

## Bundle BCU People and Culture Committee 11 April 2024

- 1 09:30 – OPENING ADMINISTRATION
- 1.1 09:30 – PC24/5 Welcome and Apologies – Verbal (Chair)
- 1.2 09:33 – PC24/6 Declarations of Interest – Verbal (Chair)
- 1.3 09:34 – PC24/7 Minutes from the Previous Meeting – Attached (Chair)  
PC24.7.1 Minutes P&C Committee 12.01.24 V0.02 Draft Public Session
- 1.4 09:39 – PC24/8 Matters Arising & Table of Actions – Attached (Chair)  
PC24.8.1 Summary Action Log P&C Committee – Public (02.04.24)  
PC24.8.2 Comments on P&C Committee CoB from Internal & External Audit
- 2 09:44 – ITEMS FOR DISCUSSION
- 2.1 09:44 – PC24/9 Culture, Leadership & Engagement Update – Attached (Executive Director of WF&OD)  
PC24.9.1 PCC\_ Coversheet\_Culture Leadership Engagement Workstream\_Final\_JB Approved  
PC24.9.2 PCC\_Culture Leadership Engagement update paper FINAL\_JB Approved  
PC24.9.3 PCC\_CLE\_Appendix 1 ILDF 2  
PC24.9.4 PCC\_CLE\_Appendix 2 OD Plan draft  
PC24.9.5 PCC\_CLE\_Appendix 3 – Staff Survey Dashboard\_BCUHB  
PC24.9.6 PCC\_CLE\_Appendix 4 – Staff Survey Dashboard\_All Wales (2) 1
- 2.2 10:29 – PC24/10 People Report – Update on WHC 2023/046 (All-Wales Control Framework for Flexible Workforce Capacity) – Attached (Executive Director of WF&OD)  
PC24.10.1 PCC\_People Report – WHC 2023 046 Update\_Final\_JB Approved  
PC24.10.2 PCC\_WHC 2023 046\_All-Wales Control Framework for Flexible Workforce Capacity  
PC24.10.3 PCC\_WHC 2023 046\_BCUHB Response (17.01.24) FINAL
- 2.3 10:44 – PC24/11 Independent Review of Key Areas of Workforce (Geraint Evans Review) – Attached (Executive Director of WF&OD)  
PC24.11.1 PCC\_Review of Key Areas of Workforce Agenda\_Covesheet\_Final\_JB Approved  
PC24.11.2 PCC\_GE Independent HR Experts Report – BCUHB
- 2.4 10:59 – PC24/12 Audit Wales Report – Review of Workforce Planning Arrangements – Attached (Executive Director of WF&OD)  
PC24.12.1 PCC\_AW Review of WorkforcePlanningArrangements\_BCUHB\_Report\_Coversheet\_Final\_JB Approved  
PC24.12.2 PCC\_3707A2023\_BCU\_Workforce\_Planning\_Report\_Final\_Eng
- 2.5 11:14 – PC24/13 Board Assurance Framework & Corporate Risk Register related to Committee – Attached (Associate Director of Governance)  
PC24.13.1 Board Assurance Framework Report P&CC 11.04.24  
PC24.13.2 Corporate Risk for P&CC 11.04.24
- 3 11:19 – FOR INFORMATION
- 3.1 11:19 – PC24/14 Committee Terms of Reference – Attached (Associate Director of Corporate Governance)  
PC24.14.1 People & Culture Committee ToR V1.00 Approved (25.01.24)
- 3.2 11:21 – PC24/15 Committee Cycle of Business 2024/25 – Attached (Associate Director of Corporate Governance)  
PC24.15.1 People & Culture Committee CoB 2024–25 v0.05 Working Draft (reviewed 02.04.24)
- 4 11:23 – FOR NOTING
- 4.1 11:23 – PC24/16 Introduction of NHS Wales Flexible Working Policy – Attached (Executive Director of WF&OD)  
PC24.16.1 PCC\_WP13 All Wales Flexible Working PolicyImplementationPlan\_FINAL\_JBApproved (inc links)
- 4.2 11:25 – PC24/17 Workforce Policies – Attached (Executive Director of WF&OD)  
*Please note that the Executive Team are due to review the Workforce policies on 10/04/24, if there are any policies that are not approved then the item will be withdrawn from the agenda*  
PC24.17.1 PCC\_Draft Implementation Plan – WorkforcePolicies\_April24 (inc links)  
PC24.17.2 Workforce Policies – Item for noting at P&C Committee 11.04.24
- 5 11:27 – CLOSING BUSINESS

- 5.1 11:27 – PC24/ Agree Items for Referral to Board / Other Committees – Verbal (Chair)
- 5.2 11:29 – PC24/ Agree Items for Chairs Assurance Report – Verbal (Chair)
- 5.3 11:34 – PC24/ Review of Meeting Effectiveness – Verbal (Chair)
- 5.4 11:39 – PC24/ Date of Next Meeting – 13.06.24



**Betsi Cadwaladr University Health Board (BCUHB)**  
**DRAFT Minutes of the People & Culture Committee**  
**meeting held in public**  
**on 12 January 2024 14:00 – 15:30**  
**in the Boardroom, Carlton Court, St Asaph and via Teams**

Committee Members Present	
Name	Title
Dyfed Edwards	Chair / Chair of People & Culture Committee
Karen Balmer	Independent Member
Caroline Turner	Independent Member
In Attendance	
Carol Shillabeer	Chief Executive
Phil Meakin	Acting Board Secretary
Georgina Roberts	Associate Director of People Services, West IHC
Nick Graham	Associate Director of Workforce Optimisation
Committee Support	
Laura Jones	Special Measures Project Manager

Agenda Item	Action
<b>OPENING BUSINESS</b>	
<b>PC24/1 Welcome, Introduction to Committee and Apologies for Absence</b>  <b>PC24/1.1</b> Apologies were provided for Jason Brannan and Adele Gittoes and no declarations of interest were raised. It was noted that the meeting was being held in public and would be recorded for the benefit of Audit Wales who were not present at the meeting.  <b>PC24/1.2</b> The Chair stated that his current position as Chair of the Committee was an interim arrangement to enable the Committee to be established. The Health Board are currently working towards a full complement of Independent Members by March 2024 and this will allow more flexibility in relation to Committee member commitments. The Chair confirmed that the main focus of the meeting was to discuss the issues and topics that the Committee should be considering and what the Committee want to achieve in order to provide assurance to the Board.	
<b>PC24/2 Review of the Terms of Reference for the People Committee</b>  <b>PC24/2.1</b> The Chair confirmed that the ToR have previously been shared for comment. The Chief Executive suggested the potential for the Committee to be titled the People & Culture Committee due to the scope of the remit. It was agreed that it is important to send a good message to the organisation in relation to culture and change and agreed to re-name the Committee to the People &	



<p>Culture Committee. The Special Measures Project Manager agreed to action this amendment.</p> <p><b>PC24/2.2</b> Independent Member Karen Balmer highlighted that there is no reference in the ToR to equality, diversity and inclusivity and it was agreed that the equality agenda needs to be addressed by the Committee. It was also agreed that volunteers and staff wellbeing are reflected in the ToR. Independent Member Caroline Turner made reference to Trade Unions and the Chair confirmed that negotiations are on-going to ensure the Board have a Trade Union representative, once this has been secured he would encourage them to become a member of this Committee and this will be addressed once a representative has been confirmed.</p> <p><b>PC24/2.3</b> The Chief Executive suggested the need to focus on workforce planning including modernisation and redesign. Research and innovation was also addressed and it was highlighted that this area may cross over with the Quality, Safety &amp; Experience Committee however this Committee should focus on staff development and recruitment within this area. The Chair requested that the ToR for all Committees are reviewed to highlight any cross overs within the remit of all Committees. The Acting Board Secretary confirmed that a document has been produced highlighting the remit for all Committees to establish the potential for any overlap. Furthermore, draft Terms of Reference for this and all Committees will be received at the Board to be considered for approval on 25 January 2024.</p> <p><b>PC24/2.4</b> The Chief Executive suggested the need for a mechanism to gain staff experience and feedback. The Committee discussed the role of the organisation in relation to learning from other organisations and it was agreed to use the term improvement rather than leading. There was a discussion around the risk register and how to further develop a highly engaged workforce in relation to the culture of the organisation. The Chief Executive suggested the following areas should be addressed within the Committee:</p> <ul style="list-style-type: none"><li>• Culture</li><li>• Leadership Development</li><li>• Engagement</li><li>• Workforce Planning</li><li>• Recruitment and Retention</li><li>• Wellbeing</li><li>• Welsh Language and Culture</li></ul> <p>It was agreed that the amendments suggested would be made to the ToR and shared with the Committee outside of the meeting.</p>	<p><b>LJ</b></p> <p><b>PM/LJ</b></p> <p><b>PM</b></p>
<p><b>PC23/3 Developing a Cycle of Business for the People Committee</b></p> <p><b>PC24/3.1</b> The Chair confirmed that the aim of the discussion in relation to the cycle of business was to be clear on the role of the Committee and what the Committee can help the Health Board to achieve. There was a discussion</p>	



around workforce and succession planning as well as ways the Board can lead in terms of the culture of the organisation. Independent Member Karen Balmer made reference to staff attendance, people surveys and the annual EDI survey as areas that can benefit culture and wellbeing within the workplace. Independent Member Caroline Turner highlighted recruitment and retention in relation to the current staff structure and difficult to fill areas suggesting that it may be useful to complete data analysis within these areas.

**PC24/3.2** It was highlighted that the Planning, Population Health & Partnership Committee have suggested arranging a development session to lay the foundations of the Committee. It was agreed that a development session would also benefit this Committee and would allow a review of baseline data, consideration of which areas require regular reporting arrangements and allow the Committee to monitor progress in these areas. The Special Measures Project Manager agreed to arrange a development session with Committee members.

**LJ**

**PC24/3.3** The Committee also discussed areas including employee relations, HR practice standards, the implementation of the social partnership act, EDI, gender pay gaps, responsibility to implement the race equality action plan and workforce utilisation including job planning, rostering and corporate health standards. The Chair confirmed that he would expect some of these areas to be covered in the cycle of business and requested that this is reviewed. The Chief Executive confirmed that work has commenced on workforce planning as part of Special Measures therefore this needs to be included in the cycle of business. The Chair suggested that sub topics need to be included under workforce planning including culture and leadership and asked for this to be addressed as part of the cycle of business review.

**PM/LJ**

**PC24/3.4** The Chief Executive confirmed the need to understand what our staff and colleagues think of this organisation and establish an approach to cultural change that includes input from the Board. The Chair suggested the need for the Committee to have sufficient time to review progress and gain evidence against what the Board anticipate the Committee to achieve. The Chair also queried whether there are items within the risk register that are relevant to the Committee and asked for this to be shared outside of the meeting. The Committee also discussed the performance audit update in relation to this matter.

**PM/LJ**

**PC24/3.5** The Committee discussed what can be covered and where we want the organisation to be in terms of welsh language. Independent Member Caroline Turner added the need to understand the Welsh language legal requirements and standards and also where these skills will make the most impact for patients for example older people / dementia patients. It was suggested that the Executive Director with responsibility for Welsh Language is added to the terms of reference, the Special Measures Project Manager agreed to make this amendment.

**LJ**



<p><b>PC24/3.6</b> The Acting Board Secretary highlighted Health &amp; Safety and the possible cross over with the Quality, Safety &amp; Experience Committee. The Chief Executive confirmed that the Health &amp; Safety team are currently completing a gap analysis to gain a baseline position to understand the risks. There is a need for a policy owned by the Board and compliance reports to be received by a Committee. The Chair suggested Health &amp; Safety is periodically reported twice a year to this Committee and suggested the cycle of business reflects this. There was a discussion around safeguarding, speak out safely and employee relations and it was agreed to discuss whether these are relevant for this Committee at the development session. The Chair suggested the challenge will be forming a work programme for the next twelve months that focuses on what we are trying to achieve.</p>	<b>PM/LJ</b>
<p><b>PC24/3.7</b> The Committee discussed additional items including education, learning and training, research and innovation and organisational development. There is a lot of data included in specific reports and it was queried what would be useful and appropriate for the Committee to receive to enable a review of the outcomes and results for both staff and patients. The Chief Executive suggested the need to build in Committee effectiveness reviews and an annual report for all Committees. It was also suggested that it would be good to hear staff stories similar to the patient stories, to see whether the outcomes from the Committee are making it easier for staff to do their jobs effectively. The Chair also requested that contact is made with Audit Wales and Internal Audit ahead of the development session to ascertain whether there are any further areas that need to feed into this Committee.</p>	<b>PM</b>
<p><b>PC24/4 Date of next meeting</b></p> <p>Committee Development Session – 22 March 2024, 1.30-3pm, Boardroom, Carlton Court, St Asaph</p> <p>Committee Meeting – 11 April 2024, 9.30-1230pm, Boardroom, Carlton Court, St Asaph</p>	

## PEOPLE & CULTURE COMMITTEE – Summary Action Log Public Version

Officer/s	Minute Reference and summary of action agreed	Original Timescale	Latest Update Position	Revised Timescale
<b>ACTIONS FROM MEETING HELD ON 12.01.24</b>				
Laura Jones	<b>PC24/2.1</b> It was agreed to re-name the Committee to the People & Culture Committee.	April 2024	The Committee has been re-named to the People & Culture Committee and the ToR, CoB etc have been amended to reflect this.	Complete
Phil Meakin Laura Jones	<b>PC24/2.3</b> The Chair requested that the ToR for all Committees are reviewed to highlight any cross over of remits, a document has been produced highlighting this information to establish the potential for any overlap. The draft Terms of Reference for this and all Committees will be received at the Board to be considered for approval on 25 January 2024.	April 2024	This has been completed and the draft ToR for all Committees and Advisory Groups were ratified by the Board on 25.01.24.	Complete
Phil Meakin	<b>PC24/2.4</b> It was agreed to action the amendments to the ToR that were discussed in the Committee and share a revised version outside of the meeting.	April 2024	This was completed and shared with the Committee after the meeting.	Complete
Laura Jones	<b>PC24/3.2</b> It was agreed to arrange a Committee Development Session to consider areas that require regular reporting and monitoring arrangements.	April 2024	The People & Culture Committee Development Session was due to take place on 22.03.24 but was subsequently cancelled as reporting arrangements are being reviewed by Workforce.	Complete

Phil Meakin Laura Jones	<b>PC24/3.3</b> There was a discussion regarding the areas that could be covered in the cycle of business and the Chair requested that this is reviewed.	April 2024	Philippa Peake-Jones and Laura Jones met with Georgina Roberts & Nick Graham, 29.02.24 to discuss this and work is being completed.	Complete
Phil Meakin Laura Jones	<b>PC24/3.4</b> The Chair requested that the risk information relating to this Committee is shared.	April 2024	The relevant risk information has been shared with the Chair and members of the Committee and is included on the agenda for the April meeting.	Complete
Laura Jones	<b>PC24/3.5</b> It was agreed that the Executive Director with responsibility for Welsh Language is added to the terms of reference.	April 2024	The Executive Director with responsibility for Welsh Language has now been included in the ToR.	Complete
Phil Meakin Laura Jones	<b>PC24/3.6</b> The Chair suggested Health & Safety is periodically reported twice a year to this Committee as there is a need for a policy owned by the Board and compliance reports to be received by a Committee.	April 2024	This is included on the CoB and a Health & Safety item is included on the agenda for the April meeting.	Complete
Phil Meakin	<b>PC24/3.7</b> The Chair requested that contact is made with Audit Wales and Internal Audit to ascertain whether there are any further areas that need to feed into this Committee.	April 2024	Contact has been made with Andrew Doughton, Fflur Jones and Dave Harries and comments have been received for action.	Complete

RAG Status	
	Completed / for closure
	Ongoing
	Outstanding



### Comments on People & Culture Committee CoB from Internal & External Audit

Auditor	Comment	Action
<b>Dave Harries</b>	Unable to see reference to a CAR from the People & Culture Executive Delivery Group	The OD Steering Group will provide a report to the People & Culture Committee.
	Re: the People Report, does this provide assurance that SFI 14.5 Payroll and 14.6 Contracts of Employment are complied with as these are both specific responsibilities stipulated by the Director of WF&OD (Whilst a number will be delivered by NWSSP Employment Services on behalf of the Health Board regular assurance of compliance with the SFIs should be provided at each Committee in order that matters of service provision (NWSSP) and management (HB) are brought to the Committee's attention)	We would be sharing this information "for information" rather than contract management. It is the role of PFIG to look at the monitoring of contracts.
	Strategic Occupational Health & Safety Group Chair's Assurance Report & Health and Safety (H&S) Report / Update I have raised at Quality Safety and Experience Committee on their CoB the risk where two Committees share responsibility for H&S - there is an increased risk that issues could fall between both Committees where different reports are compiled, coupled with duplication of information.	The CEO is chairing this Group at this stage.
	Cross-over with Remuneration Committee Note that Professional Registration Monitoring Report is 'to be discussed' and wonder whether there is a mapping of areas that RemCom took on where no People Committee existed previously, whilst ensuring RemCom continues to comply with its remit set out in Standing Orders/model ToR and Matters delegated by the Board.	The RemCom CoB includes Employee relations (senior managers) quarterly professional standards report so this is not a duplication.
<b>Andrew Doughton</b>	The Health Board should report separately in an Annual Report on strategic workforce priorities rather than incorporating into the People update. (It runs the risk that the HB describes operational actions it is taking and not the impact of delivery of the strategic objectives)	The HB will report separately in an Annual Report on strategic workforce priorities, as well as this Committee.

	Suggested agreement of an implementation plan to deliver the workforce strategy (not a regular item but an aspect included on the agenda)	Agree
<b>Fflur Jones</b>	In our Structured Assessment we've recommended stronger oversight from Committees on Audit Reports (internal & external) that are of relevance to the Committee's remit – suggest consider adding "Relevant Audit Reports" and "Audit Tracking" to the CoB	<p>Yes agree and an example of this is the reporting of the Audit Wales Workforce Planning Report for the April 2024 agenda.</p> <p>We will include "Relevant Audit Reports" on the CoB for all Committees as required.</p>



<b>Teitl adroddiad:</b> <i>Report title:</i>	Culture, Leadership and Engagement Update		
<b>Adrodd i:</b> <i>Report to:</i>	People & Culture Committee		
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 11 April 2024		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	This paper provides an update on the three elements of work outlined at the Organisational Development Steering Group (ODSG) on Monday 4 <sup>th</sup> March 2024 in relation to culture, leadership and engagement and is key within the Special Measures response plan.		
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to note the work underway and the request from the ODSG chair (the Chief Executive in lieu of an Executive Director of Workforce and Organisational Development) for more information to be provided in order to make a decision on the three recommendations in the paper.		
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Carol Shillabeer, Chief Executive Officer Jason Brannan, Deputy Director People		
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Katie Sargent, Assistant Director of Communications and Engagement Nia Thomas, Head of Culture Development Rebecca Testa, Head of Organisational Development		
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>			
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	Links to delivery of all organisational priorities		
<b>Goblygiadau rheoleiddio a lleol:</b>	N/A		



<b>Regulatory and legal implications:</b>	
<p>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?</i></p>	N/A
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></p>	N/A
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	Detailed financial implications of any potential elements of this work will be further developed. Utilisation of current, budgeted resources will be prioritised.
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	The intended outcome is a positive impact on the workforce.
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	As above, this paper was presented to and discussed by the Organisational Development Steering Group on Monday 4th March and feedback is being acted upon with regards to the three recommendations made in the paper in particular. This includes amendment of the approach to the Integrated Leadership Development Framework to take into account feedback from the Executives and People and Culture Committee.
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	N/A
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	N/A
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b> <b>Next Steps:</b></p> <ol style="list-style-type: none"> <li>1. Identify the resources required, from current establishments, to successfully achieve the proposed plan of work detailed within the paper.</li> </ol>	

2. Amend the Integrated Leadership Development Framework approach to take into account feedback from the ODSG.

#### **Implementation of recommendations**

##### **Rhestr o Atodiadau:**

##### ***List of Appendices:***

1. Integrated Leadership Development Framework (ILDF)
2. Draft Organisational Development plan
3. BCUHB NHS Wales staff survey dashboard
4. All-Wales NHS Wales staff survey dashboard

## **Organisational Development Steering Group Meeting**

**Monday 4<sup>th</sup> March 2024**

### **Culture, Leadership and Engagement Update**

#### **1. INTRODUCTION AND CONTEXT**

Following the inaugural meeting of the steering group on 5<sup>th</sup> February, where the Terms of Reference and scope of the group were discussed and agreed upon, this paper provides an update on the core workstreams aligned with improving the Health Board's culture, leadership, and engagement. It is aligned with the Welsh Government's Special Measures expectations.

The initial meeting agreed that with a workforce of over 20,000 dispersed over multiple sites and more remote working than ever before post-COVID-19, it is crucial that all colleagues feel connected, valued, supported, and respected to promote a healthy, positive culture and support our recruitment and retention of an engaged and motivated workforce who are driven to provide the best care possible for our communities.

We are now in the third cycle of the Special Measures framework, and the progress required includes:

- To develop and present an implementation plan to deliver the Integrated Leadership Development Framework (ILDF);
- Start to develop a programme of work focussed upon culture, compassionate leadership, values and behaviours and engagement with a practical focus on driving change; and
- Continue to embed the agreed approach to build trust and confidence within the organisation and with stakeholders, including the establishment of an effective mechanism for monitoring and improving staff engagement.

The steering group agreed that a whole-organisation approach should be taken to the culture, leadership, and engagement work, linking the principles and values to other applicable areas, e.g., our recruitment, employee health and wellbeing, and commissioning processes.

#### **2. CULTURE DEVELOPMENT**

A draft approach to culture change was discussed and agreed upon at the inaugural steering group meeting and is based on the model designed by NHS Improvement in conjunction with Professor Michael West.

The priority areas proposed are to:

- Examine the current culture;
- Understand current leadership behaviours;
- Galvanise change from grassroots level in conjunction with Board level through local change agents/advocates and
- Develop an organisational culture dashboard.

Key activities to achieve the above include:

## **2.1 Examine the current culture and understand current leadership behaviours**

2.1.1 Conduct a series of engagement events with staff, which will provide feedback, generate ideas and co-produce outputs in relation to:

- a) What does the current culture look and feel like generally across the organisation?
- b) Examining how relevant our existing values are in relation to the prevailing organisational culture and how we embed values into the fabric of our day-to-day work and interactions with each other.
- c) Examining how relevant our existing behaviours framework (called *Proud to Lead*) is, how might we want to adapt or simplify it to embed behaviours into our day-to-day interactions and 'way of being'; and
- d) the impact of line managers on engagement and the development of a People Managers Core Standards Charter/Framework.

2.1.2 Discuss and explore our approach to leadership, including understanding current leadership behaviours using a variety of engagement methods, including surveys and world cafes.

2.1.3 Conduct Board-level conversations to gain Board members' perspectives of the current culture.

2.1.4 Conduct Culture Focus Groups, which examine culture and levels of compassionate and inclusive leadership in detail. These are useful for hearing from staff directly about whether they think the culture is fair and inclusive and whether they see leaders acting equitably. Conducting focus groups after a leadership behaviours survey will allow us to add questions to expand on areas of interest emerging from the survey.

2.1.5 Consider and review what patient experience data tells us about our culture and conduct a thematic analysis that will feed into the above diagnostics.

## **2.2 Galvanise change from the grassroots level in conjunction with the Board level through local change agents/advocates**

The change team is a crucial vehicle for staff engagement, and it will be most effective if it is multidisciplinary and diverse – championing a compassionate, diverse and inclusive leadership approach.

The team will include staff from a wide range of services, disciplines, and sites at all hierarchical levels and demographics. It is essential to include operational 'doers', influencers, and administrative support. A diverse change team that can undertake an inclusive approach is critical to helping us capture the views of those in the workforce who feel marginalised.

**2.3 A Culture Change Team Sub-Group that reports to the Organisational Development Steering Group is proposed. Is the steering group content with this approach?**

**2.4 Everyone on the change team will need support from the organisation to protect time for this work. An agreement will need to be reached on how much time will be required for this work, and initially, our recommendation is one day a month. Is the steering group in agreement with this?**

2.5 Key activity will initially be to recruit Change Teams from the grassroots level and create a development plan to include areas such as facilitation skills, running a focus group, understanding the role of an NHS Board, personal impact, leadership models, and understanding self and others.

The characteristics required of a Change Team Member are to:

- be able to listen with fascination;
- work in a way that is equitable and promotes diversity and inclusion to create psychologically safe spaces;
- disseminate learning and demonstrate influence within the organisation;
- show commitment to exploring ideas and assumptions about the culture of the organisation;
- be committed to this work and to involving others;
- be resourceful and dynamic; and
- use this work to support personal and professional development.

**2.6 Develop an organisational culture dashboard**

We propose the development of a culture and outcomes dashboard which primarily uses results from the annual national staff survey that map to the six cultural elements of the culture development model, which are:

- Vision and Values
- Goals and Performance
- Learning and Innovation
- Support and Compassion
- Equity and Inclusion
- Teamwork

Additional metrics, such as workforce and clinical performance data, can provide a more rounded picture of the organisation's culture and outcomes.

2.7 Data to be considered for inclusion on the dashboard includes:

- patient and staff experience;
- safety and financial efficiency;
- staff trust and motivation scores;
- levels of innovation;
- recruitment and retention;
- sickness absence and staff health needs assessment feedback; and
- error rates.

2.8 There will be a requirement to resource the above programme of work. In addition to the Head of Culture Development (0.6 wte), we propose seeking funding for the following support:

Senior OD Manager – Culture Development (B8a 1.0 wte)  
 Project Support (B6 1.0 wte)  
 Project Administration (B3 1.0 wte)

### **Are the steering group in agreement with the recommended investment in this team?**

2.9 A supporting communications and engagement plan will be developed Following the agreement of the approach and related activities to improve the organisational culture.

## **2.10 Learning Organisation Framework**

We have been working collaboratively with colleagues in Nursing and the Quality Directorate to develop a Learning Organisation Framework (as outlined in SM C1-5:1).

The framework is designed to enhance organisational capacity to draw out Health Board-wide learning from practice, including both positive and innovative practice, as well as from events, errors and systemic failures in practice that impact patients, service users, families, carers, and staff. Such learning can then be utilised to enhance and improve current organisational practices and, in the process, improve clinical and corporate outcomes.

An initial 'theory into practice' document mapped out the key 'pillars' and 'building blocks' required for us to assess our current readiness and capability for becoming a learning organisation, alongside outlining the broader ways in which learning can be better embedded into core business work alongside clinical practice, for example, quality management systems, educational outputs, policy, procedure and practice, and planning, development and strategic work.

Additional work is being done around developing a suite of tools and methods, including:

- A corporate-level tool for assessing learning organisation readiness and capability (at the level of the whole system).

- A staff-facing version of the LOF that supports the assessment of organisational learning at the team and service level and provides staff with useful guidance on creating the conditions and psychological safety required for learning to take place in teams and services and for hosting and facilitating organisational learning conversations. It also features templates for capturing learning outputs for local, pan-service and organisation-wide sharing.
- A learning repository portal that will be used to collect, collate, and store organisational learning (for retrieval as required) and forward relevant learning to staff in different parts of the organisation.
- Additional capacity within the portal to utilise generative AI tools already available within Microsoft 365 to search for themes, trends and weak signal patterns in data that would help spot areas where local learning was pointing to the need to review practice and make supportive interventions, as well as enabling the triangulation of learning data with other metrics available in the Health Board.

Additionally, work has been undertaken with staff through an online engagement event, subsequent survey work, and the use of critical friends to ensure the LOF is being developed in partnership with staff across a wide range of professional groups, clinicians and corporate staff.

### **3. LEADERSHIP DEVELOPMENT**

#### **3.1 Integrated Leadership Development Framework (ILDF)**

The draft Integrated Leadership Development Framework (ILDF), which can be found in Appendix 1, was presented to the Executive Team on December 6, 2023, to gain their commitment and approval of the organisation's approach to leadership development.

The Executive team noted the contents and asked for further information on specific resource requirements in terms of costs and a full implementation plan. This is being finalised and will be presented in March 2024.

The ILDF aims to provide a pathway of leadership and management training for those who aspire to be people managers and leaders up to Executive development.

The framework sets out the core internal offer for multi-disciplinary development and includes information about external leadership development that staff can access.

The ILDF will support career progression, talent management, and, above all, our ambition of creating a consistent approach to a compassionate, collective, engaging, and inclusive culture for our organisation.

The ILDF has been socialised across the organisation through several engagement mechanisms to gain feedback, increase awareness of the development support and opportunities available to colleagues, and ensure it is fit for purpose in terms of delivering the intended improvements and maximising the benefits to the organisation.

### **3.2 Organisational Development Plan**

The draft Organisational Development plan is attached in **Appendix 2**.

## **4. ENGAGEMENT**

There are a range of multifaceted factors that impact an employee's engagement with and connection to their employer, and it is difficult to assess and measure complex feelings and emotions.

These factors include mental and physical health and well-being, feeling fairly rewarded and remunerated, being valued and trusted, access to training, development, and progression opportunities, appraisal, job satisfaction, the dynamics in the immediate team, work/life balance, and pressure/stress.

Staff satisfaction surveys are an important metric for measuring employee engagement, but they cannot be relied upon as the sole indicator of staff engagement and commitment to their organisation, as they often deal with work conditions that could foster engagement rather than engagement itself.

### **4.1 NHS Wales Staff Survey 2023**

This will provide us with a benchmark of how staff feel about a range of issues, from levels of engagement to teamwork, autonomy, leadership, and stress and burnout.

The 2023 survey was open from 16 October until 27 November 2023, and all staff were invited to take part through various mechanisms, including online, paper copy, smartphone, and telephone helpline. The health board achieved a response rate of 20.2 percent based on a headcount of 19 891.

The NHS Wales Staff Survey will be run annually going forward. The next survey is already planned for September 2024.

High-level themes at an organisational level will be released in February 2024, with more detailed analysis available at the end of March/beginning of April 2024.

The high-level organisational themes will need to be reviewed to inform the development of an organisational improvement plan that evidences the actions required to make improvements.

Continuous staff engagement is crucial to ensure that any feedback is shared and to demonstrate that the organisation has listened to views and has acted on feedback.

IHC and Pan Services will need to develop their own improvement and engagement plans to provide assurance that local-level improvements are being implemented and can feed into any existing plans and processes.

The NHS staff survey dashboards detailing preliminary findings for Betsi Cadwaladr University Health Board and all-Wales are at **Appendices 3 and 4**.



## 4.2 Measuring Employee Engagement

Below is a list of current activities that offer engagement opportunities for staff across the organisation. In line with the findings of Sue Brierley-Hobson's rapid review of clinical engagement mechanisms, which was discussed at the inaugural steering group meeting, authentic engagement with staff at all levels and professions in all work areas is required to evaluate their needs and improve. This will take time.

To begin with, the data we recommend using to gather a reliable picture of how colleagues across the organisation feel about working here is listed in the table below, along with the suggested metrics to assess the impact of the activity.

ACTIVITY	DETAILS	MEASUREMENT	OWNER
<b>Affina (Aston team-based working tools)</b>	We are currently exploring ways in which we could offer this	Number of participants  Number of completions  Feedback	NH
<b>#BetterbyBetsi</b>	The Betsi improvement community for colleagues with a shared interest in quality improvement and sharing best practice and learning	Membership  Engagement on the Yammer hub and Betsi.Net pages  Number of QI course sign-ups	LW
<b>Board members walkabouts</b>	Opportunities for Board members to meet colleagues across the Health Board in a multitude of different roles to discuss challenges and opportunities and learn about their work	The number of teams visited.  Richness/themes in conversations and ongoing dialogue  Feedback from staff	OBS
<b>Chief Executive leadership meetings</b>	Quarterly MS Teams meetings that attract between 200 and 250 senior leaders (Band 8A and above) for discussion and questions on key topics, chaired by the Chief Executive and attended by other Executives and members of the Board	Numbers of colleagues joining (are numbers increasing or reducing?)  Engagement of colleagues in the conversation  Teams 'chat' feedback	CEO office

ACTIVITY	DETAILS	MEASUREMENT	OWNER
		Follow up questions	
<b>Chief Executive visits to teams across the Health Board.</b>	Ad hoc visits sometimes follow invites from teams to learn more about specific services.	What staff are telling the CEO  Ongoing dialogue  Feedback	CEO office
<b>Engagement toolkit</b>	From April, staff will have access to a toolkit designed to support staff at all levels to improve engagement. The kit contains strategies, hints, and ideas, as well as signposting to further information and resources.	Number of visits to the toolkit page  Feedback  Use of recommended resources, e.g. Padlet to support engagement across the organisation	NH
<b>Leadership alumni</b>	We intend to take this concept forward in the coming months, connecting those in the organisation who have attended leadership courses and who have an interest in leadership, e.g., colleagues who have completed the CLIMB programme and other advanced leadership programmes.  NB, before COVID-19, there was a Team Betsi forum to develop relationships and connections among senior leaders, and lessons can be extracted from that to shape a new alumni network.	Membership levels  Attendance and engagement in meetings  Shared learning outcomes	TBC
<b>Leadership Conference</b>	The first conference will be held on 27 February, and 250 delegates are expected to attend in Llandudno. A larger conference is planned for June in Llangollen.  <i>An audience with... Henry Engelhardt</i> , ex-CEO of Admiral Insurance, will also be held on this date, with a second session the following day.	Number of attendees  Engagement of attendees in workshops and Q&A sessions  Views of the Betsi.Net page on the event, including a video of the highlights	RT

ACTIVITY	DETAILS	MEASUREMENT	OWNER
		Engagement on social media channels, e.g. Linked In and X  Responses to feedback survey	
<b>Long Service awards</b>	Colleagues who have achieved 25 years of service are recognised, and three ceremonies are held each year (one per geographical area - West, Central and East) to celebrate and recognise our staff.  A special afternoon tea is held, and each colleague receives a £100 voucher, a certificate and a personal citation.	Number of applications (191 applications have been received for this year)  Attendance at the events and feedback from recipients  Engagement with the promotional content on Betsi.Net and social media	NH
<b>NHS Wales staff survey</b>	Details above at 4.1	Completion rate compared to NHS Wales average (20 per cent of our staff - some 4,000 employees - completed the 2023 survey)  Emerging themes  Feedback on the process of completing the survey  Attendance at follow-up events locally  Engagement with action plans locally	JL
<b>Performance Appraisal and Development Review (PADR) data</b>	Annual Performance Appraisal and Development Review is now linked to pay progression.  The NHS Wales Staff Survey contains three questions about	Completion numbers (PADR compliance on the 31st of January 2024 was at 78.23 per cent - the	NH

ACTIVITY	DETAILS	MEASUREMENT	OWNER
	PADR in the 'need for contribution' section.	highest compliance has been in many years)  360-degree feedback sought	
<b>People Managers Forum</b>	<p>This has yet to start, but the ambition will be established in Q1 2024/5.</p> <p>The aim is for people managers to improve their people management techniques and to discuss their challenges in a safe space openly.</p> <p>This will be more focused on HR matters and providing practical support, advice, and solutions on matters that matter to staff, such as their pay and rotas.</p>	<p>Number of participants at each session to monitor if the engagement grows</p> <p>Improvement in the ability of managers to deal with local issues without formal HR intervention, e.g. reduction in queries to HR teams</p> <p>Suggestions for improvement from members and feedback about the impact of the forum</p>	TBC
<b>Pulse Surveys</b>	<p>Pulse surveys are short surveys designed to take a 'temperature check' in real time to assess levels of engagement, advocacy, and motivation. They can be tailored to specific priorities and areas of focus and used as part of a 'deep dive' into areas that require further investigation and support.</p> <p>The first quarterly Pulse survey is anticipated to take place in June 2024, and we are working with the provider IQVIA to develop it.</p> <p>We aim to address survey fatigue by offering colleagues incentives to complete them, though the biggest incentive will be demonstrable action being taken in response to what we hear. It is also important that they are aligned with the timelines of the</p>	<p>Completion rates</p> <p>Results will inform the development of a culture dashboard, and reports and analysis will be made available at both summary and detailed levels to enable improvements to be tracked and monitored.</p>	JL

ACTIVITY	DETAILS	MEASUREMENT	OWNER
	annual staff survey so there is no overlap.		
<b>Seren Betsi</b>	<p>An organisational reward and recognition activity that sees successful nominees receive a trophy and certificate from a member of the Executive Team, which is currently under review.</p> <p>Work is underway to explore how Seren Betsi might connect with Greatix, the more straightforward recognition tool launched last year.</p>	<p>Number of nominations</p> <p>Feedback from recipients and their teams</p>	SK
<b>Speaking Up Safely</b>	<p>Speaking Up Safely (SUS) provides a mechanism for staff to raise concerns anonymously via the Work in Confidence platform or in conversation with one of the organisation's Speaking Up Safely Guardians so that these concerns can be worked with and resolved wherever possible.</p>	<p>Data about themes, trends and use of the process, including the number of conversations raised and staff experience of using the process</p> <p>The data above is also shared with staff via Betsi.Net and forums such as the Local Partnership Forum (LPF) as part of wider organisational learning efforts.</p>	GE
<b>Staff Achievement Awards</b>	<p>This is an annual event to mark the efforts of colleagues across the organisation. Up to 460 guests, including staff, sponsors, and partners, attend.</p> <p>Guests enjoy a welcome drink, a two-course dinner, a professional awards ceremony with comperes, live music, and a disco.</p> <p>Ten award categories celebrate innovation, excellence and leadership.</p> <p>Nominees and their nominators attend the event for free, but all</p>	<p>The number of nominations received for the organisation's annual recognition and celebration event (these have grown year on year, with 380 nominations last year)</p> <p>The number of guests at the event (last year, all tickets were sold before they went on general sale,</p>	KS

ACTIVITY	DETAILS	MEASUREMENT	OWNER
	<p>staff are welcome to attend for a subsidised fee of £20.</p>	<p>indicating that not only do staff want to attend, but they are also happy to pay to attend)</p> <p>Guest survey feedback</p> <p>Engagement with the promotion of the pre and post-event news on our digital channels, including Betsi.Net and social media</p> <p>Views of the events, which are live streamed, and of the highlights video on Betsi.Net</p>	
<b>Team Brief</b>	<p>Following each board meeting, the communications team produces a document intended to assist leaders and managers in sharing the key news from the meeting with their teams.</p> <p>The aim of the briefing session is to facilitate a conversation between teams about how the Board's business relates to them and their work.</p> <p>The document and guide to chairing a briefing session are all on BetsiNet to support 'briefers,' who are encouraged to follow up on any questions or queries they receive during the briefing sessions, which leaders arrange locally.</p>	<p>Number of staff attending Team Brief meetings (via random contact of staff to ask if they receive Team Brief updates)</p> <p>Views of Betsi.Net Team Brief pages</p>	KS
<b>Video messages from Board members</b>	<p>These are generally weekly and involve a member of the Board (the Chief Executive, Chair, or Executives) talking personally to staff about important topics and setting out the Health Board's priorities and agenda.</p>	<p>Number of views</p> <p>Number of visits to the Betsi.Net page</p> <p>Comments and interactions on the</p>	KS

ACTIVITY	DETAILS	MEASUREMENT	OWNER
	These attract between 2,000 and 4 500 views per week	BetsiNet page, e.g. likes, suggestions, etc.	

## 5. SUMMARY

Is the Organisational Development Steering Group prepared to agree to the recommendations in this paper:

1. The creation of a Culture Change Team Sub-Group, which reports to the Organisational Development Steering Group.
2. Our recommendation of one day a month of protected time for the Change Team members.
3. The recommended investment in the team to take forward the culture improvement work.

## 6. APPENDICES

1. Integrated Leadership Development Framework (ILDF)
  2. Draft Organisational Development Plan
  3. BCUHB NHS Wales staff survey dashboard
  4. All-Wales NHS Wales staff survey dashboard
-

# MENTRO

ARCHWILLIO ARWEINYDDIAETH A  
RHEOLAETH



# VENTURE

EXPLORING LEADERSHIP AND  
MANAGEMENT

EXPLORING  
LEADERSHIP AND  
MANAGEMENT

## MENTRO VENTURE

ARCHWILLIO  
ARWEINYDDIAETH A  
RHEOLAETH



### Moel Famau

A programme for Aspiring People Managers to build foundational leadership skills.



### Mynydd Mawr

A foundations of Leadership and Management programme. Designed for staff who are new to a management role or a new manager into the organisation, this programme will provide the required knowledge & skills required in leadership & management.



