for P&OD and HB. Meeting With AW Auditor to agree "close off" based on evidence available. For example, current Workforce plan, MDS and People Plans. The issue is related to the 10 Year Strategy and Implementation Plan for Workforce. The Clinical Services Plan (CSP) work is critical here. Completion Date revised to 30 April 2026 to account for CSP. Met with WAO lead. Draft Paper to be signed off & uploaded.
		Strategic People Planning & Education Group	1st						Value & Sustainability Group to receive updates on variable pay and temporary staffing usage	Walmsley, Tracy	Completed	Business as usual. Completed.
		Workforce levels monitored at Service Level, Professional Groups and Operational Delivery Group & Improving Together meetings	2nd						Pilot the Maturity Matrix independent assessment process across 2/3 Health Boards including Hywel Dda in 2025/2026.	Walmsley, Tracy	31/12/2025	New Action. Refreshing matrix based on All Wales Feedback. Meeting July 2025/26 of subgroup to agree process for pilot process. Being fed into AWOD for SWFP.
		PODCC - IMTP Plan, and process mapped through Planning Sub Group	2nd									
		Workforce Planning Internal Audit (Substantial Assurance) April 2022	3rd									
		Wales Audit Office review of Workforce Planning (report - Summer 2023)	3rd									

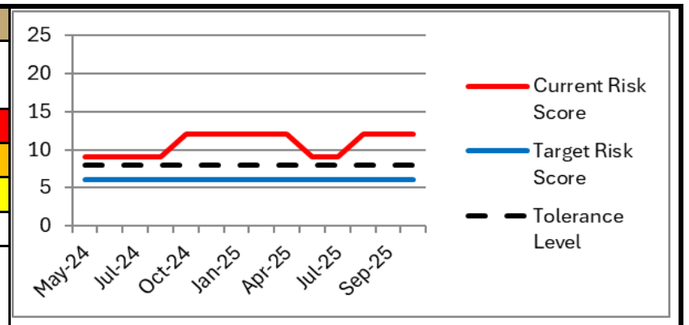
	Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans								

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

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

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

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×3=12
Target Risk Score (L x I):	2×3=6
Expected Date To Achieve TRS:	31/03/2026
Trend:	↓



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

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

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

Review the Best Practice Guidance on Health & Wellbeing Launched for All Wales by HEIW and map across actions to Hywel Dda Cultural Toolkit	Davies, Christine	Completed	Complete. Wellbeing Good Practice Guide mapped across to Hywel Dda Cultural Toolkit and available for access by managers and staff via the WOD Sharepoint page.
Increase the Health Board response rate to national NHS Staff Survey in 2025.	Davies, Christine	31/03/2026	Plans are in the early stages of a Communications phase to support staff engagement in the 2025 NHS Staff survey due in October 2025. An update on action will be provided at the end of December 2025.
Implementation of Stabilisation Programmes.	Walmsley, Tracy	31/03/2026	Nursing and Medical Stabilisation Plans are in place with new developments being identified to address on a weekly basis.
Progress the work of the EDI Task force building an inclusive and respectful organisational culture.	Bird, Anna	31/03/2026	The EDI Taskforce has met on two occasions and a core group met on 13th August 2025 and and overview and recommendations for priority areas of focus were presented to Board Seminar on 21st August 2025. An update will also be on the agenda for public Board in September 2025. Three key workstreams have been agreed and will be taken forward over the next six months: 1. Board Allyship 2. Engagement and co-production 3. Data and intelligence The EDI Taskforce has scheduled an online "Big Conversation" event which will take place on 6th Nov. A further update will be provided in March 2026

Operational Delivery Committee.

Performance dashboards to monitor sickness, vacancies, grievances

Structure of Workforce and Organisational Development Directorate encompasses a number of pillars with a focus on supporting staff, promoting healthy working cultures, and providing support and resources.

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			Cultural Progression Report to PODCC meeting in May 2025 NHS Staff Survey Report to PODCC meeting in May 2025 Workforce Metrics on sickness absence monitored monthly via Escalation processes Culture Overview Report presented to PODCC meeting in August 2025 Speak Up, Make Meaningful Change update report presented to PODCC meeting in August 2025		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/Executive Improving Together Sessions	1st								
	Workforce & OD Leadership Team Meetings (Risk led)	2nd								
	PODCC	3rd								
	Executive Team meetings (Risk led)	1st								
	Escalation Framework Meetings	1st								
	TI and JET assurance meetings									

PODCC Operational Risk Register

Date: October 2025

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
2169	Director of Allied Health Professions & Health Sciences	Allied Health Professions and Health Sciences	AHP&HS: Dietetics and Nutrition	Carruthers, Andrew	Quarrie, Sara	Paul-Gough, Zoe	Paul-Gough, Zoe	22-Sep-25	There is a risk of to staff wellbeing and associated rates of sickness absence, This is caused by unprecedented demand on weight management service since availability of GLP-1 inhibitors. This has resulted in long waiting times and inability to meet patient expectations resulting in unreasonable expectations and at times patient aggression. This will lead to an impact/affect on further contributing to inability to meet demand / service continuity Risk location, Health Board wide.	- comms hub supporting identification of FAQ / common complaints to manage (draft responses provided) to avoid team having to pick up. - WLSS supporting Pt queries (signposting info provided) - Session provided to team re de-escalation of anger - V&A training sought - staff signposted to Staff psychological wellbeing service - Communication provided to referrers	Workforce/OD	5	5	25	3 staff members on long term sick. Staff raising concern and recent V&A Incident also noted on Datix.					People, Organisational Development and Culture Committee	3	3	9	current planned mitigations will support in the short-term however long term resolution will likely require resource. Longer term service planning will be required across system / pathway and has been highlighted for the Healthy Weight Oversight Group.		22-Sep-25

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1409	Planned & Specialist Care	Children, Women & Family Health	CW&FH: School Nursing	Carruthers, Andrew	Goode, Paula	Owen, Tracy	Morgan, Barbara	20-Jun-22	There is a risk of to the health and wellbeing outcomes and high level of safeguarding concerns for Children and Young People (CYP) within the Health Board due to a shortage of School Nurses. This is caused by 1. Difficulty in recruiting School Nurses throughout the HB but particularly in Ceredigion. 2. There are not enough registered nurses opting to attend the SCPHN (Specialist Community Public Health Nurse)training for school nursing. 3.Location of the training, which is based in Swansea University, this is not always popular with staff from Ceredigion or Pembrokeshire due to the distance they have to travel. 4. The School Nursing service is unable to complete other aspects of its Public Health Role as the service is seen as providing an Immunisation Service. 5.There may be a negative perception by Registered Nurses on what the School Nursing Role actually entails. 6.There has been an impact to the service due to long term sickness in Carmarthenshire and Ceredigion. This will lead to an impact/affect on 1. Reduced input by the	1. Handover of care from Health Visiting to School Nursing to ensure that vulnerable children and families are identified early and an appropriate package of care implemented continues. 2. Most contacts with at-risk children, young people and their families are carried out face to face. 3. In regards to increases in Safeguarding issues, supervision is available from the Safeguarding Team and support from Team Leaders or Senior Nurse Manager. 4. Face to face meetings have resumed with vulnerable CYP. 5. Skill mix model has been adopted where the service has appointed Band 5 Registered Nurses to fill the deficit and enable them to become SCPHNs as part of the grow your own model. 6. Continue to work with Culture team to improve the culture of the service with the aim of improving staff retention.	Workforce/OD	4	4	16	28/05/2025: The current score has increased from 12 to 16 due to an increases in the reduction in the specialist school nursing workforce within Ceredigion. This is further compounded by the location of the SCPHN course only being offered in Swansea University. The service has an ongoing recruitment campaign with involvement from Workforce and a meeting took place with Education leads across the 3 counties to consider the impact of a reduced number of Welsh Language speakers currently in the service, however there has been no further developments to date. To date, the we have been unsuccessful in our recruitment campaign which has had an effect on staff morale due to the increase in workload as they must cover caseloads. The Welsh language department have	Promote return to face-to-face Health Visitor to School Nurse Handover by all School Nurse Team Leaders	Morgan, Barbara	**Completed**	have made some progress in some areas however Ceredigion HV service still have significant vacancies. It was hoped that by Sept 2023 we may be in a position to carry out more face to face contacts but due to maternity leave and vacancies, this is now likely to happen at a later date in Ceredigion.	People, Organisational Development and Culture Committee	2	3	6	There will be two SCPHN-SNs qualifying this year which would help to reduce some of the current deficit in specialist school nurses across Hywel Dda.	Treat	30-Sep-25
																Provide safer support for CYP by resuming all safeguarding contacts with children back in school or home environment - driven by all School Nurse Team Leaders	Morgan, Barbara	**Completed**	Made some progress but very difficult when covering vacant caseloads. It was hoped that by Sept 2023 we may be in a position to carry out more face to face contacts but due to maternity leave and vacancies, this is now likely to happen at a later date.							
																Undertake recruitment campaign with Workforce, scoping and looking at the needs of the service	Morgan, Barbara	**Completed**	Completed the Workforce plan and continuing to promote the School Nursing service at every opportunity. The recruitment campaign is ongoing.							

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									service on CYP's Health and Emotional Wellbeing due to lack of staff and increased demands in other areas of the service. 2. Limited capacity of staff to deal with increased Safeguarding and Domestic Abuse disclosure. 3.Reduction in the amount of Public Health key health messages provided by the school nurses. i.e sexual health and appropriate relationships sessions, internet safety, growing up talks in both primary and secondary schools. 4. Ongoing effects on staff wellbeing and morale due to staff shortages within the service. Risk location, Carmarthenshire, Ceredigion, Health Board wide.						lowered the requirements for Welsh language posts to "level 3" which may encourage people who can speak Welsh (but not necessarily write, type, think in Welsh) to apply. Service have made a local decision (supported by CCG) to make recruitment more attractive to advertise Welsh language as "desirable". The ageing workforce, in particular in Pembrokeshire and the senior management team, along with the challenges the service are facing with succession planning, make School Nursing a fragile service.	Meet with Education leads across the 3 counties to discuss the future Welsh Language criteria and current fluent welsh speaker recruitment challenges	Morgan, Barbara	Completed	Advice taken from Welsh Language lead for Health Board. Meeting has taken place with Education Lead in Ceredigion. Pembrokeshire and Carmarthenshire meetings planned for 2024. The possibility of complaints from parents remains as there is an expectation within Welsh language schools. The action has been completed but the issue is yet to be resolved.							
																Exploring the possibility of a blended model with the immunisation nurses to deliver school based immunisations which will reduce School Nursing workload	Morgan, Barbara	Completed	Supportive model was piloted during Autumn 2022 programme with mixed feedback due to HBs competing priorities of vulnerable groups. It is hoped that further discussions can be established with Public Health team ahead of Autumn 2024. This is ongoing. Recent discussions have identified limited support however further discussions are required for future planning of the School Age Immunisation Programme.							
																Workforce support to broaden our scope of recruitment to include Social Media etc.	Morgan, Barbara	31/03/2026	N/A							

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2088	Operational Allied Health Professions & Health Sciences	Allied Health Professions and Health Sciences	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John	Davies, John	09-Jun-25	There is a risk of There is a risk of staff have a poor experience at work. This can contribute to burnout in clinical, administration and managerial staff, resulting in emotional, physical, psychological impacts. This is caused by Sustained and prolonged work-related pressure and chronic stress. This is also due to multiple factors which may include high workloads, working in isolation, lack of control or autonomy, insufficient recognition, miss match in values, unfairness in work distribution and reward and negative work life balances. Moral and ethical distress also adds to the risk of negative impacts on wellbeing. This will lead to an impact/affect on Wellbeing, attendance at work, poor cognitive decision making, loss of clinical capacity/ efficiency, poor recruitment and retention of staff, patient safety. Team functioning and work and home relationships are often effected. Feelings of uselessness, cynicism, compassion fatigue. Risk location, Health Board wide.	Staff directed to HB staff psychological wellbeing services and tools on the website Staff directed to NHS counselling service (Canopy) Health board 1:1 support service Prevention of burnout resources available on line to all staff Individual stress risk assessment completed, and action plans made Individual referral to occupational health when triggers met Individual Job planning template completed Staff to book regular annual leave and managers to monitor Service and team leads to monitor overtime / TOIL Operational managers are supported to attend Health and Safely training that includes workplace stress risk assessment.	Safety - Patient, Staff or Public	3	4	12	System pressures are consistent despite wellbeing interventions. Gains in wellbeing may be adversely impacted when returning to environments that can have an impact on wellbeing.	Staff to be made aware of all resources available to support wellbeing	Griffith, Susan	Completed	links to staff resources distributed throughout the service through the service leader communication infrastructure.	People, Organisational Development and Culture Committee	3	2	6	Despite the current controls, staff engagement sessions highlight that many staff continue to have a poor experience while at work, that carries the risk of impacting wellbeing, and higher levels of sickness absence.	Treat	15-Sep-25
																SG to link with psychology lead Suzanne Tarrant to confirm the most relevant resources available for staff and managers on burnout	Griffith, Susan	Completed	Meeting undertake with Suzanne Tarrant on 5/6/25 up to date resources confirmed and the service is advised that Suzanne is raising the concept of burnout at board level and the need for organisational workstreams.							
																SG to link with Workforce and OD to see what support is available to clinical and managerial teams	Griffith, Susan	Completed	Susan Jarvis is undertaking targeted work with Teams 22/06/25 - Date to be arranged . Colours workshop undertaken with senior staff July 25 with further cascade to the wider team planned through in service training programme.							
																JD to link with Sara Quarrie and Jo Bradburn regarding staffing level benchmarking exercise.	Davies, John	Completed	JD to raise with the care group meeting infrastructure. Update 11/07/25. CCG is piloting capacity demand modelling in podiatry. There is no specific time line for roll out in physio yet. CCG will advise later in the year. Action complete.							

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																Develop SMART action plan to incrementally updated training for operational managers and clinical leaders in Health and Safety, including stress risk assessment processes. (Link with Tim Harrison and Adam Springthorpe)	Davies, John	31/10/2025	11/09/25. Initial scoping of training availability for 'H and S induction training for managers' provided by Adam Springthorpe.						
737	Director of Finance	Digital	Digital: Information and Communication Technology	Thomas, Huw -	Tracey, Anthony	Brain, Sarah	Brain, Sarah	01-May-18	There is a risk of that the staff working on the switchboards within the Health Board are not able to comply with the European Working Time Directive (EWTD). This is caused by the inability to cover single handed shifts at night, weekend and bank holidays at 3 out of the 4 hospital sites. This will lead to an impact/affect on the European Working Time Directive (EWTD) is an EU initiative designed to prevent employers requiring their workforce to work excessively long hours (specifically the right to a rest break if the working day is longer than six hours), with implications for health and safety, increased levels of sickness and potentially more time off work. Consequently this could have a direct impact on patient care. Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital.	Each switchboard has a lockable door. There is now a supervisor now on call for support. Ring-rounds are carried out to check on well-being of switchboard staff (carried out by the staff themselves) - buddying system. Health Board successful for an Invest to Save bid from Welsh Government and a replacement and modernised programme for the switchboard is now in place. The project is up and running. Call recording is allowed on new system if issues are raised. Post-implementation review of system was carried out on 19th January 2023. Digital side of system is operable.	Statutory duty/inspections	4	3	12	We are not able to facilitate the required compliance without significant investment with additional staff and support from the site management. However, the night staff will have to undertake significant switchboard training to ensure that they are able to respond to the emergency calls. No complaints have been received from staff to date and concerns in the teams are minimal. Risk score was reviewed following review of system which occurred in January 2023. Risk remains the same until changes as part of the OCP are implemented.	Review physical alarm systems in GGH and WGH switchboards No update from estates - highlighted in Health and Safety report regular workstream established with Estates to review the alarms on all sites and to progress to remote monitoring	Beynon-Thomas, Kelly	**Completed**	following recent meeting with estates on 8/11/23 switchboard will need to decant for RAAC plank, revised to February 2024 highlighted issues during meeting to Estates that remote monitoring of alarms is now essential	People, Organisational Development and Culture Committee	2	3	6	Assurance & Risk Officer has entered TRS date '01/01/1900' whilst undertaking housekeeping on this risk to allow the risk to be saved. Risk lead to input 'Rationale for the target risk score' and 'Expected date to achieve Target Risk Score' at next review.	Treat	02-Oct-25
																Review physical alarm systems in BGH and PPH switchboards Alarms highlighted in Health and Safety meetings and included in reports no update from estates	Beynon-Thomas, Kelly	**Completed**	meeting held with Estates to discuss alarms across all sites, currently project and work in place to try and develop ways to manage alarms remotely.						

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																Health and Safety review of all sites to be carried out in May 2023 (inspecting physical environments and support mechanisms for staff) All Health and Safety Reviews have been carried out some actions already done clearing of areas, awaiting completed reports.	Beynon-Thomas, Kelly	Completed	Health and Safety advisor booked in to carry out review. Update Action at next review.							
																Develop work plan to enable switching between sites	Beynon-Thomas, Kelly	Completed	Work plan to be developed once review of alarms and Health and Safety inspection carried out.							
																OCP to be followed, merging of GGH and PPH teams, and merging of BGH and WGH out of hours to remove lone working and comply with EWTD	Brain, Sarah	30/09/2025	OCP currently in process							
2137	Planned & Specialist Care	Cancer & Scheduled Care	Scheduled Care: General Surgery	Carruthers, Andrew	Goode, Paula	Humphrey, Lisa	Lewis, Caroline	02-Jun-25	There is a risk of of being unable to provide sufficient surgical SAS cover to GGH and the elective pathway at PPH. This is caused by Gaps on the GGH rota and the running of an unfunded rota at PPH, which is not currently in the budgeted establishment. This will lead to an impact/affect on a lack of adequate emergency and ward cover at GGH, cancellation of elective USC theatre sessions at PPH if out of hours cover is not provided and a decline in staff morale, due to the pressure of maintaining the rota. Risk location, Glangwili General Hospital, Prince Philip Hospital.	The service team manage the rota on a daily basis, ensuring that there is emergency on-call cover, ward cover and post-take cover at GGH. They also ensure that there is assistant cover for the elective USC lists at PPH and out of hours cover for the elective ward 7. F1 support is available at PPH Monday-Friday, 8am-4pm as part of the F1 rota. Weekend and bank holiday resident cover for PPH is provided by locums. There are two senior medical bank doctors who regularly cover most of the PPH out of hour shifts at the health board card rate. The 1:8 surgical SAS Level rota at GGH currently has 1 vacancy and 1 slot belonging to a doctor who does not work night on-calls. The vacancy was appointed to on 25/07/2025 on a fixed	Workforce/OD	4	3	12	The current risk score reflects the challenges faced by the service and staff affected in managing this rota and covering surgical services across two sites. If cover is not provided for PPH, elective surgery would need to be cancelled, which would directly impact on cancer patients in colorectal and urology, affect performance against the SCP targets. If cover is not provided for GGH, this will affect the emergency surgical pathway on the site where moist surgical pathways in the health board are directed to	Service Team and finance business partner to establish current locum cost to consider conversion into posts.	Lewis, Caroline	15/09/2025	Email sent to finance business partner. To be discussed in departmental finance catch up 05/09/2025	People, Organisational Development and Culture Committee	3	2	6	The target risk score reflects a reduction in the risk score, if additional posts could be funded and a sustainable and compliant rota could be produced to provide adequate surgical SAS level cover for emergency patients at GGH and elective patients at PPH. The likelihood would remain at possible/moderate as unplanned absences including sickness can impact any rota. To reach the target risk score, an agreement needs to be made between the service, clinicians and medical workforce to establish	Treat	11-Aug-25
																Consider temporarily recruiting to the rota slot where the doctor is only doing part of the on-call. This will reduce locum costs and provide more support during day shifts.	Lewis, Caroline	31/08/2025	Email sent to finance business partner before advertising.							

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										term 12 month contract and the successful candidate is currently onboarding. The night on-calls and ward cover gaps are being covered by internal locum at various rates. There are 2 trainee slots on the 1:8 rota, both have been filled for 2025-2026, which is supporting the rota.					for example upper GI and paediatrics. There is also a risk to delays in discharges of patients due to a lack of senior ward cover. There is currently low staff morale amongst the team of SAS level doctors, due to the length of time they have been covering locum shifts and working under difficult circumstances. This has affected SPA time and work/life balance. There has also been a staff retention challenge with a high turnover of staff on this rota. There is also a financial impact with locum cover being provided to PPH at a cost pressure to the service.	Start the process of developing a compliant SAS Level rota, which provides adequate cover for both GGH and PPH, with the support of medical workforce	Lewis, Caroline	30/09/2025	First meeting with medical workforce planned for 27/08/2025					the grade and number of doctors required to provide the service, medical workforce will need to support the service to build a compliant rota which provides adequate cover. The service would need approval from the health board to fund any additional posts required to support this rota and this funding would need to be added to the service budgeted establishment.		

Inspection Title	Recommendation	Action	Clinical Care Group/ Exe	Lead Director	Original Due Date	Current Due Date	Risks	Barriers
Internal Audit - Sickness Management Final Internal Audit Report 2025/26 (Limited)	R2. Two areas visited did not recall having undertaken any training in sickness absence management. Training is not mandatory and due to the delivery methods monitoring of uptake is not feasible, emphasising the importance of ongoing promotion of available training and reliance on Workforce Advisors to identify training needs within their respective service areas.	The Learning and Development Manager will explore the feasibility of recognising completed training as contributing towards Continuing Professional Development (CPD), to encourage uptake.	Workforce and Organisational Development	Director of Workforce & Organisation Development	30/09/2025	30/09/2025		
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R4. The Health Board must review the workload of Foundation Year 1 residents to ensure that they are able to complete their work requirements before the end of their workday. Furthermore, the tasks undertaken by other clinical staff within the department should be monitored to ensure an equitable distribution of the team workload.	The rota will be updated to move away from the F1, F2 and clinical fellows being under a named consultant, resident doctors will be clearly allocated duties on the rota and the team will be split into: On call team Post take team Ward team During the ward team week, trainees will be given the opportunity to attend theatre, clinics and MDT as part of their learning. There will be a designated specialty doctor responisble for co-ordinating the rota and monitoring the equitable distribution of duties alongside the management team.	Medical Director	Medical Director	31/08/2025	31/08/2025		

HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R9. The Health Board should review the deployment of medical staff throughout the General Surgery team to help ensure a fair division of departmental workload.	The rota will be updated to move away from the F1, F2 and clinical fellows being under a named consultant, resident doctors will be clearly allocated duties on the rota and the team will be split into: On call team Post take team Ward team During the ward team week, trainees will be given the opportunity to attend theatre, clinics and MDT as part of their learning. There will be a designated specialty doctor responisble for co-ordinating the rota and monitoring the equitable distribution of duties alongside the management team.	Medical Director	Medical Director	31/08/2025	31/08/2025		

1.7

1.7 - Targeted Intervention Progress Report

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

For assurance

Attachments

1.7 TI Update Report October 2025 - PODCC.pdf

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Escalation De-escalation - PODCC (October 2025)

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

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

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

Why Assure?

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

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

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

7. Leadership Programmes in Place to Strengthen Management Maturity

Status – ASSURE
Committee: PODCC
Lead Executive: Lisa Gostling

Explanation

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

Why Assure?

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

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

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

Status – ASSURE
Committee: PODCC
Lead Executive: Lisa Gostling

Explanation

Staff engagement metrics (e.g., survey response rates, engagement scores) are at or above Welsh average in key care groups, with significant improvement from 2023/24. Staff feedback on engagement and culture progression is routinely considered by the Board and informs ongoing OD action plans. The response rate from the first week of the 2025 national staff survey currently stands at 6.8% with drop-in events making a noticeable impact.

Why Assure?

- **Participation Up -** Increasing response and engagement.
- **Targeted Action -** OD/People support where needed.
- **Embedding Change -** Board and committee review staff experience.
- **Conclusion -** Staff engagement is demonstrably improving, warranting **Assure**.

2

40 Mins

2 - PEOPLE

2.1

2.1 - Staff Story - Sickness Absence Tool Demonstration

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

For discussion

Attachments

2.1 Presentation PODCC.pdf

Workforce & Health Population Tool

Collaboration between Data Science and Workforce Intelligence utilising

- Absence Data from April 2024 to March 2025.
- Workforce Data as at May 2025.
- Welsh Index of Multiple Deprivation (WIMD) and Lower Super Output Area (LSOA) Dataset, based on 2019 WIMD data from Welsh Government.
- Healthy Life Expectancy by County, based on data from Office of National Statistics (ONS)

Purpose

- The tool has been developed to provide additional assurance to the Committee
- Following the demonstration of this to the business executive meeting in September it is being brough to this committee as part of the performance assurance and workforce metrics report.
- The Committee is being asked to NOTE the content of the Performance Assurance and Workforce Metrics report and RECEIVE ASSURANCE of performance in key areas of the Workforce and OD agenda.

Absence in the Health Board - Overview

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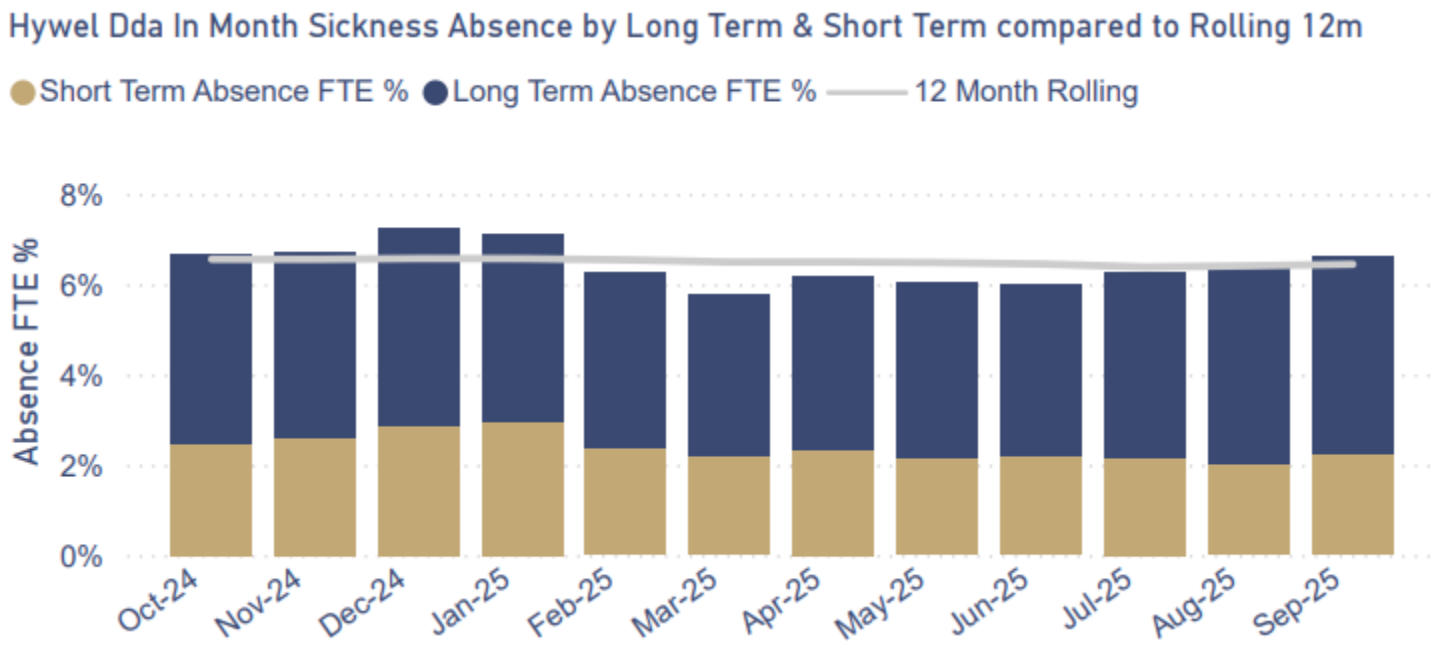
The estimated cost of absence in 2024/25 was £26.4m. This is a monthly average of £2.2m.
The top 2 reasons are estimated to have cost £11.8m
S10 Anxiety/stress/depression/other psychiatric illnesses - £8.9m
S13 Cold, Cough, Flu – Influenza - £2.9m

Overall Headcount % and
Absence FTE %
All reasons by Age Band

Age Band	Headcount %	Absence FTE %
<=20 Years	1.92%	5.85%
21-25	6.93%	5.08%
26-30	9.66%	5.56%
31-35	11.46%	6.11%
36-40	12.24%	5.59%
41-45	11.62%	5.52%
46-50	11.04%	5.79%
51-55	12.68%	7.20%
56-60	11.74%	8.59%
61-65	7.87%	10.37%
66-70	2.22%	10.50%
>=71 Years	0.63%	16.20%



Healthy Life Expectancy
Based on data from Office of National Statistics

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Workforce & Health Population (Development)						
Category	Carmarthenshire		Ceredigion		Pembrokeshire	
	2017/2019	2021/2023	2017/2019	2021/2023	2017/2019	2021/2023
Male - Birth	59.82	59.23	63.51	63.89	62.45	62.94
Female - Birth	60.38	57.93	64.86	63.61	63.52	63.18
Male - 65	9.60	9.33	11.07	11.09	10.58	10.76
Female - 65	10.13	9.66	12.10	11.75	11.49	11.61

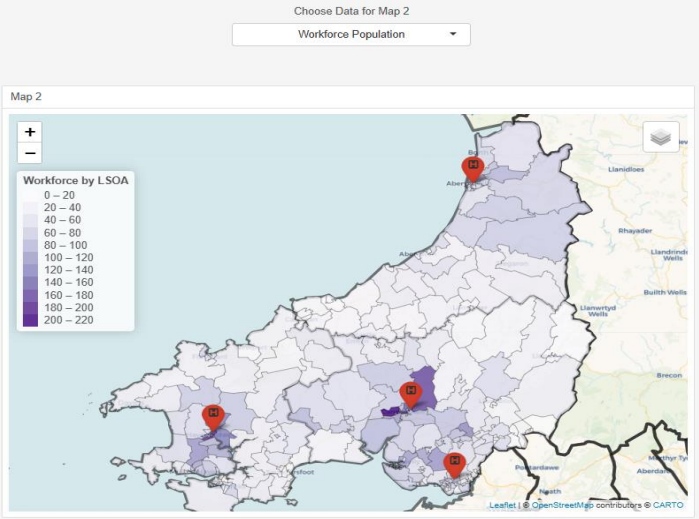
Healthy Life Expectancy

- In the 2021 to 2023 period, the majority of the three counties had lower HLE at birth than in the pre-pandemic period, 2017 to 2019.
- Around two-thirds of local areas (15 of 22) had lower male HLE at birth in 2021 to 2023, compared with 2017 to 2019.
- Almost all local areas in Wales (20 of 22) saw a decrease in female HLE at birth, compared with 2017 to 2019.
- Workforce Dataset: 88% of our workforce live within the Hywel Dda Counties of Carmarthenshire, Ceredigion, and Pembrokeshire.
- 12% of these staff are aged over the average life expectancy for their county and gender.

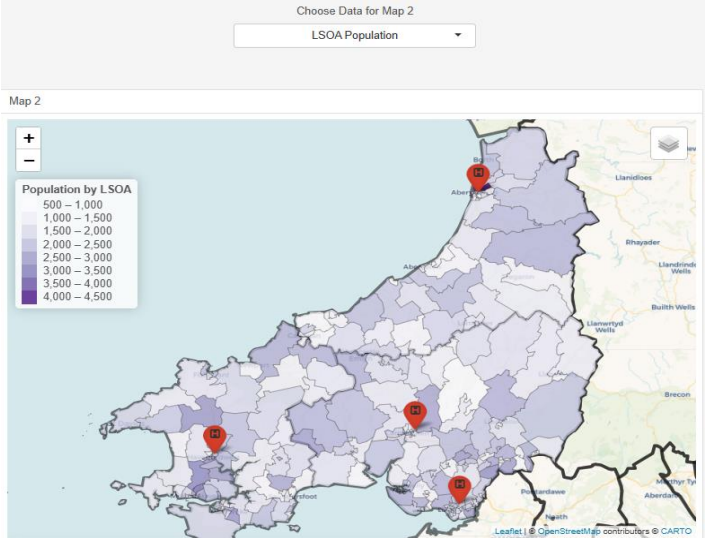
Increase/Decrease from 2017/19 to 2021/23			
Category	Carmarthenshire	Ceredigion	Pembrokeshire
Male - Birth	-0.59	0.38	0.49
Female - Birth	-2.45	-1.25	-0.34
Male - 65	-0.27	0.02	0.18
Female - 65	-0.47	-0.35	0.12

Percentage of Workforce in the County over HLE			
Category	Carmarthenshire	Ceredigion	Pembrokeshire
Male - Over HLE	16%	8%	10%
Female - Over HLE	17%	6%	8%

General Observations



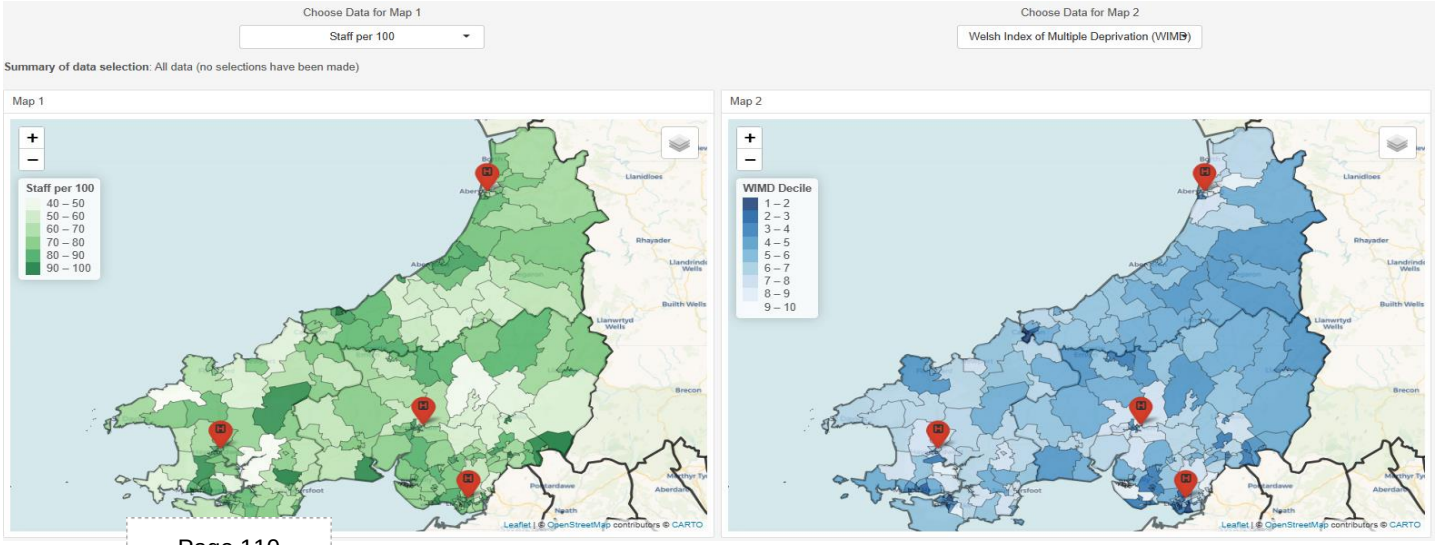
Workforce population is more condensed around the four main hospital sites which is not reflective of the general population by LSOA



Of the 228 LSOAs our workforce live in;

22 show the decile of deprivation of 1-2 (most deprived)

12 show the decile of 9-10 (least deprived)



Flu Campaigns / Peer vaccinators

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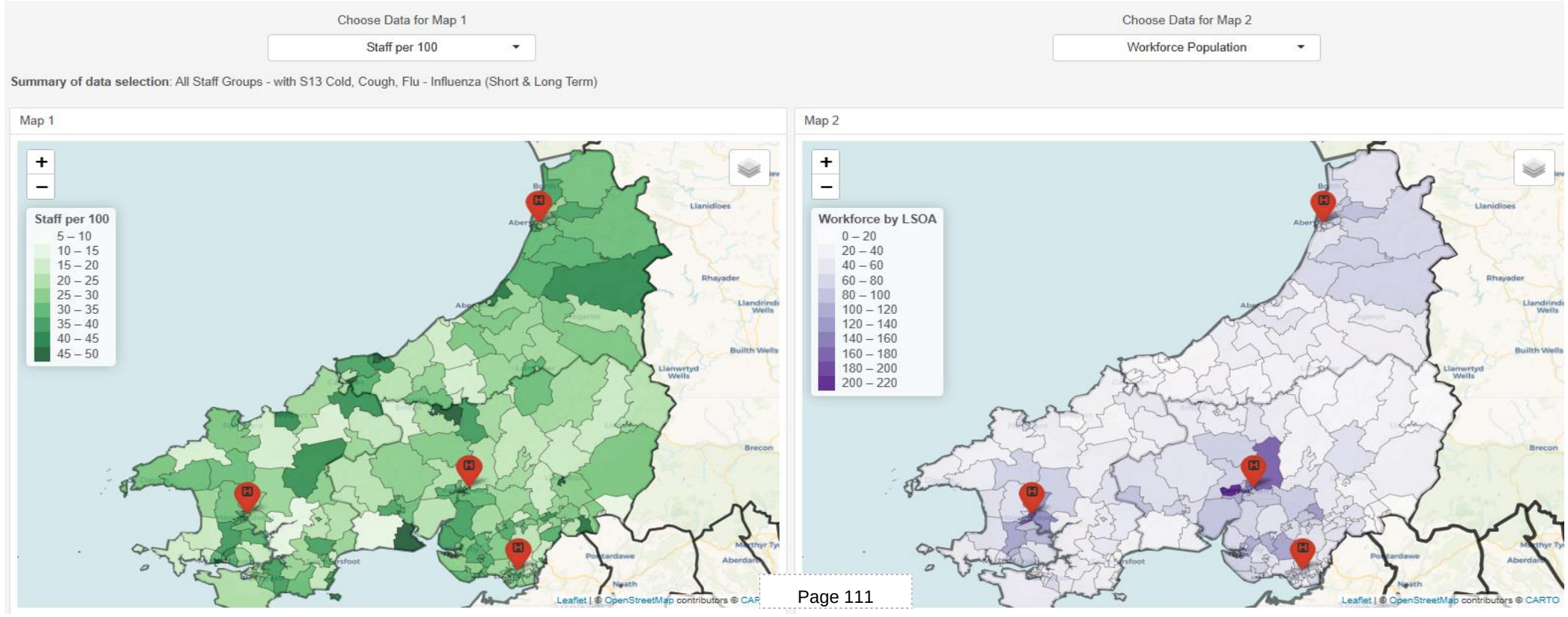
Workforce population densities and S13 (Cold Cough, Flu- Influenza) absences.
Can this be used to inform peer vaccination recruitment campaign or wider flu campaigns?

The map below shows the number of Staff per 100 (number of unique individuals per 100 workforce population) with an absence reason of S13 – Cold, Cough, Flu – Influenza compared to the workforce population in each LSOA.



S10 – Anxiety/stress/depression/other psychiatric illnesses

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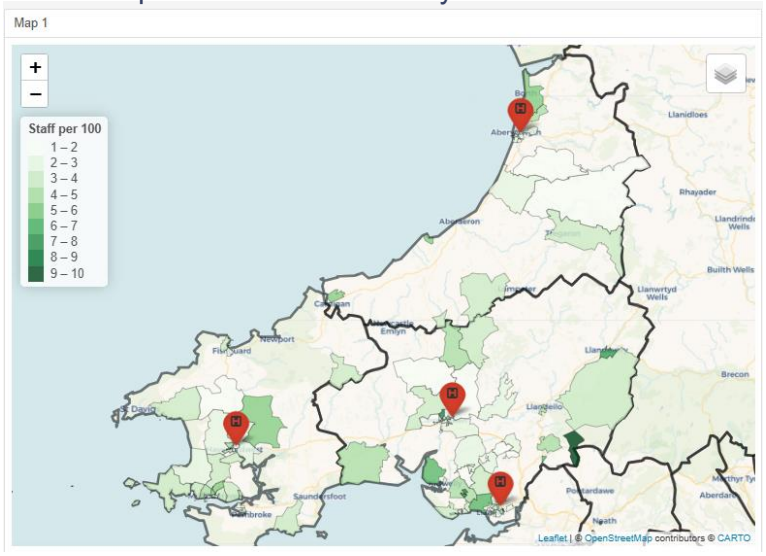
Overall, 41% of S10 absence are long term

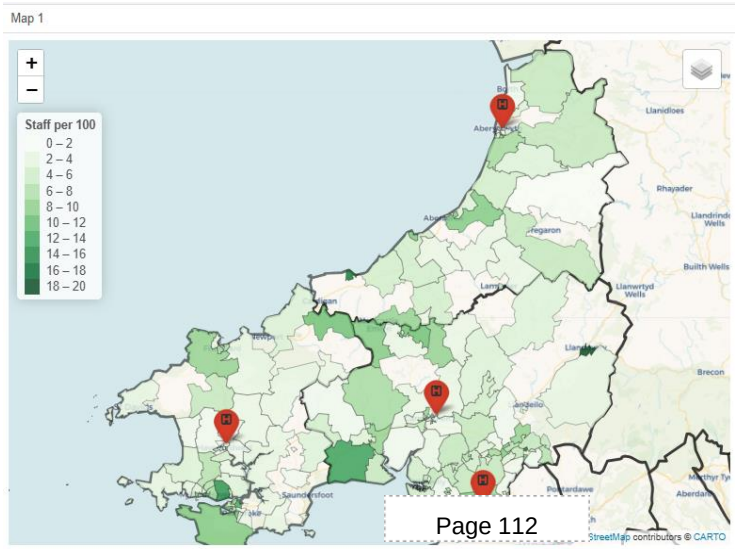
There are three staff groups that have a higher proportion of FTE days lost to S10 than their proportion of available FTE days these are Additional clinical service, Estates and Ancillary and Nursing and Midwifery

	% of FTE Days Lost to S10	% of Available FTE Days
Additional Clinical Services	26.77%	21.67%
Estates and Ancillary	10.91%	7.85%
Nursing and Midwifery Registered	33.47%	31.06%
Healthcare Scientists	1.66%	1.89%
Allied Health Professionals	5.85%	6.94%
Add Prof Scientific and Technic	1.95%	3.53%
Medical and Dental	2.82%	6.45%
Administrative and Clerical	16.57%	20.60%

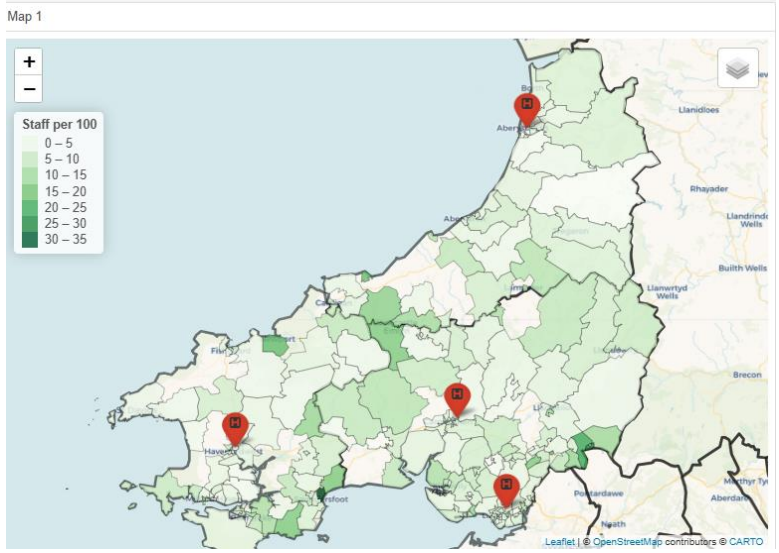
Staff Group - Estates and Ancillary



Staff Group – Additional Clinical Services



Staff Group – Nursing and Midwifery



Recommendation

The Committee is asked to:

- NOTE the content of the Performance Assurance and Workforce Metrics report and RECEIVE ASSURANCE of performance in key areas of the Workforce and OD agenda.

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SAFE | SUSTAINABLE | ACCESSIBLE | KIND

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2.2

2.2 - Partnership Forum Update - DEFERRED

The Partnership Forum have not met since the previous PODCC meeting due to cancellation.

2.3

2.3 - CCG Structure and Process for Recruitment - DEFERRED

2.4

2.4 - Workforce Efficiency

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

For assurance

Attachments

2.4 Workforce Efficiency - 2025-10-16 PODCC Deep Dive Into Variable Pay.pdf

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Workforce Efficiency (Agency & Variable Pay Update – September (P6-25))
People, Organisational Development and Culture Committee Group
4 November 2025

Contents

Annex 2: Agency Update

Annex 2: Workforce Productivity

Objective:
Maximise workforce productivity and efficiency by strengthening value, improving deployment, and reducing reliance on agency staffing.

Key Priorities & Targets

- **Agency Spend Reduction**
  - Target: Achieve a 30% reduction in agency expenditure in 2025/26 compared to 2024/25 outturn (Detail in future slides)
  - Mandate: Eliminate off-contract agency expenditure (Complete)
- **Zero Agency Spend by Role Deadline: 30th September 2025**
  - **Roles Targeted:**
    - Healthcare Support Workers (Ongoing Mental Health and Learning Disabilities (MHLD) Healthcare Support Worker (HCSW) pending recruitment)
    - Admin & Clerical (Complete)
    - Estates & Ancillary Staff (Complete)

Empowering Clinical Care Group (CCG) Leads

- Provide tools and insights to understand workforce baselines
- Enable data-driven decisions to address variable pay spend

Run Rate Reductions

- Identify and implement reductions linked to variable pay usage

Exec Summary – Key Highlights

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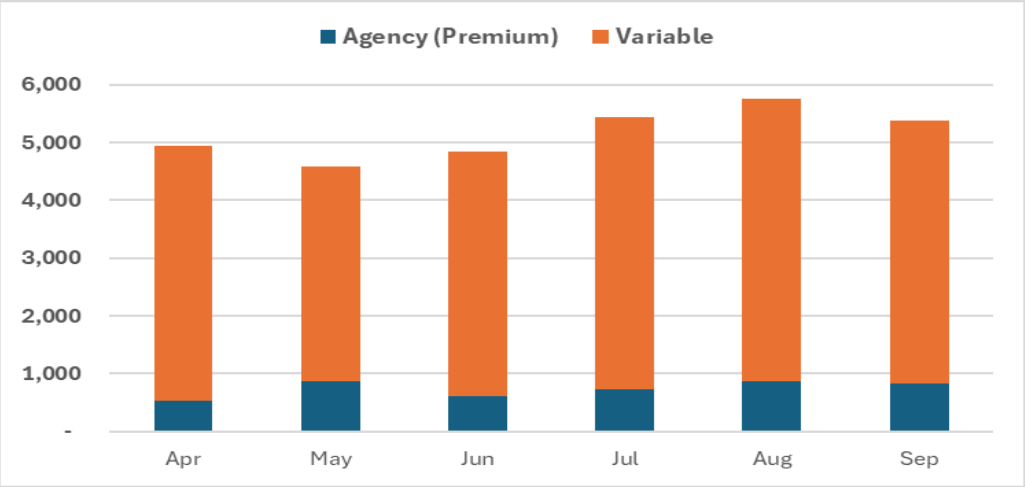
Month on month HB wide spend on Variable Pay (£000)



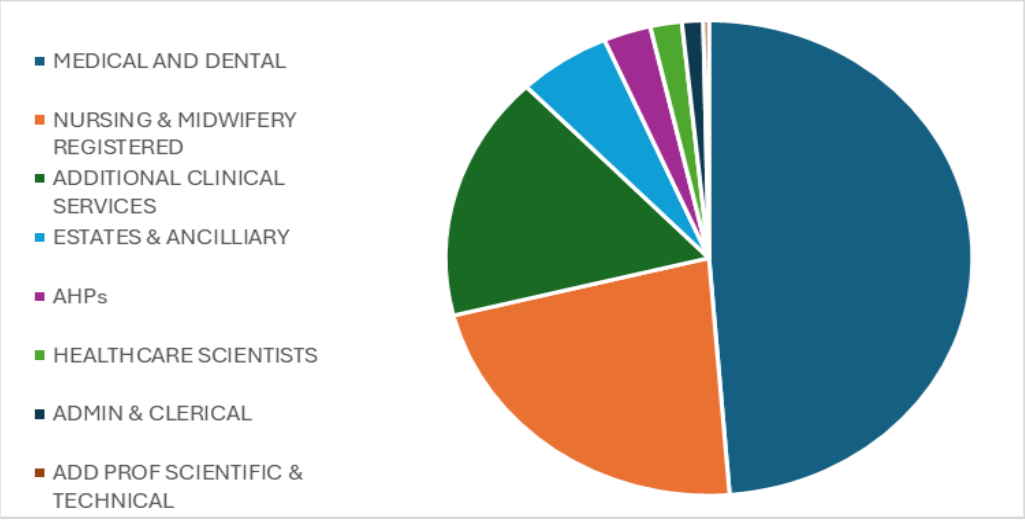
Variable pay remains a critical area of focus in workforce expenditure and service sustainability. While notable progress has been achieved in some areas, persistent challenges continue to affect others.

In the first 6 months of 2025/26, **£30.9m** has been spent on agency and variable pay (£4.4m agency and £26.5m other variable pay) with on average circa **£5.15m** being spent each month.

Based on the most recent end of year forecast (September) across the Health Board, the projected full spend on agency and variable pay is **£60.4m**.

This £60.4m includes plans that have already been identified to reduce variable pay, such as agency improvements due to recruiting Newly Qualified Nurses (NQN).

% Spend on Variable Pay by Stay Group (YTD)



Of the £30.4m year to date spend on agency and variable pay:

- 51% (£15.6m) relates to staff group Medical and Dental,
- 22% (£6.8m) relates to Nursing and Midwifery,
- 16% (£5m) relates to Additional Clinical Services
- 11% (£3.5m) relates to all other professions.

In September, except for one small invoice (£650) relating to a previous off-framework medical agency worker in MH, **no off-framework agency** spend was incurred.

Progress to date, Impact and Next Steps

Staff Group	Progress / Current Position	Impact / Challenges / Risks	Next Steps / Requirements
Nursing	A sustained reduction in variable pay achieved through the Nurse Stabilisation Programme, primarily by reducing agency usage.	Improved workforce stability and more effective cost control.	Ongoing monitoring and reinforcement of stabilisation measures to maintain progress. Unavailability finance forecasting, understanding the financial cost of unfilled shifts due to excessive use of annual leave, sickness, study etc.…
Medical	Variable pay usage remains high and difficult to manage. Allocate implementation ongoing.	No comprehensive baseline assessment of workforce gaps. Risks with rota coverage and service continuity.	A detailed baseline assessment is essential to understand shortfalls, risk exposure, and opportunities for action. Additional Duty Hour Deep Dive linked to establishment baseline and workforce planning group.
Allied Health Professionals (AHP) & Healthcare Scientists	Sporadic service-level engagement events have been held.	Posts funded through temporary or non-recurrent means. Increased reliance on agency and bank locum staffing. Unsustainable funding models.	Address funding sustainability and reduce reliance on temporary staffing.
Administrative & Clerical	Variable pay linked to patient-facing services remains difficult to reduce.	Driven by service pressures, demand fluctuations, and operational constraints.	A targeted review of service delivery models and staffing approaches is required.
Healthcare Support Workers (HCSW)	Continued high utilisation of bank and agency staff.	Ongoing work around Band 2/3 roles adds complexity and strain. Significant cost implications and sustainability concerns.	Central recruitment campaign ongoing. Review Band 2/3 role structures and address operational pressures to improve sustainability.

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University Health Board

Appendix 1 – Health Board Position

Variable Pay Expenditure Health Board Wide Period 6 (September) 2025/26: Spend Trend

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Monthly spend on variable and agency pay by expenditure type – HB Wide (£000)

	P01-26	P02-26	P03-26	P04-26	P05-26	P06-26	Total	Expected Outturn
Agency (Premium)	**522**	**875**	**607**	**731**	**870**	**832**	**4,437**	**8,222**
Agency - Off Contract	50	32	86	1	5	-4	170	170
Agency - On Contract	473	842	521	730	865	836	4,267	8,052
Variable	**4,412**	**3,714**	**4,246**	**4,700**	**4,881**	**4,546**	**26,499**	**52,228**
Additional Hours	2,234	1,849	2,206	2,566	2,350	2,133	13,338	26,290
Bank	1,361	1,226	1,315	1,344	1,468	1,479	8,193	16,149
Overtime	809	572	546	485	611	635	3,657	7,209
Waiting List Initiative	9	67	179	304	452	299	1,310	2,581
Total	**4,934**	**4,589**	**4,852**	**5,431**	**5,751**	**5,378**	**30,936**	**60,451**

Monthly spend on variable and agency pay by staff group – HB Wide (£000)

	P01-26	P02-26	P03-26	P04-26	P05-26	P06-26	Total	Expected Outturn
MEDICAL AND DENTAL	2,445	2,189	2,390	3,013	2,982	2,622	15,641	30,342
NURSING AND MIDWIFERY REGISTERED	1,104	997	1,060	1,072	1,321	1,202	6,756	13,353
ADDITIONAL CLINICAL SERVICES	858	765	818	808	848	899	4,996	9,875
ESTATES AND ANCILLIARY	281	240	245	246	248	306	1,566	3,163
ALLIED HEALTH PROFESSIONALS	121	282	153	106	151	156	970	1,806
HEALTHCARE SCIENTISTS	48	68	82	93	85	104	480	969
ADMINISTRATIVE & CLERICAL	61	44	92	67	85	70	420	741
ADD PROF SCIENTIFIC AND TECHNICAL	17	4	12	26	30	18	107	201
Total	**4,934**	**4,589**	**4,852**	**5,431**	**5,751**	**5,378**	**30,936**	**60,451**

Overview

Since Month 2 (£4.5m) the monthly variable pay spend has steadily increased and in Month 6 was £5.4m spend on variable pay and the year-to-date total agency and variable pay spend at the end of Month 6 was £30.9m.

Based on the submitted forecasts, this is projected to have a full year total spend of £60.4m.

Highlights

- Medical and Dental spend accounts for 50% of all variable and agency pay (£15.6m year to date).
- No new off contract agency has been incurred in September.
- Ongoing recruitment into circa135wte HCSW vacancies should reduce bank costs.
- Despite improvements in recent years, agency spend is still projected at £8m for FY25/26.
- Month 6 (September) has seen the highest monthly use of Bank and Overtime so far this year.
- Whilst Waiting List Initiative (WLI) appears, this is circa 70% externally funded from recovery. There is a risk that enhanced rates of pay destabilise core services, along with the use of insourcing with examples of staff leaving the health board to take up roles externally due to enhanced pay rates.

Variable Pay Expenditure Health Board Wide Period 6 (September) 2025/26: Spend Trend

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Current Pressures Driving Variable Pay and Agency Use

- Seasonal Leave Pressures: - Increased staff absence during peak leave periods (Months 4 and 5) has led to heightened reliance on temporary staffing solutions.
- Demand Increases: - Rising activity linked to performance metrics such as:
  - Ambulance handover delays
  - Waiting list initiatives (Insourcing Solutions)
  - Patient boarding and ward surge capacity
  - Medical patient surge in our front door services.
- Healthcare Inspectorate Wales (HIW) performance audits - These have created short-term staffing pressures requiring flexible workforce deployment.

Vacancy Holds in Nursing: Temporary holds on recruitment while awaiting education pipeline outputs (e.g. Newly Qualified Nurses) are contributing to increased agency and bank usage.

Population Health Challenges: Reports from CCG Targeted Intervention (TI) indicate increased infection rates, likely impacting staff availability and driving variable pay usage.

Emerging Pressures:

- <u>Demand Outstripping Workforce Capacity:</u>

Despite improvements, current demand levels are exceeding available workforce supply, leading to renewed reliance on variable pay mechanisms.

- <u>Secondary Care Pressures:</u>

Increased reliance on secondary care as a ‘see and treat’ service is driving up activity and staffing requirements, particularly in acute and unscheduled care settings.

- <u>System-Wide Demand and Capacity Challenges:</u>

These pressures are compounded by:

  - Rising patient acuity.
  - Delays in discharge and flow.
  - Increased demand for escalation and surge capacity.

Implications:

While progress has been made in reducing variable pay through improved workforce models, systemic demand pressures continue to challenge sustainability.
A whole-system approach is needed to align workforce planning with service demand, particularly in areas where secondary care is absorbing upstream pressures

Variable Pay Expenditure by Exec Function and Clinical Care Group – Year to Date – 6 Months

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Year to Date spend on Variable Pay by Exec Function (£000)

	Agency (Premium)	Variable	Total
Chief Operating Officer	4,465	24,859	29,324
Executive Director of Allied Health Professions and Health Sciences	0	1,412	1,412
Executive Director of Finance		147	147
Executive Director of Nursing, Quality and Patient Experience	0	50	50
Executive Director of Strategy and Planning	0	15	15
Executive Director of Public Health	2	8	10
Executive Medical Director		8	8
Executive Director of Workforce and Organisational Development		1	1
Health Board Wide	-30	-1	-31
Total	**4,437**	**26,499**	**30,936**

Year to Date spend on Variable Pay by Clinical Care Group (£000)

	Agency (Premium)	Variable	Total	%
Community and Integrated Medicine	2,210	10,175	12,385	42%
Planned and Specialist Care	563	8,079	8,643	29%
Primary Care, Community Strategy and Long Term Care	7	3,285	3,292	11%
Mental Health and Learning Disabilities	571	2,024	2,595	9%
Operational Allied Health and Health Sciences	1,113	1,260	2,373	8%
Chief Operating Officer Management		37	37	0%
Total	**4,465**	**24,859**	**29,324**	**29,324**

Monthly spend on Variable Pay by Clinical Care Group (£000)

	P01-26	P02-26	P03-26	P04-26	P05-26	P06-26	Total
Community and Integrated Medicine	2,559	1,546	1,826	2,199	2,212	2,043	12,385
Planned and Specialist Care	1,209	879	1,444	1,631	1,877	1,602	8,643
Primary Care, Community Strategy and Long Term Care	547	602	552	545	510	536	3,292
Mental Health and Learning Disabilities	460	382	441	414	464	435	2,595
Operational Allied Health and Health Sciences	269	538	299	401	414	452	2,373
Chief Operating Officer Management	7	3	4	5	12	5	37
Total	**5,051**	**3,950**	**4,567**	**5,195**			**29,324**

Of the 30.9m Year-to-Date (YTD) expenditure on variable and agency pay, 95% (£29.3m) has been incurred by the Clinical Care Groups (CCGs) within the Chief Operating Officer Function.

