

## PEOPLE, ORGANISATIONAL DEVELOPMENT AND CULTURE COMMITTEE UPDATE REPORT

**Date of last meeting:** 13 June 2024

**Quoracy:** Met

**Report by:** Anna Lewis, Vice Chair

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### KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

#### Alert<sup>1</sup>

There were no items to alert members of the Board on this occasion.

#### Advise<sup>2</sup> (to monitor)

The People, Organisational Development & Culture Committee wish to **advise** members of the Board that

- Assurance could not be taken from the **Community Nursing Annual Report** that there is long term strategic resilience within the current position. Operational measures are broad ranging to mitigate risks, a fundamental challenge around workforce sustainability remains. It was noted following recent Welsh Government guidance the Health Board has to ensure the appropriate level of administrative support to clinical teams whilst also recognising the current financial position.

#### Assure<sup>3</sup> (to note)

The People, Organisational Development & Culture Committee wish to **assure** members of the Board that:

- All matters are being progressed in relation to the **Self-Assessment of Committee Effectiveness Outcome report 2023-24**.
- Assurance was taken on the management of **Monitoring of Welsh Health Circulars (WHCs)** report, and that the responses to the WHC have been submitted by the deadlines set by Welsh Government or are on track to be completed ahead of the deadlines.
- The **Armed Forces Annual Report 2023-24** detailed the work undertaken by the Health Board to implement the Armed Forces Covenant and Armed Forces Covenant Duty. A broad range of activities are on-going to improve outcomes for veterans and members of the Armed Forces community. The issue of low uptake of public health screening services with veterans was raised. This will be added

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<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

to the workplan for discussion at a future Quality, Safety and Experience Committee (QSEC) meeting.

- All relevant work is being undertaken to support unpaid carers, including staff who work for the Health Board, and have unpaid caring responsibilities in their home lives, which is reported to PODCC within the **Annual Carers Report** which was approved by the Committee.
- The Committee was able to take assurance from all work at an operational level from the **Community Nursing Annual Report** (see the 'advise' matter above).
- Assurance was provided on the work of the **Speak Up Agenda** to create open and anonymous mechanisms for staff to speak up around any clinical or non-clinical concerns or ideas.
- The Committee took assurance from the **Staff Partnership Forum Update** which focussed on the joint work of the implementation of the non-pay elements of the collective agreement for 2022-24 for Agenda for Change (AfC) staff. The non-pay programme was also incorporated into a Welsh Health Circular (WHC) (2024)017, dated 28 March 2024.
- All matters are being progressed regarding internal **Employee Relations** cases for the period January to December 2023, employment tribunal activity and employment policy review work for financial year April 2023 to March 2024. A more detailed report was discussed at in-Committee due to the sensitive information contained.
- All relevant work is being undertaken around the Health Board's own discovery process action plan, the Welsh Government strategic framework 'More than just words', and the Health Board's compliance with the Welsh language standards, which have been incorporated into a single **Welsh Language Annual Report 2023/24**.
- The Committee took assurance that **Delivery against Planning Objectives aligned to PODCC** was progressing. The Committee were informed that the Health Board has the lowest nurse staff turnover rate in Wales.
- Assurance was taken on the **Performance Assurance and Workforce Metrics**. The Committee were interested to hear that the Workforce team are looking into diverse cultural norms which could affect sickness absences, including looking at the reasons for absences.
- The Committee took assurance from the **Research and Innovation Sub-Committee Update Report** which outlines the Research and Innovation activity and the management of its functions. Assurance was also taken from the Research and Innovation **University Partnership Update**.

- The Committee approved the removal of the 329: Expenses Policy, and approved the extension of the following policies: 112: Preceptorship, 558: Medication Errors and 121: Relocation Expenses.

### **Review of Risks**

No risk report was submitted to the Committee on this occasion.

### **Sharing of learning**

The Outcome of the Advisory Appointments Committee Report outlined lessons learnt with a process in now in place for candidates with a long start date.

### **Recommendation**

The Board is asked to:

- Note the items the Committee is advising them of
- Be assured on the items that the Committee is providing assurance on.