### Cadair Idris

A mid-level Leadership and Management programme aimed at established Operational mid-level managers who are looking at leading teams through change and uncertainty.



### Tryfan

A transition to Senior Leadership programme, designed for those transitioning from operational to senior management roles



### Glyder Fawr

An Advanced Senior Leadership programme, developed to provide learning on how to move beyond leadership within an area of professional expertise, into executive roles that span organisational boundaries.



### Yr Wyddfa

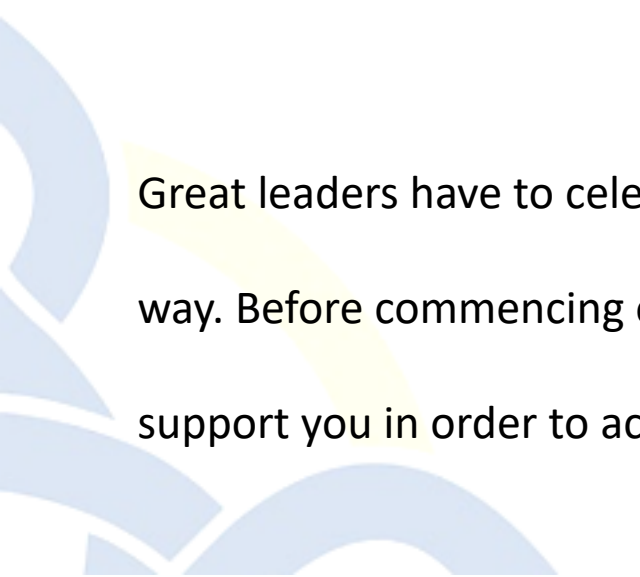
An Executive Development programme emphasising Strategic Systems Leadership and strategies of how the Executive group and Board can work as an effective team.



Welcome to Venture. A Leadership and Management framework to support the development of both the leaders of today and our leaders of the future.

A Forbes (2021) article, likened leadership to growing fruit. For example, an apple species can take five to eight years before the tree bears any fruit. A leaders journey too, does not come to fruition overnight as becoming a great leader is a continuing lifelong journey.

Great leaders have to celebrate successes, acknowledge failures, lessons learned, as well as the sacrifices along the way. Before commencing on your leadership journey, it is essential to plan ahead and pack the things that will support you in order to achieve success.



# BACKPACKING: HOW TO PACK

A BASIC CHECKLIST FOR ADVENTURES IN THE OUTDOORS



## MAPS & SNACKS

- ☐ Tools to learn (Laptop, Notebook, Pens etc)

## RAIN PROTECTION

- ☐ Study leave agreements in place
- ☐ Securing protected time to attend and invest in yourself

## STOVE & FUEL

- ☐ Approach learning with an open mind
- ☐ Bring enthusiasm
- ☐ Be prepared to try new approaches
- ☐ Come with an approach of sharing experiences and challenges, knowing that you are in a safe space to learning from each other.

## WATER & FOOD PREP



- ☐ Wellbeing tools and support signposting
- ☐ Make sure you are hydrated and fuelled ready for the sessions

## BEDDING & SHELTER

- ☐ Organisational values and behaviours
- ☐ Consider accessing a Mentor who will support your learning journey by sharing their experience and helping to guide you
- ☐ Consider setting yourself up with a Coach who will provide space and time for you to reflect on your career, any challenges etc.



# Venture Leadership programmes 2023/24

**Key:**  
 ○ - Internal programmes  
 □ - External programmes  
 △ - Academic study

Programme name	Who is the programme aimed at?	Golden thread	Internal BCUHB: Core multi-disciplinary programme	Other learning opportunities (Both Internal BCUHB and external opportunities)	Core elements
<b>MOEL FMAU</b> 	A programme for Aspiring People Managers to build foundational knowledge, skills and behaviours required to be a people manager at Betsi Cadwaladr.	Developing Compassionate, Collective and Inclusive Leadership for safe and reliable care.	<b>Aspiring People Manager programme</b>	<a href="#">Edward Jenner Programme</a> □ <a href="#">ILM Leadership and Management Level 2</a> □ △ <a href="#">#TheBetsiWay Improvement Basics</a> (Incl. in core programme) ○ <a href="#">North Wales Public Service Lab</a> □ <a href="#">Alpha Academy Workshops</a> □ <a href="#">Welsh Union Learning Fund (WULF)</a> □ <a href="#">Change Ambassador Programme</a> □ △ <a href="#">ILM Coaching Level 3</a> □ △ <a href="#">Gwella</a> □ <a href="#">Academi Wales</a> □ <a href="#">Open Learn</a> □ △ <a href="#">Kings Fund</a> □	Organisational Values; Equality and inclusion; Neurodiversity; Sustainability; Wellbeing; Coaching and courageous conversations; Culture change programme
<b>MYNYDD MAWR</b> 	A foundations of Leadership and Management programme. Designed for staff who are new to a management role or a new manager into the organisation, this programme will provide the required knowledge & skills required in leadership & management.		<b>Foundations of Leadership and Management</b>	<a href="#">Mary Seacole Programme</a> □ <a href="#">ILM Leadership and Management Level 2-3</a> □ △ <a href="#">#TheBetsiWay - Improvement Basics</a> ○ (Incl. In the core programme) <a href="#">North Wales Public Service Lab</a> □ <a href="#">Alpha Academy Workshops</a> □ <a href="#">Welsh Union Learning Fund (WULF)</a> □ <a href="#">Change Ambassador Programme</a> □ △ <a href="#">ILM Coaching Level 3</a> □ △ <a href="#">Gwella</a> □ <a href="#">Academi Wales</a> □ <a href="#">Open Learn</a> □ △ <a href="#">Kings Fund</a> □ Nurse Education ○	

# Venture Leadership programmes 2023/24

Key: ○ - Internal programmes  
 □ - External programmes  
 Δ - Academic study



Programme name	Who is the programme aimed at?	Golden thread	Core internal programme	Other learning opportunities	Core elements
<b>CADAIR IDRIS</b> 	A mid-level Leadership and Management programme aimed at established operational mid-level managers who are looking to gain further insight on personal impact and developing their teams.	Developing Compassionate, Collective and Inclusive Leadership for safe and reliable care	<b>Mid-level Leadership programme</b>	<a href="#">Rosalind Franklin Programme</a> □ ILM Leadership and Management Level 4-5 □ Δ <a href="#">#TheBetsiWay - Improvement in Action</a> ○ (Incl. In the core programme) <a href="#">North Wales Public Service Lab</a> □ <a href="#">Alpha Academy Workshops and Academic study</a> □ Δ <a href="#">Welsh Union Learning Fund (WULF)</a> □ <a href="#">Change Ambassador Programme</a> □ Δ <a href="#">ILM Coaching Level 5-7</a> □ Δ <a href="#">Gwella</a> □ <a href="#">Academi Wales</a> □ <a href="#">Open Learn</a> □ Δ <a href="#">Kings Fund</a> □ Nurse Education ○ Practice Development programme (Nurses) ○ Advanced clinical practice and non-medical prescribing (Nurses) ○ <a href="#">Foundations of Systems Leadership</a>	Organisational Values; Equality and inclusion; Neurodiversity; Sustainability; Wellbeing; Coaching and courageous conversations; Culture change programme
<b>TRYFAN</b> 	A transition to Senior Leadership programme, designed for those transitioning from operational to senior management roles.		<b>Transition to Senior Leadership programme</b>	<a href="#">Elizabeth Garrett Anderson Programme</a> □ ILM Leadership and Management Level 5-6 □ Δ <a href="#">Leading for Improvement</a> ○ <a href="#">North Wales Public Service Lab</a> □ <a href="#">Alpha Academy Workshops and Academic study</a> □ Δ <a href="#">Welsh Union Learning Fund (WULF)</a> □ <a href="#">Change Ambassador Programme</a> □ Δ <a href="#">ILM Coaching Level 5-7</a> □ Δ <a href="#">Gwella</a> □ <a href="#">Academi Wales</a> □ <a href="#">Open Learn</a> □ Δ <a href="#">Kings Fund</a> □	



# Venture Leadership programmes 2023/24

Key:

- - Internal programmes
- - External programmes
- △ - Academic study

Programme name	Who is the programme aimed at?	Golden thread	Core internal programme	Other learning opportunities	Core elements
<b>GLYDER FAWR</b> 	An Advanced Senior Leadership programme, developed to provide learning on how to move beyond leadership within an area of professional expertise, into executive roles that span organisational boundaries.	Developing Compassionate, Collective and Inclusive Leadership for safe and reliable care	<b>Advanced Leadership Development Programme</b>	<a href="#">Nye Bevan Programme</a> □ ILM Leadership and Management Level 6-7 □ △ <a href="#">Leading for Patient Safety</a> ○ <a href="#">North Wales Public Service Lab</a> □ <a href="#">Alpha Academy Workshops and Academic study</a> □ △ <a href="#">Gwella</a> □ <a href="#">Academi Wales</a> □ <a href="#">Open Learn</a> □ △ <a href="#">Kings Fund</a> □ <a href="#">Academi Wales - Summer School</a> <a href="#">Academi Wales - Winter School</a> <a href="#">Health Education and Improvement Wales - CLIMB Wales</a> <a href="#">Academi Wales - Aspiring Directors Programme</a>	Organisational Values; Equality and inclusion; Neurodiversity; Sustainability; Wellbeing; Coaching and courageous conversations; Culture change programme
<b>YR WYDDFA</b> 	An Executive Development programme emphasising Strategic Systems Leadership and strategies of how the Executive group and Board can work as an effective team.		<b>Executive development programme</b>	<a href="#">Elizabeth Garrett Anderson Programme</a> □ ILM Leadership and Management Level 6-7 □ △ <a href="#">Leading for Patient Safety</a> ○ <a href="#">North Wales Public Service Lab</a> □ <a href="#">Alpha Academy Workshops and Academic study</a> □ △ <a href="#">Gwella</a> □ <a href="#">Academi Wales</a> □ <a href="#">Open Learn</a> □ △ <a href="#">Kings Fund</a> □ <a href="#">Academi Wales - Summer School</a> <a href="#">Academi Wales - Winter School</a> <a href="#">Health Education and Improvement Wales - CLIMB Wales</a> <a href="#">Academi Wales - Aspiring Directors Programme</a> Leadership Alumni (Leadership Academy – NHS England) Aspiring CEO programme	

# Organisational Development Plan 2024/25

DRAFT 22<sup>ND</sup> Feb 2024



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

## Purpose

This Organisational Development Plan sets out in broad terms the areas of where focussed development is needed to help strengthen organisational capability. The OD Plan outlines how the organisation needs to develop itself to deliver its core purpose and strategic objectives. Based on a review of what needs to be delivered and the current position, it sets out a series of planned activity that develops the organisational (as well as individual) competencies of the health board. This includes embedding the desired culture, ensuring an effective workforce and developing enabling systems and processes. OD is a 'live' process and identifies changing priorities and needs proactively. As such the plan will be reviewed and re-prioritised annually based on new information including progress made.

The OD Plan will form a core part of the Integrated Medium Term Plan (3 year Plan) of the Health Board, and acts as a central coordinating repository of prioritised developments.

## Gaining Insights

The Health Board was escalated by Welsh Government into **Special Measures**, now referred to as Level 5, in the revised NHS Oversight, Assurance, Escalation and Intervention Framework [NHS Oversight, Assurance, Escalation and Intervention Framework \(gov.wales\)](https://www.gov.wales/nhs-oversight-assurance-escalation-and-intervention-framework).

The escalation focused on key and specific areas of concern including:

- governance, board effectiveness and audit
- workforce and organisational development
- financial governance and management
- compassionate leadership and culture
- clinical governance, patient experience and safety
- operational delivery
- planning and service transformation
- clinical services



As part of the Special Measures Intervention and Support a series of **Independent Reviews** have been undertaken. Whilst each Review has individually drawn conclusions and made recommendations, an overarching Thematic Analysis has taken place to establish the core and common areas where systematic action is needed to strengthen the health board's approach to delivering its core objectives. These themes include:

- Data, Intelligence & Insight
- Culture
- Risk Management
- Patient, Family, Carer Involvement
- Operating Model
- Organisational Governance and compliance
- Integrated Planning

Internal Audit (Audit and Assurance Services) and Audit Wales (External Audit) have also provided insights through their programmes of work, specifically the Board Effectiveness Follow-up [Board Effectiveness Follow-up - Betsi Cadwaladr University Health Board | Audit Wales](#) and Structured Assessment [Betsi Cadwaladr University Health Board – Structured Assessment 2022 | Audit Wales](#)

Essential insights have been provided by colleagues across the health board through the **Staff Survey**. Whilst the survey results will act as an additional vehicle for ongoing discussion regarding staff experience of work there are some key insights that stand out for inclusion in this OD Plan.

Staff Engagement score = 72% (2023), down 1% compared to 2020. When compared to other Health Boards, all Health Boards have seen a reduced staff engagement score in the 2023 survey. All health Boards (apart from Powys THB) score 71%, 72% or 73%.

Working in partnership with Trade Unions is key. There is a backdrop of industrial relations matters relating to pay and conditions, and whilst pay is a matter of government to manage, the local conditions are within the direct influence of the health board.



## Framework

Strategic objectives for 2024/27 3-year Integrated Medium Term Plan, subject to consideration and approval at Board are:

- 1) **Building an effective organisation**
- 2) **Developing strategy and long-lasting change**
- 3) **Creating compassionate culture, leadership and engagement**
- 4) **Improving quality, outcomes and experience**
- 5) **Establishing an effective environment for Learning**

These form the basis of the priority actions the organisation will both in terms of addressing in-year, immediate issues and laying stronger foundations for the future.

## Organising Principles

A set of organising principles are being considered by the Board as part of the 3-year Integrated Medium term Plan.

TO BE ADDED

## Current Organisational Values





# Framework

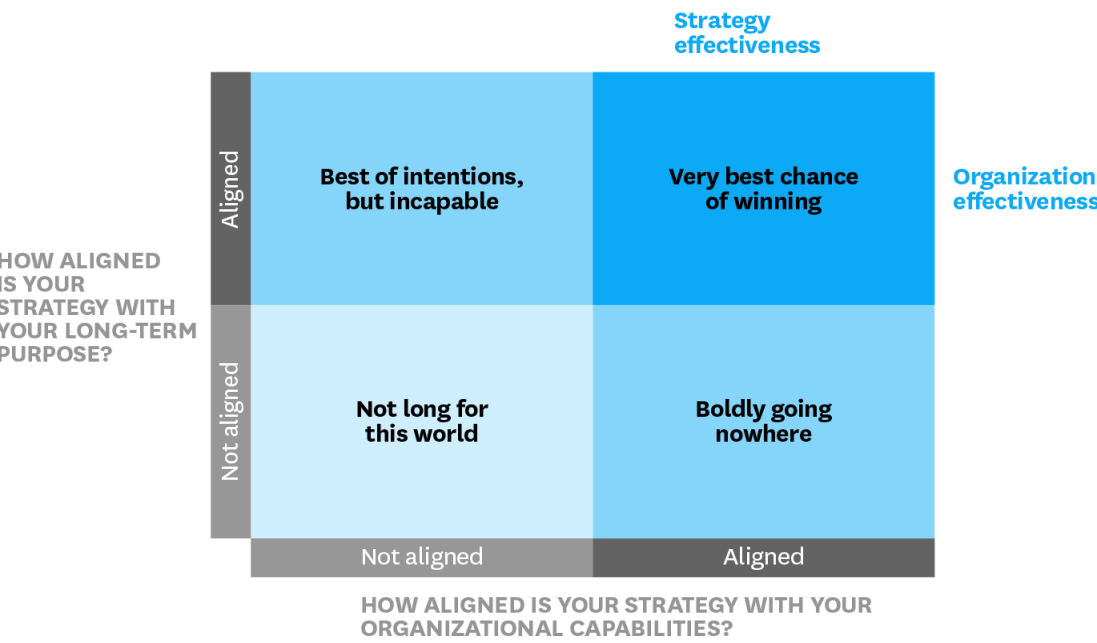
Whilst many Organisational Development Plans focus on culture, leadership and management, some also include wider aspects including organisational design. This Plan takes a broad approach and utilises a model based on Tushman and O'Reilly 'Leading Organisational Change and Renewal', which includes strategy, culture, people, structures and processes.

It is the alignment of these factors that enable organisations to be more successful in achieving its strategic goals.

## Strategic Alignment (organisational capabilities)

### The Best Companies Are the Best Aligned

Strategy, purpose, and organizational capabilities must be in sync.



SOURCE JONATHAN TREVOR AND BARRY VARCOE

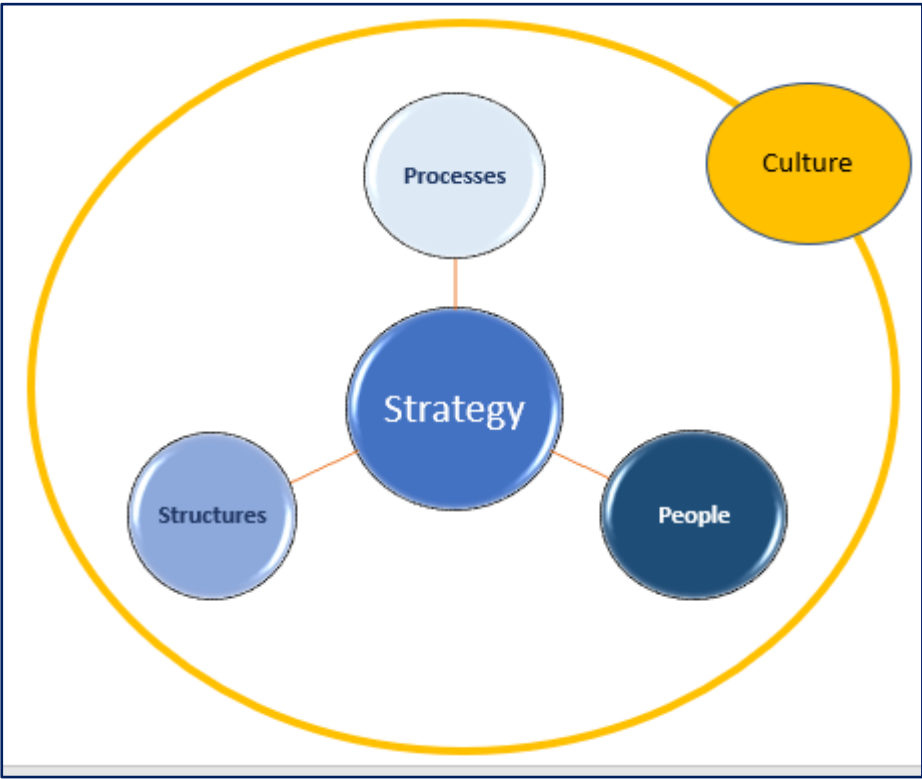
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### Components of Organisational Capability:

The model focuses on the delivery of the organisational objectives within 'Strategy', with the following elements being essential:

#### People   Structure   Processes   Culture

These capabilities need to flex to achieve the organisations strategic (strategic objectives) as lack of delivery capability largely renders the strategic objectives effectively worthless!



LOCR (leading Organisational Change and Renewal – Tushman and O'Reilly 'Winning Through Innovation' (modified for local use).

## Culture

The Board set out its Strategic Intent in relation to Culture, Leadership and Engagement in its meeting in September 2023, and made commitments in the following areas as a starting point. These include:

1. Examine the culture in the organisation
2. Revisit the values of the organisation
3. Develop a Behaviours Framework

The focus on compassionate leadership is central to the work and a programme of cultural change will be designed and delivered based upon the evidence base that exists.

Key priorities for 2024/25 include:

- Developing and commencing the implementation of the Cultural Change Programme
- Approving and implementing the organisations Leadership Development Framework
- Progressing the core actions arising from the Rapid Review of (Clinical) Engagement
- Implement the actions relating to organisations approach to enhancing Equality, Diversity and Inclusion
- Develop an approach that enables a Board and Committee focus on Staff Experience, e.g. Staff Experience Stories
- Support the establishment and effective working of the new People and Culture Committee

## People

There are a number of key elements of work that will enhance how effective the organisation can be in delivering the key strategic objectives. For the 2024/25 period the following areas of focus will be essential within the People domain:

- A revised approach to workforce planning and redesign will be developed
- Deliver commitments made relating to reducing temporary staffing solutions will be progressed (in line with Welsh Health Circular 2023). This will be balanced with enabling opportunities for development, such as secondment opportunities, within the organisation with a focus on 'growing our own'.
- Implement actions designed to specifically focus on and support managers and their effectiveness, seeking to improve both employee and manager experience
- Implement training and development priorities with a focus on skills in the following disciplines for general and clinical leaders and managers: planning, intelligence/data/information use, commissioning and contracting, financial governance and procurement.
- Establish the organisations approach to developing effective teamworking, aligned to the work being undertaken by Health Education and Improvement Wales.
- Implement the Executive Team Recruitment Programme



## Structures

The Health Board structures, particularly those relating to operational service delivery, were changed in 2022 as part of the Stronger Together Operating Model.

This area however has been identified by Independent Reviews as one of the key themes for focus and attention.

Furthermore, the Special Measures Response Plan specifically identified some key actions in understanding the impact of the new structures, the benefits and issues.

The key priorities in this area include:

- Complete the stocktake of the Operating Model, utilising the work of Internal Audit, feedback from external colleagues/stakeholders and feedback from colleagues internally. Understand assessed benefits and issues to enable any essential revisions.
- Assess the Business Partnering model across the organisation, drawing together proposals for revision where necessary.
- Develop proposals for any revision to the current operating model, considering a careful approach to supportive change
- Commence specifically focus on support and development in relation to operational management effectiveness.
- Identify opportunities for greater efficiency through the use of digital tools e.g. Microsoft Office 365.
- Review and revise where necessary the clinical leadership model in the organisation; building a stronger clinical leadership and engagement approach

## Processes

There are a number of processes that require specific focus and attention to enable the organisation to deliver more effectively its strategic objectives.

The key priorities for 2024/25 include:

- Design and commence implementation of a new organisational approach to Commissioning and contract management.
- Review, redesign and commence implementation of the organisations approach to change
- Taking the recommendations of the Independent Planning Review into account, develop and implement actions that enhance 1. The Planning Function (purpose, approach, etc), 2. Wider organisational, including individual capability for planning, and C. the further revision and deployment of the Integrated Planning Framework.
- Implement the next stage of the Intelligence-led organisation work that was commenced in 2023/24.
- Take forward actions to further embed the Integrated Performance Framework enhancing the capability of the organisation, and individuals, to manage performance.
- Review and redesign the approach to reporting through Executive Team, to Board Committees and Board that enables openness, transparency, accessibility, analysis and focus on improvement.
- Complete the Investigations and Learning Programme of work that seeks to review retrospectively cases where improvements in safety, effectiveness and experience could be identified.
- Take actions to further embed the Risk Management Framework.



## Enabling Delivery

The Organisational Development Plan is included as part of the Strategic objectives within the 2024/27 3-year Integrated Medium Term Plan. The key priorities within the OD Plan are drawn from across the strategic objectives, rather than a single one and therefore are delivered through multiple Executive Team leads.

- 1) **Building an effective organisation**
- 2) **Developing strategy and long-lasting change**
- 3) **Creating compassionate culture, leadership and engagement**
- 4) **Improving quality, outcomes and experience**
- 5) **Establishing an effective environment for Learning**

### Organisational Development Steering Group

This newly established Group will continue through 2024/25 to shape and oversee implementation of the key priorities of the OD Plan; reviewing and reporting progress. This Group will continue to seek broad routes of engagement within the organisation. An **implementation plan** will be formed, acting as the core mechanism for overseeing delivery of the priorities.

### Executive Team

The OD steering Group will report through to the Executive Team on a regular basis, seeking approval where necessary for specific developments.

### People and Culture Committee

The newly formed People and Culture Committee will oversee the delivery of the Organisational Development Plan.

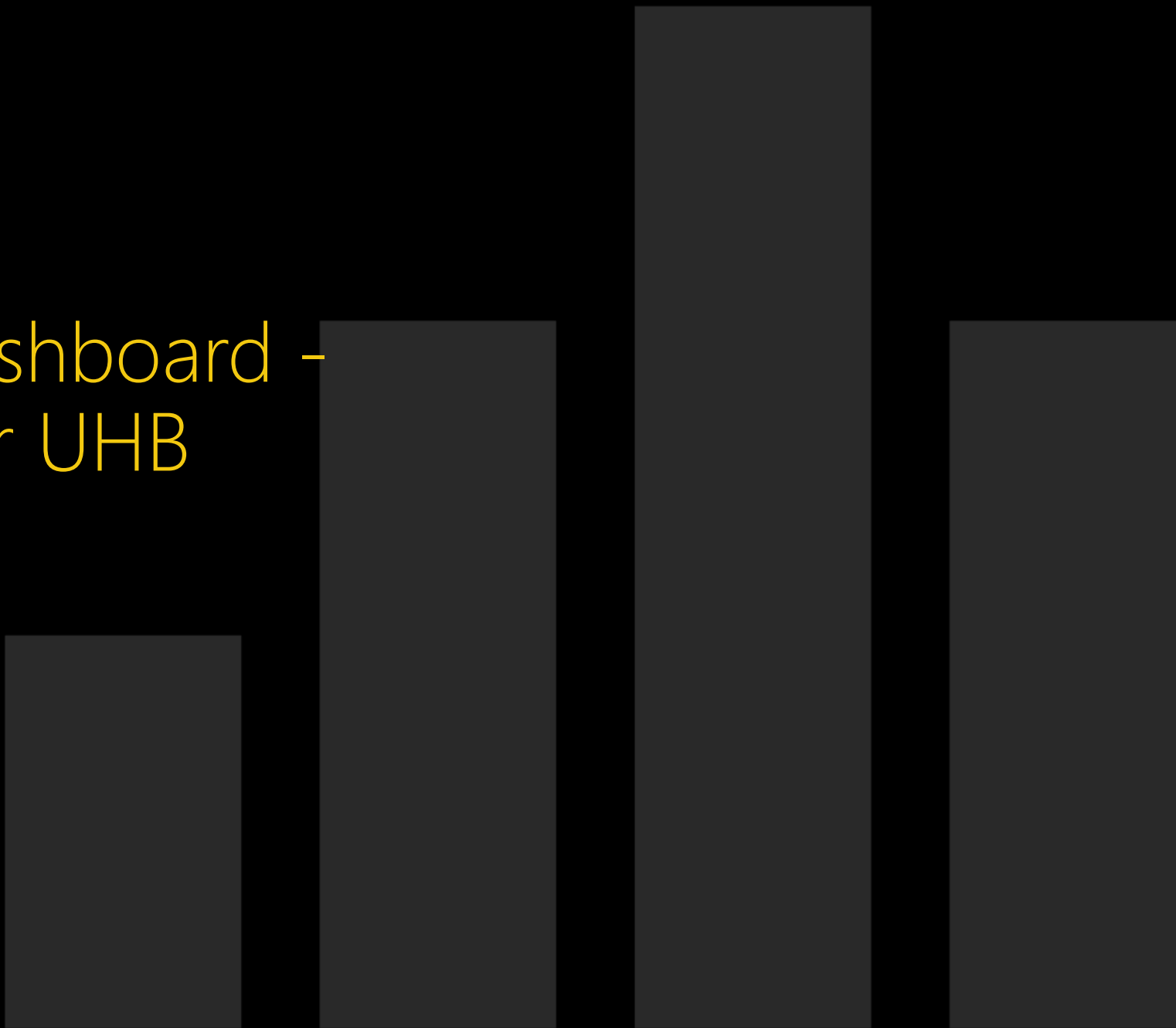


# Staff Survey Dashboard - Betsi Cadwaladr UHB

[View in Power BI](#) ↗

**Last data refresh:**  
22/02/2024 16:31:39 UTC

**Downloaded at:**  
23/02/2024 13:57:51 UTC



Dear Colleagues,

Thank you to everyone who participated in this year's NHS Wales Staff Survey. We heard from a total of 22,535 colleagues and we are working in the background to undertake thematic analysis of your feedback. The Staff Survey offers a snapshot in time of how people experience their working lives, gathered at the same time each year. Its strength is in capturing a national picture alongside local detail, enabling NHS Wales to explore staff experience across different parts of the NHS and work to bring about the necessary improvements.

This dashboard has been created to share NHS Wales wide survey results. In April, your NHS organisation will be granted access to run more detailed directorate level reports (with no identifier information) for your organisation, please bear with us. If you have any questions, you can email the NHS Wales Staff Survey team at [nhswalesstaffsurvey@wales.nhs.uk](mailto:nhswalesstaffsurvey@wales.nhs.uk).

### **Reporting Design**

The survey results have been grouped under the following headings for ease. The Staff Engagement score is located at the end.

1. Morale
2. Patient Safety
3. Staff Engagement
4. We are compassionate and inclusive.
5. We recognise everyone's contribution.
6. We are all able to speak up.
7. We are stronger together.
8. We nurture healthy working environments.
9. We champion flexible working.
10. We are continuously learning and improving.

*Please note: A question may appear more than once, if the question relates to more than one category.*

### **Response Rates**

For response rate information, click the information icon at the top right.



The staff survey was launched on 16th October 2023 and closed after a period of 6 weeks, on 27th November 2023. The overall response rate was 20.7% with the following breakdown across NHS Wales:

Organisation	Sample Size	Paper	Online	Smartphone	Total Response	Response Rate
Aneurin Bevan UHB	15,108	43	2,299	396	2,738	18.1%
Betsi Cadwaladr UHB	19,891	257	3,267	497	4,021	20.2%
Cardiff and Vale UHB	17,096	101	2,938	623	3,662	21.4%
Cwm Taf Morgannwg UHB	12,685	113	1,116	1,071	2,300	18.1%
Digital and Health Care Wales	1,191	0	653	68	721	60.5%
Health Education and Improvement Wales	467	0	326	25	351	75.2%
Hywel Dda UHB	11,659	27	1,125	250	1,402	12.0%
NHS Wales Shared Services Partnership	5,823	24	992	172	1,188	20.4%
Powys Teaching HB	2,405	26	547	100	673	28.0%
Public Health Wales	2,351	16	1,119	143	1,278	54.4%
Swansea Bay UHB	13,932	156	2,083	386	2,625	18.8%
Velindre University NHS Trust	1,679	22	508	40	570	33.9%
Welsh Ambulances Services NHS Trust	4,344	22	785	199	1,006	23.2%
<b>All Wales Total</b>	<b>108,631</b>	<b>807</b>	<b>17,758</b>	<b>3,970</b>	<b>22,535</b>	<b>20.7%</b>



Select Theme

- Stressors
- Thinking about leaving
- Work pressure

Morale					
Stressors					
Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I always know what my work responsibilities are.	1%	7%	10%	53%	29%
I am involved in deciding on changes introduced that affect my work area/team/department.	8%	15%	21%	38%	18%
I have a choice in deciding how to do my work.	3%	9%	18%	47%	22%
My immediate manager (line manger) encourages me at work.	5%	8%	18%	40%	30%
Relationships at work are strained.	13%	34%	27%	20%	6%

Question	Always	Often	Sometimes	Rarely	Never
I have unrealistic time pressures.	10%	23%	38%	22%	6%



Select Theme

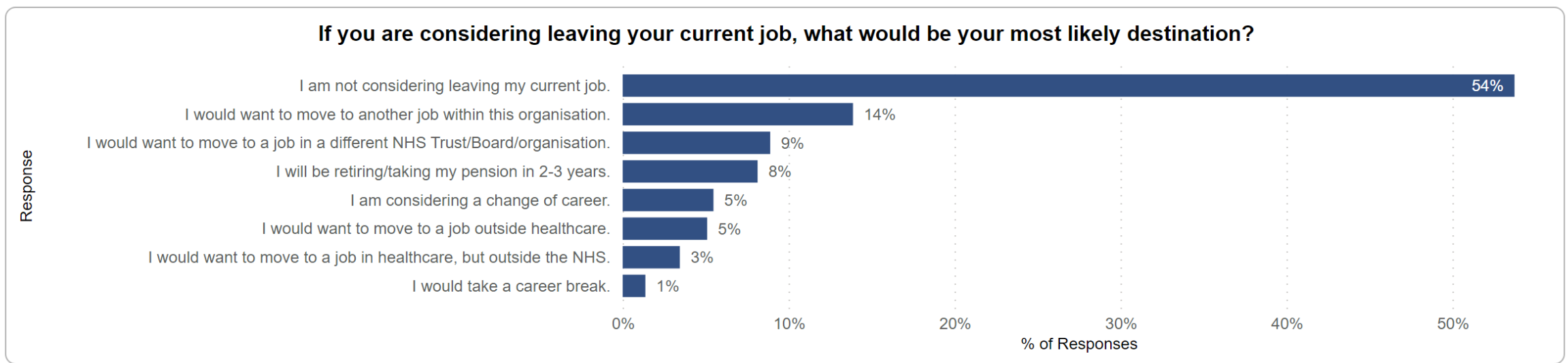
Stressors

Thinking about leaving

Work pressure

Morale					
Thinking about leaving					
Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am satisfied in my current role and intend to remain in it for the foreseeable future.	6%	12%	25%	39%	18%

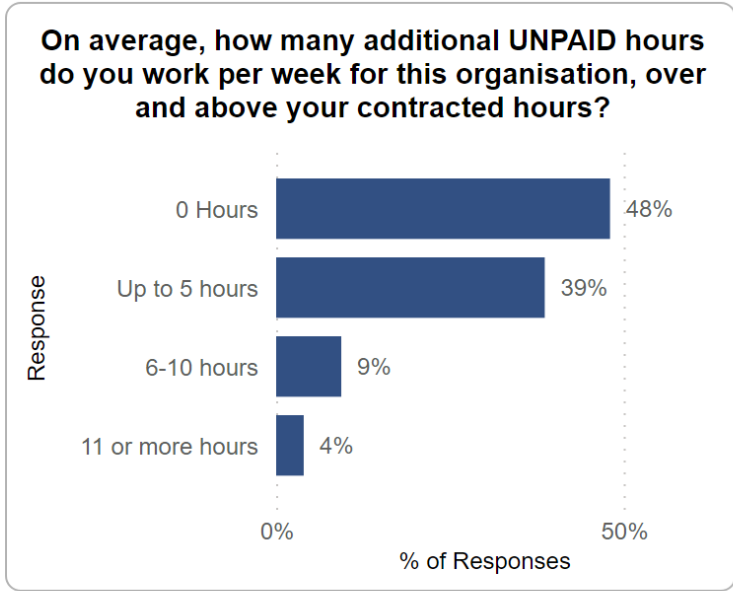
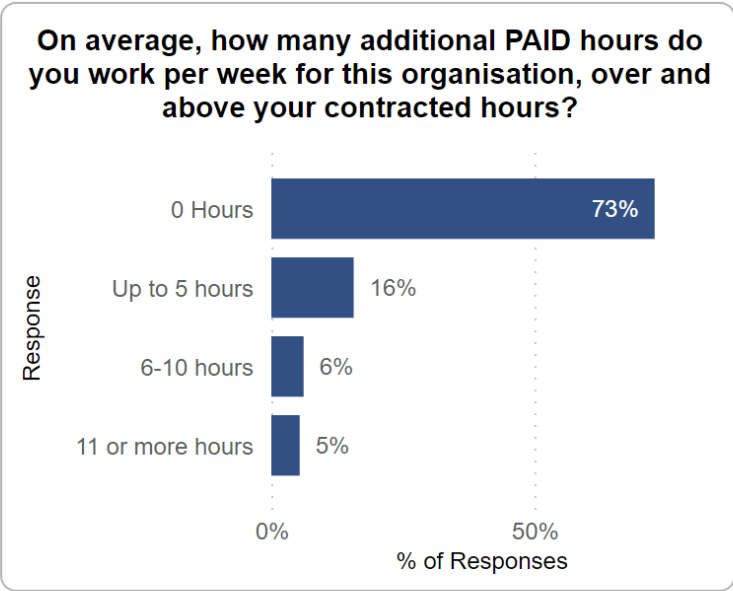
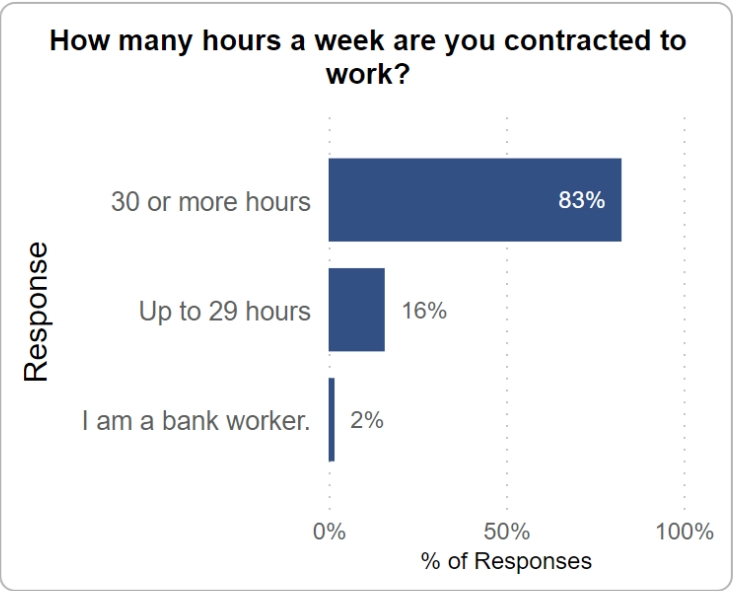
Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
As soon as I can find another job, I will leave this organisation.	30%	32%	25%	8%	6%
I often think about leaving this organisation.	18%	28%	24%	21%	8%
I will probably look for a job at a new organisation in the next 12 months.	25%	31%	26%	12%	7%



Select Theme

- Stressors
- Thinking about leaving
- Work pressure**

Morale					
Work pressure					
Question	Never	Rarely	Sometimes	Often	Always
I am able to meet all the conflicting demands on my time at work.	3%	12%	32%	42%	10%
I have adequate supplies, materials and equipment to do my work.	3%	10%	26%	37%	23%
There are enough staff at this organisation for me to do my job properly.	15%	24%	31%	23%	7%



## Patient Safety

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organisation encourages us to report errors, near misses or incidents.	3%	5%	19%	53%	21%
My organisation treats staff who are involved in an error, near miss or incident, fairly.	4%	8%	45%	35%	8%
We are given feedback about changes made in response to reported errors, near misses and incidents.	6%	14%	37%	34%	9%
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	4%	9%	37%	38%	12%

Question	Yes	Prefer not to say	No
In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?	37%	3%	59%

### Staff Engagement

#### Ability to contribute towards improvement at work

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am able to make improvements in my area of work	4%	11%	27%	46%	13%
I am involved in deciding on changes introduced that affect my work area/team/department.	8%	15%	21%	38%	18%

#### Intrinsic psychological engagement (Motivation)

Question	Never	Rarely	Sometimes	Often	Always
I am enthusiastic about my job.	2%	6%	25%	39%	29%
I am happy to go the extra mile at work when required.	1%	3%	15%	37%	44%
I look forward to going to work.	4%	11%	35%	38%	13%

#### Staff advocacy and recommendation (Advocacy)

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am proud to tell people I work for my organisation.	7%	12%	31%	35%	15%
I would recommend my organisation as a place to work.	7%	13%	29%	39%	11%

## Select Theme

**Compassionate culture**

Compassionate leadership

Diversity and equality

Inclusion

### We are compassionate and inclusive

#### Compassionate culture

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Care of patients/service users is my organisation's top priority.	4%	11%	21%	43%	20%
I feel safe to speak up about anything that concerns me in this organisation.	6%	17%	26%	40%	12%
I'd feel able to speak up in my team if I noticed poor or incorrect practice.	4%	8%	13%	49%	25%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	7%	18%	30%	34%	10%
My organisation acts on concerns raised by patients/service users.	3%	10%	30%	42%	15%
People here are compassionate in the way they behave towards patients/service users.	1%	2%	14%	55%	28%
People here are compassionate towards colleagues when they face problems.	2%	6%	17%	53%	22%
People here give good support to colleagues who are distressed.	2%	6%	15%	53%	24%
People here take effective action to help patients/service users in distress.	1%	2%	15%	54%	29%

Select Theme

- Compassionate culture
- Compassionate leadership**
- Diversity and equality
- Inclusion