The two CCGs incurring significantly more variable pay than any other CCG are Community and Integrated Medicine (CIM) (12.4m YTD) and Planned and Specialist Care (£8.6m YTD).

CIMs high variable pay use is a continued trend from prior years and whilst HB wide Medical accounts for 50% of all variable pay spend, within CIM, Nursing and Midwifery is the staff group incurring the most variable pay accounting for 38% (£4.7m) of all CIM variable pay. This is closely followed by Medical at 36% (£4.4m) and Additional Clinical Services at 25% (£3.1m).

Planned & Specialist Care has spent £8.6m on variable pay but unlike CIM, 72% (£6.3m) has been spent on Medical staffing with 17% (£1.5m) being spend on Nursing variable pay and only 5% on Additional Clinical Services.

A full breakdown by each CCG is included in the appendix (Slide 26 onwards)

Appendix 2 – Deep Dive By Professional Group

Deep Dive into Medical Variable Pay Spend Year to Date – 6 Months

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Monthly spend on Agency and Variable Pay by Clinical Care Group – Medical (£000)

	P01-26	P02-26	P03-26	P04-26	P05-26	P06-26	Total
Planned and Specialist Care	**916**	**640**	**1,038**	**1,183**	**1,354**	**1,121**	**6,252**
Cancer and Scheduled Care	941	432	833	856	1,005	967	5,035
Children, Women and Family Health	-26	208	205	327	349	154	1,217
Community and Integrated Medicine	**1,176**	**283**	**600**	**952**	**773**	**646**	**4,430**
Carmarthenshire Integrated System	346	173	173	382	255	265	1,593
Ceredigion Integrated System	490	35	198	244	248	137	1,352
Pembrokeshire Integrated System	323	72	202	277	240	234	1,349
Urgent and Emergency Care Programme	17	3	27	50	30	10	136
Primary Care, Community Strategy and Long Term Care	**523**	**570**	**525**	**516**	**497**	**520**	**3,152**
Mental Health and Learning Disabilities	**148**	**117**	**164**	**149**	**185**	**134**	**896**
Operational Allied Health and Health Sciences	**66**	**191**	**59**	**191**	**163**	**186**	**856**
Allied Health Professions				0	0	0	0
Pathology	38	147	24	147	106	140	601
Radiology	28	44	35	44	58	46	254
Chief Operating Officer Management	**0**	**0**	**0**	**0**	**7**	**0**	**7**
Total	**2,830**	**1,800**	**2,386**	**2,991**	**2,980**	**2,606**	**15,593**

Bank Locum / Additional Hours

As shown in the table on Slide 10, **£13.3m** has been spent on Medical Bank Locum / Additional Hours across the Clinical Care Groups.

Work is ongoing led by the medial workforce planning group, to identify the medical baseline through establishment assessments. Once complete a detail breakdown of additional duty hours compared to validated establishments will be created, highlighting usage for demand (Including surge, additional beds etc), unavailability, and any other drivers to it's use.

Between April and September, WLI costs for Medical staff totals £609k, average £102k per month.

Medical Agency

At the end of Month 6 **£15.6m** has been spent on Medical variable of which **£1.7m** incurred on agency premium. Medical agency premium is expected to outturn at **£3.3m**.

Month 6 usage data is not available yet but at the end of Month 5 (August), there were **23** medical agency workers engaged across Hywel Dda UHB, broken down as follows:

Breakdown by service area:

- Mental Health & Learning Disabilities (MHLD): 5 workers
- Planned Care: less than 5 workers
- Women & Children's Services: less than 5 workers
- Unscheduled Care (USC): 14 workers

By Site:

- Bronglais General Hospital (BGH): 0
- Glangwili General Hospital (GGH): 8
- Prince Philip Hospital (PPH): 1
- Withybush General Hospital (WGH): 5

Reason for Engagement:

Of the 23 agency workers:

- 20 are covering vacant posts noted by the service.
- 1 in is awaiting substantive appointment
- 1 in is due to a delayed substantive appointment
- 1 in is covering Deanery gaps

Tenure:

Only 2 doctors have breached the 2-year threshold:
All other doctors are under 2 years.

Deep Dive into Medical Variable Pay Spend Detail -Year to Date – 6 Months

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year to Date Variable Pay Spend by Detail Category– Medical (£000)

	Planned and Specialist Care	Community and Integrated Medicine	Primary Care, Community Strategy and Long Term Care	Mental Health and Learning Disabilities	Operational Allied Health and Health Sciences	Chief Operating Officer Management	Total
Additional Hours	**5,395**	**3,951**	**3,145**	**356**	**439**	**7**	**13,293**
Additional Hours - Additional Programme Duties	5,395	3,951	3,145	356	439	7	13,293
Agency - On Contract	**247**	**481**	**7**	**373**	**416**		**1,524**
Agency - On Contract - Bank Holiday	1	1		0	1		2
Agency - On Contract - Saturday Day	0	4			1		5
Agency - On Contract - Saturday Night	1	2			0		3
Agency - On Contract - Sunday Day	1	3			1		4
Agency - On Contract - Sunday Night	1	2			0		3
Agency - On Contract - Weekday Day	218	462		373	385		1,438
Agency - On Contract - Weekday Night	25	8	7		29		69
Waiting List Initiative	**609**	**-1**				**0**	**609**
Waiting List Initiative PAAR	609	-1				0	609
Agency - Off Contract	**0**	**0**	**0**	**167**	**0**		**167**
Agency - Off Contract - Bank Holiday				2			2
Agency - Off Contract - Weekday Day	0	0		16	0		16
Agency - Off Contract - Weekday Night				148			148
Total	**6,252**	**4,430**	**3,152**	**896**	**856**	**7**	**15,593**

Further work is ongoing to understand the coding of Agency-On Contract as whilst the majority of agency – on contract is going through Weekday Day, this is the cost for all agency – On Contract. From next month, this will be split out across all categories.

Deep Dive into Nursing Variable Pay Spend Year to Date – 6 Months

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

Monthly spend on Agency and Variable Pay by Clinical Care Group – Nursing (£000)

	P01-26	P02-26	P03-26	P04-26	P05-26	P06-26	Total
Community and Integrated Medicine	**815**	**769**	**708**	**745**	**878**	**792**	**4,708**
Carmarthenshire Integrated System	370	340	317	339	403	379	2,146
Pembrokeshire Integrated System	183	171	140	159	198	209	1,060
Ceredigion Integrated System	224	228	208	189	179	183	1,211
Urgent and Emergency Care Programme	39	31	44	58	98	21	291
Planned and Specialist Care	**201**	**146**	**239**	**272**	**351**	**299**	**1,509**
Cancer and Scheduled Care	138	100	179	213	284	224	1,138
Children, Women and Family Health	63	46	60	59	68	76	371
Mental Health and Learning Disabilities	**100**	**56**	**64**	**67**	**75**	**99**	**461**
Nursing, Quality and Patient Experience	**9**	**11**	**7**	**6**	**9**	**5**	**46**
Nursing, Quality and Patient Experience	9	11	7	6	9	5	46
Operational Allied Health and Health Sciences	**6**	**5**	**6**	**4**	**6**	**4**	**31**
Radiology	6	5	6	4	6	4	30
Primary Care, Community Strategy and Long Term Care	**1**	**7**	**3**	**5**	**0**	**0**	**17**
Community and Chronic Conditions	1	6	3	2	0	0	12
Primary Care	0	0	0	3	0	0	4
Chief Operating Officer Management	**1**	**2**	**1**	**1**	**1**	**2**	**9**
Public Health	**1**	**1**	**1**	**1**	**1**	**1**	**4**
Estates and Facilities	**0**	**0**	**0**	**0**	**0**	**0**	**1**
Total	**1,104**	**997**	**1,060**	**1,072**	**1,321**	**1,202**	**6,756**

Detail by CCG and type of variable pay on Slide 12

£6.8m has been incurred on nursing variable pay up to the end of September.

Year to date :

- Nursing total variable pay spend is currently at £6.8m (full year forecast - £13.4m) of which as shown on slide 14, Bank Weekday Day shifts (£2.2m) accounts for most of the variable pay expenditure followed by Overtime Weekday Day (£0.6m) and Weekday Night (£0.4m).
- Agency spend specifically is currently at £1.9m (full year forecast £3.4m). Most of this spend is being incurred filling Weekday shifts (both day and nights) and of the £1.9m, £1.7m has been spent within Community and Integrated Medicine.
- Excluding Month 5 which is slightly distorted due to the back pay of Agenda for Change pay award, Month 6 has seen the highest monthly spend on nurse agency premium and variable pay – bank and overtime of any month this year.

From allocate, nursing variable pay usage can be summarised as followed: Total Filled Shifts (Variable Pay) 204.95 WTE:

Top 5 Fill Reasons (Filled Shifts Only):
- Vacancy – 72.69 WTE
- Short-Term Sickness – 48.40 WTE
- Long-Term Sickness – 24.50 WTE
- Additional Beds (Surge) – 16.07 WTE
- High Patient Acuity – 16.19 WTE

In addition to the 205wte filled through variable pay, a further 57wte was unfilled. Therefore, if the workforce was available variable pay costs would increase by a further 57wte.

Deep Dive into Nursing Variable Pay Spend Year to Date – 6 Months

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

Year to Date Variable Pay Spend by Detail Category– Nursing (£000)

	Community and Integrated Medicine	Planned and Specialist Care	Mental Health and Learning Disabilities	Nursing, Quality and Patient Experience	Operational Allied Health and Health Sciences	Primary Care, Community Strategy and Long Term Care	Public Health	Chief Operating Officer Management	Estates and Facilities	Total
Agency - On Contract	**1,658**	**301**	**-2**	**0**					**0**	**1,927**
Agency - On Contract - Bank Holiday	34	3	-1							36
Agency - On Contract - Saturday Day	138	19	1							158
Agency - On Contract - Saturday Night	128	21								149
Agency - On Contract - Sunday Day	156	16	-1							170
Agency - On Contract - Sunday Night	125	23	0							148
Agency - On Contract - Weekday Day	597	98	1							666
Agency - On Contract - Weekday Night	481	121	-2						0	600
Bank	**2,067**	**424**	**312**	**45**	**30**	**13**	**2**	**8**		**2,902**
Bank - Bank Holiday	23	3	4							30
Bank - Saturday	49	11	12							72
Bank - Sunday	125	26	33							184
Bank - Weekday Day	1,547	324	216	45	28	12	2	8		2,182
Bank - Weekday Night	324	60	46		3	1	0			434
Overtime	**983**	**431**	**152**	**1**	**1**	**4**	**2**	**1**	**0**	**1,575**
Overtime - Bank Holiday	17	3	3							23
Overtime - Overtime On Annual Leave	147	139	22	0	1	1	1	1	0	312
Overtime - Saturday	60	26	20				0			106
Overtime - Sunday	61	24	7				0		0	92
Overtime - Weekday Day	382	152	68	0	0	3	0		0	606
Overtime - Weekday Night	316	86	33							435
Waiting List Initiative		**352**								**352**
Waiting List Initiative PAAR		352								352
Total	**4,708**	**1,509**	**461**	**46**	**31**	**17**	**4**	**9**	**1**	**6,756**

Headroom impacts on variable pay (Nursing)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Unavailability RAG Percentages

Location	School Holiday	Roster Period	Week Commencing	Staff	Annual Leave	Sickness	Study Leave	Parenting	Other Leave	Work
CAR GGH ENT 0021	No	September 2025	08/09/2025	Registered Nurses	45.45%	0.00%	0.00%	0.00%	0.00%	
CAR GGH Ophthalmology 0012	No	September 2025	08/09/2025	Registered Nurses	35.29%	0.00%	11.76%	0.00%	11.76%	
CAR GGH Outpatients 0218	No	September 2025	01/09/2025	Registered Nurses	31.91%	0.00%	0.00%	0.00%	0.00%	
CAR GGH Neonatal Outreach Team 1742	No	September 2025	01/09/2025	Registered Nurses	31.25%	0.00%	0.00%	0.00%	0.00%	
CAR GGH Ophthalmology 0012	No	September 2025	01/09/2025	Registered Nurses	29.41%	0.00%	5.88%	0.00%	0.00%	
CAR GGH Chemotherapy Unit 0128	No	September 2025	08/09/2025	Registered Nurses	26.52%	0.00%	0.00%	0.00%	0.00%	
CAR GGH Chemotherapy Unit 0128	No	September 2025	01/09/2025	Registered Nurses	25.13%	0.00%	0.00%	0.00%	0.00%	
CAR GGH Cadog Ward 1514	No	September 2025	01/09/2025	Registered Nurses	23.73%	4.85%	3.59%	0.00%	0.00%	
CAR GGH Picton Ward 0193	No	September 2025	22/09/2025	Registered Nurses	23.50%	0.00%	0.00%	0.00%	0.00%	
CAR GGH Minor Injuries Unit (MIU) 1990	No	September 2025	08/09/2025	Registered Nurses	23.11%	0.00%	0.00%	0.00%	0.00%	
CAR GGH Cadog Ward 1514	No	September 2025	08/09/2025	Registered Nurses	23.10%	2.43%	3.16%	0.00%	1.58%	
CAR GGH Chemotherapy Unit 0128	No	September 2025	15/09/2025	Registered Nurses	22.53%	0.00%	0.00%	0.00%	0.00%	
CAR GGH Urology 0008	No	September 2025	08/09/2025	Registered Nurses	22.22%	0.00%	0.00%	0.00%	0.00%	
CAR GGH Cadog Ward 1514	No	September 2025	22/09/2025	Registered Nurses	22.05%	2.43%	5.02%	0.00%	0.00%	
CAR GGH Crisis Team Carms 1065	No	September 2025	15/09/2025	Registered Nurses	21.81%	5.37%	0.00%	0.00%	0.00%	
CAR GGH Picton Ward 0193	No	September 2025	15/09/2025	Registered Nurses	20.89%	0.00%	5.45%	0.00%	0.00%	
CAR GGH Unscheduled Care Management 1456	No	September 2025	22/09/2025	Registered Nurses	20.83%	0.00%	0.00%	0.00%	0.00%	
CAR GGH Critical Care Outreach Team 1674	No	September 2025	15/09/2025	Registered Nurses	20.61%	0.00%	3.05%	0.00%	0.00%	
CAR GGH Cardiac Care Unit 0066	No	September 2025	15/09/2025	Registered Nurses	20.33%	18.38%	0.84%	3.34%	0.00%	
CAR GGH Cardiac Care Unit 0066	No	September 2025	08/09/2025	Registered Nurses	20.28%	17.49%	4.23%	3.34%	0.00%	

Dashboard Insights:

The draft Unavailability Dashboard highlights areas where headroom usage exceeds the funded element of 26.9% for nursing teams.

Annual Leave 14.9%
Sickness 4.3%
Study Leave 2.4%

This totals 21.9% with an additional 5% added for head room to cover those on leave.

Implications:

Elevated headroom usage suggests opportunities to reduce variable pay through improved workforce planning.
Indicates potential for efficiency gains without introducing additional controls.

Workforce Effectiveness Opportunity:

Targeted interventions could help optimise staffing models and reduce reliance on overtime and bank usage. This work is being led by the corporate nursing team.

Unavailability HB Wide - Power BI

Deep Dive into Additional Clinical Services Variable Pay Spend Year to Date – 6 Months

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Monthly spend on Agency and Variable Pay by Clinical Care Group – Additional Clinical Services (ACS) (£000)

	P01-26	P02-26	P03-26	P04-26	P05-26	Total
Community and Integrated Medicine	**559**	**466**	**496**	**477**	**536**	**3,103**
Carmarthenshire Integrated System	319	285	318	319	329	1,921
Pembrokeshire Integrated System	136	102	105	94	105	650
Ceredigion Integrated System	95	78	68	58	83	489
Urgent and Emergency Care Programme	9	2	4	6	19	44
Mental Health and Learning Disabilities	**209**	**209**	**210**	**196**	**203**	**1,225**
Planned and Specialist Care	**57**	**59**	**83**	**104**	**77**	**477**
Cancer and Scheduled Care	33	43	61	78	51	340
Children, Women and Family Health	25	16	22	26	25	136
Operational Allied Health and Health Sciences	**27**	**29**	**27**	**28**	**30**	**175**
Pathology	10	11	11	12	14	70
Allied Health Professions	3	3	4	3	3	19
Radiology	13	15	12	13	12	85
Chief Operating Officer Management	**3**	**1**	**1**	**2**	**2**	**10**
Nursing, Quality and Patient Experience	**2**	**0**	**2**	**1**	**0**	**5**
Primary Care, Community Strategy and Long Term Care	**0**	**1**	**0**	**1**	**0**	**2**
Primary Care	0	0	0	1	0	1
Total	**858**	**765**	**818**	**808**	**848**	**4,996**

Detail by CCG and type of variable pay on Slide 15

£5m has been incurred on additional clinical serviced variable pay up to the end of September with bank (£4.2m) and overtime (£0.6m) being the biggest areas of expenditure.

Community Integrated Medicine, Mental Health and Learning Disabilities, Planned and Specialist Care account are the main users of Additional Clinical Services variable pay spend.

Of the £4.2m bank use, As shown in the table on slide 16, the majority of bank (£2.8m) has been used to cover weekday day shifts.

From allocate, Clinical Services variable pay usage totalled 209.95 WTE:

Top 5 Fill Reasons (Filled Shifts Only):

- Vacancy – 93.04WTE
- Short-Term Sickness – 30.20wte
- Long-Term Sickness – 36.36wte
- Additional Beds (Surge) – 7.98wte
- High Patient Acuity – 17.88wte

It should be noted that whilst 209wte shifts were filled through variable pay in September, an additional 109wte of shifts were requested but were unfilled and if these shifts had been filled the above variable pay figures would have increased. If these shifts could have been filled, the monthly cost would have increased by circa **£0.3m**.

Current recruitment is ongoing for 135wte which will look to substantively fill the vacancy shifts and reduce the reliance on variable pay. To date from the current recruitment campaign 32 offers have been made in GGH and 23 offers in WGH.

Whilst this highlights the success of the current recruitment campaign, there is a material financial risk that as the total workforce available rises, the number of unfilled shifts (currently 109wte) reduces. Whilst that provides better fill rates, it will increase the total wte used and thus increase the total cost.

Deep Dive into Additional Clinical Services Variable Pay Spend Year to Date – 6 Months

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year to Date Variable Pay Spend by Detail Category– Additional Clinical Services (£000)

	Community and Integrated Medicine	Planned and Specialist Care	Mental Health and Learning Disabilities	Nursing, Quality and Patient Experience	Operational Allied Health and Health Sciences	Chief Operating Officer Management	Primary Care, Community Strategy and Long Term Care	Total
Bank	**2,787**	**238**	**1,108**	**5**	**30**	**0**		**4,168**
Bank - Bank Holiday	48	3	20					71
Bank - Saturday	110	8	47		0			165
Bank - Sunday	268	13	109		0			390
Bank - Weekday Day	1,833	174	723	4	27			2,762
Bank - Weekday Night	527	40	209	1	3			780
Overtime	**306**	**97**	**86**		**145**	**10**	**2**	**646**
Overtime - Bank Holiday	6	1	0		6		0	14
Overtime - Overtime On Annual Leave	50	39	12		24	9	1	136
Overtime - Saturday	19	4	7		25	0		56
Overtime - Sunday	18	4	4		27	0		53
Overtime - Weekday Day	112	32	44		60	0	1	248
Overtime - Weekday Night	101	17	19		2			138
Waiting List Initiative		**127**						**127**
Waiting List Initiative PAAR		127						127
Agency - On Contract	**10**	**15**	**31**					**56**
Agency - On Contract - Bank Holiday			0					0
Agency - On Contract - Saturday Day	1	1	2					3
Agency - On Contract - Saturday Night	1		6					7
Agency - On Contract - Sunday Day	0	1	1					2
Agency - On Contract - Sunday Night	1	0	3					5
Agency - On Contract - Weekday Day	4	6	9					18
Agency - On Contract - Weekday Night	4	7	10					21
Total	**3,103**	**477**	**1,225**	**5**	**175**	**10**	**2**	**4,996**

Headroom impacts on variable pay (HCSW)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Unavailability RAG Percentages

Location	School Holiday	Roster Period	Week Commencing	Staff	Annual Leave	Sickness	Study Leave	Parenting	Other Leave
CAR GGH OP Paediatrics 0173	No	September 2025	30/08/2025	Unregistered	56.25%	25.00%	0.00%	0.00%	0.00%
CAR GGH Crisis Team Carms 1065	No	September 2025	17/09/2025	Unregistered	46.00%	46.00%	0.00%	0.00%	0.00%
CAR GGH SDEC (Same Day Emergency Care) 1769	No	September 2025	11/09/2025	Unregistered	43.82%	0.00%	0.00%	0.00%	0.00%
CAR GGH Priory Day Hospital 0109	No	September 2025	30/08/2025	Unregistered	40.26%	9.74%	0.00%	0.00%	0.00%
CAR GGH Endoscopy 0004	No	September 2025	17/09/2025	Unregistered	38.94%	0.00%	0.00%	0.00%	0.00%
CAR GGH Tysul Ward - Ophthalmology 0014	No	September 2025	30/08/2025	Unregistered	38.46%	0.00%	0.00%	0.00%	0.00%
CAR GGH Orthoptist 0016	No	September 2025	05/09/2025	Unregistered	35.71%	18.57%	0.00%	0.00%	0.00%
CAR GGH OP Paediatrics 0173	No	September 2025	05/09/2025	Unregistered	31.25%	25.00%	0.00%	0.00%	0.00%
CAR GGH Crisis Team Carms 1065	No	September 2025	30/08/2025	Unregistered	30.67%	0.00%	0.00%	0.00%	0.00%
CAR GGH CARMS Further Faster 1969	No	September 2025	17/09/2025	Unregistered	29.41%	0.00%	0.00%	0.00%	0.00%
CAR GGH Crisis Team Carms 1065	No	September 2025	11/09/2025	Unregistered	28.67%	0.00%	0.00%	0.00%	0.00%
CAR GGH Minor Injuries Unit (MIU) 1990	No	September 2025	05/09/2025	Unregistered	28.41%	0.00%	0.00%	0.00%	0.00%
CAR GGH Critical Care Unit 0053	No	September 2025	30/08/2025	Unregistered	28.12%	0.00%	0.00%	0.00%	0.00%
CAR GGH Critical Care Unit 0053	No	September 2025	17/09/2025	Unregistered	28.12%	0.00%	11.00%	0.00%	0.00%
CAR GGH SDEC (Same Day Emergency Care) 1769	No	September 2025	05/09/2025	Unregistered	28.09%	0.00%	0.00%	0.00%	0.00%
CAR GGH Antenatal Clinic 1740	No	September 2025	05/09/2025	Unregistered	27.17%	10.87%	0.00%	0.00%	0.00%
CAR GGH Theatres Main 0025	No	September 2025	05/09/2025	Unregistered	26.50%	19.32%	0.00%	3.55%	0.00%
CAR GGH Minor Injuries Unit (MIU) 1990	No	September 2025	30/08/2025	Unregistered	26.14%	0.00%	0.00%	0.00%	0.00%
CAR GGH Cardiac Care Unit 0066	No	September 2025	30/08/2025	Unregistered	25.00%	0.00%	1.33%	0.00%	5.00%

Dashboard Insights:

The draft Unavailability Dashboard highlights areas where headroom usage exceeds the funded element of 26.9% for nursing teams.

Annual Leave 14.9%
Sickness 4.3%
Study Leave 2.4%

This totals 21.9% with an additional 5% added for head room to cover those on leave.

Implications:

Elevated headroom usage suggests opportunities to reduce variable pay through improved workforce planning.
Indicates potential for efficiency gains without introducing additional controls.

Workforce Effectiveness Opportunity:

Targeted interventions could help optimise staffing models and reduce reliance on overtime and bank usage. This work is being led by the corporate nursing team.

Unavailability HB Wide - Power BI

Deep Dive into Estates and Ancillary Variable Pay Spend Year to Date – 6 Months

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Monthly spend on Agency and Variable Pay by Clinical Care Group / Directorate – Estates and Ancillary (E & S) (£000)

	P01-26	P02-26	P03-26	P04-26	P05-26	P06-26	Total
Estates and Facilities	**254**	**214**	**222**	**219**	**227**	**264**	**1,400**
Digital	**20**	**17**	**12**	**14**	**17**	**14**	**94**
Planned and Specialist Care	**2**	**4**	**7**	**8**	**2**	**13**	**35**
Cancer and Scheduled Care	2	3	6	7	1	12	31
Children, Women and Family Health	1	1	1	1	1	1	5
Community and Integrated Medicine	**0**	**3**	**3**	**3**	**0**	**11**	**20**
Carmarthenshire Integrated System	0	3	3	3	0	11	20
Primary Care, Community Strategy and Long Term Care	**4**	**3**	**2**	**1**	**1**	**3**	**14**
Primary Care	4	3	2	1	1	3	14
Public Health		**0**	**0**	**0**	**0**	**1**	**1**
Medical	**0**	**0**	**0**	**0**	**0**	**0**	**1**
Total	**281**	**240**	**245**	**246**	**248**	**306**	**1,566**

Detail by CCG / Directorate and type of variable pay on Slide 18

£1.6m has been incurred on Estates and Ancillary variable pay up to the end of September, with £1.4m being spent within Estates and Facilities.

Of which £1m is on Bank and £0.6m on overtime with Weekday Days being the area with the biggest need.

Key Focus Primary Driver Estates and Facilities:
Bank usage is the most significant contributor, driven by misalignment between workforce capacity and service demand.

Operational Workforce Planning:
An ongoing strategic workplan is in place to:

- Analyse and assess current workforce deployment.
- Address misalignments in collaboration with trade union and workforce partners.

Overtime Usage:
Also linked to workforce-demand misalignment and under review as part of the broader strategic approach.

Deep Dive into Estates and Ancillary Variable Pay Spend Year to Date – 6 Months

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year to Date Variable Pay Spend by Detail Category– Estates and Ancillary (£000)

	Community and Integrated Medicine	Planned and Specialist Care	Operational Allied Health and Health Sciences	Chief Operating Officer Management	Primary Care, Community Strategy and Long	Public Health	Estates and Facilities	Digital	Medical	Total
Bank	**20**	**22**			**5**	**1**	**863**	**62**	**1**	**975**
Bank - Bank Holiday							10	1		10
Bank - Saturday	0				0		41	3		44
Bank - Sunday					1		86	6		93
Bank - Weekday Day	20	22			5	1	619	41	1	709
Bank - Weekday Night	0	0			-1		108	11		118
Overtime		**1**	**0**	**0**	**8**		**537**	**32**		**579**
Overtime - Bank Holiday					2		2	1		5
Overtime - Overtime On Annual Leave		1		0	4		119	6		131
Overtime - Saturday					0		70	5		75
Overtime - Sunday					0		51	7		58
Overtime - Weekday Day					1		267	10		278
Overtime - Weekday Night					0		28	3		32
Waiting List Initiative		**13**								**13**
Waiting List Initiative PAAR		13								13
Total	**20**	**35**	**0**	**0**	**14**	**1**	**1,400**	**94**	**1**	**1,566**

Deep Dive into AHPs and Healthcare Scientists Variable Pay Spend Year to Date – 6 Months

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Monthly spend on Agency and Variable Pay by Clinical Care Group– AHP (£000)

	P01-26	P02-26	P03-26	P04-26	P05-26	P06-26	Total
Operational Allied Health and Health Sciences	**111**	**245**	**136**	**85**	**130**	**125**	**831**
Radiology	64	143	98	88	103	83	579
Allied Health Professions	47	102	37	-3	30	41	253
Pathology					-3	2	-1
Planned and Specialist Care	**3**	**22**	**7**	**9**	**7**	**18**	**66**
Cancer and Scheduled Care	3	22	7	9	7	18	66
Children, Women and Family Health	0	0	0	0	0	0	0
Community and Integrated Medicine	**7**	**16**	**7**	**11**	**11**	**11**	**63**
Carmarthenshire Integrated System	7	16	7	11	11	11	62
Ceredigion Integrated System	0	0	0	0	0	0	0
Pembrokeshire Integrated System	0	0	0	0	0	0	0
Mental Health and Learning Disabilities	0	0	2	0	0	1	3
Total	**121**	**282**	**153**	**106**	**151**	**156**	**970**

Monthly spend on Agency and Variable Pay by Clinical Care Group– Healthcare Scientists (£000)

	P01-26	P02-26	P03-26	P04-26	P05-26	P06-26	Total
Community and Integrated Medicine	**-8**	**1**	**2**	**0**	**3**	**3**	**1**
Carmarthenshire Integrated System	-8	1	2	0	3	3	1
Operational Allied Health and Health Sciences	**55**	**65**	**70**	**91**	**81**	**100**	**462**
Radiology				0	0	0	0
Pathology	55	65	70	91	81	100	462
Planned and Specialist Care	**1**	**2**	**10**	**1**	**2**	**1**	**17**
Cancer and Scheduled Care	1	2	10	1	2	1	17
Total	**48**	**68**	**82**	**93**	**85**	**104**	**480**

Detail by CCG / Directorate and type of variable pay on Slide 20 and 21

Circa **£1m** has been incurred on AHP variable pay up to the end of September, of which £0.8m being spent within the Operational Allied Health and Health Sciences CCG.

£0.5m has been incurred on Healthcare Scientist variable pay up until the end of September with nearly all spend in Pathology and overtime accounting for £0.3m and agency premium accounting for £0.1m.

Currently it is not possible to split out agency data for AHPs and Healthcare Scientists but across both staff groups at the end of Month 5 there were 19 (14WTE) AHP/HS agency workers engaged across Hywel Dda UHB.

The breakdown by service area is as follows:

- Bio Medical Sciences 4 workers (3.4WTE) (HS)
- Cardiac Physiology 1 worker (0.52WTE) (HS)
- Occupational Therapy 1 worker (0.44WTE) (AHP)
- Physiotherapy 3 workers (2.4WTE) (AHP)
- Radiology 9 workers (6.5WTE) (HS)
- Respiratory Physiology 1 worker (1.1WTE) (HS)

The reasons for the agency engagement are:

- Vacany – 2,358hrs
- Sickness – 585hrs
- Mat/Pat Leave – 481hrs
- Demand – 174hrs
- Extra Clinic - 121hrs

Deep Dive into AHPs Variable Pay Spend Year to Date – 6 Months

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year to Date Variable Pay Spend by Detail Category– AHP (£000)

	Operational Allied Health and Health Sciences	Community and Integrated Medicine	Planned and Specialist Care	Mental Health and Learning Disabilities	Chief Operating Officer Management	Total
Agency - On Contract	**560**	**60**		**0**		**620**
Agency - On Contract - Saturday Night	9	2				10
Agency - On Contract - Sunday Night	7					7
Agency - On Contract - Weekday Day	456	45		0		500
Overtime	**263**	**3**	**1**	**3**		**271**
Overtime - Bank Holiday	7	1				8
Overtime - Overtime On Annual Leave	132	1	1	1		135
Overtime - Saturday	21	1		2		23
Overtime - Sunday	25		1	1		26
Overtime - Weekday Day	77	1	0	1		79
Waiting List Initiative			**40**			**40**
Waiting List Initiative PAAR			40			40
Bank	**8**		**25**		**5**	**38**
Bank - Saturday			1			1
Bank - Sunday	0		1			1
Bank - Weekday Day	7		22		3	32
Bank - Weekday Night	1		1		3	4
Total	**831**	**63**	**66**	**3**	**5**	**970**

Deep Dive into Healthcare Scientists Variable Pay Spend Year to Date – 6 Months

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year to Date Variable Pay Spend by Detail Category– Health Scientists (£000)

	Operational Allied Health and Health Sciences	Community and Integrated Medicine	Planned and Specialist Care	Total
Overtime	**325**	**10**	**3**	**338**
Overtime - Bank Holiday	6			6
Overtime - Overtime On Annual Leave	59	3	3	65
Overtime - Saturday	20	2		22
Overtime - Sunday	4	3		7
Overtime - Weekday Day	125	2		127
Overtime - Weekday Night	110			110
Agency - On Contract	**137**	**1**		**138**
Agency - On Contract - Saturday Night	1			1
Agency - On Contract - Sunday Night	1			1
Agency - On Contract - Weekday Day	129	1		130
Agency - On Contract - Weekday Night	7	0		7
Waiting List Initiative		**-11**	**14**	**3**
Waiting List Initiative PAAR		-11	14	3
Total	**462**	**1**	**17**	**480**

Deep Dive into Admin and Clerical Variable Pay Spend - Year to Date – 6 Months

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Monthly spend on Agency and Variable Pay by Clinical Care Group– Admin and Clerical (£000)

	P01-26	P02-26	P03-26	P04-26	P05-26	P06-26	Total
Planned and Specialist Care	**14**	**10**	**53**	**33**	**58**	**42**	**210**
Cancer and Scheduled Care	11	6	51	31	54	41	194
Children, Women and Family Health	3	3	3	2	4	1	16
Primary Care, Community Strategy and Long Term Care	**17**	**16**	**18**	**16**	**6**	**8**	**81**
Community and Chronic Conditions	0	0	0	0	0	0	1
Pharmacy and Medicines Management	0	0	0	0	0	0	0
Primary Care	17	15	18	16	6	8	80
Ceredigion Integrated System	1	1	1	3	2	2	10
Pembrokeshire Integrated System	3	3	3	4	3	2	19
Urgent and Emergency Care Programme	0	0	0	0	0	0	0
Digital	**5**	**6**	**7**	**4**	**5**	**4**	**30**
Operational Allied Health and Health Sciences	**4**	**4**	**2**	**2**	**4**	**2**	**18**
Radiology	2	2	1	1	3	0	9
Pathology	1	1	1	1	1	1	6
Allied Health Professions	1	0	0	0	0	1	3
Estates and Facilities	**3**	**1**	**2**	**1**	**0**	**1**	**8**
Mental Health and Learning Disabilities	**2**	**0**	**1**	**2**	**0**	**1**	**6**
Chief Operating Officer Management	**1**	**1**	**1**	**0**	**1**	**1**	**5**
Total	**61**	**44**	**92**	**67**	**85**	**70**	**420**

Detail by CCG / Directorate and type of variable pay on Slide 23

£0.4m has been incurred on Admin and Clerical variable pay up to the end of September and no Admin and Clerical agency has been used this financial year.

Having reviewed where admin and clerical variable pay is being used, the roles are largely patient-facing, supporting clinical services and enhancing clinical effectiveness.

The two main CCGs using variable pay on admin and clerical are

- Planned Care linked to waiting list recovery activity, a large proportion paid at (prices at par rates) PAAR.
- Primary Care where there are backfill challenges during staff absence (leave/sickness) leading to an increase reliance on variable staffing solutions.
- Patient facing (Reception) services that do not have head room to facilitate workforce unavailability.

Deep Dive into Admin and Clerical Variable Pay Spend - Year to Date – 6 Months

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year to Date Variable Pay Spend by Detail Category– Admin and Clerical (£000)

	Planned and Specialist Care	Digital	Medical	Community and Integrated Medicine	Primary Care, Community Strategy and Long Term Care	Mental Health and Learning Disabilities	Operational Allied Health and Health Sciences	Estates and Facilities	Chief Operating Officer Management	Total
Bank			**3**	**19**	**72**					**93**
Bank - Bank Holiday				0	3					3
Bank - Saturday				1	4					5
Bank - Sunday				3	8					11
Bank - Weekday Day			3	12	44					58
Bank - Weekday Night				3	13					16
Overtime	**55**	**30**	**1**	**40**	**9**	**5**	**18**	**8**	**5**	**171**
Overtime - Bank Holiday	2	2		0	1	0	0			6
Overtime - Overtime On Annual Leave	25	6	0	14	8	0	3	2	5	64
Overtime - Saturday	0	5	0	3		2	3	2		13
Overtime - Sunday	7	2	0	2		3	4	1		18
Overtime - Weekday Day	21	15		19		0	8	3		66
Overtime - Weekday Night				1						1
Waiting List Initiative	**155**			**0**	**0**					**155**
Waiting List Initiative PAAR	155			0	0					155
Total	**210**	**30**	**4**	**59**	**81**	**5**	**18**	**8**	**5**	**420**

Deep Dive into Add Prof Scientific & Technical Variable Pay - Year to Date – 6 Months

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Monthly spend on Agency and Variable Pay by Clinical Care Group– Add Prof, Scientific & Technical (£000)

	P01-26	P02-26	P03-26	P04-26	P05-26	P06-26	Total
Planned and Specialist Care	**15**	**-2**	**7**	**20**	**26**	**10**	**76**
Cancer and Scheduled Care	15	-2	6	20	26	10	75
Children, Women and Family Health	0	0	1	0	0	0	1
Primary Care, Community Strategy and Long Term Care	**1**	**6**	**5**	**6**	**4**	**5**	**27**
Pharmacy and Medicines Management	1	6	5	6	4	5	27
Mental Health and Learning Disabilities	**0**	**0**	**0**	**0**	**0**	**3**	**4**
Community and Integrated Medicine	**0**	**0**	**0**	**0**	**0**	**0**	**1**
Pembrokeshire Integrated System	0	0	0	0	0	0	1
Total	**17**	**4**	**12**	**26**	**30**	**18**	**107**

Detail by CCG / Directorate and type of variable pay on Slide 25

£0.1m has been incurred on Additional Professional Scientific and Technical variable pay up to the end of September and the two main areas are:

- Planned and Specialist Care
- Primary Care, Community Strategy and Long Term Care.

Bank Usage is mainly attributed to Pharmacy and Medicines Management (Primary and Secondary Care Prescribing).

Overtime usage is seen in two main areas, Pharmacy and Medicine Management and Mental Health and Learning Disabilities (Social Work, Pharmacy and Psychological services).

Further analysis is underway to map and understand overtime and bank usage across the Add Prof, Scientific & Technical workforce with the aim to identify opportunities for improved workforce planning and cost control.

Deep Dive into Add Prof Scientific & Technical Variable Pay - Year to Date – 6 Months

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Year to Date Variable Pay Spend by Detail Category–Additional Prof Scientific Technical (£000)

	Planned and Specialist Care	Primary Care, Community Strategy and Long Term Care	Mental Health and Learning Disabilities	Community and Integrated Medicine	Total
Overtime	**67**	**10**	**4**	**1**	**81**
Overtime - Bank Holiday	1	0			1
Overtime - Overtime On Annual Leave	39	6	1	1	47
Overtime - Saturday	5		0		5
Overtime - Sunday	2	0	1		3
Overtime - Weekday Day	18	3	1	0	22
Overtime - Weekday Night	2		1		3
Bank		**17**			**17**
Bank - Weekday Day		16			16
Bank - Weekday Night		2			2
Waiting List Initiative	**9**				**9**
Waiting List Initiative PAAR	9				9
Total	**76**	**27**	**4**	**1**	**107**

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

2.5

2.5 - Sickness Rates and Cultural Challenges in Theatres - verbal update

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

3

20 Mins

3 - CULTURE

3.1

3.1 - Social Partnership Duty Annual Report

Sara Rees (Hywel Dda UHB - Senior Public Health Practitioner), Trina Nealon (Hywel Dda UHB - Principal Public Health Officer)

For assurance

Attachments

3.1 PODCC SBAR November 2025 Social Partnership Duty Report.pdf

3.1 Appendix 1 - ENG - Social Partnership Annual Report 2024-2025.pdf

3.1 Appendix 1 - WELSH - Social Partnership Annual Report Adroddiad DPG 20~.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 November 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Social Partnership Duty Annual Report 2024-2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Sara Rees, Senior Public Health Practitioner

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Hywel Dda University Health Board (HDdUHB) has a statutory duty to produce a Social Partnership Duty Annual Report (at Appendix 1) as required under the Social Partnership and Public Procurement (Wales) Act 2023.

The Annual Report for 2024-2025 has been co-ordinated by the Public Health Directorate alongside colleagues in Workforce and Organisational Development. Draft iterations have been presented at the Staff Partnership Forum and discussed with Trade Union staff representatives for scrutiny and consensus.

The report was approved by Formal Executive Team on 17 September 2025.

The Report was submitted to the Social Partnership Council for Wales on 2 October 2025. Pending publication on the HDdUHB website, the Health Board has complied with its duty in line with Welsh Government requirements.

Cefndir / Background

Health Boards in Wales are required to produce a Social Partnership Duty Annual Report by working closely with trade unions or staff representatives when setting well-being objectives and making strategic decisions. The report must also be submitted to the Social Partnership Council, which oversees implementation of the Act across Wales.

The broader purpose of this reporting duty is to embed social partnership as a core principle in public service governance. It supports the goals of the Well-being of Future Generations (Wales) Act 2015 by promoting inclusive decision-making, fair work, and sustainable development. Through this approach, Welsh Government (WG) aims to improve public service delivery by ensuring that those who deliver services have a meaningful voice in shaping them.

The annual report shows how HDdUHB has met this duty over the past year, including how it has engaged with staff; and promoted fair work, transparency, and better public services through stronger collaboration between the organisation and its employees.

Asesiad / Assessment

The report provides a clear and comprehensive account of how HDdUHB has fulfilled its statutory obligations under the Social Partnership and Public Procurement (Wales) Act 2023, outlining the processes used to engage with trade union representatives, demonstrating efforts to seek consensus in strategic decision-making, and reflecting alignment with the principles of fair work and inclusive governance.

The Health Board has taken a proactive approach to implementing the Social Partnership Duty, including:

- In preparation for the legislation's commencement on 1 April 2024, the Health Board engaged closely with trade union colleagues to understand and embed the requirements effectively.
- Regular engagement through Partnership Forums, Local Negotiating Committees, and strategic meetings has enabled the integration of the duty into key decision-making processes.
- Collaborative approaches to policy review leading to streamlined outcomes that benefit staff and improve efficiency.
- Recognition from WG, including an invitation to present at a national conference, reflects the strength of our partnership working.
- Building a foundation to continue refining engagement structures and aligning them with operational changes.
- Establishing current HDdUHB Wellbeing Objectives collaboratively, refreshing the objectives during 2025-26 will take a similar approach.

Social partnership principles have been embedded through a structured approach that includes:

- Established Partnership Forums.
- Integration of principles into board-level decision-making, and regular engagement with workforce advisory groups.
- Trade Union colleagues actively involved in workshops, working groups, and consultative forums, contributing to policy development, operational planning, and health and safety.
- Ongoing efforts, such as reviewing the Trade Union Facilities Agreement and aligning consultative structures with organisational changes.
- Leadership commitment to actively champion social partnership principles
- Workforce and engagement processes including quarterly sessions to address workforce concerns.
- Implementing Fair Work principles
- Service co-production with staff and partners to improve service delivery and integrated patient care
- An established Equality, Diversity and Inclusion Task Force, and a dedicated Community Development Outreach Team (CDOT)
- Sustainable public services and procurement practices

The report also highlights lessons learned including early engagement to improve policy outcomes, strong leadership to foster a partnership culture, and continuous collaboration with suppliers to embed Fair Work in procurement; and future priorities including developing robust

frameworks to measure the impact of social partnership initiatives, and increased awareness of social partnership and the role of Trade Unions.

The content met the expectations set out in the guidance and was suitable for submission to the Social Partnership Council.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** that the Social Partnership Duty Annual Report 2024-2025 was submitted to Social Partnership Council on 2 October 2025, fulfilling HDUHB's obligations under the Social Partnership and Public Procurement (Wales) Act 2023.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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.
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)	5. Equitable
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	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Well-being of Future Generations (Wales) Act 2015 Social Partnership and Public Procurement (Wales) Act 2023.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Staff Partnership Forum, 20 May 2025 Local Negotiating Committee, 25 June 2025 Formal Executive Team, 17 September 2025

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	HDdUHB staff time to support development of the Report including relevant progression of Wellbeing Objectives.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Inclusion and engagement and improving the well-being of the population is at the forefront of the legislation.
Gweithlu: **Workforce:**	Integration, inclusion and engagement across all staff groups are integral to this legislation. Linking closely with the five ways of working required under the Well-being of Future Generations (Wales) Act 2015 leading to increased collaboration and integration between services, professionals and communities.
Risg: **Risk:**	HDdUHB has a duty to engage with all staff groups and to work collaboratively to address the 7 Well-being Goals for Wales.
Cyfreithiol: **Legal:**	The Social Partnership and Public Procurement (Wales) Act 2023 and the Well-being of Future Generations (Wales) Act 2015 (the Act) provides that the UHB (as a designated public body) must publish an Annual Report on Social Partnership Duty and progress against the agreed Wellbeing Objectives.
Enw Da: **Reputational:**	There is a statutory requirement for HDdUHB to work together with Trade Unions and staff group representation.
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	The focus of equality runs throughout the work of the Health Board.

Social Partnership Duty Annual Report 2024-2025

Hywel Dda University Health Board

Hywel Dda University Health Board

Social Partnership Duty Annual Report

1. Introduction

This report outlines the commitment and actions taken by Hywel Dda University Health Board (HDdUHB) to comply with the Social Partnership Duty under the Social Partnership and Public Procurement (Wales) Act 2023 since 1st April 2024.

The duty requires public bodies to engage meaningfully with workforce representatives and other stakeholders to promote fair work, improve well-being, and deliver better public services and to publish an Annual Report for submission to the Social Partnership Council.

This report has been prepared in collaboration with our trade union colleagues across both Agenda for Change and Medical and Dental staff groups.

2. Our approach in Hywel Dda University Health Board

HDdUHB is committed to fostering collaboration with our workforce, trade unions, and external partners to ensure inclusive decision-making and continuous improvement in health services across West Wales. In preparation for the Social Partnership Duty legislation which came into effect on 1st April 2024, we worked with our trade union colleagues to better understand the legislation and how we could implement the legislation to best effect. During our planned meetings, for example our Partnership Forums, Local Negotiating Committees and meetings with our trade union leads, we consider how we can embed the duty into key issues and concerns that arise and reference the Act in terms of how we should work jointly on the solutions.

Our Trade Union representatives continue to support our disrupted approach to policy review and continue to be integral to it. This approach has been positive and has brought benefits for all our staff through a simplified, streamlined and often principles led approach to resolution which also reduces time to review during the next policy review cycle.

The Chair of our Staff Partnership Forum and our Head of Workforce jointly attended the Welsh Government Social Partnership event held in Cardiff in July 2024. This provided the Health Board us with a positive opportunity for us to jointly focus on what social partnership working meant for us as an organisation. We were invited by Welsh Government to present a joint workshop at the next Social Partnership Duty Conference in Swansea on the benefits of social partnership working in Hywel Dda.

During the preparation for this workshop, we were able to evidence that we were already embedding well some aspects of the legislation. We received good feedback from Welsh Government and participants who followed up with us in

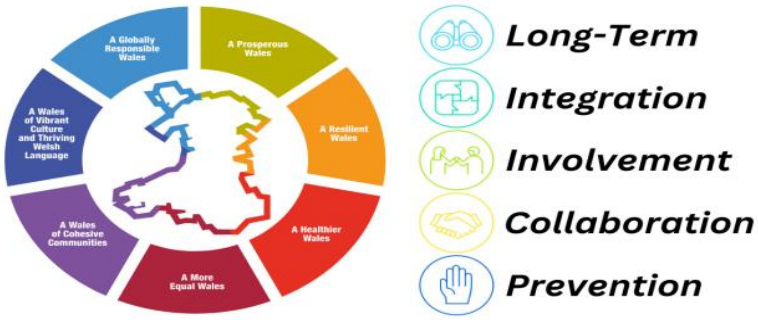
person after the session and in the days following the event.

We continue to build on the good work undertaken over the last couple of years with our trade union colleagues and have separated out strategic and operational discussions into distinct pathways which enable issues to be considered and resolved in a more streamlined manner and at the appropriate level. We have a monthly meeting with the trade union leads (for Agenda for Change staff) on strategy with the Director of Workforce & Organisational Development/Deputy Chief Executive and fortnightly meetings with our Assistant Director of People Management and Head of Organisation Relations. This framework supports the timely raising and resolution of issues that also assist the flow of our more formal quarterly partnership forum meetings. We also discuss forthcoming legislative changes that impact our staff and seek their views on our work in this area.

We are also building on the structure of our agenda setting with all our trade union colleagues including those representing our medical and dental workforce via the Local Negotiating Committee (LNC) and are also working with our trade unions to re-map our consultative forums in line with the re-structured Operations Directorate into Clinical Care Groups to ensure we have the right people available to meet with our trade union colleagues.

The Health Board developed Well-being Objectives collaboratively in 2019 to demonstrate our long-term aims and ambitions to embed the implementation of the *Well-being of Future Generations* (*Wales) Act*, 2015. This Act provides a legally-binding common purpose for public bodies – via seven well-being goals which are underpinned by a 'sustainable development principle' which outlines five ways of working, Figure 1 below.

Seven Well-being Goals and Five Ways of Working



Source: *Well-being of Future Generations* (*Wales) Act*, 2015. Welsh Government.

Our Well-being objectives are linked to 4 overarching themes to include Workforce Planning and Development, Collaboration, Involvement and Integration, Early Intervention & Prevention, and Environment & Climate Change.

Work undertaken by our staff and partners is published annually in our '*Well-being of Future Generations Act Annual Report'* ('Well-being Report'), which includes a comprehensive engagement process, involving staff groups, professional bodies and Trade Unions – reflecting a key well-being objective.

Our most recent Well-being Report (2023-2024) outlined our Well-being Objectives with case study examples to support each objective and are illustrated as Figure 2.

Figure 2: HDdUHB Well-being Objectives and Case Study examples, Well-Being Objective Annual Report 2023-2024

Our long-term Strategy, '*A Healthier Mid and West Wales' (2019)* is being refreshed as part of a public consultation process commencing in the Autumn of 2025. As part of this, the Health Board will be reviewing the current Well-being Objectives and be seeking consensus specifically with representatives from Trade Union, LNC and the HDdUHB Staff Partnership Forum. We want to ensure the objectives continue to reflect our organisational values and strategic aims and remain relevant and effective. These updated objectives will form a fundamental part of the revised long

term Strategy consultation.

3. Governance and Oversight

HDdUHB governance and oversight are fundamental to ensuring accountability, transparency, and effective decision-making across all levels of the organisation. Social partnership principles are embedded in our commitment to fostering a culture of continuous improvement.

3.1. Social Partnership Structures

To embed social partnership principles, we have:

- A well-established local and HB wide Partnership Forum structure to engage with our TU colleagues.
- Integrated social partnership considerations into board-level decision-making.
- Ensured regular engagement with local and national workforce advisory groups.
- Begun reviewing our Trade Union Facilities Agreement to reflect the new duty.
- Held Workshops with our trade union colleagues following our Staff Partnership Forums on specific issues such as Wealth Health Circular 17, our new Operations Directorate and how we may need to amend our consultative meeting structure to ensure it remains fit for purpose and equality, diversity and inclusion.
- Continued to work with our LNC colleagues to improve our joint working through extension of invitations to key working groups and more frequent discussions outside the formal meeting structure with the TU side Joint Chair.
- Have TU reps on various Working Groups e.g. Nurse Retention, Stabilisation, Health & Wellbeing, Clinical Services Plan, Job Matching etc.
- Established TU Health & Safety group supported by the HDUHB Health & Safety team.

3.2 Leadership Commitment

The Chief Executive and HDdUHB Board members actively champion social partnership principles. There is a designated Social Partnership Lead to ensure compliance with the duty and oversee partnership engagement and we have an independent member drawn from our trade union representatives whose remit includes membership on our People, Organisational Development & Culture Committee.

4. Workforce Engagement and Fair Work

HDdUHB Workforce and Organisations Development and Procurement teams have actively contributed to a collaborative effort through the Public Service Board (PSB) in Ceredigion to develop a Fair Work Charter, with the intention of implementing a similar approach across the other counties.

This initiative aligns with broader goals in Ceredigion PSB's Well-being Plan 2024-2028 and aims to promote fair, inclusive, and equitable working conditions across all member organisations. All member organisations are expected to adopt and advance the Charter's principles in their workplaces. Progress will be measured as part of the current Well-being Plan until 2028.

HDdUHB conduct quarterly engagement sessions with staff and trade union representatives to address workforce concerns, have implemented Fair Work principles, including secure contracts, fair pay, and opportunities for progression and enhanced staff well-being initiatives, including mental health support and flexible working options.

4.1 Service Co-Production with Staff and Partners

HDdUHB have developed and implemented a number of programmes and initiatives as part of service co-production. These include:

- Designing and embedding workforce planning strategies & methodologies with input from clinical and corporate teams
- Piloted a staff-led innovation scheme to improve service delivery.
- Strengthened collaboration with social care providers to improve integrated patient care.
- Worked collaboratively on regional programmes creating benefits for partners, staff and patients.

4.2 Promoting Equality, Diversity, and Inclusion (EDI)

The Health Board has established an Equality, Diversity and Inclusion Task Force and members within the Staff Partnership Forum are helping to drive forward this key area of work.

Hywel Dda is the only Health Board in Wales to offer a dedicated Community Development Outreach Team (CDOT) supporting refugees, asylum seekers, travellers and diverse communities.

We have introduced policies to promote inclusivity in recruitment and career progression and provided training on unconscious bias, cultural competency, and anti-discrimination.

4.3 Sustainable Public Services and Procurement

The Health Board can demonstrate sustainable Public Services and Procurement as the following has been actioned:

- Embedded Fair Work and social value criteria into procurement processes.
- Partnered with local suppliers to support community wealth-building.
- Ensured ethical employment practices across contracted services.

5. Challenges and Lessons Learned

Identifying challenges and lessons learned is crucial for continuous improvement. Helping us solve problems, foster growth, promote transparency, and inform future strategies.

5.1 Challenges

The Health Board has identified the following as notable challenges in carrying out the requirements of the Duty:

- Balancing operational demands with meaningful engagement.
- Ensuring consistency in partnership working across departments.
- Addressing recruitment and retention challenges within the workforce.
- Additional responsibilities placed on TU representatives are impacting capacity to meet increasing demands.

5.2 Lessons Learned

In undertaking the requirements of the Act, it is important to ensure:

- Early and continuous engagement leads to more effective policy development, review and implementation.
- Strong leadership commitment is critical to fostering a culture of partnership.
- Embedding Fair Work and social value in procurement requires ongoing supplier engagement.

6. Future Priorities

HDdUHB has identified the following priorities:

- Advocate for and develop frameworks to strengthen change management practices and service transformation in collaboration with frontline staff and Trade Union representatives.
- Expand partnership working with third-sector organisations and community groups.
- Actively promote the Social Partnership Module in ESR to all trade union representatives and all staff and monitor completion rates.
- Consider developing targeted training programmes on social partnership, workforce rights, and leadership development to embed a culture of continuous learning.
- Promote understanding of Trade Union roles and foster constructive engagement with senior leadership across HDUHB.
- Making social partnership a key pillar of leadership and management training would ensure that future leaders within the Health Board fully understand and commit to these principles.
- Develop a monitoring framework to measure the impact of social partnership initiatives.

- Consider embedding learning analytics, using insights from engagement sessions and policy implementations to continuously refine workforce development strategies.

7. Conclusion

HDdUHB remains committed to upholding the principles of social partnership, ensuring that our workforce and stakeholders play an active role in shaping the future of healthcare across the region.

Through continuous engagement, collaboration, and shared decision-making, we aim to improve working conditions, enhance service quality, and deliver better health outcomes for the people of West Wales.

Adroddiad Blynyddol Dyletswydd Partneriaeth Gymdeithasol

2024-2025

Bwrdd Iechyd Prifysgol Hywel Dda

Bwrdd Iechyd Prifysgol Hywel Dda

Adroddiad Blynyddol Dyletswydd Partneriaeth Gymdeithasol

1. Cyflwyniad

Mae'r adroddiad hwn yn amlinellu'r ymrwymiad a'r camau a gymerwyd gan Fwrdd Iechyd Prifysgol Hywel Dda (BIPHDd) i gydymffurfio â'r Ddyletswydd Partneriaeth Gymdeithasol o dan Ddeddf Partneriaeth Gymdeithasol a Chaffael Cyhoeddus (Cymru) 2023 ers 1af Ebrill 2024.

Mae'r ddyletswydd yn ei gwneud yn ofynnol i gyrff cyhoeddus ymgysylltu'n ystyrlon â chynrychiolwyr y gweithlu a rhanddeiliaid eraill i hyrwyddo gwaith teg, gwella lles, a darparu gwasanaethau cyhoeddus gwell a chyhoeddi Adroddiad Blynyddol i'w gyflwyno i'r Cyngor Partneriaeth Gymdeithasol.