Agenda, papers and minutes are available on our website: [PODCC 13 June 2024 - Hywel Dda University Health Board \(nhs.wales\)](#)

### **IN-COMMITTEE**

- The below items were discussed at the PODCC In Committee meeting which followed.
  - Employee Relations report (detailed)



**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 July 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Welsh Health Circular – Variable Pay Reduction
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lisa Gostling, Director of Workforce and Organisational Development/Interim Deputy Chief Executive
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Dan Owen, Senior Workforce Manager, Workforce Effectiveness

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

This report updates the Board following receipt of a Welsh Health Circular from Welsh Government, requiring all Health Boards to track and report variable pay.

It highlights changes between the initial January 2024 submission (based on December 2023 data) and the June 2024 submission (based on May 2024 data). The report details current trends and actions taken by the Variable Pay Reduction & Efficiency Group (VREG).

These findings inform the Value and Sustainability Group (V&S), which has replaced the Core Delivery Group (CDG).

**Cefndir / Background**

On 13 December 2023, the Health Board received a Welsh Health Circular titled ‘All-Wales Control Framework for Flexible Workforce Capacity.’ This circular was developed in partnership to jointly reduce agency spending in NHS Wales, as part of the Agenda for Change pay deal.

The circular outlined a three-phase approach to leverage data and information from each phase to eliminate barriers and expedite progress in the subsequent phase.

**Phase 1 involved a baseline assessment, which included:**

- Identifying three leads: one Executive Director and two individuals with hands-on experience in medical workforce management and nursing deployment.
- Providing a summary of current targets and an agency reduction plan.
- Establishing a decision-making framework.
- Setting up board reporting mechanisms.
- Collecting baseline data and information.

Phase 2 entailed providing detailed plans to reduce variable pay for the 2024/25 fiscal year. It was expected that all agency roles for Health Care Support Workers (HCSW), estates, facilities, and administration would be eliminated by 31 March 2024.

Phase 3 focused on implementation and feedback, which included reporting progress via Joint Executive Team (JET) meetings and Improving Performance, Quality, and Delivery meetings.

An updated circular was received on 17 June 2024, noting progress to date; it also stated that future reports would be undertaken quarterly and that an updated template would be shared in July 2024.

### **Asesiad / Assessment**

The updated Welsh Health Circular confirms it will continue to focus on nursing and medical variable pay and also agency usage within Admin services, estates and facilities and health care support workers. These are all monitored via the Variable Pay Reduction & Efficiency Group (VREG). The data collected monthly, in conjunction with existing temporary staffing data, has brought the use of variable pay into increased focus.

Agency usage is being prioritised in relation to reduction plans and recruitment strategies to further reduce Nursing and Medical Agency roles and to eradicate usage in the other areas listed above.

Since January, the VREG has been meeting weekly to analyse, discuss and take action with regard to variable pay usage across all staffing groups within the Hywel Dda University Health Board (HDdUHB). The details of these discussions and actions, broken down by staffing group, are highlighted below:

### **Nursing**

Nursing stabilisation is ongoing, with Phase 3 completing in Carmarthenshire Unscheduled Care and commencing in Pembrokeshire Unscheduled Care. Phase 4, set to begin in October 2024, will finalise stabilisation in Pembrokeshire and initiate the programme for Ceredigion Unscheduled Care. The goal is to reduce Band 5 nursing vacancies to zero or as close as possible, thereby enhancing existing recruitment pipelines.

From June 2024, an enhanced on-framework nursing agency escalation process has been developed in collaboration with nursing heads and deputies. This process, starting in Carmarthenshire Unscheduled Care, will extend to all nursing areas. It involves a Red, Amber, and Green (RAG) status based on ward vacancies. Shift escalations to agency based on RAG status will require authorisation, with RED areas maintaining a 7-day advance escalation process and weekly scrutiny meetings.

Reducing Health Care Support Worker (HCSW) agency roles within the Mental Health and Learning Disability (MHL) Directorate has been challenging due to inconsistent bank cover and increased patient acuity. A review of MHL's demand and capacity is being conducted by the corporate nursing team.

Recruitment drives in May 2024 have led to the employment, training and induction of new staff, allowing a significant number of agency HCSW shifts to be replaced with our internal bank. The numbers have reduced from a peak of 9.27wte in February 2024 to 0.86wte in June 2024. Further efforts are underway to eliminate agency usage in partnership with the Assistant Director of Nursing MHL and service leads.