We are compassionate and inclusive					
Compassionate leadership					
Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My immediate manager (line manger) is interested in listening to me when I describe challenges I face.	5%	8%	17%	39%	31%
My immediate manager (line manger) takes effective action to help me with any problems I face.	6%	8%	21%	37%	29%
My immediate manager (line manger) works together with me to come to an understanding of problems.	5%	9%	19%	38%	29%

## Select Theme

Compassionate culture

Compassionate leadership

**Diversity and equality**

Inclusion

## We are compassionate and inclusive

### Diversity and equality

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas)	3%	8%	29%	45%	15%

Question	No	Don't know	Prefer not to say	Yes
Does your organisation act fairly with regard to career progression/promotion, regardless of age, disability, ethnic background, gender, gender identity, religion or sexual orientation?	17%	33%	4%	45%
In the coming 12 months would you consider applying for a progression opportunity in your workplace?	35%	18%	3%	43%
In the last 12 months have you sought a progression opportunity in your workplace?	52%	4%	5%	39%

Question	Yes	Prefer not to say	No
In the last 12 months have you personally experienced discrimination at work from a manager/ team leader?	6%	6%	88%
In the last 12 months have you personally experienced discrimination at work from other colleagues?	6%	5%	89%
In the last 12 months have you personally experienced discrimination at work from patients/service users, their relatives, or other members of the public?	6%	4%	90%

Select Theme

- Compassionate culture
- Compassionate leadership
- Diversity and equality
- Inclusion**

We are compassionate and inclusive					
Inclusion					
Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel valued by my team.	5%	9%	16%	43%	26%
The people I work with are polite and treat each other with respect.	2%	6%	15%	51%	25%
The people I work with are understanding and kind to one another.	3%	6%	15%	52%	25%



We recognise everyone's contribution					
Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I get recognition for good work.	5%	13%	24%	43%	15%
My immediate manager (line manger) values my work.	5%	6%	17%	41%	32%
The organisation values my work.	6%	15%	33%	35%	11%
The people I work with show appreciation to one another.	2%	7%	18%	50%	23%

Select Theme

Autonomy and control

Raising concerns

We are all able to speak up					
Autonomy and control					
Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I always know what my work responsibilities are.	1%	7%	10%	53%	29%
I am involved in deciding on changes introduced that affect my work area/team/department.	8%	15%	21%	38%	18%
I am trusted to do my job.	1%	3%	7%	48%	41%
I have a choice in deciding how to do my work.	3%	9%	18%	47%	22%
There are frequent opportunities for me to show initiative in my role.	3%	7%	16%	46%	28%

Select Theme

Autonomy and control

Raising concerns

We are all able to speak up					
Raising concerns					
Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am confident my organisation would address my concern.	7%	14%	31%	34%	13%
I feel safe to speak up about anything that concerns me in this organisation.	6%	17%	26%	40%	12%
I would feel secure raising concerns about unethical behaviour.	3%	7%	14%	49%	27%
I would feel secure raising concerns about unsafe clinical practice.	3%	6%	18%	47%	26%
If I spoke up about something that concerned me, I am confident my organisation would address my concern.	9%	20%	36%	28%	7%

## Select Theme

Line management

Team working

## We are stronger together

### Line management

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My immediate manager (line manger) asks for my opinion before making decisions that affect my work.	9%	14%	21%	32%	24%
My immediate manager (line manger) encourages me at work.	5%	8%	18%	40%	30%
My immediate manager (line manger) gives me clear feedback on my work.	6%	11%	21%	36%	26%
My immediate manager (line manger) is interested in listening to me when I describe challenges I face.	5%	8%	17%	39%	31%
My immediate manager (line manger) recognises the importance of staff emotional wellbeing.	6%	8%	16%	37%	33%
My immediate manager (line manger) takes a positive interest in my health and well-being.	6%	9%	17%	36%	33%
My immediate manager (line manger) takes effective action to help me with any problems I face.	6%	8%	21%	37%	29%
My immediate manager (line manger) values my work.	5%	6%	17%	41%	32%
My immediate manager (line manger) works together with me to come to an understanding of problems.	5%	9%	19%	38%	29%

Select Theme

Line management

Team working

We are stronger together					
Team working					
Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I enjoy working with the colleagues in my team.	2%	3%	13%	47%	35%
I feel able to ask other members of this team for help when I need it.	2%	4%	9%	49%	36%
I feel valued by my team.	5%	9%	16%	43%	26%
I'd feel able to speak up in my team if I noticed poor or incorrect practice.	4%	8%	13%	49%	25%
Team members are able to communicate closely with each other to achieve the team's objectives.	4%	10%	16%	50%	20%
Team members take time out to reflect and learn.	6%	16%	24%	41%	13%
Team members trust each other.	4%	11%	18%	45%	22%
Team members understand each other's roles.	3%	11%	14%	51%	20%
Team members work well with other teams.	2%	7%	17%	51%	23%
The team I work in has a set of shared objectives.	3%	7%	14%	53%	22%
The team I work in often meets to discuss the team's effectiveness.	8%	15%	15%	43%	20%

## We champion flexible working

### Support for work-life balance

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I achieve a good balance between my work life and my home life.	6%	15%	21%	42%	16%
I am satisfied with the opportunity for flexible working patterns.	8%	11%	21%	38%	22%
I can approach my immediate manager (line manager) to talk openly about flexible working.	5%	8%	19%	40%	28%
My organisation is committed to helping me balance my work and home life.	8%	14%	27%	33%	17%

Select Theme

Burnout

Health and safety climate

Negative experiences

We nurture healthy working environments

Burnout

Question	Always	Often	Sometimes	Rarely	Never
How often, if at all, are you exhausted at the thought of another day/shift at work?	8%	25%	35%	22%	9%
How often, if at all, do you feel burnt out because of your work?	8%	30%	36%	20%	6%
How often, if at all, do you feel that every working hour is tiring for you?	6%	15%	31%	32%	16%
How often, if at all, do you feel worn out at the end of your working day/shift?	12%	33%	37%	14%	4%
How often, if at all, do you find your work emotionally exhausting?	9%	34%	38%	15%	4%
How often, if at all, do you not have enough energy for family and friends during leisure time?	6%	25%	37%	22%	10%
How often, if at all, does your work frustrate you?	9%	39%	37%	12%	3%

## Select Theme

Burnout

Health and safety climate

Negative experiences

### We nurture healthy working environments

#### Health and safety climate

Question	Never	Rarely	Sometimes	Often	Always
I am able to meet all the conflicting demands on my time at work.	3%	12%	32%	42%	10%
I have adequate supplies, materials and equipment to do my work.	3%	10%	26%	37%	23%
There are enough staff at this organisation for me to do my job properly.	15%	24%	31%	23%	7%

Question	Never	Rarely	Sometimes	Often	Always
I have unrealistic time pressures.	6%	22%	38%	23%	10%

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organisation takes positive action on health and wellbeing.	5%	16%	38%	34%	7%

Question	No	Don't know	Not applicable	Yes, a colleague reported it	Yes, I reported it
The last time you experienced harassment or bullying at work, did you or a colleague report it?	23%	2%	50%	3%	22%
The last time you experienced physical violence at work, did you or a colleague report it?	5%	1%	80%	1%	13%



## Select Theme

Burnout

Health and safety climate

Negative experiences (Part 1)

Negative experiences (Part 2)

## We nurture healthy working environments

## Negative experiences (Part 1)

Question	No	Don't know	Not applicable	Yes, a colleague reported it	Yes, I reported it
The last time you experienced abuse at work (work from patients/service users, their relatives, or other members of the public) did you or a colleague report it?	14%	1%	66%	1%	17%

Question	Yes	No
During the last 12 months have you felt unwell as a result of work-related stress?	42%	58%
In the last 12 months, have you experienced musculoskeletal problems (MSK) as a result of work activities?	27%	73%
In the last three months have you ever come to work despite not feeling well enough to perform your duties?	62%	38%

Question	Yes	No	Not applicable
Have you felt pressure from your manager to come to work?	12%	52%	36%

## We nurture healthy working environments

### Negative experiences (Part 2)

Question	Never	1-2	3-5	6-10	More than 10	Prefer not to say
In the last 12 months how many times have you personally experienced abuse at work from patients/service users, their relatives, or other members of the public?	82.15%	9.41%	3.81%	1.39%	2.02%	1.22%
In the last 12 months how many times have you personally experienced harassment or bullying at work from managers/team leaders?	79.59%	9.95%	3.61%	1.45%	1.84%	3.56%
In the last 12 months how many times have you personally experienced harassment or bullying at work from other colleagues?	74.97%	14.07%	4.43%	1.25%	1.52%	3.76%
In the last 12 months how many times have you personally experienced harassment or bullying at work from patients/service users, their relatives, or other members of the public?	72.93%	14.74%	5.50%	2.44%	2.69%	1.69%
In the last 12 months how many times have you personally experienced physical violence at work from managers/team leaders?	99.20%	0.15%	0.07%	0.02%	0.12%	0.42%
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	98.61%	0.77%	0.05%		0.10%	0.47%
In the last 12 months how many times have you personally experienced physical violence at work from patients/service users, their relatives, or other members of the public?	91.61%	4.90%	1.64%	0.42%	0.80%	0.62%
In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from patients/service user	90.31%	5.80%	1.79%	0.52%	0.55%	1.02%
In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from	94.14%	3.19%	0.82%	0.17%	0.40%	1.27%

\*their relatives or other members of the public.

## Select Theme

Development

PDR/Appraisal

## We are continuously learning and improving

## Development

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am able to access the right learning and development opportunities when I need to.	5%	13%	26%	45%	11%
I feel supported to develop my potential.	6%	14%	25%	41%	14%
I have opportunities to improve my knowledge and skills.	4%	10%	19%	52%	15%
There are opportunities for me to develop my career in this organisation.	7%	16%	25%	41%	11%
This organisation offers me challenging work.	1%	6%	22%	52%	19%

## Select Theme

Development

PDR/Appraisal

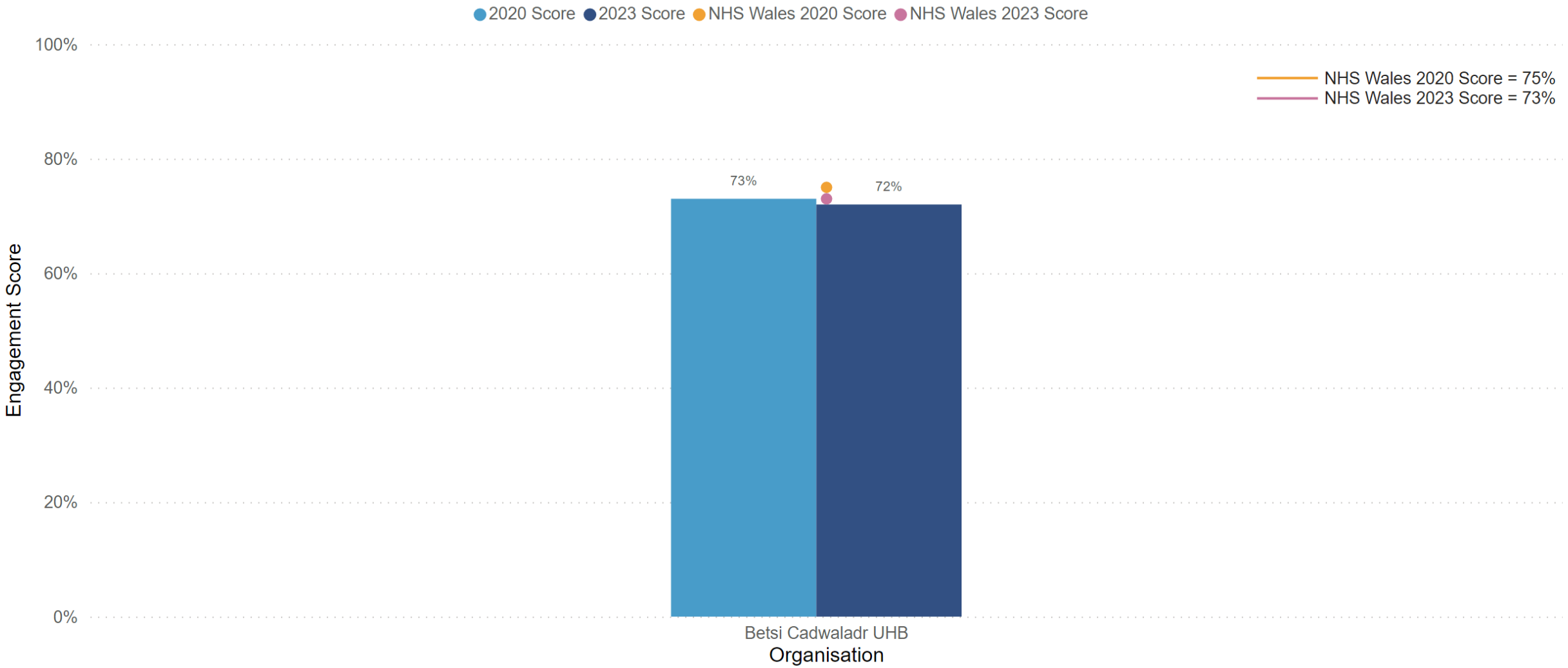
### We are continuously learning and improving

#### PDR/Appraisal

Question	No	Can't remember	Yes
In the last 12 months, have you had an appraisal, PADR, annual review or development review?	16%	2%	82%

Question	No	Not applicable	Yes, to some extent	Yes, definitely
It helped me agree clear objectives for my work.	19%	18%	40%	23%
It helped me to improve how I do my job.	28%	18%	38%	15%
It left me feeling that my work is valued by my organisation.	21%	18%	36%	25%

NHS Wales and Organisation Engagement Score



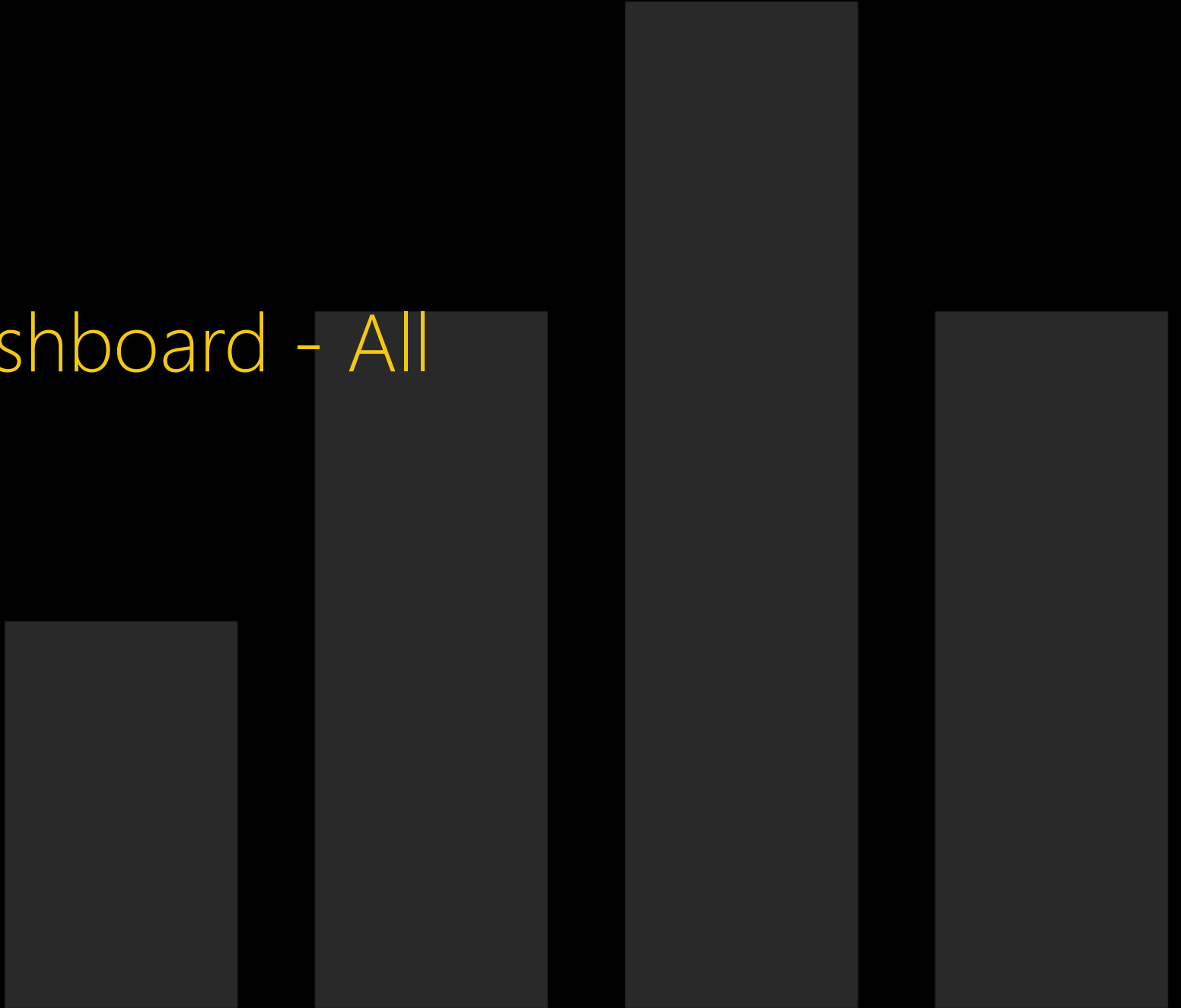
**Note:** Digital and Health Care Wales 2020 score is the score for NHS Wales Informatics Services.

# Staff Survey Dashboard - All Wales

[View in Power BI](#) ↗

**Last data refresh:**  
22/02/2024 16:28:24 UTC

**Downloaded at:**  
23/02/2024 13:57:16 UTC



Dear Colleagues,

Thank you to everyone who participated in this year's NHS Wales Staff Survey. We heard from a total of 22,535 colleagues and we are working in the background to undertake thematic analysis of your feedback. The Staff Survey offers a snapshot in time of how people experience their working lives, gathered at the same time each year. Its strength is in capturing a national picture alongside local detail, enabling NHS Wales to explore staff experience across different parts of the NHS and work to bring about the necessary improvements.

This dashboard has been created to share NHS Wales wide survey results. In April, your NHS organisation will be granted access to run more detailed directorate level reports (with no identifier information) for your organisation, please bear with us. If you have any questions, you can email the NHS Wales Staff Survey team at [nhswalesstaffsurvey@wales.nhs.uk](mailto:nhswalesstaffsurvey@wales.nhs.uk).

### **Reporting Design**

The survey results have been grouped under the following headings for ease. The Staff Engagement score is located at the end.

1. Morale
2. Patient Safety
3. Staff Engagement
4. We are compassionate and inclusive.
5. We recognise everyone's contribution.
6. We are all able to speak up.
7. We are stronger together.
8. We nurture healthy working environments.
9. We champion flexible working.
10. We are continuously learning and improving.

*Please note: A question may appear more than once, if the question relates to more than one category.*

### **Response Rates**

For response rate information, click the information icon at the top right.



The staff survey was launched on 16th October 2023 and closed after a period of 6 weeks, on 27th November 2023. The overall response rate was 20.7% with the following breakdown across NHS Wales:

Organisation	Sample Size	Paper	Online	Smartphone	Total Response	Response Rate
Aneurin Bevan UHB	15,108	43	2,299	396	2,738	18.1%
Betsi Cadwaladr UHB	19,891	257	3,267	497	4,021	20.2%
Cardiff and Vale UHB	17,096	101	2,938	623	3,662	21.4%
Cwm Taf Morgannwg UHB	12,685	113	1,116	1,071	2,300	18.1%
Digital and Health Care Wales	1,191	0	653	68	721	60.5%
Health Education and Improvement Wales	467	0	326	25	351	75.2%
Hywel Dda UHB	11,659	27	1,125	250	1,402	12.0%
NHS Wales Shared Services Partnership	5,823	24	992	172	1,188	20.4%
Powys Teaching HB	2,405	26	547	100	673	28.0%
Public Health Wales	2,351	16	1,119	143	1,278	54.4%
Swansea Bay UHB	13,932	156	2,083	386	2,625	18.8%
Velindre University NHS Trust	1,679	22	508	40	570	33.9%
Welsh Ambulances Services NHS Trust	4,344	22	785	199	1,006	23.2%
<b>All Wales Total</b>	<b>108,631</b>	<b>807</b>	<b>17,758</b>	<b>3,970</b>	<b>22,535</b>	<b>20.7%</b>



Select Theme

- Stressors
- Thinking about leaving
- Work pressure

Morale					
Stressors					
Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I always know what my work responsibilities are.	2%	7%	9%	54%	27%
I am involved in deciding on changes introduced that affect my work area/team/department.	9%	16%	21%	36%	18%
I have a choice in deciding how to do my work.	4%	10%	18%	45%	22%
My immediate manager (line manger) encourages me at work.	5%	8%	17%	39%	32%
Relationships at work are strained.	13%	35%	26%	19%	7%

Question	Always	Often	Sometimes	Rarely	Never
I have unrealistic time pressures.	10%	22%	39%	22%	6%

Select Theme

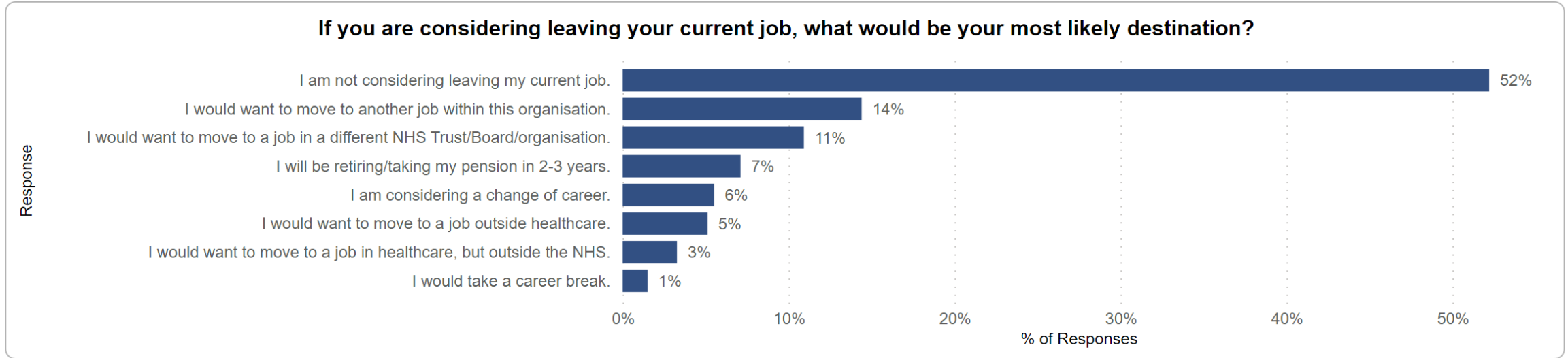
Stressors

Thinking about leaving

Work pressure

Morale					
Thinking about leaving					
Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am satisfied in my current role and intend to remain in it for the foreseeable future.	6%	12%	24%	38%	19%

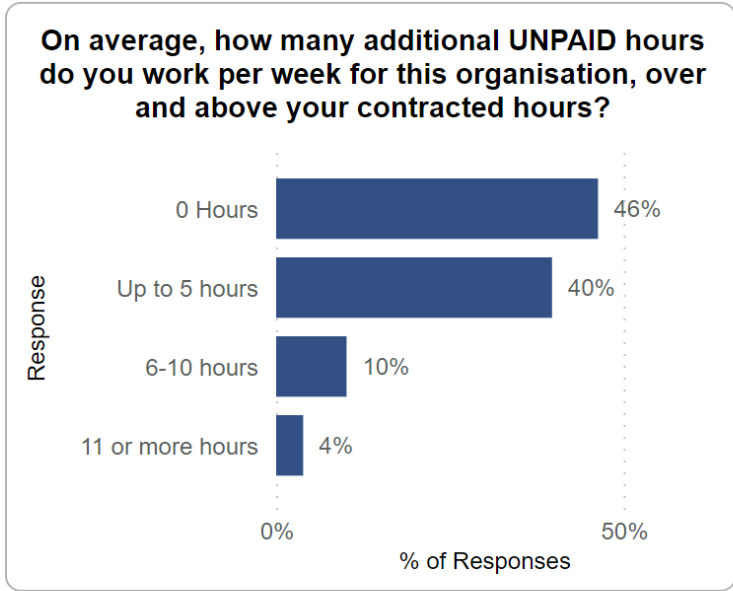
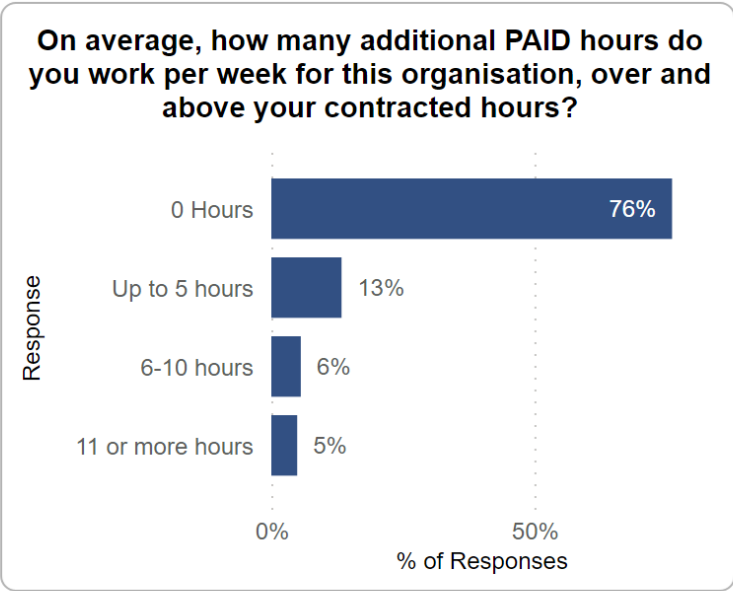
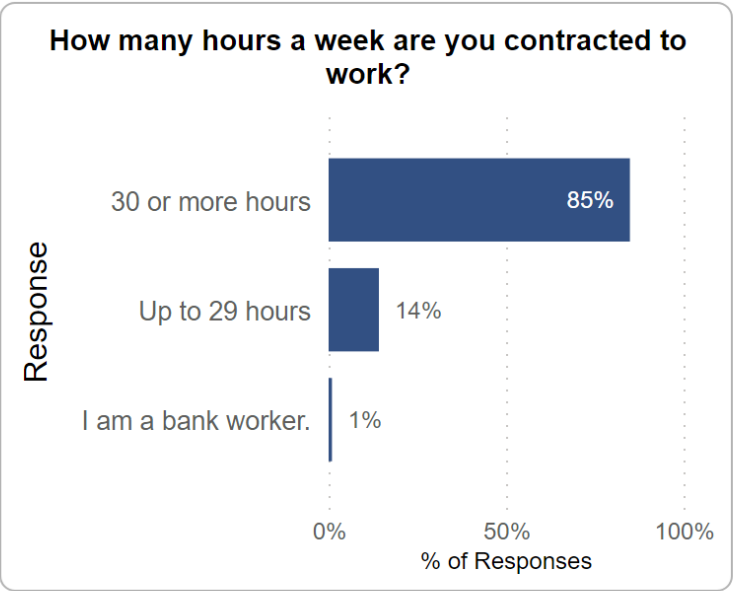
Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
As soon as I can find another job, I will leave this organisation.	31%	31%	23%	8%	6%
I often think about leaving this organisation.	19%	29%	23%	20%	8%
I will probably look for a job at a new organisation in the next 12 months.	25%	30%	25%	13%	7%



Select Theme

- Stressors
- Thinking about leaving
- Work pressure**

Morale					
Work pressure					
Question	Never	Rarely	Sometimes	Often	Always
I am able to meet all the conflicting demands on my time at work.	3%	12%	33%	42%	10%
I have adequate supplies, materials and equipment to do my work.	3%	11%	25%	36%	25%
There are enough staff at this organisation for me to do my job properly.	12%	22%	32%	25%	9%



## Patient Safety

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organisation encourages us to report errors, near misses or incidents.	3%	5%	19%	52%	22%
My organisation treats staff who are involved in an error, near miss or incident, fairly.	4%	7%	44%	35%	10%
We are given feedback about changes made in response to reported errors, near misses and incidents.	6%	13%	37%	34%	10%
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	4%	8%	35%	41%	13%

Question	Yes	Prefer not to say	No
In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?	33%	3%	64%

### Staff Engagement

#### Ability to contribute towards improvement at work

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am able to make improvements in my area of work	4%	11%	26%	45%	14%
I am involved in deciding on changes introduced that affect my work area/team/department.	9%	16%	21%	36%	18%

#### Intrinsic psychological engagement (Motivation)

Question	Never	Rarely	Sometimes	Often	Always
I am enthusiastic about my job.	2%	7%	25%	40%	26%
I am happy to go the extra mile at work when required.	1%	3%	15%	38%	42%
I look forward to going to work.	4%	11%	35%	38%	12%

#### Staff advocacy and recommendation (Advocacy)

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am proud to tell people I work for my organisation.	4%	8%	27%	40%	21%
I would recommend my organisation as a place to work.	6%	11%	26%	41%	16%

## Select Theme

Compassionate culture

Compassionate leadership

Diversity and equality

Inclusion

## We are compassionate and inclusive

## Compassionate culture

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Care of patients/service users is my organisation's top priority.	3%	9%	21%	45%	23%
I feel safe to speak up about anything that concerns me in this organisation.	5%	14%	24%	43%	14%
I'd feel able to speak up in my team if I noticed poor or incorrect practice.	4%	8%	13%	51%	24%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	5%	13%	28%	40%	14%
My organisation acts on concerns raised by patients/service users.	2%	6%	29%	46%	18%
People here are compassionate in the way they behave towards patients/service users.	1%	2%	16%	54%	27%
People here are compassionate towards colleagues when they face problems.	2%	5%	16%	54%	22%
People here give good support to colleagues who are distressed.	2%	5%	15%	54%	24%
People here take effective action to help patients/service users in distress.	1%	2%	17%	53%	28%

Select Theme

- Compassionate culture
- Compassionate leadership**
- Diversity and equality
- Inclusion

We are compassionate and inclusive					
Compassionate leadership					
Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My immediate manager (line manger) is interested in listening to me when I describe challenges I face.	6%	8%	16%	39%	32%
My immediate manager (line manger) takes effective action to help me with any problems I face.	6%	8%	19%	37%	30%
My immediate manager (line manger) works together with me to come to an understanding of problems.	6%	8%	18%	39%	29%

## Select Theme

Compassionate culture

Compassionate leadership

**Diversity and equality**

Inclusion

## We are compassionate and inclusive

### Diversity and equality

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas)	3%	7%	25%	47%	18%

Question	No	Don't know	Prefer not to say	Yes
Does your organisation act fairly with regard to career progression/promotion, regardless of age, disability, ethnic background, gender, gender identity, religion or sexual orientation?	18%	31%	4%	47%
In the coming 12 months would you consider applying for a progression opportunity in your workplace?	36%	18%	3%	44%
In the last 12 months have you sought a progression opportunity in your workplace?	56%	4%	4%	36%

Question	Yes	Prefer not to say	No
In the last 12 months have you personally experienced discrimination at work from a manager/ team leader?	6%	6%	88%
In the last 12 months have you personally experienced discrimination at work from other colleagues?	6%	5%	89%
In the last 12 months have you personally experienced discrimination at work from patients/service users, their relatives, or other members of the public?	7%	3%	90%



Select Theme

- Compassionate culture
- Compassionate leadership
- Diversity and equality
- Inclusion**

We are compassionate and inclusive					
Inclusion					
Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel valued by my team.	6%	10%	16%	42%	26%
The people I work with are polite and treat each other with respect.	2%	6%	15%	52%	25%
The people I work with are understanding and kind to one another.	2%	6%	15%	51%	25%

We recognise everyone's contribution					
Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I get recognition for good work.	6%	14%	22%	42%	16%
My immediate manager (line manger) values my work.	5%	6%	16%	39%	33%
The organisation values my work.	6%	14%	30%	37%	13%
The people I work with show appreciation to one another.	2%	7%	18%	49%	23%

## Select Theme

Autonomy and control

Raising concerns

## We are all able to speak up

## Autonomy and control

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I always know what my work responsibilities are.	2%	7%	9%	54%	27%
I am involved in deciding on changes introduced that affect my work area/team/department.	9%	16%	21%	36%	18%
I am trusted to do my job.	2%	3%	7%	48%	39%
I have a choice in deciding how to do my work.	4%	10%	18%	45%	22%
There are frequent opportunities for me to show initiative in my role.	3%	8%	16%	45%	28%

## Select Theme

Autonomy and control

Raising concerns

## We are all able to speak up

## Raising concerns

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am confident my organisation would address my concern.	6%	12%	29%	38%	15%
I feel safe to speak up about anything that concerns me in this organisation.	5%	14%	24%	43%	14%
I would feel secure raising concerns about unethical behaviour.	4%	7%	13%	50%	27%
I would feel secure raising concerns about unsafe clinical practice.	3%	6%	19%	47%	26%
If I spoke up about something that concerned me, I am confident my organisation would address my concern.	7%	16%	35%	32%	10%

## Select Theme

Line management

Team working

## We are stronger together

### Line management

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My immediate manager (line manger) asks for my opinion before making decisions that affect my work.	9%	14%	19%	34%	25%
My immediate manager (line manger) encourages me at work.	5%	8%	17%	39%	32%
My immediate manager (line manger) gives me clear feedback on my work.	6%	11%	19%	37%	27%
My immediate manager (line manger) is interested in listening to me when I describe challenges I face.	6%	8%	16%	39%	32%
My immediate manager (line manger) recognises the importance of staff emotional wellbeing.	6%	7%	16%	37%	34%
My immediate manager (line manger) takes a positive interest in my health and well-being.	7%	8%	16%	36%	33%
My immediate manager (line manger) takes effective action to help me with any problems I face.	6%	8%	19%	37%	30%
My immediate manager (line manger) values my work.	5%	6%	16%	39%	33%
My immediate manager (line manger) works together with me to come to an understanding of problems.	6%	8%	18%	39%	29%

## Select Theme

Line management

Team working

### We are stronger together

#### Team working

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I enjoy working with the colleagues in my team.	2%	4%	13%	46%	36%
I feel able to ask other members of this team for help when I need it.	2%	4%	9%	48%	36%
I feel valued by my team.	6%	10%	16%	42%	26%
I'd feel able to speak up in my team if I noticed poor or incorrect practice.	4%	8%	13%	51%	24%
Team members are able to communicate closely with each other to achieve the team's objectives.	4%	10%	16%	50%	21%
Team members take time out to reflect and learn.	6%	18%	24%	40%	13%
Team members trust each other.	5%	11%	17%	45%	23%
Team members understand each other's roles.	4%	12%	13%	51%	21%
Team members work well with other teams.	3%	7%	18%	50%	22%
The team I work in has a set of shared objectives.	3%	7%	14%	53%	23%
The team I work in often meets to discuss the team's effectiveness.	8%	15%	14%	42%	21%

## We champion flexible working

### Support for work-life balance

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I achieve a good balance between my work life and my home life.	7%	14%	19%	41%	18%
I am satisfied with the opportunity for flexible working patterns.	9%	11%	19%	36%	25%
I can approach my immediate manager (line manager) to talk openly about flexible working.	6%	8%	17%	40%	29%
My organisation is committed to helping me balance my work and home life.	9%	13%	24%	35%	19%

Select Theme

Burnout

Health and safety climate

Negative experiences

We nurture healthy working environments					
Burnout					
Question	Always	Often	Sometimes	Rarely	Never
How often, if at all, are you exhausted at the thought of another day/shift at work?	9%	24%	34%	24%	9%
How often, if at all, do you feel burnt out because of your work?	8%	28%	37%	21%	6%
How often, if at all, do you feel that every working hour is tiring for you?	6%	15%	30%	33%	16%
How often, if at all, do you feel worn out at the end of your working day/shift?	12%	33%	37%	15%	4%
How often, if at all, do you find your work emotionally exhausting?	9%	32%	39%	16%	5%
How often, if at all, do you not have enough energy for family and friends during leisure time?	7%	24%	37%	23%	9%
How often, if at all, does your work frustrate you?	9%	36%	39%	13%	3%



## Select Theme

Burnout

Health and safety climate

Negative experiences

### We nurture healthy working environments

#### Health and safety climate

Question	Never	Rarely	Sometimes	Often	Always
I am able to meet all the conflicting demands on my time at work.	3%	12%	33%	42%	10%
I have adequate supplies, materials and equipment to do my work.	3%	11%	25%	36%	25%
There are enough staff at this organisation for me to do my job properly.	12%	22%	32%	25%	9%

Question	Never	Rarely	Sometimes	Often	Always
I have unrealistic time pressures.	6%	22%	39%	22%	10%

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organisation takes positive action on health and wellbeing.	5%	12%	33%	39%	10%

Question	No	Don't know	Not applicable	Yes, a colleague reported it	Yes, I reported it
The last time you experienced harassment or bullying at work, did you or a colleague report it?	23%	2%	53%	2%	20%
The last time you experienced physical violence at work, did you or a colleague report it?	5%	1%	81%	1%	12%

## Select Theme

Burnout

Health and safety climate

Negative experiences (Part 1)

Negative experiences (Part 2)

## We nurture healthy working environments

## Negative experiences (Part 1)

Question	No	Don't know	Not applicable	Yes, a colleague reported it	Yes, I reported it
The last time you experienced abuse at work (work from patients/service users, their relatives, or other members of the public) did you or a colleague report it?	13%	1%	68%	1%	16%

Question	Yes	No
During the last 12 months have you felt unwell as a result of work-related stress?	41%	59%
In the last 12 months, have you experienced musculoskeletal problems (MSK) as a result of work activities?	25%	75%
In the last three months have you ever come to work despite not feeling well enough to perform your duties?	60%	40%

Question	Yes	No	Not applicable
Have you felt pressure from your manager to come to work?	12%	49%	39%

## We nurture healthy working environments

### Negative experiences (Part 2)

Question	Never	1-2	3-5	6-10	More than 10	Prefer not to say
In the last 12 months how many times have you personally experienced abuse at work from patients/service users, their relatives, or other members of the public?	83.64%	8.40%	3.61%	1.24%	2.05%	1.07%
In the last 12 months how many times have you personally experienced harassment or bullying at work from managers/team leaders?	80.08%	9.37%	3.75%	1.33%	1.76%	3.71%
In the last 12 months how many times have you personally experienced harassment or bullying at work from other colleagues?	77.31%	12.75%	3.90%	1.18%	1.56%	3.31%
In the last 12 months how many times have you personally experienced harassment or bullying at work from patients/service users, their relatives, or other members of the public?	74.65%	13.13%	5.41%	2.06%	3.09%	1.67%
In the last 12 months how many times have you personally experienced physical violence at work from managers/team leaders?	99.21%	0.19%	0.03%	0.02%	0.08%	0.47%
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	98.81%	0.53%	0.08%	0.02%	0.09%	0.47%
In the last 12 months how many times have you personally experienced physical violence at work from patients/service users, their relatives, or other members of the public?	91.80%	4.83%	1.58%	0.42%	0.78%	0.59%
In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from patients/service user	90.55%	5.68%	1.82%	0.47%	0.66%	0.82%
In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from	94.31%	3.14%	0.81%	0.23%	0.48%	1.03%

\*their relatives or other members of the public.