Mae'r adroddiad hwn wedi'i baratoi mewn cydweithrediad â'n cydweithwyr undebau llafur ar draws grwpiau staff yr Agenda ar gyfer Newid a Meddygol a Deintyddol.

2. Ein agwedd ym Mwrdd Iechyd Prifysgol Hywel Dda

Mae BIPHDd wedi ymrwymo i feithrin cydweithio â'n gweithlu, undebau llafur, a phartneriaid allanol i sicrhau gwneud penderfyniadau cynhwysol a gwelliant parhaus mewn gwasanaethau iechyd ledled Gorllewin Cymru. Wrth baratoi ar gyfer deddfwriaeth y Ddyletswydd Partneriaeth Gymdeithasol a ddaeth i rym ar 1 Ebrill 2024, buom yn gweithio gyda'n cydweithwyr undebau llafur i ddeall y ddeddfwriaeth yn well a sut y gallem ei gweithredu i'r effaith orau. Yn ystod ein cyfarfodydd cynlluniedig, er enghraifft ein Fforymau Partneriaeth, Pwyllgorau Negodi Lleol a chyfarfodydd gyda'n harweinwyr undebau llafur, rydym yn ystyried sut y gallwn ymgorffori'r ddyletswydd mewn materion a phryderon allweddol sy'n codi a chyfeirio at y Ddeddf o ran sut y dylem weithio ar y cyd ar yr atebion.

Mae ein cynrychiolwyr Undebau Llafur yn parhau i gefnogi ein dull afreolaidd o adolygu polisïau ac yn parhau i fod yn rhan annatod ohono. Mae'r dull hwn wedi bod yn gadarnhaol ac wedi dod â manteision i'n holl staff trwy ddull symlach, llyfn ac yn aml yn cael ei arwain gan egwyddorion i ddatrys problemau sydd hefyd yn lleihau'r amser i adolygu yn ystod y cylch adolygu polisïau nesaf. Mynychodd Cadeirydd ein Fforwm Partneriaeth Staff a'n Pennaeth Gweithlu ddigwyddiad Partneriaeth Gymdeithasol Llywodraeth Cymru a gynhaliwyd yng Nghaerdydd ym mis Gorffennaf 2024. Rhoddodd hyn gyfle cadarnhaol i'r Bwrdd Iechyd ganolbwyntio ar y cyd ar yr hyn yr oedd gweithio mewn partneriaeth gymdeithasol yn ei olygu i ni fel sefydliad. Cawsom ein gwahodd gan Lywodraeth Cymru i gyflwyno gweithdy ar y cyd yng Nghynhadledd Dyletswydd Partneriaeth Gymdeithasol nesaf yn Abertawe ar fanteision gweithio mewn partneriaeth gymdeithasol yn Hywel Dda.

Yn ystod y paratoadau ar gyfer y gweithdy hwn, roeddem yn gallu dangos ein bod eisoes yn ymgorffori rhai agweddau ar y ddeddfwriaeth yn dda. Cawsom adborth da

gan Lywodraeth Cymru a chyfranogwyr a ddilynodd i fyny gyda ni yn bersonol ar ôl y sesiwn ac yn y dyddiau yn dilyn y digwyddiad.

Rydym yn parhau i adeiladu ar y gwaith da a wnaed dros y ddwy flynedd ddiwethaf gyda'n cydweithwyr undebau llafur ac wedi gwahanu trafodaethau strategol a gweithredol yn llwybrau penodol sy'n galluogi materion i gael eu hystyried a'u datrys mewn modd symlach ac ar y lefel briodol. Rydym yn cynnal cyfarfod misol gydag arweinwyr yr undebau llafur (ar gyfer staff yr Agenda ar gyfer Newid) ar strategaeth gyda Chyfarwyddwr y Gweithlu a Datblygu Sefydliadol/Dirprwy Brif Weithredwr a chyfarfodydd bob pythefnos gyda'n Cyfarwyddwr Cynorthwyol Rheoli Pobl a Phennaeth Cysylltiadau Sefydliadol. Mae'r fframwaith hwn yn cefnogi codi a datrys materion yn amserol sydd hefyd yn cynorthwyo llif ein cyfarfodydd fforwm partneriaeth chwarterol mwy ffurfiol. Rydym hefyd yn trafod newidiadau deddfwriaethol sydd ar ddod sy'n effeithio ar ein staff ac yn ceisio eu barn ar ein gwaith yn y maes hwn.

Rydym hefyd yn adeiladu ar strwythur ein gosod agenda gyda'n holl gydweithwyr undebau llafur gan gynnwys y rhai sy'n cynrychioli ein gweithlu meddygol a deintyddol drwy'r Pwyllgor Negodi Lleol (PNL) ac rydym hefyd yn gweithio gyda'n hundebau llafur i ail-fapio ein fforymau ymgynghorol yn unol â'r Gyfarwyddiaeth Gweithrediadau wedi'i hailstrwythuro i Grwpiau Gofal Clinigol er mwyn sicrhau bod gennym y bobl gywir ar gael i gyfarfod â'n cydweithwyr undebau llafur.

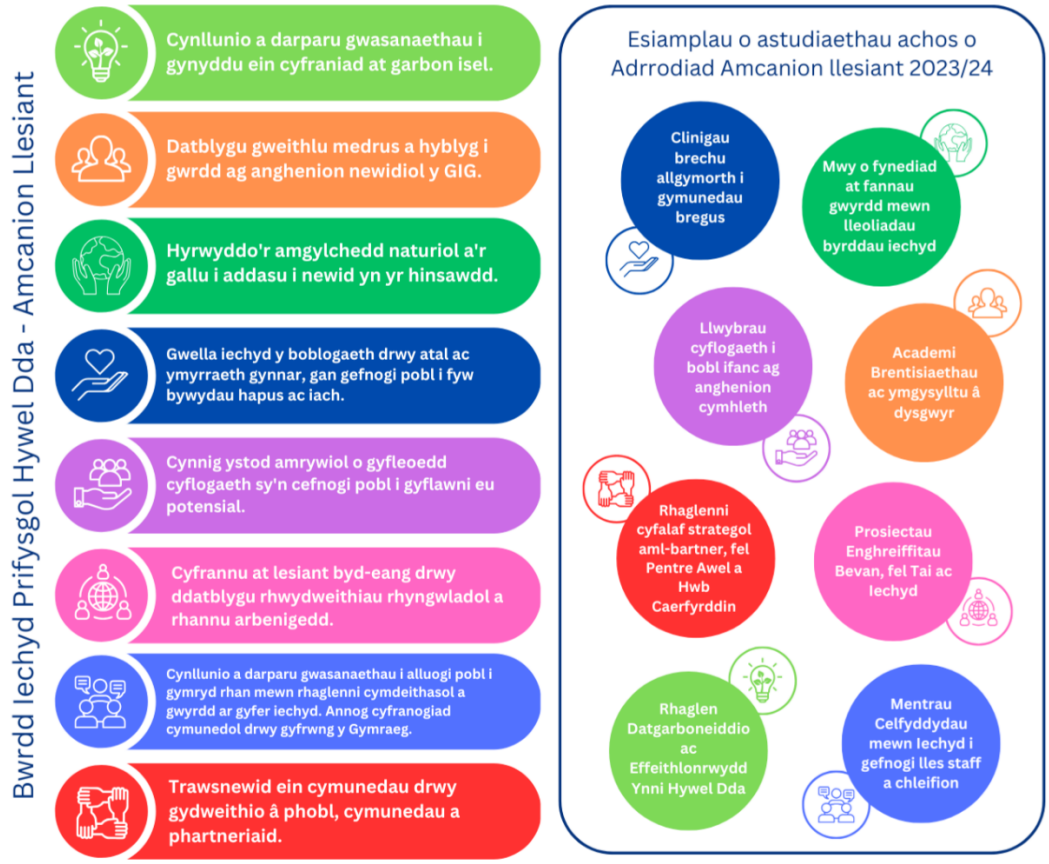
Datblygodd y Bwrdd Iechyd Amcanion Llesiant ar y cyd yn 2019 i ddangos ein hamcanion a'n huchelgeisiau hirdymor i ymgorffori gweithrediad Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru), 2015. Mae'r Ddeddf hon yn darparu pwrpas cyffredin sy'n rhwymo'n gyfreithiol ar gyfer cyrff cyhoeddus – trwy saith nod llesiant sy'n cael eu hategu gan 'egwyddor datblygu cynaliadwy' sy'n amlinellu pum ffordd o weithio, Ffigur 1 isod.

Ffynhonnell: Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru), 2015. Llywodraeth Cymru.

Mae ein hamcanion Llesiant wedi'u cysylltu â 4 thema gyffredinol, gan gynnwys Cynllunio a Datblygu'r Gweithlu, Cydweithio, Cynnwys ac Integreiddio, Ymyrraeth Gynnar ac Atal, a'r Amgylchedd a Newid Hinsawdd.

Cyhoeddir y gwaith a wneir gan ein staff a'n partneriaid yn flynyddol yn ein 'Hadrodiad Blynyddol Deddf Llesiant Cenedlaethau'r Dyfodol' ('Adroddiad Llesiant'), sy'n cynnwys proses ymgysylltu gynhwysfawr, sy'n cynnwys grwpiau staff, cyrff proffesiynol ac Undebau Llafur – gan adlewyrchu amcan llesiant allweddol.

Amlinellodd ein Hadroddiad Llesiant diweddaraf (2023-2024) ein Hamcanion Llesiant gydag enghreifftiau astudiaethau achos i gefnogi pob amcan ac fe'u darlunir fel Ffigur 2.



Ffigur 2: Amcanion Llesiant ac enghreifftiau Astudiaethau Achos BIPHDd, Adroddiad Blynyddol Amcanion Llesiant 2023-2024

Mae ein Strategaeth hirdymor, ‘Canolbarth a Gorllewin Cymru Iachach’ (2019) yn cael ei hadnewyddu fel rhan o broses ymgynghori gyhoeddus sy’n dechrau yn Hydref 2025. Fel rhan o hyn, bydd y Bwrdd Iechyd yn adolygu’r Amcanion Llesiant cyfredol ac yn ceisio consensws yn benodol gyda chynrychiolwyr o’r Undebau Llafur, y Pwyllgor Cenedlaethol a Fforwm Partneriaeth Staff Bwrdd Iechyd Prifysgol Hywel Dda. Rydym am sicrhau bod yr amcanion yn parhau i adlewyrchu ein gwerthoedd sefydliadol a’n hamcanion strategol ac yn parhau i fod yn berthnasol ac yn effeithiol. Bydd yr amcanion wedi’u diweddaru hyn yn rhan sylfaenol o’r ymgynghoriad Strategaeth hirdymor ddiwygiedig.

3. Llywodraethu a Goruchwylio

Mae llywodraethu a goruchwylio Bwrdd Iechyd Prifysgol Hywel Dda yn hanfodol i sicrhau atebolrwydd, tryloywder a gwneud penderfyniadau effeithiol ar draws pob lefel o'r sefydliad. Mae egwyddorion partneriaeth gymdeithasol wedi'u hymgorffori yn ein hymrwymiad i feithrin diwylliant o welliant parhaus.

3.1. Strwythurau Partneriaeth Gymdeithasol

Er mwyn ymgorffori egwyddorion partneriaeth gymdeithasol, rydym wedi:

- Strwythur Fforwm Partneriaeth lleol a ledled y Bwrdd Iechyd sefydledig i ymgysylltu â'n cydweithwyr yn yr Undebau Llafur.
- Integreiddio ystyriaethau partneriaeth gymdeithasol i benderfyniadau ar lefel y bwrdd.
- Sicrhau ymgysylltiad rheolaidd â grwpiau cynghori gweithlu lleol a chenedlaethol.
- Dechrau adolygu ein Cytundeb Cyfleusterau Undebau Llafur i adlewyrchu'r ddyletswydd newydd.
- Cynnal Gweithdai gyda'n cydweithwyr undebau llafur yn dilyn ein Fforymau Partneriaeth Staff ar faterion penodol fel Cylchlythyr Iechyd Cyfoeth 17, ein Cyfarwyddiaeth Gweithrediadau newydd a sut y gallai fod angen i ni ddiwygio ein strwythur cyfarfodydd ymgynghorol i sicrhau ei fod yn parhau i fod yn addas at y diben a chydraddoldeb, amrywiaeth a chynhwysiant.
- Parhau i weithio gyda'n cydweithwyr yn yr Undebau Llafur i wella ein cydweithio trwy ymestyn gwahoddiadau i weithgorau allweddol a thrafodaethau amlach y tu allan i'r strwythur cyfarfodydd ffurfiol gyda Chadeirydd Cyd-aelodol ochr yr Undebau Llafur.
- Cael cynrychiolwyr yr Undebau Llafur ar wahanol Weithgorau e.e. Cadw Nyrsys, Sefydlogi, Iechyd a Llesiant, Cynllun Gwasanaethau Clinigol, Paru Swyddi ac ati.
- Sefydlu grŵp Iechyd a Diogelwch Undebau Llafur a gefnogir gan dîm Iechyd a Diogelwch Bwrdd Iechyd Prifysgol Hywel Dda.

3.2 Ymrwymiad Arweinyddiaeth

Mae'r Prif Weithredwr ac aelodau Bwrdd BIPHDd yn hyrwyddo egwyddorion partneriaeth gymdeithasol yn weithredol. Mae Arweinydd Partneriaeth Gymdeithasol dynodedig i sicrhau cydymffurfiaeth â'r ddyletswydd a goruchwylio ymgysylltiad partneriaeth ac mae gennym aelod annibynnol o blith ein cynrychiolwyr undebau llafur y mae ei gylch gwaith yn cynnwys aelodaeth ar ein Pwyllgor Pobl, Datblygu Sefydliadol a Diwylliant.

4. Ymgysylltu â'r Gweithlu a Gwaith Teg

Mae timau Datblygu a Chaffael Gweithlu a Sefydliadau BIPHDd wedi cyfrannu'n weithredol at ymdrech gydweithredol drwy'r Bwrdd Gwasanaeth Cyhoeddus (BGC) yng Ngheredigion i ddatblygu Siarter Gwaith Teg, gyda'r bwriad o weithredu dull tebyg ar draws y siroedd eraill.

Mae'r fenter hon yn cyd-fynd â nodau ehangach yng Nghynllun Llesiant BGC Ceredigion 2024-2028 ac mae'n anelu at hyrwyddo amodau gwaith teg, cynhwysol a chyfartal ar draws pob sefydliad. Disgwylir i bob sefydliad fabwysiadu a hyrwyddo egwyddorion y Siarter yn eu gweithleoedd. Bydd cynnydd yn cael ei fesur fel rhan o'r Cynllun Llesiant presennol tan 2028.

Mae BIPHDd yn cynnal sesiynau ymgysylltu chwarterol gyda staff a chynrychiolwyr undebau llafur i fynd i'r afael â phryderon y gweithlu, wedi gweithredu egwyddorion Gwaith Teg, gan gynnwys contractau diogel, cyflog teg, a chyfleoedd ar gyfer datblygiad a mentrau llesiant staff gwell, gan gynnwys cymorth iechyd meddwl ac opsiynau gweithio hyblyg.

4.1 Cyd-gynhyrchu Gwasanaeth gyda Staff a Phartneriaid

Mae BIPHDd wedi datblygu a gweithredu nifer o raglenni a mentrau fel rhan o gyd-gynhyrchu gwasanaethau. Mae'r rhain yn cynnwys:

- Dylunio a mewnosod strategaethau a methodolegau cynllunio'r gweithlu gyda mewnbwn gan dimau clinigol a chorfforaethol.
- Treialu cynllun arloesi dan arweiniad staff i wella darpariaeth gwasanaethau.
- Cryfhau cydweithrediad â darparwyr gofal cymdeithasol i wella gofal cleifion integredig.
- Gweithio ar y cyd ar raglenni rhanbarthol gan greu manteision i bartneriaid, staff a chleifion.

4.2 Hyrwyddo Cydraddoldeb, Amrywiaeth a Chynhwysiant (EDI)

Mae'r Bwrdd Iechyd wedi sefydlu Tasglu Cydraddoldeb, Amrywiaeth a Chynhwysiant ac mae aelodau o fewn Fforwm Partneriaeth Staff yn helpu i hyrwyddo'r maes gwaith allweddol hwn.

Hywel Dda yw'r unig Fwrdd Iechyd yng Nghymru sy'n cynnig Tîm Allgymorth Datblygu Cymunedol (CDOT) pwrpasol sy'n cefnogi ffoaduriaid, ceiswyr lloches, teithwyr a chymunedau amrywiol.

Rydym wedi cyflwyno polisïau i hyrwyddo cynhwysiant mewn recriwtio a datblygiad gyrfa ac wedi darparu hyfforddiant ar ragfarn anymwybodol, cymhwysedd diwylliannol, a gwrth-wahaniaethu.

4.3 Gwasanaethau Cyhoeddus Cynaliadwy a Chaffael

Gall y Bwrdd Iechyd ddangos Gwasanaethau Cyhoeddus a Chaffael cynaliadwy gan fod y canlynol wedi'i weithredu:

- Ymgorffori meini prawf Gwaith Teg a gwerth cymdeithasol mewn prosesau caffael.
- Partneru â chyflenwyr lleol i gefnogi adeiladu cyfoeth cymunedol.
- Sicrhau arferion cyflogaeth moesegol ar draws gwasanaethau dan gytundeb.

5. Sialensau a Gwersi a Ddysgwyd

Mae nodi heriau a gwersi a ddysgwyd yn hanfodol ar gyfer gwelliant parhaus. Mae'n ein helpu i ddatrys problemau, meithrin twf, hyrwyddo tryloywder a llywio strategaethau'r dyfodol.

5.1 Sialensau

Mae'r Bwrdd Iechyd wedi nodi'r canlynol fel heriau nodedig wrth gyflawni gofynion y Ddyletswydd:

- Cydbwyso gofynion gweithredol ag ymgysylltu ystyrlon.
- Sicrhau cysondeb mewn gweithio mewn partneriaeth ar draws adrannau.
- Mynd i'r afael â heriau recriwtio a chadw o fewn y gweithlu.
- Mae cyfrifoldebau ychwanegol a roddir ar gynrychiolwyr TU yn effeithio ar y gallu i fodloni'r galw cynyddol.

5.2 Gwersi a Ddysgwyd

Wrth gyflawni gofynion y Ddeddf, mae'n bwysig sicrhau:

- Mae ymgysylltu cynnar a pharhaus yn arwain at ddatblygu, adolygu a gweithredu polisïau mwy effeithiol.
- Mae ymrwymiad cryf gan arweinyddiaeth yn hanfodol i feithrin diwylliant o bartneriaeth.
- Mae ymgorffori Gwaith Teg a gwerth cymdeithasol mewn caffael yn gofyn am ymgysylltu parhaus â chyflenwyr.

6. Blaenoriaethau’r Dyfodol

- Mae BIPHDd wedi nodi'r blaenoriaethau canlynol:
- Eirioli dros a datblygu fframweithiau i gryfhau arferion rheoli newid a thrawsnewid gwasanaethau mewn cydweithrediad â staff rheng flaen a chynrychiolwyr Undebau Llafur.
- Ehangu gweithio mewn partneriaeth â sefydliadau trydydd sector a grwpiau cymunedol.
- Hyrwyddo'r Modiwl Partneriaeth Gymdeithasol yn ESR yn weithredol i bob cynrychiolydd undeb llafur a'r holl staff a monitro cyfraddau cwblhau.
- Ystyried datblygu rhaglenni hyfforddi wedi'u targedu ar bartneriaeth gymdeithasol, hawliau'r gweithlu, a datblygu arweinyddiaeth i ymgorffori diwylliant o ddysgu parhaus.

- Hyrwyddo dealltwriaeth o rolau Undebau Llafur a meithrin ymgysylltiad adeiladol ag uwch arweinyddiaeth ar draws Bwrdd Iechyd Prifysgol Hywel Dda.
- Byddai gwneud partneriaeth gymdeithasol yn golofn allweddol o hyfforddiant arweinyddiaeth a rheolaeth yn sicrhau bod arweinwyr y dyfodol o fewn y Bwrdd Iechyd yn deall ac yn ymrwymo'n llawn i'r egwyddorion hyn.
- Datblygu fframwaith monitro i fesur effaith mentrau partneriaeth gymdeithasol.
- Ystyried ymgorffori dadansoddeg ddysgu, gan ddefnyddio mewnwelediadau o sesiynau ymgysylltu a gweithrediadau polisi i fireinio strategaethau datblygu'r gweithlu yn barhaus.

7. I gloi

Mae BIPHDd yn parhau i fod wedi ymrwymo i gynnal egwyddorion partneriaeth gymdeithasol, gan sicrhau bod ein gweithlu a'n rhanddeiliaid yn chwarae rhan weithredol wrth lunio dyfodol gofal iechyd ar draws y rhanbarth. Trwy ymgysylltu parhaus, cydweithio a gwneud penderfyniadau ar y cyd, ein nod yw gwella amodau gwaith, gwella ansawdd gwasanaethau a chyflawni canlyniadau iechyd gwell i bobl Gorllewin Cymru.

3.2

3.2 - Whistleblowing in Hywel Dda - verbal update

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

For information

4

10 Mins

4 - PLANNING

4.1

4.1 - Planning Objectives General Update Report

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

For assurance

Attachments

4.1 PODCC PO Update SBAR Nov 2025 v1.pdf

4.1 Appendix 1 - WOD PO Update Q2.pdf

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	04 November 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Delivery Against Planning Objectives Aligned to the People, Organisational Development and Culture Committee
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling (Executive Director of Workforce & OD / Deputy CEO)
SWYDDOG ADRODD: **REPORTING OFFICER:**	Angharad Lloyd-Probert Senior Project Manager (Strategic Planning) Anna Bird, Assistant Director of Strategic Partnerships,

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

A set of 10 Planning Objectives (PO) have been developed and reviewed through Quarter 1 of 2025/26 as an integral part of the Hywel Dda University Health Board's (HDdUHB) Annual Plan for 2025/26. The POs set out the aims of the organisation, *i.e.* the horizon that HDdUHB is driving towards over the long term, as well as a set of specific, measurable actions, which move the organisation towards that horizon over the next year.

For 2025/26, one Planning Objective has been aligned to the People, Organisational Development and Culture Committee (PODCC), namely PO1 Happy healthy workforce ensuring equality, diversity and inclusion.

As in previous years it is the expectation that PODCC will receive an update on the progress made in the development (delivery) of the Planning Objective for onward assurance to the Board through the Board Assurance Framework.

Cefndir / Background

The Planning Objectives are the bedrock of our Annual Plan for 2025/26, and this report is presented as an update on the key elements of Planning Objective 1 and to demonstrate where progress has been made in delivering the Planning Objective through Quarter 2.

The PO is made up of several different components, and the overarching narrative is described as follows:
"To foster a workplace culture of connection, appreciation and positivity, enabling our people to thrive."
"To Create a compassionate, inclusive and respectful experience for colleagues and patients"

The Committee should note that the Value and Sustainability Group has reviewed the PO before presenting to the Committee for assurance.

Asesiad / Assessment

The overarching status of the PO is **On Track**. Highlight reports for the individual components of the PO can be found in Appendix 1 demonstrating evidence of the work which has been completed, as well as actions which are planned over the forthcoming months

Argymhelliad / Recommendation

The Committee is asked to:

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

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

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	3 Year Plan and Annual Plan Decisions made by the Board since 2017-18

	Recent *Discover* report, published in July 2020 Gold Command requirements for COVID-19 Input from the Executive Team Report presented to Public Board in September 2020
Rhestr Termau: Glossary of Terms:	Explanation of terms is included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Value and Sustainability Group

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

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

Submitted By: Heather Hinkin / Christine Davies

Date Submitted: 10 October 2025

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

Planning Objective: Create a positive workforce culture : 1.1 Establish a group to support staff wellbeing **through the provision of proactive occupational health and staff wellbeing services, which includes cultural conversations around health and** wellbeing and encourages wellbeing through healthy lifestyles.

Executive Lead: Christine Davies, Assistant Director of Organisational Development and Heather Hinkin, Assistant Director of People Management

Reporting Period: Quarter 2 2025/2026

Overall status: Off-track
Rationale: Owing to current workloads there has been limited capacity to progress some of these actions, however, this will be addressed in Q3.

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

Activities completed in previous reporting period

- Preparatory work/planning for the flu programme was finalised in September 2025.
- Head of Occupational Health has joined the NHS Wales Health & Wellbeing Network which will focus on Resilience to Infectious Diseases, Physical and Psychological Resilience and the work environment.
- A Nature Art Session took place in September 2025 as part of our support for staff wellbeing
- We have initiated a review of the Organisational Change Policy (OCP) toolkit in order to ensure that the process is as people focused as possibly.
- Sickness absence processes and correspondence have been reviewed and updated.
- Examples of what 'good' looks like in terms of completed Occupational Health Referral and other commonly used
- Our final Recovery in Nature Event for 2025/26 took place in September 2025.

Activities planned for next milestone and reporting period

- Launch of the annual flu vaccination programme on 1st October supported by peer vaccinators.
- Introductory Meeting of the NHS Wales Health & Wellbeing Network being arranged.
- Head of Occupational Health and clinical operational leads have had an initial meeting with HEIW to discuss Hywel Dda's current staff health and wellbeing offering, work is ongoing on our written submission in collaboration with Health Education and Improvement Wales (HEIW).
- The Occupational Health Service has been gathering staff signposting data within occupational health management software OPAS G2 over the last six months to learn from clinical practice and feedback from service users.
- The Occupational Health Service has been gathering reasonable adjustment data within OPAS G2 over the last six month to capture and review the activity.
- We will review the disciplinary procedure with Trade Union colleagues during the first week of November 2025.

Matters for information:

Risks to delivery: Following the retirement of the Head of Staff Psychological Wellbeing, we will take this as an opportunity to relook at the Health and Wellbeing offer. Conversations are taking place with key individuals around future provision

Any other comments:

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

Submitted By: Anna Bird / Amanda Glanville / Christine Davies / Heather Hinkin
Date Submitted: 10 October 2025

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

Planning Objective: Create a positive workforce culture – 1.2 Strengthen the workforce by: a) equipping all with the knowledge, skills and development needed through education and simulation b) by attracting high calibre candidates to vacancies c) by collaborating with schools, colleges and universities to ensure future generations think of careers in health

Executive Lead: All Pillar Leads

Reporting Period: Quarter 2 2025/2026

Overall status: On track
Rationale: Delivery is progressive for completion/achievement by Q4.

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

On 30 September 2025 a total of 141 staff members have recorded Armed Forces community supplementary roles, an increase by 10 or 7.63% since 31 March 2025. In the last 6 months, a total of 150 applicants used the Guaranteed interview scheme. This is around 1 in every 300 applicants. Of these, 65 were shortlisted and 14 of were offered posts.

Activities completed in previous reporting period

- Face-to-face and online recruitment information events for veterans and members of the Armed Forces have been delivered in partnership with the Future Workforce Team.
- The Future Workforce team continue to engage with schools across all three counties with over 700 children and young people engaged with in Q2.
- 181 work experience enquiries during Q2, 55 work experience placements undertaken during Q2.
- 137 units claimed through Clinical Education in Q2, highlighting continual demand
- 22 individuals have completed the community induction and 30 have completed the acute induction in Q2 with Clinical Education.
- Since July, 102 Higher Award applications were created (72 sent to panel, 22 awaiting managerial approval), 57 approved, 2 pending FCSG approval, and a further 40 awaiting Financial Control Sub-Group (FCSG) approval as Continuous Profesisonal Development (CPD) applications.
- Simulation continues to be embedded throughout the B2-4 development programme and Clinical Induction programme to engage learners bridging the gap between theory and practice in relation to identifying a deteriorating patient, observing and recording vital signs and the use of NEWS2.
- Inclusive recruitment pathway undertaken for entry level positions across two counties. Working with partner organisations the pathway meant: no Trac application and no formal interview. Resulting in over 400 face to face conversations within the community with prospective employees. Resulting in over 240 offers of employment and a talent pool of over 100 individuals established to ensure future pipeline.

Activities planned for next milestone and reporting period

- The EDI team will work with ODRM colleagues to better understand where our available training resources will be best targeted for maximum effect.
- The Future Workforce team will continue to actively engage with all secondary schools across the three counties, strengthening collaborative relationships including the successful rollout of this year's Pathway 4 programme. This will enable additional learning needs (ALN) students to access meaningful work experience placements across the Health Board, supporting inclusive workforce development and future talent pipelines.
- New internal Foundations of Management course starting October 23rd, 3 new external courses running in the next reporting period.
- Corporate Induction team and Clinical Education team preparing for extra induction sessions for Healthcare Support Worker (HCSW) recruitment drive.
- Continue to enhance the learner experience by deepening the integration of simulation-based education across Band 2–4 development and Clinical Induction programmes, with a focus on practical application of skills

Matters for information:
Risks to delivery: Progress in Q3 and Q4 may be impacted by Board decisions to apply additional scrutiny to training and CPD which is non-mandatory, linked to financial recovery. This may reduce the number of opportunities available to staff as well as the capacity within Workforce and OD to work with schools, colleges and universities.
Any other comments:

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

Submitted By: Christine Davies / Anna Bird

Date Submitted: 10 October 2025

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

Planning Objective: Create a positive workforce culture -1.3 Improve the experience of staff and patients by ensuring happiness at work and excellent customer service.

Executive Lead: Christine Davies, Assistant Director of Organisational Development and Anna Bird, Assistant Director of Business, Partnerships and Inclusion

Reporting Period: Quarter 2 2025/2026

Overall status: On track
Rationale: Delivery is progressive for completion/achievement by Q4.

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

Activities completed in previous reporting period

- 53 Hywel Dda colleagues attending our 'Making a Difference' session during this quarter, making a total of 89 so far in this reporting year.
- Thematic Analysis of recent activity in the Speak up platform has been completed and a paper was presented to the PODCC in August.
- Revised Staff Appreciation and Recognition Approach drafted, and a bid has been submitted to the Charitable Funds Committee.
- Hywel's Applause Awards Ceremony celebrating staff achievements completed successfully at the Health Board AGM in September.
- The Business, Partnerships and Inclusion team co-ordinate eight staff networks. Some highlights include: Enfys staff network has continued to see an increase in membership and HDdUHB was represented by members of the Equality, Diversity and Inclusion (EDI) team and Enfys staff network at Swansea, Cardiff and Carmarthen Pride events. RespectAbiliy (long term and physical disability) & Neurodiversity Staff Network have both seen their membership increase during quarter 2and the EDI team have started a log of commonly requested supportive software to respond to frequent requests.
- 188 Staff members completed the annual Carers Survey – 74% self-declared as unpaid carers and 26% were line managers. 62% who responded to the survey were frontline nursing, midwifery or Allied Health Professionals.

Activities planned for next milestone and reporting period

- To further develop and begin delivery of Phase 1 of the revised Staff Appreciation Framework.
- Plans are currently being pulled together for HDdUHB to host an all Wales LGBTQ+ staff network session in the Spring of 2026.
- The EDI team will undertake a period of intense communication with all of our staff networks to find out what members want from the networks, what barriers are they currently experiencing and what improvements would they like to see.
- Implementation of the Carers Staff Survey Action Plan to address key areas of need identified which included the need for greater management awareness of the needs of unpaid carers, awareness of support services, and improved awareness of the policies available to staff.

Matters for information:
Risks to delivery: Availability of suitable rooms to conduct Values/ Stakeholder sessions to support talent acquisition following the closure of the Ystwyth Building in December 2025.
Any other comments:

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

Submitted By: Christine Davies

Date Submitted: 17 July 2025

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

Planning Objective: Provide compassionate experiences - 2.1 Enhance the operational efficiency and workplace culture of the Health Board by implementing comprehensive support strategies for staff, fostering compassionate communication and reinforcing our commitment to inclusive values. This will include people practices, values refresh, compassionate visible leadership, acting upon staff survey results.

Executive Lead: Christine Davies, Assistant Director of Organisational Development

Reporting Period: Quarter 2 2025/2026

Overall status: On track
Rationale: Delivery is progressive for completion/achievement by Q4.

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

Activities completed in previous reporting period

- Staff Survey Pre-Launch Communications and Engagement Plan delivered.
- Delivery of Leadership Programmes on track as planned, including the phase 1 of the Operations Senior Leadership Programme.
- New Consultants programme completed.
- Values Framework refresh and consolidation into the 3 overarching themes of Belonging, Growth and Together – Healthier lives well lived, discussed with staff side partners.
- Following the 2024 NHS Wales Staff Survey, the Culture and Workforce Experience Team distributed 106 reports and accompanying action plan templates to Tier 2 Directorates and Tier 3 Departments. Based on these reports, the team delivered a series of presentations highlighting the top and bottom three themes and subthemes identified. To date, we have received 26 completed action plans, each outlining three priority areas and the actions intended to address them.

Activities planned for next milestone and reporting period

- Staff Survey goes live and communication plan and engagement activities across all sites will be delivered in accordance with the project plan.
- The EDI team will commence a period of intense communication with all of our staff networks to find out what our members want from the networks, what barriers are they currently experiencing and what improvements would they like to see.
- Engagement with colleagues around the re-branding of the Values Framework.

Matters for information:

Risks to delivery:

Any other comments:

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

Submitted By: Amanda Glanville / Anna Bird / Christine Davies / Heather Hinkin / Tracy Walmsley
Date Submitted: 17 July 2025

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

Planning Objective: Provide compassionate experiences - 2.2 Identify and implement strategies to mitigate operational pressures by supporting individuals through a range of improvements including enhanced workforce planning, dissemination of best practice across the Health Board, including HR process improvement and enhanced flexible work approaches using volunteers as appropriate.

Executive Lead: All Pillar Leads

Reporting Period: Quarter 2 2025/2026

Overall status: On Track
Rationale: Delivery is progressive for completion in line with Annual Plan and Education Commissioning.

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):
Workforce plans completed in 2024 (62) compared to 2025 (75 with 15 ongoing)
Medical Workforce Plans are being prioritised within the medical workforce planning group (Phase 1 Establishment Validation)

Activities completed in previous reporting period

- Workforce planning engagement has taken place with approximately 75 services across the care group structures
- Workforce plans for 25/26 are currently in development for over 55 service areas.
- Nursing Workforce Standard operating procedures for variable pay live and ongoing (One service with authorisation to extend agency escalation due to staffing fragility (Theatres).
- Work is ongoing to create a set of tools for nursing teams to use to better manage annual leave planning.
- Workforce Planning Data & Analysis informed Newly Qualified Nurse (NQN) & Streamlining placements to ensure correct ratio and skill mix within nursing areas achieved and enhance new entrant staff experience.
- Planned process mapping for 26/27 NQN and educational pipeline alignment which includes Grow Your Own (GYO) panel attendance.
- Medical Workforce Planning group established to have an understanding of the gap in medical workforce provision and how we employ strategies and programmes of work to meet the gap in a structured and prioritised way.
- Ongoing exit plan meetings with service leads (Workforce Planning, Resourcing).

Activities planned for next milestone and reporting period

- Medical Workforce Planning Baseline (Establishment Validation)
- Education Commissioning deadline draft January 25 and final March 25 (Ongoing)
- Variable pay deep dive to be presented at Value and Sustainability to understand further options for reduction.
- Future Workforce to continue to respond proactively to evolving service needs by designing and developing new volunteering roles that enhance workforce capacity and community engagement.
- Future Workforce to sustain momentum in promoting micro-volunteering by supporting and coordinating community participation days, ensuring accessible and meaningful opportunities for local involvement.
- Priorities to engage with outstanding areas who have yet to develop their workforce plans.
- Review and update existing action plans to align and reflect current priorities and workforce position.

Matters for information:
Risks to delivery:
Any other comments:

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

Submitted By: Anna Bird

Date Submitted: 9th October 2025

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

Planning Objective: Provide compassionate experiences - 2.3 Build an inclusive and respectful organisational culture where everyone feels a deep sense of belonging. This includes the establishment of an EDI Task force to progress improvement in workforce experience within the organisation.

Executive Lead: Christine Davies, Assistant Director of Organisational Development; Heather Hinkin, Assistant Director of People Management; Anna Bird, Assistant Director of Business, Partnerships and Inclusion

Reporting Period: Quarter 2 2025/2026

Overall status: On track
Rationale: Delivery is progressive for completion/achievement by Q4.

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

Activities completed in previous reporting period

- A Board Seminar session was held in August to update members on the work of the Taskforce, and three key priority actions were agreed.
- The Strategic Equality Annual Report and supporting documents was reviewed by PODCC in August and approved for publication by Board in September.
- The EDI team have developed Active Bystander training session which will be delivered by an in-house team. This has been piloted with the Surgical Team in Withybush Hospital with positive engagement and feedback.
- The Black, Asian & Minority Ethnic staff network has seen its membership increase during quarter 2. The Health Board local action plan was shared with network members so their views could inform the action plan moving forward.
- The Enfys LGBTQ+ staff network has had an increase in membership and network members were asked to contribute to the development of the LGBTQ+ local action plan.
- Bevan Exemplar Sensory Loss programme concluded in September and a product which is now called the Sensory Loss Aware Self-Assessment Checklist. The outcomes of implementing a pilot in the Ophthalmology department in Withybush Hospital resulted in 75% of staff learning how to sign basic BSL "Hello, my name is…", as well as increased confidence among members of staff in identifying and recording communication needs of patients with sensory loss in WPAS.

Activities planned for next milestone and reporting period

- The EDI Taskforce are hosting a "Big Conversation" on 6th November with a focus on gaining support to enhance wider organisational engagement.
- The EDI team are leading work to promote Black History Month and in conjunction with the staff network, will be hosting the annual Diwali event.
- The Diversity and Inclusion team will establish a data insights group bringing together colleagues from across the Health Board. In addition, work is ongoing to explore opportunities with Aberystwyth University who are planning research into Disabled People's experience of employment.
- Michael Imperato, Independent Member and Armed Forces Champion will record a personal message to share as part of the Armistice and Remembrance Day commemorations.
- The Health Board has been asked to participate in a Panel at a Welsh Government Anti-Racism Conference on 26th November.
- The Sensory Loss Aware Self-Assessment checklist will be presented to the Welsh Government Workshop on the 18th of November as part of planning for the implementation of the new NHS Wales Accessible Communication and Information Standards.

Matters for information:
Risks to delivery: Staff capacity to drive forward the actions identified by the EDI Taskforce which will require support across the whole organisation.
Any other comments:

4.2

4.2 - PO Deep Dive: PO1 Workforce stabilisation: Workforce Education and Development Plan - DEFERRED

This report has been deferred due to staff absence.

5

10 Mins

5 - PERFORMANCE

5.1

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

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

For assurance

Attachments

5.1 IPAR SBAR.pdf

5.1 Appendix 1 - Strategic Objectives.pdf

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	04 November 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Performance Assurance & Workforce Metrics
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling, Executive Director of Workforce and Organisation Development (OD) and Deputy CEO
SWYDDOG ADRODD: **REPORTING OFFICER:**	Michelle James, Head of Resourcing and Utilisation

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

A purpose of the People, Organisational Development & Culture Committee (PODCC) is to provide assurance to the Board on best practice around the workforce and organisational development (OD) agenda.

This report provides assurance of delivery against national delivery framework targets. The dataset presented is accurate as at 30 September 2025 (unless stated otherwise e.g. for NHS Wales benchmarking datasets).

Cefndir / Background

The dashboard has been developed to report on the individual delivery plans for the 12 specific requirements, targets have been identified against the eight strategic statements of intent in the 10 year strategy to demonstrate the link between the target and progress in delivery of our strategy.

The frequency in which the dashboard in Appendix 1 is produced has been amended in line with the committee frequency and as such is reported quarterly with the full range of metrics and Key Performance Indicators (KPI's) presented annually in February.

Asesiad / Assessment

The dashboard in Appendix 1 presents performance against the following national delivery framework targets:

Overall staff engagement score – scale score method

- The response rate has fluctuated through 2024/25 from its lowest at 13% to the apex of 23%. In September 2025 the response rate was 22%. 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 September 2025 shows 73% engagement.

- There are a number of strategies created to help build staff engagement across the organisation and instigate feelings of pride from working for Hywel Dda University Health
- Board. These Include
    - Recognition and Appreciation programmes
    - Positive/Supportive Work Environment
    - Professional Development and Opportunities for Growth
    - Strong Leadership Programmes such as LEAP.

Agency spend as a % of total pay bill; Variable pay (agency, locum, bank & overtime: monthly position).

- Work has been undertaken to bring a reduction in all temporary workforce to drive costs down. There is a continued trend of reducing nursing agency use in line with the Nursing Stabilisation Plans.
- A Medical Stabilisation Group has been established to oversee the stabilisation of the medical workforce. This group aims to assess, analyse, and implement action plans to reduce agency reliance across professional groups while aligning workforce pipelines to ensure high retention rates.
- Single handed services at consultant level leaving little time to train new workers available through workforce pipelines, leading to double running of agency and substantive staff.
- Agency is increasing with 23 medics engaged and 28 Allied Health Professionals (AHP)/Health Scientists (HS) engaged.

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 2024.
- HEIW has confirmed that once a HCSW has enrolled on the Clinical Induction, they are on the All Wales Career Framework (AWCF) pathway. This has resulted in a measurable increase in compliance for the Health Board for Bands 2, 3 and 4.
- Continue to strengthen partnership with HEIW and engage in strategic review of the framework.

Percentage of sickness absence rate of staff

- As per the NHS Performance Framework 2025-26, the Health Board sickness absence target is a reduction on the 2024-25 outturn 6.60%.
- Figures are indicative of a small upward trend in absence, but the Health Board is still marginally within the target of 6.60%.
- Anxiety, stress and depression continues to account for the highest reasons for absence across the health board making up 35.1% of all sickness absence.
- Designated support from Workforce & Organisational Development (OD) continues to be utilised to help address concerns aligned to employee relations matters.
- Instances of Cold, cough and flu are increasing as winter months draw closer.
- Launch of the annual flu vaccination programme commenced on 1 October supported by peer vaccinators.
- Workforce intelligence and data science have worked collaboratively to develop a tool allowing visualisation of absence overlayed with geographical information. This is being presented to the Workforce and OD Business Group in December 2025 to explore ways to support our workforce. The tool was presented to the Business Executive Team in September Appendix 2.

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.
- There has been a 3.7% increase in medical and dental compliance since June 25.
- Bespoke support will be offered to any areas who are not currently demonstrating compliance with Dementia training.

Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation

- Our performance has steadily been increasing; we continue to be above our 85% target.
- We only have 1 staff groups that are below the 85% target which is Medical & Dental. These rates continue to steadily increase and have increased by 3.9% since June 2025, currently sitting at 56.5%.
- The Learning and Development Team is working closely with Medical and Dental colleagues. Action plans remain in place; these have enabled bespoke training packages to be developed collaboratively with key stakeholders.
- We continue to perform higher than NHS Wales.

Percentage of headcount by organisation who have had a Performance Appraisal Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training).

- The combined appraisal compliance continues to fluctuate between 82.1% and 84% with the current rate at 83.3%.
- We continue to perform better than NHS Wales, however we continue to fall slightly short of the 85% target.

Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job

- The rate has fluctuated between 68.2% and 79.6% since March 2025, with the current rate being 76.4%.

Consultant/Specialty and Associate Specialist (SAS) doctors with a job plan & Consultants/SAS doctors with an up-to-date job plan (reviewed with the last 12 months).

- There has been a 5% decrease since April 2025. Current job plans are recorded at 81% against a target of 90%.
- The slight decline in trend has been impacted by a large number of job plans expiring.
- An escalation process is in place to encourage clinicians to sign off their job plans.

Percentage of compliance for staff appointed into new roles where an adult or child barred list check is required.

- We continue to maintain 100% compliance over the last 12 months.

The targets are presented in a format which will allow PODCC to assess the alignment between the key performance indicator and the intentions as set out in the 10-year Workforce, Organisational Development & Education Strategy.

Argymhelliad / Recommendation

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

- **NOTE** the content of the Performance Assurance and Workforce Metrics report and **RECEIVE ASSURANCE** of performance in key areas of the Workforce and OD agenda.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 To provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, ensuring (HDdUHB) is recognised as a leader in this field
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	3. Effective
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	3. Data to knowledge
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Positive futures
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Data extracted from a range of workforce information systems.
Rhestr Termau: Glossary of Terms:	Included within the body of the report.

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Not Applicable

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

Strategic Planning Objective 1:
Develop and implement plans to deliver, on a sustainable basis, NHS delivery framework targets related to Workforce within the next 3 years.

National Delivery Framework Target	Operational Delivery Lead
Overall staff engagement score – scale score method	Head of Culture and Workforce Experience
Agency spend as a % of total pay bill	Senior Workforce Manager – Workforce Efficiency
Variable pay (Agency, Locum, Bank & Overtime: monthly position)	Senior Workforce Manager – Workforce Efficiency
HEIW Planning Objective 3.B: Deliver requirements of regulators – a) Submit Education and Commissioning template to HEIW aligned to IMTP submission on an annual basis	Assistant Director of People Planning
HEIW Planning Objective 3.B: Deliver requirements of regulators – b) Submit data in relation to HCSW framework on annual basis and related requirements for funding	Future Workforce Programme Manager
Percentage of sickness absence rate of staff	Assistant Director of People Management
Qualitative report providing evidence of provided learning and development in line with the Good Work – Dementia Learning and Development Framework	Clinical Education Manager
Percentage of employed NHS staff completing dementia training at an informed level	Clinical Education Manager
Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	Learning & Development Manager
Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job	Head of Culture and Workforce Experience
Percentage of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (exc Drs and Dentists in training)	Head of Culture and Workforce Experience
Percentage of staff who have had a medical appraisal in the previous 12 months (exc Drs and Dentists in training) and Consultant/SAS doctors with a job plan & Consultants/SAS doctors with an up to date job plan (reviewed with the last 12 months)	Head of Medical Education & Professional Standards
Percentage of compliance for staff appointed into new roles where a child barred list check is required	Head of Recruitment and Workforce Equality, Diversity & Inclusion
Percentage of compliance for staff appointed into new roles where an adult child barred list check is required	Head of Recruitment and Workforce Equality, Diversity & Inclusion

KEY: 8 Statements of Intent Contained within the 10 Year Workforce, Organisational Development(OD) and Education Strategy

1 - Delivering Collective and Compassionate Leadership
2 - Recruiting and Retaining Great People
3 - Engaging our Staff
4 - Delivering a Workforce Fit for the Future
5 - Enabling Our People to Release Their Potential
6 - Developing High Performing Teams
7 - Delivering Innovation, System Learning and Change Agility
8 - Developing Workforce Efficiency and Effectiveness

NHS delivery framework target: 1.i - Develop plans to deliver, on a sustainable basis – Overall staff engagement score – scale score method Strategic Delivery Lead: Assistant Director of Organisation Development; Operational Delivery Lead: Head of Culture and Workforce Experience

This target aligns to the following statement of intent:

3 - Engaging our Staff

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Staff Engagement Score Year on Year

Year Of Survey	Sent to	Number Completed	Response Rate	Engagement Score
2023 Sample in April	1001	178	18%	72%
2023 Sample in May	990	181	18%	74%
2023 Sample in June	994	175	18%	76%
2023 Sample in July	985	181	18%	74%
2023 Sample in August	1002	170	17%	73%
2023 Sample in September	972	182	19%	74%
2023 Sample in November	997	152	15%	73%
2023 Sample in December	977	107	11%	72%
2024 Sample in January	939	135	14%	73%
2024 Sample in February	944	94	10%	76%
2024 Sample in March	935	120	13%	70%
2024 Sample in April	931	132	14%	75%
2024 Sample in May	947	123	13%	71%
2024 Sample in June	914	157	17%	71%
2024 Sample in July	917	171	19%	71%
2024 Sample in August	909	157	17%	72%
2024 Sample in September	900	207	23%	73%
2024 Sample in October	901	198	22%	73%
2024 Sample in November	886	203	23%	73%
2024 Sample in December	902	139	15%	71%
2025 Sample in January	899	190	21%	71%
2025 Sample in February	888	188	21%	70%
2025 Sample in March	886	166	19%	72%
2025 Sample in April	901	184	20%	73%
2025 Sample in May	877	195	22%	74%
2025 Sample in June	897	147	16%	73%
2025 Sample in July	870	185	21%	72%
2025 Sample in August	855	189	22%	72%
2025 Sample in September	872	195	22%	73%

Engagement Score by Staff Group

Role	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Administrative and Clerical	75%	76%	73%	76%	73%	73%	72%	73%	71%	74%	75%	75%
Allied Health Professionals	72%	72%	71%	69%	69%	73%	71%	75%	73%	72%	70%	72%
Estates, Facilities & Support Services		74%			56%		77%	72%		69%		74%
Healthcare Scientists	78%			77%	69%			72%		75%	74%	78%
Medical and Dental	67%	79%	65%	62%	61%	72%	77%	62%	78%	65%	66%	67%
None of these				70%	73%							
Nursing and Midwifery	73%	71%	70%	73%	70%	70%	71%	75%	72%	68%	70%	71%
Other Clinical Services	71%	61%	69%		73%			80%	76%	80%	73%	
Other		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 over the last 3 months has an average of 72%, whilst this has dropped 1% since the previous 3 months this is still above the engagement score for the 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. This year, we introduced local accountability for staff survey results at Tier 2 and Tier 3 levels. All areas that received a report on the previous Staff Survey were required to submit action plans identifying their top three priorities for improvement. These action plans will be monitored through EITs meetings.

NHS delivery framework target: 1.i - Develop plans to deliver, on a sustainable basis – agency spend as a % of total pay bill.
Variable pay (Agency, Additional, Bank & Overtime: monthly position) Strategic Delivery Lead: Assistant Director of People Planning
Operational Delivery Lead: Senior Workforce Manager – Workforce Efficiency
This target aligns to the following statement of intent:
8 - Developing Workforce Efficiency and Effectiveness

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Current Performance

Nursing:
Induction of Newly Qualifed Nurses from September 2025 to reduce vacancies
Targeted recruitment for theatre staffing
Continued Risk Managment for:
• Surge in Demand (Front Door Services)
• Sickness absence
• Annual Leave Managment
• Enhanced Patient Support

AHP/HS Increased usage due to:
Diagnostic demand increasing.
Ongoing Vacancies.
Ongoing Sickness and Maternity Cover (No Head Room Calculation).

Medical - Increased usage due to:
Vacancy

Inability to take specialist grades due to service fragility, ongoing actions as part of the medical workforce planning group to assess and resolve.

Single handed services at consultant level leaving little time to train new workers available through workforce pipelines, leading to double running of agency and substantive staff.
Agency usage has remained below 5% of the total pay bill since November 2023.

Performance Against Trend

Agency is increasing with 23 medics engaged and 28 AHP/HS engaged.

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

Month Name	2025/2026
April	0.95%
May	1.59%
June	1.11%
July	1.34%
August	1.37%
September	1.45%

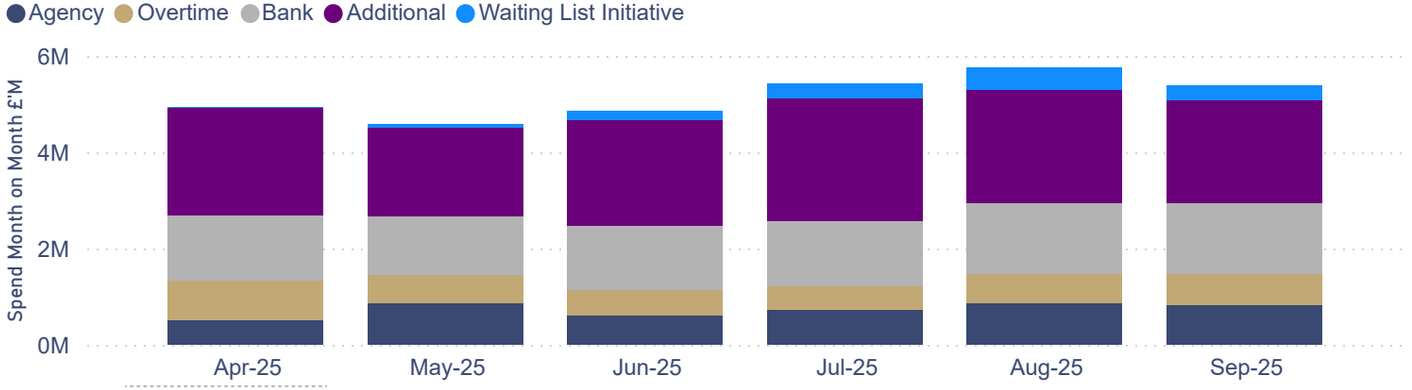
Future Positive Actions

Nursing:
Allilgnment with onboarding of Newly Qualified Nurses from September 2025

AHP/HS:
Increased use of bank staff as a cost-saving measure
Workforce plan in Development to support implemetntion of right sizing based on demand profiles and reduce agency need.
Radgiology Recruitment Plan ongoing.

Medical:
Medical Workforce Planning Group Established to:
Create staffing baselines for services.
Reduce Agency Reliance.
Align workforce pipelines to minimise vacancy.
Understand the drivers for medical bank locum usage.

Variable Pay Month on Month



NHS delivery framework target: 3.B: Deliver requirements of regulators – a) Submit Education and Commissioning template to HEIW aligned to IMTP submission on an annual basis Strategic Delivery Lead: Assistant Director of People Planning. Operational Delivery Lead: Assistant Director of People Planning

This target aligns to the following statement of intent:

2 - Recruiting and Retaining Great People & 4 - Delivering a Workforce Fit for the Future

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Key	
	Output known
✓	Completed
	In Progress

Plan	Education Commissioning	Status
2020/21	Out turn c2023	
2021/22	Out turn c2024	
2022/23	Out turn c2025	✓
2023/24	Out turn c2026	✓
2024/25	Out turn c2027	✓
2025/26	Out turn c2028	

Current Performance

Engaging with HEIW with regards to the 2027/28 education commissioning cycle. The discussions to date have been focused on developing the process to improve and standardise the approach used across Wales, which has taken on board health board feedback.

The Workforce Planning team are currently awaiting a HB specific education commissioning template, which will be utilised during internal discussions with service leads. The collated data will then inform the HB SharePoint site, which is co-ordinated by HEIW. It is anticipated that the draft education commissioning return will be due by 30/1/26.

Internal Engagement:
Plans are in development to begin education commissioning engagement with service and corporate colleagues from November 2025. Discussions will be co-ordinated in parallel with the development of workforce plans, using evidence-based planning and a wide range of data to inform decision making.

Performance Against Trend

Previous submissions to HEIW have been completed in line with expectations and agreed timelines. All commissioning activity has been conducted through the lens of current funded establishment, using workforce (inc. risk position), financial and performance data to assist decision making.

Further improvements can be made to support the development of education commissioning activity within Primary and Community Care, as well as Local Authority and Corporate services..

Future Positive Actions

Draft Submission – January 2026
A draft submission will be prepared by January 2026, incorporating updated workforce intelligence and feedback from service leads, aligned to strategic priorities.

Final Submission – March 2026
The final submission will be completed by March 2026, ensuring full alignment with HEIW commissioning timelines, annual planning and strategic priorities, including alignment of finances.

Continuous Improvement Measures
- HEIW will undertake ongoing refinement of the SharePoint process to standardise approach.
- HEIW will potentially share a range of information to include workforce supply/pipeline data.
- Internal ratification processes will be maintained for 2027/28 cycle, ensuring visibility of education commissioning returns, to enable professional group leads and executive sign off, before final submission to HEIW.
- Continued collaboration will be prioritised to ensure HEIW are informed of HB education and training needs, including risk position, challenges and opportunities for further improvement.
- Ongoing collaboration with corporate teams to ensure workforce pipelines are regularly monitored, which will include modelling workforce supply for professional groups. This will be undertaken in conjunction with the development of workforce plans/annual planning process.

NHS delivery framework target: 3.B: Deliver requirements of regulators – b) Submit data in relation to HCSW framework on annual basis and related requirements for funding. Strategic Delivery Lead: Assistant Director of People Development

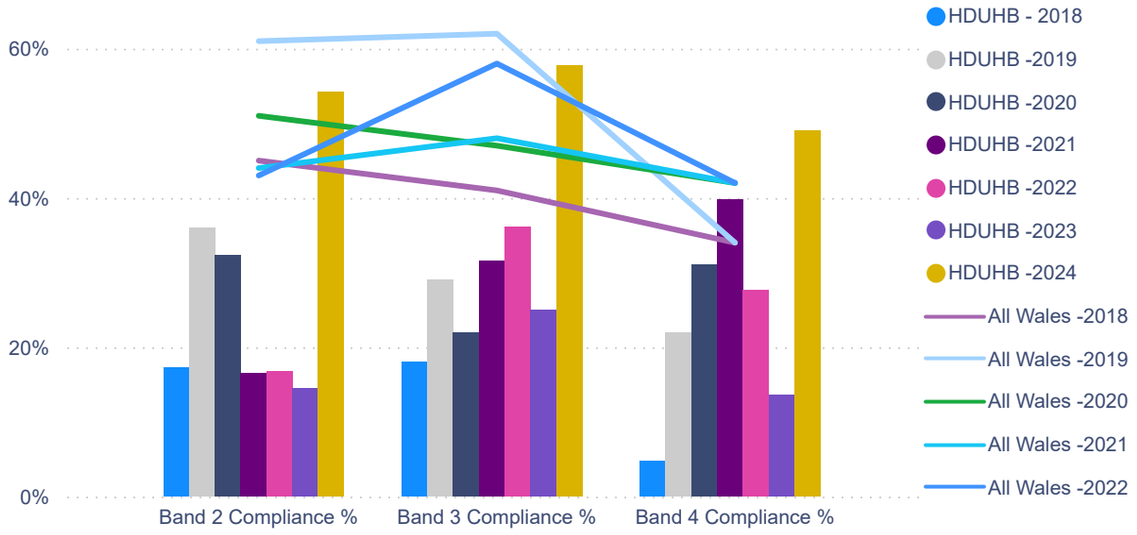
Operational Delivery Lead : Learning & Development Manager

This target aligns to the following statement of intent:

2 - Recruiting and Retaining Great People , 4 - Delivering a Workforce Fit for the Future

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Career Framework Data



Current Performance

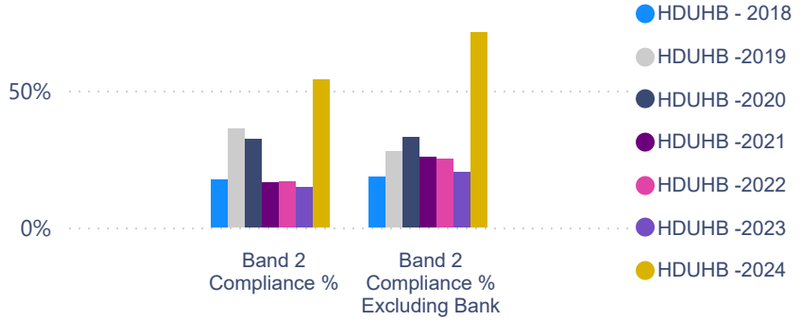
Collaborative work is underway with Health Education and Improvement Wales (HEIW), who are preparing to establish a formal review of the career framework. Requests have been made to address identified anomalies in role definitions and equivalency recognition, particularly concerning long-standing staff, ensuring that the framework reflects current workforce realities and supports fair progression.