**Nursing Additional hours worked:** The total amount decreased by £12,216 from £350,266 to £338,050. The largest decrease was in the Adult and General specialty (£1,399), followed by Community Services (£1,258), and Neonatal (£1,620).

**Nursing Agency:** The total amount decreased significantly by £250,261 from £1,605,912 to £1,355,651. The largest decrease was in the Adult and General specialty (£157,695), followed by Community Psychiatry (£52,389), and Paediatrics (£23,316).

**Nurse Bank:** The total amount increased by £23,535 from £336,694 to £360,229. The largest increase was in the Adult and General specialty (£14,899), followed by Community Psychiatry (£4,808), and Community Services (£3,832). The School Nursing specialty saw a decrease of £2,051.

**Nurse Overtime:** The total amount decreased by £49,367 from £299,369 to £250,002. The largest decrease was in the Adult and General specialty (£33,047), followed by Community Services (£11,858), and Maternity Services (£6,147). The Neonatal and Paediatrics specialties saw increases of £352 and £2,925 respectively.

**HCSW Additional hours worked:** The total change was an increase of £47,222. The largest increase was in the Adult and General specialty (£41,552), while the largest decrease was in the Community Services specialty (-£9,044).

**HCSW Agency:** The total change was an increase of £6,623. The Adult and General specialty saw an increase of £1,600, and the Community Psychiatry specialty saw an increase of £5,023.

**HCSW Bank:** The total change was an increase of £63,714. The largest increase was in the Adult and General specialty (£50,004), while the largest decrease was in the Community Services specialty (-£11,591).

**HCSW Overtime:** The total change was a decrease of -£19,951. The largest decrease was in the Adult and General specialty (-£23,861), while the largest increase was in the Community Psychiatry specialty (£5,288).

### Costings Comparison M9 (Dec 23) 24 vs M2 (May 24) 25:

#### Nursing

Classification	Nursing Specialty	P09-24	P02-25	Change
ADDITIONAL	Adult and General	£213,481	£212,082	-£1,399
	Community Learning Disabilities	£207	£193	-£14
	Community Psychiatry	£37,761	£40,310	£2,549
	Community Services	£55,622	£54,363	-£1,258
	Education Staff	£0	£334	£334
	Maternity Services	£21,631	£11,754	-£9,877
	Neonatal	£1,984	£364	-£1,620
	Other	£946	£902	-£44
	Paediatrics	£16,584	£17,749	£1,164
	School Nursing	£2,051	£0	-£2,051
<b>ADDITIONAL Total</b>		<b>£350,266</b>	<b>£338,050</b>	<b>-£12,216</b>

AGENCY	Adult and General	£1,406,815	£1,249,121	-£157,695
	Community Psychiatry	£86,488	£34,099	-£52,389
	Community Services	£56,297	£41,346	-£14,951
	Maternity Services	£0	£0	£0
	Neonatal	£3,704	£1,999	-£1,705
	Other	£206	£0	-£206
	Paediatrics	£52,403	£29,087	-£23,316
<b>AGENCY Total</b>		<b>£1,605,912</b>	<b>£1,355,651</b>	<b>-£250,261</b>
BANK	Adult and General	£200,302	£215,201	£14,899
	Community Learning Disabilities	£125	£425	£301
	Community Psychiatry	£51,599	£56,407	£4,808
	Community Services	£57,687	£61,519	£3,832
	Education Staff	£0	£0	£0
	Maternity Services	£4,519	£4,609	£90
	Neonatal	£1,162	£439	-£723
	Other	£946	£902	-£44
	Paediatrics	£18,303	£20,727	£2,423
	School Nursing	£2,051	£0	-£2,051
<b>BANK Total</b>		<b>£336,694</b>	<b>£360,229</b>	<b>£23,535</b>
OVERTIME	Adult and General	£232,775	£199,728	-£33,047
	Community Learning Disabilities	£158	£281	£123
	Community Psychiatry	£13,526	£11,813	-£1,714
	Community Services	£23,095	£11,237	-£11,858
	Maternity Services	£14,066	£7,919	-£6,147
	Neonatal	£1,074	£1,426	£352
	Paediatrics	£14,674	£17,599	£2,925
<b>OVERTIME Total</b>		<b>£299,369</b>	<b>£250,002</b>	<b>-£49,367</b>
<b>Grand Total</b>		<b>£2,592,242</b>	<b>£2,303,932</b>	<b>-£288,309</b>