## Select Theme

Development

PDR/Appraisal

## We are continuously learning and improving

## Development

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am able to access the right learning and development opportunities when I need to.	5%	13%	25%	43%	13%
I feel supported to develop my potential.	6%	14%	24%	41%	15%
I have opportunities to improve my knowledge and skills.	4%	10%	17%	51%	18%
There are opportunities for me to develop my career in this organisation.	7%	15%	24%	40%	13%
This organisation offers me challenging work.	2%	6%	20%	53%	20%

## Select Theme

Development

PDR/Appraisal

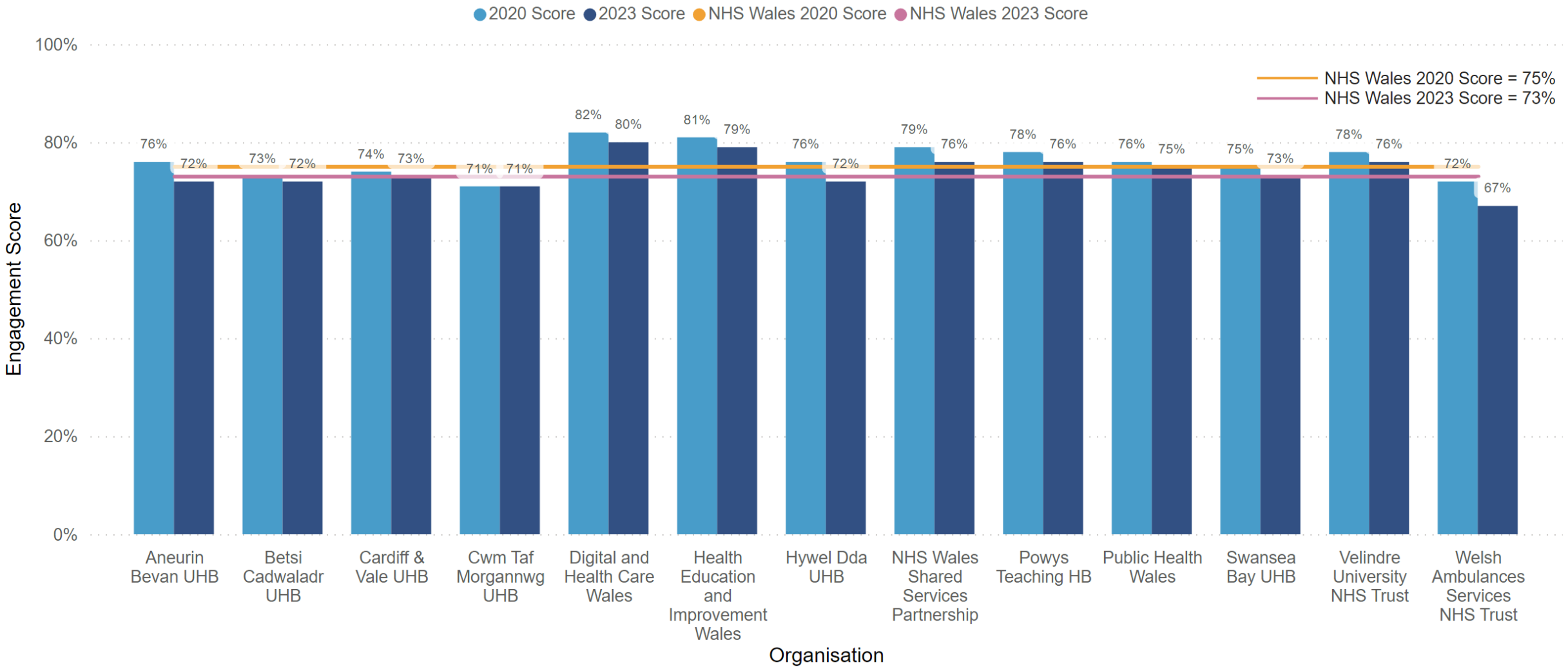
### We are continuously learning and improving

#### PDR/Appraisal

Question	No	Can't remember	Yes
In the last 12 months, have you had an appraisal, PADR, annual review or development review?	17%	3%	80%

Question	No	Not applicable	Yes, to some extent	Yes, definitely
It helped me agree clear objectives for my work.	16%	19%	40%	24%
It helped me to improve how I do my job.	28%	19%	38%	15%
It left me feeling that my work is valued by my organisation.	22%	19%	35%	24%

NHS Wales and Organisation Engagement Score



**Note:** Digital and Health Care Wales 2020 score is the score for NHS Wales Informatics Services.



<b>Teitl adroddiad:</b> <i>Report title:</i>	People Report - WHC 2023 046 – All Wales Control Framework for Flexible Workforce Capacity Update			
<b>Adrodd i:</b> <i>Report to:</i>	People & Culture Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 11 April 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	This paper is to inform the committee of the current position of the actions within the Welsh Health Circular (WHC) 0223 046 and the response from the Health Board and the proposed solution to oversee delivery of the subsequent phases outlined within the circular.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The committee is asked to note the current response and position and proposed solution for delivery of the next phases of the circular.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Mr Jason Brannan, Deputy Director of People			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Mr Nick Graham, Associate Director of Workforce Optimisation			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>		Objective 1: Building an effective organisation		
<b>Link to Strategic Objective(s):</b>				



<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>	Not applicable
<p><b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></b></p>	<p><b>No</b></p> <p><b>It does not apply at this stage as no formal programmes of work have been agreed.</b></p> <p><u>Gweithdrefn ar gyfer Asesu Effaith ar Gydraddoldeb WP7</u></p> <p><u>WP7 Procedure for Equality Impact Assessments</u></p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>	<p><b>Do/Naddo    No</b></p> <p>Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn berthnasol</p> <p><i>If no please provide an explanation as to why the duty does not apply</i></p> <p><b>It does not apply at this stage as no formal programmes of work have been agreed.</b></p> <p><u>Gweithdrefn WP68 ar gyfer Asesu Effaith Economaidd-Gymdeithasol.</u></p> <p><u>WP68 Procedure for Socio-economic Impact Assessment.</u></p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>	<p>(crynodeb o'r risgiau a rhagor o fanylion yma)</p> <p>(summarise risks here and provide further detail)</p> <p><b>Risk of not having an agreed approach to delivery in place to ensure all requirements can be delivered.</b></p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>	<p><b>There are no additional costs associated with this paper at this time.</b></p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Workforce implications as a result of implementing the recommendations</i></b></p>	<p><b>There are no direct implications associated with this paper at this time.</b></p>
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>	



<b>Feedback, response, and follow-up summary following consultation</b>	<p>(crynodeb o sut mae'r papur wedi cael ei adolygu, yr ymateb a pha newidiadau a wnaed ar ôl cael adborth)</p> <p>(summarise where the paper has been reviewed, the response and what changes have made due to feedback)</p> <p><b>N/A</b></p>
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	Links to BAF SP12 and CRR 24-01
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of the report to confidential board (where relevant)</b>	Amherthnasol  Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b>Next Steps:</b> <b>Further development of plans to support delivery</b>	
<b>Rhestr o Atodiadau:</b>  <b>List of Appendices:</b>  <b>WHC 2023 046 - All-Wales Control Framework for Flexible Workforce Capacity</b> <b>WHC 2023 046 Response (17.01.24) FINAL</b>	

## **WHC 2023 046 – All Wales Control Framework for Flexible Workforce Capacity – Current Position**

On the 13<sup>th</sup> of December 2023, WHC 2023 046 (included as appendices) was issued outlining the Welsh Government's expected approach to the control framework for flexible workforce capacity, with a goal of reducing agency workforce expenditure in Wales.

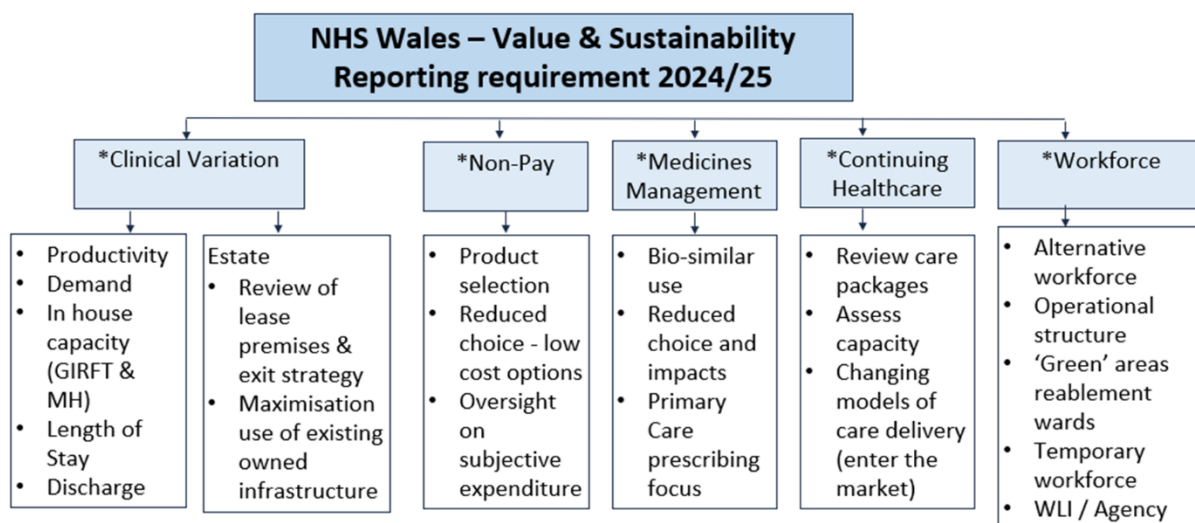
It outlined a 3-phase approach and asked all Health Boards to act on phase 1 by 5 January 2024. This deadline was extended, and the Health Board submitted its response (included as appendices).

Phase 2 was expected to be delivered across quarter 4 of 2023/24, but due to delays from the Welsh Government, this phase is yet to be taken forward.

This proposal outlined below is a response to be considered as to how the Health Board would deliver phases 2 and 3 in the WHC when required.

It is proposed that the delivery of the plans to reduce agency workforce expenditure across 2024/25 and beyond be rolled into the workforce programme being developed as part of the Value and Sustainability work to allow alignment of priorities and best utilisation of resources.

The Value & Sustainability programmes and draft management structure is shown below;



Chief Executive Executive Director of Finance						
PMO Director		Finance lead Operational Director of Finance			Performance & Data Assurance	
V&S theme	Lead Executive	Lead Operational Director	Lead Clinical Officer	Financial lead (CFO)	PMO Support officer	Performance & Data assurance
1. Clinical Variation	Executive Director of Operations	TBC	TBC	TBC	TBC	TBC
2. Non-Pay	Director of Finance	TBC	TBC	TBC	TBC	TBC
3. Workforce	Director of People Services	TBC	TBC	TBC	TBC	TBC
4. Continuing Healthcare	Director of Transformation	TBC	TBC	TBC	TBC	TBC
5. Medicines Management	Medical Director	Chief Pharmacist	N/A	TBC	TBC	TBC

This approach allows all work, whether it has a short-term, medium-term, or long-term focus, to be overseen through one programme and governance structure. This will allow priorities to be managed to deliver the most sustainable outcomes for the Health Board and be aligned with other ongoing work across the Value and Sustainability programmes.

The current timelines for developing the Value and Sustainability programmes should also align with the delayed timelines that will need to be issued for phases 2 and 3 contained in the WHC 2023 046.

The committee is asked to confirm this approach in principle to allow further work to be developed in preparation for the revised timelines that the Welsh Government will soon issue.



## Welsh Health Circular

Issue date: 13th December 2023

Status: Action

Category: Workforce / Finance / Delivery

Title: All-Wales Control Framework for Flexible Workforce Capacity.

Date of Expiry / Review: Not applicable

For Action by:

Chief Executives, NHS Wales Health Boards/Trusts/Special Health Authorities

Chief Operating Officers, Health Boards/Trusts/Special Health Authorities

Directors of Finance, Health Boards/Trusts/Special Health Authorities

Directors of Workforce, Health Boards/Trusts/Special Health Authorities

Nurse Executive Directors, Health Boards/Trusts/Special Health Authorities

Medical Directors - Health Boards/Trusts/Special Health Authorities

Action required by: 5<sup>th</sup> January 2024

Sender: Helen Arthur – Director of Workforce and Corporate Business

HSSG Welsh Government Contact(s): Martin Mansfield and Emma Coles, Health and Social Services, NHS Workforce and Operations, [agencyreduction@gov.wales](mailto:agencyreduction@gov.wales)

Enclosure(s): None

# **All-Wales Control Framework for Flexible Workforce Capacity.**

## **Coordinating action to reduce Agency Workforce Expenditure in Wales**

We have committed, in social partnership, to take joint action across Wales to reduce agency spend in NHS Wales as a key part of the Agenda for Change pay deal. It is also identified as a priority in the National Workforce Implementation Plan and also by the Value and Sustainability Board.

Integrated Medium Term Plans (IMTPs) and NHS organisations cost reduction plans identify agency expenditure as an opportunity for savings by individual health boards with NHS current financial projections estimating a reduction in expenditure of c£50m (15% reduction) this financial year compared to last year. National alignment and coordination will maximise the impact of this work and offer assurance across the system that the benefits are being delivered.

### **Objectives for this work**

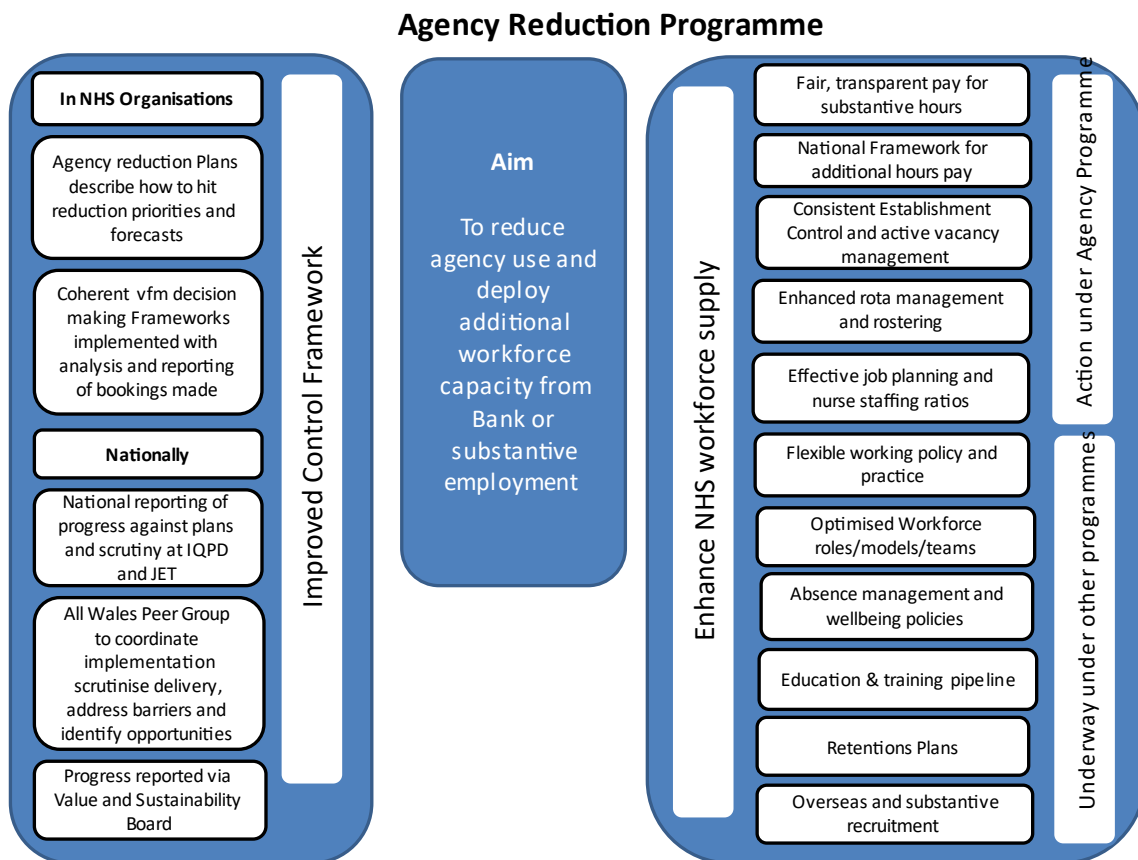
- Enhance quality and safety of patient experience by delivering more care by our own workforce who are employed and familiar with our organisations and processes.
- Transparent, consistent, and equitable application of existing agreed national terms and conditions, ensuring we pay our employed workforce for their contractual and any additional hours worked at the appropriate contractual rate and with clear rates.
- Transparent, consistent, and equitable application of national terms and conditions in pay and reward for those people who work flexibly through the NHS Staff Bank.
- Better value for money for NHS resources – reducing the additional costs associated with avoidable deployment of agency workforce into the NHS at premium rates (covering all professional groups).
- Avoid inter-organisation competition for people leading to increase in costs for the NHS with no extra workforce capacity for the additional costs.
- Identification of measures to address long standing hard to fill roles which are reliant on agency cover.

### **Programme Delivery**

Overall, this work will focus on two simultaneous strands:

- **Reducing avoidable agency deployment** through a clear control framework; and
- **Enhancing the supply of substantive and flexible employed workforce capacity** including through NHS Workforce Banks.

This Circular focusses on **reducing avoidable agency deployment through a clear control framework** within organisations on the left-hand side of the diagram below.



The other elements of the programme (on the right-hand side of the diagram) cover some of the 'non pay agreement' elements including fair and consistent application of national terms and conditions, the detail of this work is not covered in this Circular as they will be delivered in social partnership through the agreed Social Partnership Work programme.

## The All-Wales Control Framework for Flexible Workforce Capacity.

This Circular focuses on the actions required to deliver a clear control framework for deployment of flexible workforce capacity. This control framework will be implemented within NHS organisations and coordinated on an all-Wales basis to drive best practice, provide transparency and fairness for our workforce, avoid inter organisation competition which unnecessarily inflates cost pressures across Wales and avoid unintended consequences for individual organisations.

Whilst our headline focus is on reducing avoidable agency expenditure, the control framework will be applied to both **agency and variable pay** expenditure to aid transparency as costs move from the agency to variable pay categories. This will ensure that we realise the potential efficiencies rather than simply transfer costs.

The key elements of this programme are: -

- A Ministerial **commitment to tripartite working to deliver additional hours through direct NHS employment** and drive a substantial reduction in agency spend.
- Development of **Transparent Agency Reduction plans within in each NHS organisation**
- **National reporting** mechanism to track organisations delivery against plans.
- **Organisational accountability through Board scrutiny and focussed accountability** via the established mechanism of NHS Joint Executive Team (JET) and Integrated Planning Quality and Delivery (IPQD) meetings.
- Progressive targets to **eradicate agency deployment of certain staff groups**, starting with administration/clerical roles, health care support workers and estates/ancillary roles aiming to reduce substantially by the end of the 2023-24 financial year.
- A '**decision-making framework**' implemented in each organisation to ensure national pay and conditions of employment for substantively employed workforce are met for contractual and any additional hours worked, and this will ensure that there is a consistent, rational and transparent approach to make decisions about the most cost-effective mechanism to cover workforce gaps.
- **Standardised rates** for additional hours where not prescribed by existing national terms and conditions.
- An '**Operational Agency Reduction Peer Group**' to coordinate all Wales actions, support operational engagement on implementation, share learning and experience and identify barriers and opportunities for future phases of this work.
- **National Governance** – reporting progress into the Value and Sustainability Board structure, via the Workforce Recovery Steering Group, and social partnership structures, via the Wales Partnership Forum Business Committee and the Medical and Dental Business Group, to highlight collective progress and plan subsequent phases of the work.

- **Phasing** - the Programme will be phased into a number of stages so that the learning from the data and information from each phase can be used to remove barriers and accelerate progress in the next phase.

## **Transparent Agency Reduction Plans – Requirements of this Circular**

### **Phase 1 – Baseline Returns to be returned to [agencyreduction@gov.wales](mailto:agencyreduction@gov.wales) by 5<sup>th</sup> January 2024**

#### **Action for NHS Organisations**

As part of organisational cost reduction plans, it is expected that all organisations are making significant efforts to reduce agency expenditure and deliver additional flexible workforce capacity through more cost-effective means. Each NHS organisation needs to provide baseline information and progress against their current Agency Reduction Plans which will enable us to assess the current plans, share and build on good practice and plan the detail of subsequent phases of this work.

This return should include: -

**1. Three named individuals** - Nominations of three specific individuals who will act as organisational contacts for this work.

- An Executive Director who will be Welsh Government's key contact for your organisation on this work.
- Two other individuals with practical operational knowledge, one to cover medical workforce management and one with experience of nurse deployment who will join the Operational Agency Reduction Peer Group. These individuals do not need to be able to speak on behalf of your whole organisation but to be able to contribute to discussion about best practice and practical solutions that will inform development of the national response.

**2. A summary of current targets and your Agency Reduction Plan** (in the form of a plan on a page)

**3. Decision-making framework** - A copy of any instructions or frameworks issued in your organisation to support decision making to ensure that there is a consistent, rational and transparent approach to decisions about the most cost-effective mechanism to cover workforce gaps.

**4. Board reporting** – details of the ways that your organisation currently reports to the Board about agency expenditure and deployment, with a copy of the most recent report.

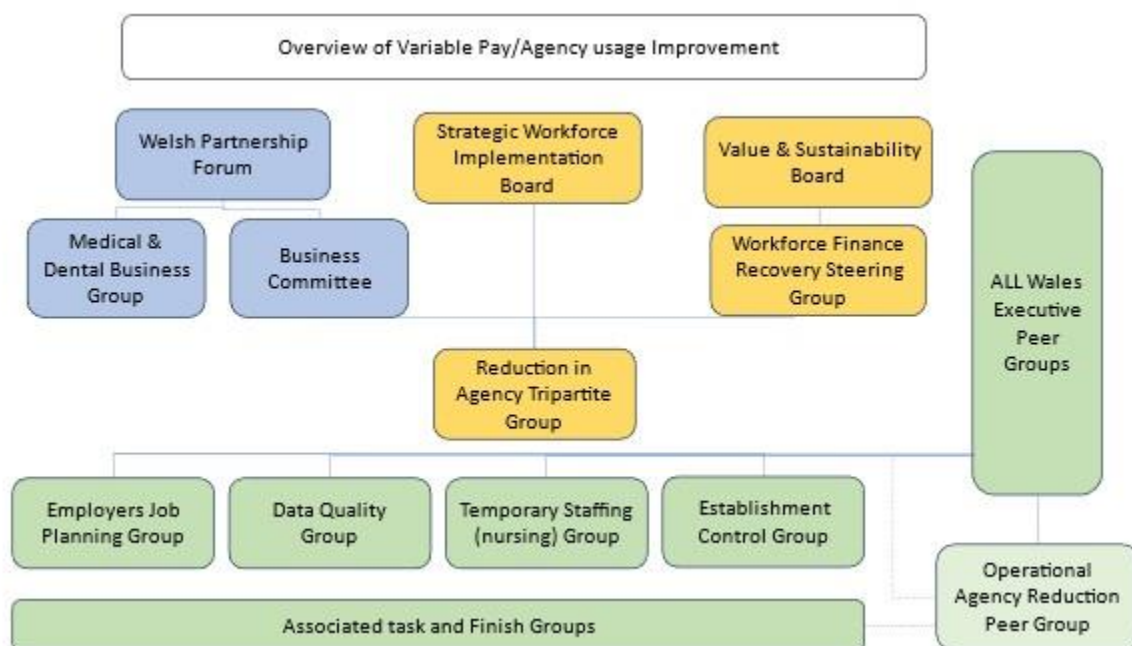
**5. Baseline data and information** - about the current position on agency expenditure. This will be considered by Welsh Government and used to target areas for future action with the Operational Agency Reduction Peer Group. A template data request form will be circulated direct to your Workforce Director and your assistance is requested in ensuring full and speedy returns.



## National action

- NHS organisations baseline information will be considered, and a national view developed about priorities for all Wales action through the **Agency Reduction Tripartite Group** and the **Workforce Finance Recovery Steering Group**.
- An '**Operational Agency Reduction Peer Group**' will be established to deliver operational engagement on implementation across Wales, share learning, experience and identify barriers and opportunities for future phases of this work
- Progress will be reported into the **Value and Sustainability Board**, we will work with NHS Wales Employers to ensure that work underway across the system on issues that contribute to the reduction in agency expenditure is reported into the Board to ensure related work is joined up, well-coordinated and streamlined to ensure maximum effectiveness.

## Overview of the Groups work contributing to the reduction in agency expenditure.



## Phase 2 – Enhanced Response December 2023 to February 2024

We will work closely with your named Executive and Operational Leads to support the development of a detailed action plan for reduction on the variable pay bill for the 24-25 financial year with national action to support organisational work.

A format for these plans will be issued in a further **Circular in early 2024** and will be developed in social partnership, based on the baseline information and practice identified in Phase 1. This phase of the work will include mandatory delivery of some of the requirements and specific targets for delivery.

The expectation for these plans will be that they will include: -

- The **predicted additional flexible workforce capacity** that the organisation will require in 2024-25 which aligns to the organisations IMTP/Annual Plan.
- **Stretching targets for reduction in the Agency pay bill** – with a focus on our biggest areas of expenditure on nurse and medical expenditure pay.
- **Reduction to zero** for agency deployment of administration/clerical roles, health care support workers and estates/ancillary roles. These roles should all be filled through substantive employment or Staff Bank if additional flexibility is required. It should also include a process for agreeing exceptional safety critical roles where in the short term an agency worker is required.
- **Measures to deliver flexible capacity** – Plans should describe the measures to drive the reduction in agency spend and should also reflect the approaches that will be used to meet the predicted need for flexible capacity, e.g. increased Staff Bank, substantive recruitment etc. Plans need to focus on delivering best value for money and avoiding the simple transfer of cost from one budget to another and should be clear about the risks to delivery of the plan.
- **Transparent decision-making frameworks** fully implemented in each organisation in Q1 of the 24-25 financial year to ensure that there is a consistent, rational and transparent approach implemented across NHS Wales organisations to make decisions about the most cost-effective mechanism to cover workforce gaps, with appropriate controls over less than optimal choices which should include Board level scrutiny.
- **Standardised Board Reporting** with a requirement for Board reporting and scrutiny and Board approval of variable pay reduction plans for 24-25.
- **National reporting** and feedback on progress and scrutiny at JET and IPQD meetings.

**Nationally** - This work will continue to be supported nationally through the Tripartite Agency Reduction Group and practical support and learning via the Operational Agency Reduction Group, with formal reporting into the Value and Sustainability Board. These plans will also form part of the scrutiny process through JET and IPQD meetings.

### **Phase 3 – Focussed Implementation and Feedback April 2024 onwards**

- **Individual organisations to implement agreed plans.**
- **National reporting** mechanism to track organisations delivery against plans.
- **Organisational accountability through Board scrutiny and focussed accountability** through NHS JET and IPQD meetings.

# Transparent Agency Reduction Plans

## Requirements of this Circular

### Phase 1

Baselining Returns to be returned to:

[agencyreduction@gov.wales](mailto:agencyreduction@gov.wales)

By 19th January 2024

In response to the Welsh Health Circular dated 13 December 2023, titled, 'All-Wales Control Framework for Flexible Workforce Capacity':

This return includes the following: -

**1. Three named individuals** - Nominations of three specific individuals who will act as organisational contacts for this work.

**1a.** An Executive Director who will be Welsh Government's key contact for your organisation on this work.

Jason Brannan - Deputy Director of People

**1b.** Two other individuals with practical operational knowledge, one to cover medical workforce management and one with experience of nurse deployment who will join the Operational Agency Reduction Peer Group. These individuals do not need to be able to speak on behalf of your whole organisation but to be able to contribute to discussion about best practice and practical solutions that will inform development of the national response.

James Risley – Deputy Executive Medical Director

Anne-Marie Rowlands - Director of Nursing Professional Regulation & Education

**2. A summary of current targets** and Agency Reduction Plan (in the form of a plan on a page)

Agency Reduction Plan v1.5 – Dated 12.01.24



B5.4 POAP Agency  
Reduction Plan v1.5

**3. Decision-Making Framework** - A copy of any instructions or frameworks issued in your organisation to support decision making to ensure that there is a consistent, rational and transparent approach to decisions about the most cost-effective mechanism to cover workforce gaps.

**From Medical Optimisation:**

- a. A3.5 Temporary Staffing Routes – Process Maps – updated 17.11.23



A3.5 Temp Staffing  
Routes - Process Ma

- b. A6 RAMS (Rate Assurance Medical Staffing Group) ToR



A6 RAMS ToR - Rate  
Assurance Medical S

- c. A7 DRAFT WP71 Temporary Medical & Dental Worker Policy (out for Consultation & Engagement)



WP71 Temporary  
Medical and Dental

**From Nursing Optimisation:**

- a. Bank & Agency Approval Process (Sept 23)



Bank and Agency  
Approval Process .pdf

- b. Agency Booking Process



Agency Booking  
Process.pdf

- c. Approval of Rates Outside of All Wales Framework (V3 Draft)



Approval of Rates  
outside of All Wales

d. Auto Cascade Process



Auto Cascade  
Process.pdf

e. Example of Weekly Reporting Mechanism for Temporary Staff usage



Example Weekly  
reporting mechanism

f. Nursing & Midwifery Optimisation Programme ToR (V0.4)



TOR Nursing and  
Midwifery Workforc

g. Draft SOP for Nursing & Midwifery Workforce Optimisation Standards



DRAFT - SOP  
Nursing Midwifery

h. Draft SOP for Calculating Nurse Staffing Levels



DRAFT SOP  
Calculating Nurse St

i. Nurse Staffing Levels Policy



NU28 - Nurse  
Staffing Levels Polic

j. Rostering Policy



WP28a - Rostering  
Policy.pdf

**4. Board reporting** – details of the ways that your organisation currently reports to the Board about agency expenditure and deployment, with a copy of the most recent report.

Last three PFIG Reports dated:

May 2023:



A2.2 2023\_06\_19  
PFIG Workforce Perf

July 2023:



PF23.116b  
Workforce Performa

October 2023:



PF23.148b  
Workforce Performa

3 pages relating to Agency spend extracted from latest Finance Report



Extract from  
Finance Report M08

**5. Baseline data and information** - about the current position on agency expenditure. This will be considered by Welsh Government and used to target areas for future action with the Operational Agency Reduction Peer Group. A template data request form will be circulated direct to your Workforce Director and your assistance is requested in ensuring full and speedy returns



A3.3 Baseline Data  
Return v4.1.xls

(Please see Notes Tab in Spreadsheet for more information)



<b>Teitl adroddiad:</b> <i>Report title:</i>	Independent Review of Key Areas of Workforce			
<b>Adrodd i:</b> <i>Report to:</i>	People & Culture Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 11 April 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>As part of the Special Measures work, the Welsh Government commissioned an independent review of key areas of the Workforce agenda within the Health Board, which included:</p> <ul style="list-style-type: none"> <li>• Leadership, culture, staff engagement</li> <li>• Employee wellbeing</li> <li>• Workforce planning and systems</li> <li>• The application of key workforce policies</li> <li>• Employee relations</li> </ul> <p>Key findings and recommendations are summarised on pages 3 to 7 of the appended report, together with the recommended next steps.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to <b>note</b> the report for further discussion at a future meeting.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Jason Brannan, Deputy Director of People Services			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Gill Querci, PA to Executive Director of Workforce & OD			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<b>I'w Nodi</b> <i>For Noting</i> <input checked="" type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input type="checkbox"/>	<b>Am sicrwydd</b> <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>				



<b>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</b>	
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	Objective 1: Building an effective organisation
<b>Link to Strategic Objective(s):</b>	
<b>Goblygiadau rheoleiddio a lleol:</b>	e.e. Yr Awdurdod Gweithredol Iechyd a Diogelwch
<b>Regulatory and legal implications:</b>	e.g. Health and Safety Executive
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>  <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	No  The duty does not apply at this stage until the recommendations are taken forward.  <u>Gweithdrefn ar gyfer Asesu Effaith ar Gydraddoldeb WP7</u>  <u>WP7 Procedure for Equality Impact Assessments</u>
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	No  The duty does not apply at this stage until the recommendations are taken forward.  <u>Gweithdrefn WP68 ar gyfer Asesu Effaith Economaidd-Gymdeithasol.</u>  <u>WP68 Procedure for Socio-economic Impact Assessment.</u>
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i>	(crynodeb o'r risgiau a rhagor o fanylion yma)  (summarise risks here and provide further detail)
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <i>Financial implications as a result of implementing the recommendations</i>	
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <i>Workforce implications as a result of implementing the recommendations</i>	
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>	(crynodeb o sut mae'r papur wedi cael ei adolygu, yr ymateb a pha newidiadau a wnaed ar ôl cael adborth)

<b>Feedback, response, and follow up summary following consultation</b>	(summarise where the paper has been reviewed, the response and what changes have made due to feedback)
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>	Amherthnasol
<b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b>Next Steps:</b> <b>Implementation of recommendations</b>	
<b>List of Appendices:</b> Assessment of Key Areas of Workforce Agenda 16.06.23	



Llywodraeth Cymru  
Welsh Government

# ASSESSMENT OF KEY AREAS OF WORKFORCE AGENDA

SPECIAL MEASURES



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Author: Geraint Evans

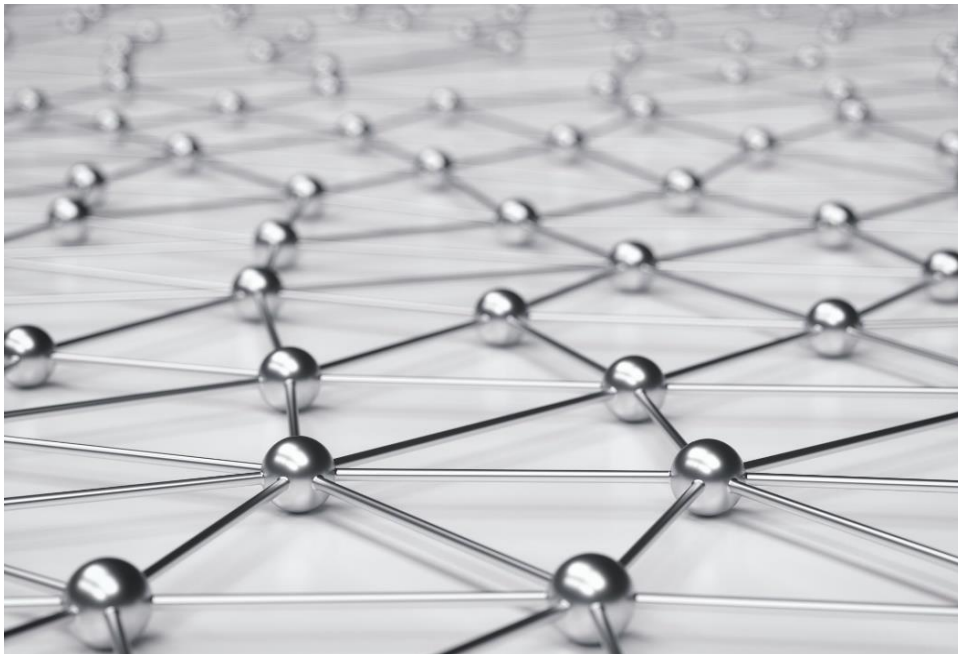
Date: 16 June 2023

# INTRODUCTION

On 27th February 2023, the Minister for Health and Social Services announced that she was escalating the intervention status of Betsi Cadwaladr University Health Board (BCUHB) to special measures with immediate effect. In order to support the health board address the areas of concern and to help deliver the required improvements, an independent team of Special Advisors were appointed. Six domains of concern have been identified, one of which relates to the workforce agenda. It was agreed that an urgent assessment of the effectiveness of the following was needed:

- Leadership, culture, staff engagement.
- Employee well-being.
- Workforce planning and systems.
- The application of key workforce policies.
- Employee relations.

A small team of “HR experts” from within the NHS in Wales was asked to undertake these assessments over the period April – May 2023. The findings and recommendations arising from these assessments are captured in four reports which are appended to this paper (Appendices 1,2,3,4). For ease of reference the key findings and recommendations of each assessment are summarised below.





## HEIW

- Rhiannon Windsor  
*Assistant Director of OD,  
Wellness & Inclusion*
- Helen Thomas  
*Assistant Director of  
Culture, Leadership &  
Succession*



## Notes

- Approx. 30 senior interims across the Health Board which impacts stability of leadership at the top of the organisation
- Perceived lack of visibility from senior and executive leaders 'on the ground'
- No link to leadership development and recruitment into internal roles, to ensure colleagues with the right leadership skills and values are promoted.



## Positives

- Ten BCU leaders are participating in HEIW 'Advanced Clinical Leadership Programme'
- Active talent management planning for Tiers 1 & 2 has been embraced for CEO & Exec Dir positions.
- Small but resilient WOD team.

# LEADERSHIP & CULTURE

## KEY FINDINGS

- ✳ A lack of stability and change at the top tier of the Health Board has contributed to a failure to embed and model compassionate leadership behaviours and values.
- ✳ The Health Board's Purpose, Vision and Values are not clearly defined, socialised or embedded. The current Organisational Development (OD) and cultural work programme "Stronger Together" appears overly ambitious and has failed to gain traction. Staff engagement has been deprioritised and short-term planning has shaped the culture of the Health Board.
- ✳ There is a lack of progressive leadership development offerings that reflect compassionate leadership for individuals, teams and the Health Board.

## KEY RECOMMENDATIONS

- ☑ Visible modelling of compassionate leadership values and behaviours by the Board. This means explaining what compassionate leadership means for the Health Board and the behaviours that underpin this.
- ☑ Review and (if required) reset BCUHB's culture, purpose and values using a selection of culture and leadership diagnostic tools that are available.
- ☑ Strengthen individual, middle-management and team leadership development through a review of existing offerings, and realign with compassionate leadership behaviours.



## ABUHB

- Dr Adrian Neal  
*Consultant Clinical  
Psychologist*



## Notes

- Employee well-being does not appear to have parity with the organisation's many other priorities.
- Heads of SWSS & OH&W services report to different people within WOD and are not formally joined in their vision or strategy.
- The existence of an independent well-being service within the Mental Health Division suggests a lack of overall ownership of OH&W within the Health Board, and introduces potential risks.



## Positives

- Occ Health service is well and safely run, and is SEQOHS accredited.
- Internal organisation-wide staff survey improves understanding of wellbeing needs.
- Both OH&W and SWSS have highly skilled and passionate leadership and workforce.

# EMPLOYEE WELL-BEING

## KEY FINDINGS

- ✳ There is no long-term strategy for health and well-being. The absence of a strategy, supported by the Board, has led to a failure to develop strategic plans and objectives (e.g., IMTPs).
- ✳ The rapid development of the Staff Well-being Support Service (SWSS), in response to the pandemic, with limited consultation or strategic planning, has led to unclear roles for this service and the Occupational Health and Well-being Service (OH&W).
- ✳ SWSS do not have a consistent physical presence across all three BCUHB regions and have limited workforce resources.

## KEY RECOMMENDATIONS

- ☑ A long-term strategy around organisational health and well-being is needed. This would set out the direction of travel, priorities and areas of work for the next 10 years, and also include short and medium term planning.
- ☑ There is a need to clarify the relationship between the OH&W service and the SWSS in relation to organisational well-being and employee health. This might be helped by considering an overarching "meta" concept including both areas e.g., "employee experience."
- ☑ The Health and Well-being Leadership Group should take a more visible and active role in steering the agenda, and an Independent Member should be asked to join the group to champion the well-being agenda at Board level.





## HEIW

- Clem Price  
Assistant Director of  
Strategic Workforce  
Planning



## Notes

- The need to produce Annual Plans has led to a culture of short term, traditional workforce planning with little room for horizon scanning, planning and implementing transformational change.
- Short-term planning has led to over reliance on recruiting additional staff rather than seeking other workforce solutions.
- The education commissioning process is not undertaken as a whole cycle process.



## Positives

- Quality of workforce data is good and it's being used more effectively with a recognition that workforce is the enabler of service delivery and change.

# WORKFORCE PLANNING & SYSTEMS

## KEY FINDINGS

- ✱ Due to frequent changes at a senior level, there is no stable vision, which leads to challenges in medium to longer term workforce planning.
- ✱ There is little or no dedicated resource to support workforce planning across the Health Board or at an integrated level between WOD, Finance and Planning. There needs to be ownership of strategic workforce planning at a senior level.
- ✱ There needs to be a clearer framework for workforce planning with clear roles and responsibilities defined. Currently, there is a difference in perception as to who is responsible for workforce planning, resulting in confusion and a lack of recognition of its importance.

## KEY RECOMMENDATIONS

- ☑ Build a dedicated central Workforce Planning Team with specialist skills and knowledge to support and embed evidence based strategic workforce planning across the Health Board.
- ☑ Ensure there is clarity of roles and responsibilities and build capacity and skills through a structured development programme.
- ☑ Develop a workforce planning framework across workforce, planning, finance. Create a timetable aligned to the planning framework and timescales for the delivery of the IMTP.



AB UHB

- Joanne Gubbings  
*Senior Workforce Lead*



## Notes

- There is a high number of ET cases (14) at the early conciliation stage and 11 at the formal hearing stage. Legal services have commented that they consider the number of cases in BCUHB to be much higher than the rest of Wales.
- There were 191 Employee Relations cases (Apr `22 – Apr `23) but 49 cases had no outcome recorded. Half of the cases received a minor sanction with an average completion time of 15 weeks.



## Positives

- There is evidence that the quality of workforce data is improving.