Career Framework- Percentage with requisite level of health related qualification

Profession	% Level 2	% Level 3	% Level 4
Speech and Language service	0.0%	25.0%	0.0%
Radiology	100.0%	24.2%	0.0%
Physiotherapy	0.0%	52.4%	23.9%
Operating Theatres	68.2%	64.0%	100.0%
Occupational Therapy	0.0%	20.0%	6.8%
Nursing Mental Health	74.0%	73.1%	20.0%
Nursing Learning Disability	50.0%	50.0%	42.9%
Nursing Community	75.3%	70.0%	85.0%
Nursing Child	88.5%	72.4%	90.7%
Nursing Adult	70.9%	58.7%	64.6%
Maternity	57.4%	50.0%	0.0%
Dietetics	0.0%	0.0%	33.3%
Bank / Temporary Staff (on Bank only contracts)	40.9%	50.7%	58.1%

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

Impact of Bank Compliance on Career Framework Data



Future Positive Actions

Continue to strengthen partnership with HEIW to address discrepancies in the framework impacting compliance data and actively contribute to the strategic review of the framework

Advance the refinement of existing datasets to improve data quality, consistency, and reliability supporting informed decision-making and accurate reporting.

Maintain biannual reporting to SPPEG, with scheduled updates delivered in May and November, reinforcing transparency and accountability.

Performance Against Trend

Compliance levels continue to demonstrate a sustained upward trajectory, reflecting the effectiveness of strategic interventions, most notably the introduction of dedicated administrative support and targeted data cleansing initiatives. These foundational actions have significantly enhanced operational accuracy and reporting integrity.

Headcount

Profession	Headcount B2	Number at L2	Headcount B3	Number at L3	Headcount B4	Number at L4
Bank / Temporary Staff (on Bank only contracts)	1455	595	337	171	43	25
Dietetics	0	0	0	0	6	2
Maternity	61	35	2	1	0	0
Nursing Adult	846	600	143	84	65	42
Nursing Child	26	23	29	21	43	39
Nursing Community	85	64	190	133	20	17
Nursing Learning Disability	4	2	46	23	14	6
Nursing Mental Health	77	57	78	57	20	4
Occupational Therapy	0	0	5	1	44	3
Operating Theatres	22	15	25	16	7	7
Physiotherapy	1	0	21	11	46	11
Radiology	1	1	33	8	7	0
Speech and Language service	0	0	4	1	5	0
Total	**2578**	**1392**	**913**	**527**	**320**	**156**

NHS delivery framework target: 5.A.i - Develop plans to deliver, on a sustainable basis - Percentage of sickness absence rate of staff Strategic Delivery Lead: Assistant Director of People Management Operational Delivery Lead: : Head of Workforce

This target aligns to the following statement of intent:

3 - Engaging our Staff

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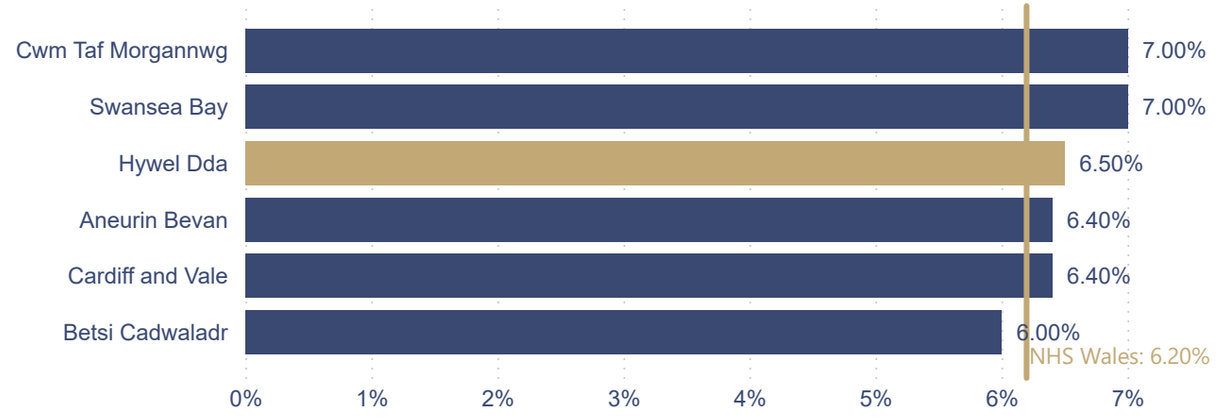
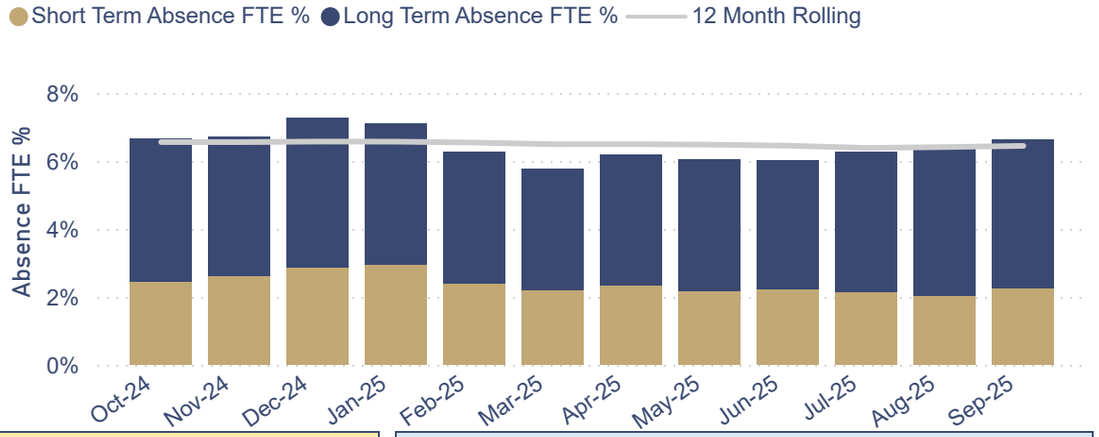
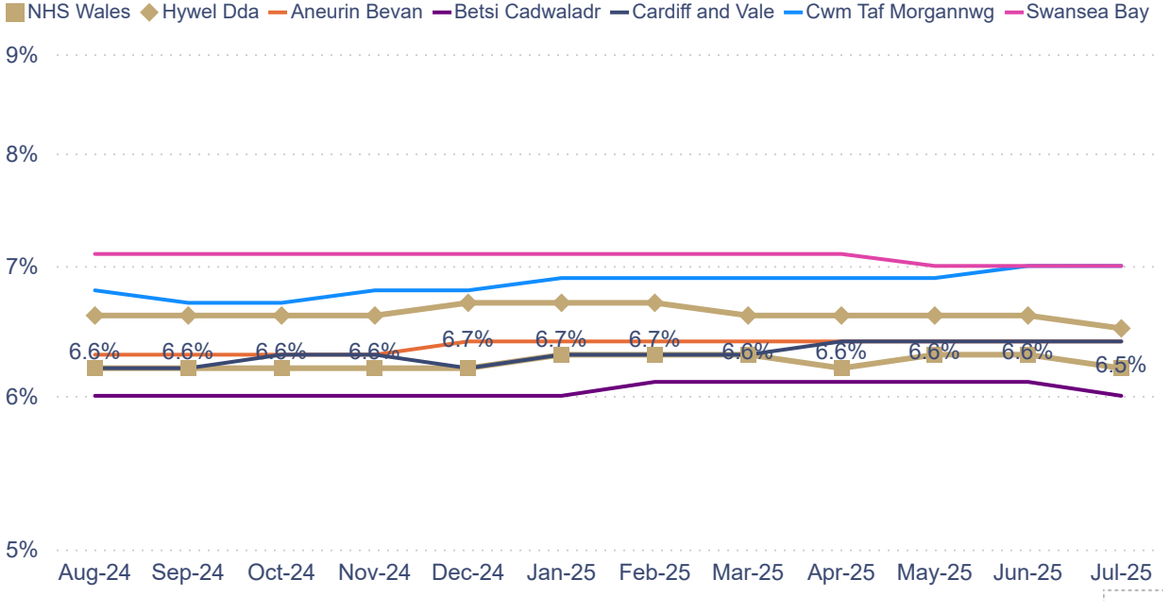
12 month rolling sickness absence rates (UHBs only) to July 2025



Hywel Dda In Month Sickness Absence by Long Term & Short Term compared to Rolling 12m



Rolling 12-month sickness absence rates, Aug'24 to Jul'25



Current Performance

September's figure of 6.62% shows a 0.16% increase on August (6.46%) with a cumulative absence rate for the 12 months of 6.56%. Anxiety, stress and depression continues to account for the highest reason for absence across the Health Board at 35.1%, second being Injury/ Fracture at 8.1% and third Cold, cough flu at 8%. Episodes of Cold, cough & Flu are rising (5.4% in Aug) as the winter months draw closer.

Performance Against Trend

As per the NHS Performance Framework 2025-26, the Health Board sickness absence target is a reduction on the 2024-25 outturn 6.60%. Figures are indicative of a small upward trend in absence, but the Health Board is still marginally within the target of 6.60%. It is also duly noted that there are only 4 Directorates/CCGs currently exceeding this target.

Future Positive Actions

- Ongoing focused support from the Workforce Teams continues in collaboration with Senior Managers with a focus on hot spots across all Clinical Care Groups.
- Designated support from Workforce continues to be utilised to help address sickness absence aligned to employee relations matters.
- Launch of the annual flu vaccination programme commenced on 1st October supported by peer vaccinators.
- Introductory Meeting of the NHS Wales Health & Wellbeing Network being arranged.
- Head of Occupational Health and clinical operational leads have had an initial meeting with HEIW to discuss Hywel Dda's current staff health and wellbeing offering, work is ongoing on our written submission in collaboration with HEIW.
- The Occupational Health Service has been gathering staff signposting data within OPAS G2 over the last six months to learn from clinical practice and feedback from service users.
- The Occupational Health Service has been gathering reasonable adjustment data within OPAS G2 over the last six month to capture and review the activity.

NHS delivery framework target: 5.A.i - Qualitative report providing evidence of provided learning and development in line with the Good Work – Dementia Learning and Development Framework & Percentage of employed NHS staff completing dementia training at an informed level Strategic Delivery Lead: Assistant Director of People Development Operational Delivery Lead: Learning & Development Manager
This target aligns to the following statement of intent:
6 - Developing High Performing Teams

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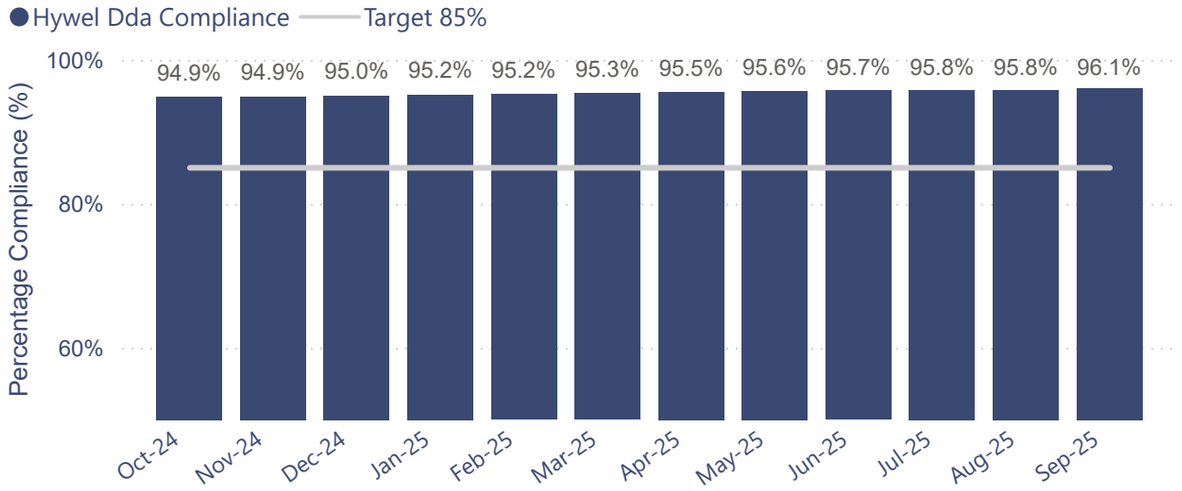
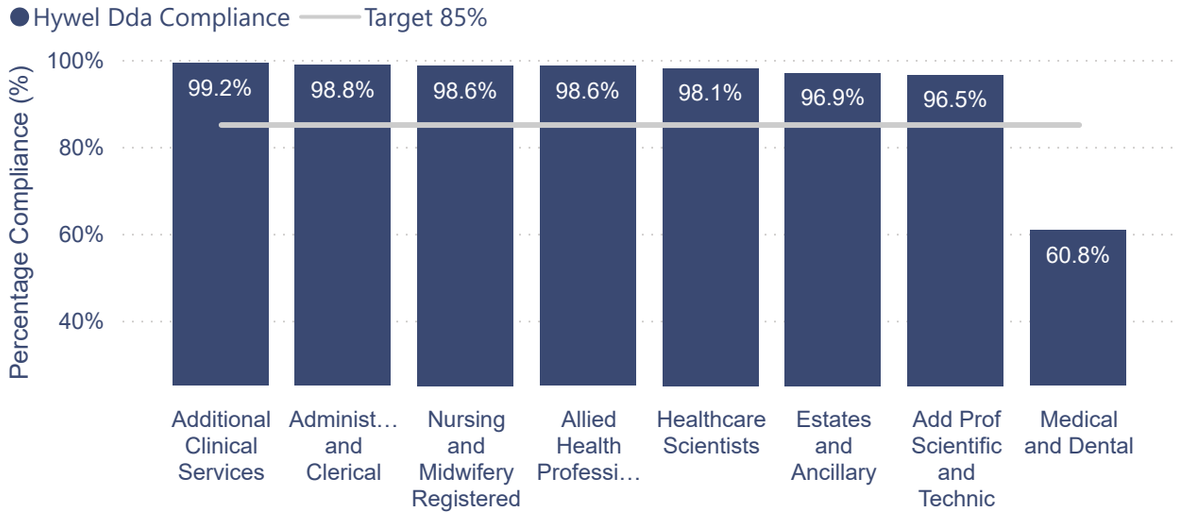
Percentage of Staff completing Dementia Training



Percentage of Staff completing Dementia Training



Current Performance

Health Board compliance for staff completing Dementia training is consitentkly bove the 85% target in all staff groups with the exception of Medical and Dental.

Learning and Development continue to work closely with Medical and Dental, including service leads, to identify pockets of low compliance, and to facilitate targeted support to drive compliance.

Performance Against Trend

Over the last 12 months we have seen Health Board compliance continue to remain above the 85% target.

Future Positive Actions

To sustain and further improve upon our current compliance with Dementia training, we will:
- Continue to monitor progress made across areas not achieving compliance.
- Look for opportunities to share good practice.
- Continue to reflect on data and using this data to drive strategies for improved completion of this training.
- Offer bespoke support to any areas who are not currently demonstrating compliance with Dementia training.
- Revisit work carried out with service area leads for Medical and Dental to support with improved compliance within these areas.

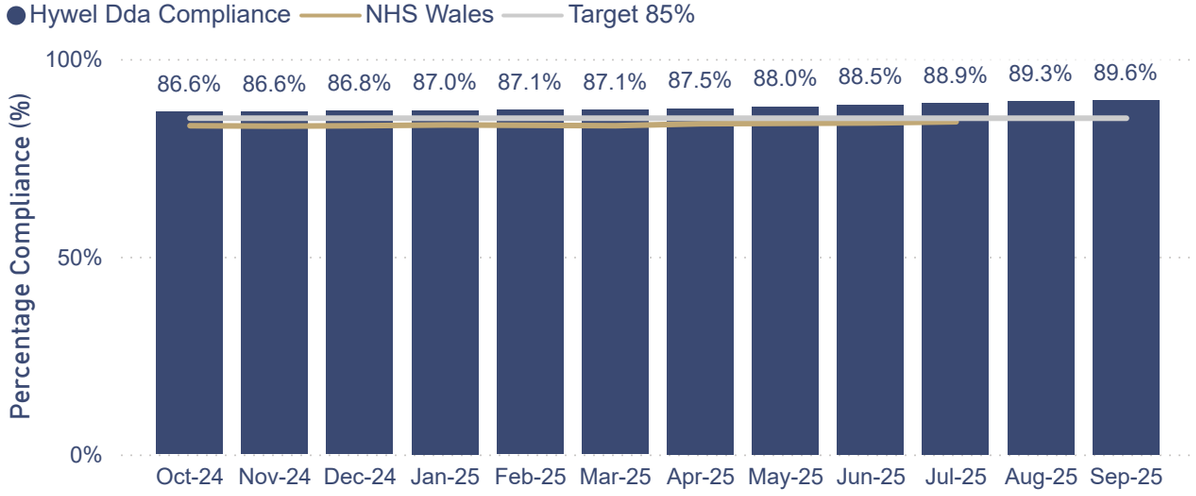
NHS delivery framework target: 5.A.i -Percentage Compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation. Strategic Delivery Lead: Assistant Director of People Development Operational Delivery Lead: : Learning & Development Manager

This target aligns to the following statement of intent:

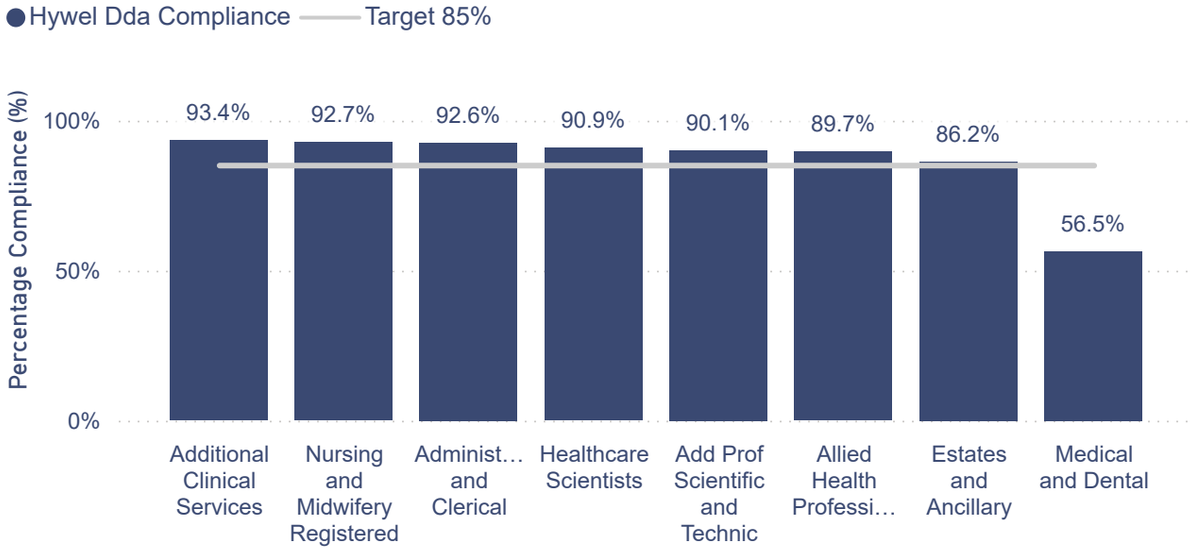
6 - Developing High Performing Teams

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Core Skills Training Framework (CSTF) compared to NHS Wales Performance and Target of 85%



Core Skills Training Framework (CSTF) compared to Target of 85% by Staff Group



Current Performance

Currently the Health Board is performing above the target of 85% for compliance with the Core Skills Training Framework and above NHS Wales.

Compliance and action plans were put in place to support areas of low compliance and Learning and Development continue to work closely with these areas to monitor and improve compliance.

Performance Against Trend

All staff groups with the exception of Medcical and Dental are now above the 85% target for CSTF.

Future Positive Actions

The introduction of action plans has allowed Learning and Development to work with key stakeholders to develop bespoke training packages and support which are already yielding improvements and are informing future plans. We should continue to see improvements over-time in terms of increasing compliance data across these areas, the use of action plans is a dynamic process that allows for the development of innovative future positive actions as and when opportunities are identified.

NHS delivery framework target: 5.A.i - Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job & Percentage of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (exc Drs and Dentists in training)
Strategic Delivery Lead: Assistant Director of Organisation Development Operational Delivery Lead: Head of Culture and Workforce Experience
This target aligns to the following statement of intent:
2 - Recruiting and Retaining Great People, 3 - Engaging our Staff , 4 - Delivering a Workforce Fit for the Future , 5 - Enabling Our People to Release Their Potential & 6 - Developing High Performing Teams

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Percentage of Staff from the engagement Survey who Strongly Agree or Agree that their PADR helps improve how they do their job

- Mar-25 72.3%
- Apr-25 73.9%
- May-25 68.2%
- Jun-25 79.6%
- Jul-25 76.2%
- Aug-25 78.8%
- Sep-25 76.4%

Current Performance

The current position for PADR is only just short of the Welsh Government target of 85% sitting at 83.9%.

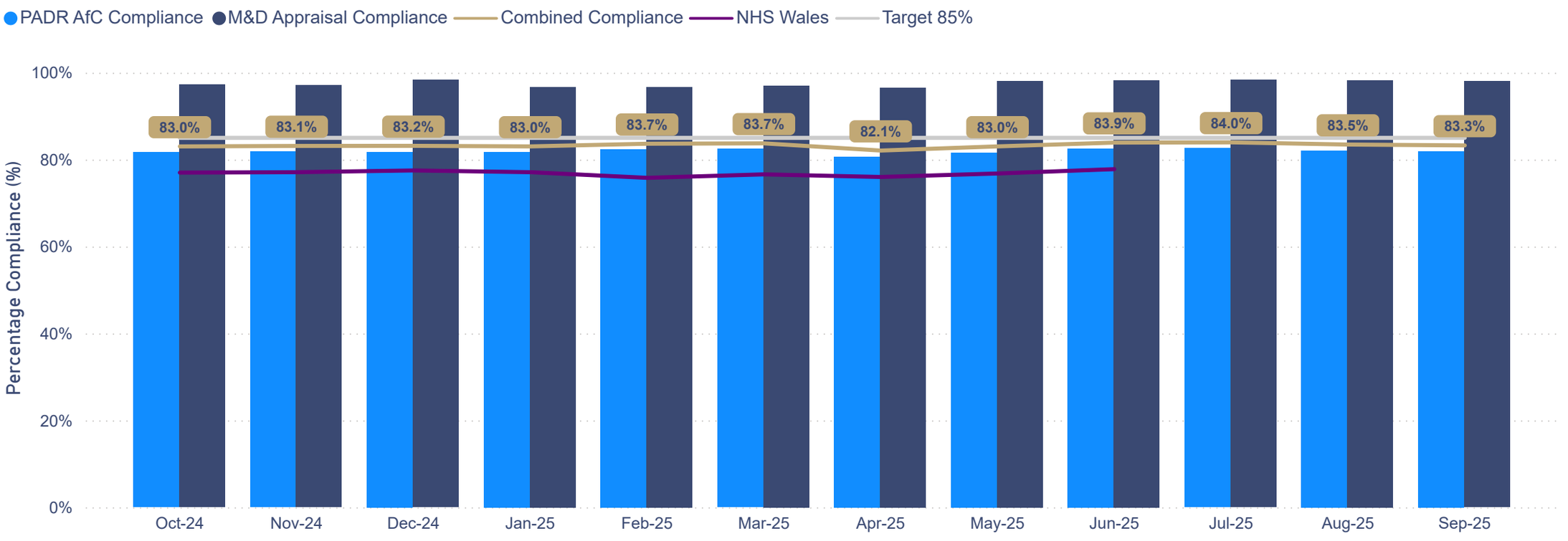
Performance Against Trend

Managing performance agenda continues to build the compliance rate of PADRs being done. The module is still being held monthly and regular attendance is good. The OD team are now looking at areas of historical low compliance and contacting them to offer bespoke support in raising this.

Future Positive Actions

OD have launched a performance management hub which houses all information regarding this agenda, it includes a poor performance toolkit and e-learning module “the art of the honest conversation”. The team have also modified the learning module to concentrate on more action learning and building confidence in completing performance conversations successfully.

PADR Compliance to NHS Wales Performance and Target of 85%



NHS delivery framework target: 5.A.i - Percentage of staff who have had a medical appraisal in the previous 12 months (exc Drs and Dentists in training) and Consultant/SAS doctors with a job plan & Consultants/SAS doctors with an up to date job plan (reviewed with the last 12 months).
Strategic Delivery Lead: Medical Director Operational Delivery Lead: Head of Medical Education & Professional Standards
This target aligns to the following statement of intent:
2 - Recruiting and Retaining Great People, 3 - Engaging our Staff , 4 - Delivering a Workforce Fit for the Future , 5 - Enabling Our People to Release Their Potential & 6 - Developing High Performing Teams

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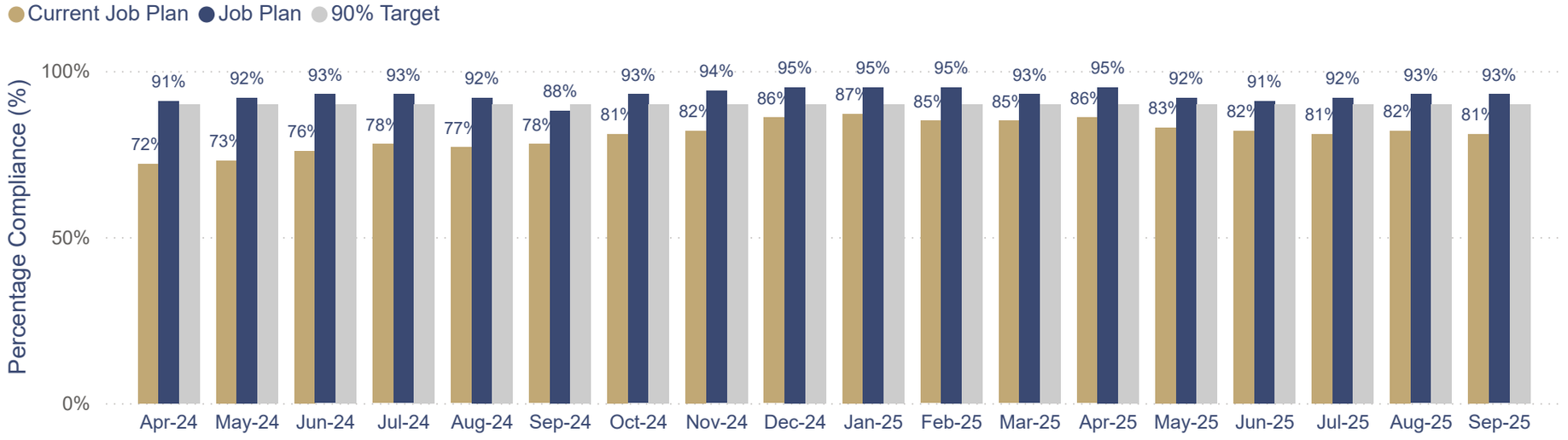
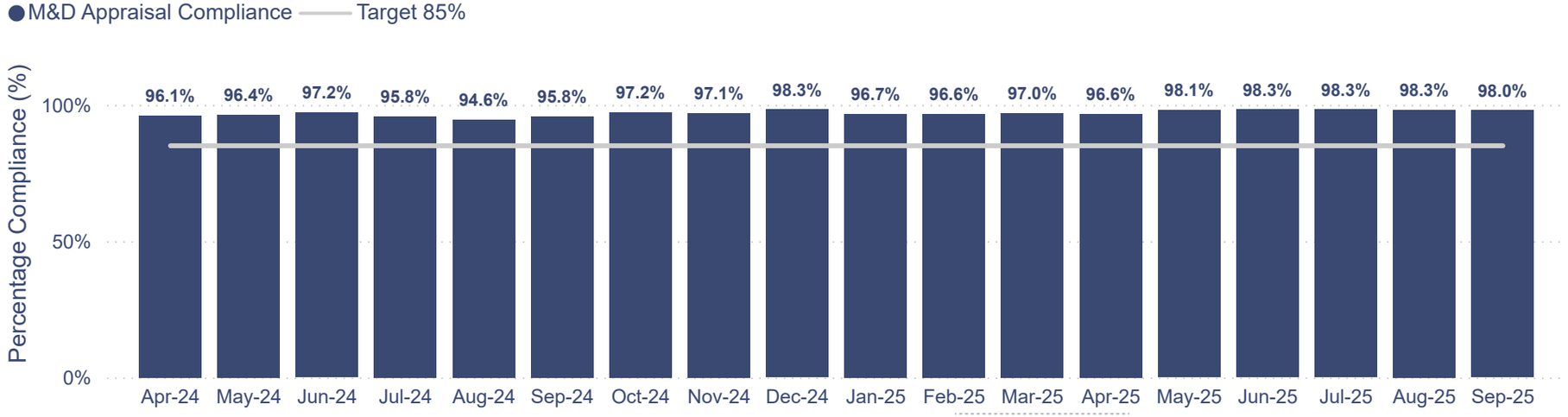
Consultants/SAS doctors with a Job Plan (Current is within 12 Months)



Medical Appraisal Compliance Performance against Target of 85%



Current Performance

There was a 1% decrease in compliance in July then up 1% and down 1% in Sept, compliance overall remaining in the 80% band.

Performance Against Trend

Lack of improvement is due to large numbers expiring.

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 Medical Director.
Maintaining compliance, highlight that expired are priority work, to be completed in the next month.

NHS delivery framework target: 5.B.i Percentage of compliance for staff appointed into new roles where a child barred list check is required. & Percentage of compliance for staff appointed into new roles where an adult child barred list check is required.
Strategic Delivery Lead: Assistant Director of People Management
Operational Delivery Lead: Head of Recruitment and Workforce Equality, Diversity & Inclusion
This target aligns to the following statement of intent:
6 - Developing High Performing Teams

SWYDDI GIG CYMRU JOBS

GIG CYMRU NHS WALES
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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%
Apr-25	93	90	7	100.0%
May-25	111	112	2	100.0%
Jun-25	137	130	2	100.0%
Jul-25	80	75	4	100.0%
Aug-25	116	114	7	100.0%
Sep-25	196	191	4	100.0%

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.

6

10 Mins

6 - SUB-COMMITTEE UPDATE REPORTS

6.1

6.1 - Strategic People Planning and Education Group (SPPEG)

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

Update from July 2025 SPPEG meeting. The SPPEG meeting due in September was cancelled, therefore that update will be brought to PODCC in February.

For assurance

Attachments

6.1 July 25 SPPEG Update Committee Update for PODCC.pdf

6.1 Appendix 1 - Draft SPPEG Minutes 29.07.25.pdf

6.1 Appendix 2 - Draft SPEGG Table of Actions 29.07.2025.pdf

STRATEGIC PEOPLE PLANNING AND EDUCATION GROUP UPDATE REPORT

Date of last meeting: 30 July 2025

Quoracy: Met

Report by: Tracy Walmsley Assistant Director of People Planning (Acting Vice Chair)

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

Alert[1] (to discuss)

The Strategic People Planning and Education Group (SPPEG) Group wish to alert to members of the People, Organisational Development and Culture Committee (PODCC) of the following:

Statutory & Mandatory Training (Capacity Burden, Quality & Safety & Financial Impact)

- Volume of training mandated by comparison to other Health Boards raising concerns around efficacy of training, increased costs due to backfill
- Low compliance in key areas for several clinical and non-clinical areas remaining below the 85% benchmark i.e. Resuscitation (Level 2 & 3), Safeguarding Level 3 and Consent.
- Inequity in access & booking due to inability to release staff and availability of provision.

Advise[2] (to monitor)

SPPEG wish to advise the PODCC Committee of the following:

An Action-Oriented Risk Management approach to creating synergy with PODCC will be adopted, ensuring a consistent and coordinated strategy for identifying and managing workforce-related risks.

Clinical Education Governance Group has highlighted a number of risks and opportunities to governance and are working to address these, which include: Advanced Practice and Annexe 21.

Health Education and Improvement Wales (HEIW) targeted visits have taken place at the following sites with next steps identified:

- General Surgery Withybush Hospital: an action plan is in place with a follow up visit in October 2025
- General Medicine Glangwilli Hospital: an action plan to be submitted by 31 July 2025 and a follow up visit in 6 months time.

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[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*.

- Removal of GP Trainees from night shifts in A&E: staffing model to be reviewed.

Assure[3] (to note)

SPPEG wish to assure the PODCC Committee that projects across all sub groups of SPPEG are progressing with the action plans; with the exception of the areas noted above which require further investigations.

Review of Risks

The is a risk of future medical trainees within departments where risks are not effectively managed. The risks identified as part of the HEIW targeted visits are held on the HEIW educational risk register.

A number of operational risks are noted across the sub-groups with mitigations in place.

Sharing of learning

There are a number of new developments for awareness:

New Clinical Governance Intranet page including associated templates for competency framework development and scope of practice (when agreed by the Clinical Education Governance Group (CEGG).

Recommendation

The Committee is asked to:

- Respond to the items that they are being alerted to.
- Note the items the Committee is advising them of.
- Be assured on the items that the Committee is providing assurance on.
- Minutes of the meeting are attached for reference.

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

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UNAPPROVED MINUTES OF STRATEGIC PEOPLE PLANNING AND EDUCATION GROUP (SPPEG)

Date and Time of Meeting:	10.30am - 12.30pm, 29 July 2025
Venue:	Board Room, Glien House, Glien Road, Johnstown, Carmarthen, SA31 3RB

Present:	Professor John Gammon (JG), Special Adviser, (Workforce, Education & Training) (SPPEG Chair) Tracy Walmsley (TW), Head of Strategic Workforce Planning & Transformation James Severs (JS), Executive Director of Allied Health Professions and Health Science Samantha Hughes (SH), Primary Care & Community Services Academy Manager Claire Steel (CS), Future Workforce Programme Manager Shayne Phillips-Edwards (SPE), Learning and Development Manager Rachel Williams (RW), Head of Assurance and Risk Anthony Tracey (AT), Digital Director Helen Sullivan (HS), Head of Partnerships, Diversity and Inclusion Michelle James (MJ), Head of Resource & Utilisation Ruth Bowman (RB), Clinical Education Manager Sally Hore (SHo), Head of Research and Development Bethan Lewis (BL), Interim Assistant Director of Public Health Janice Cole-Williams (JCW), Assistant Director of Nursing
In Attendance:	Gareth Cottrell (GC), Deputy Chief Operating Officer Robin Benton (RBe), Educational and Training Lead Pharmacist Elizabeth Tooby (LT), Clinical Programmes Manager Scott Thomas (ST), Learning and Development Operational Manager Rachel Perry (RP), Clinical Induction coordinator Helen Humphrys (HH), Head of Nursing for Professional Standards and Regulation Indeg Jones (IJ), Secretariat

Agenda Item	GOVERNANCE AND RISK	Action
1.1	**Welcome, Introductions and Apologies**	
	Professor John Gammon welcomed everyone to the meeting. Apologies for absence were received from: Mrs Amanda Glanville (AG), Assistant Director of People Development (Vice Chair) Anand Ganesan (AGa), Associate Medical Director for Medical Education & Training Charlotte Wilmshurst (CW), Assistant Director of Assurance & Risk Helen Thomas (HT), Head of Medical Education & Professional Standards Huw Thomas (HT), Director of Finance Jo Bradburn (IB), Deputy Director of Allied Health Professions Rhian Bond (RBo), Assistant Director of Primary Care Simon Chiffi (SC), Head of Operations, Facilities Martin Riley (MR), HEIW Representative	

	Jonathan Arthur (JA), Deputy Director of Health Science William Mackintosh, General Practitioner, Clinical Lead Primary Care Academy Mary Owens (MO), Head of Dental and Optometry Catherine Rees (CR), Head of Organisation Leadership Development Helen Morgan Howard (HMH), Head of Engagement and Transformation Programme Office Simon Day (SD), Head of Maintenance & Engineering Stuart Rees (SR), Clinical Director of Pharmacy & Medicine Management Leon Popham (LP), Senior Finance Business Partner Lesley Hewer (LH), Head of Nursing Ceri Griffiths (CG), Assistant Director of Nursing Acute Services Sara Quarrie (SQ), Service Director for Allied Health Professions and Health Sciences Carly Hill (CH), Assistant Director Leighton Pillips (LP), Director Research, Innovation and Value	
1.2	**Declarations of Interest**	
	Declarations of interest noted were: **JG** declared he is a Board Member with HEIW in relation to agenda item 3.1	
1.3	**Minutes and Table of Actions**	
	The minutes of the meeting held on 03 March 2025 were approved as an accurate record, subject to the amendment of James Severs' job title to Executive Director of Allied Health Professions and Health Science. See Table of Actions for updates	
1.4	**SPPEG Workplan**	
	JG noted that a further review of the work plan was needed due to evolving strategic priorities and the group's development over the past year. **JG** highlighted that due to the volume of agenda items, some had been deferred, underlining the need to streamline and ensure balanced representation across the Health Board—including non-clinical and Primary and Community Care areas. Executive input, including **AG's** one-to-one meetings with key stakeholders as helping shape this direction. **JG** advised that a reassessment of both the scope and focus of the work plan was necessary to ensure it remained relevant, manageable, and aligned with the group's purpose.	
1.5	**Risk Approach**	
	TW apologised to the group for the late distribution of the paper, explaining that the item was originally intended to be presented verbally. **TW** provided an overview of the paper, noting that the summary had been regularly reported to PODCC over the past 12–18 months. It outlined workforce-themed risks across the organisation by professional group and service area. Due to the Datix system refresh and the alignment with new clinical care groups, this version was the most current available. The report highlighted a total of 198 workforce-related risks, ranging from manual handling and training issues to broader workforce themes linked to strategic pillars.	

	TW asked the group to reflect on whether this approach of identifying critical risks by service and profession and receiving targeted action plans, should be adopted within SPPEG to better address workforce risk. **JG** emphasised two key points regarding the Group's approach to risk: 1. **Action-Oriented Risk Management**: Members should not only identify risks within their portfolios but also propose solutions and actions to address them. 2. **Synergy with PODCC**: There must be alignment between SPPEG's approach to risk and that of PODCC. The paper aimed to ensure both committees adopt a consistent and coordinated strategy for identifying and managing workforce-related risks. **TW** also highlighted the importance of aligning workforce-related risks discussed within SPPEG, such as statutory and mandatory training, with broader organisational risks across professional groups. This alignment supported a more integrated approach to risk management. **TW** encouraged members to consider not only the risks already identified but also to reflect on potential gaps or risks that may be missing from the current framework and should be explored in future discussions. **JG** requested that any comments related to the paper be sent to **IJ** by 12 August.	**All**

2.0	**EDUCATION AND WORKFORCE PLANNING**	
2.1	**Digital Update – Digital Skills Development Pathways**	
	AT thanked the Chair for delaying his paper as his previous meeting had over run. **AT** summarised the paper highlighting some key points: • A digital capability pathway had been developed by the Digital Inclusion Team in collaboration with Workforce and Organisation Development (WF&OD). • The pathway aimed to address digital capability and confidence gaps among staff • It would be tiered and phased, modelled loosely on the former ECDL approach, ranging from beginner to expert/system admin levels. • The team planned to integrate this into PADRs and explore CPD accreditation for digital training. **AT** asked if the group would consider endorsing the approach, allowing formal proposals to be developed with WF&OD. **SPE** asked whether the Wales Essential Skills Digital Toolkit, which allowed for benchmarking digital skills, had been considered as part of the work. **AT** confirmed the team were using the Wales Essential Skills Digital Toolkit alongside the HEIW framework in a hybrid approach. **AT** also noted	

that establishing a baseline was key, and would confirm details with his team, asking them to follow up if needed.

SHo asked how would the basic skills be assessed and how the effectiveness of the training package would be measured?

AT explained that the team currently used basic questionnaires during one-to-one and team sessions to assess digital skills but recognised the need to formalise this process to better establish a baseline. Targeted conversations had provided richer insights than self-assessments alone, which could be unreliable.**AT** also noted the team planned to use this data in their annual digital inclusion report, focusing on whether staff felt their skills had improved, rather than just tracking course completion.

TW thanked **AT** and highlighted the need to ensure meaningful access to learning provision and identifying any gaps. **TW** welcomed the focus on establishing a baseline.

AT agreed with **TW** and emphasised the need to establish a clear baseline to guide digital training. While current efforts focussed on staff involved in systems like Flow, OPS, and EPMA, **AT** stressed the importance of expanding to other groups such as facilities and estates to ensure inclusive access. **AT** also highlighted that adoption, not system quality, was the key challenge, and successful uptake would be essential to realise the intended benefits and efficiencies.

SH asked about the scope to extend the offer to independent contractors in primary care.

AT confirmed independent contractors had not been previously considered in this context but would now be taken into account in future planning.

JS expressed support in principle but advised that a baseline assessment should be completed before endorsing the pathway. **JS** also asked if there were any limitations which could affect the ambition to deliver the pathway effectively.

AT acknowledged that resources may be a factor and agreed the importance of first understanding the baseline and committed to bringing timelines to the group for when the baseline assessment would take place, which would help clarify resource requirements.

HS raised the importance of ensuring accessibility for staff with communication and learning needs, particularly those in roles that had not previously been digitised. As digital systems were introduced, additional support may be required to meet those emerging needs.

AT agreed noting that understanding staff learning and communication needs would support digital adoption across the Health Board. **AT** also highlighted that this insight would help inform device procurement.
CS highlighted study leave allocation as a potential challenge, noting the importance of ensuring staff had time to complete training and the impact this may have on operational pressures being experienced across the Health Board.

	JG welcomed and endorsed the proposed approach, reflecting the group's overall support. **JG** summarised the key points raised, including: • the need for clear mechanisms for evaluation and monitoring to better understand baseline data and impact. • The importance of linking the pathway to other systems and frameworks along with consideration for primary care and the independent sector. • Risks such as accessibility, study leave, and resource implications were noted, with a request for clearer identification of these risks in future documentation to enable the group to support mitigation efforts. **JG** proposed that once the baseline assessment and monitoring mechanisms were in place, a follow-up paper be brought back to the group outlining implementation plans and timelines.	
2.2	**Maturity Matrix for Workforce Planning - Progress Report**	
	TW provided a progress update on the development of the Workforce Planning Maturity Matrix. A paper had recently been submitted to the Strategic Workforce Planning Forum within HEIW to update members on the work to date and to gauge readiness and interest in continuing development. **TW** advised that feedback from the Forum indicated support for the small working group to continue its development work and to explore future opportunities which included Strategic Workforce Planners from across Wales. While the ambition outlined in the accompanying slides was not discussed in detail, **TW** confirmed that the next steps will include a stocktake, followed by further reflection with the group.	
2.3	**Radiology Workforce Plan & Risk Mitigation**	
	TW gave a position update and advised of the £3.4 million investment made into the Radiology team. **TW** also noted the recent appointment of Sara Quarrie **(SQ)** as the new Service Director, who was currently undertaking a review of all risks within the service area, providing an opportunity to pause, reflect, and reset the workforce planning approach for Radiology. **TW** confirmed that a revised workforce plan would be brought back to SPPEG for further consideration, building on work that had already been progressed through the Executive Team.	
2.4	**Medical Associated professionals - Action Plan Update**	
	TW provided an update on the MAPs group, noting that work had continued with a focus on stabilisation. Helen Thomas **(HT**) and Carly Hill **(CH)** had taken ownership of the action plan and were progressing on a number of actions. **TW** advised a fuller report would be presented at the next meeting.	

	JS asked if there were any updates on Physician Associate regulation in England and how this might impact Hywel Dda or Wales, in light of some organisations restricting PA practice due to patient safety concerns. **TW** clarified that the Leng Review did not cover Wales, and that the Welsh Government was reviewing its implications. Feedback would be provided through the Medical Associate Professional Oversight Group and then into the MAPs Group. **TW** also noted that there was an assurance process in place regarding scope of practice, which was being followed to ensure safe and appropriate practice within Wales.	
2.5	**Healthcare Science (HCS) in Hywel Dda University Health Board**	
	JA sent apologies and requested that the update be deferred to the next meeting **JG** emphasised the need to progress the workstream and noted he had facilitated meetings to support this area of education. **JG** requested an email update from **JA** on current progress.	
2.6	**University Partnership Arrangements Update Report**	
	SHo summarised the current status of arrangements with key university partners, noting that two refreshed Memoranda of Understanding (MOUs) have been completed, with the third scheduled for early September. **SHo** also advised that Governance arrangements have been revised, moving from biannual individual meetings to annual meetings with each university and one combined meeting with all three, an approach supported by the universities and Swansea University had taken up representation on the R&I Subcommittee. **SHo** noted a further update paper would be brought to the group once all three MOUs were finalised. **JG** queried how the Health Board captured the impact of its university partnerships status on service delivery and outcomes for the population. **SHo** welcomed further discussion on the evolving university partnership arrangements, noting the need to clarify how feedback and reporting would be structured under the new governance model. **JG** added that as the group reviewed its scope and work plan, the importance to align with other education-related committees across the Health Board and the need to apply consistent governance principles to the University Partnership Board and consider how it integrated with groups such as the Faculty of Education.	
2.7	**Support Worker Induction Programme Review**	
	LT provided an update on the revised clinical induction programme for Bands 2 to 4, which had been aligned with similar programmes across other health boards. **LT** noted the updated induction now formed part of a broader educational journey, encouraging engagement with a new development programme tailored to staff roles and the revised programme	

had been shared for consultation with various clinical and staff groups prior to presentation at SPPEG.

TW thanked Liz, Ruth, and Rachel for their work on the paper and queried what infrastructure was in place to support the implementation and delivery of the proposed programme?

LT confirmed that following consultation with clinical areas, subject matter experts had been contacted to refine the clinical induction programme and noted that the new programme would better support the revised Band 2 to 3 nursing roles. **LT** also noted collaboration with HEIW and other health boards to revise the Agored qualification in line with the changes.

JG welcomed the paper, noting its ambition and the inclusion of benchmarking, particularly around simulation. **JG** raised concerns about the potential impact on team capacity and emphasised the importance of clearly identifying associated risks to ensure successful delivery. Additionally, **JG** queried whether discussions had taken place with Swansea University regarding potential access to simulation mannequins located at St David's Park.

LT outlined that the six-day induction programme will be reduced to five days, freeing staff to support the development programme and simulation would be phased in, supported initially by tools like educational board games, with trainers currently being upskilled. **LT** also advised the development programme, funded by HEIW, was already running and would be expanded. **LT** confirmed while there hadn't been discussions with Swansea University regarding mannequins, this could be explored although the greater need was in Pembrokeshire and Ceredigion to ensure consistent induction experiences across all counties.

JG highlighted the importance of monitoring the new programme's activities and evaluating its impact and requested that, at a later stage, the group be updated on how outcomes were being measured and tracked.

SHo raised the potential to explore access to high-fidelity simulation suites through university partners, particularly in Ceredigion where underutilised resources, such as mannequins, could be available to support consistent delivery of the induction programme across counties. **RB/SHo**

RB to explore with **SHo** outside of the meeting. **JCW/LT**

JCW confirmed that the programme supported future developments of the Band 3 and 4 staff particularly around the Registered Nursing Associate (RNA) role and welcomed further discussion around the logistics and access to ensure effective implementation.

JS welcomed and supported the paper, but raised several points for further discussion outside the meeting, regarding:

- Need for feedback from operational teams and the operational impact of shifting WNCR training to local delivery, especially on nursing teams and existing support workers.
- Clarification on the distinction between the induction and development programme.

	• Concerns about the programme's suitability for Allied Health Professional (AHP) support workers. • A challenge around the decision for face-to-face delivery considering the Health Board's digital leadership goals. **LT** explained the lack of practical WNCR training, noting it was limited to PowerPoint slides and did not offer hands-on experience and emphasised the programme's interprofessional approach. **LT** explained that Induction was for individuals without prior clinical experience or those changing roles and was mandatory for anyone delivering clinical care and the Development Programme offered ongoing, bite-sized CPD for Bands 2 to 4, acting as a central hub for accessible training. **LT** addressed AHP concerns by highlighting the programme's foundational content (e.g., pressure ulcers, nutrition, speech and language therapy), which provided a strong base for progression and noted positive feedback from radiologists who had attended some of the training. **LT** to meet with **JS**, **JB** and **JA** outside of the meeting to discuss in more depth. **BL** expressed support for the paper and raised a query regarding Band 3 and 4 roles within public health that may not fully align with clinical pathways in the development programme and suggested exploring how the programme could be adapted to ensure inclusivity for these roles. **JCW** suggested exploring the possibility of adding bespoke content to the programme to better support specific specialties, enhancing its relevance and effectiveness. **JCW** also offered support for implementing more interactive, workplace-based training as an alternative to the less effective classroom-based approach in relation to WNCR training. **LT** to follow up outside the meeting with **JCW** and **BL** to explore bespoke content for specific specialties and ensure inclusion of Band 3 and 4 roles in public health and related areas. **JG** noted the recommendations and expressed support for the programme, approving the content in part, emphasising the importance of ensuring the programme reflected the needs of the wider Health Board community and welcomed potential changes to achieve this. **JG** proposed that, once updates had been made, a progress report should be brought back to the group to reflect on implementation and the discussions held during the meeting.	**LT/ JS/ JB/ JA** **LT / JCW / BL**

3.0	**MONITORING AND COMPLIANCE**	
3.1	**Higher Awards Update**	
	ST provided an update on the Higher Awards application window for 2024 - 2025 and highlighted key points: • The successful transition to a digital system, which improved data quality and enabled more detailed analysis. • Challenges, included withdrawals due to course cancellations, personal reasons, or staff departures resulting in an underspend, particularly in HEIW-funded areas and a 5% over-allocation was proposed for the next application window to mitigate underspend.	

- Concerns about equity of access, citing a significant funding disparity between clinical and non-clinical staff and confirmed ongoing discussions with HEIW and workforce planning to address these disparities.
- Assured the group that governance, transparency, and strategic alignment were improving and risks around equity, data, and funding utilisation were being actively managed.

SHo queried the £1,000 funding cap for PhD students, questioning whether it was a legacy arrangement and whether further support could be offered in line with ambitions to strengthen research pathways across all professions.

ST explained that the £1,000 cap for PhD funding was put in place as historically, the Health Board funded 75% of course fees, but this changed around two years ago to cover 100% of fees, with the cap introduced due to the extended duration of PhD programmes. The cap was currently outlined in the Learning and Development Policy, which was due for review, and ST suggested this could be an opportunity to revisit the funding limit.

ST explained that the £1,000 PhD funding cap was introduced when the Health Board shifted from covering 75% of course fees to fully funding them, with the cap introduced due to the extended duration of PhD programmes. **ST** suggested this could be reconsidered as part of the review of the Learning and Development Policy.

TW welcomed the paper and the opportunity to explore in more detail and highlighted the importance of thinking strategically about how this information could shape future direction and decision-making. **TW/ST**

JS raised a question regarding the inequitable use of the funding pot and asked what could be done to address it and emphasised the importance of engagement and encouraged any challenges to be raised so they could be addressed collaboratively.

ST explained that the disparity in funding was due to HEIW allocations being designated for advanced practice and only accessible to clinical staff and as a result, staff in Estates and Facilities were excluded. **ST** also noted uncertainty around whether these teams engage with workforce planning, which could help inform future funding decisions.

TW and **JS** to explore workforce planning for Estates and Facilities outside the meeting. **TW/ JS**

BL acknowledged the support received from ST and the team, particularly from a public health perspective, and noted that Public Health was not classed as a priority group for clinical funding support. **BL** also welcomed the paper's focus on equity, including service areas, headcount, and access, but highlighted ongoing challenges as Public Health teams, often aligned to admin and clerical roles, faced disparities in accessing Higher Awards funding.

	SH expressed appreciation for the support given to Primary Care, noting that the Primary Care Academy were now a part of the Higher Awards Panel. **SH** suggested that earlier engagement with the Primary Care Academy ahead of the next application window would help increase awareness and access, proposing the development of an engagement plan to support this. **ST** and **SH** to look at developing an engagement plan for Primary Care **HS** referred to the equality monitoring data mentioned in the paper and asked whether it had revealed any insights into opportunities for progression, citing findings from the Workforce Race Equality Standard report and staff survey which highlighted concerns from minority groups about limited access to development opportunities and asked whether training data reflected this disparity. **ST** acknowledged that while the Higher Awards data hadn't yet been specifically analysed in relation to equality, this was the first year the data had been available to do so. **ST** confirmed the data could be cross-referenced with ESR data and agreed to explore further and offered to provide further insight once the analysis was completed. **JG** highlighted ongoing concerns around equitable access to funding across staff groups and welcomed the improved data systems now supporting more informed decisions. **JG** encouraged consideration of how the budget could better support research-active staff and raised the need to review education commissioning practices to reduce reliance on a limited number of providers and mitigate associated risks. **JG** confirmed the group's assurance in the revised processes	**ST / SH**
3.2	**Annex 21: A Streamlined Process** **SPE** outlined progress in strengthening governance and consistency within the Annex 21 process and asked the group to acknowledge ongoing operational improvements and challenges, and to take assurance that the process was being effectively managed and refined. **JS** commended the progress made over the past year and raised a question regarding the relationship between CEGG and Annex 21 in the context of clinical roles and suggested reviewing this further and offered to take the discussion forward outside the meeting. **JG** welcomed the paper and noted that while key risks were identified, particularly around communication with departmental managers and monitoring individual competency, there was a need for clearer proposals on how these risks would be managed. **JG** confirmed that the group could take assurance from the Annex 21 paper and the newly proposed streamlined process.	**JS/ SPE**
3.3	**All Wales Career Framework Update** **CS** gave an update on the paper, highlighting some key points: • A significant increase in compliance had been observed, attributed to actions taken following the last meeting • The team also benchmarked against other Welsh health boards and identified that many were using clinical induction as the starting point	

	for the framework, an approach now adopted following discussions with HEIW.
	• Continued collaboration with HEIW was planned, including:
	  • Addressing career roles that don't align neatly with the framework.
	  • Supporting HEIW's review process and nominating staff to contribute.
	• Discussions were ongoing around the lack of an equivalency framework for experienced staff without formal qualifications. HEIW was reviewing this as part of their broader process.
	
	JS raised two queries:
	• Whether there were national discussions underway regarding the potential expansion of the All Wales Career Framework to include non-clinical professions, alongside clinical roles.
	• Whether this framework aligned with the Advanced Enhanced Consultant Practice Framework.
	
	CS responded that while the first question had not yet been raised directly, they would follow it up. The team was working closely with HEIW and had begun identifying anomalies within the framework, such as the nursery nurse role, which did not align well. These issues were being fed back to HEIW on an ongoing basis. **CS** confirmed that HEIW was planning a full review of the framework. Regarding the second point, **CS** was unsure and would seek clarification.
	