## HCSW

Classification	Nursing Specialty	P09-24	P02-25	Change
ADDITIONAL	Adult and General	£328,118	£369,670	£41,552
	Community Learning Disabilities	£5,524	£5,371	-£153
	Community Psychiatry	£61,129	£74,206	£13,078
	Community Services	£45,233	£36,189	-£9,044
	Maternity Services	£3,335	£4,453	£1,118
	Neonatal	£1,313	£2,400	£1,087
	Paediatrics	£3,638	£3,261	-£377
	School Nursing	£41	£0	-£41
<b>ADDITIONAL Total</b>		<b>£448,329</b>	<b>£495,551</b>	<b>£47,222</b>
AGENCY	Adult and General	£0	£1,600	£1,600
	Community Psychiatry	£25,671	£30,694	£5,023
	Community Services	£0	£0	£0
	Neonatal	£0	£0	£0



	Paediatrics	£0	£0	£0
<b>AGENCY Total</b>		<b>£25,671</b>	<b>£32,294</b>	<b>£6,623</b>
BANK	Adult and General	£420,971	£470,975	£50,004
	Community Learning Disabilities	£7,496	£7,563	£68
	Community Psychiatry	£98,486	£121,180	£22,694
	Community Services	£57,088	£45,497	-£11,591
	Maternity Services	£1,366	£2,753	£1,387
	Neonatal	£1,936	£3,470	£1,534
	Paediatrics	£3,143	£2,802	-£341
	School Nursing	£41	£0	-£41
<b>BANK Total</b>		<b>£590,526</b>	<b>£654,240</b>	<b>£63,714</b>
OVERTIME	Adult and General	£130,262	£106,401	-£23,861
	Community Learning Disabilities	£0	£167	£167
	Community Psychiatry	£6,174	£11,461	£5,288
	Community Services	£8,994	£6,175	-£2,819
	Maternity Services	£3,326	£6,455	£3,129
	Neonatal	£744	£325	-£419
	Paediatrics	£3,410	£1,975	-£1,435
<b>OVERTIME Total</b>		<b>£152,910</b>	<b>£132,959</b>	<b>-£19,951</b>
<b>Grand Total</b>		<b>£1,217,437</b>	<b>£1,315,044</b>	<b>£97,608</b>

## Medical

To support the management of variable pay within the medical workforce, an electronic roster system has been procured; implementation is in its infancy, with internal hiring and partnership agreements being set to empower the rollout once agreed. The aim of the system is to improve the support to staff, improve data sharing and governance controls. Medical Bank Locum and agency will form part of these improved governance and controls to help better identify the issues leading to the use of variable pay.

The top 10 agency list has been expanded to 25 to allow a better understanding of the most expensive medical agency workers across the Health Board; work has begun on action plans to reduce or cease usage. All agency requests are required to be submitted on a revised form and must meet basic requirements which include ensuring that the role being covered is advertised externally, with General Managers and Clinical Directors required to attend the Financial Control Sub-Group (FCSG) to provide assurance and governance around the booking process for each agency worker.

Medical agency costs have reduced from December 2023, with significant savings being found in Obstetrics and Gynaecology and Radiology. The VREG is working on current barriers to medical agency usage, with a report being supported by the Interim Medical Director to highlight challenges linking the drivers of variable pay usage. This report will be submitted to the Value and Sustainability group in July 2024 for consideration.

**Medical Agency:** The total cost decreased from £595,971 in P09-24 to £419,119 in P02-25, a reduction of £176,852. The most significant changes were seen in General Medicine (-£55,118), Other (-£42,405), and Accident and Emergency (+£40,555).



**Medical Locum:** The total cost decreased from £4,948,516 in P09-24 to £4,587,038 in P02-25, a reduction of £361,477. The most significant changes were seen in Obstetrics and Gynaecology (-£286,387), Other (-£104,552), and Radiology (-£122,666).

**Medical Overtime:** The total cost increased slightly from £1,243 in P09-24 to £1,480 in P02-25, an increase of £237. The most significant changes were seen in Other (+£222) and Trauma and Orthopaedics (+£152).