# EMPLOYMENT POLICIES

## KEY FINDINGS

- ✦ All employment policies are available on the intranet and appear to be applied in accordance with guidelines. The key employment performance indicators, are generally within the all-Wales range except in relation to Employment Tribunal cases.
- ✦ Not all the employee relations cases were recorded on the ESR system which means the data was incomplete.
- ✦ Whilst the number of suspensions is in line with the Welsh average (9), four suspensions commenced in 2022, which suggests that a more focused approach is required to resolving cases.

## KEY RECOMMENDATIONS

- ☑ The investigation process in disciplinary cases needs review to ensure that only appropriate cases are progressed through a formal route. To support this a formal decision tree needs to be developed and implemented in partnership with Trade Union partners and the LNC.
- ☑ A full review should be carried out on all Employment Tribunal cases to better understand why they have been allowed to reach this stage. The review should be done in partnership with Trade Union partners and the LNC.
- ☑ WOD Business Partners require training in the business partner model to enable them to discharge their role in supporting service areas.





## Special Advisor

- Geraint Evans



## Notes

- No formal assessment report has been prepared on this specific issue. These observations have been made from working with the Health Board on a range of issues since November 2022.



## Positives

- The agreed actions from the two workshops will start to address these concerns, and help create a more vibrant employee relations environment in the Health Board.
- The Local Medical Committee (LMC) has requested a workshop to be arranged for them.
- The LNC and LPF approached the workshops positively.

# EMPLOYEE RELATIONS

## KEY OBSERVATIONS

- ★ The Local Partnership Forum (LPF) has been surprisingly passive in its response to some serious problems that have existed in the Health Board for many years.
- ★ A workshop held in May with the Local Negotiating Committee (LNC) has revealed that the LNC has not been functioning effectively and neither has its local committee structure. This issue is now being addressed by the Medical Director. A workshop with the LPF identified several improvements that are required, including developing a better understanding of what effective partnership means, how to communicate change more effectively and a more partnership approach to site visits.
- ★ Senior management and line management are not meeting the expectations of the LNC or LPF in relation to early consultation and decision-making. Senior management attendance at meetings has been an issue.



# WHAT'S NEXT?

The assessments undertaken have given a good insight into the issues that need to be addressed by the Health Board in the coming months. While this covering paper has focused on what needs to be done, it should also be noted that the reports point to some good, positive practice that is already in place with highly committed, motivated staff. This is a positive foundation on which to build.

## Recommendations

- ☑ The Assessment Reports (appendices) should be noted.
- ☑ An action plan to be co-produced with the WOD team, focusing on the key priorities and synchronised with the 90-day planning cycles.

It will be important to identify the priorities and timescales for tackling these issues and this will need to be considered in the context of the 90-day planning cycles implemented by the Interim Chief Executive with the agreement of the Health Board. Any action plan will need to be co-produced with the WOD team to ensure they have ownership of the end product, and have responsibility for delivery.

All of these areas of the workforce agenda are important for the Health Board in helping it to navigate a sustainable route out of special measures. The cultural reset programme will be a key enabler. One of the fundamental problems in the Health Board has been inappropriate behaviour - both in terms of how staff have been managed, and how basic governance has been applied. Poor leadership behaviour in particular has gone unchallenged. Any work now proposed on resetting culture needs to focus on the importance of behaviour, and especially treating people with compassion and respect.



## Appendix 1

### HEIW Leadership and Cultural Assessment Review of BCUHB June 2023

#### 1. SITUATION

Following the Audit Wales report of Betsi Cadwaladr University Health Board (BCUHB) and subsequent action taken by Welsh Government, Independent Advisor Geraint Evans was engaged to further explore the Workforce, Leadership and Cultural issues to identify or validate common themes emerging, along with an analysis of the areas that could be strengthened, re-started or reset.

Health Education and Improvement Wales (HEIW) is the national leadership body of NHS Wales with statutory responsibility for setting the direction of leadership at all levels and managing succession planning for the most senior leadership roles across NHS Wales. This led to Rhianon Windsor and Helen Thomas being subsequently requested to provide support for the cultural and leadership element of the review. The scope included:

- a review of the provision of leadership development opportunities provided
- organisational culture, values and behaviours
- the extent to which compassionate leadership values and behaviours were modelled and embedded within the organisation
- the maturity of Talent and succession planning within the organisation
- assessment of the capacity of the existing OD Function
- what good practice that could be spread and scaled across the organisation
- opportunities where HEIW could support

#### 2. BACKGROUND

An initial two-day 'discovery and scoping' workshop with HEIW and BCU senior OD team members was held in Cardiff 26 & 27 April 2023. The intention of this workshop was to listen and understand what culture, OD and leadership interventions had already been established, and gain insight from the OD team with regards to what was working well, the perceived priorities and workstreams, and to identify where capacity and expert support was required.

Key Personnel in attendance included:

- Jason Brannan – Deputy Director of People
- Nia Thomas – Head of Organisational Development
- Joy Lloyd – Senior Organisational Development Manager
- Gareth Evans – Senior Organisational Development Manager (via Teams link)
- Nia Harris – Organisational Development Manager
- Helen Thomas – Assistant Director of Culture, Leadership & Succession
- Rhianon Windsor – Assistant Director of Organisational Development, Wellness and Inclusion



Geraint Evans and Stephen Probert were present for the final element of this workshop to listen to and distil emerging themes.

Communication with the BCU OD team was maintained throughout May to ascertain additional information or obtain clarity to fully inform these findings and recommendations. A semi-structured interview also took place with the Head of EDI at BCU, Ceri Harris and Rhiannon Windsor.

It was noted that whilst most health Boards had actively engaged in the HEIW offer of a Board Development tailored session with Professor Michael West to review, redefine or actively reset organisational culture and behaviours to reflect our NHS Wales compassionate leadership and culture strategy, BCU had not yet maximised this opportunity. (See appendix 1 for example of Board Development Session tailorable to meet the organisation's requirements).

### **3. FINDINGS AND RECOMENDATATIONS FROM DISCOVERY AND SCOPING WORKSHOP**

#### **3.1 FINDINGS**

Several of the findings summarised in this report are reflected or referenced in reports provided by colleagues reviewing elements of Workforce & OD functions, specifically workforce planning and HR policy and processes.

Areas for improvement are outlined in the themes below:

- Lack of stability and change at the top tier of the organisation has contributed to a failure to embed and model compassionate leadership behaviours and values.
- Lack of good Board Governance and what constitutes effective challenge and support. Inappropriate challenge and behaviours have been demonstrated at public Board meetings.
- Previous Executive Development with The Kings Fund was adversely impacted by changes at Board level, fragmenting the value of the programme and ultimately failing to realise the value of this Board Development investment.
- There are approximately 30 senior interim positions across the Health Board which impacts stability of leadership at the top of the organisation. There is also a perceived lack of visibility from senior and executive leaders 'on the ground'.
- Significant focus on performance and short term plans has shaped the culture and ways of working within the Health Board. We know that the culture of an organisation is one of the most powerful influences on behaviour.
- Historically communication between previous senior WOD colleagues and the OD Team appeared limited. There was no engagement or co-production with OD colleagues in the development of the current People Plan (resulting in concern that it is overly ambitious). This has led to OD team members being diverted from their roles to support other initiatives in the plan (eg . targets for apprenticeships).



- The organisation's Purpose, Vision and Values are not clearly defined, socialised or embedded. The BCU Values are not underpinned with a behavioural framework.
- The current OD and cultural work programme 'Stronger Together' appears overly ambitious. To date the programme has been focussed on the establishment of the new operating model.
- Short term initiatives that fail to embed as a result of being in a position of prolonged special measures (e.g., 100 day plans)
- The OD and Leadership team are highly skilled and committed but resource seems insufficient for an organisation the size of BCU resulting in insufficient capacity for the provision of middle manager leadership development
- There is a lack of progressive leadership development offerings that reflect compassionate leadership principles for individuals, teams and the organisation.
- There is no link to leadership development and recruitment into internal roles (i.e. recruiting and selecting for management and leadership roles based on compassionate leadership capability) in place to ensure colleagues with the right leadership skills and values are promoted.
- Lack of talent management processes locally to identify and nurture future leaders
- Staff recognition initiatives including 'Seren Betsi' and 'BCU Be your Best' are either not high profile or promoted from the top or have been discontinued.
- There has been previous short-term investment in the establishment of the 'Be Proud' Programme of Staff Engagement Ambassadors together with ask the Executive panel events, Tea with Jo (previous CEO), a day in their shoes and walkabouts. However, these have been deprioritised or cancelled as a result of changes in personnel.
- The responsibility for staff networks (there are 4) resides under the Head of EDI. Whilst it may be the case that these networks provide a safe space to discuss issues, early assessment suggests they are not effective in driving cultural change.

BCUHB have however, taken several positive steps to maximise good practice and address deficiencies with regards to leadership, talent management and culture. There is also effective infrastructure and relationships in many areas.

- Ten BCU leaders are currently participating in the HEIW national multidisciplinary 'Advanced Clinical Leadership Programme' aimed at equipping senior clinicians with compassionate leadership skills and a methodology to improve culture and staff retention.
- Active talent management planning for Tiers 1 and Tiers 2 has been embraced for Chief Executive and Executive Director positions:
  - Two BCU Directors are participating in the HEIW national Aspiring Chief Executive leadership programme
  - Active support and promotion will be undertaken to engage appropriate colleagues from BCU to participate in the HEIW national Aspiring Executive Director Talent Pool
- The provision of a Compassionate Leadership event for BCU with Professor Michael West was initiated by BCU clinicians. It was supported and funded by HEIW and attracted over 250 front line leaders and clinicians.



- There is continued positive and productive relationships with Trade Union colleagues.
- Executive coaching has been established for the new Executive Team via Silvermaple business psychologists.
- BCU has a small but well established resilient, and experienced OD Team.
- Skills development of the BCU OD team has been enhanced through participating in the following:
  - HEIW national Talent Management community of practice
  - Participation in the development of a new compassionate leadership at all levels programme
  - Participation in the HEIW commissioned Leadership & Culture Programme, designed and delivered through BHS England
  - Use of Gwella to promote and access evidenced based leadership and culture resources and toolkits
- A range of well-designed and well-evaluated leadership development programmes exist that can be refreshed, aligned to compassionate leadership principles, and relaunched.

#### 4. RECOMMENDATIONS

The following recommendations are aimed at informing a strategic cultural, leadership and OD programme within BCUHB

RECOMMENDATION 1	<p>Visible modelling of compassionate leadership values and behaviours by the Board. This can be achieved through:</p> <ul style="list-style-type: none"><li>– Defining what compassionate leadership means for BCUHB and why the Board should develop cultures of compassion in the workplace supported by a video to reach high volumes of staff quickly</li><li>– Maturity assessment of current Board governance processes and behaviours with provision of 'good governance' training if required</li><li>– Inform and pilot the HEIW Executive Director Induction Programme</li><li>– Agreement on how compassionate leadership will be modelled by executive and senior leaders (or challenged if lacking)</li></ul>
RECOMMENDATION 2	<p>Review and if required reset and reposition of BCU Culture, purpose and values. This can be achieved through:</p> <ul style="list-style-type: none"><li>– Provision of a Board Development session with Professor Michael West and culture programme being owned by the CEO</li><li>– Explore and use elements of the NHS E Culture and leadership diagnostics to</li></ul>



	<ul style="list-style-type: none"><li>○ inform a BCU behavioural framework to underpin agreed values and embed desired culture</li><li>○ Embed values into all aspects of the employment journey.</li></ul>
RECOMMENDATION 3	<p>Strengthen individual, middle management and team leadership development at all levels. This can be achieved through:</p> <ul style="list-style-type: none"><li>– Review and updating of BCU leadership offerings at all levels to align with compassionate leadership behaviours and principles to provide an active offer to leaders at all levels</li><li>– Promotion of HEIW Gwella programmes and resources widely throughout the organisation to enhance access to leadership development and develop shared leadership behaviours</li><li>– Deployment of the HEIW Advanced Clinical Leadership Programme (ACLP) for BCU through a train the trainer approach</li><li>– Ring fencing an agreed number of places on the HEIW ACLP Cohort 3 commencing Autumn 2023</li></ul>
RECOMMENDATION 4	<p>Strengthen Executive Director leadership capacity and talent pipeline. This can be achieved through:</p> <ul style="list-style-type: none"><li>– Actively support appropriate individuals to participate in HEIW Aspiring CEO programme</li><li>– Actively promote, communicate, and support a diverse range of individuals to apply and participate in the HEIW Aspiring Executive Director Talent Pool (opening June 2023)</li><li>– Introduce inclusive talent management processes</li></ul>
RECOMMENDATION 5	<p>Rebuild trust and autonomy through inclusive and psychologically safe teams. This can be achieved through:</p> <ul style="list-style-type: none"><li>– Utilisation of evidence-based tools and resources aimed at developing compassionate and collective teams (early pilot of HEIW sourced Affina Team Tools and Diagnostics)</li><li>– Embedding the ABC (Prof M West) of core needs</li></ul>
RECOMMENDATION 6	<p>Strengthen capacity within BCU Leadership &amp; OD Team. This can be achieved through:</p> <ul style="list-style-type: none"><li>– Benchmarking the required leadership and OD capacity required to meet the needs of the organisation</li></ul>



GIG  
CYMRU  
NHS  
WALES

Addysg a Gwellu Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

	<ul style="list-style-type: none"><li>– Dedicated budget for senior leadership development</li><li>– Engagement and participation with all HEIW OD development opportunities including:<ul style="list-style-type: none"><li>○ The Kings Fund Strategic OD and Operational OD programme</li><li>○ The NHS England Culture and Leadership skills programme</li><li>○ The HEIW Design and Evaluation Programme</li></ul></li></ul>
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## Appendix 1



# SAMPLE BOARD DEVELOPMENT SESSION

9:00	<b>WELCOME AND INTRODUCTIONS</b>	
9:10	<b>KEYNOTE SESSION:</b> The pressures in the system: Effective, inclusive, collective and system leadership in practice	<b>Professor Michael West</b>
9:30	<b>BREAKOUT SESSION 1</b> The key leadership actions required by Boards to embed effective, Inclusive, collective and system leadership	
10:00	<b>KEYNOTE SESSION:</b> Changing and sustaining cultures	<b>Professor Michael West</b>
10:30	<b>BREAK FOR REFRESHMENTS</b>	
10:45	<b>KEYNOTE SESSION:</b> The workforce crises: Meeting the ABC core needs of staff and transforming care	<b>Professor Michael West</b>
11:05	<b>BREAKOUT SESSION 2</b> Exploring strategic priorities in relationship to Autonomy and Control; Belonging; Contribution	
11:35	<b>KEYNOTE SESSION:</b> Team working and the role of the Board	<b>Professor Michael West</b>
12:00	<b>BREAKOUT SESSION 3</b> Building team-based working in the organisation and the role of the Board as a model	
12:30	<b>CLOSE</b>	



## **Appendix 2**

### **BCUHB Workforce & Organisational Development Review Group**

**Chair: Geraint Evans**

**Author: Dr Adrian Neal**

**Specific scope: Occupational Health & Wellbeing**

**June 9<sup>th</sup>, 2023**

#### **1. Introduction and Aim of the Review**

I am a Consultant Clinical Psychologist, Head of Employee Wellbeing (ABUHB) since 2014, with experience of working within Occupational Health & Wellbeing services since 2003. I have published widely in this area and have active roles within NHS and Social Care Wales, provide professional supervision to NHS England Wellbeing Service leads, as well as being involved in national NHS (UK), British Psychological Society and academic collaborations.

The primary aims of the review were to:

- i. gather an understanding of BCUHB's current Occupational Health and Employee Wellbeing services by mapping what these services offer,
- ii. clarify how these services are positioned strategically (within WOD and across BCUHB),
- iii. make constructive recommendations that both acknowledge and support current good practice, but also may meaningfully enhance the profile of employee health and wellbeing across the organisation.

#### **2. Context**

##### **i. Context within BCUHB Workforce and Organisational Development**

Occupational Health (OH) in BCUHB is a well-established service within Workforce and Organisational Development (WOD) and consists of three semi-autonomous teams across the health board's locality sectors: Central, West and East. OH is accountable to the Head of Health & Safety, who in turn is accountable to the Assistant Director of WOD. In 2016, a Lead for Wellbeing role was created within OH, making it 'Occupational Health & Wellbeing' (OH&W). In early 2022 the current Head of OH&W took up their post; this post has traditionally been held by a professional with a background in occupational health nursing. Within the NHS OH services have a minimum set of standards to aspire to known as SEQOHS (Faculty of Occupational Medicine).

In 2021 based on identified pandemic related workforce needs a new Clinical Psychology led service was created called Staff Wellbeing Support Service (SWSS), this was set up separately to the existing OH&W service but within WOD by the former Director. The Strategic Lead for SWSS is accountable to the Assistant Director of WOD. SWSS is small team (approx. 4.8 wte)

it has no physical base of its own and a limited physical presence across the health board, it has however in a short time developed an innovative and broad programme of work.

ii. Emerging NHS Employee Wellbeing Context

The emerging evidence base around occupational health and wellbeing in the public sector supports the idea that approaches should not be solely focused on resources that offer reactive health (physical and mental) support to individuals and systems, but also include an increasingly proactive focus on organisational factors (non-individual) that are linked to harm, distress, illness and / or poor wellbeing. The area is evolving quickly and there are no current established national (UK or Wales) standards of practice beyond those used in Occupational Health. Within Wales employee wellbeing provision and service design has historically differed between each Health Board, though employee wellbeing has recently been recognised as a specialist area of practice (like adult mental health or neuropsychology) by the Applied Psychologists in Health Special Advisory Group (APHSAG), a professional practice group which reports into Welsh Government via the Welsh Allied Health Practitioners Committee (WAHPC). Despite the lack of national standards there is still a robust and growing evidence base on which service design and provision can be based e.g.: [Organisational Interventions to Support Staff Wellbeing in the NHS.pdf](https://som.org.uk/wp-content/uploads/2021/03/Organisational-Interventions-to-Support-Staff-Wellbeing-in-the-NHS.pdf) ([som.org.uk](https://som.org.uk)). What's more the growing focus on proactive organisational interventions means that no one service can have responsibility for employee wellbeing and cooperation between services is vital.

### **3. Sources of information & timeline**

This review is based on several direct and indirect sources of information. This includes interviews with the Head of OH & W David Maslen-Jones (in post since January, 2022), Lead for SWSS Dr Vanessa Tobin (in post since June, 2021), and OH Wellbeing Lead Gavin Jones (in post from 2016), all three also responded to follow up questions. In addition, documents relating to the work of both services have been reviewed including 2021/2 OH performance documentation. The process of gathering data to support this review was initiated in April and concluded on May 25<sup>th</sup>.

### **4. Strengths of existing services**

- a. The OH service in my opinion is well and safely run, and is SEQOHS accredited. It has established areas of activity and output in the domain of physical health and Health and Safety Executive based stress risk assessment. It also has an established programme of work relating to psychosocial wellbeing and appears well positioned to observe many of the complex day-to-day challenges that impact on the workforce including factors that underpin the wellbeing of middle managers.
- b. Despite challenges around the lack of a wider WOD Health & Wellbeing strategy different routes of accountability, and clarity of purpose or function between OH&W and SWSS (to be described in more detail below) there is good evidence of productive partnership working between the two systems:

- The staff crisis referral service.
- Establishing an internal organisation wide staff survey to better understand wellbeing related needs and monitor changes.
- Establishing an entirely new service (SWSS) in the context of a pandemic, and negotiating the challenges of a complex and troubled organisation under huge pressure.
- Both OH&W and SWSS have a shared recognition that evidence-based employee wellbeing goes beyond health, and a shared understanding that there is need for a clear medium to long term strategic vision that can link both services, and engage other WOD colleagues (e.g., OD, HR). Both services also recognise the value of having more active input from the Executive and Board.
- Both OH&W and SWSS have highly skilled and passionate leadership and workforce.
- A Strategic Staff Health and Wellbeing Group has been re-established with ToR in draft form (as of March 2023). This has a wide membership including representatives from across the health board.

## **5. Identified obstacles to progress.**

- Communication:* Communication relating to organisational priorities around organisational health and wellbeing has been limited at a number of levels, including within WOD, between OH&W and SWSS, and between WOD and the Executive and Board.
- Roles and accountability:* The rapid establishment of SWSS with limited consultation or strategic planning has led to unclear roles for both OH&W and SWSS. Currently both heads of service report to different people within WOD and are not formally joined in their vision or strategy.
- Shared strategy:* Organisational ‘short termism’ and excessive focus on financial performance seem to be common factors with BCUHB management culture, including WOD. This has arguably had a negative impact on the effectiveness of both OH&W and SWSS and may have contributed to the absence of a wider long-term strategy for Health and Wellbeing. The absence of an Executive and Board supported organisational strategy has led to the failure to develop strategic plans and objectives (e.g., IMTPs) and meant that employee wellbeing does not appear to have parity with the organisation’s many other priorities and as such will be less impactful.
- Resources and professional alignment:* SWSS do not have a consistent physical presence across all three BCUHB sectors and have limited workforce resources. What’s more members of the psychological workforce (Staff Advisors / Counsellors) are still based within OH&W even though SWSS is Clinical Psychology led. In addition, a Staff Wellbeing

service has been set up in the Mental Health Division independent to WOD, this service was not subject to the current review but its very presence suggests a lack of overall ownership of H&WB within BCUHB, and highlights potential risks (e.g.; siloing of resources, missed organisational intelligence, understanding or workforce needs, and issues with information and clinical governance).

- e. *Leadership and process within WOD*: Reportedly the historical leadership culture within WOD and the current absence of stability at WOD Director level have led to progressive demoralisation and reduced psychological safety across both services under review This has arguably exacerbated silo working across WOD.

## **6. Recommendations**

Recommendations are organised across three interconnected but distinct areas, which include: *Organisational alignment within WOD, Strategy, and, Evaluation and Evidence Gathering.*

### **Organisational alignment within WOD**

1. Current service models (OH&WB and SWSS) seem to have evolved alongside each other with minimal planned integration, the fact that both services work together is testament to the professionalism of those leading the services rather than the strategic planning of WOD senior leadership. There is however a need for both services to agree their distinct purposes, identity, areas of work (and areas of interconnection), however this cannot be done in a strategic vacuum.
2. To raise the value and profile of organisational health and wellbeing within BCUHB, there may be value in reorganising the alignment of services within WOD. More specially I recommend that the Head of OH & WB, the Strategic Lead for SWSS, and Head of Health and Safety all report to the same Assistant Director. This may mean that a separate reporting line be created for Health and Safety.
3. I recommend that a core Health and Wellbeing Leadership Group be formed by this triad with the addition of Head of Organisational Development and that they collectively become responsible for Health and Wellbeing within BCUHB.
4. I also recommend that this group be authorised to represent WOD at Exec and Board level where input relates to Organisation H&WB.

### **Strategy**

1. There needs to be a long-term organisation wide strategy around Organisational Health & Wellbeing which sets out the direction of travel, priorities and areas of work for the next 10 years, but that also includes scope for short and medium-term planning.
2. The strategy needs to be evidence based and be built on a definition of Organisational Health and Wellbeing that accommodates all current areas of activity but also identified the gaps.

3. The strategy also needs to be flexible to emerging local (BCUHB) evidence relating to the changing and diverse health and wellbeing needs of it's workforce. Robust methods of collecting this data need to be developed and resources.
4. There needs to be a very clear organisational statement made to clarify the relationship between OH&WB and SWSS in relation to organisational wellbeing and employee health. This might be helped by giving consideration to identifying an overarching 'meta' concept that might accommodate inclusion of both areas e.g.: employee experience.
5. The aforementioned core Health and Wellbeing Leadership Group should take a more visible and active role in steering the agenda and operation of the Strategic Staff Health and Wellbeing Group which is currently being re-organised.
6. An Independent Member of the Board should join the Strategic Staff Health and Wellbeing Group

### **Evaluation and evidence gathering**

Robust and reliable mechanisms for evaluating interventions, monitoring and understanding the changing health and wellbeing needs of the workforce needs to be developed. This will require investment and a specialist skill set including advanced data analysis, research and development, organisational psychology, project management, and communications. Evidence needs to be high quality and ultimately accessible to the Executive and Board.

## **Appendix 3**

### **Strategic Workforce Planning Capability Diagnostic**

**BCU April 2023**

#### **Situation**

HEIW was asked to support Geraint Evans to undertake a review of Workforce and OD practices in Betsi Cadwaladr University Health Board (BCU) as part of the Welsh Government interventions following receipt of the Wales Audit report and Special Measures. During the initial stages of this work, it became apparent that there was a need to explore how workforce planning was undertaken in BCU and the Assistant Director of Strategic Workforce Planning in HEIW was asked to undertake this work. The remit for this work was:

- to explore the workforce planning process in place
- how this aligned with the development of the organisation's Annual Plan/IMTP
- whether workforce planning was integrated i.e. alignment between Workforce, Finance and Service Planning
- identify areas of good practice and areas for improvement
- make recommendations on how workforce planning could be improved based on good practice from across Wales and beyond

#### **Background**

The review of workforce planning in BCU was undertaken between 13<sup>th</sup> April 2023 and 30<sup>th</sup> May 2023. This extended period was due to availability of participants and leave. An initial meeting took place with Geraint Evans to establish the scope and remit of this review and the reports that instigated the review were reviewed. The BCU People Strategy & Plan 2022–2025 and the published IMTP 2022-25 was also reviewed. A structure questionnaire was developed as a diagnostic tool and following an initial meeting with the Deputy Director of Workforce & OD, Jason Brannan, Deputy Director of People and Nick Graham, Associate Director Workforce Optimisation on 13<sup>th</sup> April 2023, a programme of interviews with the key participants in the workforce planning process within the organisation was undertaken. This was deemed to be a representative sample as it included leaders from Workforce Planning, IHC Workforce & OD, Workforce Information & Analysis, Finance and Planning. The aim of the diagnostic was to explore how medium to long term workforce planning was undertaken within the organisation, how this was integrated between workforce, finance and planning and aligned with the organisation's IMTP development process. The diagnostic also explored barriers to effective workforce planning and opportunities for improvement from the perspective of those leading the process within the organisations. Finally, the diagnostic sought to identify areas of good practice in workforce planning and where the organisation was improving and innovating.

## Findings and Observations

- Due to frequent changes at senior levels within the organisation and interim appointments there is a lack of a stable vision which leads to challenges in medium to longer term workforce planning and to a culture of short term and financially led workforce planning.
- Work has been undertaken in recent years, to review the priorities laid out within the organisation's Living Healthier, Staying Well strategy following publication of A Healthier Wales and work has commenced, as part of the development of the last two IMTPs, to develop the organisation's Clinical Strategy and associated Clinical Service Plans. The organisation has also developed a People Strategy & Plan which states; *'establish a comprehensive workforce planning methodology and framework for deployment of scenario planning linked to demand and capacity and pathway/service transformation and Using this - develop forward look commissioning plans for education and training to enable the organisation to not only develop the workforce of the future but also, to influence national strategy and planning'*. Currently the workforce planning methodology and framework is not in place and Workforce & OD structures that will enable workforce planning are not fully in situ. The organisation has not yet clearly defined the roles and responsibilities across workforce, finance and planning that will ensure effective workforce planning over the medium to long term.
- The organisation, having been in Special Measures for a considerable length of time, has been required to do a number of Annual Plans as opposed to an IMTP (horizon of 1 – 3 years). Two IMTPs have been developed over the past two years but the annual planning remains and, as such, this has led to a culture of short term, operational and traditional workforce planning with little room for horizon scanning, planning and implementing transformational change. The planning cycle for the 2023/24 IMTP did see workforce, planning and finance coming together at the corporate level and workforce being seen as the enabler of service and planning delivery. Templates were also developed to inform the IMTP – this work is embryonic but has looked at examples from outside the organisation.
- It is felt that workforce planning is financially led within the organisation and this, along with short term planning cycles for finance, is leading to a lack of longer term workforce planning and identification of workforce solutions other than recruiting additional staff through a business case based system. Temporary funding of posts and initiatives is impacting on the ability of the organisation to undertake longer term workforce planning and implementation of workforce solutions. The number of interim posts was also found to be having a negative impact on effective strategic workforce planning.
- The budgeted establishments for workforce are currently being reviewed with a view to resetting them and this work is being undertaken in partnership between Workforce and Finance and being informed via the improved accessibility to workforce information and intelligence.
- The central team has undertaken a large programme of work to develop a suite of workforce intelligence dashboards that are being tested and rolled out across the organisation. There is evidence that these dashboards are being used and the



intelligence is enabling and informing planning and changes to practice. This programme of work is ongoing.

- There is little or no dedicated resource to support workforce planning across the organisations or at an integrated level between Workforce & OD, Finance and Planning & Performance and a lack of structure that would drive improved, workforce planning at both an operational and strategic level.
- The new Workforce & OD structure currently being implemented will essentially mean that responsibility for workforce planning will be, in large part, devolved to the Integrated Health Communities (IHC). The planned central resource, which included, in addition to the current AWOD for Workforce Optimisation, an additional AWOD and 2 workforce planning specialists (who would work across the organisation and support the Assistant Directors of People Services in the IHCs) has been put on hold due to affordability. The Assistant Director for Workforce Optimisation manages a small corporate team including the Workforce Intelligence and Analytics function but remains in a fixed term post.
- The structures of the IHCs mean that the Assistant Directors of People Services will work in a core team with a Finance Manager and support from a Planning. Workforce Planning will be undertaken at IHC level supported by WOD Business Partners. The new IHC structure was seen to be an enabler for workforce planning, however, the WOD BPs have large portfolios and limited experience and knowledge to support workforce planning and transformation and there is a large gap between the Assistant Director (B8d) and the WOD BPs (B7). It is unclear how the Pan Organisational role will contribute to workforce planning for the organisation and the links with the corporate team is not yet clear nor are the responsibilities for the flow of workforce planning information to inform at a corporate level.
- There is no clear structure centrally to lead workforce planning across the organisation and to undertake specific central, horizon scanning activities that inform decision making at an organisational level. Central specialist strategic workforce planning teams are being developed across other organisations in Wales to lead and coordinate organisations' workforce direction. It is unclear how workforce planning knowledge and skills is being or will be developed across the organisation and the two central posts that were proposed in the new structure and who would support this have been put on hold. There was little knowledge across the organisation of the training, resources and guidance available via HEIW and it was unclear who was responsible for the Education Commissioning process including from the generation of the training requests through to the transition of graduates into posts with associated financial planning. This year work has started to look in more detail at the workforce information flow that will better inform this process.
- Concerns over capacity for effective workforce planning was expressed by all that were interviewed including across Finance and Planning. Limited capacity within the new workforce structures included a lack of skilled and experienced staff and focussed time to effectively undertake workforce planning coupled with limited capacity at a corporate level will impact on the organisation's ability to shape its workforce into the future. It was also noted that the WOD BPs don't currently have developed experience in transformation and OD in addition to a lack of knowledge of workforce planning and that there was a developmental need within finance. The Planning team have a

development plan in place and are supporting other colleagues to gain the Planning Diploma.

- Improvements are happening despite the current situation within BCU and due to the leadership skills of the individuals forging ahead with improvements within their own control. Examples include the development and use of templates to capture information, developing skills and knowledge within teams and improving both data quality and access to it.
- The organisation has lost a number of key, experienced individuals across workforce, finance and planning over the past few years and therefore lost organisational experience in workforce planning. There is no evidence of succession planning for these roles in place and with the scarcity of skills in the wider labour market this will be something for the organisation to explore how it grows these roles and creates a level of resilience.
- There is a difference in perception as to how the organisation perceives as to who is responsible for workforce planning with views expressed that managers view workforce planning as the sole responsibility of the Workforce and OD function and a lack of access to workforce professionals and the culture of finance led workforce development means that for new developments managers discuss plans with finance and don't think to engage with workforce. This reinforces the need for there to be a clearer framework for workforce planning within the organisation with clear roles and responsibilities defined.
- There was an inconsistent awareness and knowledge of wider resources available to the organisation and a danger of silo working including duplication of effort to develop resources that currently exist. This was probably as a result of the lack of a central resource coordinating and disseminating information and the current absence of the workforce planning framework. There was evidence of some working across organisation and seeking examples of solutions and approaches that other organisations had developed, however this was not a standard

## **Areas of good practice**

- Programme of work in place to develop workforce information, refine and make available through a suite of BI Dashboards to inform planning and workforce solution development within IHCs and across the organisations. This information is enabling better planning and changing organisation culture as services now own their workforce information.
- Workforce data quality within the organisation is seen as being good.
- Coordinated work is taking place between workforce and finance to review and reset budgeted establishments. The organisation has fully implemented establishment control within ESR and aligns information with the General Ledger meaning that workforce and finance data is comparable.
- Organisation has been able to interrogate its workforce information to identify workforce dynamics and gaps that is leading to identification of the need for different interventions e.g. workforce churn across the organisation is an issue.

- The new IHC structure (not fully in place) is seen as having the potential to enable better bottom-up workforce planning, utilising improved accessibility of workforce information to enable the identifications of gaps and hot spots and having the ability to plan across acute and primary care.
- There is improving focus on workforce being the enabler of service delivery and change and as the limiting factor in some area enabling a refocussed conversation to transformation of services
- There is a clear appetite for finance, planning and workforce to work together at a service and corporate level but capacity is currently hampering this from being as effective as it could be
- The People Strategy has a strong focus on workforce planning
- Regional Partnership Board in place and planning discussions taking place. starting to link and share practice with other organisations

### **Areas for improvement**

- There needs to be ownership of strategic workforce planning at senior level within the organisation and not just within Workforce & OD alongside a clear, stable and consistent vision and strategy for the organisation to enable better medium to long term workforce planning. The organisation needs to have a clearer understanding of the longer-term view including where its future workforce will come from. The development of the Clinical Services Strategy and its associated Clinical Services Plans will underpin improvement in strategic/longer term workforce planning
- There needs to be investment in the central workforce planning team including the cessation of fixed term appointments especially given the scarcity of workforce planning skills across the wider labour market. The organisation needs to strengthen this team in alignment with emerging models across other organisations and consider investment in the two workforce planning specialist roles. A strong central team with sufficient skills, knowledge and capacity will coordinate and support cross organisational strategic workforce planning and lead the development of skills and knowledge and roll out of workforce planning across the organisation.
- At a corporate level there is a good understanding of the importance of workforce planning and evidence of the start of integrated planning taking place but at IHC level there will be a need to ensure that the WOD Business Partners and Finance Managers work together on workforce solutions.
- There is a need to upskill workforce and other staff in workforce planning and raising awareness of the national context including the Workforce Strategy for Health and Social Care and the National Workforce Implementation Plan. There is also a need to raise awareness across the Workforce Community of the HEIW resources as there is a danger of duplication of effort.
- There is a need for the development of a workforce planning framework and clearer understanding of role and responsibilities to ensure more efficient strategic workforce planning is undertaken across the whole organisation. Alongside this there needs to be clarity of IMTP process that align to workforce planning with continued improvement to the planning templates and the full education commissioning process (from request for training, through planning to employ).

- The number of interim posts needs to be looked at across the organisation as this is leading to workforce instability and vulnerability and impacting on the culture leading to short term planning as opposed to medium/long term planning.
- There needs to be the capacity to enable the organisation to focus on getting the shape of the workforce right – work to improve the establishment control will enable this but there should be a renewed focus on the ability of the organisation to assess the effectiveness of its workforce shape rather than size.
- The culture of the organisation is currently driving a short term mentality towards planning and this will need to be addressed to assess unintended consequences of change that might impact on planning.

## Recommendations

Recommendation 1	Build a dedicated central workforce planning team that has the specialist skills and knowledge to support and embed evidence based strategic workforce planning across the organisation. Ensure stability of the current workforce planning capacity by removing interim roles and implementing a substantive employment for key roles.
Recommendation 2	Ensure there is clarity of roles and responsibilities for undertaking and supporting workforce planning and develop workforce planning capacity and capability across the organisations through investment in roles and a structured development programme across workforce, planning and finance.
Recommendation 3	Consider investing in the initial proposal for two Workforce Planning Specialist roles within the central workforce planning team to support staff within the IHCs to undertake effective and evidence based workforce planning and transformation and support pan organisational workforce understanding
Recommendation 4	Develop a workforce planning framework for the organisations (across workforce, finance, planning and services). Create a timetable, aligned to the planning framework and timescales for the delivery of the organisation's IMTP
Recommendation 5	Continue to invest in the development and sharing of accessible workforce intelligence across the organisation
Recommendation 6	Ensure senior leadership for workforce planning is not just seen as the responsibility of Workforce and OD and that the organisation's culture supports medium to long term planning with less reliance on interim roles which contribute to the short term focus
Recommendation 7	Workforce & OD roles/teams involved in workforce planning should complete the HEIW Workforce Planning Capability Matrix and undertake training and development as identified by the resource (available via the HEIW website).

# Appendix 4

## **INTRODUCTION**

In March 2023 I was asked by Geraint Evans, if I could review the application of key employment policies in BCUHB and make recommendations for improvement.

In terms of my experience in this area, I have worked in both the private and public sector over the last 20 years. I have been part of Aneurin Bevan University Health Board (ABUHB) since 2015 where I have worked as a Senior Workforce Business Partner, and during that time also worked on secondment to Swansea University Health Board as an Assistant Director of Workforce and OD. I am currently the Senior Workforce Lead for Health, Care and Partnerships in ABUHB following a period of maternity leave.

## **FOCUS AND SCOPE OF THE REVIEW**

The initial remit of the review was a desk top review related to HR policy and process within BCUHB. The scope of the review by the nature of the topic area has also looked at some wider topic areas which includes:

- Application of HR policy and process
- Workforce Performance Data (PADR, Sickness, Recruitment, Employee Relations, Turnover)
- Team Structures
- Training and Development
- OD and HR interface
- Culture

## **SOURCES OF INFORMATION**

As part of my desk top review I have met with several key leads within the team:

- Steven Gregg-Rowbury Head of Policy, Practice and Compliance
- John Martin, Associate Director People Services – East
- Kay Hannigan, Associate Director People Services – Central
- Georgina Roberts, Associate Director People Services – West
- Nick Graham – Associate Director for Workforce Optimisation
- Nia Thomas – Head of Organisational Development
- Clinnie Ngo-Pondi, Head of Case Management

I have also reviewed the following documents:

- BCUHB Workforce Intranet Page
- Employee Relations Cases spreadsheet
- Employment Tribunal Case breakdown
- People Operating Model – Staff Consultation Paper 2022
- NHS Wales Performance and Volumes Report March 2023
- BCUHB BI Workforce Dashboard
- People Operating Model Evaluation Report

## **FINDINGS AND KEY THEMES**

Some of the key themes that have come through are highlighted below in the subject area.

### **1. Workforce related KPIs:**

<b>Recruitment</b>	79 days vacancy to unconditional compared to all Wales average of 74.5 11, 402 vacancies raised, significantly higher compared to all other Health Boards in Wales but due to transformational funds
<b>Turnover</b>	9.2% within average range
<b>PADR</b>	73.9% lower than the expected target but also not out of range with other Health Boards. However quality and value of the process is with in need of review.
<b>Sickness</b>	Rolling sickness 6.28% March 23 6.02%  Higher than target but not out of range with other Health Boards
<b>Employee Relations</b>	<p><b>Current ER Cases</b></p> <ul style="list-style-type: none"> <li>- 40 live disciplinary cases – which is about average for a Health Board of this size</li> <li>- 11 Respect and Resolution cases</li> <li>- 5 Upholding Professional Standards</li> </ul> <p><b>Closed ER Cases</b> Total of 191 cases April 22 – April 23 with an average open time of 15 weeks.</p> <p>Outcome of the 191 closed cases:</p> <ul style="list-style-type: none"> <li>- 49 are blank with no outcome recorded</li> <li>- 1 dismissed with notice</li> <li>- 1 downgraded</li> <li>- 17 final written warning</li> <li>- 3 formal other action taken</li> <li>- 3 resigned</li> <li>- 11 summary dismissal</li> <li>- 35 verbal warning</li> <li>- 63 written warning</li> <li>- 8 cases not proven</li> </ul> <p><b>Suspensions</b></p> <ul style="list-style-type: none"> <li>- Currently 9 suspensions – high but not above average, all reasons valid and appropriate for suspension.</li> <li>- 1 case is safeguarding and 8 have police involvement.</li> <li>- 5 suspensions commenced in 2023 and 4 commenced in 2022</li> </ul> <p><b>Employment Tribunal</b></p> <ul style="list-style-type: none"> <li>- 14 x early conciliation stage ( 5 x discrimination)</li> <li>- 11 x employment tribunal process (4 x medics, 5 nursing, 2 x other)</li> <li>- 7 cases are linked to discrimination claims</li> <li>- 6 ET cases are in Ysbyty Glan Clywd</li> </ul>

Currently all employee relations cases are recorded on ESR, but there is a plan to move over to Allocate employee relations system. Not all data fields were completed within the downloaded reports in each case, with some fields left blank.