	JG expressed thanks and appreciation was given for the work involved, particularly the positive actions taken which led to improved compliance and noted that the paper provided assurance.
		CS

3.4	**Statutory & Mandatory Training Organisational Compliance Update** **SPE** summarised the paper, noting that it outlined the current position, challenges, and improvement actions relating to mandatory training compliance across the Health Board. The group was asked to: • Note the compliance data; • Endorse the proposed review of non-core skills training framework modules; • Take assurance that actions were in place to improve compliance, streamline reporting, and align training with workforce needs. **GC** expressed concern over low compliance rates in key training areas, noting the risks this posed to the Health Board. He emphasised the need for regular access to compliance data and suggested a breakdown by staff group to identify specific challenges. **GC** committed to raising the issue at an operational level to drive improvements, highlighting the importance of ensuring staff have the core skills required to maintain patient safety. **JS** advised that the issues raised should be flagged as an alerted item to the IQFPD forum and requested that **GC** take the conversation forward. **JS** emphasised that the concerns related to clinical and quality risk, making IQFPD the appropriate forum for escalation. **JS** also requested that compliance reports be presented monthly at Health Board level to IQFPD for monitoring, and that a report be shared with CCG Directors for their business plan performance meetings. Additionally, **JS** asked for the data to	**GC**

	be broken down by profession and made accessible to Deputy Directors and Executives to support targeted action. **SPE** noted that ongoing strategies were in place to improve compliance across the Health Board, with targeted support for areas showing low compliance though challenges remained around digital access, email availability, and time within the working day to complete training. **SPE** confirmed several meetings had taken place to address these issues and acknowledged the points raised during the discussion. **GC** made an observation regarding the volume of mandated training modules, noting that there were over 25 currently required. **GC** highlighted the time involved in completing these modules and acknowledged that while some modules were mandated by Welsh Government, questioned whether all 17 locally mandated modules were essential for safe organisational operation. **JG** acknowledged that the volume of mandated training had been previously discussed and agreed it contributed to lower compliance. **JG** suggested revisiting the scope of locally mandated modules in light of the current discussion and confirmed that further conversations may be needed to reassess staff training requirements. **JCW** noted that a mandatory training review was currently underway, which considered mandatory and CPD requirements by professional group, and suggested that the concerns raised be fed into that group for further discussion. **TW** to raise with **AG.** **TW** also to raise as an alert for PODCC through the 3a paper update **JG** summarised that, although assurance had been provided, there was a need to agree how compliance data was distributed, to whom, and when. **JG** confirmed that **IJ** would liaise with **GC** and **JS** to identify the appropriate forums for circulation, ensuring **SPE** had the necessary details. **JG** also noted that the paper should place greater emphasis on risk management, and that a follow-up paper should include deeper analysis by professional group to support targeted action.	**TW/AG** **TW** **IJ/ GC / JS**

4.0	**POLICIES**	
4.1	*Not applicable for current meeting*	

5.0	**INNOVATION AND COLLABORATION**	
5.1	*Not applicable for current meeting*	

6.0	**UPDATE POSITION PAPERS/ SUBGROUP UPDATE**	
6.1	**Future Workforce Governance Group**	
	Update noted by group	
6.2	**Statutory and Mandatory Training Group**	
	Update noted by group	
6.3	**Clinical Education Governance Group (CEGG)**	

	Update noted by group	
6.4	**Interprofessional Education Governance Group (IPEGG)**	
	Update noted by group	
6.5	**Medical and Dental Oversight Group**	
	Update noted by group	

7.0	**OTHER BUSINESS**	
7.1	**Any other business**	
	7.1.1 Primary Care Education Transformation **SH** noted the intention to bring forward two papers to the SPPEG: • The first paper would explore collaborative working with the People Planning team to prepare for the shift of services into the community. **SH** acknowledged that this aligned with developing the Primary Care Strategy and highlighted the importance of aligning workforce planning with available funding. • The second paper to be brought forward, would focus on ensuring equity and parity in the educational offer for all primary care staff, including independent contractors. **SH** highlighted ongoing efforts to build inclusivity through the Primary Care Academy and stressed the importance of equitable access to funding from HEIW and other sources. The paper would explore how resources could be fairly allocated across primary care to support education and development. **IJ** to note as actions for future meetings **JG** emphasised the need for the committee to consider its strategic role in supporting the Health Board's shift from acute to community-based services and highlighted the importance of preparing and developing the workforce to deliver care in line with this direction of travel, noting that the current focus had largely remained within secondary care. **JG** clarified that the intention behind raising this as an AOB was to broaden the focus and consider the wider context of primary and community care.	**IJ**
7.2	**Date & Time of Next Meeting**	
	JG thanked all who attended and contributed to the meeting. Details of next meeting: 24 September: 9.30am Board Room, Glien House	

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

TABLE OF ACTIONS

STRATEGIC PEOPLE PLANNING AND EDUCATION GROUP (SPEGG) MEETING HELD ON 29 JULY 2025

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
Actions Carried Over				
March 25 1.4.3	**Review of the Strategic People Planning and Education Group and Terms of Reference (TOR)** AG to meet with JS and AC to review membership of the ToR for non-clinical services.	AG/JS/AC	~~1 Feb 25~~ ~~11 June 25~~	Meetings have been held with the new operational structure leads and it was agreed that further conversations would happen once the new care group structure had been agreed. Gareth Cottrell invited to future meetings in the interim
March 25 1.4.4	**Review of the Strategic People Planning and Education Group and Terms of Reference (TOR)** A review to be carried out of the organisational relationship between SPPEG and existing committees/groups to avoid duplication and encourage added value and for this to be reflected in the ToR	AG	~~1 Feb 25~~ ~~11 June 25~~	On hold - Changes in existing structures has meant that this needs to be paused due to changes being made to committees and groups.
March 25 1.5.1	Further work needed to streamline the Workplan, recognising the need to streamline agendas.	AG/TW	~~11 June 25~~	On hold
March 25 2.2.3	Workforce Panning to support Healthcare Science with workforce redesign	JA/TW	~~May 2025~~	In progress
1.5 Risk Approach				
1.5.1	Any comments related to the paper be sent to IJ.	All	12 August 24	
2.1 Digital Update – Digital Skills Development Pathways				
2.1.1	A follow-up paper be brought back to SPPEG outlining implementation plans and timelines once the baseline assessment and monitoring mechanisms are in place,	AT	tbc	
2.7 Support Worker Induction Programme Review				
2.7.1	RB to explore with SHo the sharing of resources with University Partners	RB/ SHo	29 August 25	
2.7.2	LT and JCW to meet for further discussion around the implementation of the programme particularly around the Registered Nursing Associate (RNA)	LT/JCW	29 August 25	

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
2.7.3	LT to meet with JS, JB and JA outside of the meeting to discuss the paper in more depth.	LT/JS/JA/JB	29 August 25	
2.7.4	LT to follow up outside the meeting with JCW and BL to explore bespoke content for specific specialties and ensure inclusion of Band 3 and 4 roles in public health and related areas.	LT/JCW LT/BL	29 August 25	
3.1 Higher Awards Update				
3.1.1	TW and ST to meet to discuss paper in more detail	TW/ ST	29 August 25	
3.1.2	JS and TW to explore funding allocations and workforce planning for Estates and Facilities	JS/TW	29 August 25	
3.1.3	ST and SH to look at developing an engagement plan for Primary Care re Higher Awards	ST/SH	29 August 25	
3.2 Annex 21: A Streamlined Process				
3.2.1	JS and SPE to meet to discuss relationship between Annex 21 and CEGG	JS/SPE	29 August 25	
3.3 All Wales Career Framework Update				
3.3.1	CS to seek clarification if the AWCF aligned with the Advanced Enhanced Consultant Practice Framework and report back to JS	CS	29 August 25	
3.4 Statutory & Mandatory Training Organisational Compliance Update				
3.4.1	GC to flag as an alerted item to the IQFPD forum	GC	29 August 25	
3.4.2	IJ to liaise with GC and JS to identify the appropriate forums for circulation of mandatory training compliance data and provide details to SPE	IJ	29 August 25	
3.4.3	TW to raise as an alerted to the PODCC	TW	29 August 25	
7.1 Any Other Business				
7.1.1	Primary care Academy will be presenting 2 papers at a future meeting.	SH/WM	TBC	

DRAFT

AG: Amanda Glanville	HT: Helen Thomas	ME: Mia Evans	SD: Simon Day
AC: Andrew Carruthers	IJ: Indeg Jones	MR: Martin Riley	ST: Scott Thomas
AGa: Anand Ganesan	JS: James Severs	RW: Rachel Williams	TW: Tracy Walmsley
BL: Bethan Lewis	JL: Jessica Lucitt	RB: Ruth Bowman	WM: William Mackintosh
CR: Catherine Rees	JCW: Janice Cole Williams	RK: Richard Kelly	GC: Gareth Cottrell
CS: Claire Steel	LG: Lisa Gostling	RG: Robert Green	SPE – Shayne Phillips-Edwards
CT: Christopher Tooze	LT: Liz Tooby	SC: Siobhan Cox	JA – Jonathan Arthur
JB – Jo Bradburn	SHo – Sally Hore	AT – Anthony Tracey	

DRAFT

7

30 Mins

7 - FOR APPROVAL

7.1

7.1 - Outcome of Advisory Appointments Committee (AAC)

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

For approval

Attachments

7.1 SBAR AAC PODCC Oct 25 FINAL.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 November 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Advisory Appointments Committee
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling – Executive Director of Workforce & OD (Organisational Development) and Deputy Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Heather Hinkin - Assistant Director of People Management

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

To update the People, Organisational Development & Culture Committee (PODCC) on the outcome of the Advisory Appointments Committees (AAC's) held between 16 July 2025 and 13 October 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 General Surgeon with a sub-specialist interest in Upper Gastrointestinal (GI) & Consultant Upper GI Surgeon;
- Consultant in Cardiology;
- Consultant in Anaesthetics.

Asesiad / Assessment

Consultant General Surgeon with a sub-specialist interest in Upper GI & Consultant Upper GI Surgeon

The AAC, comprising of Dr Neil Wooding, Chair of Hywel Dda University Health Board (HDdUHB); Lee Davies, Executive Director of Strategy and Planning representing the Chief Executive Officer; Dr Eiry Edmunds, Interim Deputy Medical Director representing the Medical Director: Prof Ashraf Rasheed representing the Royal College and Mr Andrew Deans and Mr Ken Harries representing the department met on 2 September 2025 to interview three candidates for the Consultant General Surgeon with a sub-specialist interest in Upper GI & Consultant Upper GI Surgeon.

Mr Bedanta Baruah (External) was appointed to the post of Consultant General Surgeon with a sub-specialist interest in Upper GI. Start date will be December 2025.

Dr applied directly via NHS Jobs.

Mr Paul Healy (Internal) was appointed to the post of Consultant Upper GI Surgeon. Start date 13 October 2025.

Consultant in Cardiology

The AAC, comprising of Maynard Davies, Independent Board Member of HDdUHB representing the Chair; Andrew Carruthers, Chief Operating Officer representing the Chief Executive Officer; Prof Subhamay Ghosh, Associate Medical Director for Quality & Safety representing the Medical Director; Dr Lee Eveline representing the Royal College and Dr Clive Weston and Dr Ramasami Nandakumar representing the department met on 29 September 2025 to interview one candidate for the Consultant in Cardiology.

Dr Mohd Rahman was appointed to the post of Consultant in Cardiology. Start date February 2026. Dr applied directly via NHS Jobs.

Consultant in Anaesthetics

The AAC, comprising of Michael Imperato, Independent Board Member of HDdUHB representing the Chair; Lisa Gostling, Director of Workforce and OD / Deputy Chief Executive Officer representing the Chief Executive Officer; Prof Subhamay Ghosh, Associate Medical Director for Quality & Safety representing the Medical Director; Dr Simon Ford representing the Royal College and Dr Jacek Zeber and Dr Gabor Dudas representing the department met on 13 October 2025 to interview two candidates for the Consultant in Anaesthetics.

Dr Richard Ellis was appointed to the post of Consultant in Anaesthetics. Start date within 3 months. Dr applied directly via Trac.

Candidate Withdrawals

Community Consultant Paediatrics

The AAC, comprising of Dr Neil Wooding, Chair of HDdUHB; Lee Davies, Executive Director of Strategy and Planning representing the Chief Executive Officer; Dr June Picton, Associate Medical Director for Professional Standards representing the Medical Director; Dr Zed Sibanda representing the Royal College and Dr Marcus Andrews and Dr Suparna Jayasinghe representing the department met on 17 July 2025 to interview one candidate for the role of Community Consultant Paediatrics.

A Doctor was appointed to the post of Community Consultant Paediatrics. The Doctor applied directly via NHS Jobs. Regrettably the Doctor withdrew from the offer.

Consultant in Community General Psychiatry - South Pembrokeshire Hospital

The AAC, comprising of Eleanor Marks, Vice Chair of HDdUHB representing the Chair; Lisa Gostling, Director of Workforce and OD / Deputy Chief Executive Officer representing the Chief Executive Officer; Dr June Picton, Associate Medical Director representing the Medical Director; Dr Warren Lloyd representing the Royal College and Dr Akhtar Khan and Amanda Davies representing the department met on 11 September 2025 to interview one candidate for the Consultant in Community General Psychiatry.

A Doctor was appointed to the post of Consultant in Community General Psychiatry. The Doctor applied after seeing the vacancy advertised via British Medical Journal. Regrettably the Doctor withdrew from the offer. The reasons for this were personal, and do not concern the nature of the job or Health Board.
Argymhelliad / Recommendation The PODCC is requested to: • **APPROVE** the appointments of the consultants on behalf of the Board.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.15 Approve Appointments made by the Advisory Appointments Committee
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Trac Recruitment System.
Rhestr Termau: Glossary of Terms:	Included within the body of the report.

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	AAC – Appointments Advisory Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	These appointments are within the overall service financial allocation. The appointee will have detailed job plan when in post in order to ensure that value for money is achieved.
Ansawdd / Gofal Claf: Quality / Patient Care:	Non-appointment to these posts would have posed significant risk to the HDdUHB in terms of patient/client care.
Gweithlu: Workforce:	The appointments will provide services to enhance patient/client outcomes within HDdUHB.
Risg: Risk:	Non-appointments would have posed risk to the HDdUHB in terms of financial consequences of providing locum cover.
Cyfreithiol: Legal:	Appointments are in accordance with statutory obligations in relation to substantive recruitment.
Enw Da: Reputational:	Appointments will provide services to enhance patient outcomes.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	No Adverse Impact

7.2

7.2 - Workforce Policies for Approval

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

For approval

Attachments

7.2 PODCC - Policies SBAR - 21.10.25 - V1.pdf

7.2 Appendix 1a - 247-DealingWithAnonymousLetters for approval.pdf

7.2 Appendix 1b - 247 - Equality Impact Assessment.pdf

7.2 Appendix 2a - 436 Roster Policy - for approval.pdf

7.2 Appendix 2b - 436 Rostering Guidelines for Nursing Midwives.pdf

7.2 Appendix 2c - 436 - Appendix 5 booking RN HSCW.pdf

7.2 Appendix 2d - 436 Roster approval process – Change into workflow.pdf

7.2 Appendix 2e - Standard Operating Procedure (SOP) Variable Pay RN HCSW~.pdf

7.2 Appendix 2f - EqIA 436 - Rostering Policy (Screening).pdf

7.2 Appendix 3a - 438 - Shared Parental Leave Procedure.v4 for approval.pdf

7.2 Appendix 3b - 438 - Equality impact assessment.pdf

7.2 Appendix 4a - 713 - Use of Honorary Contracts Procedure.v6 for approval.pdf

7.2 Appendix 4b - 713 HonoraryContractProcess Flowchart.pdf

7.2 Appendix 4c - 713-Request-For-Honorary-Contract final - Template.pdf

7.2 Appendix 4d - EQIA Honorary Contract Procedure 082025 - HH1.pdf

7.2 Appendix 5a - 1386 Re-banding procedure - for approval.pdf

7.2 Appendix 5b - Job Description submission form - July 25 DRAFT.pdf

7.2 Appendix 5c - 1386 Equality Impact Assessment.pdf

7.2 Appendix 6 - 1409 - Neonatal Leave Policy - for approval.pdf

7.2 Appendix 7a - 1433 NHS Wales Anti-sexual Harassment Policy.pdf

7.2 Appendix 7b - 1433 - Equality impact assessment.pdf

7.2 Appendix 8 - CAREER BREAK - UPDATE ON GUIDANCE.pdf

7.2 Appendix 9 - 2025_09_30 Policy Review Quarterly Schedule.pdf

7.2 Appendix 10 - Short Term Protection of Earnings All Wales Guidance Proc~.pdf

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 November 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce & Organisational Development Policies
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce & Organisational Development and Deputy Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Heather Hinkin, Assistant Director of People Management

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The report provides the required assurance that the Written Control Documentation (WCD) Policy (policy number 190) has been adhered to in the development of the documents which are in line with legislation/regulations, the available evidence base and are put forward for approval and implementation within the Health Board.

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the Committee is asked to note or approve the recommendations in relation to the below:-

- Local policies
- All Wales policies and updates
- Policies not yet presented for approval
- Documents for information

Please note, due to the timing of the next Health Board Partnership Forum (HBPF) meeting on 18 November 2025, the Committee is being asked to consider Chair's action in relation to reviewed local policies so that any comments from our HBPF can be considered before 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 presented to this Committee for consideration/assurance.

Details regarding each policy (including the changes made) are outlined below:-

Local Policy - for approval

All of our policies have now been considered as part of a disrupted approach with the majority now meeting our aim to reduce to five pages or less. We have therefore been able to undertake a number of desk top reviews this year as the content has already been streamlined in the previous cycle.

247- Anonymous Communications Regarding the Workforce Policy (Appendix 1a and 1b)

- A desktop review was undertaken of the policy and the only changes made were to expand on the support available in the "Resources for Staff" section which was done in conjunction with our colleagues in Organisational Development and a change of title of the policy to Dealing with Anonymous Communications regarding members of the Workforce
- Due to the minor changes made consultation was not required but our HBPF and Local Negotiating Committee (LNC) have been advised of the minor changes made.
- An updated Equality Impact Assessment (EqIA) has been completed to reference the new title.

436 – Rostering Policy (Appendices 2a-2f)

- The policy has had the section "to be read in conjunction with" updated to reflect the change in policy number from 409 to 1310 (Calculating, maintaining and reporting nurse staffing levels policy), which has recently been approved.
- The guidelines have also been updated on page 7 as references to the "Safe Care" module had previously been excluded in error.
- There is a new appendix - the Standard Operating Procedure for variable pay for Registered Nurses (RN) and Health Care Support Workers (HCSW) (booking RN HCSW) has been added.
- The roster approval process has been updated to reflect changes, as recommended by the Nurse Rostering Audit.
- The policy has been subject to global consultation and shared with the local partnership forums.
- The EqIA has been updated and is attached.

438 – Shared Parental Leave Policy (Appendix 3a and 4b)

- A desktop review was undertaken of the policy and the only changes made were to remove duplication with points already covered in the Agenda for Change Terms and Conditions Handbook.
- Due to the complexities within the policy and an opportunity to raise awareness of its content, the policy was subject to global consultation and shared with the local partnership forums and the LNC. No comments were received.
- The EqIA has been updated and is attached.

713 – Honorary Contracts Procedure (Appendices 4a-4d)

- A desktop review was undertaken of the procedure and changes made to the pre-engagement checks to streamline the process following consultation with Occupational Health.
- The revision made has enabled the removal of the appendix and it being replaced by a link in the main document.
- The procedure has been subject to global consultation and shared with the local partnership forums and LNC. No comments were received.
- The EqIA has been updated and is attached.

1386 – Re-banding Procedure (Appendices 5a-5c)

- This procedure replaces the local Re-evaluation of Pay Band Policy and Procedure, which has been superseded by the NHS Wales Job Evaluation Policy, published in December 2024.
- All references to re-evaluation have been updated to re-banding.
- The effective date for re-bandings that result in an increased band will now be the date agreed by the postholder and manager as the point the job changed, rather than the date of Executive Director approval. This aligns the procedure with the Wales Job Evaluation Policy Following advice sought from Legal & Risk a contractual notice clause has been included for re-banding applications that result in a lower banding outcome.
- A statement has been added to the Job Description Submission Form (re-banding application form) highlighting that the postholder completing or agreeing to the completion of the form is aware that the outcome of the job evaluation process could result in their banding remaining the same, going up or down and that should the banding go down, this will impact pay. The postholder confirms their understanding and consent to the corresponding change in their pay (i.e. a reduction in pay if the post is evaluated to a lower band).
- Reference to the re-banding policy applying to posts where there may or will be a change to the post has been removed; these changes will be dealt with through arrangements such as the Organisational Change Policy or recruitment.
- Procedure has been subject to global consultation and shared with the local partnership forums
- A summary EqIA has also been updated.

1409 – Neonatal Care Leave Procedure (new) (Appendix 6)

- This is a new policy based on the legislative changes that came into effect on 6 April 2025 which we would have applied irrespective of a policy framework, should any requests for such leave have been received.
- The Act provides additional leave and pay for parents of babies who require neonatal care, with a right to up to 12 weeks' leave and pay. The Act provides eligible parents with dedicated time to care for their newborn babies during a challenging period, without impacting their existing parental leave entitlements.
- The delay has been due to being advised that the National Terms & Conditions Handbooks for Agenda for Change and Medical & Dental staff were being updated to reflect the statutory requirements, and the current All Wales Special Leave Policy already references these, so a new policy was not initially anticipated. However, the update made to the Handbooks, which we were advised of in July 2025, made reference to a requirement for local policy frameworks. Due to the exceptionally difficult circumstances requiring access to these provisions, we made a decision to separate out into a distinct policy so that it was easily accessible for our staff.
- Policy has been subject to global consultation and shared with the local partnership forums and Local Negotiating Committee (LNC). No comments were received.
- The EqIA is attached.

All Wales policy for approval and update

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

- NHS Wales Anti-Sexual Harassment Policy (new) (Appendix 7a and 7b)

This policy was received by the Health Board in September 2025 following a significant period of consultation and the Chair of our HBPF has agreed that it he is content for it to be adopted by the Health Board, on behalf of HBPF which is due to next meet on 18 November 2025. A local EQIA has been drafted based on the content of the All-Wales EqIA provided.

- 1197 - All Wales Flexible Working Policy

This revised policy was received by the Health Board on 24 October 2025 following agreement by, Chair's action on behalf of, the Welsh Partnership Forum and Medical & Dental Business Group. It has been updated to ensure that it is legally compliant in terms of appeals and timescales. The All-Wales EQIA did not require update and therefore we have not updated our local EQIA as it is based on the All-Wales document.

A copy of the updated All-Wales policy schedule from NHS Employers was received on 30 September 2025 and is attached as an Appendix for information (Appendix 9)

Policies not yet presented for consideration

Committee has requested an update each meeting on those policies that are not on track and for a brief explanation to be provided. A request for extension of two local policies together with rationale is therefore outlined below: -

Policy Owner	Policy name and number	Rationale	Proposed Extension Date
Medicines Management	558/787 - Medication Errors	Current proposal is to transfer this from an employment to a clinical policy. The proposal is therefore to extend at this time until agreement is reached on the way forward and once agreed a proposal to archive the current local employment policy will be put forward.	28/02/2026
Recruitment with All Wales Policy Review Group	121 - Relocation Expenses	We are still waiting for the approved version of the All-Wales policy following the consultation on the final draft. Our trade union colleagues were also supportive of a further extension. It is therefore more prudent to extend rather than review our local policy at this time.	28/02/2026
Operational Workforce	158 – Redeployment Policy	We were advised on 13 August 2025 that an All-Wales Redeployment Policy is being developed which	31/05/2026

		will annex to the All-Wales Organisational Change Policy. As a result of this, the desktop review of the local policy was paused. The initial All-Wales draft has been shared with trade unions, and their feedback is currently being considered.	
Operational Workforce	001 – Adverse Conditions	Due to capacity issues in the team the policy review process has not been completed.	28/02/2026
Operational Workforce	109 – Time off in Lieu	Due to capacity issues in the team the policy review process has not been completed.	28/02/2026
People Development	100 – Induction	Due to capacity issues in the team the policy review process has not been completed.	28/02/2026
People Development	113 – Learning & Development	Due to capacity issues in the team the policy review process has not been completed.	28/02/2026
Organisational Development/People Development	1103 – Performance Management	Due to capacity issues in the team the policy review process has not been completed.	28/02/2026

Documents for Information

Career Break – Update on Guidance (Appendix 8)

- The Pensions Team has provided some additional guidance for dissemination to staff on career breaks. This was received on 7 October 2025 and will be uploaded to our SharePoint pages under the All Wales – Employment Break Policy section provisions.
- A copy has been attached to this report for completeness.
- We were also advised that the Career Break process is currently being reviewed which will provide more clarity for employees and managers. Once this is received, we will submit for adoption by Committee.

Short Term Protection of Earnings Guidance (Appendix 10)

- We received guidance from NHS Employers on 16 September 2025.
- A copy has been attached to this report for completeness.
- This guidance has been developed in partnership with trade unions on an All-Wales basis to support organisations in applying short term protection of earnings following organisational change.
- It has been uploaded to SharePoint as part of the All-Wales Organisational Change policy documents section and cascaded to Operational Workforce colleagues.

Asesiad / Assessment

The local policies have been shared with the Local Partnership Forums and documents that apply to Medical and Dental colleagues have been shared with the LNC for information. HBPF is not due to meet until 18 November 2025 and therefore the Committee is being asked to agree Chair's action to avoid delays to our policy framework being updated.

Once HBPF has met, a request would be sent to the Chair of this Committee seeking action to approve the revised final policy documents.

A screening EqIA has been developed or updated as required on advice from the Corporate Policy Office.

Eight policies require extension due to their review dates.

Two All-Wales policies have been submitted to Committee for adoption following their agreement on an All-Wales basis.

Following approval of the recommendations contained below, all documents will be uploaded/updated on the intranet site and will replace current versions.

Argymhelliad / Recommendation

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

- **RECEIVE ASSURANCE** that the above local policies have been reviewed in line with Policy 190.
- **AGREE** that Chair's action is to be undertaken to approve all six local policies listed post consideration at the HBPF meeting on 18 November 2025.
- **EXTEND** eight local policies in accordance with the dates provided.
- **ADOPT** the NHS Wales Anti-Sexual Harassment Policy and the revised All-Wales Flexible Working Policy and note the All-Wales policy schedule update provided.
- **NOTE** the documents provided for information in relation to Career Breaks and Short-Term Protection of Earnings.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.13 Approve workforce and organisational development policies and plans within the scope of the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	2. Timely 3. Effective 4. Efficient 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality:	2. Culture and valuing people

Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Legislation, national policy, terms and conditions
Rhestr Termau: Glossary of Terms:	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:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	Staff accessing written control documentation which is out of date, no longer relevant or contradicts current guidance.
Gweithlu: Workforce:	The policies apply to all staff unless stated otherwise in each policy.

Risg: **Risk:**	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance.
Cyfreithiol: **Legal:**	It is essential that the UHB has up to date policies and procedures in place which comply with legislation as a minimum standard. The charter will support the implementation of the Fatigue and Facilities Charter that is already ongoing (including its links to working time).
Enw Da: **Reputational:**	N/A
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	Updated or new EQIA are attached for the revised local policies and the All Wales policy.

Dealing With Anonymous Communications Regarding Members Of The Workforce Policy

Policy information

Policy number: 247
Classification: Employment
Supersedes: Previous Versions
Version number: 5.0
Date of Equality Impact Assessment: 27.05.2025

Approval information

Approved by: PODCC People, Organisational Development and Culture Committee
Date of approval:
Date made active:
Review date:

Summary of document: This policy outlines how the Health Board will act upon information contained in anonymous letters/communications.

Scope: The Policy applies to Health Board employees and Bank Staff.

To be read in conjunction with:
201 – Disciplinary Policy AW – opens in a new tab
815 – Counter Fraud, Bribery and Corruption Policy – opens in a new tab
435 – Procedure for NHS Staff to raise concerns (whistleblowing)- opens in a new tab
Count Fraud and Complaints Policies

Owning group: Workforce & OD Department

Executive Director job title: Director of Workforce & OD

Reviews and updates:
1.0 – New Policy
2.0 – Review
3.0 – Review
4.0 – Full Review
5.0– Minimal changes
Keywords: Complaints, Anonymous Letters, Anonymous Communications

Glossary of terms
OD – Organisational Development

Introduction

This policy outlines how the Health Board will act upon information contained in anonymous letters/communications.

Policy statement

Hywel Dda University Health Board takes complaints/concerns very seriously and welcomes comments and suggestions about how our services could be improved. It has developed Policies/Procedures that provide the opportunity and channels to voice concerns in a safe manner. On occasions, individuals and groups choose not to disclose their identity and submit anonymous communications anonymously such as telephone calls, emails, petitions, or indirectly via the press, TV, radio etc. All press enquiries should be directed to the Communications department. This policy will explain how the Health Board will address anonymous letters/communications.

Scope

The Policy applies to Health Board employees and Bank Staff.

Aim

The aim of this policy is to provide a consistent approach to dealing with anonymous letters/communications.

Objectives

The aim of this policy will be achieved by ensuring that all staff are aware of their responsibility should they receive an anonymous letter/communication.

Definition of an anonymous complaint

A letter or communication giving no name, identity, address or identifying factors of the sender

How will anonymous complaints be dealt with

- Any staff member that receiving an anonymous letter/communication should without delay refer the matter to their line manager or to an appropriate senior manager.
- The manager will then, without delay, refer the matter in the first instance by telephone to their Workforce Manager.
- The Workforce Manager will log all anonymous communications and then share the information with the Director of Workforce & OD. A decision will then be made whether any further action can be taken to investigate the concerns and to address the matters raised.

The Health Board will not normally consider anonymous communications unless there is sufficient corroborating evidence to suggest the allegation can be substantiated, however it reserves the right to

take each allegation on its own merits and invoke procedures as necessary and will exercise its discretion whether to investigate anonymous disclosures.

When considering how anonymous letters/communications received will be addressed, the Health Board will consider:

- Seriousness of the issues raised
- Criminal and legal implications
- Health and safety of staff, patients and service users.
- Credibility of the concern
- Fraud and any other irregularities detrimental to the Health Board

Any letter/communication considered to be vexatious and/or malicious will be forwarded to the appropriate authorities and the Health Board will provide full support to those authorities to carry out their investigation. Should members of the Health Board be found to have written/made vexatious and/or malicious anonymous letters/communications, disciplinary action will be taken which may result in dismissal.

Responsibilities

The Chief Executive holds overall responsibility for the effective management of organisational policies.

The Director of Workforce and Organisational Development is jointly responsible for ensuring this policy and associated documentation is reviewed and updated in line with future guidance.

Line Managers/Senior Managers are responsible for ensuring that any anonymous communication is dealt with as set out in the procedure.

All staff have a responsibility to ensure that any anonymous communication received is reported to their line manager.

Monitoring

This policy will be reviewed by the Director of Workforce and OD in conjunction with Employment Policy Review Group. Details of applications for anonymous communications will be recorded in a database and reported on periodically to the Executive

Resources for Staff

The Health Board also operates a “Speak Up Safely” scheme which enables **Health Board staff** to voice concerns, anonymously if they wish, in regard to current systems or work practices. Access to and further information on the scheme can be obtained via the link below:

https://secure.workinconfidence.com/company/en/hduhb/login - opens in a new tab.

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full EqIA.

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Director and Directorate	Lisa Gostling, Workforce & OD
Service Area	People Management

Title of Procedure, Project, Proposal, Policy being screened:	247 - Dealing with Anonymous Communications regarding members of the Workforce Policy

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The policy outlines how the Health Board will act upon information regarding members of the workforce which is contained in anonymous letters/communications. The aim of the policy is to provide a consistent approach to dealing with anonymous letters/communications. The aim of the policy will be achieved by ensuring that all staff are aware of their responsibility should they receive an anonymous letter/communication.

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

Not applicable in this instance.

Anonymous complaints received by the Health Board are relatively low. However, each anonymous complaint will be assessed on the following to establish how it should be addressed:

- Seriousness of the issues raised
- Criminal and legal implications
- Health and safety of staff, patients and service users.
- Credibility of the concern
- Fraud and any other irregularities detrimental to the Health Board

As set out above, it is not anticipated / expected that any protected characteristics will be affected by the revised Policy. However, the aim of the policy is to provide a consistent approach to dealing with anonymous letters/communications which is a positive impact.

Given the aim of the Policy is simply to provide a consistent approach to dealing with anonymous letters/communications, there do not appear to be any negative impacts apparent.

There haven't been any complaints in regards to the policy since it's introduction.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact)**.**

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: Equality Impact Assessments (EqIAs) (sharepoint.com)

Age Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The policy will not affect staff in a way that is related 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		Negative Impact		No Impact	✓
Justification of impact identified: The policy will not affect staff in a way that is related to a disability.					
Gender Reassignment Is it likely to affect those who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The policy will not affect staff in a way that is related to gender reassignment.					
Marriage / Civil Partnership Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The policy will not affect staff in a way that is related to a marriage or 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	✓
Justification of impact identified: The policy will not affect staff in a way that is related to them being pregnant or on maternity leave.					

Race / Ethnicity
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The policy will not affect staff in a way that is related to their race or ethnicity.					

Religion or Belief
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The policy will not affect staff in a way that is related to their religion or belief.					

Sex
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The policy applies to both equally and staff will therefore not be affected in a way that relates to their sex.					

Sexual Orientation
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The policy will not affect staff in a way that is related 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 will not affect staff in a way that is related to them being part of the Armed Forces Community.					
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The policy will not affect staff in a way that is related to their 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		Negative Impact		No Impact	✓
Justification of impact identified: Complaints can and have been received in both Welsh and English language					

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

Screening Completed by:	Name	James Bennett
	Title	Senior Workforce Manager
	Contact details	James.bennett@wales.nhs.uk
	Date	27.5.25
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Assistant Director of People Management
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	27.5.25
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	27/5/2025
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.

Rostering Policy

Policy information

Policy number: 436
Classification: Employment
Supersedes: Previous versions
Version number: 5
Equality Impact Assessment:

Approval information

Approved by: POPDC – People, Organisational Development and Culture Committee
Date of approval:
Date made active:
Review date: 15/02/2026

Summary of document:
Policy to provide managers and staff with the guidance necessary to produce and maintain a fair and equitable duty roster with an appropriate skill mix

Scope:
The Policy applies to all staff using either electronic or manual rostering systems as the principles and the guidance will assist in ensuring common processes and maximum benefit from workforce efficiency. This policy will assist with the production of rosters based on establishments defined through activity and acuity.

To be read in conjunction with:

- 1197 – All Wales Flexible working policy – opens in a new tab
- 113 - Learning and Development Policy– opens in a new tab
- NHS Conditions of Service Handbook – opens in a new tab
- 1085 - Leave and Pay for New and Existing Parents Policy – opens in a new tab
- 122 - All Wales Special Leave Policy– opens in a new tab
- 109 - Time in Lieu Procedure– opens in a new tab
- 768 - Managing Attendance at Work All Wales Policy– opens in a new tab
- 133 - Equality, Diversity, and Inclusion Policy– opens in a new tab
- 815 - Counter Fraud, Bribery and Corruption Policy– opens in a new tab
- 001 - Adverse Conditions Policy– opens in a new tab
- Agenda For Change– opens in a new tab
- 193 – Retention and Destruction of Records Policy– opens in a new tab
- On Call Agreement– opens in a new tab
- 1310 Calculating, maintaining and reporting nurse staffing levels policy (opens in a new tab) incorporates the Nurse staffing levels and escalation plan (opens in a new tab)

Owning group: Workforce & OD team

Executive Director: Director of Workforce & OD

Reviews and updates:
1 – New policy 14.5.2015
2 – Minor amendment deletion of 6.9 and inclusion of ward managers in 11 2.7.2015
3 – appendix 1 added 19.11.2019
4 – full review 15.2.2023
5 – addition of appendix

Keywords: Allocate, rostering, e rostering

Glossary of terms
EWTD - European Working Time Directives
OD – Organisation Development

Table of Contents

Introduction

This policy sets out how Hywel Dda University Health Board will manage staff rostering to ensure services have safe staffing levels and appropriate skill mix of staff as required to maximise the quality of patient care and reduce clinical and non-clinical risk. The Health Board by appropriate rostering, must support staff to comply with European Working Time Directive. While achieving all this, the Health Board will reasonably consider requests to promote work life balance for staff in line with policy.

Policy Statement

The Health Board supports the principles of work life balance, flexible working and family friendly working and is committed to delivering the equality and diversity needs of staff. Hywel Dda University Health Board also recognises the value of its workforce and will support staff in providing high quality patient care through an appropriate skill mix at all times. Whilst acknowledging both these aspects, it is recognised that the Health Board needs to be able to respond to changing service requirements and therefore may on occasion not be able to agree to requests of individual staff if their proposal cannot be accommodated within service needs. Achieving safe staffing numbers and an appropriate skill mix is priority. Mandatory training will be scheduled with emphasis on attendance.

Scope

The Policy applies to all staff using either electronic or manual rostering systems as the principles and the guidance will assist in ensuring common processes and maximum benefit from workforce efficiency. This policy will assist with the production of rosters based on establishments defined through activity and acuity.

This policy also ensures compliance with relevant workforce related legislation, for example, the Nurse Staffing Levels (Wales) Act 2016.

Aim

The aim of this document is to outline how rostering practices should take place within the Health Board

Objective

The creation of staff rosters within the Health Board must be efficient, fair and transparent in order to:

- Ensure safe and appropriate staffing levels for all services using fair and consistent rostering and promote effective planning and management of annual leave, sickness and study leave etc.
- Assist ward/department/service managers by minimising service risk associated with inappropriate staffing levels and skill mix.
- Ensure delivery of a quality service and to maximise efficient use of resources.
- Operate within budget and effectively reduce overtime, bank and agency spend by giving ward/department/service managers clear visibility of all staff contracted hours.
- Improve the utilisation of existing staff resources and meet European Working Time Directives (EWTD).
- Ensure compliance with the Agenda for Change Terms and Conditions of Employment.

- Improve management reporting of attendance and absence data e.g. sickness, annual leave and study leave
- Facilitate the payment of staff through shifts being added to the roster system
- Ensure timely shift information is added and finalised in conjunction with payroll and e-roster timescales, data input of staff absence via E-roster interfacing with ESR, this will result in improved monitoring and reporting of sickness and absence across Health Board.
- Ensure related Health Board policies and directives as identified in section 1 are adhered to.

This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems

Principles

Staff are the Health Boards most valuable resource but are also its most expensive. This policy outlines the systems the Health Board has in place which will ensure that staff are rostered in an efficient manner in order to ensure high quality care is provided to patients whilst minimising operational and clinical risk factors. This will be achieved in a number of ways including:

- Improved utilisation of existing staff through clear visibility of staff contracted hours and staffing levels / skill mix
- Improved sickness / absence monitoring, generating comparisons, identifying trends and prioritising need for action
- Ensuring all staff are allocated a fair Roster
- Improved planning/management of annual leave and study leave
- Driving effective management of staffing establishments thereby increasing efficiencies in the workforce Health Board-wide
- Use of above principles to ensure bank (or agency) staff are deployed only when needed

All claims for additional payments (overtime, extra hours) must be submitted within the required 3 month period/12 rostered weeks. This is a joint responsibility for staff and their respective line managers.

Roles & Responsibilities

Chief Executive
The Chief Executive and the Health Board have overall responsibility for ensuring adequate, effective and efficient rostering and are responsible for ensuring that this policy and related policies are adhered to.

Director of Workforce & OD
The Director of Workforce & OD is accountable for ensuring the policy is current and reviewed on a regular basis through a process coordinated by the Workforce and OD Teams, using the workforce and OD processes for a collaborative approach to policy review.

Director of Nursing, Quality & Patient Experience
is responsible for:

- Ensuring that the operational nursing management and Workforce and OD team are kept informed of any national or local professional quality standards related to nurse/midwifery staffing levels, required establishments and planned rosters.
- Calculating the nurse staffing level every six months at minimum, when there is a change in service/use and if deemed necessary.
- Approving any changes to the nurse staffing level/planned roster before any changes to planned roster templates are made.

Changes to the e-roster template

The roster for the ward/department/service must be approved as per the agreed process for the service.

NB: The e-roster team cannot make changes to the e-roster template without this governance process being followed and should not make changes if contacted directly by ward/department/service managers

Leave and Absence Periods

All Leave will be managed in accordance with the relevant All Wales/Hywel Dda Policies. Service managers should plan cover arrangements by adjusting rosters where possible or consult their manager for advice and guidance.

Time Owing / Time in Lieu

Time in lieu must be managed in line with the Health Board's 109 Time Off in Lieu Policy – opens in a new tab - and all time owing monitored and recorded.

Training and/or Awareness Raising

All staff will be made aware of this policy upon commencement with the Health Board at either the Health Board or the departmental induction. Copies can also be viewed on the Health Board's Intranet. Training will be provided for staff to use Health Roster during the rollout period with on-going full support provided as and when required.

Welsh Language Provision

All staff on E-rosters who can speak Welsh have the welsh icon next to their name. This clear visibility of welsh speakers on wards across the Health Board allows ward managers and senior managers to easily identify welsh speaking staff. This is particularly useful if a patient requires communication through the medium of welsh. This supports the Health Board principle that Welsh and English languages are on equal basis and that patients should be provided with a service in their first language.

Freedom of Information Act 2000

All Health Board records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within the Health Board may be found in the 173 - Freedom of Information Act 2000 Policy – opens in a new tab. It is recommended that all parties familiarise themselves with the relevant parts of this Policy.

Records Management

All documents generated under this policy, including applications, and formal notes and documents generated by managers and any review panel, are official records of the Health Board and will be managed and stored and utilised in accordance with the Health Board's 193 - Retention and Destruction of Record Policy – opens in a new tab.

Review

This policy will be reviewed in three years time. However a review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

Monitoring

Details of rostering reports will be recorded in a roster system and reported on periodically to the Partnership Forum and the Executive Board. The database will include equality monitoring data, which will be reviewed and presented to the Health Board's Equality and Human Rights Steering Group.

Appendix 1 - Guidelines to Support Effective Rostering for Nurses and Midwives

Guideline to support effective rostering for nurses and midwives

Appendix 2 – Roles and responsibilities

Roles and responsibilities

Appendix 3 - Key Performance Indicators

Key performance indicators

Appendix 4 - Roster approval process – Change into workflow

Revised version

Appendix 5 - Booking Registered Nurse or Health Care Support Workers additional hours, bank, overtime, and agency

Revised version

Guidelines to Support Effective Rostering for Nurses and Midwives (appendix 1 to 436 Rostering Policy)

Policy information

Policy number: Appendix 1 of 436 - Rostering Policy Version 4
Classification: Employment
Supersedes: Previous versions
Version number: 4
Equality Impact Assessment:

Approval information

See 436 Rostering Policy (opens in a new tab)

Summary of document:
Guideline to ensure that nursing/midwifery managers and staff produce and maintain a fair and equitable duty roster with an appropriate skill mix

Scope:
The guideline applies to all nursing and midwifery staff in all settings using either electronic or manual rostering systems.

The processes for calculating, maintaining, and reporting the nurse staffing levels tis set out in the 1310 Calculating, Maintaining and Reporting Nurse Staffing Levels Policy Framework (opens in a new tab)

To be read in conjunction with:

- 126 - Work/Life Balance Flexible Working Policy – opens in a new tab
- 113 - Learning and Development Policy– opens in a new tab
- 111 - Annual Leave Policy– opens in a new tab
- 128 - Maternity, Adoption and Paternity Leave Policy and Procedure– opens in a new tab
- 127 - Ordinary Parental Leave Policy– opens in a new tab
- 122 - All Wales Special Leave Policy– opens in a new tab
- 109 - Time in Lieu Procedure– opens in a new tab
- 768 - Managing Attendance at Work All Wales Policy– opens in a new tab
- 133 - Equality, Diversity, and Inclusion Policy– opens in a new tab
- 815 - Counter Fraud, Bribery and Corruption Policy– opens in a new tab
- 001 - Adverse Conditions Policy– opens in a new tab
- Agenda For Change– opens in a new tab

- 389 - Expenses Policy– opens in a new tab
- 099 – Use of Overtime Policy– opens in a new tab
- 193 – Retention and Destruction of Records Policy– opens in a new tab
- On Call Agreement– opens in a new tab
- 1310 **Calculating, Maintaining and Reporting Nurse Staffing Levels Policy Framework** (opens in a new tab)

Owning group: Workforce & OD team

Executive Director: Director of Workforce & OD

Reviews and updates:
1 – New policy 14.5.2015
2 – Minor amendment deletion of 6.9 and inclusion of ward managers in 11 2.7.2015
3 – appendix 1 added 19.11.2019
4 – full review 15.2.2023
5 – addition of appendix

Keywords: Nurse staffing levels, midwifery staffing levels, nurse staffing, midwifery staffing, roster, planned roster

Glossary of terms

- EWTD - European Working Time Directives
- OD – Organisation Development
- Nurse Staffing Level The total number of registered nurses plus the number of persons providing care under the supervision of, or discharging duties delegated to them by a registered nurse e.g. health care support worker. The nurse staffing level refers to the required establishment and the planned roster.
- Midwifery staffing levels - The total number of registered midwives plus the number of persons providing care under the supervision of, or discharging duties delegated to them by the midwife
- Planned roster The number and skill mix of staff on duty at any time required to enable nurses/midwives to provide care to meet all reasonable requirements.
- Required establishment The number of staff to provide sufficient resources to deploy a planned roster that will meet the expected workload to provide care to meet the patients' nursing needs.
- Supernumerary - Supernumerary refers to staff who are not counted in the clinical numbers e.g. new starters on induction, students

Scope

The guideline applies to all nursing and midwifery staff in all settings using either electronic or manual rostering systems. The processes for calculating, maintaining, and reporting the nurse staffing levels tis set out in the calculating, maintaining and reporting the nurse staffing levels policy (1310 Calculating, Maintaining and Reporting Nurse Staffing Levels Policy Framework (opens in a new tab)

Aim

The aim of this document is to:

- Set out the best practice principles for effective rostering for nurses and midwives that need to be considered when producing the planned roster. I.e., the number and skill mix of staff required to enable nurses/midwives to provide holistic care including their social, psychological, spiritual and physical requirements.
- Ensure that the Health Board meets its overarching duty under the Nurse Staffing Levels (Wales) Act 2016 to have regard to the importance of providing sufficient nurses to allow the nurses time to care for patients sensitively Section 25A Subsection 2a).

Objective

The objective is to:

- Ensure that the nurse/midwifery staffing level is maintained using fair and consistent rostering and promote effective planning and management of annual leave, sickness and study leave etc.
- Ensure that the rosters are fit for purpose with the appropriate skill mix in order to ensure safe, high-quality standards of care.
- Ensure that rosters are fair and equitable to all staff.
- To minimise clinical risk associated with the level and skill mix of nurse/midwife staffing levels
- To improve planning of clinical and non-clinical working days (e.g., annual leave, sickness and study leave).

Principles

The Health Board is committed to the delivery of a safe quality service, and this would include ensuring that there are sufficient nurses/midwives to enable nurses/midwives to provide holistic care which includes their social, psychological, spiritual and physical requirements.

Calculating the Nurse Staffing Levels

The planned roster for the nursing teams must be approved by the Director of Nursing, Quality & Patient Experience, in line with the 1310 Calculating, Maintaining and Reporting Nurse Staffing Levels Policy Framework (opens in a new tab) which sets out the Health Board's statutory and organisational responsibilities around calculating and maintaining the nurse staffing levels.

Changes to the E-Roster template

Amendments must not be made to the E-Roster templates until the nurse staffing calculation process set out in the "Calculating, Maintaining and Reporting of Nurse Staffing Levels Policy" " (opens in a new tab) is completed.

NB: The E-Roster team cannot make changes to the E-Roster template without this governance process being followed and cannot make changes if contacted directly by the Senior Sister/Charge Nurse/Midwife.

Roster Process Requests

All requests will be given full consideration and no reasonable request will be refused. However, in certain circumstances the service requirements and the need to ensure equity for all may not allow for the request to be granted.

Shift Patterns

Early/ Late Shift pattern

- Early/ Late shifts of more than 6 hours total duration should have a minimum unpaid break of 30 minutes.
- No more than 6 Early/ Late shifts to be routinely rostered and an absolute maximum of 8 in a row
- Wherever possible the Senior Sister/Charge Nurse/Midwife (or deputy) should ensure full time members of staff working 7.5-hour shifts should have their two days off allocated together and not split apart.
- Wherever possible the Senior Sister/Charge Nurse/Midwife should ensure full time members of staff working 7.5 hour shifts should have 2 weekends off per 4 week roster.

Long Days/ Night Shift pattern

Shifts of 12 hours or longer have become increasingly common for nurses in hospitals. There is evidence that nurses who worked 12-hour shifts are generally more satisfied with their jobs, reported less emotional exhaustion, and were about 10 times more satisfied with their work schedules, compared with those working 8-hour shifts (Rollins, 2015). However, there is also evidence to suggest percentages of nurses reporting burnout and an intention to leave the job increased incrementally as shift length increased ((Stimpfel et al., 2012). In addition, there is also evidence that 12 hour shift also impact on patient care and patient satisfaction with Ball, Dall'Ora, and Griffiths (2015) reporting that both longer shifts and working overtime were significantly associated with lower quality of care, worse patient safety reports, and more care left undone and concluded that "on balance, the majority of the studies reviewed showed some degree of negativity, either for nurses, patients, or both, towards 12-hour shifts".

As a Health Board we recognise that our staff do want to work '12 hour' shift patterns, there are no set standards around the number of shifts that should be worked and how many should be worked in a row

and this section of the policy set out recommendations for practice. There may be occasions where exceptions to the below are made because of service or individual needs but only where it is deemed that no risk is posed to patient safety or the wellbeing of the individual

- Long days/ nights should have a maximum duration of 12.5 hours including breaks (typically 11.5 hours paid and 60 minutes break).
- It is permissible to allocate a pattern of both long days and nights in the same working week but these must be separated by a minimum of 48 hours between the shifts.

Long Days

- No more than 2 long days in a row should be routinely rostered.
- Individuals working a pattern of long days but who struggle with fatigue may request a pattern of split shifts (e.g. Monday, Wednesday, and Friday) and efforts should be made to accommodate this. However, this should otherwise be avoided for other members of staff. Staff should not be stigmatised for these requests.

Long Nights

- No more than 3 long nights in a row should be routinely rostered.
- There must be a minimum of 48 hours following the night shifts before the individual can workday shifts.
- Senior Sisters/Charge Nurses/Midwives should avoid allocating “split” nights shifts wherever possible (e.g., Monday, Tuesday, Saturday and Sunday) unless this is a request by the staff member or a failure to do so would compromise the efficiency of the planned roster.

NON-CLINICAL Shifts

Nonclinical shifts are those shifts whereby an individual is not working a clinical shift on the ward e.g. annual leave, sickness and study leave.

Shift breaks

Breaks during shifts

Breaks are essential to ensure that staff receive adequate hydration and nutrition throughout the shift. Breaks must be taken they are not paid, and payment cannot be claimed. Agreed breaks are:

- 7.5 hours shift = 30 mins unpaid break.
- Long Day or Long Night (i.e., 12.5 hour shift =60mins unpaid break) (can be split into two short breaks).
- Long days/ nights of more than 10 hours total duration should have a minimum unpaid break of 60 minutes.
- Shifts in excess of 13 hours including break time must be avoided.

The Senior Sister/Charge Nurses/Midwife must ensure that breaks are taken.

The member of staff in charge of each shift is responsible for facilitating breaks in a timely manner and must ensure that temporary staff are allocated the appropriate break as payment cannot be made for missed breaks.

NB there may be a small number of services/teams where the principles around breaks during the shift(s) set out in this do not apply and these exemptions must have been agreed within the specific service.

Breaks between shifts

Staff have the right to 11 hours uninterrupted rest in a 24-hour period, e.g. if they finish work at 20.00, the should not start work again until 07.00 the next day.

Changes to published rosters

On occasions where the planned roster needs to be changed post publication for service needs, the Senior Sister/Charge Nurse/Midwife consults with affected individual(s) and advise them of the change prior to the change being published where possible.

Managing Exceptional Circumstances

The Senior Sister/Charge Nurse/Midwife is responsible for informing their Senior Nurse/Midwife of any exceptional circumstances which will impact upon staff requirements and will discuss and agree any action to address these. Exceptional circumstances may include:

- Situation where the staffing level is not maintained.
- Any vacant shifts which have no cover (i.e. shifts for which temporary staff are currently planned or appear to be needed). These shifts will incur an additional cost.
- Where any of the agreed/policy led parameters have been exceeded, such as staffing levels or skill levels.

Role of each individual Registered Nurse/Midwife/Health Care Support Worker/ Team Member

Staff will be required to work a variety of shifts and shift patterns to fit the needs of the service. All staff must be expected to work a fair and equal share of early/late and night shifts unless exceptions have been agreed. All Registered Nurses, Midwives/Health Care Support Workers/team members should:

- Ensure personal details are kept up to date.
- Attend work as rostered.
- Be responsible and flexible with their roster requests and be considerate to their colleagues.

- Request shifts and annual leave in line with relevant policy requirements and in line with the ward/department/unit budget.
- Input their duty/days off requests via the agreed rostering system (electronic rostering system or manual system if electronic is not available, but only if not available) by the deadline for each roster. Staff must not assume shifts showing on the roster reflect their off-duty until the roster is officially signed off and published on the ward.
- Monitor their own hours ensuring that they are being recorded correctly in the E-Roster system and meeting their contracted hours.
- Utilise the E-Roster system fully, viewing timesheets, hours worked and informing the Senior Sister/Charge Nurse/Midwife (or deputy) of any discrepancies.
- Be responsible for taking the agreed breaks to ensure they have taken a rest period, food and fluid. Breaks are not paid.
- Ensure they are maintaining their skills, knowledge and competence by rotation between day and night shift patterns, including weekend working. Staff who work the majority of either days or nights should rotate to the opposite shift patterns, at least twice yearly (minimum of 8 weeks per 12 months).
- Once rosters are approved, staff wishing to make changes should, in the first instance, attempt to exchange shifts with other appropriate team members. Any changes are made within equal grade bands and with consideration to the overall skill mix of all the shifts not being changed.
- Seek authorisation from the Senior Sister/Charge Nurse/Midwife of changes to a planned or worked shift, taking into consideration skill mix and not leaving staffing levels depleted.

Role of the nurse in charge of the shift where the “Safe Care” module is in use

In those clinical settings where the “Safe Care” module of the Allocate Health Roster system is in use, the Registered Nurse/in charge of the shift should:

- Identify the nurse in charge
- Mark attendance
- Enter the required data within the census period time (0630-0830 and 1900-2100)
- Input acuity data for the patients on the wards at the time of the census period (utilising the Welsh Levels of Care tool).
- Make a professional judgement whether the number of staff on duty is appropriate or not appropriate to meet the care needs of the patients on the ward at that time.
- Where the number of staff is not appropriate to meet the care needs of the patients on the ward at the time, raise a red flag.
- When entering data, the RAG rating should be reviewed using the nurse's professional judgement to provide assurance and additional information (where required). This may include the actions taken to mitigate risk or escalate where necessary.

Role of the Senior Sister/Charge Nurse/Midwife/Team Leader (or deputy) in producing and maintaining the rosters

The Senior Sister/Charge Nurse/Midwife/Team Leader (or deputy) is responsible for implementing the Health Board rostering policy at local level and must:

- Use the electronic rostering system (or manual system if electronic is not available, but only if not available) to monitor and manage the nurse/midwife staffing level and to ensure safe patient services, minimising the use of bank, pool or agency staff.
- Produce rosters in line with the Health Board rostering timetable, i.e. 6 weeks in advance of the roster start date at all times (NHS Improvement, 2018).
- Roster staff in line with the agreed planned roster i.e. within budget at all times.
- Ensure that annual leave is evenly allocated throughout the year in line with the agreed headroom targets.
- Ensure that staff's contracted hours are fully utilised to cover staffing requirements and over/under staffing before temporary staff or additional hours or overtime are requested and where temporary staff are used follows the process set out in the standard operating procedure for the booking of temporary staff (Appendix 5)
- Ensure staff do not accrue a time balance in excess of one shift of hours owed or owing (7.5 hours or 11.5 hours depending on shift pattern).
- Ensure that shifts given a higher priority, i.e. nights and weekends are filled first. It should not be routine to use overtime, bank or agency staff permanently on any shifts.
- Accurately record all shift times worked including early/late finish times and all other types of leave/absence including study days and any extra hours worked.
- Ensure that the Senior Sister/Charge Nurse/Midwife (Band 7 and above) are not routinely rostered to work nights/weekends/public holidays unless it is an essential requirement of the specialist area/service need.
- Supernumerary person such as students and Senior Sister/Charge Nurse/Midwife should not be included in the planned roster.
- Take responsibility for ensuring that cross cover options are explored prior to requesting temporary staff.
- Take responsibility for authorising all changes to the planned roster ensuring that on occasions where the planned roster needs to be changed post publication for service needs, the Senior Sister/Charge Nurse/Midwife consults with affected individual(s) and advises them of the change prior to the change being published where possible.
- Ensure that adequate diet and hydration breaks are taken across all shifts worked
- Should continuously assess the situation and inform their Senior Nurse Manager/Midwife of any exceptional circumstances which impact upon the staffing level and escalate any concerns about the adequacy of the planned roster.
- Ensure that all staff maintain their skills, knowledge and competence by facilitating a rotation between day and night shift patterns, including weekend working.
- Include an agreed minimum number of staff with specific competencies/skills on each shift, including a designated member of staff in charge.
- Ensure that Nursing Students are rostered with their mentor where possible, i.e. 2 days per week / 50% of their working week as a minimum. If their mentor is unavailable, an associate mentor must be allocated.

- Ensure that the bank office is notified of any vacant shifts, authorised for temporary staff cover, 4 weeks in advance.
- Ensure rosters are updated accurately and in a timely manner - both daily and weekly.
- Finalise shifts weekly and abide by the deadlines for payroll cut-off dates to ensure correct payment to staff.