### Costings Comparison M9 (Dec 23) 24 vs M2 (May 24) 25:

#### Medical

Classification	Medical Specialty	P09-24	P02-25	Change
AGENCY	Accident and Emergency	£91,564	£132,119	£40,555
	Anaesthetics	£6,890	£0	-£6,890
	Cardiac Services	£7,982	£0	-£7,982
	Critical Care	£0	£0	£0
	General Medicine	£134,513	£79,395	-£55,118
	General Surgery/Urology	£56,527	£48,822	-£7,705
	Haematology & Clinical Immunology	£44,281	£16,202	-£28,079
	Obstetrics and Gynaecology	£0	£0	£0
	Other	£136,732	£94,326	-£42,405
	Paediatrics	£35,426	£0	-£35,426
	Pathology	£32,073	£26,488	-£5,584
	Trauma and Obstetrics	£49,984	£21,766	-£28,218
<b>AGENCY Total</b>		<b>£595,971</b>	<b>£419,119</b>	<b>-£176,852</b>
LOCUM	Accident and Emergency	£547,402	£534,319	-£13,083
	Anaesthetics	£325,598	£379,888	£54,290
	Cardiac Services	£0	£784	£784
	General Medicine	£1,073,341	£1,063,083	-£10,258
	General Surgery/Urology	£429,737	£440,793	£11,056
	Haematology & Clinical Immunology	£52,427	£23,498	-£28,928
	Integrated Sexual Health	£0	£5,854	£5,854
	Neurosciences	£0	£0	£0
	Obstetrics and Gynaecology	£328,381	£41,994	-£286,387
	Other	£1,420,433	£1,315,881	-£104,552
	Paediatrics	£211,573	£205,271	-£6,303
	Pathology	£77,990	£160,311	£82,321
	Radiology	£141,874	£19,207	-£122,666
	Trauma and Obstetrics	£339,759	£396,155	£56,396
<b>LOCUM Total</b>		<b>£4,948,516</b>	<b>£4,587,038</b>	<b>-£361,477</b>
OVERTIME	Accident and Emergency	£240	£260	£20
	General Medicine	£611	£488	-£122
	General Surgery/Urology	£260	£226	-£35
	Other	£21	£243	£222
	Trauma and Obstetrics	£111	£263	£152
<b>OVERTIME Total</b>		<b>£1,243</b>	<b>£1,480</b>	<b>£237</b>

PREMIUM PC LOCUM	Other	£0	£0	£0
<b>PREMIUM PC LOCUM Total</b>		<b>£0</b>	<b>£0</b>	<b>£0</b>
<b>Grand Total</b>		<b>£5,545,729</b>	<b>£5,007,637</b>	<b>-£538,092</b>

### Argymhelliad / Recommendation

The Board is asked to:

- **EXAMINE** the information contained within this report and **SUPPORT** the progress to date along with the actions being taken to reduce temporary workforce utilisation by the Value and Sustainability Group.
- **DELEGATE** authority to PODCC to review the individual cases in more detail, ensuring compliance with the revised WHC.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 1186 score 16
Parthau Ansawdd: Domains of Quality <u>Quality and Engagement Act</u> (sharepoint.com)	4. Efficient 1. Safe 3. Effective
Galluogwyr Ansawdd: Enablers of Quality: <u>Quality and Engagement Act</u> (sharepoint.com)	2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	1a Recruitment plan 2b Employer of choice 2c Workforce and OD strategy 8c Financial Roadmap
Amcanion Llesiant BIP: UHB Well-being Objectives: <u>Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</u>	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:	Workforce utilisation information extracted from Oracle financial system and Allocate rostering system.
Rhestr Termiau: Glossary of Terms:	Included in report

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team Core Delivery Group Partnership Forum leads
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Removal of high cost agency workforce supports financial sustainability.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Substantive workforce improves quality and enhances patient care.
<b>Gweithlu:</b> <b>Workforce:</b>	Reduction in vacancy levels improves health and wellbeing of staff working additional hours to cover roster gaps.
<b>Risg:</b> <b>Risk:</b>	Reliance on temporary workers does not allow the organisation to further develop and enhance services
<b>Cyfreithiol:</b> <b>Legal:</b>	Long term usage of agency workers exposes the Health Board to potential Agency Worker Claims.
<b>Enw Da:</b> <b>Reputational:</b>	Enhances reputation by reducing vacancies and providing careers for local population.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	n/a
<b>Cydraddoldeb:</b> <b>Equality:</b>	Positive impact reducing pay inequity between substantive staff and agency workers.