The general feeling from discussions was that the teams do use a coaching approach with managers and where appropriate look to coach around informal resolution. At present there is no formal decision tree approach in place.

From the data reviewed, for the cases that have closed within the 22/23 year 51% of cases received a minor sanction of a verbal or first written warning. This could be higher as 49 cases did not have the outcome field completed. Only 17% of cases resulted in a dismissal, downgrading or final written warning. Again this could be higher depending on the outcome of the 49 blank outcome field cases. Overall this suggests that a restorative approach to minor cases focusing around learning and development plans could be a more efficient and valuable approach.

The relevant all Wales ER policies are available on the intranet.

## **RECOMMENDATIONS**

The following recommendations have been developed from the review of the documents listed above, data and the conversations with the team. Many of these are recognised by the teams and plans are already in place to either start or continue to take them forward.

The recommendations have been broken down into the specific themes identified.

<b>Employee Relation Casework</b>	
Recommendation 1	A review of the Investigation process so that only appropriate cases are taken via the formal route. With other restorative action considered first. To support this a formal Decision Tree needs to be developed and implemented in partnership with Trade Union Colleagues, with the appropriate training package for Workforce and OD, and Managers.
Recommendation 2	A full and detailed review to be carried out of the cases currently in early conciliation and at Employee Tribunal Stage to understand themes, and identify learning as to why the case has reached the formal tribunal stage. I recommend this review is carried out via a panel approach, with the Head of Case Management, Trade Union Representative, HR representative and a Management Representative. The principles of this learning then needs to be shared with the relevant HR teams and used in training and coaching with mangers. I recommend a formal TOR is developed for this panel.
Recommendation 3	For all complex ER cases that go through formal internal processes, a review should be undertaken at the end of the case for learning and development. Again, I recommend this takes place via a panel approach, with the Head of Case Management, Trade Union Representative, HR representative and a Management Representative. The principles of this learning then needs to be shared with the relevant HR teams and used in training and

	coaching with managers. I recommend a formal TOR is developed for this panel.
Recommendation 4	As the team move to the Allocate employee relations IT system, a review of data inputting needs to be carried out to ensure accurate data recording especially around outcomes of cases. This data then needs to be used to analyse progress. In addition, monthly reports to service areas around their ER cases should be taking place.
Recommendation 5	If this hasn't taken place already a review of the investigation report should take place with colleagues in Legal and Risk.
Recommendation 6	Dedicated support to be offered to the team around the implementation of restorative practice. HEIW along with Andrew Cooper from Aneurin Bevan have already been identified to support.
Recommendation 7	Business Partner Training to be undertaken around the role of the Business Partner and also the Business Partner model. This training needs to be delivered by an external resource such as colleagues in another Health board, HEIW or by a company used by Aneurin Bevan and Gwent Police, Develop Global.





<b>Teitl adroddiad:</b> <i>Report title:</i>	Audit Wales – Review of Workforce Planning Arrangements - BCUHB			
<b>Adrodd i:</b> <i>Report to:</i>	People & Culture Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 11 April 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>Audit Wales carried out a national review of workforce planning arrangements across all health boards in 2022/2023. This is the report of their findings for BCUHB, and the corresponding management action plan response has been submitted.</p> <p>The purpose of the paper is to inform the committee of the draft findings and the subsequent action plan and ensure the committee is aware of the key work within the action plan, which is linked to a number of priorities contained in the Annual Plan.</p> <p>Once the report is ratified, the committee will be sighted on future progress against the action plan and is required to note this paper going forward.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	<p>The Committee is asked to:</p> <p>Note the paper and that further updates will come to the committee to note progress against the plan over the next 12 months</p>			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Jason Brannan – Deputy Director of People			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Nick Graham – Associate Director of Workforce Optimisation			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<b>I'w Nodi</b> <i>For Noting</i> <input checked="" type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input type="checkbox"/>	<b>Am sicrwydd</b> <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	<b>Rhannol</b> <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>

	High level of confidence/evidence in the delivery of existing mechanisms/objectives	General confidence / evidence in delivery of existing mechanisms / objectives	Some confidence / evidence in delivery of existing mechanisms / objectives	
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	Objective 1: Building an effective organisation			
<b><i>Link to Strategic Objective(s):</i></b>				
<b>Goblygiadau rheoleiddio a lleol:</b>	N/A			
<b><i>Regulatory and legal implications:</i></b>				
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b></p>	<p>No</p> <p>The duty does not apply at this stage until the management response is taken forward.</p> <p><u>WP7 Procedure for Equality Impact Assessments</u></p>			
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>	<p>No</p> <p>The duty does not apply at this stage until the management response is taken forward.</p> <p><u>WP68 Procedure for Socio-economic Impact Assessment.</u></p>			
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>	Links to BAF SP12 and CRR 24-01			
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>	There are no financial implications as a result of this paper at this time. However if the management response is to be implemented then resource will be required to support this implementation.			
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Workforce implications as a result of implementing the recommendations</i></b></p>	This links to mitigating the risks identified on the BAF and CRR			
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>	Not applicable as this is a finalised report produced by Audit Wales			

<b>Feedback, response, and follow-up summary following consultation</b>	
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	Links to BAF SP12 and CRR 24-01
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable
<b>Next Steps:</b>  Further updates to the committee on progress against the management response action plan	
<b>List of Appendices:</b>  3707A2023_BCU_Workforce_Planning_Report_Final_Eng	

# Review of Workforce Planning Arrangements – Betsi Cadwaladr University Health Board

Audit year: 2022

Date issued: March 2024

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This document has been prepared as part of work performed in accordance with statutory functions.

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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# Summary report

## Introduction

- 1 An effectively planned workforce is fundamental to providing good quality care services. The NHS employs a range of clinical and non-clinical staff who deliver services across primary, secondary and community care, representing one of the largest NHS investments. Over the years there have been well documented concerns about the sustainability of the NHS workforce. And workforce challenges are routinely highlighted to us in our audit reviews and ongoing engagement with health bodies. Despite an overall increase in NHS workers, these concerns remain. The workforce gaps are particularly acute for certain professions such as GPs, nurses, radiologists, paediatricians and ophthalmologists ([A Picture of Healthcare, 2021](#)). In nursing alone, the Royal College of Nursing Wales reported 2,900 vacancies in their [2022 Nursing in Numbers](#) analysis. In addition, the social care sector, which is complementary to the health sector, is also facing its own workforce issues. These challenges have been exacerbated by the pandemic as the health sector looks to recover services.
- 2 Given the current challenges, robust and innovative workforce planning is more important than ever. Effective workforce planning ensures that both current and future services have the workforce needed to deliver anticipated levels of service effectively and safely. Planning is especially important given the length of time required to train some staff groups, particularly medical staff.
- 3 National and local workforce plans need to anticipate service demand and staffing levels over a short, medium, and long term. But there are a range of complex factors which impact on planning assumptions, these include:
  - workforce age profile, retirement, and pension taxation issues;
  - shifts in attitudes towards full and part-time working;
  - developing home grown talent and the ability to attract talent from outside the country into Wales; and
  - service transformation which can change roles and result in increasing specialisation of roles.
- 4 Betsi Cadwaladr University Health Board (the Health Board) developed its 2022-2025 People Strategy and Plan (the Strategy) during 2021. The Board approved the Strategy in May 2022 which it developed as part of the Health Board's 'Stronger Together'<sup>1</sup> programme.
- 5 In February 2023, the Minister for Health and Social Services returned the Health Board to 'special measures', the highest category of escalation on the Welsh Government's Escalation and Intervention framework. A small team of external HR experts completed a review (Assessment of key areas of workforce agenda) as

<sup>1</sup> This is a three-year system and organisational development route map to enable the Health Board to better meet its purpose and goals through the alignment of its process, behaviours, and structures.

part of the initial special measures 90-day cycle. That review focussed on Leadership, Culture and staff engagement, employee wellbeing, workforce planning, workforce policies, and employee relations. The Health Board is incorporating the recommendations from the review into its special measures approach.

- 6 The key focus of our review has been on whether the Health Board's approach to workforce planning is helping it to effectively address current and future NHS workforce challenges. Specifically, we looked at the Health Board's strategic approach to workforce planning, operational action to manage current and future challenges, and monitoring and oversight arrangements. Operational workforce management arrangements, such as staff/nurse rostering, consultant job planning, and operational deployment of agency staffing, fall outside the scope of this review.
- 7 The methods we used to deliver our work are summarised in **Appendix 1**.

## Key findings

- 8 Overall, we found that **whilst the Health Board has set out a reasonably clear and ambitious workforce strategy, it needs to significantly strengthen its implementation plans along with the organisation's workforce planning capacity and capability. Arrangements to oversee the delivery of strategic and operational workforce aims also need to be strengthened.**

### Key workforce planning challenges

- 9 The Health Board is facing significant workforce challenges across a range of services and professions, causing greater workload pressures on existing members of staff. The workforce indicators presented in **Appendix 2** highlight that despite the Health Board increasing its workforce numbers over the past decade, it still faces serious recruitment and retention challenges, which threaten the stability of services. The Health Board's staff turnover (10%) and sickness rates (6%) present ongoing challenges. This caused a sharp rise in the use of agency staff in 2022-23 which cost the Health Board £72 million, further exacerbating an already pressured financial situation.

### Strategic approach to workforce planning

- 10 **The Health Board has set a reasonably clear strategic workforce vision, however, there is a need for a clear plan to deliver the People Strategy and the Health Board's workforce planning approach needs to be strengthened substantially.**
- 11 The Health Board's People Strategy is ambitious, but there needs to be a realistic and deliverable medium-term implementation plan with clear priorities to effectively support its delivery. The Health Board has an improving understanding of current workforce capacity and is improving the availability of operational workforce



information. However, the Health Board clearly needs to strengthen how it models and plans its workforce to ensure its services are sustainable in the medium and long term. The Health Board is collaborating proactively with external stakeholders to find shared solutions to workforce challenges. And to help it tackle some key workforce challenges, it is now starting a new Culture, Leadership and Employee Engagement programme and implementing a new people team model to build stronger internal relationships, strengthen culture and behaviours, and ensure effective staff engagement.

### **Operational action to manage workforce challenges**

- 12 **The Health Board does not have sufficient capacity and capability to allow it to effectively support workforce planning. While its teams understand and are responding to operational key workforce challenges, the scale of the problem has meant that the level of workforce risk that the organisation is facing has not notably reduced.**
- 13 The Health Board is strengthening its 'people team' with the introduction of people business partners. However, it does not yet have sufficient resources to support workforce planning at corporate or service levels. The Health Board currently has just under 18,000 whole time equivalent staff. Between 2017-18 and 2022-23, its total annual pay costs increased by 48% to £1.04 billion. If historical growth in staffing levels continue to grow, overall workforce costs are very unlikely to be sustainable into the long term. The Health Board must sufficiently invest in its corporate and devolved workforce planning capacity and capability to ensure efficient and affordable staffing and service models in the medium term.
- 14 The Health Board has a good understanding of the risks that might prevent the delivery of its workforce ambitions, nevertheless, the scale of the workforce challenges means that mitigating actions are having minimal impact on reducing workforce risk. There are some good examples of teams proactively seeking to address workforce challenges at an operational level through a range of recruitment, retention, and development activities. However, significant challenges remain.

### **Monitoring and oversight of workforce plan/strategy delivery**

- 15 **The Health Board's workforce strategy or plan is not sufficiently supported by robust monitoring, oversight, and review.**
- 16 Operational workforce information has been appropriately scrutinised by the Health Board's Performance, Finance, and Information Governance Committee. Since February 2023, a shortage of Independent Members had resulted in the Board standing down its Partnerships, People and Population Health Committee. This reduced the formal oversight and assurance on delivery of the People Strategy and related work. When the Health Board last reported in January 2023, there clearly was a need to strengthen the focus on the overall pace of progress of People

Strategy delivery and focus more on the impact of the actions it is taking to deliver it. The Health Board has now introduced a new People and Culture Committee that assumes responsibility for workforce strategy oversight.

## Recommendations

- 17 **Exhibit 1** details the recommendations arising from this audit. These include our assessment of priority. The Health Board recently received an external HR experts report called 'Assessment of key areas of workforce agenda'. This included 30 recommendations covering leadership, employee wellbeing, workforce planning and employment policies. However, we have indicated in **Recommendation 1** below that the actions to deliver those 30 recommendations should be incorporated into a prioritised People Strategy implementation plan. The Health Board's response to our recommendations is summarised in **Appendix 3**.

### Exhibit 1: recommendations

#### Recommendations

##### Delivery of the People Strategy

- R1 The Health Board should strengthen and further develop their current implementation plan for delivery of the People Strategy that:
- a) Sets out clear goals and targets and prioritised activities, with clear delivery timelines and accountabilities. **(High priority)**
  - b) Incorporates actions to deliver the 30 recommendations made in the Assessment of key areas of workforce agenda. **(High priority)**

##### Service level workforce planning

- R2 In order to better understand its current and future workforce requirements the Health Board should:
- a) Undertake analysis to understand its current workforce requirement and future service models to determine the workforce needed to create sustainable and efficient acute and community services. This will require:
    - forecasting of service demand;
    - service modelling; and
    - analysis of capacity requirements, by specialism and profession. **(High priority)**
  - b) Ensure there is sufficient capacity and capability within the Health Board to support effective workforce planning; this should include identifying

## Recommendations

where scope exists to re-deploy existing staff resources and ensure there are clearer remits within existing job specifications. **(High priority)**

### Support and training

- R3 The Health Board should develop an evaluation framework to measure the success of the workforce planning training programme it intends to roll out. The evaluation of the training programme should incorporate an early assessment of whether the training is achieving its intended aims. **(Medium priority)**

### Exit and pulse surveys

- R4 To better understand issues affecting staff turnover the Health Board should:
- a) Develop an approach to increase exit survey response rates and ensure feedback from the surveys informs retention activities. **(Medium priority)**
  - b) Conduct regular pulse surveys/stay interviews to gauge how staff are feeling and identify any improvements it can make to support retention and manage staff turnover. **(Medium priority)**

### Monitoring and oversight

- R5 the health board should strengthen its approach to monitoring delivery of the people strategy and associated implementation plans and workforce programmes. the monitoring approach should have a focus on whether the strategy is achieving its desired aims and outcome, include engagement with the new people and culture committee and incorporate implementation of the recommendations from the external 'assessment of key areas of workforce agenda review'. **(Medium priority)**

# Detailed report

## Our findings

18 The following three tables set out the areas that we have reviewed and our findings. These focus on:

- the Health Board's approach to strategic workforce planning (**Exhibit 2**);
- operational action to manage workforce challenges (**Exhibit 3**); and
- monitoring and oversight of workforce plan/strategy delivery (**Exhibit 4**).

### Exhibit 2: The Health Board's approach to strategic workforce planning

This section focusses on the Health Board's approach to strategic planning. Overall, we found that **the Health Board has set a reasonably clear strategic workforce vision, however, there is a need for a clear plan to deliver the People Strategy and the Health Board's workforce planning approach needs to strengthen substantially.**

What we looked at	What we found
<p>We considered whether the Health Board's workforce strategy and plans are likely to address the current and future workforce risks. We expected to see a workforce strategy or plan which:</p> <ul style="list-style-type: none"><li>• identifies current and future workforce challenges;</li><li>• has a clear vision and objectives;</li></ul>	<p>We found that <b>while the Health Board's People Strategy sets a reasonably clear ambition, there is a need for a clear and resourced plan (or plans) to effectively support delivery of it.</b></p> <p>The Health Board clearly articulates its workforce challenges in its People Strategy including a need to support flexible working, the aging workforce, supporting career progression supporting new service models and resolving recruitment and retention issues. The People Strategy appropriately supports the ambitions set out in the National Workforce Strategy for Health and Social Care<sup>2</sup>. It also</p>

<sup>2</sup> 'The Workforce Strategy for Health and Social Care' is a ten-year strategy launched in October 2020 by HEIW and Social Care Wales.

What we looked at	What we found
<ul style="list-style-type: none"> <li>• is aligned to the organisation's strategic objectives and wider organisational plans;</li> <li>• is aligned to relevant national plans, policies, and legislation. Including the national workforce strategy for health and social care; and</li> <li>• is supported by a clear implementation plan.</li> </ul>	<p>appropriately aligns to some relevant national legislation, although there is insufficient consideration of the Well-being of Future Generations Act requirements<sup>3</sup>.</p> <p>The People Strategy includes a series of ambitious goals and priorities for delivery between April 2022 and March 2025. It sets out a high-level thematic approach to deliver its ambition. The themes include 'our way of working' which seeks to improve culture, strategic deployment (resource planning and performance management), how Health Board will improve the way it organises itself, making the 'best of our abilities' through workforce development and supporting improvement and transformation. However, its 'one size fits all' approach needs to also allow appropriate variation to help solve local challenges. For example, the West Integrated Health Community<sup>4</sup> struggles to recruit to some services because of its rural location, whereas East Integrated Health Community competes for staff with English health bodies. Although the resulting outcome (ie shortage of staff) is the same, there will be a need for tailored solutions because the causes of the problem are different.</p> <p>While the Health Board's People Strategy is reasonably clear and setting out what it is seeking to achieve, its plan to deliver it is insufficient. In particular, it is missing a clear and resourced programme delivery approach, medium-term priorities, clear impact measures and we are concerned that it is becoming or is now out of date. The Health Board indicated that it intended to develop detailed plans, but due to a lack of resources, these have not been produced.</p> <p>The Health Board faces significant performance and financial challenges and returned to special measures in February 2023. There is a need to develop clear People Strategy implementation plans which are linked to special measures work, while also ensuring effective programme arrangements and resources are in place to support its delivery (<b>Recommendation 1</b>).</p>

<sup>3</sup> The People Strategy includes a clear focus on Nurse Staffing Levels (Wales) Act 2016 and the Welsh Language (Wales) Measure 2011, but the Health Board has not appropriately considered Well-being of Future Generations (Wales) Act requirements.

<sup>4</sup> The Health Board introduced East (Wrexham and Flintshire), centre (Denbighshire and Conwy), and west (Anglesey and Gwynedd) Integrated Health Communities, which are responsible for acute, community and primary care services, in August 2022 as part of a new operating model.

What we looked at	What we found
<p><b>We considered whether the Health Board has a good understanding of current and future service demands.</b> We expected to see:</p> <ul style="list-style-type: none"> <li>• use of reliable workforce information to determine workforce need and risk in the short and longer term; and</li> <li>• action to improve workforce data quality and address any information gaps.</li> </ul>	<p>We found that <b>the Health Board has an improving understanding of current workforce capacity but needs to strengthen how it models and plans its workforce.</b></p> <p>The Health Board has made a concentrated effort to improve its workforce data resulting in the development of a three-year workforce profile (2022-2025). Some services, such as Child and Adolescent Mental Health Services and critical care, are starting to develop workforce plans for their service. We also understand that the Health Board has completed some Nursing workforce planning for the three Integrated Healthcare Communities and as a result it has a better understanding of discrete workforce gaps. However, the Health Board is clear that it needs to do far more to fully understand its current and future workforce requirements and set out key improvement actions in workforce plans. In particular, the Health Board needs a clearer understanding of its future service models and corresponding clinical service plans for acute and community services (<b>Recommendation 2</b>). Without this, it will not be able to effectively develop its workforce and associated new roles or forecast capacity and demand to ensure workforce sustainability in the medium to long term.</p> <p>The Health Board has reasonable operational workforce data such as sickness levels, vacancy, and appraisal rates which it sources from the Electronic Staff Record system (ESR). This supports day-to-day workforce analysis and management. However, there are also areas that need attention. For example, whilst there is an agreed funded establishment<sup>5</sup> and establishment control process, we understand that financial data and workforce data do not always align, indicating that the approach for setting a funded establishment may need revisiting.</p> <p>The Health Board is taking steps to improve data quality, working with national working groups such as the All-Wales Data Quality Group to find shared solutions. The Health Board is also taking steps to improve service level access to workforce data by developing management dashboards. It is initially starting with the most common metrics including appraisal and statutory and mandatory training; sickness and maternity absence rates; turnover and vacancy rates. Of note, the Health Board is developing a workforce utilisation dashboard to identify the utilisation of substantive and</p>

<sup>5</sup> Establishment is the term for the workforce levels, staff roles and the NHS Agenda for Change banding for which is financially budgeted.

What we looked at	What we found
	<p>temporary staff within rosters, measured against funded establishments in ESR. This will include staff unavailability (ie annual leave, sickness, training, and parental absence) to help provide a spotlight where staff utilisation is low. It will also include analysis of patterns of high temporary workforce authorisation requests.</p>
<p><b>We considered whether the Health Board is working with partners to help resolve current and anticipated future workforce challenges. We expected to see:</b></p> <ul style="list-style-type: none"> <li>• effective and timely engagement and working with key internal and external stakeholders to tackle current and future workforce issues; and</li> <li>• shared solutions identified with key stakeholders to help address workforce challenges.</li> </ul>	<p>We found that <b>whilst the Health Board is collaborating proactively with external stakeholders to find shared solutions to workforce challenges, more needs to be done to build effective internal relationships and ownership of workforce developments.</b></p> <p>Internally, the central workforce team has limited capacity to engage services across the organisation. The Health Board developed the People Strategy without effective internal engagement. As a result, there seems to be little wider organisational ownership for its delivery. In addition, during our fieldwork, operational managers were trying to progress workforce planning within their service often with little or no involvement from the corporate workforce team. The Health Board has recently introduced a new ‘people team’ model which if appropriately implemented may help to bridge the gap between services and the corporate workforce team to help support new workforce developments.</p> <p>The recent external ‘assessment of key areas of workforce agenda’ highlighted concerns around leadership, behaviours and values and lack of traction of the Health Board’s ‘Stronger Together<sup>6</sup>’ work. The Health Board reported that it is at the initial stages of a new Culture, Leadership and Employee Engagement programme which is focussing on culture, leadership, and engagement. Given the challenges facing the organisation, there will be a need for clear reporting on progress and the impact of this work.</p>

<sup>6</sup> Stronger Together is a 3+ year system and organisational development approach to enable the Health Board to better meet its purpose and goals through the alignment of its process, behaviours, and structures. The key three phases of Stronger Together are: Discovery (Let’s Talk), Co-Design and Co-Delivery.

What we looked at	What we found
	<p>The Health Board recognises the importance of regional working to support the development of sustainable services. It actively engages its local authority partners to find shared workforce solutions through the North Wales Regional Partnership Board<sup>7</sup>. They are collectively seeking to strengthen integrated health and social care workforce arrangements and currently revising the North Wales Social Care and Community Health Workforce Strategy.</p> <p>The Health Board is working in partnership with Bangor University on the North Wales Medical School. It will take time before the new school helps to provide the medical capacity needed by the Health Board, but it is promising that North Wales now has improved chances for attracting medical trainees from local communities. This should give the Health Board greater potential to recruit and retain a sustainable medical workforce. It will also be important to ensure the Health Board effectively supports its students, providing good quality placements, to improve the likelihood of attracting them into permanent positions, once they graduate.</p> <p>The Health Board routinely and effectively engages with Health Education Improvement Wales (HEIW) on local workforce issues including the Talent Management programme, routine education commissioning arrangements, supporting preparation of the new North Wales medical school.</p>

<sup>7</sup> The North Wales Regional Partnership Board was established by the Social Services and Well-being (Wales) Act 2014 to ensure local health boards, local authorities and the third sector work together to deliver services, care and support that meets the needs of people who live in North Wales.



### Exhibit 3: operational action to manage workforce challenges.

This section focusses on the actions the Health Board is taking to manage workforce challenges. We found that **the Health Board does not have sufficient capacity and capability to allow it to effectively support workforce planning. While its teams understand and are responding to operational key workforce challenges, the scale of the problem has meant that the level of workforce risk that the organisation is facing has not notably reduced.**

What we looked at	What we found
<p>We considered whether the Health Board has identified sufficient resources to support workforce planning over the short, medium, and long term. We expected to see:</p> <ul style="list-style-type: none"><li>• clear roles and responsibilities for workforce planning;</li><li>• appropriately skilled staff to ensure robust workforce planning;</li><li>• sufficient workforce capacity across the organisation to plan and deliver the workforce strategy or plan; and</li><li>• sufficient financial resources to deliver the workforce strategy or plan.</li></ul>	<p>We found that <b>whilst the Health Board is strengthening its People team with the introduction of People Business partners, it does not yet have sufficient resources to effectively support workforce planning or effective delivery of the People Strategy.</b></p> <p>The Health Board is taking some action to integrate workforce support into its new operating model structure. It has recently introduced a new People Team business partnering model which aligns an Associate Director of Workforce and a People Business Partner to each Integrated Health Community. There is also a corporate pan-organisation workforce team that support Cancer Services, Mental Health Services, and the corporate functions. Whilst these are positive developments, it will be important to ensure that within this business partnering model there is sufficient capacity and capability in respect of workforce planning. Our fieldwork indicates that currently this is not the case.</p> <p>Currently, there are vacancies in the workforce directorate, resulting in some staff working up in 'acting' positions. The gaps in senior management in the workforce directorate, alongside a significant operational caseload, are impeding the People Strategy's delivery including essential work needed on organisational development and workforce planning. There are also workforce planning capacity issues at an operational service manager level. Our focus groups identified that some service leads had started workforce planning, but, due to the corporate team's limited resources, felt they were attempting this without the necessary workforce planning expertise. Other service leads felt that operational pressures did not allow them sufficient time to 'think strategically' to develop workforce solutions.</p>

What we looked at	What we found
	<p>As in other NHS bodies, staff costs drive much of the organisation's expenditure. Between 2017-18 and 2022-23, the Health Board's total annual pay costs increased by 48% to £1.04 billion. Effective workforce planning is an essential component in ensuring current and future service models are both fit for purpose and affordable. The Health Board must sufficiently invest in its corporate and devolved workforce planning capacity and capability to achieve this. This is a clear recommendation in the recent external 'assessment of key areas of workforce agenda' review.</p> <p>Currently, there is no workforce planning training available within the Health Board. The Health Board indicated that once all the People Business Partners are in post, they would receive an intensive training programme including workforce planning. Following this, we understand that the Health Board will roll out workforce planning training more widely, however, no timeframe has been set for this. We understand that this training will be based on HEIW's six-step model<sup>8</sup>. This process will take time and needs to be effectively planned and prioritised (<b>Recommendation 3</b>).</p> <p>Whilst the human resources and workforce organisational development functions have a set budgetary allocation, the Health Board's People Strategy is not costed and the Health Board has not identified the longer-term costs, skills or other resources associated with delivering it.</p> <p>The Health Board is also starting to consider the overall efficiency of its workforce as part of its annual plan development. This includes identifying possible new ways of working, elements of service redesign and reduction in variable 'agency' costs. This is a positive development, although the work is at too early a stage to be able to demonstrate any tangible improvements.</p>

<sup>8</sup> Health Education and Improvement Wales has developed a workforce planning toolkit based on the following six steps: 1, Define your plan, 2. Map the service change, 3. Define the workforce, 4. Workforce supply, 5. Define actions required, 6 Implement and monitor.

What we looked at	What we found
<p>We considered whether the Health Board has a good understanding of the short and longer-term risks that might prevent it from delivering its workforce strategy or plan. We expected to see:</p> <ul style="list-style-type: none"> <li>• a good understanding of the barriers that might prevent delivery of the workforce strategy or plan;</li> <li>• plans to mitigate risks which may prevent the organisation from achieving its workforce ambitions; and</li> <li>• clearly documented workforce risks that are managed at the appropriate level.</li> </ul>	<p>We found that <b>the Health Board has a good understanding of the risks that might prevent the delivery of its workforce ambitions. However, the scale of its workforce challenges means that its mitigating actions are having minimal impact on reducing these risks.</b></p> <p>The Health Board has a good understanding of the range of risks which may prevent its People Strategy delivery. These relate to workforce shortages, financial pressures, and a lack of clarity about future clinical service models. Additionally, workforce shortages are limiting the Health Board's ability to meet the requirements of the Nurse Staffing Levels Act (Wales)<sup>9</sup>. Despite taking mitigating actions at corporate and operational levels during 2022-23, the Health Board struggled in many areas to ensure it appropriately complied with the Act<sup>10</sup>.</p> <p>Corporately, the Health Board appropriately reflects high-level short and longer-term workforce risks, which it manages through the Board Assurance Framework (BAF) and corporate risk framework. Operationally, the Risk Management Group meets regularly to review corporate risk registers and actions. The Health Board is currently seeking to consolidate a range of workforce risks to better describe the risk in the context of the risk to patient care. Nevertheless, the scale of the workforce challenges in the Health Board means that mitigating actions are having minimal effect on reducing workforce risks. Some of the arrangements to manage these risks are relatively new and will need to become further embedded to help reduce some workforce challenges. These include the review of vacancy control, a clinical workforce service review programme and monthly 'pipeline' reports for managers.</p>

<sup>9</sup> The Nurse Staffing Levels (Wales) Act 2016 was passed in March 2016. The Act places a duty on health bodies to have regard to providing appropriate nurse staffing levels. This is to ensure their nurses have the time to provide the best possible care for patients. Currently the Act only applies to adult acute medical and surgical, and paediatric inpatient wards.

<sup>10</sup> In May 2023, the Board received the [2022-23 Nurse Staffing Levels Annual Assurance Report](#), covering the period between April 2022 and April 2023.

What we looked at	What we found
<p>We considered whether the Health Board is effectively addressing its current workforce challenges. We expected to see:</p> <ul style="list-style-type: none"> <li>• effective reporting and management of staff vacancies;</li> <li>• action to improve staff retention;</li> <li>• efficient recruitment practices;</li> <li>• commissioning of health education and training which is based on true workforce need; and</li> <li>• evidence that the organisation is modernising its workforce to help meet current and future needs.</li> </ul>	<p>We found that <b>the Health Board is working to address its operational workforce challenges through a range of recruitment, retention, and development activities. However, significant challenges remain and education commissioning is not yet supporting a sustainable workforce.</b></p> <p>The Health Board has the biggest workforce in NHS Wales. With a vacancy rate at 7% (<b>Exhibit 10</b>), it has increased its use of agency staff to help address short-term workforce gaps (<b>Exhibit 8</b>). The Health Board is also actively addressing operational workforce shortages by using bank staff, redeployment of existing staff and international recruitment. In addition to its routine domestic recruitment, it has supported over 100 international nurses through professional registration, resulting in their employment in the Health Board<sup>11</sup>. Since October 2022, the Health Board has continued its overseas nurse recruitment programme with a plan to recruit a further 380 registered nurses over the next two years, with 58 successfully appointed to date. The Health Board is taking steps to streamline and centralise recruitment to address inefficiencies in its recruitment process. This includes managing recruitment through the resourcing managers within each IHC, which supplements the recruitment services provided by Shared Services.</p> <p>The Health Board is also experiencing challenges with staff retention (<b>Exhibit 9</b>). The Health Board is seeking to address this through its Joining Well/Leaving Well initiative and the work of the Strategic Recruitment and Retention Group<sup>12</sup>. This group is responsible for developing career pathways for matrons, ward managers and head of nursing. The Health Board is also taking steps to improve its exit survey responses. However, it should also conduct regular pulse surveys/stay interviews<sup>13</sup> to gauge how staff are feeling and identify any improvements it can make to help support staff retention (<b>Recommendation 4</b>).</p>

<sup>11</sup> [Betsi Cadwaladr University Health Board People Strategy p.15](#)

<sup>12</sup> The Strategic Recruitment and Retention Group monitors and develops a forward look on recruitment and retention initiatives to mitigate nursing shortfall over the next five years.

<sup>13</sup> The Health Board conducts 'Stay interviews' to help managers understand why employees stay and what might cause them to leave.

What we looked at	What we found
	<p>The Health Board's sickness rate (<b>Exhibit 11</b>) is not meeting the national target although it has started to reduce during 2023. The Welsh Government 'Assessment of key areas of workforce agenda' review recommended the need to establish a long-term organisational health and wellbeing approach with clear roles and better visibility for the Health and Well-being Leadership Group.</p> <p>The Health Board is introducing staff career progression opportunities including enhancing existing 'grow your own' and apprenticeships schemes. The Health Board's Nursing Career Framework is supporting nursing workforce development to help address workforce gaps and support succession planning needs. The Health Board is also assisting healthcare support workers' pre-registration as part of their nursing programme training.</p> <p>There are, however, weaknesses in the education commissioning process that mean that the pipeline of newly qualified staff does not meet demand. The Health Board is strengthening its educational commissioning process by aligning it with the timeline for development of its Integrated Medium Term Plan and improving how it engages services on projected needs. However, the Health Board appoints less staff than it trains through the commissioning process.</p> <p>The Health Board recognises the need to use the workforce differently and is starting to seek alternative solutions to ensure a sustainable workforce. For example, it has established its physician associates' role and physician and advanced practice roles, but the progress and scale of rollout are limited. The Health Board is also looking at opportunities to develop General Practitioners' specialties to fill secondary care gaps.</p>

#### Exhibit 4: monitoring and oversight of workforce plan/strategy delivery

This section of the report focusses on the robustness of corporate oversight of workforce risks. We found that **the Health Board's People strategy or plan is not sufficiently supported by robust monitoring, oversight, and review.**

What we looked at	What we found
<p>We considered whether delivery of the Health Board's workforce strategy or plan is supported by robust monitoring, oversight, and review. We expected to see:</p> <ul style="list-style-type: none"><li>• arrangements in place to monitor the progress of the workforce strategy or plan at management and committee levels;</li><li>• effective action where progress on elements of the workforce strategy or plan are off-track;</li><li>• performance reports showing the impact of delivering the workforce strategy or plan; and</li><li>• the organisation benchmarking its workforce performance with similar organisations.</li></ul>	<p>We found that <b>the Health Board's approach to monitoring the impact of the People Strategy has not been strong enough and has been further compromised by the need to stand down the Partnerships, People and Population Health Committee. A revitalised approach to monitoring delivery of the Strategy is needed which should include better use of benchmarking information.</b></p> <p>Committee oversight on key workforce issues is not currently sufficient given the extent of the workforce challenges the organisation faces. The Health Board's current workforce oversight is in theory split between two committees. The Performance, Finance and Information Governance Committee routinely consider operational workforce performance analysis and trends. The Partnerships, People and Population Health Committee should oversee the progress and impact of the People Strategy. However, in late February 2023, this committee was stood down following the significant changes to the Independent Member cadre on the board. As part of the re-establishment of the board and an associated review of committee arrangements, the Health Board has introduced a new People and Culture Committee, with its inaugural meeting held in January 2024.</p> <p>The last report to the Partnerships, People and Population Health Committee in January 2023 described some actions to deliver some elements of the People Strategy, but gave no sense of the overall pace of progress of strategy delivery and very little focus on the difference (the impact) it is achieving (<b>Recommendation 5</b>). The People and Culture Executive Delivery Group was set up to monitor the development and delivery of the People Strategy. However, the Health Board reported that changes, including the introduction of the Operating Model, have affected the continuity and effectiveness of the group's meetings.</p> <p>Where possible, the Health Board benchmarks its workforce performance with other health bodies in Wales, comparing metrics such as turnover, sickness rates, time to hire, and recruitment checks through its workforce dashboard. As such there is an opportunity for the Health Board to benchmark</p>

its workforce performance and identify good practice and innovation with similar organisations across the UK and internationally.