Role of the Senior Nurse Manager/Midwife/Clinical Lead

The Senior Nurse Manager/Clinical Lead is responsible for ensuring compliance with the Health Board's rostering policy for their areas of responsibility and must:

- Ensure that their areas of responsibility use the agreed electronic rostering system (or manual system if electronic is not available).
- Ensure that rosters are produced in line with the Health Board E-Rostering timetable (published annually) i.e. signed off 6 weeks in advance (NHS Improvement, 2018). NB: There are a small number of services/teams who are exempt from this requirement.
- Ensure that annual leave is evenly allocated throughout the year in line with the agreed headroom to minimise impact on variable pay spend through appropriate planning.
- Ensure that rosters that are produced by Senior Sisters/Charge Nurses/Midwives (or deputy) fully utilise staff's contracted hours prior to escalation to bank/agency.
- Ensure that bank and agency requests are raised in a timely manner as per the dates in the E-Rostering timetable and follows the process set out in the standard operating procedure for the booking of temporary staff (Appendix 5)
- Use the roster via the E-Rostering system to: o Produce management reports as required. o Consider approval/rejection of temporary staffing. o Deploy staff effectively in accordance with the needs of the service and the knowledge, skills and ability of staff.
- Ensure all verification of worked shifts is undertaken on at least a weekly basis
- Ensure that Senior Sisters/Charge Nurses/Midwives/deputy and identified individuals comply with the verification/approval process.

Role of the HEAD OF NURSING/MIDWIFERY

The Head of Nursing will:

- Have regard to the importance of providing sufficient nurses to allow the nurses time to care for patients sensitively,
- Ensure that the nurse staffing level for their areas is in line with HEALTH BOARD policy (e.g. Nurse Staffing Levels and Escalation Plan: Adult Acute Services Policy **1310** **Calculating, Maintaining and Reporting Nurse Staffing Levels Policy Framework** – opens in a new tab) national and local standards.
- Ensure that the finalisation process is completed in a timely manner, to ensure prompt payment, and that the roster adequately identifies the staffing requirements.

The Head of Midwifery will:

- Ensure that the midwifery staffing levels for their areas is in line with Health Board policy and national and local standards i.e. Birthrate Plus workforce planning calculation
- Ensure that the finalisation process is completed in a timely manner, to ensure prompt payment, and that the roster adequately identifies the staffing requirements

Booking Registered Nurse or Health Care Support Workers additional hours, bank, overtime, and agency (appendix 5 to 436 Rostering Policy)

Procedure information

Policy number: Appendix 5 to 436 - Rostering Policy Version 4
Classification: Employment
Supersedes: Previous versions
Version number: 4
Equality Impact Assessment:

Approval information See 436 Rostering Policy (opens in a new tab)

Summary of document:
The aim of this document is to ensure that any staffing deficits are covered in the most cost-effective manner, maximising the correct skill mix and experience with the aim of ensuring patient safety and staff wellbeing. It aims to prioritise our own staff over agency workers. These guidelines are introduced to support this objective and will remain under review.

Scope:
This procedure applies to all clinical settings where there is a nursing provision and who may utilise additional hours, bank, overtime, and agency.

To be read in conjunction with:
815 Counter Fraud, Bribery and Corruption Policy (opens in a new tab)
435 - All Wales NHS staff to Raise Concerns Procedure (opens in a new tab)

Owning group: Workforce & OD team

Executive Director: Director of Workforce & OD

Glossary of terms

- **Bank Staff**– workers who are employed via the Health Board Bank.
- **Additional hours** – Additional hours are any hours that are worked up to and including 37.5hrs.
- **Overtime** - Overtime is defined as hours, more than 37.5hrs per week.
- **Agency worker –** workers who are employed by a service provider agency on an as needed basis.

Scope

This procedure applies to all Registered Nurses and Health Care Support Workers across the Health Board and covers the use of additional hours, bank, overtime, and agency.

Aim

The aim of this document is to:

- Ensure that any staffing deficits are covered by maximising the correct skill mix and experience with the aim of ensuring patient safety and staff wellbeing, in the most cost-effective way.

Procedure

Definitions:

- **Bank Staff**– workers who are employed via the Health Board bank who are available to cover increased demand, short term absence or longer-term projects.
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- **Overtime** - Overtime is defined as hours, in excess of 37.5hrs per week. For staff working a portion of the standard 37.5 hours, overtime starts when these staff work over 37.5 hours. All staff in pay band 1 to 7 will be eligible for overtime payments. There is a single harmonised rate of time and a half for all overtime, with the exception of work on general public holidays which will be paid at double time. The overtime rates will apply whenever overtime hours are worked, unless time off in lieu is taken, provided the employee's line manager or team leader has agreed with the employee to this work being performed as overtime (NHS Terms and Conditions of Service Handbook, 2024). Overtime rates will apply if the shift is worked on the staff member's own ward. If a staff member works on another ward, then this should be paid as a bank shift.
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Fraud, bribery, and corruption:

All staff are required to comply with the Health Board's policies and procedures and apply best practice to prevent fraud, bribery, and corruption. Staff should be made aware of their own responsibilities in protecting the Health Board from these crimes.

All staff have a duty to notify the Local Counter Fraud Department of any suspected fraud or inappropriate actions and are protected by the 435 - All Wales NHS staff to Raise Concerns Procedure (opens in a new tab). Anyone who suspects fraud or has any concerns reference Fraud Bribery and Corruption can make a referral by contacting the Counter Fraud Department by either of the following methods:

- Telephoning the office on 01267 248627,
- Emailing HDUHB.CounterFraudTeam.HDD@wales.nhs.uk
- Making an online referral at https://reportfraud.cfa.nhs.uk or
- Making an anonymous referral by telephoning Crimestoppers on 0800 028 40 60.

Staff should refer to the 815 Counter Fraud, Bribery and Corruption Policy (opens in a new tab) for further information.

Scope

This procedure applies to all Registered Nurses and Health Care Support Workers across the Health Board and covers the use of additional hours, bank, overtime, and agency.

Aim

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- Ensure that any staffing deficits are covered by maximising the correct skill mix and experience with the aim of ensuring patient safety and staff wellbeing, in the most cost-effective way.

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All staff have a duty to notify the Local Counter Fraud Department of any suspected fraud or inappropriate actions and are protected by the All Wales Raising Concerns (Whistleblowing) Policy. Anyone who suspects fraud or has any concerns reference Fraud Bribery and Corruption can make a referral by contacting the Counter Fraud Department by either of the following methods:

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- Making an online referral at https://reportfraud.cfa.nhs.uk or
- Making an anonymous referral by telephoning Crimestoppers on 0800 028 40 60.

Staff should refer to the Counter Fraud, Bribery and Corruption Policy for further information.

Procedure:

- Services should be organised in a way which minimises the need to secure additional staff hours (Days, Evenings and Nights should be assigned equitably between staff).
- The booking of additional hours, bank and overtime should be prioritised over agency workers, if you are unsure, please speak to a senior nurse.
- When authorising additional hours and overtime, the staff member's sickness absence history should be reviewed for any patterns of concern. The decision to authorise additional hours and overtime should take into account the staff member's wellbeing. Where high sickness has been identified, this should be highlighted to the Senior Nurse Manager.

Registered Nurses**:** the booking of additional, bank, overtime hours to cover the required shift (including the banding required) must follow the escalation process:

RN deficits	**Timeline**	**Process**	**Authorisation**
Bank	Available to all staff with a bank contract once the roster is published – unfilled shifts should be sent to bank as soon as the roster is published (6 weeks in advance)	Shift to be sent to bank via allocate as soon as the roster is published	Ward Manager
Additional Hours	Available to all substantive staff once the roster is published	Shift added by Ward Manager onto Allocate	Ward Manager
Overtime – all shifts	No more than 5 days in advance of the shift	Shift added by Ward Manager onto Allocate. SNM or equivalent to mark the shift as overtime on Allocate	Senior Nurse Manager or equivalent (8a level or above)
Agency – sickness	Agency should only be considered once bank, additional hours and overtime options have been exhausted. No more than 72 hours in advance of the shift (72 hours has been agreed so that episodes of sickness that create deficits over the weekend can be managed appropriately)	The shift to be marked as 'sent to agency' by the Head of Service/ nominated deputy only. Only those with sickness as a reason will be sent to agency 72 hours in advance. The roster will be scrutinised, where appropriate, before the shift is sent to agency	Head of Service/Nursing or Deputy Head of Service/Nursing. In the absence of the Head of Service/Nursing the Assistant Director of Nursing will be required to authorise the shift (this should be the exception rather than the norm)
Agency – all other reasons	No more than 24 hours in advance of the shift	The shift to be marked as 'sent to agency' by the Head of Service/ nominated deputy only	Head of Service/Nursing or Deputy Head of Service/Nursing.

RN deficits	Timeline	Process	Authorisation
			In the absence of the Head of Service/Nursing, the Assistant Director of Nursing will be required to authorise the shift (this should be the exception rather than the norm)
Agency – out of hours	no more than 24 hours in advance of the shift	The shift to be marked as 'sent to agency' by the out of hours service and the ***out of hours team will contact the agencies directly***	Out of Hours arrangements (i.e. site manager for the acute sites & community hospitals, the out of hours team for the mental health inpatient wards).

In the absence of the Head of Nursing/service, Deputy Head of Nursing and the Assistant Director of Nursing, the shift required will be escalated to Agencyescalations.hdd@wales.nhs.uk (opens in a new tab) which is covered by the corporate nursing team Mon-Fri (9-5pm).

Where additional duties tiles are required then these should not be added to the roster until the request has been authorised.

Please note that the function which enables shifts to be sent to agency will not be available to the Roster Managers and Senior Nurse Managers. This function will only be enabled for Head of Service/Nursing/Deputy Head of Service/Nursing and the team covering the out of hours arrangements.

In the event that the unfilled shift is a Band 6 or above, the individual booked to fill the shift must have the required skill set to be able to fill the requirements of the shift.

Planned Agency requests:

- In the event that the agency cover is required for 'planned' requests e.g. vacancy, additional requirements due to service change or surge (this list is not exhaustive), then a request will need to be submitted to Financial Control Sub Group in advance of the shift being worked, this shift should not be booked until authorisation has been granted.
- In the event that Band 6 or above staff indicate that they can cover a RN Band 5 deficit, then this should be covered as a bank shift at Band 5. Where there is a need for a band 5 shift to be covered by staff of a higher banding then this request will need to be submitted to the Financial Control Sub Group in advance of the shift being worked, this shift should not be booked until authorisation has been granted.

Communication and Collaboration

- Hold regular meetings with teams to discuss temporary workforce utilisation and the reasons for this use e.g. vacancies, sickness, out of hours requests.
- Ensure clear communication channels are maintained.

Monitoring and Evaluation

- Regularly review the effectiveness of the escalation process.
- Monitor the reasons for requests for shifts sent to agency.
- Monitor Agency Staff shift cancellations and report those that repeatedly cancel shifts or send unknown replacements to the Senior Workforce Manager Bank and E-Rostering.
- Undertake spot audits of the authorisation process for overtime and agency.
- Undertake spot audits of the risk assessments.

Documentation

- Maintain records of the risk assessments and staffing plans.
- Ensure all documentation is up-to-date and accessible to relevant staff.
- All hours worked by agency staff should reflect hours actually worked and any adjustments are to be noted on allocate as soon as possible.

Health Care Support Workers

HCSW deficits	Timeline	Process	Authorisation
Bank	Available to all staff with a bank contract once the roster is published	shift to be sent to bank via allocate as soon as the roster is published	Ward Manager
Additional Hours	Available to all substantive staff once the roster is published	Shift added by Ward Manager onto Allocate	Ward Manager
Overtime – all shifts	No more than 5 days in advance of the shift	Shift added by Ward Manager onto Allocate. SNM or equivalent to mark the shift as overtime on Allocate	Senior Nurse Manager or equivalent (8a or above)

As of the 1st of November 2024, the use of HCSW agency will no longer be supported.

Enhanced Patient Support – Request for Additional HCSW:

- A review of the patient requiring enhanced patient support should be undertaken every 24 hours.
- Enhanced support does not always mean that additional staff would be required.
- Where additional staff would be required to support the patient, the review should include an assessment of the clinical environment both, at ward and site level. The assessment is about what enhanced support the patient required but also how we will provide the patient with the required support.
- Where additional staff would be required, no member of staff (substantive or temporary) should be expected to be with the patient(s) for the duration of their shift – this should be rotated between all the staff on duty.
- Consideration should be given to deploying staff from within the site or service in the first instance.
- Utilising temporary staff should only be considered when all other options have been explored.

Responsibilities

- Ward Sister/Charge Nurse: Complete the risk assessment and ensure sign off by the Senior Nurse Manager (taking into account any additional resource already built into the ward establishment to support patients requiring enhanced support).
- Senior Nurse Managers: Support ward area with deficit taking a strategic workforce view of the site. If unable to find cover send request on to Deputy or Head of Nursing for authorisation. The Senior Nurse Manager or equivalent (or site manager/out of hours team out of hours) will be responsible for assessing the staffing arrangement across the site/service and determining whether there are staff that can be deployed to support the patient(s) requiring EPS. In the event that there is no staff that can be deployed then the use of temporary staff can be considered.
- Head of Nursing/Service (or nominated deputy): Authorise the risk assessment and approve staffing changes.

Any request for additional staff to support patients requiring and enhanced level of care must be supported by a risk assessment and authorised by the Head of Nursing/Service or nominated deputy:

HCSW Enhanced Patient Support requests	**Timeline**	**Process**	**Authorisation**
Bank	No more than 72 hours in advance of the shift	Shift to be sent to bank via allocate as soon as the shift is added to the system	Head of Service/Nursing or nominated deputy
Additional Hours	No more than 72 hours in advance of the shift	Shift added by Ward Manager onto Allocate	Head of Nursing/Service or nominated deputy
Overtime – all shifts	No more than 72 hours in advance of the shift	Shift added by Ward Manager onto Allocate. SNM or equivalent to mark the shift as overtime on Allocate	Head of Nursing/Service or nominated deputy

Where additional duties tiles are required then these should not be added to the roster until the request has been authorised.

Communication and Collaboration

- Hold regular meetings with healthcare teams to discuss patient needs and staffing changes.
- Ensure clear communication channels are maintained.

Monitoring and Evaluation

- Regularly review the effectiveness of the enhanced support provided.
- Undertake spot audits of the risk assessments.
- Gather feedback from staff and patients to identify areas for improvement.
- Monitor Agency Staff shift cancellations and report those that repeatedly cancel shifts or send unknown replacements to the Senior Workforce Manager Bank and E-Rostering.

Documentation

- Maintain records of all needs assessments, staffing plans, and risk assessments.
- Ensure all documentation is up-to-date and accessible to relevant staff.
- All hours worked by agency staff should reflect hours actually worked and any adjustments are to be noted on allocate as soon as possible.

Review:

These guidelines will be reviewed periodically to ensure they remain effective and aligned with the financial objectives of the Health Board. They will be reviewed in partnership with our trade union colleagues.

Appendix 4 - Roster approval process – Change into workflow

Roster approval process – Change into workflow

Approval is a two-level process with initial approval by the Senior Sister/Charge Nurse/Midwife and final approval by a Senior Nurse/Midwife (NHS Improvement, 2018). The Senior Sister/Charge Nurses/Midwife and Senior Nurse/Midwife need to:

- Check all shifts have been filled and the contracted hours are fully assigned.
- Check annual leave hours are accurate and no anomalies.
- Check sickness hours are accurate, and episodes of sickness have been recorded accurately.
- Check staff leavers have been removed and the net hours adjusted accordingly.
- Check staff starters have been added to the e-roster, supernumerary shifts have been entered and net hours adjusted accordingly.
- Check the net hours column for all staff – it is good practice that the net hours should not exceed a long day shift (e.g. 10.5, 11, 11.5 or 12 hours shift times).
- Cross check the roster against the staffing requirements of the ward/ department checking that each shift has the agreed total number of staff and skill mix.
- If there are any additional duties rostered, check that information has been provided as to why and that the reasons are acceptable and agreed Check whether the unfilled duties for which the ward/ department are seeking to request bank need to be backfilled or can be filled in an alternative way.
- Annual and study/ training leave is evenly distributed and is consistent with the % calculated for the ward. • The unsocial hours have been rostered fairly between all staff.
- Within this roster period there should be no staff working: ¬
    - More or less than their contracted hours (+/- 11.5hrs). ¬
    - Overtime.
- Unless agreed by exception and the reason for exception has been provided to the roster approver and is deemed to be acceptable.
- The roster is within the ward/ department budget

NOTE: On occasion to further promote efficient and effective rostering the approval process may be temporarily changed to provide additional support to the Senior Sister.

Booking Registered Nurse or Health Care Support Workers additional hours, bank, overtime, and agency

Procedure information

Procedure number: *Enter procedure number (policy team)*

Classification:
Corporate/Employment/Clinical/Financial (*please delete as relevant)*

Version number:
Detail the version number.

Date of Equality Impact Assessment:
Detail date of EqIA

Approval information

Approved by:
Detail which group/committee has approved this document.

Date of approval:
Enter approval date

Date made active:
Enter date made active (completion by policy team)

Review date:
Enter review date (normally three years from approval date)

Summary of document:
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This procedure applies to all clinical settings where there is a nursing provision and who may utilise additional hours, bank, overtime, and agency.

To be read in conjunction with:
Detail any approved Health Board policy/procedures which must be read in conjunction with

Owning group:
Name the group with ongoing responsibility for this document.
Date signed off by owning group

Executive Director job title:
Detail who is the Executive lead for this document

Reviews and updates:
Provide version overview.

Glossary of terms

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1. **Registered Nurses:** the booking of additional, bank, overtime hours to cover the required shift (including the banding required) must follow the escalation process:

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Overtime – all shifts	No more than 5 days in advance of the shift	Shift added by Ward Manager onto Allocate. SNM or equivalent to mark the shift as overtime on Allocate	Senior Nurse Manager or equivalent (8a level or above)
Agency – sickness	Agency should only be considered once bank, additional hours and overtime options have been exhausted. No more than 72 hours in advance of the shift (72 hours has been agreed so that episodes of sickness that create deficits over the	The shift to be marked as 'sent to agency' by the Head of Service/ nominated deputy only. Only those with sickness as a reason will be sent to agency 72 hours in advance. The roster will be scrutinised, where	Head of Service/Nursing or Deputy Head of Service/Nursing. In the absence of the Head of Service/Nursing the Assistant Director of Nursing will be required to authorise the shift

	weekend can be managed appropriately)	appropriate, before the shift is sent to agency	(this should be the exception rather than the norm)
Agency – all other reasons	No more than 24 hours in advance of the shift	The shift to be marked as 'sent to agency' by the Head of Service/ nominated deputy only	Head of Service/Nursing or Deputy Head of Service/Nursing. In the absence of the Head of Service/Nursing, the Assistant Director of Nursing will be required to authorise the shift (this should be the exception rather than the norm)
Agency – out of hours	no more than 24 hours in advance of the shift	The shift to be marked as 'sent to agency' by the out of hours service and the ***out of hours team will contact the agencies directly***	Out of Hours arrangements (i.e. site manager for the acute sites & community hospitals, the out of hours team for the mental health inpatient wards).

In the absence of the Head of Nursing/service, Deputy Head of Nursing and the Assistant Director of Nursing, the shift required will be escalated to Agencyescalations.hdd@wales.nhs.uk which is covered by the corporate nursing team Mon-Fri (9-5pm).

Where additional duties tiles are required then these should not be added to the roster until the request has been authorised.

Please note that the function which enables shifts to be sent to agency will not be available to the Roster Managers and Senior Nurse Managers. This function will only be enabled for Head of Service/Nursing/Deputy Head of Service/Nursingand the team covering the out of hours arrangements.

In the event that the unfilled shift is a Band 6 or above, the individual booked to fill the shift must have the required skill set to be able to fill the requirements of the shift.

Planned Agency requests:

- In the event that the agency cover is required for 'planned' requests e.g. vacancy, additional requirements due to service change or surge (this list is not exhaustive), then a request will

need to be submitted to Financial Control Sub Group in advance of the shift being worked, this shift should not be booked until authorisation has been granted.

- In the event that Band 6 or above staff indicate that they can cover a RN Band 5 deficit, then this should be covered as a bank shift at Band 5. Where there is a need for a band 5 shift to be covered by staff of a higher banding then this request will need to be submitted to the Financial Control Sub Group in advance of the shift being worked, this shift should not be booked until authorisation has been granted.

Communication and Collaboration

- Hold regular meetings with teams to discuss temporary workforce utilisation and the reasons for this use e.g. vacancies, sickness, out of hours requests.
- Ensure clear communication channels are maintained.

Monitoring and Evaluation

- Regularly review the effectiveness of the escalation process.
- Monitor the reasons for requests for shifts sent to agency.
- Monitor Agency Staff shift cancellations and report those that repeatedly cancel shifts or send unknown replacements to the Senior Workforce Manager Bank and E-Rostering.
- Undertake spot audits of the authorisation process for overtime and agency.
- Undertake spot audits of the risk assessments.

Documentation

- Maintain records of the risk assessments and staffing plans.
- Ensure all documentation is up-to-date and accessible to relevant staff.
- All hours worked by agency staff should reflect hours actually worked and any adjustments are to be noted on allocate as soon as possible.

2. **Health Care Support Workers**

HCSW deficits	Timeline	Process	Authorisation
Bank	Available to all staff with a bank contract once the roster is published	shift to be sent to bank via allocate as soon as the roster is published	Ward Manager
Additional Hours	Available to all substantive staff once the roster is published	Shift added by Ward Manager onto Allocate	Ward Manager
Overtime – all shifts	No more than 5 days in advance of the shift	Shift added by Ward Manager onto Allocate. SNM or equivalent to mark the shift as overtime on Allocate	Senior Nurse Manager or equivalent (8a or above)

As of the 1st of November 2024, the use of HCSW agency will no longer be supported.

2.1 Enhanced Patient Support – Request for Additional HCSW:

- A review of the patient requiring enhanced patient support should be undertaken every 24 hours.
- Enhanced support does not always mean that additional staff would be required.

- Where additional staff would be required to support the patient, the review should include an assessment of the clinical environment both, at ward and site level. The assessment is about what enhanced support the patient required but also how we will provide the patient with the required support.
- Where additional staff would be required, no member of staff (substantive or temporary) should be expected to be with the patient(s) for the duration of their shift – this should be rotated between all the staff on duty.
- Consideration should be given to deploying staff from within the site or service in the first instance.
- Utilising temporary staff should only be considered when all other options have been explored.

Responsibilities

- Ward Sister/Charge Nurse: Complete the risk assessment and ensure sign off by the Senior Nurse Manager (taking into account any additional resource already built into the ward establishment to support patients requiring enhanced support).
- Senior Nurse Managers: Support ward area with deficit taking a strategic workforce view of the site. If unable to find cover send request on to Deputy or Head of Nursing for authorisation. The Senior Nurse Manager or equivalent (or site manager/out of hours team out of hours) will be responsible for assessing the staffing arrangement across the site/service and determining whether there are staff that can be deployed to support the patient(s) requiring EPS. In the event that there is no staff that can be deployed then the use of temporary staff can be considered.
- Head of Nursing/Service (or nominated deputy): Authorise the risk assessment and approve staffing changes.

Any request for additional staff to support patients requiring and enhanced level of care must be supported by a risk assessment and authorised by the Head of Nursing/Service or nominated deputy:

HCSW Enhanced Patient Support requests	**Timeline**	**Process**	**Authorisation**
Bank	No more than 72 hours in advance of the shift	Shift to be sent to bank via allocate as soon as the shift is added to the system	Head of Service/Nursing or nominated deputy
Additional Hours	No more than 72 hours in advance of the shift	Shift added by Ward Manager onto Allocate	Head of Nursing/Service or nominated deputy
Overtime – all shifts	No more than 72 hours in advance of the shift	Shift added by Ward Manager onto Allocate. SNM or equivalent to mark the shift as overtime on Allocate	Head of Nursing/Service or nominated deputy

Where additional duties tiles are required then these should not be added to the roster until the request has been authorised.

Communication and Collaboration

- Hold regular meetings with healthcare teams to discuss patient needs and staffing changes.
- Ensure clear communication channels are maintained.

Monitoring and Evaluation

- Regularly review the effectiveness of the enhanced support provided.
- Undertake spot audits of the risk assessments.
- Gather feedback from staff and patients to identify areas for improvement.
- Monitor Agency Staff shift cancellations and report those that repeatedly cancel shifts or send unknown replacements to the Senior Workforce Manager Bank and E-Rostering.
-

Documentation

- Maintain records of all needs assessments, staffing plans, and risk assessments.
- Ensure all documentation is up-to-date and accessible to relevant staff.
- All hours worked by agency staff should reflect hours actually worked and any adjustments are to be noted on allocate as soon as possible.

Review:

These guidelines will be reviewed periodically to ensure they remain effective and aligned with the financial objectives of the Health Board. They will be reviewed in partnership with our trade union colleagues.

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full EqIA.

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Director and Directorate	Lisa Gostling, Workforce & OD
Service Area	Rostering

Title of Procedure, Project, Proposal, Policy being screened:	Rostering Policy

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

This policy sets out how Hywel Dda University Health Board will manage staff rostering to ensure services have safe staffing levels and appropriate skill mix of staff as required to maximise the quality of patient care and reduce clinical and non-clinical risk. The Health Board by appropriate rostering, must support staff to comply with European Working Time Directive. While achieving all this, the Health Board will reasonably consider requests to promote work life balance for staff in line with policy.

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

A Policy group has been set up to review the current policy and to agree any required changes and updates, the group has comprised of Senior nurse from the corporate nursing team, Registered Nurse, Trade union representative, HR manager, e-Rostering workforce manager and workforce systems manager. There have been no complaints regarding the policy since the last update, and no other negatives have arisen since the original EqIA was completed.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact)**.**

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: Equality Impact Assessments (EqIAs) (sharepoint.com)

Age
Is it likely to affect older and younger people in different ways or affect one age group and not another?

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems. It will not impact any persons with a protected characteristic differently to others.

Disability
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems. It will not impact any persons with a protected characteristic differently to others.

Gender Reassignment
Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems. It will not impact any persons with a protected characteristic differently to others.

Marriage / Civil Partnership
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems. It will not impact any persons with a protected characteristic differently to others.

Pregnancy and Maternity
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems. It will not impact any persons with a protected characteristic differently to others.

Race / Ethnicity
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems. It will not impact any persons with a protected characteristic differently to others.

Religion or Belief
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact	✓	Negative Impact		No Impact	

Justification of impact identified: The policy includes advice and support for staff who have spiritual and holistic needs which need to be considered in the rostering of shifts.

Sex
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems. It will not impact any persons with a protected characteristic differently to others.

Sexual Orientation
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems. It will not impact any persons with a protected characteristic differently to others.

Armed Forces Community
Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:
Armed-Forces-Covenant-duty-statutory-guidance

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems. It will not impact any persons with a protected characteristic differently to others.

Socio Economic Duty
Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This policy sets out the operational delivery framework to ensure high quality, efficient rosters are generated consistently throughout rostered areas of the Health Board using electronic rostering systems. It will not impact any persons with a protected characteristic differently to others.					
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: All staff on E-rosters who can speak Welsh have the welsh icon next to their name. This clear visibility of welsh speakers on wards across the Health Board allows ward managers and senior managers to easily identify welsh speaking staff. This is particularly useful if a patient requires communication through the medium of welsh. This supports the Health Board principle that Welsh and English languages are on equal basis and that patients should be provided with a service in their first language					

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

Screening Completed by:	Name	Michelle James
	Title	Head of Resourcing & Utilisation
	Contact details	Michelle.james@wales.nhs.uk
	Date	14th April 2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Assistant Director People Management
	Contact details	Heather Hinkin
	Date	14th April 2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Eiddan Harries
	Title	Diversity and Inclusion Officer
	Contact details	Eiddan.harries@wales.nhs.uk
	Date	22.05.2025
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.

Shared Parental Leave Procedure

Procedure information

Procedure number: 438
Classification: Employment
Supersedes: Previous Versions
Version number: 4
Date of Equality Impact Assessment: 22.10.2025

Approval information

Approved by: People, Organisational Development and Culture Committee (PODCC)
Date of approval:
Date made active:
Review date

Summary of document: Shared parental leave enables eligible parents to choose how to share the care of their child during the first year of birth or adoption.

Scope: This procedure applies to all staff whether they are the mother, birthing parent, adopter, spouse or the partner. The term partner/spouse applies regardless of gender and sexual orientation.

To be read in conjunction with:
Agenda for Change Terms and Conditions
1085 - Leave and Pay for New and Existing Parents Policy (opens in a new tab)

Owning group: Workforce & OD Directorate

Executive Director job title: Director of Workforce and Organisational Development

Reviews and updates:
1.0 – New Procedure
2.0 – Full Review
3.0 – Review
4.0 - Review

Keywords: Shared, Parental, Leave

Glossary of terms
SPL – Shared Parental Leave
UHB – University Health Board
SMP – Statutory Maternity Pay
SAP - Statutory Adoption Pay
MA - Maternity Allowance
SPLIT - Shared Parental Leave in Touch
OD – Organisational Development

Contents

Introduction

Shared Parental Leave enables eligible parents to choose how to share the care of their child during the first year of birth or adoption. Its purpose is to give parents more flexibility in considering how to best care for, and bond with, their child. Parents will be able to share a pot of leave and can decide to be off work at the same time and/or take it in turns to have periods of leave to look after the child.

All eligible employees regardless of gender have a statutory right to take Shared Parental Leave. There may also be an entitlement to some Statutory Shared Parental Pay. This policy sets out the statutory rights and responsibilities of employees who wish to take statutory Shared Parental Leave and Statutory Shared Parental Pay.

Scope

This procedure applies to all staff whether they are the mother, birthing parent, adopter, spouse or the partner.

Both parents must ensure that they are each liaising with their own employer to ensure that requests for Shared Parental Leave are handled as smoothly as possible.

Aim

The aim of this document is to:

- The rules covering Shared Parental Leave are fairly complex; this procedure ensures that employees of Hywel Dda University Health Board (the UHB) are informed of their entitlements and provides a straightforward summary of the actions they and their managers need to take.

Objectives

The aim of this document will be achieved by the following objectives:

- To provide comprehensive information to employees on their entitlements with regards to Shared Parental Leave and Pay
- To provide the fair, consistent and effective application of Shared Parental Leave provisions

Entitlement to Shared Parental Leave

Shared Parental Leave can only be used by two people:

- The mother/birthing parent/adopter **and**
  One of the following:
  - the father of the child (in the case of birth) or
  - the spouse, civil partner or partner of the child's mother, birthing parent/ adopter.

Both parents must share the main responsibility for the care of the child at the time of the birth/placement for adoption. Additionally, an employee seeking to take Shared Parental Leave must satisfy the continuity of employment test as set out in the Agenda for Change Terms and Conditions Handbook NHS Terms and Conditions of Service Handbook | NHS Employers (opens in a new tab). The employee must still be working for the UHB at the start of each period of Shared Parental Leave, and the employee must correctly notify the UHB of their entitlement and provide evidence as required.

Amount of Shared Parental Leave Available

The number of weeks available depends on when the mother/birthing parent/adopter brings their maternity/adoption leave to an end. They are entitled to a maximum of 52 weeks maternity or adoption leave, but can choose to end this early and take any remaining weeks as Shared Parental Leave.

Shared parental leave must be taken in blocks of at least one week. The employee can request to take shared parental leave in one continuous block (in which case the organisation is required to accept the request as long as the employee meets the eligibility and notice requirements), or as a number of discontinuous blocks of leave (in which case the employee needs the organisation's agreement).

The first two weeks following birth are the compulsory maternity leave period and are reserved for the mother/birthing parent/adopter. This means that the mother/birthing parent/adopter cannot curtail their maternity leave to take shared parental leave until two weeks after the birth and the maximum period that the parents could take as shared parental leave is 50 weeks between them (although it will normally be less than this because of the maternity leave that mothers/birthing parents/adopters usually take before the birth).

The mother/birthing parent/adopter does not necessarily have to have ended their maternity/adoption leave for their partner to take Shared Parental Leave, as long as they have given notice to curtail their leave at a specified future date and the total amount of leave taken by both parents does not exceed 52 weeks.

If the mother/birthing parent/adopter is not entitled to maternity/adoption leave but is entitled to Statutory Maternity Pay (SMP), Statutory Adoption Pay (SAP) or Maternity Allowance (MA), they must reduce their entitlement to less than the 39 weeks. If they do this, their partner may be entitled to up to 50 weeks of SPL. This is calculated by deducting from 52 the number of weeks of SMP, SAP or MA taken by the mother/birthing parent/adopter.

SPL can commence as follows:

- The pregnant employee can take SPL after they have taken the legally required two weeks of maternity leave immediately following the birth of the child
- The adopter can take SPL after taking at least two weeks of adoption leave
- The father/partner/spouse can take SPL immediately following the birth/placement of the child, but may first choose to exhaust any paternity leave entitlements (as the father/partner/spouse cannot take paternity leave or pay once they have taken any SPL or ShPP).

Where a mother/birthing parent/adopter gives notice to curtail their maternity/adoption entitlement then the mother/birthing parent/adopter’s partner can take leave while the mother/birthing parent/adopter is still using their maternity/adoption entitlements.

SPL will generally commence on the employee's chosen start date specified in their leave booking notice, or in any subsequent variation notice (see "Booking Shared Parental Leave" and "Variations to arranged Shared Parental Leave" below).

Shared Parental Leave must end no later than one year after the birth/placement of the child. Any Shared Parental Leave not taken by the first birthday or first anniversary of placement for adoption is lost.

(N.B. the partner may also be entitled to two weeks paternity leave and they are encouraged to use this before taking shared parental leave. If they do not do so they will lose any untaken paternity leave entitlement).

Notice Requirements for Shared Parental Leave

The notices that the parents must give to their employer to be able to take Shared Parental Leave are made up of three elements. They are:

- A "curtailment notice" from the mother /birthing parent/adopter setting out when they propose to end their maternity /adoption leave (unless they have already returned to work from maternity or adoption leave);
- A "notice of entitlement and intention" from the employee giving an initial, non-binding indication of each period of Shared Parental Leave that they are requesting; and
- A "period of leave notice" from the employee setting out the start and end dates of each period of Shared Parental Leave that they are requesting.

The notice periods set out below (see Maternity/Adoption Curtailment Notice, Employee's notice of entitlement and intention and Employee's period of leave notice) are the minimum required by law. However, the earlier the employee informs the UHB organisation of their intentions, the more likely it is that the UHB will be able to accommodate them, particularly if the employee wants to take periods of discontinuous leave.

See Appendix 1 - Summary of Shared Parental Leave Application Process (opens in new tab).

Maternity / Adoption Curtailment Notice

Before either parent can take Shared Parental Leave, the mother /birthing parent/adopter must give notice of their intention to end their maternity / adoption leave by completing, in full, the curtailment notice Appendix 2 - SPL Curtailment Notice (opens in new tab) and submitting it to their line manager.

The curtailment notice can be provided before or after the birth/adoption but must be in writing and state the date on which maternity/adoption leave is to end. That date must be:

- after the two week compulsory maternity leave period, or after the adopter has taken two weeks adoption leave
- at least eight weeks after the date on which the mother/birthing parent/adopter gave the maternity leave curtailment notice to her employer; and
- at least one week before what would be the end of the maternity / adoption leave period.

The mother/birthing parent/adopter must provide her maternity leave curtailment notice at the same time they provides either her notice of entitlement and intention or a declaration of consent and entitlement signed by the mother/birthing parent/adopter confirming that their partner has given their employer a notice of entitlement and intention (see Employee's notice of entitlement and intention below).

All receipt of Curtailments notices received by the UHB will be confirmed in writing Appendix 3 - Confirmation of Entitlement to Shared Parental Leave (opens in new tab).

Revocation of Maternity Leave Curtailment Notice

Once the mother / birthing parent /adopter has given notice to end their maternity or adoption leave this is binding and can only be withdrawn in limited circumstances. The withdrawal of a maternity leave

curtailment notice must be in writing and can be given only if the mother/ birthing parent/adopter has not returned to work. The mother/birthing parent/adopter can withdraw their maternity leave curtailment notice if:

- It is discovered that neither the mother/birthing parent/adopter nor the partner are entitled to shared parental leave or statutory shared parental pay and the mother/birthing parent/adopter withdraws their maternity leave curtailment notice within eight weeks of the date on which the notice was given;
- The maternity leave curtailment notice was given before the birth of the child and the mother/birthing parent/adopter withdraws their maternity leave curtailment notice within six weeks of the child's birth; or
- The partner has died.

Notice of Entitlement and Intention

Employee who are entitled and intend to take Shared Parental Leave must give their line manager written notice of this at least eight weeks before they can take any period of Shared Parental Leave. This can be done at the same time as the curtailment notice, or separately, as long as the required 8 weeks notice is given.

In order to ensure that the correct notification is given it is essential that the employee completes, in full, the Notice of Entitlement form (mother/birthing parent/adopter) Appendix 4 - SPL - Notice of Entitlement and Intention (Mother/Birthing Parent/Adopter) (opens in new tab) and Appendix 5 - Notice of Entitlement and Intention (Partner) (opens in new tab). Failure to complete all sections of this form may affect their eligibility for Shared Parental Leave.

The UHB will ask for a copy of the birth certificate/parental order or evidence of when they were matched with the child, and the name and business address of the partner's employer within 14 days of the Shared Parental Leave entitlement notification being given. In order to be entitled to Shared Parental Leave, the employee must produce this additional information within 14 days of the request.

If either parent wishes to claim Shared Parental Pay then the mother/birthing parent/adopter must also give notice to reduce or end their maternity / adoption pay entitlement. The notice to claim Shared Parental Pay is included in the Notice of Entitlement form.

Variation or Cancellation of Notice of Entitlement and Intention

The details provided in the Notice of Entitlement and Intention are not binding and can be varied (or cancelled) until a Period of Leave Notice in relation to that period of leave is submitted. To change the allocation of leave between them, both parents must notify their employer in writing of the following:

- Details of their original division of leave
- Advising of the fact they are changing it
- An indication as to when the employee intends to take shared parental leave (including the start and end dates for each period of leave);

Both parents must sign the notice to confirm that they are in agreement with the variation.

Period of Leave Notice

Employees should complete the Period of Leave Notice Form: Appendix 6 - Period of Leave Notice (opens in new tab) and submit it to their manager.

The Period of Leave Notice form must be submitted at least 8 weeks before the start date of the first period of shared parental leave requested in the notice. In many cases this notice may be given at the same time as a notice of entitlement and intention. However, while the notice of entitlement and intent can be varied any number of times, employees are only entitled to submit three separate notices to book leave. Any variation to leave already booked will, in most circumstances, count as one of the three notices. Both parents are therefore advised to ensure that they have detailed discussions about their wishes with their line manager before submitting the Period of Leave Notice. However, a change as a result of a child being born early, or as a result of the organisation requesting it be changed, and the employee being agreeable to the change, will not count as further notification. Any variation will be confirmed in writing by the organisation.

If the child has not been born the Period of Leave Notice can specify that the leave will commence after a period of time following the birth.

Continuous Leave Notifications
A notification can be for a period of **continuous leave**, which means a notification of a number of weeks taken in a single unbroken period of leave (for example, six weeks in a row).

An employee has the right to take a continuous block of leave notified in a single notification, so long as it does not exceed the total number of weeks of SPL available to them (specified in the notice of entitlement) and the employer has been given at least eight weeks' notice.

E.g. An employee can submit a request for 3 weeks leave in January (given the correct notice) which would have to be agreed. Then submit a later request (again with the correct notice) for 3 weeks leave in March that would have to be agreed. The same for another request later in the year for a further 3 weeks in May.

Discontinuous Leave Notifications
A single notification may also contain a request for two or more periods of **discontinuous leave**, which means asking for a set number of weeks of leave over a period of time, with breaks between the leave where the employee returns to work (for example, an arrangement where an employee will take six weeks of SPL and work every other week for a period of three months).

Where there is concern over accommodating the notification, the organisation or the employee may seek to arrange a meeting to discuss the notification with a view to agreeing an arrangement that meets both the needs of the employee and the organisation.

Responding to a Shared Parental Leave Notification

All notices for Shared Parental Leave will be confirmed in writing Appendix 7 - Confirmation of Shared Parental Leave Booking (opens in new tab).

Each request for discontinuous leave will be considered on a case-by-case basis. Agreeing to one request will not set a precedent or create the right for another employee to be granted a similar pattern of Shared Parental Leave.

The employee will be informed in writing of the decision as soon as is reasonably practicable, but no later than the 14th day after the leave notification was made. The request may be granted in full or in part: for example, the organisation may propose a modified version of the request.

If a discontinuous leave pattern is refused (See Appendix 8 Letter Confirming Refusal of a Discontinuous Leave Booking Appendix 8 - SPL: Refusal of a Discontinuous Leave (opens in new tab) then the employee may withdraw the request without detriment on or before the 15th day after the notification was given; or may take the total number of weeks in the notice in a single continuous block. If the employee chooses to take the leave in a single continuous block, the employee has until the 19th day from the date the original notification was given to choose when they want the leave period to begin. The leave cannot start sooner than eight weeks from the date the original notification was submitted. If the employee does not choose a start date then the leave will begin on the first leave date requested in the original notification.

Variations of Arranged Shared Parental Leave
The employee is permitted to vary or cancel an agreed and booked period of SPL, provided that they advise the organisation in writing at least eight weeks before the date of any variation.

Any variation or cancellation notification made by the employee, including notice to return to work early, will usually count as a new notification reducing the employee's right to book/vary leave by one. Any variation will be confirmed in writing by the organisation.

Shared Parental Pay

Statutory Shared Parental Pay may be payable during some or all of Shared Parental Leave, depending on the length and timing of the leave. It is up to the parents as to who is paid the Statutory Shared Parental Pay and how it is apportioned between them.

There is no entitlement to Occupational Maternity or Adoption Pay while on Shared Parental Leave.

Eligibility for Statutory Shared Parental Pay
In addition to meeting the eligibility requirements for Shared Parental Leave, an employee seeking to claim Shared Parental Pay must satisfy each of the following criteria:

- The mother/birthing parent/adopter must be entitled to statutory maternity or adoption pay (or allowance) and must have reduced their maternity/adoption pay period or maternity allowance period;
- The employee must intend to care for the child during the week in which Shared Parental Pay is payable;
- The employee must have an average weekly earnings for the period of eight weeks leading up to and including the 15th week before the child's expected due date/matching date which are not less Than the lower earnings limit in force for national insurance contributions;
- The employee must remain in continuous employment until the first week of Shared Parental Pay has begun;
- The employee must give proper notification in accordance with the rules set out below.

Where an employee is entitled to receive Shared Parental Pay they must, at least eight weeks before receiving any Shared Parental Pay, give their line manager written notice advising of their entitlement to Shared Parental Pay. To avoid duplication, where possible, this should be provided by completing

part two of the Notice of Entitlement form. Appendix 4 - SPL: Notice of Entitlement and Intention (Mother/Birthing Parent/Adopter) (opens in new tab).

Any Shared Parental Pay due will be paid at a rate set by the Government for the relevant tax year.

Terms and Conditions during Shared Parental Leave

Annual Leave
Shared Parental Leave is granted in addition to an employee's normal annual holiday entitlement. Employees are reminded that holiday should wherever possible be taken in the year that it is earned.

NHS Pension Scheme
Contributions will be deducted as usual while an employee is on paid leave.

Contributions due for the unpaid section of an employee's Shared Parental Leave will be accumulated and recovered over the same number of periods as the unpaid leave on the employee's return to work.

If an employee prefers to pay their contributions during their unpaid leave they should contact the payroll department to discuss this.

Returning to Work after Shared Parental Leave
The employee is expected to return on the next working day after the end date of any SPL, unless they notify their manager otherwise. If they are unable to attend work due to sickness or injury, the UHB's normal arrangements for sickness absence will apply. In any other case, late return without prior authorisation will be treated as unauthorised absence.

If the employee wishes to return to work earlier than the expected return date, they may provide a written notice to vary the leave and must give their manager at least eight weeks' notice of their date of early return. This will count as one of the employee's notifications. If they have already used their three notifications to book and/or vary leave then the UHB does not have to accept the notice to return early but may do if it is considered to be reasonably practicable to do so.

Contact during Shared Parental Leave

Before going on Shared Parental Leave, the line manager and employee should discuss and agree any voluntary arrangements for keeping in touch during the Shared Parental Leave period, including:

- Any voluntary arrangements that may help the employee keep in touch with developments at work and, nearer the time of the their return, to help facilitate their return to work
- Keeping the manager in touch with any developments that may affect the intended date of return.

Shared Parental Leave in Touch (SPLIT) Days
The UHB has no right to require the employee to carry out any work and is under no obligation to offer the employee any work, during the employee's Shared Parental Leave. Any work undertaken is a matter for agreement between the line manager and the employee. If a SPLIT day is worked the employee's Shared Parental Pay will be made up to full pay for those hours worked. If the employee is on unpaid Shared Parental Leave they will be paid at the normal hourly rate. If a SPLIT day occurs during a week when the employee is receiving Shared Parental Pay, this will be effectively 'topped up' so that the individual receives full pay for the day in question.

The line manager and the employee may use SPLIT days to effect a gradual return to work by the employee towards the end of a long period of Shared Parental Leave or to trial a possible flexible working pattern.

Fraudulent Claims for Shared Parental Leave and Pay

Employees who deliberately defraud the system could face a significant financial penalty and be required to pay back over claimed ShPP. HMRC will use a risk-based regime to identify those who have over claimed (claimants can be linked to each other via their National Insurance numbers). If fraud is detected or where there is a suspicion that fraudulent information may have been provided, the UHB can investigate the matter further in accordance with the usual investigation and disciplinary procedures, and also without acting in a discriminatory manner in relation to any of the protected characteristics defined in the Equality Act 2010.

Responsibilities

Chief Executive

As Accountable Officer, the Chief Executive has overall responsibility for ensuring the UHB has appropriate WCDs in place. These WCDs must comply with legislation, meet mandatory requirements, and provide services that are safe, evidenced-based and sustainable.

Director of Workforce & OD

The Director of Workforce & OD has responsibility for ensuring that all employment policies are developed in line with employment legislation and practice and are reviewed and updated as appropriate.

Managers

It is the responsibility of the manager in liaison with the Workforce and OD Department to ensure employees are aware of their entitlements under this policy and that any applications are made correctly within appropriate timescales.

Workforce & Organisational Development Department

The Workforce representative will ensure that all applications are processed in an appropriate timescales.

All Staff

It is the responsibility of the employee to notify the UHB that they wish to take Shared Parental Leave and to complete the appropriate application and provide any documentary evidence as required.

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full EqIA.

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Director and Directorate	Director of Workforce & OD
Service Area	Workforce & OD

Title of Procedure, Project, Proposal, Policy being screened:	438 – Shared Parental Leave Procedure

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The policy outlines the rules and regulations governing periods of leave in relation to shared parental leave. It aims to ensure that employees are made aware of their entitlements surrounding shared parental leave provisions and any impact the rules and regulations may have on their pay and employment. It aims to ensure that the HB does not treat any employee less favourably because they are expecting or adopting a child or for any reason connected with shared parental leave.

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

Application of the policy is monitored in Workforce through checking of applications and also via any complaints received in year as to the incorrect application. Lessons learnt can arise from both aspects and changes made to the procedure or further training is given.

This guidance document should be read in conjunction with the Agenda for Change Terms and Conditions Section 15: Leave and Pay for New Parents (England, Wales and Scotland): NHS Terms and Conditions of Service Handbook | NHS Employers

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact)**.**

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: Equality Impact Assessments (EqIAs) (sharepoint.com)

Age Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact		Negative Impact		No Impact	X
Justification of impact identified: This policy applies equally to individuals of all ages and does not result in differential treatment based on age.					
Disability					

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact		No Impact	X
Justification of impact identified: This policy applies equally to individuals of all abilities and does not result in differential treatment based on disability.					

Gender Reassignment Is it likely to affect those who either: Have undergone, intend to undergo or are currently undergoing gender reassignment. Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: This procedure applies to all staff whether they are the mother, birthing parent, adopter, spouse or the partner. All eligible employees regardless of gender have a statutory right to take Shared Parental Leave. There may also be an entitlement to some Statutory Shared Parental Pay.					

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: Shared Parental Leave can only be used by two people: The mother/birthing parent/adopter **and** One of the following: the father of the child (in the case of birth) or the spouse, civil partner or partner of the child's mother, birthing parent/ adopter. This would be regarded as a positive experience for the employee which may allow them to return to work when needed and allows career flexibility.					

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	
Shared Parental Leave enables eligible parents to choose how to share the care of their child during the first year of birth or adoption. Its purpose is to give parents more flexibility in considering how to best care for, and bond with, their child. Parents will be able to share a pot of leave and can decide to be off work at the same time and/or take it in turns to have periods of leave to look after the child. Justification of impact identified: Shared Parental Leave can only be used by two people: The mother/birthing parent/adopter **and** One of the following: the father of the child (in the case of birth) or the spouse, civil partner or partner of the child's mother, birthing parent/ adopter.					

Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	X

Justification of impact identified: This policy applies equally to all individuals and does not result in differential treatment based on race or ethnicity.

Religion or Belief
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	X

Justification of impact identified: This policy applies equally to all individuals and does not result in differential treatment based on religion or belief.

Sex
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	x

Justification of impact identified: All eligible employees regardless of sex have a statutory right to take Shared Parental Leave. There may also be an entitlement to some Statutory Shared Parental Pay.

Sexual Orientation
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	x	Negative Impact		No Impact	

Justification of impact identified: This policy may have a positive impact on individuals in same-sex relationships, as it provides both parents with equal opportunity to share parental leave and participate in early childcare.

Armed Forces Community
Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:
Armed-Forces-Covenant-duty-statutory-guidance

Positive Impact		Negative Impact		No Impact	X

Justification of impact identified: This policy applies equally to members of the Armed Forces community and their families, with no differential impact identified.

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 policy may have a positive impact on families' socio-economic circumstances by enabling the higher-earning parent to return to work sooner, if they choose, thereby supporting household income.

Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: This policy does not impact on the opportunities for a person to speak Welsh.					

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	Kate Morris
	Title	Senior Workforce Manager
	Contact details	Kate.morris2@wales.nhs.uk
	Date	14th July 2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Assistant Director of People Management
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	22nd October 2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@wales.nhs.uk
	Date	22/10/2025
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.

Use of Honorary Contracts Procedure

Procedure information

Procedure number: 713
Classification: Employment
Supersedes: Previous Versions
Version number: 4.0
Date of Equality Impact Assessment: 22.10.2025

Approval information

Approved by: People, Organisational Development and Culture Committee (PODCC)
Date of approval:
Date made active:
Review date:

Summary of document:
To ensure that the issuing of honorary contracts occurs in line with the All Wales Policy on Insurance NHS Indemnity and Related Risk Management for Potential Losses and Special Payments (Welsh Risk Pool, 2023) (opens in new tab).

Scope:
The procedure will apply to staff involved in the requesting, approving, issuing and monitoring of honorary contracts.

To be read in conjunction with:
NHS Wales Shared Services Partnership, Welsh Risk Pool Services (2023) All Wales Policy on Insurance NHS Indemnity and Related Risk Management for Potential Losses and Special Payments Wales: Shared Services Partnership.

Owning group: Workforce team

Executive Director job title: Director of Workforce and Organisational Development

Reviews and updates:
1.0 – New Procedure
2.0 – Review
3.0 – Full Review
4.0 – Review
5.0 – Review – updated pre-engagement checks process

Keywords: Honorary Contract

Glossary of terms
DBS – Disclosure and Barring Service
NHS – National Health Service

Contents

Scope

This procedure will apply to staff involved in the requesting, approving, issuing and monitoring of honorary contracts.

Aim

The aim of this document is to:

- Ensure that the issuing of honorary contracts occurs in line with the All Wales Policy on Insurance NHS Indemnity and Related Risk Management for Potential Losses and Special Payments (Welsh Risk Pool, 2023).

Objectives

The aim of this document will be achieved by the following objectives:

- To issue an honorary contract or make alternative arrangements
- Outline the procedure for applying for honorary contract
- Outline the procedure for approving and issuing a honorary contract

Procedure

In addition to its core workforce, Hywel Dda University Health Board will, from time to time, engage the services of people, who are not paid employees, to carry out regular or ad hoc work on behalf of the health board. In addition, occasions often arise when an individual from an outside organisation wishes to work within the Health Board in an unpaid capacity, for example to gain work experience or shadow experienced staff.

It is important to note for those individuals that require an honorary contract, an individual will not be covered by the Health Board insurance policies and will not be indemnified if an honorary contract has not been issued. Therefore, no individual should be allowed to participate or observe in a department without an honorary contract in place.

Principles to be considered when determining whether to issue an honorary contract

An Honorary Contract should be used when no other process is suitable to define the relationship between the Health Board and an individual in order to facilitate effective operation of Health Board services.

The All Wales Policy on insurance and NHS Indemnity, referenced above, outlines that NHS Indemnity can be applied to enable the Health Board to accept legal and financial responsibility for the actions and omissions of its employees and others who are directly involved in NHS service provision.

It must be noted that NHS Indemnity applies only to NHS directly provided activities arising from the actions of:

- NHS employees who, at the relevant time (i.e. at the time alleged negligence occurred), are providing services as employees of the Health Board or
- Others who, at the relevant time, are providing services not as employees of the Health Board but nevertheless under the Health Board's management supervision and control e.g. work experience placements.

By issuing an honorary contract the Health Board accepts legal and financial responsibility for the actions and omissions of signee of the honorary contract and therefore the NHS Indemnity will apply.

However, the Health Board has a duty to avoid unnecessary acceptance of any risk or liability which should be borne by another body and therefore, the issuing of honorary contracts needs to be considered within the context of directly provided activities. In circumstances where there is no intention for the Health Board to apply NHS Indemnity, honorary contracts should not be used and a formal contract or service level agreement requires to be entered into and, assurance sought that the required governance arrangements are in place.

If a service is externally commissioned or procured by the Heath Board from outside of the organisation, the contract awarded to, or agreement with, that provider must not offer NHS Indemnity to that provider but must instead expressly require the provider to manage the risk of negligence claims itself and must have in force an arrangement which provides appropriate cover. The risk of poor patient service must remain firmly with the commissioned provider.

This arrangement applies equally if the commissioned provider is another NHS body or an external organisation, although the arrangements for Memorandums of Understanding between NHS Wales Health Bodies is less complex than with external providers.

The Health Board Legal Services team can provide advice on this topic. If a decision on whether to issue an honorary contract remains unclear, advice can be escalated by the Health Board Legal Services team to the Risk Pool Service. Individual departments and staff should not contact the Welsh Risk Pool Service directly.

If a request is to be made to the Welsh Risk Pool Service, it is likely that the information will need to be completed on the Indemnity Query Form, which can be found in Appendix A of the All Wales Policy on Indemnity and Insurance.

Individuals eligible for issue of any Honorary Contract include:

- Return to Practice Students
- A doctor, nurse or other clinical practitioner from another Health Board undertaking further clinical experience
- Individuals working for another Health Board following through a patients' treatment whilst in Hospital
- Work experience/shadowing/observers individuals where placements exceeds a two week period

Action to be taken if the arrangement being considered is externally commissioned

When considering whether an Honorary Contract should be issued, the person making the decision needs to establish whether the request is for staff from an externally commissioned service outside the NHS.

An externally commissioned service is one whereby either the whole service or a discrete element of a service is managed and delivered by a person or body external to NHS Wales pursuant to a contract. External providers in this context include independent contractors. The 'externally commissioned service' may well require a formal contract award procedure to be run under the public procurement rules. In any event, a formal contract or Service Level Agreement will need to be entered into which allocates risk appropriately and specifies robust performance management

provisions. This will also include a requirement for the provider to indemnify the commissioning body as set out above.

If the service is externally commissioned to an organisation outside the NHS, a formal contract or Service Level Agreement will need to be entered into which allocates risk appropriately and specifies robust performance management provisions and governance arrangements.

Action to be taken if the arrangement being considered is provided by another NHS Body
In circumstances where a request for an honorary contract is made in relation to a service which is commissioned by the Health Board to be provided by another health body within the NHS, indemnity must be provided by that body undertaking the service. The requirement for a formal contractual provision of this arrangement is not necessary as this is covered in the agreements between all organisations.

In this circumstance, a 'memorandum of understanding' would be sufficient and honorary contracts are unnecessary.

Action to be taken if the arrangement being considered is for a person working directly for the Health Board
If the request for an honorary contract relates to an individual who is not externally commissioned to provide the service and will be under the Health Board's direct management, supervision and control, then an honorary contract would be the most effective way of demonstrating that the Health Board takes legal and financial liability for the actions of the individual. If so, then an honorary contract may be requested.

Actions prior to making a request for an honorary contract
The person making the request for an honorary contract must be an employee of the Health Board. Prior to completing the Request for an Honorary Contract form Request for Honorary Contract (opens in new tab), the following needs to be undertaken by the appropriate manager:
1. Allocate a line manager who will take on the management supervision and control of the individual.
2. Request completion of the confirmation of pre-engagement checks (opens in a new tab) from the workforce department of the employing organisation.

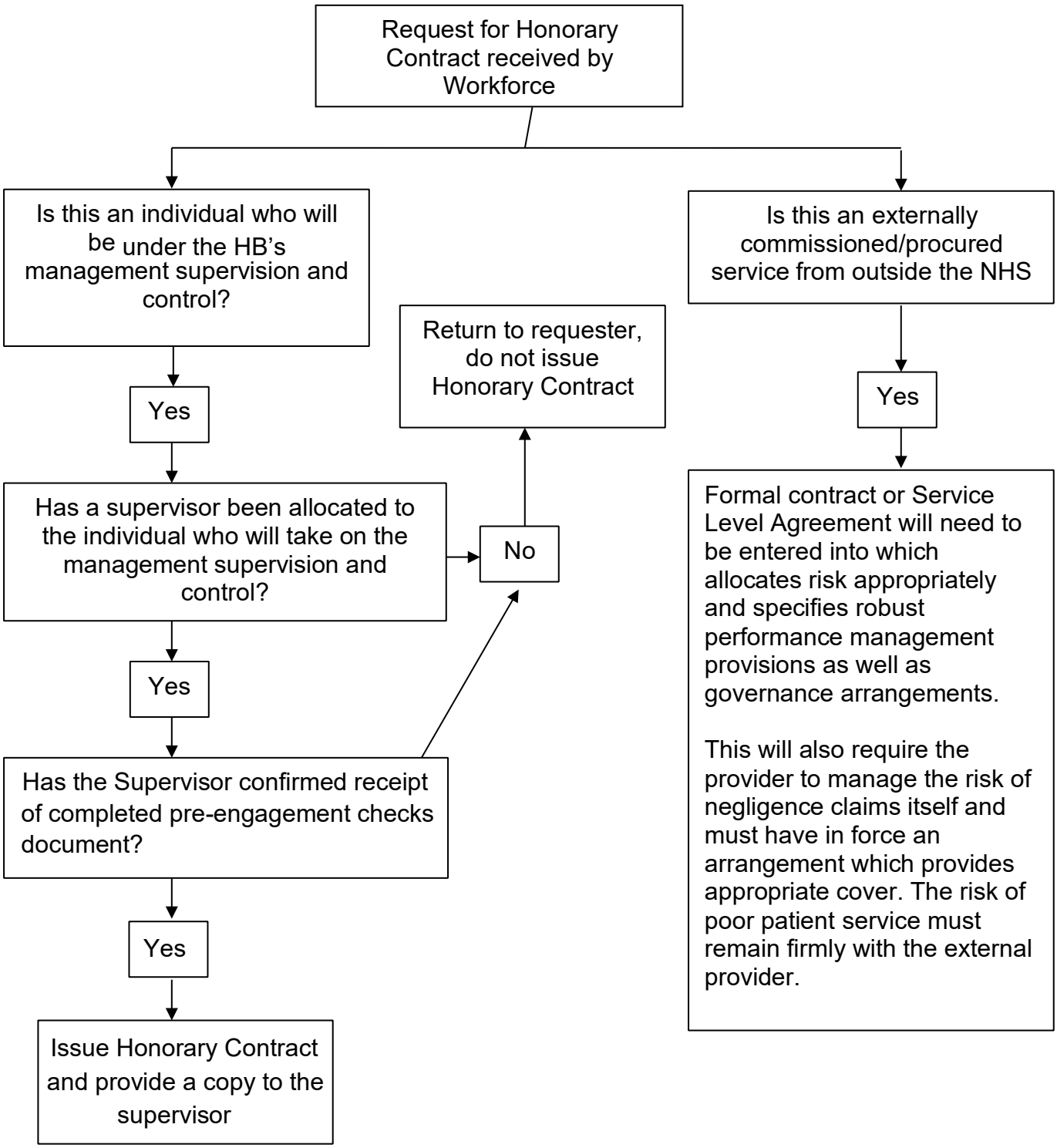
Ensure you obtain the above prior to forwarding a request to the Workforce department.

Procedure for approval and issuing of honorary contract
The member of staff within the Workforce team receiving the request for an honorary contract will:
1. Establish if the request for an Honorary Contract has been received for an individual who will be under the Health Boards management supervision and control or an externally commissioned/procured services from outside the NHS (this includes staff who work for the service).
2. Decide if an honorary contact is required – using the Process Flowchart (opens in new tab)
3. If it is not deemed appropriate, provide a response outlining the reasons to the requester
4. Where it is deemed appropriate, provide the Honorary Contract to the individual with a copy to the allocated supervisor.

References

All Wales Policy on Insurance NHS Indemnity and Related Risk Management for Potential Losses and Special Payments (Welsh Risk Pool, 2023) Welsh Risk Management Standards (nhs.wales) (opens in new tab)

Appendix – Honorary contract request process (to be hyperlinked to policy once approved)



Appendix – Request for honorary contract (to be hyperlinked to policy once approved)

Name of Manager requesting Honorary Contract:	
Telephone No:	
Email:	
Department / Area:	

Please state the reason for the Honorary Contract

Is this person currently employed with NHS Wales? If yes please provide details

Name of Person Requiring Honorary Contract:	
Job Title:	
Place of Work	
Hours of work:	
Home Address:	

Telephone Number:	
Email Address:	
Period of Honorary Contract Duration: **(please insert from and to dates)**	

I confirm that a line manager has been allocated who will take on the management supervision and control of the individual.

I also confirm that:

- I have received the completed confirmation of pre-engagement checks document as per appendix 4.
- I have obtained a copy of the individual's proof of eligibility to work in the UK and original photographic ID and proof of address.
- Where advice from the Welsh Risk Pool has been obtained, I have attached a copy

Name of allocated line manager:	
Email:	

Appendix – confirmation of pre-engagement checks (to be hyperlinked to policy once approved)

Confirmation of Pre-Engagement Checks

For use where an employee of another NHS organisation requires an Honorary contract to undertake a period of Ad Hoc work/research/training within Hywel Dda University Health Board.

TO BE COMPLETED BY CURRENT EMPLOYER

Name:				
Address:				
Existing NHS Employer:				
Existing post in NHS:				
Purpose of Contract:				
Duration of Contract:	From		To	
Department to be based in for duration of contract:				
Health Board clinician to report to/be responsible to for duration of contract:				

Disclosure and Barring Service Clearance:	Enhanced	Yes / No
	Disclosure Number:	
	Date Issued	
	Children's Barred List Checked	Yes / No
	Adults Barred List Checked:	Yes / No
Occ Health Clearance:	Cleared by existing trust OH department (in line with DOH guidelines)	Yes / No
	EPP Clear	Yes / No
	Date of Clearance	
GMC/GDC/NMC/HCPC Registration	Registration Number	
	Expiry Date	
	Type of registration (full/provisional/ temporary)	

	Date of entry to specialist register (for consultants only)	
References:	Validation of three years employment prior to current post	Yes / No
CV & application form:	On file	Yes / No
Proof of eligibility to work in UK:	Original passport or birth certificate seen **Add copy attached to this form**	Yes / No
	Nationality	
	If non-EEA national please provide details of current visa status, visa reference number and expiry date	
ID Checks:	Original photographic ID and Proof of address seen **Add copy attached to this form**	Yes / No

TO BE COMPLETED BY OPERATIONAL WORKFORCE

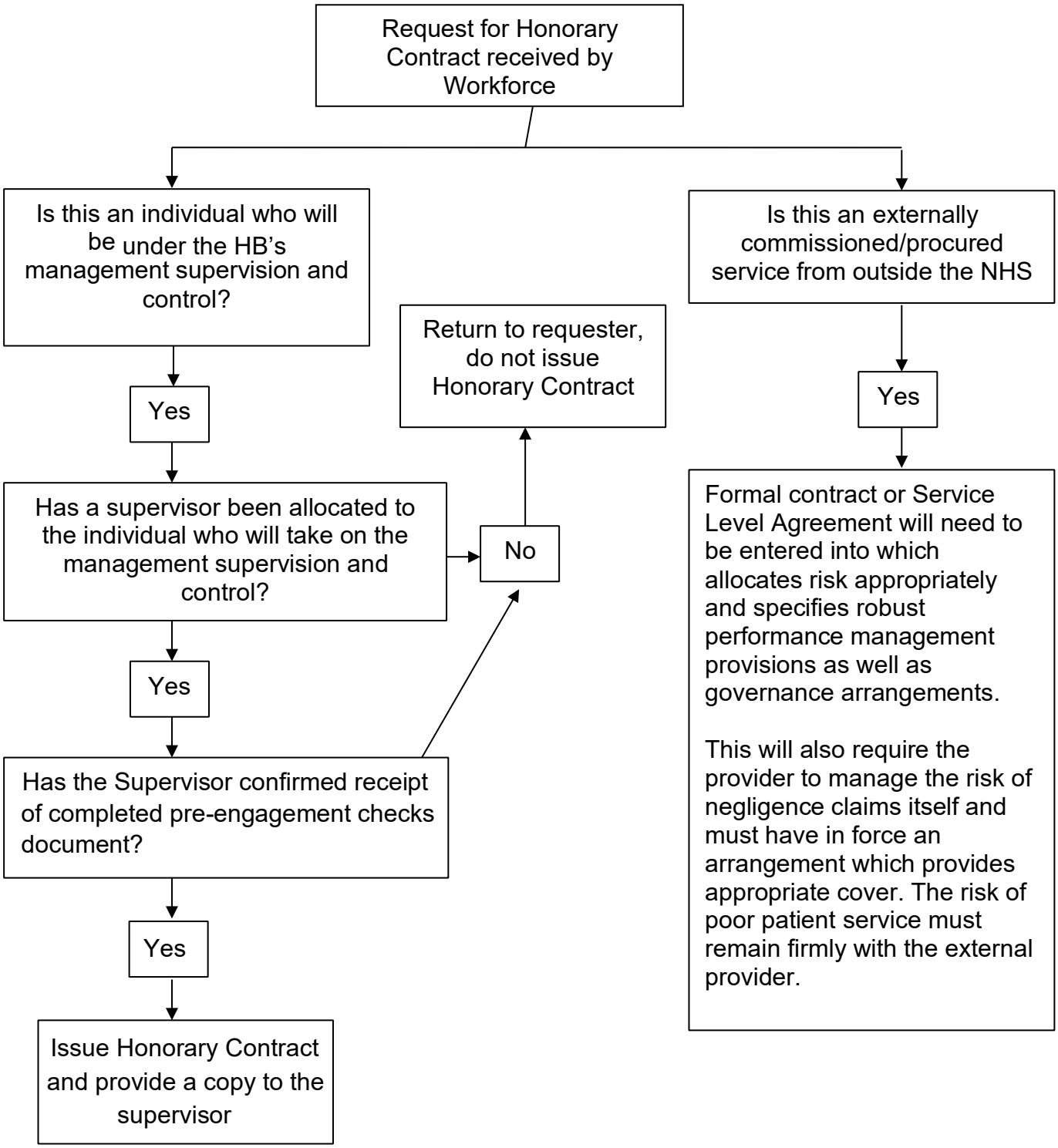
I confirm that the above pre-engagement checks have been completed and verified:

Signed: ……Name……... Date: ..……

Job Title: ……
…… Health Board:

HYWEL DDA UNIVERSITY HEALTH BOARD

HONORARY CONTRACT REQUEST PROCESS



1. APPENDIX 3 - REQUEST FOR HONORARY CONTRACT

Name of Manager requesting Honorary Contract:	
Telephone No:	
Email:	
Department / Area:	

Please state the reason for the Honorary Contract

Is this person currently employed with NHS Wales? If yes please provide details

Name of Person Requiring Honorary Contract:	
Job Title:	
Place of Work:	
Hours of work:	
Home Address:	
Telephone Number:	
Email Address:	
Period of Honorary Contract Duration: **(please insert from and to dates)**	

I confirm that a line manager has been allocated who will take on the management supervision and control of the individual.

I also confirm that:

- I have received the completed confirmation of pre-engagement checks document as per appendix 4.
- I have obtained a copy of the individual's proof of eligibility to work in the UK and original photographic ID and proof of address.
- Where advice from the Welsh Risk Pool has been obtained, I have attached a copy

Name of allocated line manager:	
Email:	

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full EqIA.

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Director and Directorate	Director of Workforce & OD
Service Area	Workforce & OD

Title of Procedure, Project, Proposal, Policy being screened:	713 -Honorary Contract Procedure

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The aim of this procedure is to ensure that the issuing of honorary contracts occurs in line with the All Wales Policy on Insurance NHS Indemnity and Related Risk Management for Potential Losses and Special Payments (Welsh Risk Pool, 2023).

The aim of the procedure will be achieved by the following objectives:

- To issue an honorary contract or make alternative arrangements
- Outline the procedure for applying for honorary contract
- Outline the procedure for approving and issuing a honorary contract

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

Application of the procedure will be monitored in Workforce through checking of applications and also via any complaints or feedback received in year. Lessons learnt can arise from both aspects and changes made to the procedure or further training is given.

The issuing of honorary contracts should be read in line with the All Wales Policy on Insurance NHS Indemnity and Related Risk Management for Potential Losses and Special Payments (Welsh Risk Pool, 2023).

It is assessed as having a neutral impact on protected groups as Honorary Contracts are issued under the appropriately prescribed circumstances, irrespective of protected characteristics of individuals requesting/ being issued with honorary contracts.

A search of similar policies elsewhere indicated a neutral impact on protected groups

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact)**.**

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: Equality Impact Assessments (EqIAs) (sharepoint.com)

Age Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This policy applies equally to individuals of all ages and does not result in differential treatment based on age.					
Disability Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This policy applies equally to individuals of all abilities and does not result in differential treatment based on disability.					
Gender Reassignment Is it likely to affect those who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This procedure applies to all staff.					
Marriage / Civil Partnership Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This procedure applies to all staff.					
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This procedure applies to all staff.					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified: This policy applies equally to all individuals and does not result in differential treatment based on race or ethnicity.

Religion or Belief
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified: This policy applies equally to all individuals and does not result in differential treatment based on religion or belief.

Sex
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified: This policy applies equally to all individuals and does not result in differential treatment based on 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: This policy applies equally to all individuals.

Armed Forces Community
Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:
Armed-Forces-Covenant-duty-statutory-guidance

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified: This policy applies equally to members of the Armed Forces community and their families, with no differential impact identified.

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 applies equally to all individuals.					
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 does not impact on the opportunities for a person to speak Welsh.					

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	Kate Morris
	Title	Senior Workforce Manager
	Contact details	Kate.morris2@wales.nhs.uk
	Date	19th August 2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Assistant Director of People Management
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	2.10.25
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@wales.nhs.uk
	Date	22/10/2025
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.

Re-banding procedure

Procedure information

Procedure number: 1386
Classification: Employment
Supersedes: 125 Local Re-Evaluation of Pay Band Policy and Procedure
Version number: 1.0
Date of Equality Impact Assessment: 14.07.2025

Approval information

Approved by: People, Organisational Development and Culture Committee (PODCC)
Date of approval:
Date made active:
Review date:

Summary of document:
The aim of this procedure is to provide guidance on the re-banding process, following the principles of the NHS Job Evaluation Handbook and the Wales Job Evaluation Policy and Procedure.

Scope:
This procedure applies to all Agenda for Change posts where there has been a significant change to a role that is likely to affect the previous matched or evaluated job outcome. This may be due to service need or where there are significant changes in the role and/or responsibilities.

To be read in conjunction with:
NHS Job Evaluation Handbook (opens in a new tab)
All Wales Job Evaluation Policy and Procedure (opens in a new tab)

Owning group: Workforce & OD Team

Executive Director job title: Executive Director of Workforce and Organisational Development

Reviews and updates:
Version 1- new procedure

Key points:
The objective of this procedure is to ensure fairness, consistency and equality for all members of staff working under Agenda for Change Terms and Conditions.

This procedure outlines the principles and application process for re-banding applications for staff employed under Agenda for Change Terms and Conditions.

Scope

This procedure applies to all Agenda for Change posts where there has been a significant change to a role that is likely to affect the previous matched or evaluated job outcome. This may be due to service need or where there are significant changes in the role and/or responsibilities.

Aim

The aim of this procedure is to provide guidance on the re-banding process, following the principles of the NHS Job Evaluation Handbook and the Wales Job Evaluation Policy and Procedure.

Objectives

The objective of this procedure is to ensure fairness, consistency and equality for all members of staff working under Agenda for Change Terms and Conditions.

Principles

All requests will be considered in line with the following principles:

- The post will be assessed, not the postholder(s). Banding is based on the skills and responsibilities applicable to the post.
- Re-banding of posts will be undertaken in line with the principles and processes as set out in the NHS Job Evaluation Handbook and the All Wales Job Evaluation Policy and Procedure in partnership with staff side and management representatives.
- Re-banding costs must be funded from within the existing budget.
- The re-banding of a post could result in a post being banded to the same or a lower pay band. Pay protection will not apply to individuals who, as a result of a job re-banding request, move to a post carrying a lower salary.
- The postholder may involve their trade union representative at any stage of the process.

Re-banding requests

Where a postholder and their manager agree that the demands of the post have changed significantly, then a re-banding of the post should be undertaken. A manager may also request that a post is re-banded in the context of a change of duties which may include a reduction in duties / responsibilities in accordance with the 573 - organisational change policy – opens in a new tab.

Where the postholder believes the demands of the post have changed significantly, but the manager does not agree the changes are required / warranted, then the manager must discuss this with the employee and ensure these duties are re-allocated so the employee is working to their original job description. If the manager and employee do not agree that a role has changed, the 995 Respect and Resolution Policy – opens in a new tab - may be utilised. For any queries in relation to the 995 Respect and Resolution Policy – opens in a new tab .

All requests for a re-banding must be agreed between the line manager and postholder and approved by the budget holder and relevant Executive Director.

Re-banding requests can be made at any time of the year.

In the case where a manager agrees that a postholder is working to a different job description that has already been matched and approved (i.e. has a CAJE reference and is less than 3 years old), the application process must still be adhered to as set out below.

Application process

Re-banding applications must be supported by:

- A Job Description and Person Specification and a Technical Document (opens in a new tab)
- A signed and dated Agreement Form (opens in a new tab)

The Job Evaluation Team will quality assure documents submitted prior to submission to panel and may need to contact the manager and postholder if any additional information is required.

Applications must be submitted electronically via Jobevaluation.hdd@wales.nhs.uk within 10 working days of Executive Director approval.

Re-banding process

Re-banding applications will be considered by a Job Matching panel within 30 days of receipt.

During the re-banding process, the panel may need to contact the manager and the postholder to seek clarification of information regarding the skills and responsibilities contained within the new job description.

Re-banding outcomes

The manager and the post holder will be informed of the outcome of the re-banding in writing by the Job Evaluation team.

Possible outcomes:

- Post is re-banded to a higher pay band than the postholder's existing job description - the effective date of change will be the date the manager and postholder agree the job that the demands of the job changed significantly and that a re-banding of the role should be undertaken. Re-banding requests should be submitted within a reasonable timescale, generally within 3 months of the effective date of change. For any disputes regarding backdating of pay, the Respect and Resolution Policy can be utilised.
- Post is re-banded to a lower pay band than the postholder's existing job description. Contractual notice of this change will be issued on the date that the result is communicated.
- Post is re-banded and remains at the same band as the postholder's former job description.

In some cases, and where agreed by the line manager, a member of staff may voluntarily request a reduction in responsibilities, which may result in the post being re-banded to a lower pay band. The effective date of the change may either be:

- The date agreed by the manager and the postholder that the change occurred
- A date agreed by the line manager and the postholder when the change will occur

In all cases where a re-review of pay band results in a change in band, the manager and budget holder must complete the appropriate action via the Staff Movement Application (SMA) ensuring that all relevant information is included. A copy of the signed agreement form must also be attached. Payroll will not make any changes until this information has been received.

Review process

In the event that a post holder is dissatisfied with the outcome of their re-banding application, they may request a review. The review will be conducted in accordance with the NHS Job Evaluation Handbook.(opens in a new tab)

Review requests must be submitted within three calendar months of notification of the original panel's decision. The post holder(s), in agreement with their line manager, must provide details in writing of where they disagree with the match and evidence to support their case, using the Review Information Template and Agreement form (opens in a new tab) and submit to jobevaluation.hdd@wales.nhs.uk.

Where the review application relates to a post being re-banded to a lower pay band, if the contractual notice given expires prior to completion of the review, the postholder will be provided with pay protection until conclusion of the review process.

Review applications will be considered by a Job Matching panel within 30 days of receipt.

During the review process, the panel may need to contact the manager and the postholder to seek clarification regarding the skills and responsibilities contained within the new job description. The post holder has no right to appeal beyond the review stage, if their complaint is about the matching outcome.

In the event that the post holder can demonstrate that the process was mis-applied they may seek resolution through the 995 Respect and Resolution Policy – opens in a new tab.

Contact

For any queries relating to this procedure, please contact jobevaluation.hdd@wales.nhs.uk.

References

NHS Employers (opens in a new tab)

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

JOB DESCRIPTION SUBMISSION FORM

A Welsh Language version of this form is available

Name and job title of person submitting the job description	
Contact Number / Email	
Date	

Post Title	
Staff Group	

Reason for request	**Please tick**	**FCG approval reference**
Vacancy (to replace someone who has left or is leaving)		*(For A&C staff group vacancies only)*
New job (where there is a structure or service change)		*(For vacancies across all staff groups)*
Re-banding (where the duties of the postholder have changed significantly)		*N/A*

Please e-mail a copy of the job description to: jobevaluation.hdd@wales.nhs.uk

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PLEASE COMPLETE FOR RE-BANDING APPLICATIONS ONLY

Please refer to the Re-Evaluation of Pay Band Policy and Procedure for more information on re-banding applications

Postholders current job title and CAJE reference	
Current Pay Band	
Date of Change (date that the postholder and manager agree the job had changed)	
Proposed job title (and CAJE reference if JD already exists)	
Anticipated band if approved	

Please submit copies of current and revised / new job description with this application.

Name of Postholder (s)	Signature	Date
The postholder completing or agreeing to the completion of this form is aware that the outcome of the job evaluation process could result in their banding remaining the same, going up or down. Should the banding go down, this will impact pay. The postholder confirms their understanding and consent to the corresponding change in their pay (i.e. a reduction in pay if the post is evaluated to a lower band).		

Name of Budget Holder	
Signature	
Date	

Name of Line Manager (if different to budget holder)	
Signature	
Date	

Executive Director approval

I approve this application for a re-evaluation of pay band and the date of change as above.

Name:	
Signature	
Date	

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full EqIA.

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Director and Directorate	Lisa Gostling, Workforce and OD
Service Area	Job Evaluation

Title of Procedure, Project, Proposal, Policy being screened:	Re-banding Procedure

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Scope
This procedure applies to all Agenda for Change posts where there has been a significant change to a role that is likely to affect the previous matched or evaluated job outcome. This may be due to service need or where there are significant changes in the role and/or responsibilities.

Aim
The aim of this procedure is to provide guidance on the re-banding process, following the principles of the NHS Job Evaluation Handbook and the Wales Job Evaluation Policy and Procedure.

Objectives
The objective of this procedure is to ensure fairness, consistency and equality for all members of staff working under Agenda for Change Terms and Conditions.

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

The Re-banding Procedure has been produced as guidance for managers on the application process for re-bandings following the principles contained in the NHS Wales Job Evaluation Handbook and Wales Job Evaluation Policy. This EqIA considers the application procedure only as this is locally agreed, whereas the NHS JE Handbook is UK wide and Wales policy is nationally agreed. Application of the procedure is monitored both by Workforce. This procedure applies equitably to all staff irrespective of any protected characteristics The NHS JE Handbook includes provision for appeal should there be concern that the process has not been applied correctly.

The procedure does not impact adversely in relation to any protected characteristics. The review process is based on responsibilities of the post and not on the individual carrying out the duties. The policy allows for any member of staff falling within Agenda for Change Terms and Conditions of Service to have a re-banding considered irrespective of any protected characteristic.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact)**.**

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: Equality Impact Assessments (EqIAs) (sharepoint.com)

Age Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: There is no identifiable impact due to age as this is a procedure rather than policy					
Disability Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: Application forms can be made available in easy read or alternative formats if required.					
Gender Reassignment Is it likely to affect those who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: There is no identifiable impact due to gender reassignment as this is a procedure rather than policy.					
Marriage / Civil Partnership Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: There is no identifiable impact due to marriage/civil partnership as this is a procedure rather than policy.					
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: There is no identifiable impact due to pregnancy and maternity as this is a procedure rather than policy.					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
Application forms can be made available in additional languages if required.

Religion or Belief
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
There is no identifiable impact due to religion or belief as this is a procedure rather than policy.

Sex
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
There is no identifiable impact due to sex as this is a procedure rather than policy.

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:
There is no identifiable impact due to sexual orientation as this is a procedure rather than policy

Armed Forces Community
Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:
Armed-Forces-Covenant-duty-statutory-guidance

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
There is no identifiable impact due to being a member of the Armed Forces and their families as this is a procedure rather than policy.

Socio Economic Duty
Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:
more-equal-wales-socio-economic-duty

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
There is no identifiable impact due to socio economic reasons as this is a procedure rather than policy

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: Application forms are available in Welsh if required.					

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	Sharon Richards
	Title	Senior Workforce Manager
	Contact details	Teams
	Date	30/06/2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Assistant Director People Management
	Contact details	Teams
	Date	30/06/2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@wales.nhs.uk
	Date	14/07/2025
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Neonatal Care Leave Procedure

Policy information

Policy number: 1409
Classification: Employment
Version number: 1
Date of Equality Impact Assessment: 22.10.2025

Approval information

Approved by: People, Organisational Development and Culture Committee (PODCC)
Date of approval:
Date made active:
Review date:

Summary of document:
This policy sets out the entitlements and provisions for neonatal leave for employees of the Health Board. It aims to support parents whose babies require neonatal care following birth, by providing additional paid or unpaid leave during this critical period. It can be used when the baby is no longer receiving neonatal care, for example, at the end of maternity leave.

Scope:
All Health Board employees, including Medical and Dental Staff.

To be read in conjunction with:
Agenda for Change Terms and Conditions Section 15: Leave and Pay for New Parents (England, Wales and Scotland): NHS Terms and Conditions of Service Handbook | NHS Employers (opens in new tab)
1085 - Leave and Pay for New and Existing Parents Policy (opens in new tab)
438 - Shared Parental Leave Procedure (opens in new tab)
122 - All Wales Special Leave Policy (opens in new tab)

Patient information:

Include links to Patient Information Library

Owning group: Workforce Team

Executive Director job title: Executive Director of Workforce and Organisational Development

Reviews and updates:

1.0 – New Policy

Keywords: Neonatal Care Leave

Glossary of terms
NCL – Neonatal Care Leave
NCLP – Neonatal Care Leave Pay

Contents

Aim

The aim of this policy is to support affected employees by allowing them additional leave in recognition of time spent in hospital during the neonatal period.

Objectives

The aim of this document will be achieved by the following objectives:

- Summarising the process for neonatal leave and pay entitlements
- Rights during neonatal care leave

Who is eligible for neonatal leave?

Parents who have a baby admitted to neonatal care up to the age of 28 days might be eligible for up to 12 weeks of leave.

Neonatal care could include:

- medical care received in a hospital
- care given to the baby after leaving hospital under the direction of a consultant
- palliative or end of life care
- care or monitoring under the direction of a consultant but away from the hospital.

The right to take neonatal leave applies from the first day of work. Eligible parents can take neonatal care leave once their child has been in neonatal care for at least 7 consecutive days.

Parents who have shared or sole responsibility for a child are eligible. This includes if they are:

- the mother or birth parent
- the father
- married to, the civil partner of or partner of the mother or birth parent – this includes same-sex partners
- adopting a child, including fostering to adopt
- intended parents in a surrogacy

Entitlement

Eligible employees are entitled to up to 12 weeks of neonatal leave. Leave must be taken in full weeks and corresponds to the number of weeks the baby spends in neonatal care (after the first 7 days).

Neonatal Leave Pay (NNLP) will be paid at the statutory rate.

The paid leave can only be taken after the initial threshold i.e. from day nine. The leave has been divided into two tiers:

- Tier 1 is when the child is still receiving neonatal care, and including one week after the care has ended. Tier 1 leave can be taken in an unlimited number of blocks of a week to allow the employee to stop work at short notice to care for their child in neonatal care.

- Tier 2 is the period outside the Tier 1 period and before the end of 68 weeks from the date of the child's birth. Tier 2 leave must be taken in one continuous block.

Neonatal care leave, notice and other leave entitlements

An employee will need to give notice to take Neonatal Care Leave (NCL). The length and format of notice for leave will vary depending on whether the employee intends to take leave in Tier 1 or Tier 2.

- For leave taken in Tier 1, the employee will need to notify their employer before they would be due to start work on the first day of absence, or as soon as possible thereafter. The notice does not need to be in written form.
- For leave taken in Tier 2, the employee will need to provide notice at least 15 days before the start of a period of one week leave. For a period of 2 or more weeks of leave, the employee will need to provide notice at least 28 days before the start of the leave. The notice must be in written form.

Neonatal care leave can be added to the end of other leave entitlements, such as maternity leave. For example, if a baby enters neonatal care while the employee is on maternity leave, the employee must remain on maternity leave as this cannot be stopped. The neonatal care leave accrues and can be taken at the end of the maternity leave. This could mean an employee could take 52 weeks of maternity leave and then six weeks of neonatal care leave.

Like maternity leave, if an employee is on paternity leave, the neonatal care leave accrues and can be taken at the end of the maternity leave.

Where the employee has already started neonatal care leave and begins another period of statutory leave (e.g. maternity or paternity leave), before neonatal care leave is due to end then the neonatal care leave will end immediately but the remaining leave can be taken once the other period of statutory leave has finished.

Neonatal care pay requirements

Neonatal care pay has continuity and earnings requirements. The employee must have been employed continuously by the employer for at least 26 weeks up to the qualifying week (the 15th week before the expected week of childbirth) and earn at least the Lower earnings limit.

These pay requirements mirror those of other statutory parental rights (e.g. maternity leave).

- For Tier 1 (when the baby is receiving qualifying neonatal care, and up to one week post discharge) multiple periods of weeks of pay can be taken in an unlimited number of blocks.

- For Tier 2 (where additional leave for neonatal care is required, but where the sequence of neonatal care has been broken by eight days or more) the pay must be claimed for one continuous block.

An employee must provide written notice for Tier 1 Neonatal Care Pay (NCP) within 28 days beginning with the first day of the week in which NCP is being claimed. For Tier 2 NCP, an employee must give notice at least 15 days in advance in order to claim pay for one week's leave. Notice must be given at least 28 days in advance to claim pay for 2 or more weeks of leave.

What is needed in written notices

Where employees need to give written notice, the evidence and notification requirements are as follows:

- The employee's name
- the child's DOB,
- If applicable, the date of the child's placement with the adopter or prospective adopter, or date of the child's entry into GB to live with the overseas adopter
- the date the child started to receive neonatal care, or each date if the child received neonatal care on two or more separate occasions
- the date the employee wants the leave to begin
- if the child is no longer receiving neonatal care, the date the neonatal care ends
- the number of weeks of leave the employee wants to take
- if it is the first time a notice is being given, a declaration that the employee meets the parental relationship criteria
- that they, the employee, has cared for or intend to care for the child during the week(s) to which the notice relates

Multiple births

In instances of multiple births where neonatal care is required:

- where babies are receiving care at the same time, the entitlement will be accrued in respect of one of the babies
- where babies are receiving the care at different times, the leave and pay entitlement can accrue separately, provided each of the babies spend at least seven full, continuous days in neonatal care. The employee can only accrue a maximum of 12 weeks entitlement.

If parents are not eligible for neonatal care leave

Some parents might not be eligible for neonatal care leave. For example, if a baby needs neonatal care for less than 7 consecutive days. Employees might instead ask for unpaid time off work to care for this child. This is called ordinary parental leave.

Rights during neonatal care leave

Like other parental rights, employees are protected from detrimental treatment in relation to this statutory right. Qualifying employees will continue to benefit from their normal terms of employment during the leave periods. The protections also include prioritisation for redeployment opportunities offers in instances of redundancy.

Responsibilities

Chief Executive
As Accountable Officer, the Chief Executive has overall responsibility for ensuring the health board has appropriate WCDs in place. These WCDs must comply with legislation, meet mandatory requirements, and provide services that are safe, evidenced-based and sustainable.

Director of Workforce & OD
The Director of Workforce & OD has responsibility for ensuring that all employment policies are developed in line with employment legislation and practice and are reviewed and updated as appropriate.

Managers
It is the responsibility of the manager in liaison with the Workforce and OD Department to ensure employees are aware of their entitlements under this policy and that any applications are made correctly within appropriate timescales.

Workforce & Organisational Development Department
The Workforce representative will ensure that all applications are processed in an appropriate timescale.

All Staff
It is the responsibility of the employee to notify the health board that they wish to take Neonatal Care Leave and to provide any documentary evidence as required.

Appendix 1 – Application for Neonatal Care Leave/Pay

Before you complete this application form please read fully the Neonatal Care Leave Policy *(available on the intranet)*

Part A – TO BE COMPLETED BY APPLICANT

I wish to apply for neonatal care leave/pay in accordance with Hywel Dda University Health Board's Conditions of Service

FULL NAME ……..

HOME ADDRESS……..

DEPARTMENT/WARD……STAFF NUMBER……..

CHILDS DATE OF BIRTH……

Date child started to receive neonatal care, or each date if the child received neonatal care on two or more separate occasions……..

Date neonatal care leave to begin ……..

If the child is no longer receiving neonatal care, the date neonatal care ends..……..

Number of weeks neonatal care leave requested……

If applicable, the date of the child's placement with the adopter or prospective adopter, or date of the child's entry into GB if adopted from overseas……...

I have read the Neonatal Care Leave Policy and confirm I meet the parental relationship criteria and that I have cared for or intend to care for the child during the week(s) to which the notice relates and the above information is true to the best of my knowledge.

Signature of applicant……. Date…….

PART B – TO BE COMPLETED BY MANAGER

Received on behalf of Hywel Dda University Health Board……

(Manager – Block Capitals)

Department/Designation……

Signed……..Date……..

Completed forms to be forwarded to the appropriate County Workforce Team.

Date submitted to the County Workforce Team: …….

Signed …….. Date…….

(For County Workforce Team)

This document will now be sent to Payroll & Pensions. If Payroll confirm that you do not meet the criteria you will be notified and advised accordingly.

NHS Wales Anti-sexual Harassment Policy

“We are unwavering in our responsibility to protect the physical and psychological safety of every employee — regardless of role, background, or identity.

This policy reinforces our commitment to listen, to act swiftly and fairly, and to build a culture rooted in respect, inclusivity, and accountability. Everyone has the right to feel safe at work and through this policy, we are determined to make that right a lived reality for all.”

Approved by: Welsh Partnership Forum

Issue date: September 2025

Contents

This policy contains references to sexual misconduct that some colleagues may find distressing.
If you have experienced or feel you may be experiencing unwanted, inappropriate and/or harmful sexual behaviours there are people who can support you. Your local employee wellbeing or occupational health teams can help you get support, and you can find a wide range of support providers in Appendix 4 of this policy.

1. INTRODUCTION

The Worker Protection (Amendment of Equality Act 2010) Bill received Royal Assent on 26 October 2023, to become the Worker Protection (Amendment of Equality Act 2010) Act 2023. The focus of the act is to place a proactive duty on employers to take reasonable steps to prevent sexual harassment of their employees in the workplace.
Research consistently and regularly tells us that sexism, sexual harassment and sexual assault is happening in every corner of society hour by hour, day by day.
NHS Wales is unequivocal that sexual harassment is unlawful and damaging to reporters of harassment and must not be tolerated. NHS Wales is committed to taking all reasonable steps to prevent employees or service users experiencing or witnessing sexual harassment.
It is acknowledged that sexual harassment often occurs where there is a power imbalance, and that people in certain groups may be more vulnerable than others.
Aggravating factors such as abuse of power over a more junior colleague will be considered when decisions about disciplinary action are taken.
Within the workplace, employers have a responsibility to protect all employees from sexual harassment. We are committed to providing a working environment free from sexual harassment and ensuring all staff are treated, and treat others, with dignity and respect. We recognise that sexual harassment can occur both in and outside the workplace, such as on business trips, or at work-related events or social functions, or on social media.
Sexual harassment or victimisation of any member of staff, or anyone they come into contact with during the course of their work, is unlawful and will not be tolerated. The law requires employers to take reasonable steps to prevent sexual harassment of their staff during the course of their employment.
We will take active steps to help prevent the sexual harassment and victimisation of all staff.
Anyone who is a victim of, or witness to, sexual harassment is encouraged to report it in accordance with this policy. This will enable us to take appropriate action and provide support.
Sexual harassment and victimisation may result in disciplinary action up to and including dismissal.

2. WHAT IS THIS POLICY FOR?

This policy sets out to:

- Raise awareness and provide guidance for staff to identify behaviours that constitute sexual harassment with the explicit aim of preventing cases of sexual harassment in the first instance.
- Help and encourage reporters of harassment or sexual harassment to ask for help and report the incident safely.

- Inform managers and employees of the processes to follow where acts of sexual harassment occur.
- Raise awareness of the serious and harmful impacts of sexual harassment, and the need to deal with cases in a sensitive, supportive, timely and robust manner.
- Ensure that managers are aware of their duty to take a proactive approach to preventing sexual harassment in the workplace.
- Help managers refer reporters of sexual harassment to appropriate support.
- Help employees understand where they can find appropriate support.
- Support the NHS Wales in increasing the reporting of incidents of sexual harassment.

3. SCOPE

The Anti-sexual Harassment Policy aims to set out a framework for line managers to deal with any occurrences of sexual harassment or inappropriate behaviour by our staff (which may include consultants, contractors and agency workers) and also by third parties such as customers, suppliers or visitors to our premises.
This policy applies to all employees, officers, consultants, self-employed contractors, casual workers including bank staff and locums, agency workers, apprentices, volunteers and interns. Our obligations and your duties under this policy also extend to job applicants and former employees.
NHS Wales has a duty of care to protect employees from, and prevent incidents of, sexual harassment from individuals within the physical or digital workplace.

4. GUIDING PRINCIPLES

- We will support the prevention of sexual harassment and abuse by ensuring everyone has access to relevant information and learning opportunities.
- We will create working environments that are open, safe and do not tolerate inappropriate behaviour.
- We will work actively with groups who are more likely to experience sexual harassment and abuse.
- We will ensure that all sexual safety concerns are taken seriously, treated sensitively and managed appropriately.
- We will support colleagues who experience unwanted, inappropriate and/or harmful sexual behaviours.
- We will clearly communicate and role model appropriate behaviours in line with our values and frameworks.
- We will provide confidential, accessible and non-retaliatory reporting mechanisms for individuals to raise concerns about sexual harassment.
- We will ensure our Executive Teams regularly review data relating to sexual misconduct and that lessons are learnt and changes in practice are made to improve sexual safety in the workplace

Confidentiality will be maintained as far as possible unless there is a safeguarding or legal concern that needs to be reported and to the extent required to ensure a fair process is followed.
These commitments will apply to everyone in NHS Wales equally and without prejudice.
This policy will be reviewed at regular intervals to monitor and ensure its effectiveness.

INFORMATION – DEFINITIONS AND TERMINOLOGY

5. DEFINITIONS

It is recognised that terminology used in guidance for dealing with incidents of sexual harassment is complex and can be emotive. Terminology can have the effect of pre-judging a case and causing unconscious bias to have an effect.

5.1 Definitions used in this policy of people and roles that may be involved in a sexual harassment report include:

- **Reporter of Harassment** – Recognising that anybody can report sexual harassment, for the purposes of this policy, this term is used to describe the person experiencing sexual harassment. A reporter of harassment can be male, female or non-binary.
- **Individual accused of harassment** – an individual against whom a sexual harassment report has been raised. There is no presumption of guilt against an alleged perpetrator.

Human Resources

Your Human Resources (HR) department may be known by a different name. Departments traditionally known as Human Resources (HR) or Personnel may be known by another name in your organisation, such as People and OD (POD), Workforce and OD (WOD), Human Resources (HR), People and Relationship Team, or People Services. In this policy we use the term 'HR or Workforce and OD'.

5.2 Sexual Harassment

Sexual Harassment refers to unwelcome sexual advances, requests for sexual favours, or other verbal, non-verbal, or physical conduct of a sexual nature that creates an intimidating, hostile, degrading, or offensive environment. Sexual harassment can happen to anyone regardless of their personal characteristics and can equally be carried out by anyone. A single incidence can be enough to constitute sexual harassment, and a person does not need to have previously objected to it.

It also includes treating someone less favourably because they have submitted or refused to submit to unwanted conduct of a sexual nature, or that is related to gender reassignment or sex at any time in the past.

Sexual harassment is defined by the impact of behaviour(s) on an individual or individuals, even if the behaviour was not intended to have the effect of sexual harassment.

Sexual harassment includes any unwelcome behaviour of a sexual nature that directly or indirectly impacts a person's dignity, safety, or ability to participate in an environment. It may involve power dynamics, discrimination, or coercion and can take various forms, such as (but not limited to):

5.2.1 Verbal Harassment

- Sexual remarks, jokes, or comments that are unwelcome or offensive.
- Inappropriate inquiries about someone's personal life, sexual orientation, or body.
- Inappropriate conversations in the workplace, either in one to one or group settings.
- Repeated, unwelcome romantic or sexual propositions.

- Unwelcome sexual advances or suggested behaviour (even if the harasser may perceive this as harmless).

5.2.2 Non-Verbal Harassment

- Displaying or sending sexually explicit or suggestive images, messages, or gestures.
- Leering, staring, or making suggestive facial expressions.
- Sending unwelcome messages, sexually explicit or otherwise through digital communication (including emails, text messages, video clips and images sent by mobile phone or posted on the internet).

Non-verbal harassment may constitute offences contrary to section 1 Malicious Communications Act 1988 ('MCA 1988'), section 127 Communications Act 2003 ('CA 2003'), and offences created in Part 10 of the Online Safety Act 2023 ('OSA 2023').

5.2.3 Physical Harassment

- Unnecessary or inappropriate physical contact or "horseplay", touching, hugging, pinching, grabbing, pushing or brushing against someone without consent.
- Blocking someone's path or invading personal space in a manner that feels intimidating or uncomfortable.

5.2.4 Coercive Sexual Harassment:

- Conditioning employment, promotions, grades, or other opportunities on submission to sexual advances or favours.
- Threatening retaliation or adverse consequences for rejecting such advances.

5.2.5 Hostile Environment Harassment

- Conduct that creates an intimidating or hostile atmosphere through persistent, pervasive, or severe sexual behaviour.
- Harassment that interferes with an individual's work, education, or well-being.

- A person may be sexually harassed even if they were not the intended target. For example, a person may be sexually harassed by pornographic images displayed on a colleague's computer in the workplace.

5.2.6 Victimisation

Victimisation includes subjecting a person to a detriment because they have done, or are suspected of doing or intending to do, any of the following protected acts:

(a) Bringing proceedings under the Equality Act 2010.
(b) Giving evidence or information in connection with proceedings under the Equality Act 2010.
(c) Doing any other thing for the purposes of or in connection with the Equality Act 2010.
(d) Alleging that a person has contravened the Equality Act 2010.

Victimisation may include, for example:

(a) Denying someone an opportunity because it is suspected that they intend to make a complaint about sexual harassment.
(b) Excluding someone because they have raised a grievance about sexual harassment.
(c) Failing to promote someone because they accompanied another staff member to a grievance meeting.

(d) Dismissing someone because they gave evidence on behalf of another staff member at an employment tribunal hearing.

Sexual harassment and victimisation are unlawful and will not be tolerated. They may lead to disciplinary action up to and including dismissal if they are committed:

(a) In a work situation.
(b) During any situation related to work, such as at a social event with colleagues.
(c) Against a colleague or other person connected to the organisation outside of a work situation, including on social media.
(d) Against anyone outside of a work situation where the incident is relevant to the person's suitability to carry out their role.

If any sexual harassment or victimisation of staff occurs, we will take steps to remedy any complaints and to prevent it happening again. These may include updating relevant policies, providing further staff training and taking disciplinary action against the perpetrator where feasible and deemed necessary.

5.2.7 Third-party harassment

Third-party harassment occurs where a person is harassed or sexually harassed by someone who does not work for, and who is not an agent of, the same employer, but with whom they have come into contact during the course of their employment. Third-party harassment could include, for example, unwelcome sexual advances from a client, customer or supplier visiting the employer's premises, or where a person is visiting a client, customer or supplier's premises or other location in the course of their employment.

Third-party sexual harassment can result in legal liability and will not be tolerated. The law requires employers to take reasonable steps to prevent sexual harassment by third parties. Although a member of staff cannot bring a claim for third-party harassment alone, it can still result in legal liability for an employer when raised in other types of claims. All staff are encouraged to report any third-party harassment they are a victim of, or witness, in accordance with this policy.

Any sexual harassment by a member of staff against a third party (see above) may lead to disciplinary action up to and including dismissal, for example asking for a patient's number in the course of your work with the intention of contacting them socially would be inappropriate.

We will take active steps to try to prevent third-party sexual harassment of staff.

If we are made aware of any third-party harassment of staff, we will take steps to remedy any complaints and to prevent it happening again. These may include warning the harasser about their behaviour, banning them from our premises, reporting any criminal acts to the police, and sharing information with other branches of the organisation and the harasser's employing organisation.

Offensive behaviour can sometimes be excused as banter or jokes; managers must take a zero-tolerance approach, even when they may face criticism for doing so. Banter can be inoffensive to all those hearing/participating in it at the time but could simultaneously be in violation of expected values and behaviours or another's dignity who may just not be present. This can lead to workplace cultures that are unsafe

If an individual feels that they have been sexually harassed or that they have been impacted by sexual harassment, their feelings are valid, and their complaint must be taken seriously.
Incidents can be considered workplace sexual harassment in circumstances in which the employee is not actually working but that are connected with work, such as work social events.

5.3 Criminal Offences

Some forms of sexual harassment may also constitute criminal offences. Sexual violence or assault refers to any sexual act or attempt to obtain a sexual act through coercion, force, or without the explicit consent of the individual. It encompasses a range of behaviours that violate a person's autonomy, dignity, and safety, including but not limited to:

5.3.1 Non-Consensual Physical Acts:

- Rape or attempted rape.
- Sexual touching or groping without consent.
- Use of force, intimidation, or threats to engage in sexual activity.

5.3.2 Sexual Exploitation:

- Taking advantage of another person's sexuality without their consent, including distributing explicit images or videos without permission.
- Coercing someone into sexual acts through manipulation or abuse of power.

5.3.3 Acts Perpetrated on Vulnerable Individuals:

- Sexual acts involving individuals unable to give consent due to intoxication, unconsciousness, or lack of capacity (e.g., age, cognitive impairment, or coercive circumstances).

5.3.4 Verbal Threats or Coercion:

- Threatening harm to compel sexual activity.
- Using blackmail or other forms of manipulation to obtain sexual favours.

Criminal acts of this nature come under the portfolio of your Safeguarding Team.

We strongly encourage any employees who believe that they have been a victim of a criminal act to report the incident to the police. Further advice can be obtained from your local Safeguarding team.

6. CONFIDENTIALITY

6.1 Confidentiality and Anonymity

Anonymity and confidentiality are two concepts that are often used interchangeably, but they have distinct differences.

- Anonymity refers to the state of being unknown or unidentified.
- Confidentiality refers to the act of keeping information private and secure; sensitive information will not be disclosed to unauthorised individuals.

Anonymity means an individual's identity is concealed; confidentiality means information is secure.

Confidentiality covered by this Procedure will be maintained wherever possible and as far as reasonably practical, subject to legal and statutory safeguarding obligations and duties to protect other people.

As well as statutory requirements, the 'need to know' may encompass sharing of anonymised information for defined purposes such as supervision, formal support, correct processes or best practice. Therefore, confidentiality cannot be guaranteed in every situation.
Details of investigations and complaints must only be disclosed on a 'need to know' basis. Unauthorised disclosure of confidential information may result in disciplinary action, as may any concerns about attempts to influence or intimidate a witness and/or a reporter of harassment.

Confidentiality obligations apply to anyone who is involved including the individual accused of harassment, the reporter of harassment, witnesses and line managers.

The matter should not be discussed with anyone else other than on a 'need to know' basis, and in the context of formal disciplinary proceedings, will normally be limited to:

- the investigating officer
- HR or Workforce and OD colleagues directly involved.
- any relevant witnesses
- the individual accused of the harassment to the extent necessary to enable them to respond.
- safeguarding colleagues
- where represented, Trade Union representatives

This does not mean that support should not or cannot be sought by anyone who is involved, acknowledging that talking about the event may help some people or be essential to their wellbeing, however, this must be done whilst adhering to the confidentiality obligations set out in this section.

Nothing in this Policy will prevent an individual reporting sexual misconduct to the police, professional regulators (such as the GMC or NMC), or any other statutory body. Making a report does not constitute a breach of confidentiality.

Both reporters of harassment and individuals accused of harassment:

- Are free to seek professional support from anyone who would owe them a professional duty of confidentiality (e.g., from their doctor, the services in Appendix A., and similar);
- Can talk to immediate family, on the condition that the people they discuss the situation with agree to maintain confidentiality and that they do not name anyone involved. If family members work together consideration should be given to whether it is appropriate to discuss the situation;
- Cannot discuss it with fellow employees other than the investigating officer, HR or Workforce and OD colleagues directly involved, with their line manager if necessary, and where represented, with Trade Union representatives.

7. RISK AND PREVENTION

Managers are expected to consider the likelihood and impact of sexual harassment within their teams. Factors to consider include, but are not limited to the following:

- power imbalances
- job insecurity, for example, use of temporary staffing, agency staff or contractors
- lone/isolated working, night working and working alone with a third party
- the presence of alcohol (work-related social events)
- patient-facing duties
- lack of diversity in the workforce, especially at a senior level
- workers being placed on secondment
- travel to different work locations
- working from home
- attendance at events outside of the usual working environment, for example, training, conferences or work-related social events
- socialising outside work
- social media contact between workers
- the workforce demographic, for example, the risk of sexual harassment may be higher in a same sex dominated workforce
- a male-dominated workforce
- a workplace culture that permits crude / sexist 'banter', or other disrespectful behaviour
- gendered power imbalances (for example, where most junior staff are female and most senior managers / leaders are male)
- an expectation that workers will attend social events / conferences outside of the workplace or stay away from home overnight (particularly if alcohol is being consumed)
- a failure to respond appropriately to previous reports of sexual harassment
- workers that have more than one protected characteristic, for example, disabled people, ethnic minorities and people from the LGBT community are more likely to experience sexual harassment than people who do not have these protected characteristics

There may be risks that only affect one job role or worker - these should still be considered and addressed.

An assessment of the risk should be completed on an annual basis using the existing risk management framework and any identified risks mitigated and recorded.

Managers should ensure staff are aware of reporting mechanisms and managers must refer to this guidance if a staff member raises a complaint of harassment.

GUIDANCE – WHAT TO DO IF AN INCIDENT OCCURS

8. INCIDENTS OF SEXUAL HARASSMENT

All reported incidents of sexual harassment and sexual violence/assault will be investigated promptly, with appropriate actions taken to ensure the safety and rights of those affected.

If you have any questions relating to sexual misconduct, please contact your Safeguarding or HR or Workforce and OD team for advice.

If you feel you are experiencing or have experienced sexual harassment or if you witness sexual harassment or have a concern that another colleague may be experiencing or have experienced sexual harassment it is very important that you take action.
The reporting (or disclosing) of witnessed sexual harassment can be a means of identifying further and more serious allegations.

In all cases where a child under 18 discloses sexual misconduct/assault, or employees hear about sexual misconduct/assault of someone under 18, a Child at Risk Report must be made based on Wales Safeguarding Procedures (2019).

Where the Executive or Senior Management Team become aware of multiple concerns or complaints of inappropriate behaviour in an area, which may not have been formally reported but give rise to sufficient cause for concern, they may choose to conduct an investigation to understand the alleged behaviours in more detail and to determine if support and interventions are needed. This is intended to ensure the effective resolution of concerns raised and the prevention of future inappropriate behaviours, where identified by the investigation. Undertaking this type of investigation should only be done in consultation with the HR or Workforce and OD team and will involve agreed terms of reference with the relevant department. If the findings indicate a potential conduct issue, this may lead to a disciplinary process under the relevant Policy.

8.1 If You Experience Sexual Harassment

You may be able to address matters informally if you feel able to do so. The person may not know that their behaviour is unwelcome or upsetting, so a conversation may help them to understand the effects of their behaviour and agree to change it. Should you need it, your local HR or Workforce and OD team can provide support to help you have an informal conversation.

There is no requirement that you attempt to informally challenge the behaviour. It is recognised that there are many situations where this may not be appropriate, safe or indeed something that you feel able to do. If this is too difficult for you, or if the informal approach is not appropriate, or has not been successful, then you are strongly encouraged to speak to someone.

Examples of people you could tell (in no particular order) are:

- A trusted colleague
- A member of your local HR or Workforce and OD team
- A member of your Safeguarding team
- Your manager
- Another senior colleague
- Your Trade Union Representative
- Speaking Up Safely contact/guardian

This is referred to as 'disclosure'. It is vital that the initial response to a disclosure is handled appropriately and with sensitivity.

What you should NOT do:

- **Ignore or put up with the behaviour**
- **Believe it is your fault**
- **Put yourself in a position where you would be left on your own with the person behaving inappropriately**

The difference between disclosing and reporting

A disclosure is where someone tells another person about their experience but **makes it explicitly clear that they do not want action to be taken.** A disclosing party should be given time to make an informed choice and support about whether to make a formal report to the organisation (or to the police, or both). Just because a formal report is being made, does not prevent the matter being dealt with on an informal basis where this is requested by the reporter of harassment and/or deemed appropriate by the manager and HR or Workforce and OD advisor.

Whilst managers and HR or Workforce and OD advisors should try to respect the wishes of the individual making the disclosure, a disclosure can lead to formal action being taken by the employer if it is considered that there is a risk to an individual's safety; this will normally be deemed appropriate where the allegation is one of sexual assault, or where it forms part of a series of similar complaints.

In deciding whether it is appropriate to override the reporter of harassment's wishes not to take formal action, the manager should ask:

- Have they considered and exhausted all other possible options such as those already referred to in this guidance?
- What will the impact be of overriding the reporter of harassment's wishes on them?
- What are the potential risks to the reporter of harassment, the reporter of harassment's colleagues and to other third parties if the employer does not take further action?
- Have other complaints been made against the same person?
- What is the likelihood of the matter being resolved by the reporter of harassment without intervention by the employer?

Reporting is the first step in a formal process and is the term used to describe any disclosure of sexual harassment where it is not expressly requested by the reporting individual that no formal action be taken.

8.2 Receiving a Disclosure

The employee who receives the disclosure should:

- **Ensure the employee is safe** - if they are unsafe, or you cannot be assured they are safe or you believe they may be in significant danger of harm, take steps to immediately call the police (if not already informed) and seek advice from your HR or Workforce and OD or safeguarding team as soon as possible.
- **Signpost colleagues to this policy and refer them to support** described in Appendix 4.
- **Encourage them to consider reporting their concern** as set out in section 8.3, if it has not already been reported.
- **Make a note as soon as you are able to of any details of the disclosure**, ensuring confidentially is maintained as set out in section 6. The reporter of harassment should be

notified that you will make a note of the disclosure including the date and time the disclosure was made, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken.

- **If the reporter of harassment does not want to take the disclosure any further**, you must respect their wishes unless there is a legal or safeguarding concern which means that further action must be taken. However, it may be that the disclosure has highlighted a need for training in the department or other follow up action, and you should liaise with the relevant manager or HR or Workforce and OD colleague in relation to any training that may need to be provided in the future.

If you need support or advice following the disclosure you could speak to someone in confidence, such as a member of your HR or Workforce and OD team, a member of your Safeguarding team or your own line manager.

The person receiving the disclosure should make every effort to follow up with the reporter of harassment within 3 months of the disclosure to enquire whether that individual requires any wellbeing support. The reporter of harassment should also be asked if any further incidents of harassment have occurred since the initial disclosure. Both the enquiry and response should be securely recorded in a confidential manner as set out above. If the reporter of harassment confirms further harassment has taken place, it may mean in some cases that further action will now become appropriate.

8.3 Reporting Incidents

It is recognised that reporting incidents can be a daunting prospect. Concerns of the individual that they may be showing disloyalty by reporting incidents, or that the reporting of an incident may leave the team short staffed, or indeed that they won't be believed often influence whether an individual reports an incident or not.

Our priority is the safety and wellbeing of our employees and we strongly encourage the reporting of any incident of alleged sexual harassment either in the workplace or by a workplace colleague

8.3.1 Receiving a Report

The employee who receives the report should:

- **Ensure the employee is safe** - if they are unsafe, or you cannot be assured they are safe or you believe they may be in significant danger of harm, take steps to immediately call the police (if not already informed) and seek advice from your HR or Workforce and OD or safeguarding team as soon as possible.
- **Signpost colleagues to this policy and refer them to support** described in Appendix 4.
- **Make a note as soon as they are able to of any details of the report**, ensuring confidentially is maintained as set out in section 6. The reporter of harassment should be notified that a note of the report will be made including the date and time, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken.

Incidents can be reported formally or informally. For informal reporting please see section 8.6.3

8.3.2 Reporting Incidents Formally

Incidents can be formally reported verbally or in writing via any of the following:

- To a manager
- A member of the local HR or Workforce and OD team
- Speaking Up Safely contact/guardian (including via anonymous reporting platform/telephone/email hotline or your organisation's equivalent)
- A member of the Safeguarding team

We strongly encourage employees to also report criminal acts to the police, as set out in section 10 of the policy.

If you are unsure what constitutes sexual harassment, but you feel you have experienced or witnessed something you think may be in the scope of this procedure, it is very important that you report it as potential sexual harassment.

You can report anonymously if you do not feel comfortable providing a full report, via the Speaking Up Safely framework.

It is, however, preferable for individuals making a report to identify themselves, as this makes it more likely that reports can be fully and fairly investigated and resolved and contributes to creating an open and trusting culture. It also means the colleague reporting the sexual harassment can be kept informed of the progress of their report. Wherever possible a report of harassment should identify exactly what comment was made/action was taken, by whom, on what date/s this was, where it occurred and if there were any other witnesses to the alleged harassment.

If a report is made anonymously, the steps in this policy must be followed as closely as possible based on the information provided in the disclosure.