# Appendix 1

## Audit methods

Exhibit 5 sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"><li>• Workforce strategy and associated workforce plan(s)</li><li>• Implementation/delivery plans for workforce strategy – high level</li><li>• Evidence of evaluation of workforce strategy and/or associated initiatives</li><li>• Information feeding into workforce strategy development eg needs assessment, workforce data, benchmarking exercises, demand and capacity planning, skills gap analysis, horizon scanning</li><li>• Evidence of stakeholder engagement</li><li>• Workforce finance and resource plans</li><li>• Corporate and operational risk registers</li><li>• Document showing recruitment process, recruitment, and retention initiatives</li><li>• Corporate and operational level oversight and monitoring of workforce metric and strategy delivery</li></ul>
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none"><li>• Deputy Executive Director of People</li><li>• IHC Medical Director x 3</li><li>• IHC Director x2</li><li>• Head of Financial Reporting</li></ul>

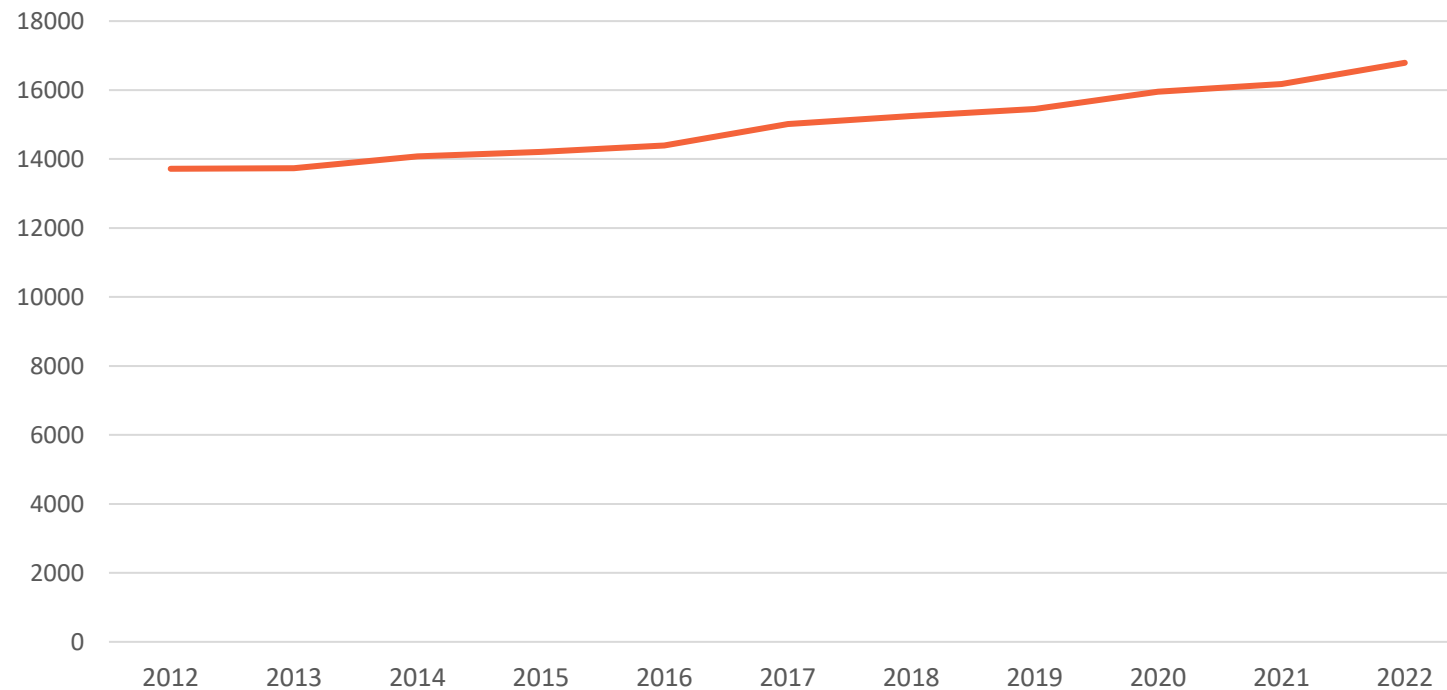


Element of audit approach	Description
	<ul style="list-style-type: none"> <li>• Head of Financial Planning</li> <li>• Information Officer</li> <li>• Assistant Director of Nursing</li> <li>• Assistant Director for Strategy</li> <li>• Associate Director of People</li> <li>• Associate Director Workforce</li> <li>• Workforce Information Leads</li> <li>• Deputy Executive Medical Director</li> </ul>
Focus groups	<p>We ran two focus groups with:</p> <ul style="list-style-type: none"> <li>• a selection of service leads involved in clinical workforce planning; and</li> <li>• a selection of service leads involved in the workforce planning of enabler services.</li> </ul>

# Appendix 2

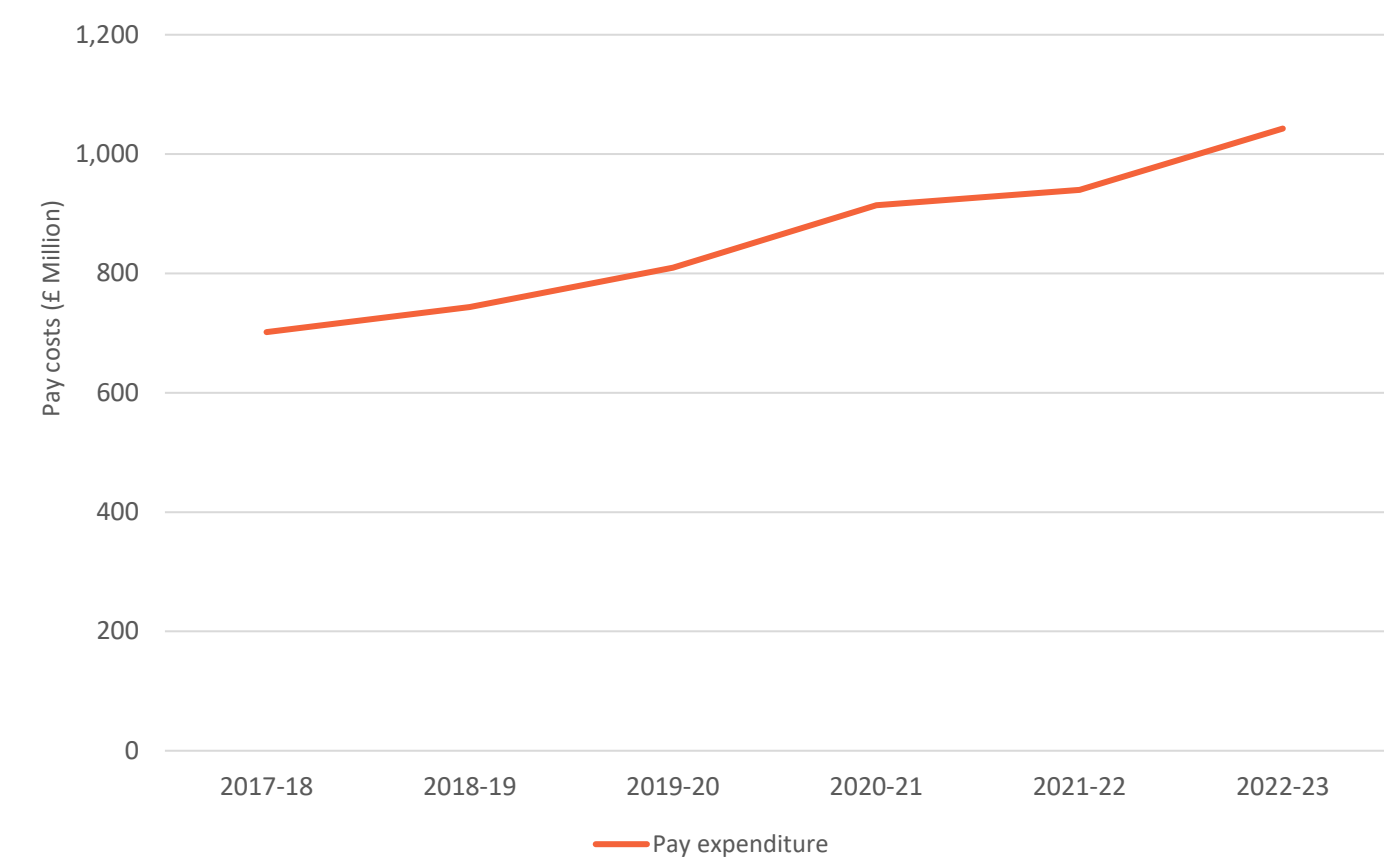
## Selected workforce indicators

**Exhibit 6: trend in workforce numbers (full-time equivalent), Betsi Cadwaladr University Health Board**



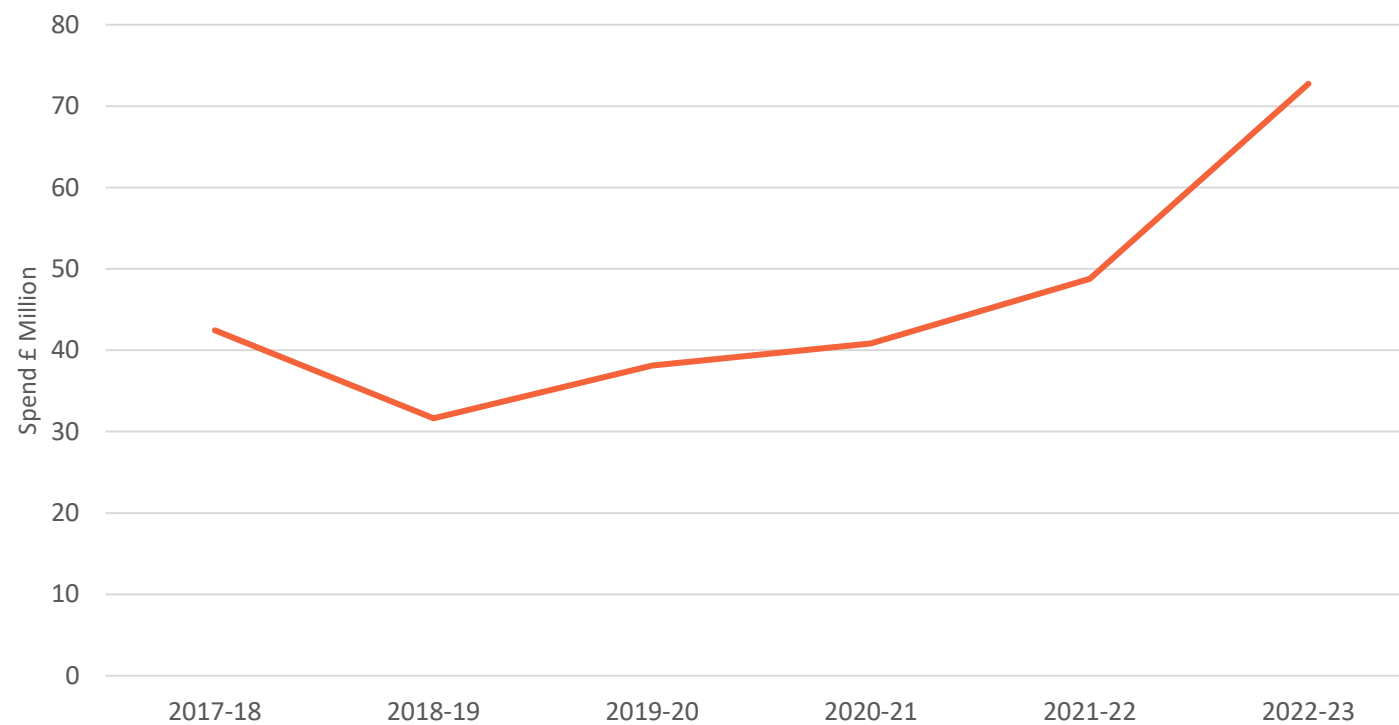
Source: Welsh Government, Stats Wales

Exhibit 7: trend in actual workforce costs, Betsi Cadwaladr University Health Board



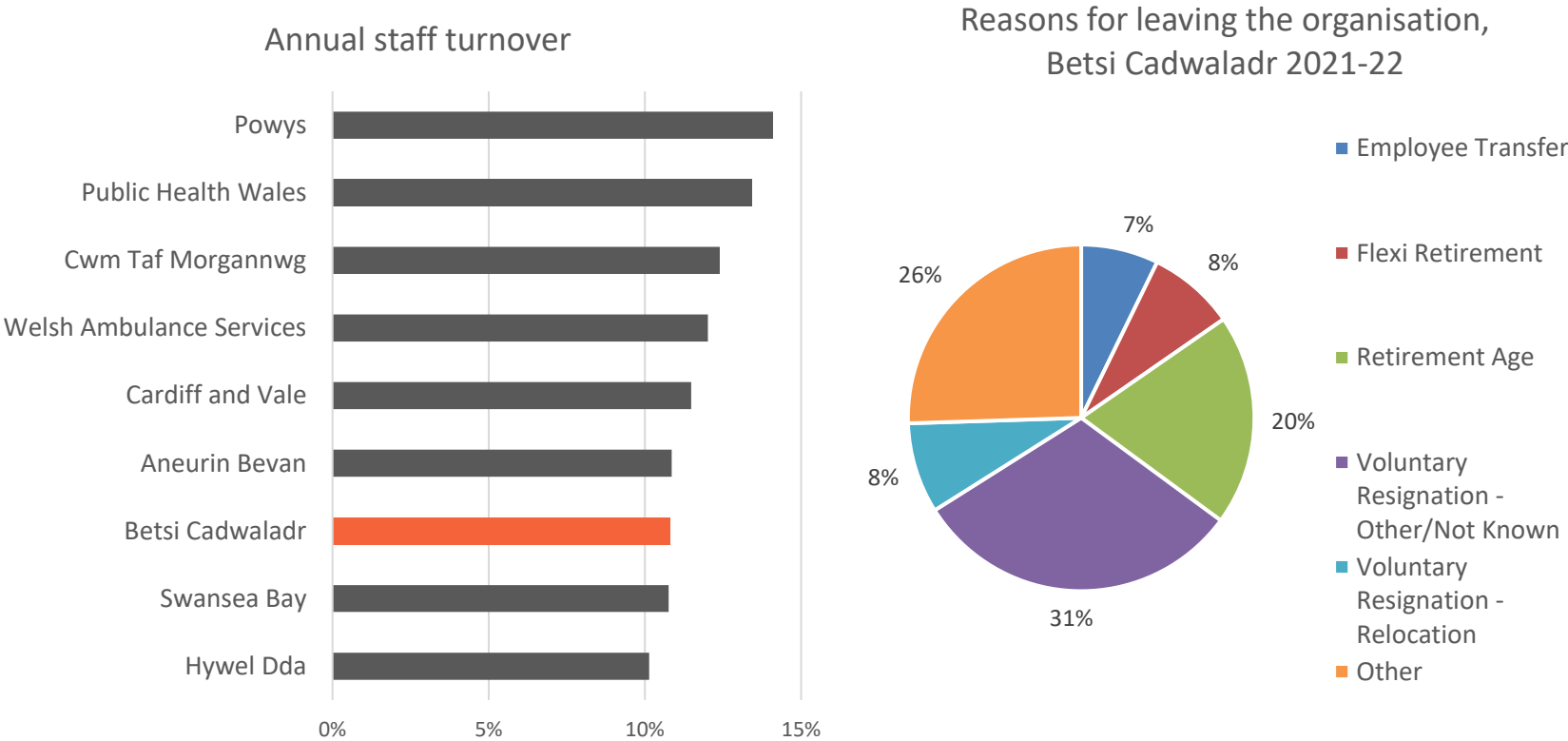
Source: Monthly Monitoring Returns reported to the Welsh Government

**Exhibit 8: trend of expenditure on workforce agency £ million, Betsi Cadwaladr University Health Board**



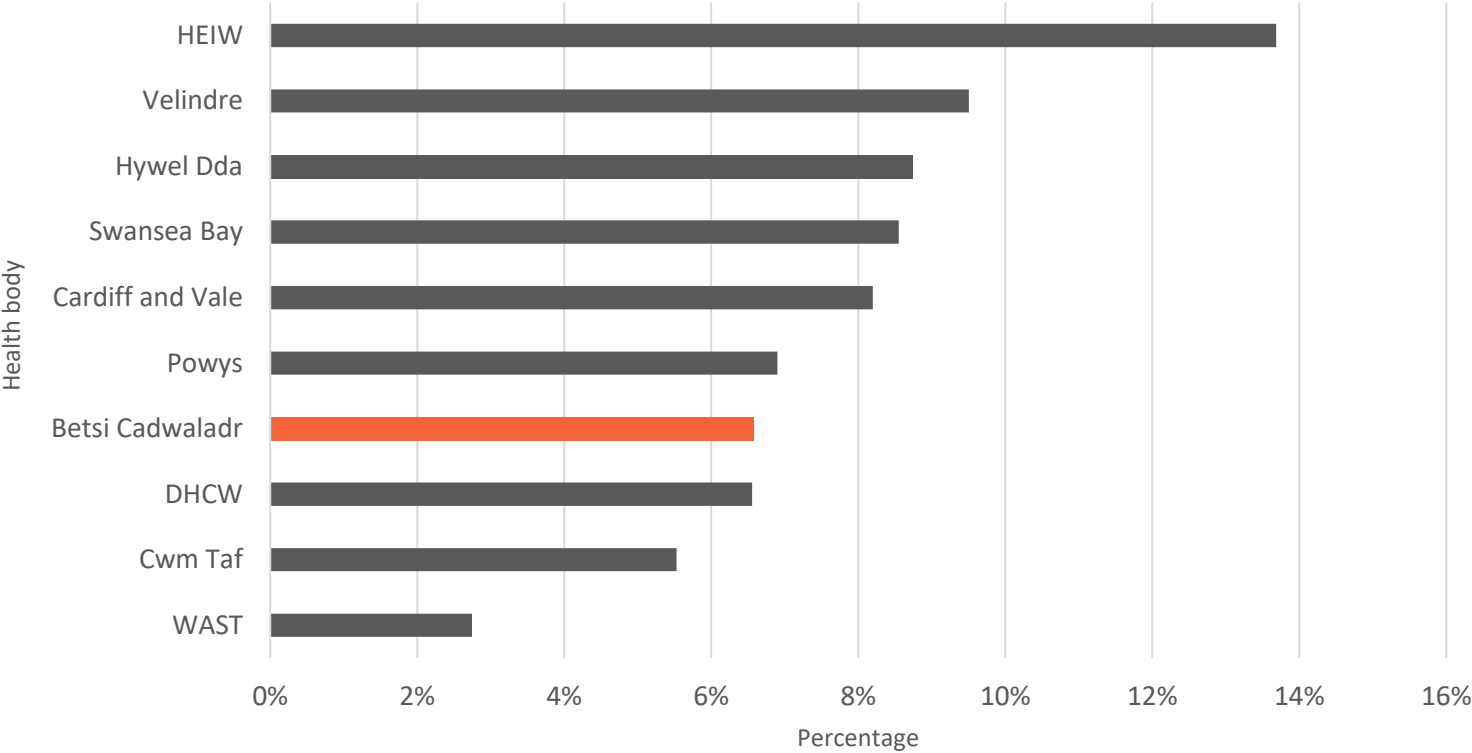
Source: Monthly Monitoring Returns reported to the Welsh Government

Exhibit 9: annual staff turnover and reason for leaving, 2021-22, Betsi Cadwaladr University Health Board



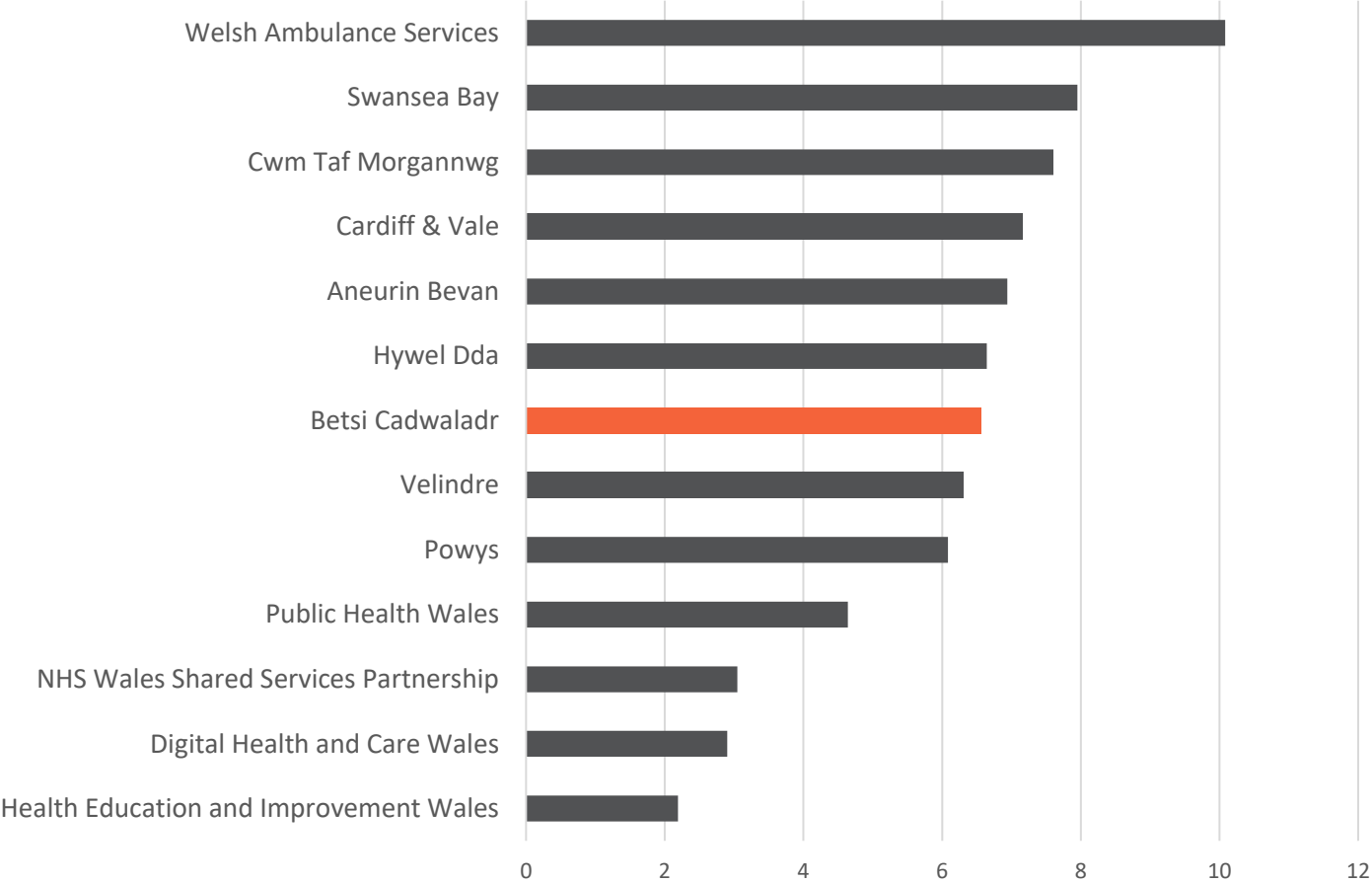
Source: staff turnover data sourced from Health Education and Improvement Wales. Reason for leaving data sourced from health body data request.

Exhibit 10: vacancies as a percentage of total establishment, as of March 2022



Source: health body data request

Exhibit 11: sickness absence by organisation, 2022



Source: Welsh Government, Stats Wales

# Appendix 3

## Organisational response to audit recommendations

**Exhibit 12:** Betsi Cadwaladr University Health Board's response to audit recommendations.

Ref	Recommendation	Organisational response	Completion date	Responsible officer
R1	<p><b>Delivery of the People Strategy</b></p> <p>The Health Board should strengthen and further develop their current implementation plan for delivery of the People Strategy that:</p> <p>a) Sets out clear goals and targets and prioritised activities, with clear delivery timelines and accountabilities. (<b>High priority</b>)</p> <p>b) Incorporates actions to deliver the 30 recommendations made in the Assessment of key areas of workforce agenda. (<b>High priority</b>)</p>	<p>a) The Health Board has sat out clear goals, targets and prioritised activities as part of its special measures programme in 2023-24 and has built them into the annual plan for 2024-25. Clear delivery timelines and accountabilities will be set out as part of the delivery of the annual plan.</p> <p>b) The identified recommendations will be reviewed in light of the work already carried out under Special Measures and will be developed into actions as part of the ongoing work with the Annual Plan and as part of the delivery work overseen by the Organisation Development Steering Group chaired by the CEO and reporting into the newly established People and Culture Committee.</p>	<p>End of July 2024</p> <p>End of September 2024</p>	<p>Deputy Director of People</p> <p>Deputy Director of People</p>



Ref	Recommendation	Organisational response	Completion date	Responsible officer
R2	<p><b>Service level workforce planning</b></p> <p>In order to better understand its current and future workforce requirements the Health Board should:</p> <p>a) Undertake analysis to understand its current workforce requirement and future service models to determine the workforce needed to create sustainable and efficient acute and community services. This will require:</p> <ul style="list-style-type: none"> <li>– forecasting of service demand</li> <li>– service modelling; and</li> <li>– analysis of capacity requirements, by specialism and profession. <b>(High priority)</b></li> </ul> <p>b) Ensure there is sufficient capacity and capability within the Health Board to support effective workforce planning; this should include identifying where scope exists to re-deploy existing staff resources and ensure there are clearer remits within existing job specifications. <b>(High priority)</b></p>	<p>a) There is a baseline position now in place as a result of the work done on the workforce dashboards and development of local plans as part of the annual plan development; further analysis will be carried out through 2024 to ascertain demand and capacity requirements across services by specialism and profession.</p> <p>b) This work will be picked up as part of the ongoing embedding of the new people services structure with dedicated resource identified to support specialised workforce planning and further development via a specified training programme of the People Service Business Partners and identified planning leads across the organisation. Job Descriptions across these key roles will be made clearer in the relevant job specifications associated with the identified roles.</p>	<p>End of December 2024</p> <p>End December 2024</p>	<p>Associate Director of Workforce Optimisation</p> <p>Associate Director of Workforce Optimisation</p>

Ref	Recommendation	Organisational response	Completion date	Responsible officer
R3	<p><b>Support and training</b></p> <p>The Health Board should develop an evaluation framework to measure the success of the workforce planning training programme it intends to roll out. The evaluation of the training programme should incorporate an early assessment of whether the training is achieving it's intended aims. <b>(Medium priority)</b></p>	This action will be built into the training programme outlined in R2b.	End of December 2024	Associate Director of Workforce Optimisation
R4	<p><b>Exit and pulse surveys</b></p> <p>To better understand issues affecting staff turnover the Health Board should:</p> <ul style="list-style-type: none"> <li>a) Develop an approach to increase exit survey response rates and ensure feedback from the surveys informs retention activities. <b>(Medium priority)</b></li> <li>b) Conduct regular pulse surveys/stay interviews to gauge how staff are feeling and identify any improvements it can make to support retention and manage staff turnover. <b>(Medium priority)</b></li> </ul>	<ul style="list-style-type: none"> <li>a) This work will be incorporated into the wider retention work plan being developed by the organisation and will be rolled out across 2024-25.</li> <li>b) This work will be incorporated into the wider retention work plan being developed by the organisation and will be rolled out across 2024-25.</li> </ul>	<p>End of December 2024</p> <p>End of March 2025</p>	<p>Deputy Director of People</p> <p>Deputy Director of People</p>

Ref	Recommendation	Organisational response	Completion date	Responsible officer
R5	<p><b>Monitoring and oversight</b></p> <p>The Health Board should strengthen its approach to monitoring delivery of the People Strategy and associated implementation plans and workforce programmes. The monitoring approach should have a focus on whether the Strategy is achieving its desired aims and outcome, include engagement with the new People and Culture Committee and incorporate implementation of the recommendations from the external 'assessment of key areas of workforce agenda review.' <b>(Medium priority)</b></p>	<p>The monitoring of the delivery of the Health Board's workforce priorities will be overseen through the revised governance structures now in place. These will outlined as part of this management response and the new People Report being developed for the People and Culture Committee will incorporate this monitoring.</p>	<p>End of September 2024</p>	<p>Deputy Director of People</p>





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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.



<b>Teitl adroddiad:</b> <i>Report title:</i>	Board Assurance Framework		
<b>Adrodd i:</b> <i>Report to:</i>	People & Culture Committee		
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 11 April 2024		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The purpose of this report is for information and assurance of the work ongoing in relation to fulfilling the requirement of a completed Board Assurance Framework (BAF).		
<b>Argymhellion:</b> <i>Recommendations:</i>	<p>Committee is asked to be consider risks and be assured that the monitoring of risks in relation to delivering on the Annual Plan, Board Assurance Framework (BAF).</p> <p>The Committee is asked note <b>changes</b> to the BAF report ahead of reporting being presented to the Executive Team Meeting 17/04/2023:</p> <ul style="list-style-type: none"> <li>SP16- Board Leadership &amp; Governance decreased from 16 to 12</li> </ul>		
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Phil Meakin, Acting Board Secretary		
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Nesta Collingridge, Head of Risk Management		
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<b>I'w Nodi</b> <i>For Noting</i> <input type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input checked="" type="checkbox"/>	<b>Am sicrwydd</b> <i>For Assurance</i> <input type="checkbox"/>
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>

**Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:**

***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***

At this stage the BAF is aligned to strategic priorities and not as intended (aligned to strategic objectives). Reviewing BCU objectives is a noted action has been discussed at the Executive Team meeting, and Board Committees. However acceptable assurance was received by Committees on the work ongoing and the approach taken.

<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	
<b><i>Link to Strategic Objective(s):</i></b>	BAF currently aligned to strategic priorities and addressed above.
<b>Goblygiadau rheoleiddio a lleol:</b> <b><i>Regulatory and legal implications:</i></b>	It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b> <b><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></b>	N/A paper for information
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></b>	N/A
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b>	BAF paper and links to the CRR have been noted in the appendix of each risk
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <b><i>Financial implications as a result of implementing the recommendations</i></b>	The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>	N/A

<b>Workforce implications as a result of implementing the recommendations</b>	
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b>Feedback, response, and follow up summary following consultation</b>	At this stage the BAF is aligned to strategic priorities and not as intended (aligned to strategic objectives), feedback around the draft outline of the BAF and it's alignment to the strategic priorities further detailed below.
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	BAF paper links to Corporate Risks.
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	N/A
<b>Camau Nesaf:</b>  <b>Next Steps:</b>  Corporate Risk Team to continue to monitor and escalate any new BAF risks to Executive Team for review. Align the BAF to the Objectives	
<b>Rhestr o Atodiadau:</b>  <b>List of Appendices:</b> Appendix 1 - Dashboard. Appendix 2 - BAF Risk reports <ul style="list-style-type: none"> <li>• SP16- Board Leadership &amp; Governance</li> </ul>	



## Introduction/Background

The purpose of the Board Assurance Framework (BAF) is to inform and assure the Board with controls and action plans for identified high-extreme risks that relate to any possibilities of not delivering on the objectives of the Health Board.

The purpose of this report is to highlight progress and the approach taken to have an effective BAF related to the strategic priorities for the 2023/24 Annual Plan. The objectives of the Health Board have not yet been reviewed and the BAF will subsequently be aligned to BCU objectives.

Following the 22/23 archive of the BAF and previous strategic priorities. The 23/24 Annual Plan has been reviewed in order to develop controls and action plans in relation to any risk of non-delivery. Only those which are thought to be high risk will be reflected in the BAF report to ensure adequate controls and action plans are reported to Committee and Board.

The BAF was subsequently presented to the Executive Team where further steer was provided to continue with the work as planned and the Executive Director Transformation and Strategic Planning will progress reviewing the 24/25 objectives with the Board.

The corporate risk team will continue to work closely with the Executive Director Transformation and Strategic Planning and Director of Transformation & Improvement to ensure progress on the Annual Strategic Priorities and monitoring of any risks.

Appendix 1 – BAF Dashboard highlights changes to:

- SP16- Board Leadership & Governance decreased from 16 to 12

## Next steps

1. The Board will continue to receive BAF papers in relation to strategic priorities until the BAF is align to objectives.
2. Corporate Risk Team to continue to work with the leads on any high risks in relation to the Strategic Priorities.

## Appendix 1 – BAF Dashboard.

Title	Score	Revision	Annual Plan Analysis	Risk Management Commentary
Changes to note				
Strategic Priority P16 Board leadership and governance	12	↓	Overall 'Green' Delivery Confidence With 1 priority delayed from Q3 to Q4 (23/24). 0 actions completed, 0 Amber, 0 Red.	Risk score moderated down from 16 to 12 as most actions completed.
No changes this reporting cycle				
Strategic Priority P12 Workforce	12	↓	Overall 'Green' Delivery Confidence With all on track. 4 actions completed, 0 Amber, 0 Red.	Risk score to potentially be further moderated down if confidence is positive. (no report as moderate risk)
Strategic Priority P17 Organisational development	12	TBC	Overall 'Amber' Delivery Confidence With 1 priority delayed from Q4 to Q1 (24/25) and 1 having amber delivery confidence. 0 actions completed, 1 Amber, 1 Red.	Risk score should be reviewed and possibly may increase. No report at present as moderate risk.



## Appendix 2-BAF Changes to report

BAF Board leadership & governance	Executive: Board Secretary		Date Opened: 19 October 2023			
	Committee: People & Culture Committee		Date Last Reviewed: 25/03/24			
	Strategic Priority: SP16	Link to CRR: Leadership/Special Measures Link to Tier 1’s: 4480/3969	Last Date Reviewed at Committee: (Audit Committee 16/11/23)			
			Target Risk Date: February 2024			
There is a risk of failing to effectively strengthen the Board arrangements following special measures and implement critical governance, accountability, planning, and performance improvements.						
Mitigations		Gaps in Controls		Current Risk Score		
<div>1. The development and agreement of the Special Measures “<b>Governance and board effectiveness domain</b>” deliverables and milestones that give clarity on what needs to be delivered by when. This includes development of Board Development and Board Induction products to support Board arrangements. This is detailed in the action section.</div> <div>2. Close working with Welsh Government on the recruitment of new Board members through the public appointment process.</div> <div>3. Comprehensive response to the Board Effectiveness Review by Audit Wales that aligns to the Special Measures approach.</div>		<div>1. Welsh Government control the public appointment but progression updates are provided</div> <div>2. The implementation of the review of the OBS is reliant upon following the organisational change policy and this will impact timescales for that part of the improvements</div> <div>3. The appointment of some Executive appointments is reliant on the timely review of the Exec Portfolio review</div>		Impact	Likelihood	Score
				4	3	12
				Movement N/A  Revised score Impact 4 remains and likelihood reduced from 4 to 3 March 2024 in line with Target		
Actions and Due Date						
		Target Date				
SM Ref no C1-1.3: Implement phase 1 induction for all Board members		Nov-23		Completed		
SM Ref no C1-1.4: Develop phase 1 Board development programme		Dec-23		Completed		
SM Ref no C1-1.5: All committees with assigned IMs operational, including ToR, Corp Calendar and Workplans		Mar-24		Completed		
SM ref no C1-1.6: Design Risk management framework and commence implementation		Dec-23		Completed		



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SM ref no C1-1.7: Permanent Chair/IM/CEO/Exec recruitment – dependent on Exec Portfolio Review and Senior HR Cases	Mar-24	Exec recruitment commenced
SM ref no C2-1.8: OBS team – implement interim and design permanent structure	Dec-23	Underway
SM ref no C2-1.9: Policy management and implementation/audit approach agreed	Oct-23	Completed
Feedback from Audit Wales follow up review – December 2023	Dec-23	Completed
Scrutiny of progress through Audit Committee	November 2023, January 2024 and March 2025	Completed
Assurance on progress through Board	November 2023, January 2024 and March 2026	Completed
Lines of Defence		
1	2	3
Special Measures meeting and assurances to committees on 90 day plan. OBS Team Meetings.	Acting Board Secretary providing recommendations and progress updates through the Executive Team meetings	Internal Audit
Overall Assessment Most actions completed.		

## Annual Plan for Reference

Strategic Priority P16

### Board leadership & governance: key actions for 23/24

Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
<b>P16.1</b>	Implement the actions in the Special Measures Response Plan 90 day cycles, including:	DTSP	<input type="checkbox"/> SM	QA4	
	▪ Strengthening Board Effectiveness and invest in Board Development				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	▪ Supporting Independent member recruitment				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



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	▪ Executive Team Development				□ □ □ □
	▪ Risk Management Framework				□ □ □ □
	▪ Board Committee				□ □ □ □
	▪ Special Measures Assurance Approach				□ □ □ □
<b>P16.2</b>	Develop and implement an organisational Performance Framework	DOF		QA2	
	▪ Revised performance and accountability arrangements to be in place				□ □ □ □
<b>P16.3</b>	Develop a Health Board Planning Framework, taking into account the findings of the Planning Review as part of the Special Measures response	DTSP	□ SM	QA2	
	▪ Planning review to be undertaken from July 2023 with report anticipated in September 2023				□ □ □ □



<b>Teitl adroddiad:</b> <i>Report title:</i>	Corporate Risk Register Report			
<b>Adrodd i:</b> <i>Report to:</i>	People & Culture Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 11 April 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this paper is to provide an update of the corporate risk register (CRR).</p> <p>N.B Risk Management Group 09/04/24 and following Executive Team Meeting 17/04/24 needs to approve paper in the normal cycle of report and a verbal update on any feedback will be provided.</p> <ul style="list-style-type: none"> <li>CRR24-01 People, Culture and Wellbeing. Likelihood reduced from 4 to 3 reducing overall score to 12 but to remain as a reportable corporate risk.</li> <li>CRR24-16 Leadership/Special Measures. Likelihood reduced from 4 to 3 reducing overall score to 12 but to remain as a reportable corporate risk.</li> </ul>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to <b>take assurance</b> on corporate risks attached in the report.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Phil Meakin, Acting Board Secretary			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<b>I'w Nodi</b> <i>For Noting</i> <input type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input checked="" type="checkbox"/>	<b>Am sicrwydd</b> <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>



<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this: N/A</i></p>	
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><i>Link to Strategic Objective(s):</i></p>	<p>Detailed in the BAF report and how the CRR aligns to the revised BAF</p>
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><i>Regulatory and legal implications:</i></p>	<p>It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.</p>
<p><b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>N/A paper for information</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></p>	<p>N/A</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>See Board Assurance Framework paper which highlights the relation.</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Failure to capture, assess and mitigate risks can impact adversely on the workforce.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Approved by Executives responsible for the individual corporate risk and quality assurance by Corporate Risk Management Team.</p>



<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	See the individual risks for details of the related links to the Board Assurance Framework.
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	N/A
<b>Camau Nesaf:</b>  <b>Next Steps:</b> Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.	
<b>Rhestr o Atodiadau:</b>  <b>List of Appendices:</b> Appendix 1 – Corporate Risks Dashboard – March 2024 Appendix 2 –Corporate Risk Register	



## Corporate Risk Register Report

### 1) Introduction and Background

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#### What Is a Corporate Risk?

A corporate risk register is a repository used by services and corporate functions to record significant risks that could impact the strategic objectives and operations of the Health Board. The register provides a comprehensive overview of the key risks facing the organisation. It is a pivotal tool to help proactively strengthen risk oversight and management.

1.1 There are 3 Corporate Risks for People and Culture Committee oversight and assurance. The full details of these risks are highlighted in Appendix 2 and include evidence of controls in place, assurances on those controls, additional controls required and actions with due dates.

### 1) Key Highlights

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Corporate Risks Dashboard highlights the current score, target score in relation to the risk appetite. Two risks have a reduced current score following update and review by the services (to be approved by Executive Team 17/04/2024):

- CRR24-01 People, Culture and Wellbeing- 5 out of 12 actions completed, reducing the likelihood from 4 to 3 reducing overall score to 12, but recommended that this remains as a reportable corporate risk until the target date or all actions completed to the full assurance of the Executive Team.
- CRR24-16 Leadership/Special Measures- 3 out of 7 actions completed, reducing the likelihood from 4 to 3, reducing overall score to 12, but recommended that this remains as a reportable corporate risk until the target date or all actions completed to the full assurance of the Executive Team.

### Next steps

1. Continued scrutiny of the actions, controls and progress of all corporate risks by Executive Team.

## Appendix 1 - Corporate Risks Dashboard – March 2024.

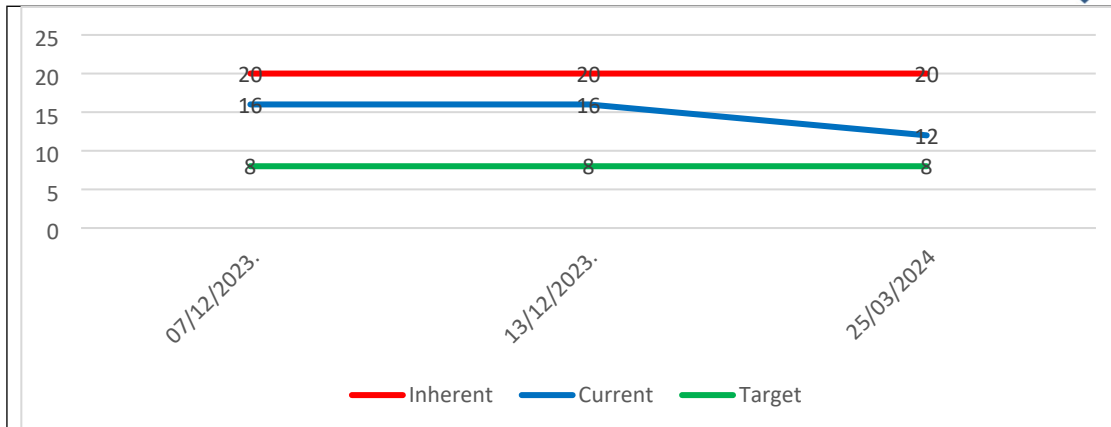
Lead	Ref	Risk Title	Current Score (Likelihood x Impact)	Risk Target Score	Appetite Main Risk Type	Lead Board Committee	Risk Management Commentary
					Appetite Level		
EDoW	CRR24-01	People, Culture and Wellbeing	3 x 4 = 12 ↓	8	People	P&C	New risk as of Dec 23. 12 actions identified, 5 completed, 2 progressing, <b>1 overdue and 4 new actions</b> . This risk is presented to the Risk Management Group and Executive Team in April for a proposed reduction in score as a result of completed actions the <b>likelihood</b> as <b>reduced</b> from a 4 <b>to a 3</b> , reducing the score from 16 to 12.
					4 - Seek		
EDoW	CRR24-15	Health and Safety	5 x 4 = 20 ↔	8	People	P&C	Newly developed strategic risk Feb 24, 4 actions identified, 0 completed, 4 progressing. All actions are on track against the 2024 target date. Further work is required to improve safe compliance.
					4 – Seek		
EDoW	CRR24-16	Leadership/Special Measures	3 x 4 = 12 ↓	8	Regulatory	P&C	New risk as of Dec 23. 7 actions identified, 3 completed, <b>1 overdue and 3 new actions</b> . This risk is presented to the Risk Management Group and Executive Team in April for a proposed reduction in score as a result of completed actions the likelihood as reduced from a 4 to a 3, reducing the score from 16 to 12.
					3 - Open		

## Appendix 2 –Corporate Risk Register for P&C

CRR 24-01	Risk Title: People, Culture and Wellbeing		Date Opened: 07/12/2023
	Assuring Committee: People & Culture Committee		Date Last Committee Review: 19/01/2024
Date Last Reviewed: 25/03/2024	Director Lead: Deputy Director of Workforce	Link to BAF: SP12	Target Risk Date: 30/09/2024
There is a risk that BCU do not have a <b>highly skilled</b> , engaged and <b>motivated</b> workforce which could impact on safe delivery of care. This could be caused by <b>staffing shortfalls</b> , organisational reputation and staff not feeling psychologically safe which could lead to burnout. This could lead to the inability to attract and retain high quality and skilled people.			
Mitigations/Controls in place		Lines of Assurances	Additional Controls required
<div>1. People Committee to oversee delivery of the People Services agenda</div> <div>2. Local IHC &amp; Pan Services People &amp; Culture Committees in place</div> <div>3. <a href="#">The Strategic Recruitment team in place to oversee efficient and effective professional recruitment for all senior leadership and medical &amp; dental consultant appointments across the Health Board</a></div> <div>4. Local IHC Resourcing Teams are in place across all IHC/Pan Services to drive forward recruitment and staffing priorities.</div> <div>5. The Recruiting well and Joining Well programmes in place</div> <div>6. <a href="#">Organisational Retention lead in post for BCU linked with national retention work through HEIW</a></div> <div>7. <a href="#">Dedicated Nurse Retention Lead in place to deliver the Nurse Retention Implementation Plan for the organisation</a></div> <div>8. Current BCU Flexible working policy has been updated and is place</div> <div>9. <a href="#">Staff feedback loop now in place via the NHS Wales Staff Survey and ongoing pulse surveys to ensure staff have a voice across the organisation</a></div> <div>10. Speak out Safely MDT in place</div> <div>11. Work in Confidence platform for staff to safely raise concerns.</div> <div>12. Workstreams associated with this risk which links into the Special Measures Framework are monitored via the governance of the Framework and reported to Executive Team and Board</div>	<div>1<sup>st</sup> – eg. Local Assurances:</div> <div><div>1. Organisational Development Steering Group</div><div>2. People Services Senior Leadership Team</div><div>3. Risk Management Group</div><div>4. Executive Team oversight</div><div>5. Internal Audit</div></div>		<div>1. The programme of work through the Education and Learning Committee to be finalised</div> <div>2. Increased measures on employee engagement</div> <div>3. <a href="#">Dedicated programme of work to ensure Line manager's full involvement in employee engagement</a></div>
	<div>2<sup>nd</sup> – eg. Board/Committee Assurances:</div> <div><div>1. People &amp; Culture Committee</div><div>2. Progress towards the People Service agenda is reported through the People &amp; Culture Committee chaired by the CEO and reported to the Board.</div></div>		
	<div>3<sup>rd</sup> – eg. External Assurances:</div> <div><div>1. <a href="#">Welsh government through quarterly IQPD meetings with executive team</a></div><div>2. <a href="#">HEIW through National Retention programme meetings</a></div></div>		
Actions			Due Date
			Progression Analysis



Education and Learning Committee is being established as a control measure	TBC	New action		
NHS Staff Survey action plan to be developed and implemented across 24/25	TBC	New action		
Scoping and methodology proposal for the wider review of the 2022 Operating Model restructure agreed via an appropriate Executive governance process following appropriate engagement <a href="#">Proposal shared at OD Steering group but not agreed. Proposal needs to be developed further and other options for gathering feedback need to be considered.</a>	30/04/2024	Revised Date (overdue)		
Findings from the wider review of the 2022 Operating Model restructure presented via an appropriate Executive governance process and next steps agreed	15/06/2024	Revised Date (Progressing)		
Clinical engagement: Progress demonstrated in the part of the OD plan relating to clinical engagement field work conducted in previous cycles. Recommendations made were reviewed by the Organisational Development Steering Group on 5.2.24. <a href="#">As agreed there, further work is being undertaken to understand the barriers to engagement of clinicians, which will inform proposals for the development of a broader corporate engagement offer. A draft OD Plan was presented to the Steering Group on 4.3.24 for feedback before being finalised.</a>	29/02/2024	Complete		
Measure employee engagement: Proposal on a broad range of mechanisms to do this other than just the staff survey presented via an appropriate Executive governance process. <a href="#">Proposal was presented at OD Steering Group on 04/03/2024.</a>	29/02/2024	Complete		
Formal Culture Change Plan and accompanying Comms and Engagement plan presented via an appropriate Executive governance process. <a href="#">Proposal was presented and agreed at the OD Steering Group on 04/03/2024. Resources to deliver the plan still need to be agreed.</a>	29/02/2024	Complete		
Examine the current pervasive culture: Final results from NHS Wales Staff Survey shared with all relevant managers and thematic analysis fed into Culture Change Plan. <a href="#">Top level data has been received. The national picture of the NHS survey will not be received until March/April 24.</a>	29/02/2024	Complete		
Revisit the values of the organisation: Views on the existing values and suggestions for modifications presented to Exec Team prior to scheduling for review at Board. <a href="#">Previously collected staff feedback on the existing values to be analysed and proposals of methods of co-production with the staff including comms and engagement plans to be submitted via an appropriate Executive governance process</a>	30/04/2024	Revised Date (Progressing)		
Staff facing version of the Learning Organisation Framework developed for use in work-based learning contexts. This will enable improvements in a wide range of organisational outcomes, such as quality, access, experience. <a href="#">Version 1 of staff-facing LOF finished and ready for testing with colleagues in MHL, as well as with critical friends and colleagues in our 'community of practice' too.</a>	29/02/2024	Complete		
The Recruiting Well, Joining Well, Leaving Well Programme is being developed to ensure we recruit, support and retain a skilled motivated workforce	TBC	New action		
The Wellbeing Service is looking to revised its programme of work across 24/25 to directly target burnout through the development of a Healthy Workforce programme	TBC	New action		
		Impact	Likelihood	Score
	Inherent Risk Rating	4	5	20
	Current Risk Rating	4	3	12
	Target Risk Score	2	4	8
	Risk Appetite	People		4 - Seek



### Rationale for Corporate Risk

This is a corporate risk due to the current position across the Health Board with high turnover rates across certain key staff groups. Staff engagement score at 72%, comparable with all Wales average of 73%.

CRR24-15	<b>Risk Title:</b> Health and Safety		<b>Date Opened:</b> 01/12/2023
	<b>Assuring Committee:</b> People & Culture Committee		<b>Date Last Committee Review:</b> NEW
<b>Date Last Reviewed:</b> 04/03/2024	<b>Director Lead:</b> Deputy Director of People	<b>Link to BAF:</b> N/A	<b>Target Risk Date:</b> 31/12/2024
There is a risk of avoidable harm to patients and staff. This is may be caused by a failure of the Health Board to provide safe systems of delivery and work in accordance with the Health and Safety at Work Act 1974 and associated legislation due to the lack of Health and Safety Leadership. The impact is patient and staff harm, financial implications, and reputational impact to the Health Board.			
Mitigations/Controls in place		Lines of Assurances	Additional Controls required
<ol style="list-style-type: none"> <li>Health and Safety short courses for managers and staff, and mandatory e-learning are in place, with regular monitoring reported to Strategic H&amp;S group. Further training commenced January 2024 with the NEBOSH General Certificate and NEBOSH Award.</li> <li>Policies and subgroups have been established including asbestos, water safety, fire electrical safety etc. to monitor and report into the Strategic Occupational Health &amp; Safety Group.</li> <li>Competence in training in service areas has been reviewed. Plan in place through business case (subject to approval) to establish robust Safety Competence and leadership training programme.</li> <li>There is a three-year Occupational Health, Safety and Security strategy in place that supports the Strategic Objectives of BCUHB.</li> <li>Falls are closely monitored by H&amp;S advisors to review under RIDDOR reporting requirements</li> </ol>		<b>1<sup>st</sup> – eg. Local Assurances:</b>	<ol style="list-style-type: none"> <li>HS01 to be updated when the Executive portfolios have been finalised. This will go out of date in December 2023 and a six month extension has been requested.</li> <li>There have been a number of HSE interventions and internal reviews that have highlighted significant gaps in the OHS system.</li> <li>New role of Director of Environment to be recruited to reporting to CEO, which will review Estate business cases</li> <li>Manual handling training compliance is currently at 68%. The team have moved back to the BCUHB sites as the two year contracts for external training venues have ended. The effects of these moves is not fully known yet.</li> <li>The HSE have identified gaps in safe systems of work and risk assessment in connection with the sudden death of a patient within mental health resulting in. prosecution.</li> <li>Lack of formal arrangements in place to protect premises and people in relation to CCTV, violence and aggression, Security Contract issues (personnel), lone working, lock down systems, access control and training</li> </ol>
		<ol style="list-style-type: none"> <li>Strategic Occupational Health &amp; Safety Group and escalate via Quarterly Reports to People Committee</li> <li>Estates overseeing the high level risks as duty holder for asbestos, legionella, contractor management and control, Electricity and Fire and report to the Strategic Occupational Health and Safety Group.</li> </ol>	
		<b>2<sup>nd</sup> – eg. Board/Committee Assurances:</b>	
		<ol style="list-style-type: none"> <li>People &amp; Culture Committee</li> </ol>	
		<b>3<sup>rd</sup> – eg. External Assurances:</b>	
		<ol style="list-style-type: none"> <li>RIDDOR reporting to the Health and Safety Executive in place with robust timeline.</li> </ol>	



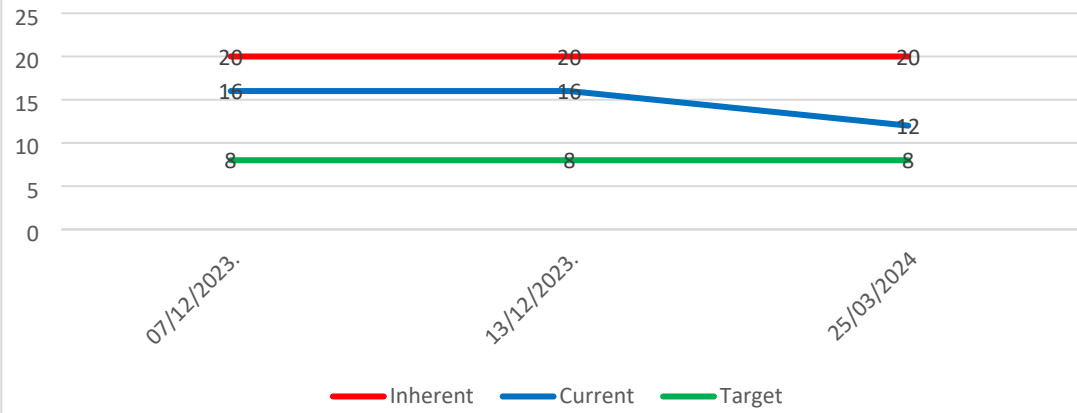
		that provides assurance that Security is effectively managed			
Actions		Due Date	Progression Analysis		
A clear strategy and framework		31/12/2024	Progressing		
NEBOSH training courses to go forward for the General Certificate and the Award.		31/12/2024	Progressing		
Business case for security provision approval process underway.		31/12/2024	Progressing		
H&S not noted as a deliverable on the Annual Plan for priorities and Strategic Objectives are due to be reviewed.		31/12/2024	Progressing		
<p>Legend: Inherent (red), Current (blue), Target (green)</p>			Impact	Likelihood	Score
		Inherent Risk Rating	4	5	20
		Current Risk Rating	4	4	16
		Target Risk Score	2	4	8
		Risk Appetite	People		4 - Seek
		Rationale for Corporate Risk			
There is an inherent risk that the failure of Health & Safety management systems could lead to RIDDOR Reportable. Specified Injuries to Workers. Patient mismanagement, long-term effects. Death or significant irreversible harm which will result in prosecution by the Health and Safety Executive consequently leading to loss of reputation and financial penalties. The risk is extenuated by Non-compliance with national standards with significant risk to patients/public. An unacceptable level or quality of treatment/service. Gross failure of patient safety leading. Inquests and Coroners reports. Low staffing level that reduces the service quality. Low staff morale. Poor staff attendance for mandatory/key professional training. Uncertain delivery of key objective/ service due to lack/loss of staff within the Health and Safety team. Structural changes will be implemented in summer 2024.					

	with Health and Safety moving from Workforce Directorate to a new role of Director of Environment, reporting directly to CEO.
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CRR 24-16	Risk Title: Leadership/Special Measures		Date Opened: 07/12/2023	
	Assuring Committee: People & Culture Committee		Date Last Committee Review: 19/01/2024	
Date Last Reviewed: 25/03/2024	Director Lead: Deputy Director of Workforce	Link to BAF: SP17	Target Risk Date: 30/09/2024	
There is a risk of traditional models of leadership which do not define the expectations, values and behaviours of our leaders to transform the organisation. We recognise a compassionate leadership approach supports the delivery of safe and reliable care. This could be caused by inadequate governance arrangement and lack of integrated leadership development pathways across the Health Board. This could have an impact on the sustainability of staffing and subsequently patient care and safety and service delivery.				
Mitigations/Controls in place		Lines of Assurances	Additional Controls required	
1. Board Workshop with Professor Michael West on compassionate leadership 2. Suite of leadership conferences, networking and masterclasses on compassionate, inclusive leadership and engagement. 3. Work associated with this risk which links into the Special Measures Framework now monitored via the governance of the Framework and reported to Executive Team and Board. 4. Full Board now in place and all committees now chaired and attended by full complement of Independent Members	1 <sup>st</sup> – eg. Local Assurances:	1. Integrated Leadership Development Framework 2. New approach to leadership and how to adopt it, aligned with the work on values and behaviours 3. Formal Culture Change Plan and accompanying Comms and Engagement plan 4. A Behaviours Framework 5. Fully resourced Culture Change programme		
	1. Organisational Development Steering Group 2. Local Integrated Health Communities & Pan Services People & Culture Committees 3. Risk Management Group 4. Executive Team Meeting			
	2 <sup>nd</sup> – eg. Board/Committee Assurances:			
	1. People Committee to the Board and through the CEO report to the Board.  2.			
	3 <sup>rd</sup> – eg. External Assurances:			
	Welsh Government JET meetings			
Actions			Due Date	Progression Analysis
Integrated Leadership Development Framework socialised across the organisation for feedback. Work has taken place on further co-design and to socialise the draft Integrated Leadership Development Framework (ILDF) across the organisation. This has involved members of the OD team attending meetings already in place to share the proposed framework, inviting staff to feed back on the design and logo as well as the content of the framework. MS Teams virtual sessions (including evening and weekend sessions) have also been hosted inviting staff from across the organisation to attend and share their feedback and comments. Based on the feedback, amendments have been made, a recent copy of the draft ILDF can be found on BetsiNet.			31/01/2024	Complete

Integrated Leadership Development Framework implementation plan presented to Executive Team. The ILDF is currently being updated following feedback from March's OD Steering group where it was presented. The revised ILDF will go to May's OD Steering group for agreement.	29/02/2024	Overdue
Exploration of approach to leadership: Draft proposal of the approach and how to adopt it presented via an appropriate Executive governance process. The Approach to Leadership is integral to the culture development work, the approach was agreed at the ODSG in March	29/02/2024	Complete
OD Steering Group established. To date, the OD Steering Group have met on two occasions - 05/02/2024 and 04/03/2024.	30/12/2023	Completed
Draft Integrated Leadership Development Framework in place (forms part of special measures monitoring)	TBC	New action
Draft OD plan in development (forms part of special measures monitoring)	TBC	New Action
Examine the current pervasive culture: Final results from NHS Wales Staff Survey shared with all relevant managers and thematic analysis fed into Culture Change Plan	TBC	New action

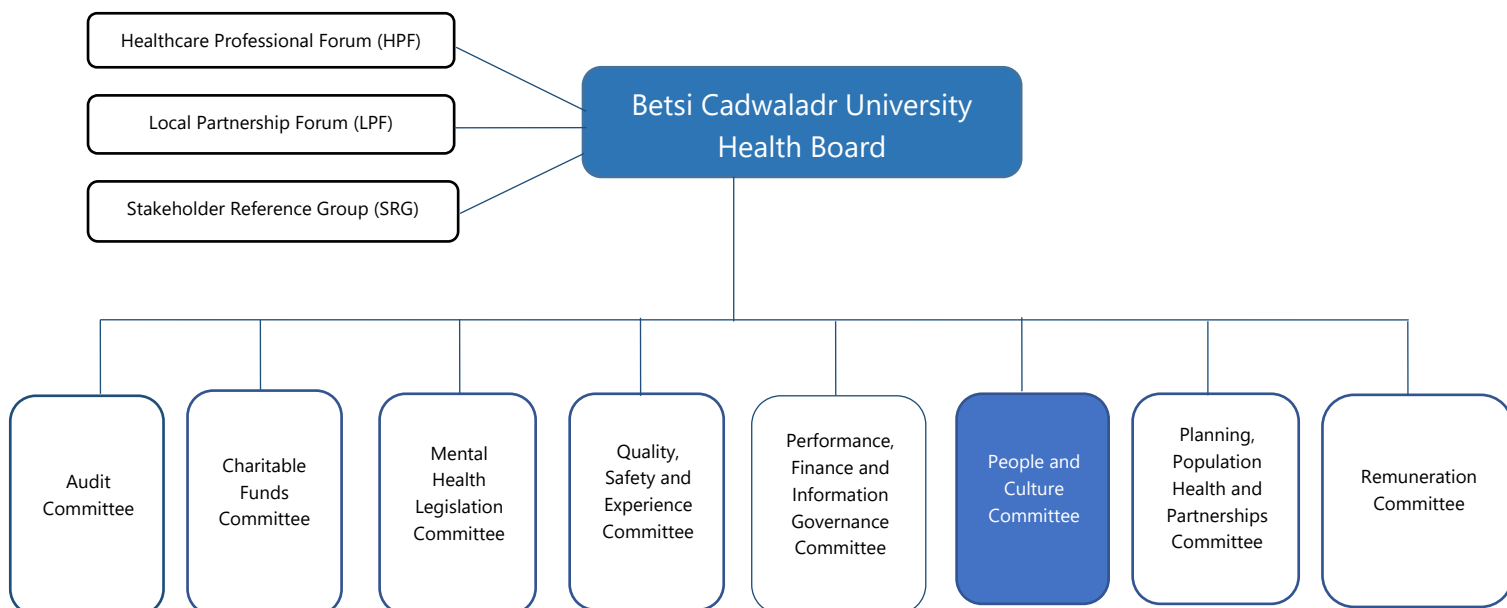


Date	Inherent	Current	Target
07/12/2023	20	16	8
13/12/2023	20	16	8
25/03/2024	20	12	8

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	3	12
Target Risk Score	4	2	8
Risk Appetite	Regulatory		3 - Open
Rationale for Corporate Risk			
Structures currently being embedded to ensure IHCs, Divisions and Services have clear accountable delivery plans so new ways of leading are embedded locally. Organisational expectations being defined.			

## PEOPLE AND CULTURE COMMITTEE

### TERMS OF REFERENCE



Version	Issued to	Date	Comments
V0.01 Draft	Audit Committee	16/11/23	Developed as a first draft for review by Audit Committee on 16/11/23
V0.02 Draft	ToR meeting with Committee Chair and Executive Lead	08/01/24	Developed as a draft for review with Committee Chair and Executive Lead. The ToR were also reviewed at the introductory meeting of the People Committee held on 12/01/24
V0.03 Draft	Health Board	18/01/24	Final Draft for consideration by the Health Board to be held on 25/01/24
V1.00 Approved		25/01/24	Approved by the Health Board

## 1) Introduction

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- 1.1 The Betsi Cadwaladr University Health Board (BCUHB) shall establish a Committee to be known as the People and Culture Committee. The Committee is an independent Committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference. The detailed operating arrangements in respect of this Committee are set out below.

## 2) Purpose

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The purpose of the People and Culture Committee is to:

- 2.1 provide assurance to the Board on compliance with legislation, guidance and best practice to do with the People and Organisational Development (OD) agenda including:
- Culture
  - Leadership Development
  - Engagement
  - Workforce Planning
  - Recruitment and Retention
  - Wellbeing
  - Welsh Language and Culture;
- 2.2 provide assurance to the Board on the implementation of the Health Board's People and OD Strategy, and the all-Wales Health & Social Care Workforce Strategy, ensuring these are consistent with the Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales;
- 2.3 provide assurance to the Board on the organisation's ability to create and manage a strong, high performance organisational culture for all its people (including workforce, volunteers and stakeholders); and
- 2.4 seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern.

## 3) Responsibilities of the People and Culture Committee

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The People and Culture Committee shall provide advice, assurance and support to the Board in ensuring the provision of high quality, safe healthcare for its citizens and workforce. It will:

- 3.1 provide assurance to the Board on compliance with legislation, guidance and best practice to do with the People and OD agenda, learning from work undertaken nationally and internationally, ensuring the Health Board is continually improving;

- 3.2 provide assurance to the Board on the implementation of the Health Board's People and OD Strategy, and the all-Wales Health & Social Care Workforce Strategy, ensuring these are consistent with the Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales;
- 3.3 provide assurance to the Board on the implementation and monitoring of the Health Board's Equality, Diversity and Inclusion arrangements;
- 3.4 provide assurance that the organisation is discharging its functions and meeting its responsibilities with regard to the research and innovation activity carried out within the Health Board in relation to staff development;
- 3.5 provide assurance that there are appropriate arrangements to ensure education and commissioning meet future workforce needs;
- 3.6 receive assurance on delivery against all relevant People Planning Objectives;
- 3.7 recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report;
- 3.8 receive assurance through any Committee Update Reports (that may be in existence or developed) and other management group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate);
- 3.9 assure the Board in relation to its compliance with relevant national practice, mandatory guidance, healthcare standards and duties, including Duty of Quality, Duty of Candour, Quality Standards and Quality Management ensuring the Board is supported to make strategic decisions from a quality perspective;
- 3.10 provide oversight, delivery and monitoring of Health and Safety strategies, planning, policies, performance and regulatory compliance; and
- 3.11 have delegated powers to consider reports on the position in regard to whistleblowing and Speaking Out Safely.

#### 4) Membership

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- 4.1 Formal membership of the Committee shall comprise the following:

MEMBERS
Independent Member (Chair)
2 x Independent Members (one of whom will be designated as Vice Chair)

- 4.2 The following should attend Committee meetings:

IN ATTENDANCE
Executive Director of Workforce and Organisational Development (Executive Lead)

Chief Executive
Executive Director of Operations
Executive Director (with responsibility for Welsh Language)
<b>Other Attendees</b>
Other Executive Directors as required by the Chair
Other Senior Managers as required by the Chair

- 4.3 The membership of the Committee reflected above shall be determined by the Board, based on the recommendation of the Health Board Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.
- 4.4 Membership of the Committee will be reviewed on an annual basis.

## 5) Quorum and Attendance

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- 5.1 A quorum shall consist of no fewer than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee, together with a third of the In Attendance members.
- 5.2 Any senior officer of the Health Board or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.
- 5.3 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 5.4 Should any 'in-attendance' officer member be unavailable to attend, he or she may nominate a deputy to attend in his or her place, subject to the agreement of the Chair.
- 5.5 The Committee may ask any or all of those who normally attend but who are not members to withdraw in order to facilitate open and frank discussion of particular matters.

## 6) Agenda and Papers

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- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Executive Lead (Executive Director of Workforce and Organisational Development) at least six weeks before the meeting date.
- 6.2 The agenda will be based on the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Executive Lead.

- 6.4 The agenda and papers will be distributed/published seven days in advance of the meeting.
- 6.5 A draft table of actions will be issued within two days of the meeting. The minutes and table of actions will be circulated to the Committee Chair and Executive Lead within seven days to check the accuracy, prior to sending to Members to review within the next seven days.
- 6.6 Members must forward amendments to the Committee Secretary within the next seven days. The Committee Secretary will then forward the final version to the Committee Chair for final review.

## **7) In-Committee**

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

## **8) Meetings**

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- 8.1 The Committee will meet bi-monthly and an annual schedule of meetings will be determined by the corporate calendar.
- 8.2 The Committee may be convened at short notice if requested by the Chair.
- 8.3 Any additional meetings will be arranged under exceptional circumstance and shall be determined by the Chair of the Committee in discussion with the Executive Lead.
- 8.4 The Committee may, subject to the approval of the Health Board, establish groups to carry out on its behalf specific aspects of Committee business.
- 8.5 Meetings may be held in person where it is safe to do so or by video-conferencing and similar technology.
- 8.6 The Committee Secretary shall be determined by the Director of Corporate Governance.

## **9) Reporting**

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- 9.1 The Committee, through its Chair and members, shall work closely with the other Committees to provide advice and assurance to the Board through joint planning and co-ordination of Board and Committee business including the sharing of information.
- 9.2 The Committee Chair, supported by the Committee Secretary, shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities;
  - bring to the Board's specific attention any significant matter under consideration by the Committee; and

- ensure appropriate escalation arrangements are in place to alert the Health Board's Chair, Chief Executive and/or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

9.3 The Committee will undertake an annual review on the effectiveness of its arrangements and responsibilities. The Director of Corporate Governance will oversee this review.

## **10) Accountability, Responsibility and Authority**

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- 10.1 Although the Board has delegated authority to the Committee for the exercise of certain functions, as set out in these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 10.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 10.3 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee.
- 10.4 The Committee shall embed the corporate goals and priorities, e.g. equality and human rights through the conduct of its business and, in doing and transacting its business, shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-being of Future Generations (Wales) Act.


## **11) Review Date**

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- 11.1 These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.



People and Culture Committee Cycle of Business (April 2024 – March 2025)								 <div> GIG CYMRU NHS WALES </div>	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
Item of Business	Purpose	Lead	April 2024	June 2024	August 2024	Oct 2024	Dec 2024	Feb 2025	Notes
Opening Business									
Apologies			✓	✓	✓	✓	✓	✓	
Declarations of Interest			✓	✓	✓	✓	✓	✓	
Minutes from the Previous Meeting			✓	✓	✓	✓	✓	✓	
Matters arising & Table of Actions			✓	✓	✓	✓	✓	✓	
Report of the Chair: <ul style="list-style-type: none"> <li>Chair's action</li> <li>Feedback from Board</li> </ul>	This can be used as a placeholder if required (by exception)		✓	✓	✓	✓	✓	✓	
Notification of matters referred from other Committees			#	#	#	#	#	#	
Strategic Priorities									
Committee Development Session	To develop the priorities for consideration of the Committee								This session will take place in February 2024
Staff Stories	Influence understanding of strategic priorities of the Committee	Executive Director of Workforce & OD	✓	✓	✓	✓	✓	✓	
Annual Review of People & OD Strategy		Executive Director of Workforce & OD				✓			Suggest include in People report
Issues Related to Key Risks									
Board Assurance Framework related to Committee		Director of Corporate Governance	✓	✓	✓	✓	✓	✓	
Corporate Risk Register related to Committee		Director of Corporate Governance	✓	✓	✓	✓	✓	✓	
Placeholder for any agenda items deriving from the BAF & CRR		Director of Corporate Governance	#	#	#	#	#	#	
For Assurance									
People Report		Executive Director of Workforce & OD	✓	✓	✓	✓	✓	✓	
Speak Out Safely Report		Executive Director of Workforce & OD				✓			Suggest this is included as appendix to People report above
Corporate Health at Work		Executive Director of Workforce & OD			✓			✓	Suggest this is included as appendix to People report above
Equality Annual Report		Executive Director of Workforce & OD			✓				
Health and Safety Report / Update		Executive Director of Workforce & OD / CEO	✓			✓			
OD Steering Group Chairs Assurance Report		CEO		✓		✓		✓	
Strategic Occupational Health & Safety Group Chairs Assurance Report		Executive Director of Workforce & OD		✓			✓		
Organisational Development report		Executive Director of Workforce & OD	✓	✓	✓	✓	✓	✓	Review regularity after 6 months
Education and Training report		Executive Director of Workforce & OD		✓		✓		✓	
Research and Innovation report		Executive Director Therapies & Health Sciences	✓		✓		✓		
Professional Registration monitoring report		Clinical Executive Directors / Executive Director of Workforce & OD							To be discussed
Workforce (People) Annual Report		Executive Director of Workforce & OD							Action from Audit Committee in Jan 24
Workforce Planning		Executive Director of Workforce & OD							
Social Partnership & Public Procurement Act 2023 (SPPP Act)		Executive Director of Workforce & OD							Letter from the Minister re: requirement to review wellbeing objectives

People and Culture Committee Cycle of Business (April 2024 – March 2025)								 Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board	
Item of Business	Purpose	Lead	April 2024	June 2024	August 2024	Oct 2024	Dec 2024	Feb 2025	Notes
Chairs Assurance Reports from Strategic and Tactical Delivery Groups: Strategic Equalities Forum									
Relevant Audit Reports		Executive Director of Workforce & OD	#	#	#	#	#	#	
Committee Annual Report to Board		Secretariat						✓	
Review Committee Terms of Reference & Cycle of Business		Secretariat	✓					✓	
Closing Business									
Agree Items for referral to Board / other Committees			✓	✓	✓	✓	✓	✓	
Review of Risks highlighted in the meeting for referral to Risk Management Group			✓	✓	✓	✓	✓	✓	
Agree items for Chairs Assurance Report			✓	✓	✓	✓	✓	✓	
Summary of Private Business to be reported in Public			#	#	#	#	#	#	
Review of Meeting Effectiveness			✓	✓	✓	✓	✓	✓	
Date of Next Meeting			✓	✓	✓	✓	✓	✓	
Part B Rolling Programme of Ad-hoc Items									
TBC									
TBC									
# = As Required									



Teitl adroddiad: <i>Report title:</i>	Introduction of NHS Wales Flexible Working Policy: Implementation plan				
Adrodd i: <i>Report to:</i>	People & Culture Committee				
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday 11 <sup>th</sup> April 2024				
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The All Wales Flexible Working Policy has been updated to support a positive culture of flexible working across NHS Wales in order to recruit excellent people and retain the wealth of knowledge, skills and experience of its current workforce.</p> <p>This document outlines how we will support managers at BCUHB to proactively encourage and promote opportunities to work flexibly and advocate for the benefits of flexible working to move towards a culture which accepts it as the norm.</p>				
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to receive the paper:</p> <p>Note the new All Wales Flexible Working Policy Approve the recommendations within the paper in relation to raising awareness of the new policy and promoting opportunities to work flexibly.</p>				
Arweinydd Gweithredol: <i>Executive Lead:</i>	Jason Brannan Deputy Director of People				
Awdur yr Adroddiad: <i>Report Author:</i>	Katie Sargent and Claire Thomas-Hanna				
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>		I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>		Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input checked="" type="checkbox"/>  Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/>  Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/>  Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/>  Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>	
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:  <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>					
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		NHS Wales is committed to promoting and encouraging different ways of working as part of its recruitment and retention strategies.			

Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Employees have a statutory right to request flexible working from their first day of employment.
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i>	N/A
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	The policy applies to all employees of the Health Board from day one of their employment.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	N/A
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	N/A
Camau Nesaf: <i>Next Steps:</i>  Following Executive approval, the plan will be implemented from mid-March 2024	
Rhestr o Atodiadau: <i>List of Appendices:</i>  <a href="#">Appendix 1(a) – WP13 NHS Wales Flexible Working Policy</a> <a href="#">Appendix 1(b) – WP13 Flexible Working Policy (NHS Wales) EQIA v3</a>	



## **Introduction of NHS Wales Flexible Working Policy**

### **Implementation plan**

#### **Issue**

The NHS Wales Flexible Working Policy is in the process of being implemented across the Health Board, in line with the rest of Wales.

Information about the policy, and a guide on how to apply for flexible working via ESR is already available and accessible to employees on BetsiNet, but it has yet to be widely promoted.

This plan sets out how the policy will be implemented across the organisation and how colleagues will be supported to through this change. It also details how we will increase awareness and support employees to apply for flexible working and to guide managers through the process of reviewing and supporting applications.

The Executive Team is asked to note the implementation plan outlined in this paper to support the introduction of the policy across the organisation.

#### **Background**

In a digital age with access to technology that allows remote access to systems and participation in meetings, the world of work is transforming. This shift was accelerated during COVID-19 and organisations and employees have seen the benefits of a more flexible and agile approach to working. If we are to compete with other employers to attract committed staff, and if we are to retain the staff we recruit, we will need to recognise and offer modern working arrangements that support a work/life balance and allow employees to contribute in a way that works for them.

This is a key part of encouraging colleagues to feel valued, as part of our broader work on improving our culture. In turn, attracting and retaining the best possible staff will assist us in our ambitions to achieve the highest standards care for our population.

Flexible working is already happening in parts of the organisation, particularly amongst non-clinical colleagues, for example, administrative and clerical staff. However, the policy applies to all employees and each has the right to request flexible working, regardless of their role.

### **Timing**

The policy has been ratified and, following this, the training for managers and proactive communications activity will begin during March 2024.

### **Communications sequencing**

STAFF GROUP	COMMUNICATIONS ACTIVITY	DATE	NOTES
Trades Union partners:  Unison Unite RCN		Early March	GR to contact
Managers and employees	Information and guidance available on BetsiNet and in Corporate Bulletin	Mid March	Guidance <a href="#">here</a>
	Q&A sent to managers and on BetsiNet	Mid March	

	Coaching and training for People Services teams and Trade Union Representatives.	Mid March	Jen Tod / Claire Thomas-Hanna
	Offer and promotion of training opportunities managers and staff both locally and online	From end March	Jen Tod / Claire Thomas-Hanna
	Raise awareness of policy and opportunities for flexible working through BetsiNet news pages, staff networks, staff Facebook page, payslip messages, email signatures and posters.	From end March	Jen Tod / Claire Thomas-Hanna with support from People Services Teams
	Ensure all job adverts and recruitment information promote the right to request flexibility from day one and the availability of flexible working options.	From end March	Jen Tod / Claire Thomas-Hanna
	Leadership video of Chair/CEO/executives explaining the benefits of the policy in the recruitment and retention of staff – signposting to information on BetsiNet	End March	Jen Tod and Claire Thomas-Hanna to liaise with Recruitment
	Case studies of colleagues already working flexibly and examples of the benefits to them personally, the wider team, and the organisation (clinical examples important to highlights how all staff have a right to request flexible working) on BetsiNet	End March	Chair/CEO/Executives and Communications
			Jan T will provide an example for a case study
			Clinical endorsement

## **Materials**

### **Key messages**

- In line with NHS Wales, the Board has made a commitment to recruit, retain and motivate employees by making available a range of flexible working options and promoting these to staff.
- In a digital age with access to technology that allows remote access to systems and participation in meetings, the world of work is transforming. This shift was accelerated during COVID-19 and organisations and employees have seen the benefits of a more flexible and agile approach to working.
- If we are to compete with other employers to attract committed staff, and if we are to retain the staff we recruit, we will need to keep pace with change and offer modern working arrangements that support a work/life balance and allow employees to contribute in a way that works for them.
- This is a key part of encouraging colleagues to feel valued, as part of our broader work on improving our culture. In turn, attracting and retaining the best possible staff will assist us in our ambitions to achieve the highest standards care for our population.
- The Board is committed to a flexible working culture, which means that a request for flexible working will be approved, and every possible avenue explored to facilitate this, unless there are clear business reasons as set out in the Policy to reject it.
- We will proactively encourage and promote opportunities to work flexibly and advocate for the benefits of flexible working to move towards a culture which accepts it as the norm. Wherever possible, managers should consider how work can be undertaken flexibly and be supportive of flexible working requests from employees to better manage their work life balance, while maintaining service standards.
- Flexible working is already happening in parts of the organisation, particularly amongst non-clinical colleagues, for example, administrative and clerical staff. However, the policy applies to all employees and each has the right to request flexible working, regardless of their role, shift pattern, team or pay band and all posts can be considered for flexible working.



- We will support employees to apply for flexible working through the Electronic Staff Record (ESR) and have developed guidance to help managers through the process of reviewing and supporting applications.
- Members of staff have the right to submit a request to work flexibly from their first day of employment and there is no limit on the number of requests that can be submitted in a 12 month period.
- Contractual changes to terms and conditions of service can only be agreed following careful consideration of the implications and a proper understanding of the employee's circumstances.
- Further information including the policy, application form, ESR application guide are available [here](#).
- All job adverts will promote the right to request flexibility from day one and the availability of flexible working options.

## Q&A

### Where can I read the policy?

The policy is on BetsiNet [here](#)

### What is flexible working?

An employee may request a change to the hours they work, the times when work is carried out and/or how the work is to be carried out (for example part time working, job shares, annualised hours, school term-time only working or home working.)

### Is it the same as flexi-time?

No. That is covered by a different policy [here](#).

### What are the benefits of flexible working?

If we are to compete with other employers to attract committed staff, and if we are to retain the staff we recruit, we will need to keep pace with change and offer modern working arrangements that support a work/life balance and allow employees to contribute in a way that works for them. For examples of colleagues who are already working in this way, see our examples [here](#).

### How do I apply for flexible working?

You can apply via the Electronic Staff Record [here](#) and we advise that you discuss your situation with your line manager.

**Who decides whether my request for flexible working is approved or not?**

Each request for flexible working will be considered individually and will be assessed on its own merits by the appropriate line manager. Managers are expected to consider how best to accommodate the request without impairing service standards or impacting on the flexibility of the remainder of the team.

Employees who will be directly affected by the requested change must be consulted before a decision is confirmed.

**Isn't this just for non-clinical staff?**

The policy applies to all employees and each has the right to request flexible working, regardless of their role, shift pattern, team or pay band and all posts can be considered for flexible working. All employees follow the same process and will be treated fairly when flexible working requests are being considered.

**I have been told my request cannot be approved. What can I do?**

Each request must be judged on its merits and the needs of the service. Managers should bear in mind the need to be responsive to individual requirements whilst taking into account the overall needs of the team and the service. If your request for flexible working is refused, you have the right to appeal against the manager's decision. If so, you must appeal in writing (as per [WP5 Respect and Resolution Policy](#)), setting out the grounds of your appeal within 14 days.

**Won't this have a negative effect on the organisation if people are not present in work?**

We don't believe so. Trusting colleagues to carry out their roles in a way that suits them is a key part of improving our culture. Any form of flexible working must meet the needs of both the organisation and the employee and the impact of the policy will be monitored. If the flexible working request is approved, the manager has the right to review the request with the employee if service needs change. This should be specified in the original request i.e. after 6 months or 12 months.

**I am worried that colleagues might think I am not as committed to my role if I work flexibly.**

As detailed above, the introduction of the right to request flexible working to all employees reflects societal changes to the way we work in the 21<sup>st</sup> century. Colleagues who work flexibly will not be treated less favourably in relation to access to training or promotional opportunities.

**ENDS**



Teitl adroddiad: <i>Report title:</i>	Implementation Plan – WP Policies			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	11 <sup>th</sup> April 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>A number of WP policies have been updated to bring them up to date due to</p> <ul style="list-style-type: none"> <li>• Changes to current legislation</li> <li>• Custom and practice</li> <li>• Grammatical errors</li> <li>• To Mirror Afc Wales T&amp;C's</li> <li>• Refers to old policy name</li> <li>• Gender specific language</li> </ul> <p>This document outlines how the People Services will support managers at BCUHB to understand the changes</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to receive the paper:</p> <p>Note the amendments to Policies</p> <p>Approve the recommendations within the paper in relation to raising awareness of the changes to WP policies.</p>			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Jason Brannan Deputy Director of People			
Awdur yr Adroddiad: <i>Report Author:</i>	Llinos Jones			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>		Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i> <input checked="" type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i> <input type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i> <input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		<p>BCHUB is committed to ensuring that they have up to date working documents to support both managers and employees/workers</p>		

Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i>	N/A
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	The policies apply to all employees and workers of the Health Board from day one of their employment.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	N/A
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	N/A
Camau Nesaf: <i>Next Steps:</i>  Following Executive approval, the plan will be implemented from mid-April 2024	
Rhestr o Atodiadau: <i>List of Appendices:</i>  <a href="#">WP1 Recruitment and Selection Policy</a> <a href="#">WP1a Pre-Employment Clearances</a> <a href="#">WP1e Recruitment to Senior Posts</a> <a href="#">WP8 Equality, Diversity and Human Rights Policy</a> <a href="#">WP8 Equality Policy EQIA</a> <a href="#">WP14f Maternity Leave and Pay Policy</a> <a href="#">WP14g Shared Parental Leave Policy</a> <a href="#">WP60 Exit Interview Policy</a>	



## Policy Implementation Plan

### Issue

All BCUHB policies have been noted as being out of date, and policies have been updated to ensure compliance with current legislation, that they are up to date with agenda for change Wales terms and conditions, and that they reflect current custom and practice.

This plan sets out how the updated policies will be communicated and implemented across the organisation.

### Background

Workforce Policies (WP) have been out of date for a lengthy period of time, the Workforce Policy Group have made minor changes to the policies included with this paper to bring them up to date, making them easier for the staff member to understand the contents.

### Timing

The policies have been ratified at Workforce Policy Group as well as by Jason Brannan. Following this, the people services teams will be ensuring that their stakeholders are aware of the changes to the policies. Communication activities will commence mid-April 2024.

### Communications sequencing

STAFF GROUP	COMMUNICATIONS ACTIVITY	DATE	NOTES
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Board members	Briefing note		
Trades Union partners incl: Unison, Unite, RCN etc		Early March	LLJ to contact
Managers and employees	Information and guidance available on BetsiNet and in Corporate Bulletin	Mid April	Guidance <a href="#">here</a>
	Communication with People Services teams via email.	Mid April	PPC team
	Awareness session in Employment Team Meeting (for substantial changes to policies)	From mid April	Policy Author
	Raise awareness of policy with Key stakeholders	From Mid April	People Services

Policies for Noting at People and Culture Committee 11.04.24				
PC24/16	<b>Workforce Policies:</b> WP1 - Recruitment and Selection Policy  WP1a - Pre-Employment Clearances  WP1e - Recruitment to Senior Posts  WP8 - Equality, Diversity and Human Rights Policy + EQIA  WP14f - Maternity Leave and Pay Policy  WP14g - Shared Parental Leave Policy  WP60 - Exit Interview Policy	Executive Director of WF&OD	For information	Verbal

**To Note** – This item has come from the Remuneration Committee agenda