Please note, where a report is made anonymously, but it is possible for the employer to identify the reporter of harassment, the employer will be expected to encourage and support the reporter of harassment to provide more details or come forward for the reasons set out above. This may include trying to establish any concerns the reporter of harassment has that has led to the request for anonymity.

Where a complaint is taken forward on an anonymous basis, please note whilst the employer will take reasonable endeavours to maintain that anonymity, the employer is unable to guarantee absolute anonymity, particularly if any external agencies become involved.

The individual accused of harassment will also need to receive sufficient details of the report in order to properly answer the allegations against them in keeping with the principles of natural justice.

Cases of sexual harassment should be dealt with via the NHS Wales Disciplinary Policy or Upholding Professional Standards in Wales Procedure if the allegations are against a doctor or dentist. This includes scenarios where the reporter of harassment is not an employee.

When a formal complaint of harassment or victimisation is made, an employer should consider what steps need to be taken while the matter is investigated to ensure that:

- **the reporter of harassment is not subjected to further acts of harassment**
- **the reporter of harassment is not victimised for having made a complaint**
- **any potential adverse impact on the reporter of harassment is minimised.**
- **other workers are safeguarded against similar behaviour, and**
- **there will be no interference with the investigation.**

8.4 Sexual Harassment by a Patient or Third Party

If a patient behaves in a sexual way towards you, and you feel safe to do so, you should tell them that their behaviour is unacceptable and ask them to stop.

If the patient does not stop the behaviour, or you do not feel safe to challenge the patient or continue with the interaction, you should excuse yourself from the encounter and seek help.

You should make your manager aware immediately and report the incident via DATIX, and seek support if you need it. Please refer to Appendix 4 for information on guidance and support.

Where your complaint is about someone other than an employee, such as a customer, supplier or visitor, we will consider what action may be appropriate to protect you and other staff pending the outcome of the investigation, bearing in mind the reasonable needs of the organisation and the rights of that person. Where appropriate, we will attempt to discuss the matter with the third party.

We will also consider any request that you make for changes to your own working arrangements during the investigation. For example, you may ask for changes to your duties or working hours to avoid or minimise contact with the alleged harasser. You will not suffer financial detriment.

Managers made aware of sexual harassment by a patient should, as part of any response, conduct a risk assessment of the area and consider any additional steps needed to prevent sexual harassment occurring by a patient. All risk assessments should be securely recorded.

Sexual harassment by someone lacking mental capacity should still be reported, even if that person's actions were not intentional. The focus shifts to the impact of those actions on the victim, not the intent behind them and therefore should still be subject to reporting.
Please see Appendix 4 for BMA guidance on managing discrimination and sexual harassment by patients.

8.5 If You Witness Sexual Harassment

Employees who witness sexual harassment must take appropriate steps to address it. Depending on the circumstances, this could include:

- Intervening where they feel able to do so.
- Supporting the reporter of harassment to report it or reporting it on their behalf.

- Reporting the incident where they feel there may be a continuing risk if they do not report it.
- Co-operating in any investigation into the incident.

Witnesses of sexual harassment are strongly encouraged to report it and will be protected from victimisation. Please see section 8.3 above.

GUIDANCE – HOW TO MANAGE REPORTED CASES

8.6 The Process Following a Report of Sexual Harassment

The person who receives the report of sexual harassment must notify their local HR or Workforce and OD and safeguarding teams as soon as possible.

See Flowchart (Appendix 2)

8.6.1 Management Review (initial assessment)

The person making a complaint of sexual harassment should be asked if they would prefer a woman or man to interview them. Not everyone will be comfortable making a disclosure of this nature to someone from the opposite sex.

The local HR or Workforce and OD team will inform the local Safeguarding team to assess whether further actions under section 5 safeguarding regulations are required.
The local HR or Workforce and OD team will support the manager to conduct a management review (initial assessment) of the report. This may involve:

- the individual (or team) with whom the report has been raised.
- an individual(s) with appropriate subject matter expertise
- the relevant HR or Workforce and OD officer/manager for that area.
- any other relevant individual deemed able to provide advice (e.g., Safeguarding colleagues).

See separate Management Review (initial assessment) guidance for further information

Following the management review (initial assessment), the following actions, which are not mutually exclusive may be considered as next steps:

- Further fact finding.
- Commissioning of a formal investigation under the NHS Wales Disciplinary Policy or the Upholding Professional Standards in Wales Procedure (UPSW) if the individual accused of harassment is a doctor or dentist.
- An informal resolution process (see section 8.6.3)
- If allegations could amount to criminal proceedings following a management review (initial assessment), notifying the police and/or other relevant agencies, including the individual accused of harassment's employers if their employer is not NHS Wales, or any regulatory bodies such as the NMC, may be deemed necessary. Please note, notifications to the police should only be made where required by Safeguarding rather than as a matter of practice for all sexual harassment allegations.

8.6.2 Suspension/moving an individual from their normal place of work

Where reporter of harassments and individuals accused of harassment work together a risk assessment will be undertaken, and it may be necessary to discuss temporary changes to working arrangements. It is not normal practice to move a reporter of harassment as a first step, unless they have requested this, and normal practice should be to move individuals accused of harassment wherever possible and necessary. This does not pre-judge the allegations in any way, it is simply with a view to furthering the organisation's legal obligations under the Worker Protection Act.

Please see All Wales Disciplinary Policy/ Upholding Professional Standards in Wales Procedure (UPSW) for more information.

8.6.3 Reporting Incidents Informally

Incidents can be informally reported verbally or in writing via any of the following:

- A manager
- A member of the local HR or Workforce and OD team
- Speaking Up Safely contact/guardian (including via anonymous reporting platform/telephone/email hotline or your organisation's equivalent)
- A local Trade Union representative

State that you want to informally report an incident.

8.6.4 If the Reporter of harassment Requests that the Matter be Resolved Informally

The person receiving the informal report should listen to the reporter of harassment and work out how best they can help them to resolve the issue informally and in a way with which the reporter of harassment is most comfortable having considered the following actions:

- Discussing ways to approach the issue directly with the individual accused of harassment.
- Supporting the reporter of harassment in raising the issue with the individual accused of harassment by accompanying them in any discussion or helping them to set out their thoughts in writing.
- Raising the matter informally with the individual accused of harassment on the reporter of harassment's behalf.
- Obtaining advice on how best to resolve the issue and/or assistance in doing so from other sources either internally such as from the local HR or Workforce and OD team or externally from sources such as ACAS.
- Arranging mediation by a trained mediator between the reporter of harassment and the individual accused of harassment. In these circumstances, the manager and HR or Workforce and OD advisor (in conjunction with safeguarding advice) must consider whether this type of resolution is appropriate. If so, an independently facilitated conversation will be arranged in line with the All-Wales Respect and Resolution Policy.
- Obtaining advice on or assistance in dealing with issues relating to particular protected characteristics, such as from a charity with expertise relating to a particular disability.
- Obtaining counselling or support for the individual

It is important that a record of the following is kept:

- The details of the report/incident.
- A record of any discussion held with the individual accused of harassment.
- A record of any follow up actions.
- A reflections document completed.
- Any further training needs identified.

The manager must schedule a follow-up conversation with the reporter of harassment to check if any further incidents of harassment have occurred and whether any further support is required.

It is recognised that an informal solution may not be appropriate or may not work in many cases. For example, any informal solution is unlikely to be appropriate in more serious cases, or to work in cases where the alleged harasser is unlikely to accept that they have done anything wrong.

The reporter of harassment can make the matter formal at any stage if they wish to.

8.6.5 Investigating Formally Reported Incidents

Protecting the reporter of sexual harassment must be paramount.

- Investigators of allegations of sexual harassment will take particular care about the relevance and intrusiveness of questions required to investigate these matters. This includes taking great care when asking questions of a personal nature.
- Greater flexibility may be applied to the reporter of harassment's right to be accompanied to meetings related to investigating the complaint, particularly by a friend or family member (in a supportive capacity), in addition to the usual right to be accompanied by a trade union representative or work colleague.
- The reporter of harassment and individual accused of harassment should be provided with a single point of contact throughout the process wherever possible.
- These contacts should keep both parties separately and appropriately updated and ensure that they have access to support as required.
- Terms of Reference should be clearly written, containing wherever possible the specifics of the allegation; i.e., what was allegedly said/done/when/where (and where no anonymity applies) to whom.
- Timescales for each stage of the process will be provided. If timescales cannot be met, all parties will be informed of the delay and the reasons given as far as possible.

NHS Wales organisations will ensure that any allegations of potential sexual harassment are managed swiftly and in line with this policy.

Experiencing sexual harassment is extremely distressing and can be life changing. It's also distressing and a serious matter for an employee to be accused of sexual harassment. NHS Wales organisations will not presume the accusation is either true or false prior to a fair and thorough investigation.

Sexual harassment cases will sometimes only be evidenced by the reporter of harassment's word against that of the individual accused of harassment. This should not prevent the reporter of

harassment from speaking up. NHS Wales is committed to treating all complaints fairly.

Care must be taken to ensure no action is taken that could be perceived as punishing any person who raises a complaint in good faith.

Please see the All-Wales Disciplinary Policy/UPSW for more details on the Investigation stage of a process.

8.6.6 Actions Following an Investigation

The outcomes of the investigation will follow the relevant NHS Wales Policy. However, where there is a finding that on the balance of probabilities, the alleged sexual harassment did occur, but does not result in dismissal, the employer will normally be expected to consider if there should be a requirement for the perpetrator to attend anti-harassment training (either individually or as part of departmental training); this may be combined with another sanction. Any decision makers will also need to risk assess the likelihood of the harassment re-occurring (and any measures that could prevent this) when determining what sanction to apply.

NHS Wales recognises that in some cases it may be appropriate to signpost perpetrators to specialist services if they genuinely want to change their behaviour – this should be agreed on a case-by-case basis.

When dealing with a sexual harassment case, cultural sensitivity may be required. This may apply to the reporter of harassment, the perpetrator and any witnesses. Cultural attitudes may be a factor within some cases and these need to be considered in understanding the situation. However, cultural attitudes are not accepted as an excuse or mitigation for sexual harassment.

To provide assurance that the matter has been addressed appropriately; where a complaint has been upheld the organisation may share some aspects of an investigation and/or their outcomes; including any action that has been taken to prevent a similar event happening again with the reporter of harassment. This will be considered on a case-by-case basis and advice should be sought from your local HR or Workforce and OD team. Any sharing of information must be compliant with relevant data protection laws and align to your organisation's Information Governance policy.

Whether or not your complaint is upheld, we will consider how best to manage the ongoing working relationship between you and the person concerned. It may be appropriate to arrange some form of mediation or counselling, or to change the duties, working location or reporting lines of one or both parties.

Employees who raise a report of sexual harassment in good faith (whether founded or not) will always be supported, and this should include offering adjustments to the usual witness protocol.

This may include (and not limited to):

- Adjustments to normal process in the disciplinary hearing.
- Ensuring that we take a sensitive approach when cross examining a reporter of sexual harassment, including avoiding where possible the individual accused of harassment or their representative directly cross examining the reporter of harassment (subject to the provisions of UPSW).

- Considering submission of questions direct to the chair to ensure there isn't anything that is inappropriate or inappropriately worded.
- Considering the use of partition screens.
- Remote (video) attendance at hearing(s) and only for as long as necessary.

Any staff member who deliberately provides false information in bad faith, or who otherwise acts in bad faith as part of an investigation, may be subject to action under the All-Wales Disciplinary Procedure/Upholding Professional Standards in Wales. However, you will not be disciplined or treated detrimentally because your complaint has not been upheld.

If an individual has genuine cause to believe that an allegation made against them is false or vexatious, this should be clearly communicated during the management review/initial assessment stage and any subsequent stages in that particular case.

8.6.7 Non-Employees

Employees who are seconded or deployed to another organisation will be supported by NHS Wales to report sexual harassment in accordance with this policy or a similar policy provided by the host organisation.

NHS Wales also has a duty of care to protect individuals employed by other organisations and third parties, such as suppliers or visitors, from sexual harassment (as defined in section 5) from any individual in the workplace.

If employees are subject to sexual harassment from individuals not employed by NHS Wales, this will be taken no less seriously. In these circumstances NHS Wales will:

- not tolerate any conduct – on its premises or within any environment – that may be defined as sexual harassment.
- report any allegation to their employer or representative without delay and take appropriate steps to ensure the safety of those involved. This should be reported in the same way as if the individual accused of harassment were an NHS Wales employee.
- following the receipt of allegations of sexual harassment, take action, which may involve taking management action and/or commencing a management review (initial assessment) under the organisation's disciplinary policy or Upholding Professional Standards in Wales Procedure (UPSW) if the allegations are against a doctor or dentist.

If secondees who fall within the scope of this policy are found to be in breach of this procedure after an investigation, please follow the All-Wales Secondment Policy.

NHS Wales expects any third-party organisation that deploys employees or representatives to work in or with NHS Wales to engage with any investigation relating to sexual harassment and take appropriate action and/or provide appropriate support in respect of findings in relation to the employee or representative.

8.7 Providing Support

NHS Wales recognises that reporting sexual harassment takes courage and can be extremely stressful. Any individual raising a concern or complaint is to be given reassurance and support throughout the process. This support may also need to be extended to any employees who have witnessed sexual harassment.

As well as providing opportunities to talk, HR or Workforce and OD teams should signpost employees to relevant services such as Occupational Health (OH) or local employee wellbeing service where available. Also see sources of support in Appendix 4 below.

Incidents of sexual harassment can have long-term impacts on those who directly experience them as well as their friends and family. A reporter of harassment may need adjustments to support them to fulfil their role and workload, especially while any investigation is ongoing. The reporter of harassment should have a conversation with their line manager (or nominated person, which may include an occupational health professional) to review matters such as their current working arrangements and consider whether any additional support is needed, for example, by using the Flexible Working or Special Leave Policies.

Where concerns regarding attendance and/or capability of the reporter of harassment may be connected to a sexual harassment incident, adjustments to the attendance and/or capability process will be considered by the individual's line manager with advice from the local HR or Workforce and OD team. Any adjustments should be recorded and reviewed every 2 weeks, documented and shared with the relevant parties such as the individual and/or their line manager and their trade union representative.

If sickness absence is caused by sexual harassment at work, advice on this can be provided by your local HR or Workforce and OD team.

8.8 Victimisation, including when no further action is taken

NHS Wales does not tolerate harassment or victimisation of anyone reporting sexual harassment and will not tolerate any attempt to persuade or force an employee to not raise their concerns. 'Victimisation' is when someone is treated less favourably as a result of being involved with a discrimination or harassment complaint and is unlawful under the Equality Act.

NHS Wales will uphold its duty of care to ensure colleagues are fully supported when reporting sexual harassment, whether their complaint is upheld or not.

Any retaliation and victimisation of an individual raising a report or acting as a witness should be reported to a line manager or your local HR or Workforce and OD team and will be addressed. This may result in action being taken under the Disciplinary Policy or Upholding Professional Standards in Wales Procedure (UPSW) if the allegations are against a doctor or dentist.

9. REPORTING TO STATUTORY REGULATORS

NHS Wales organisations reserve the right and may be obliged to report an employee holding a professional registration of any description to their relevant statutory regulator (for example, Nursing and Midwifery Council, General Medical Council, The Health and Care Professions Council, the Law Society) in accordance with their relevant professional codes of conduct.

The designated employees for ensuring that NHS Wales organisations make an appropriate referral will be the relevant local HR or Workforce and OD team. HR or Workforce and OD teams may take advice from a range of individuals including the most senior professional of the profession within NHS Wales Organisations for example, Chief Nursing Officer and/or Chief Medical Officer before making a formal referral.

When making a referral, HR or Workforce and OD teams will do this in accordance with local organisation professional registration policy.

10. POLICE INVOLVEMENT

A disclosure of sexual harassment may allege a criminal act. If it is suspected that a criminal act has taken place, please contact your local Safeguarding team as soon as possible.

Where possible, a conversation with the reporter of harassment to discuss their wish for police involvement should precede any referral. If you believe there is a danger to safety and/or life, you should call the police on 999 immediately.

The Police may prosecute without victim involvement, particularly if there is corroborative evidence.

NHS Wales HR or Workforce and OD teams routinely work with Safeguarding teams using safeguarding policies to review each case on a case-by-case basis and consider the need for escalation to relevant authorities, including the police, and referrals are made where there is concern that the allegations may constitute a criminal act. The organisation will ensure that matters are referred to the wider authorities such as the relevant Local Authority Designated Officer and/or the relevant Local Authority Safeguarding Team where appropriate.

Where an internal investigation is taking place, the HR or Workforce and OD team will consult with the police at agreed intervals about concurrent investigation processes to ensure the criminal investigation/process is not prejudiced.

Reporters of harassment can report sexual harassment to the police directly. They may express a wish that they do not want to prosecute, or they wish to report and think about prosecution later. These are matters that must be discussed with the police directly.

11. EQUALITY INCLUDING WELSH LANGUAGE

Please refer to the completed Equality Impact Assessment undertaken at the time this policy was ratified.

12. APPENDICES

Appendix 1: How to Respond to a Disclosure of Sexual misconduct
Appendix 2: Draft Sexual Safety Incident Flowchart
Appendix 3: Roles and Responsibilities
Appendix 4: Further Information and Support

13. REFERENCES

Sexual harassment and harassment at work technical guidance. Available at: The Equality and Human Rights Commission (2024) *Sexual harassment and Harassment at Work technical Guidance*

2020 Sexual harassment survey commissioned by the Government Equalities Office. Available at:

2020 sexual Harassment Survey (Government Equalities Office)

NHS England Sexual Misconduct Policy. Available at:

NHS England Sexual Misconduct Policy

ACAS sexual harassment guidance. Available at:

ACAS sexual harassment guidance:

Surviving in Scrubs 'Surviving Healthcare' report. Available at:

Surviving In Scrubs 'Surviving Healthcare' Report

BMA Sexual Misconduct at Work guidance. Available at:

Sexual misconduct at work

Appendix 1: How to Respond to a Disclosure of Sexual Harassment

Any employee or worker could be given a disclosure of sexual harassment.

Ask the individual how they want to be supported. Do not make assumptions and do not dictate what will or must happen. Let the individual tell you what they need.

If you believe someone is in danger, dial 999.

Many people feel a loss of control, so empowering them and validating their experience is vital to minimise trauma.

It is crucial to handle the conversation respectfully and supportively. Your role is to listen to the person sharing their experience and agree on the next steps to take.

Your role is not to provide counselling, clinical advice or offer retribution against the perpetrator.

You should:

- ensure they are safe
- actively listen (without having any distractions such as your phone)
- believe and validate them
- respect confidentiality but ensure they understand you may need to share information or example if a safeguarding or legal concern is outlined
- safely signpost them to support (and reporting options if they haven't reported already)

Safety of the Employee

- if they are unsafe or you cannot be assured that they are safe and you believe they may be in danger of harm, take steps to immediately call the police (if not already informed) and seek immediate advice from your local HR or Workforce and OD team.
- where there are any safeguarding concerns (for example if there is a concern that someone is being co-coerced or controlled or where there are mental capacity concerns), you or your local HR or Workforce and OD team must contact your Safeguarding team to request an urgent discussion about employee safeguarding.
- consider any action that you or another appropriate person could take to help ensure the immediate safety of the reporter of harassment. For example, if the incident occurred in NHS Wales premises, consider and discuss with the reporter of harassment and an appropriate manager if an alternative work location would be appropriate. If the individual accused of harassment is a visitor and remains on site, you may need to contact security, and if the individual accused of harassment is an employee, you must contact your HR or Workforce and OD team for advice to co-ordinate escorting the individual accused of harassment from the building.

You should NOT:

- push for details
- make assumptions
- ask why they did not say anything sooner
- be judgemental or criticise their choices
- express criticism or disbelief
- look disinterested (think about your body language)

- tell them what to do
- talk about your own experiences
- provide counselling yourself
- share their information with others unless they explicitly give you permission to do so, or there are safeguarding or legal concerns
- ask why they did not run away or fight back
- play down or minimise their experience and the significance of what they are sharing.

Signpost colleagues to this policy and:

- refer them to the support described in Appendix 4
- encourage them to report their concern as set out in section 8.3 above, if it has not already been reported
- make a note as soon as you can of any details of the disclosure, ensuring confidentially is maintained. The reporter of harassment should be notified that you will make a note of the disclosure including the date and time the disclosure was made, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken

If the reporter of harassment does not want to take the disclosure any further, you must respect their wishes. However, if you need support or advice following the disclosure you could speak to someone in confidence, such as your local HR or Workforce and OD team or your own line manager

Appendix 2: Sexual Safety Incident Flowchart

1 DISCLOSURE

An individual discloses that they are a victim of or have witnessed sexual harassment or sexual misconduct

ENSURE THE PERSON IS SAFE

Are there safeguarding issues?

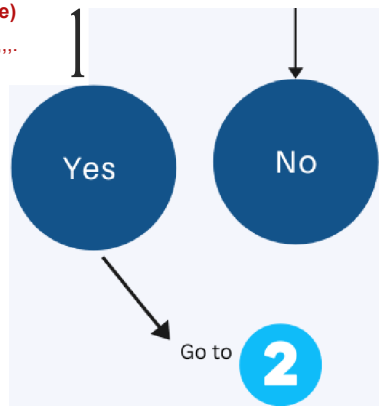
If you believe someone is in danger, dial 999

For guidance, signpost colleagues to your sexual harassment intranet resources.

Even if the individual does not want to report, there may be safeguarding issues that require the disclosure to be reported.

Ask your Safeguarding team for advice)

Does the person want to report the incident(s)?



Informa Action

Informal Action can take place without an investigation.

The person receiving the informal report should listen to the complainant to understand how best they can help them.

To resolve the issue informally and in a way with which the complainant is most comfortable having considered the actions listed in section 8.6.3 of the policy.

Informal action may not be appropriate or may not work in many cases.

8 Remember:

Incidents can be reported at a later date.

There is no time limit to report.

Concerns can be reported anonymously via the Speaking Up Safely platform.

Please refer to the Anti-Sexual Harassment Policy and your sexual harassment intranet resources.

8

Protecting the person who raised the complaint or who is the victim of sexual harassment should be paramount.

2

REPORT

The alleged perpetrator also needs to be treated fairly and offered support in line with policy and the law.

In some cases, more immediate action may need to be taken, such as suspending or moving the alleged perpetrator. A member of your local HR or Workforce and OD team will be able to advise investigating managers on the appropriate course of action.

Remember:
Colleagues can also report completely anonymously.

See your local Speaking Up Safely information.

Goto

GIG NHS

The local HR or Workforce and OD team will inform the local Safeguarding team to assess whether further actions under Section 5 safeguarding regulations are required.

The local HR or Workforce and OD team will support the manager to conduct a management review (initial assessment) of the report.

Management Review

(Initial Assessment)

3

NEXT STEPS

In some cases, a Police investigation must take place.

You safeguarding team will provide advice in these cases.:

Police Investigation

No Further Action

Reports of sexual harassment will be managed swiftly, confidentially and in line with the appropriate organisational policies and procedures.
(The result of the management review could be that no further action is taken).

Investigation

1

If deemed appropriate, a formal investigation is commissioned.

The person who raised the complaint will be appropriately informed of developments throughout the process.

FORMAL ACTION

Formal action will normally follow the process in the All Wales Disciplinary Policy or Upholding Professional Standards in Wales Procedure (UPSW) if the allegations are against a doctor or dentist

INFORMAL ACTION

Informal action on a case by case basis in line with the relevant policy.

COMPLAINT NOT UPHELD

Signpost to support, and advice and guidance in the All Wales Anti-Sexual Harassment Policy and sexual harassment intranet resources.

Appendix 3 – Roles and Responsibilities

Overall responsibility for policy implementation and review rests with the Chief Executive Officer (CEO).

The CEO shall delegate operational responsibility to the Executive Director of HR or Workforce and OD. All NHS Wales Directors will demonstrate due diligence in respect of the Worker Protection (Amendment of Equality Act 2010) and be responsible for policy implementation at all other NHS Wales premises.

To support cultural development the **Organisation** will take the following actions:

- ensure the Executive Team regularly reviews data relating to sexual misconduct and that lessons are learnt and changes in practice are made to improve sexual safety in the workplace.
- ensure all colleagues are aware of issues relating to sexual harassment, the Anti-sexual harassment Policy and how to deal with reports and disclosures appropriately.
- actively work to prevent sexual harassment in the workplace
- encourage managers to ask about an individual employee's working relationships and environment within their line manager/employee relationship 1:1 meetings.
- ensure a named member of the Executive Team has responsibility for sexual safety.
-

In addition to their responsibilities as employees, managers and people in positions of leadership (listed above), **The Safeguarding Team** will:

- offer guidance to employees and managers on the interpretation of this procedure in respect of cases of violence against women, domestic abuse or sexual violence.
- provide advice and support to employees affected by violence against women, domestic abuse or sexual violence.
- provide advice and support to managers who suspect an employee may be experiencing affected by violence against women, domestic abuse or sexual violence.
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- ensure that procedures and guidance relating to Violence Against Women, Domestic Abuse and Sexual Violence are up to date and available for managers and employees.

Safeguarding managers must be made aware of all allegations of sexual assault or domestic abuse by an employee and if appropriate, a decision will be made in line with current guidance and legislation about what steps will be taken.

In all cases where a child under 18 discloses a sexual assault, or employees hear about a sexual assault of someone under 18, a Child at Risk Report must be made based on Wales Safeguarding Procedures (2019).

To support our commitment to a safe workplace and culture all **employees** should:

- Ensure they understand what sexual harassment is.
- Be aware of how their behaviour can affect others and model appropriate behaviour.
- challenge inappropriate behaviour, if possible and where it can be done safely, and report it.
- promote a culture that fosters openness and transparency and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours, upholding the values and behaviours/core principles of NHS Wales and the local organisation.

- report incidents of sexual harassment when witnessed, or support those who have experienced sexual harassment by reporting it.
- co-operate fully in any investigation.
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- ensure they have completed all appropriate Statutory and Mandatory training modules, including Violence Against Women, Domestic Abuse and Sexual Violence and Treat Me Fairly.
- familiarise themselves with and adhere to the principles set out in this policy.

In addition to their responsibilities as employees (listed above), **line managers** should:

- provide appropriate support and/or signpost support to those who disclose or report sexual harassment.
- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- ensure their employees have completed all appropriate statutory and mandatory training modules, including Violence Against Women, Domestic Abuse and Sexual Violence and Treat Me Fairly.
- report an incident to HR or Workforce and OD colleagues where relevant and in line with this policy.
- be proactive in putting into place any reasonable adjustments including completion of the sexual safety risk assessment, individual wellness action plans and stress risk assessments where necessary.
- be available to support the investigation if appropriate.
- be responsible for creating a culture where employees feel safe to work, raise concerns and feel listened to.
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- provide support to an individual accused of harassment and/or signpost them to support.
- be a role model for promoting equal and professional behaviours in the workplace.
- be aware there may be a need to report an instance of sexual harassment, bearing in mind confidentiality and the wishes of the reporter of harassment should it need to be discussed anonymously with the Head of HR or Workforce and OD and/or Head of Safeguarding.
- ensure that a person is not victimised for making or being involved in a complaint of sexual harassment.

In addition to their responsibilities as employees (listed above), the **HR or Workforce and OD team** will:

- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- ensure that there are clear processes in place for responding to complaints of sexual harassment or assault and clearly communicate them.
- offer guidance to employees and managers on the interpretation of this policy and any accompanying guidance
- ensure information and training is available to support the effective implementation of this policy.
- monitor and evaluate the effectiveness of this policy.
- provide specialist advice at all stages of a complaint being raised for the reporter of harassment, line manager, individual accused of harassment and in the event of a formal investigation, the case/ commissioning manager, the investigating officer and disciplinary panel hearing.

- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- signpost colleagues to the appropriate support.

Local operational HR or Workforce and OD colleagues will act as key contacts for individuals who raise complaints of sexual harassment.

Senior HR or Workforce and OD managers will work closely with the safeguarding colleagues and other departments/agencies as appropriate.

In addition to their responsibilities as employees (listed above), **Trade Union/staff side Representatives** should:

- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- signpost to this policy, explain the procedures for reporting and the potential routes and outcomes, and assist with the reporting process where appropriate.
- explain the options for support both internally and externally during and after the process.
- maintain confidentiality as far as possible and reasonably practicable unless there is a safeguarding or legal concern that needs to be reported.
- provide support to their members through informal and formal processes.
- work with NHS organisations to promote and deliver training and awareness programs that prevent sexual harassment in the workplace.
- work proactively with management to monitor and address workplace culture issues that may contribute to a hostile environment.

When representing members who are accused of sexual harassment, Trade Unions are expected neither to condone or defend such actions; nor ignore or refuse outright to hear or assist a member accused of such actions.

Representatives must be careful not to presume guilt or ignore the obligation to advise the member and ensure a fair hearing.

In addition to their responsibilities as employees and managers (listed above), individuals in a **leadership position** (often noted as 'position of power') should:

- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- be aware of the potential power imbalance that can increase the vulnerability of some employees.
- never take advantage of their position to coerce employees into performing sexual favours.
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- ensure no colleague is subjected to inappropriate behaviours including jokes and banter.
- be aware of the vulnerabilities of women and minority groups who may be at greater risk of sexual harassment. This includes individuals with protected characteristics such as but not limited to gender, race, sexuality, gender identity, religion and disability which may increase the risk of experiencing sexual harassment.
- identify potential risk factors and take prompt, reasonable action to minimise those risks.

In addition to their responsibilities as employees, managers and people in positions of leadership (listed above), **Executive Team members** will:

- conduct regular reviews of internal data and ensure appropriate actions are taken in areas of concern.
- influence organisational culture and set organisational priorities relating to sexual harassment.
- support the development of the leadership community to support the operation of this procedure.

Appendix 4: Further Information and Support

Live Fear Free provides help and advice about violence against women and men, domestic abuse and sexual violence. Live Fear Free operate 24/7, offer support through the Welsh language, have access to Language Line and use Sign Live to support deaf survivors. 0808 80 10 800

Rape Crisis England and Wales: 24/7 helpline that can provide im mediate support if you have experienced sexual misconduct.

Victim Support: provide specialist help to support victims of crime to cope and move on to the point where they feel they are back on trac k with their lives.

Local Occupational Health and Wellbeing Services provide a range of services to help employees stay well both at home and at work

Trade Union representatives
Provide advice and support to their members when they have issues at work.

Rape & Sexual Abuse Support Centre (RASASC) North Wales provides information, specialist support and therapy to anyone aged 3 and over who has experienced any kind of sexual abuse or violence either recently or in the past.

ACAS: helpline for anyone experiencing workplace related issues inc luding sexual harassment/misconduct.

Rights of Women: have free legal advice lines for women who have experienced domestic abuse, sexual violence and sexual harassment/misconduct at work.

Surviving in scrubs: provide support, share survivor stories and ca mpaign to end sexism, harassment, and sexual assault in the healthcare workforce.

Sexual Assault Referral Centres (SARC) offers confidential medical and practical support to people who have recently been raped or sexually assaulted.

Galop: support LGBT+ people who have experienced abuse and violence

SurvivorsUK: provide support to male and non-binary survivors of sexual violence, providing counselling, practical help and community on your healing journey.

UK Government Sexual Abuse Support for victims of sexual violence and abuse.

NHS help after rape and sexual assault: information on the NHS website about where to find support if you have been sexually assaulted, raped or abused.

Samaritans: support for anyone who's struggling to cope, and who needs someone to listen without judgement or pressure.

Equality and Human Rights Commission Technical Guidance

Rights of Women: A charity dedicated to providing frontline legal advice to women experiencing all forms of violence against women and girls in England and Wales.

HCPC Sexual Safety Hub: Raising awareness of the impact of sexual misconduct, and helping to improve the sexual safety of

service users, those working within health and social care, and the students and learners on our approved education programmes.

BMA Sexual Misconduct at Work Resources: Information on sexual misconduct and the resources to support you if you have been involved in an incident of sexual misconduct, or if someone is seeking your support.

Managing discrimination from patients and their guardians and relatives (BMA)

Unison sexual Harassment Guidance: Guidance and model policy

Wales TUC Sexual harassment Toolkit: Guidance and toolkit

National Stalking Helpline Run by the Suzy Lamplugh Trust, the helpline gives advice and information to people who believe they're being stalked (includes 'Am I being stalked?' tool 0808 802 0300

Men's Advice Line The Helpline for male victims of domestic abuse 0808 801 0327

BAWSO (Black Association Women Step Out): Provides practical prevention, protection and emotional support services to Black minority ethnic (BME) and migrant victims of domestic abuse, sexual violence, female genital mutilation, forced marriage, honour-based violence, modern slavery and human trafficking
0800 7318 147

Canopi Free and confidential mental health support for NHS and social care staff across Wales

NHS Wales Guidance for Victims of Violence and Aggression

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full EqIA.

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Director and Directorate	Lisa Gostling, Director of Workforce & Organisational Development
Service Area	Workforce

Title of Procedure, Project, Proposal, Policy being screened:	NHS Wales Anti-sexual Harassment Policy

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

This new All Wales policy sets a framework to:
- Educate staff on expected behaviour.
- Support those facing inappropriate conduct.

It responds to the Worker Protection Act 2023, which requires employers to prevent sexual misconduct. NHS Wales is committed to stopping sexual harassment and supporting victims.

The policy aims to:
- Define sexual harassment and unacceptable behaviour.
- Guide safe reporting and victim support.
- Inform staff and managers on handling cases.
- Raise awareness of the harm caused by harassment.
- Encourage reporting and offer clear support pathways.

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

- NHS Wales had 91,492 staff in March 2022.
- Stress/anxiety is a top cause of sickness.
- 76% of staff are female; 91% in nursing.
- 7% are from ethnic minorities; 6% are non-UK nationals.

Research highlights:
- 91% of women faced sexism; 31% experienced physical harassment.
- Many don’t report due to fear or career impact.
- Survivors want safe, anonymous reporting and support.

This data was considered when writing this policy, however the impacts identified in this EqIA will be in relation to HDdUHB staff only.

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	
The policy supports staff of all ages by addressing sexual harassment risks across age groups. However, research shows younger staff, especially junior doctors, are more likely to experience harassment and less likely to report it. This policy aims to improve protections and encourage reporting regardless of age.					
Disability Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact	x	Negative Impact		No Impact	
Disabled staff are disproportionately affected by harassment, with studies showing higher rates among disabled women. The policy promotes mental wellbeing and aims to protect all staff, including those with sensory impairments. Implementation should consider accessible formats and communication needs.					
Gender Reassignment Is it likely to affect those who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact	x	Negative Impact		No Impact	
Trans and non-binary staff face unique challenges, including discrimination and fear of reporting. The policy explicitly includes protections for all gender identities and encourages safe reporting. Further efforts may be needed to build trust and ensure inclusive implementation.					
Marriage / Civil Partnership Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	x
The workplace or employment of those in a marriage or civil partnership will not be impacted as a result of this policy.					
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact	x	Negative Impact		No Impact	
Pregnant staff may face discrimination or sexist behaviour, as noted by the BMA. While data is limited, the policy reinforces protections and provides pathways for reporting harassment during and after pregnancy.					
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	

Ethnic minority staff are more likely to experience harassment. The policy supports cultural sensitivity and aligns with Wales' Anti-Racist Action Plan. It encourages inclusive reporting and acknowledges intersectional discrimination.

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	

While direct data is limited, cultural beliefs may influence how harassment is perceived or reported. The policy promotes respectful handling of cases and ensures that religious beliefs are considered without excusing misconduct.

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	

Women are more likely to experience sexual harassment, often from senior male staff. The policy acknowledges gender power imbalances and offers flexible reporting options, including anonymous channels and support for witnesses.

Sexual Orientation
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	x	Negative Impact		No Impact	

LGBTQ+ staff face intersectional harassment and may fear disclosing their identity. The policy affirms protection for all orientations and encourages safe, inclusive reporting. Implementation should foster trust and visibility for LGBTQ+ support.

Armed Forces Community
Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:
Armed-Forces-Covenant-duty-statutory-guidance

Positive Impact		Negative Impact		No Impact	x

No specific impact identified. The policy applies equally to all staff and does not present barriers unique to veterans or their families.

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	
Staff in lower-income roles may fear reporting due to job security concerns. The policy aims to protect all staff and reduce barriers to reporting, especially when the perpetrator holds authority. Implementation should reassure staff that reporting won't harm their career.					
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact		Negative Impact		No Impact	x
The policy maintains current Welsh language provisions and includes a statement supporting equal treatment of Welsh and English. No adverse impact is expected.					

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	Heather Hinkin
	Title	Assistant Director of People Mgt
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	22/10/2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Assistant Director of People Mgt
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	22/10/25
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@wales.nhs.uk
	Date	22/10/2025
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.

IMPORTANT UPDATE ON CAREER BREAK GUIDANCE

Career Breaks are typically intended for childcare, elder care, care of another dependant, training, study leave or to undertake voluntary work.

However, cases have been identified whereby Health Boards have offered/placed an employee on a Career Break immediately following the expiry of paid sick leave/SSP.

A Career Break should not be used in this instance to replace sick leave, or to prevent the member accruing disallowed days within their NHS Pension Scheme membership. Where a member has reached a period of no pay sick, this will be recorded as disallowed days.

It is important to note a Career break can affect the NHS Pension benefits that a member is entitled to in a detrimental way. Particularly, if they apply for ill health retirement or in the event of their death.

If the employee is having a legitimate Career Break and is an active member of the NHSPS, they may choose to continue making pension contributions during the Career Break. However, they need to make this decision before the Career Break commences and have arrangements in place with the Pensions Team. **N.B. Accumulation of arrears is not permitted.**

For the first 6 months contributions are payable, by both the employee and employer. They will be based on the employee's normal pensionable pay and must continue to be paid monthly, via their bank by Standing Order or Direct Debit.

An individual may also choose to continue to maintain their membership for a further 18 months (maximum of 2 years in total). During this extended period, the employee will be responsible for paying both their own and the employer's contributions.

If the member does not wish to maintain their membership during the Career Break period or fails to set up an arrangement to pay the relevant contributions their NHSPS record will be closed from the date of the last contribution.

References:

All Wales Employment Break Scheme (January 2020)

Career break guidance | NHSBSA Career break guidance | NHSBSA

Date:-	Sep-25	Name of All Wales Policy	Last Issue Date	Original Planned Review Date	Currently Under Review	Current Position
		Discplinary	Mar-17	Mar-20	Yes	Remains Extant*
		Organisational Change	Mar-17	Mar-20	No	Remains Extant*
		Capability	Jun-18	Jun-21	Yes	Remains Extant*
		Managing Attendance at Work	Oct-18	Dec-21	Yes	Remains Extant*
		Menopause	Dec-18	Dec-21	No	Remains Extant*
		Respect and Resolution	Jul-24	N/A	No	Remains Extant*
		Employment Break Scheme	Jan-20	Jan-23	No	Remains Extant*
		Reserve Forces Training and Mobilisation	Mar-20	Apr-23	No	Remains Extant*
		Procedure for NHS Staff to Raise Concerns	Sep-23	May-23	Yes	Remains Extant*
		Pay Progression	Jan-20	Oct-23	No	Remains Extant*
		Special Leave	Dec-20	Jan-24	No	Remains Extant*
		Recruitment and Retention Payment Protocol	Dec-20	Apr-24	No	Remains Extant*
		Secondment	Jul-21	Jul-24	No	Remains Extant*
		Flexible Working	Jan-24	N/A	No	Extant*
		Pregnancy Loss Support	Sep-24	N/A	No	Extant*
		Flexible Pensions	Oct-24	N/A	No	Extant*
		Job Evaluation	Dec-24	N/A	No	Extant*
		Anti-Sexual Harassment Policy	Sep-25	N/A	No	Extant*
		Upholding Professional Standards in Wales	Oct-15	Oct-18	No	Remains Extant*

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 polices 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, to recognise key prompts for review and to provide an option for a transactional review where changes/updates to an existing policy are more administrative than material.

All Wales W&OD policies remain extant until replaced by an updated version approved by the Welsh Partnership Forum.

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.

*Extant - legal term derived from Latin for still in existence/still live

Short Term Protection of Earnings Process

1. Scope and remit

1.1 This process has been developed in partnership, to provide All Wales consistency and clarification with regards to the application of Short Term Protection of Earnings as defined in the NHS Wales Organisation Change Policy (OCP). This process must be read and applied in conjunction with the OCP.

2. Definition

2.1 The principles of Short-Term Protection of Earnings can be located in section 10.3 of the OCP. Short Term Protection of Earnings is defined as where, through organisational change, an employee is required to undertake a change which may affect their earnings but does not require a change in pay band/grade.

2.2 An employee's salary is made up of basic pay (contractual hours), enhancements (Saturday, Sunday etc), additional hours, overtime hours, on call, work done as a result of an on-call and various other allowances.

2.3 The earnings eligible for short term protection will be considered in accordance with the relevant Terms and Conditions of Employment and agreed in partnership. Links to the relevant terms and conditions of service can be found on the following links on the NHS Wales Employers website:-

Medical and Dental (W) – Terms and Conditions of Service

Agenda for Change (W) – Terms and Conditions of Service

2.4 Earnings in the new post/rota/shift pattern will be offset against protectable earnings.

3. Principles

3.1 In consideration of a change to an employees' contracted hours/change to working pattern, there is a requirement to assess if there is a negative impact on the employees' earnings. As part of the Short-Term Protection of Earnings process, the manager will be required to engage with the following at the earliest opportunity;

- The affected employee
- Staff Side Representatives
- Workforce
- Finance
- NWSSP Payroll Services.

The methodology of calculating Short Term Protection (as defined in point 4 of his process) will be agreed at the start of the change process. Exact and individual calculations will not be available until the consultation period has closed.

3.2 The assessment of Protectable Earnings will be based on: -

Earnings in the Old Post; This is assessed as 17 weeks/4-month earnings immediately prior to the date the change takes effect, or in line with their previous rota if applicable.

Earnings in New Post; This is assessed once the Manager provides details of the change(s) in the new post i.e. contracted hours/shift pattern/rota pattern.

3.3 In changing an employees' shift/rota pattern, consideration will need to be given to the impact on other elements that could negate Short Term Protection entitlement.

3.4 Going forward Short-Term Pay Protection will not be paid as a lump sum value on the basis that payment eligibility is dependent on the criteria set out within the OCP.

The OCP advises that when assessing protectable earnings "regular or contracted overtime/extra hours" should be included. For the purposes of this assessment under the OCP only, all overtime/extra hours will be included in the calculation, irrespective of regularity. See NHS Terms and Conditions of Service Handbook Section 3 for more information.

4. Calculation of Short Term Pay Protection

4.1 The NHS Organisation will need to agree in partnership with the member(s) of staff and their accredited representative(s) the most appropriate methodology for payment of Short-Term Protection which will be dependent on the changes being introduced.

4.2 Option 1 – Short Term Pay Protection based on total gross salary value
Short Term Protection Pay Value will be determined by assessment of 17 weeks/4-month average of total gross pay which includes all protectable elements. Short Term Protection will be paid up to the 'Protectable Pay Value' based on the earnings in the new post.

4.3 Option 2 – Short Term Pay Protection based on affected elements only

Short Term Pay Protection is determined by assessing the individual relevant pay element that is affected by the change. Where the pay element being changed can be individually defined i.e. removal of on-call rota; removal of overtime; change in shift pattern; reduction in contracted hours.

Short Term Protection Value will be determined by assessment of 17 weeks/4-month average of the affected pay elements only.

5. Short Term Pay Protection Procedure

5.1 The Manager will be required to engage with Workforce before commencing change under the OCP to discuss potential changes to an employees' hours/working pattern to assess if there will be a potential impact on employees' earnings under the OCP. This should also include collaboration with employees and Staff Side Representatives on this matter.

5.2 If it is determined that potential changes could have a negative impact to employee earnings there should be engagement with both the NHS Organisation's Finance Team and NWSSP Payroll Services to scope out the impact on employees' earnings and determine if Short Term Pay Protection is applicable. The scale of the potential changes will determine the most appropriate option of calculating Short Term Pay Protection as detailed in point 4 of this process.

5.3 To support the assessment of eligibility of Short-Term Protection of Earnings, the 17 week/4 month earnings prior to the specified date of change can be extracted to determine the average earnings prior to the change. Anticipated average earnings in the new post will be calculated based on the proposed working pattern and arrangements provided by the manager. These calculations cannot be provided if there are insufficient details on the proposed new working pattern or arrangements. This calculation is not a final assessment of the protectable earnings, which can only be confirmed after the consultation has closed.

5.4 In accordance with the OCP it is the managers responsibility to engage directly with employees in respect of the changes and any entitlement to Short Term Protection Payment. Following the end of the consultation period, the manager should provide all affected employees with written confirmation of both the duration and value of Short Term Pay Protection, along with the conditions of continued payment. If the employee disputes the Short-Term Protection value, this should be addressed directly with the Manager.

5.5 On finalisation of the Short Term Protectable Pay, a formal instruction should be issued to NWSSP Payroll Services to proceed with the payment of Short-Term Pay Protection i.e. issue of individual Change Forms/Spreadsheet (depending on numbers) authorised by the relevant Manager. This should clearly define the agreed method of calculation as detailed in point 4 of this process.

5.6 NWSSP Payroll Services will process Short-Term Protection payments in line with agreed payments and duration. Short Term Protection will be paid on a weekly/monthly basis in the employee's usual salary.

6. Continuity of Short-Term Protection Payments

6.1 As detailed in 10.3 of the OCP, if for any particular pay period the earnings in the new rota/shift pattern exceed the protectable earnings, protection of earnings is extinguished and earnings in the new rota/shift will be paid in full for that particular pay period. Pay protection will then immediately recommence in the next pay period if applicable. See section 6.3 Entitlement to STP (Manager Responsibilities).

6.2 Short Term Protection of Pay is also conditional on: -

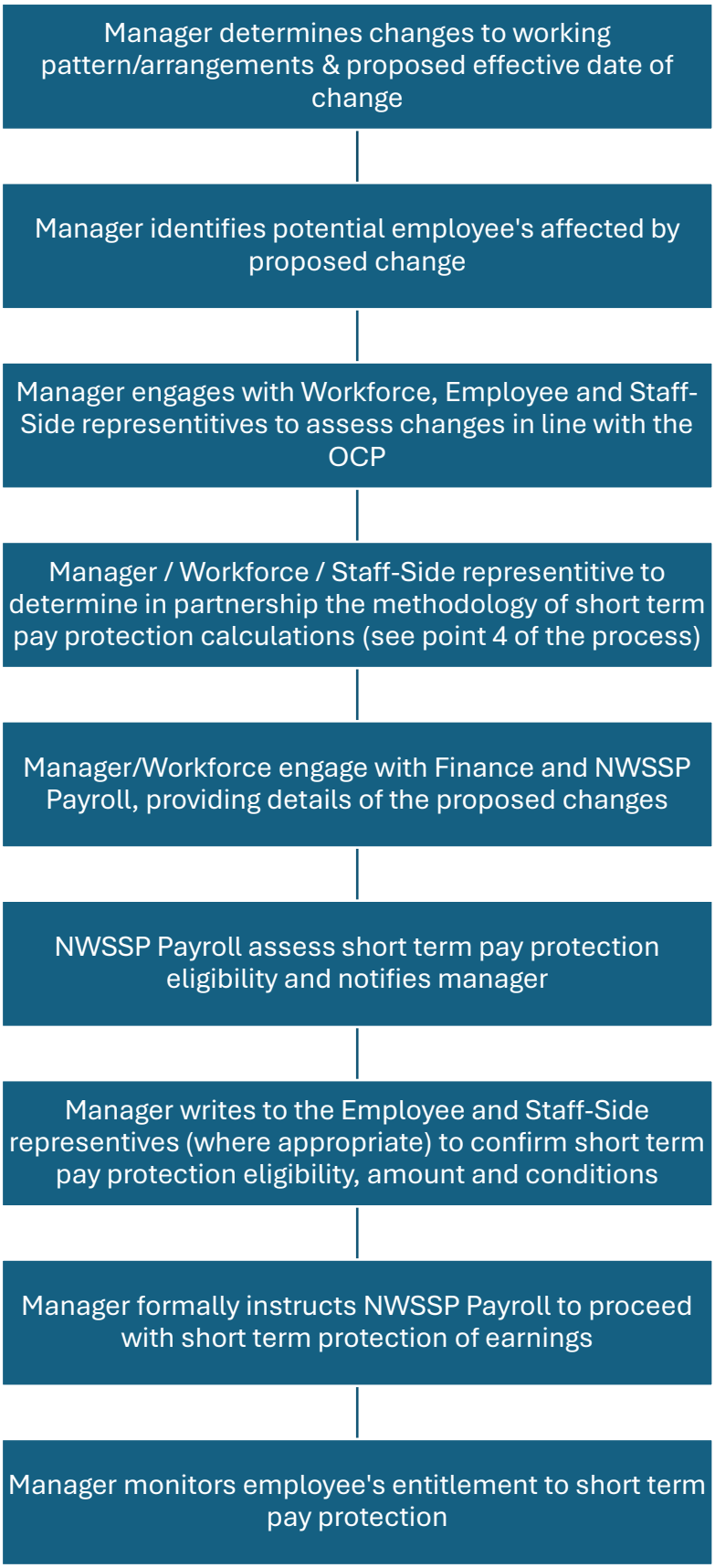
- The employee undertaking overtime, shift work, on call, emergency work and additional duties where applicable in the new post up to the level at which earnings in the new post equal the protected earnings. Where option 2 is agreed for the provision of short term protection payments, it will be appropriate to agree which element(s) will be considered to be conditional for the ongoing short term payment protection and only those agreed elements will impact on the provision of the pay protection. E.g. where the change impacts on overtime payments, the employee will be required to work overtime up to the level of protectable earnings but will not be required to work additional unsocial hours. There will be no expectation that employees will be required to work more overtime/OOHs shifts/hours than on the pay protected job/role.

- The employee accepting any subsequent offer (during the period of protection) of another suitable post within the same Employing Organisation which attracts a higher level of average earnings than that applying to the new post.

6.3 Entitlement to STP (Manager Responsibilities)

The Manager will be required to continuously review entitlement to Short Term Protection for the duration of protection period and bring to the attention of Workforce, Finance and NWSSP Payroll Services of any changes to the 'new post' that may impact on the employees' eligibility to maintain Short Term Pay Protection. If there are any questions/concerns relating to ongoing entitlement to Short Term Protection of Earnings, the Manager should contact the Workforce Team to discuss. It is the Manager's responsibility to ensure that an employee's pay is correct in order to mitigate the risk of over/under payments.

Appendix 1 - Short Term Pay Protection Process Flow Chart



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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	21 May 2026
Apologies*	**Chair**	CSO	✓	✓	✓	✓	✓
Declaration of Interests*	**Chair**	CSO	✓	✓	✓	✓	✓
Minutes from previous meeting*	**Chair**	CSO	✓	✓	✓	✓	✓
Matters Arising & Table of Actions*	**Chair**	CSO	✓	✓	✓	✓	✓
PODCC Terms of Reference	**Chair**	CSO	✓				✓
PODCC Annual Report to Board	**Chair**	LG	✓				✓
Self-Assessment of Committee Effectiveness – Outcome report 2025	**LG**	KR	✓				✓
Self-Assessment of Committee Effectiveness – 6 month outcome report	**LG**	KR			✓		
Assurance and Risk Report – to include: • Corporate Risks Assigned to PODCC • Operational Risks Assigned to PODCC • Monitoring of Ministerial Directions • Monitoring of Welsh Health Circulars (WHCs)	**LG**	RW	✓	✓	✓	✓	✓
Targeted Intervention Progress Report	**LG**	SA	✓	✓	✓	✓	
Staff Story (video/presentation etc)	**LG**	Various	✓	✓	✓	✓	✓
Discovery Report & Action Plan *(TI 47)*	**LG**	CD					
Annual Carers Report	**LG**	AB	✓				
Workforce Efficiency	**LG**	TW	✓		✓		

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	27 May 2025	18 Aug 2025	4 Nov 2025	17 Feb 2026	21 May 2026
Employment Relations Update/Deep Dive	**LG**	HH				✓	
Community Nursing Annual Report/ Community Staffing Update	**PS**	TE/LL/SC	D	✓			
Speak Up thematic/lessons learnt report (6 monthly)	**LG**	CD	D	✓		✓	
Partnership Forum Update	**LG**	AD		✓	D	✓	✓
Staff Recovery in Nature Programme	**ST**	ST	✓				
Staff Survey Results Update Report *(TI 43 & 45)*	**LG**	CD	✓				
Agile Working Plan	**LD**	SH	✓				
Welsh Language Annual Report 2024/25	**AHM**	AHM/EW	✓				
Update on Increase in Stress Amongst Staff	**LG**	HH			✓		
Sickness Update report • Update on Increase in Stress Amongst Staff • Sickness Rates and Cultural Challenges in Theatres	**LG**	HH	✓		D ✓v	✓ ✓	
Fraud Investigation Communications Update	**tbc**	tbc				✓	
Under/Over Payment Policy Issues	**LG**	HH				✓	
LGBTQ+ Action Plan	**LG**	AB		✓			
Culture Progression/Overview Report *(TI 47)*	**LG**	CD	✓	✓		✓	
EDI Taskforce/Update	**AL**	AB	✓	✓			
Armed Forces Annual Update	**LG**	AB	✓				
Improving Outcomes for Unpaid Carers - End of Year Reports 2024/25	**LG**	AB	✓				
Joint Inspection of Child Protection Arrangements Report - Update on safeguarding training compliance	**SD** **SD**	SD SD		✓		 ✓	
HIEW Report on General Surgery at Withybush General Hospital	**MH**	MH		✓			
Social Partnership Duty Annual Report	**LG**	SR			✓		

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	27 May 2025	18 Aug 2025	4 Nov 2025	17 Feb 2026	21 May 2026
Whistleblowing in Hywel Dda	**LG**				✓v	✓	
CCG Structure and Process for Recruitment	**AC**				D	✓	
Delivery against Planning Objectives aligned to PODCC: **General Updates**	**DW**	DW	✓ closure	✓	✓	✓	
Delivery against Planning Objectives aligned to PODCC: Deep Dives: **PO1: Workforce stabilisation**	**LG**	DO					
○ Workforce Plan *(TI 44)*	**LG**	TW					✓
○ Recruitment Plan (TI44)	**LG**	HH				✓	
○ Retention Plan *(TI 41 & 42)*	**LG**	CD					✓
○ Workforce Education and Development Plan *(TI 41 & 42)* (SPPEG ToR states plan should be submitted 'within 6 weeks of the end of financial year')	**LG**	AG					✓
Strategic Equality Plan Annual Report, inc Workforce Equality & Pay Gap Reports (TI 48)	**LG**	AB		✓			
Performance							
Performance Assurance & Workforce Metrics: Integrated Performance Assurance Report (IPAR) (*TI 48*)	**LG**	TW	✓	✓	✓	✓	✓
Sub-Committee Updates							
Sub-Committee Terms of Reference:							
• Strategic People Planning and Education Group	**LG**	AG				✓	
Sub-Committee Update Reports:							
• Strategic People Planning and Education Group (to include minutes of the SPPEG meeting)	**LG**	AG	✓	D	✓	✓	✓
Sub-Committee Annual Reports:							
• Strategic People Planning and Education Group	**LG**	AG					✓
For Approval							

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	27 May 2025	18 Aug 2025	4 Nov 2025	17 Feb 2026	21 May 2026
Corporate & Employment Policies*	**LG**	HH	✓	✓	✓	✓	✓
Contractual and Legislative Changes	**LG**	HH		✓			
Outcome of Advisory Appointments Committee*	**LG**	HH	✓	✓	✓	✓	✓
For Information							
PODCC Workplan 2025/26*	**LG**	CSO	✓	✓	✓	✓	✓
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	CSO	N/A	✓	✓	✓	✓	✓
Draft agenda to go to Executive Team	CSO	N/A	✓	✓	✓	✓	✓
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting	CSO	N/A	✓	✓	✓	✓	✓
Disseminate agenda/papers 7 days prior to meeting	CSO	N/A	✓	✓	✓	✓	✓
Type up minutes/TOA within 7 days of meeting	CSO	N/A	✓	✓	✓	✓	✓
Circulate minutes and TOA to the Lead Director within 7 days of meeting	CSO	N/A	✓	✓	✓	✓	✓
Issue minutes and TOA to Members (including the Committee Chair) following Lead Director review	CSO	N/A	✓	✓	✓	✓	✓

Initials:

D – Deferred AB – Anna Bird AC – Andrew Carruthers AD – Anthony Dean AG – Amanda Glanville AHM – Alwena Hughes-Moakes CD – Christine Davies CSO – Committee Services Officer	DO – Daniel Owen DW – Daniel Warm EW – Enfys Williams HH - Heather Hinkin HW – Helen Williams KR – Karen Richardson LL – Lyanne Lewis	LP – Leighton Phillips LG – Lisa Gostling MH – Mark Henwood RB – Robert Blake RW – Rachel Williams AL – Anna Lewis PS – Peter Skitt	SC – Sarah Cameron SH – Sharon Hughes SR – Sara Rees ST – Suzanne Tarrant TE – Tracey Evans TW – Tracy Walmsley ST – Suzanne Tarrant

9

10 Mins

9 - ANY OTHER BUSINESS

All

For discussion

10

0 Mins

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10 - DATE OF NEXT MEETING: 9.30am-12.30pm, Tuesday 17 February 2026

10.1

10.1 - Date of Future Meetings

Thursday 21 May 2026
Tuesday 18 August 2026
Tuesday 17 November 2026
Tuesday 16 February 2027