

Bundle BCU People and Culture Committee 8 August 2024

- 1 09:30 – PRELIMINARY MATTERS
- 1.1 09:30 – PC24/39 Welcome and Apologies – Verbal (Chair)
- 1.2 09:33 – PC24/40 Declarations of Interest – Verbal (Chair)
- 1.3 09:35 – PC24/41 Unconfirmed Minutes of Meeting held on 13.06.24 – Attached (Chair)
PC24.41.1 Minutes from P&C Committee 13.06.24 Unconfirmed (Public)
- 1.4 09:40 – PC24/42 Matters Arising & Table of Actions – Attached (Chair)
PC24.42.1 Action Log P&C Committee – Public (Updated 25.07.24)
- 2 09:45 – CREATING COMPASSIONATE CULTURE, LEADERSHIP AND ENGAGEMENT
- 2.1 09:45 – PC24/43 People Operations Report – Paper (Deputy Director of People & OD)
PC24.43 People Operations Report Coversheet – Final Version
PC24.43 People Operations Report – Final
- 2.2 10:05 – PC24/44 Update on Culture, Leadership & Engagement Improvement Work – Paper (Deputy Director of People & OD)
PC24.44 Update on Culture, Leadership & Engagement Improvement Work Coversheet_Final
PC24.44 Update on Culture, Leadership & Engagement Improvement WorkFINAL
PC24.44 Update on Culture, Leadership & Engagement Improvement Work Appendix 1 – Draft CLE Plan 23_24 v0.2_ colours aligned to Annual Plan
PC24.44 Update on Culture, Leadership & Engagement Improvement Work Appendix 2 – Comms&EngagementStrategy_and_Plan_Culture Change Programme Draft v0.6
PC24.44 Update on Culture, Leadership & Engagement Improvement Work Appendix 3 – Draft CCP ToR v0.2 – Copy
- 2.3 10:25 – PC24/45 Time to Shortlist Improvement Project – Presentation (Programme Lead)
PC24.45 Time to Shortlist Improvement Project
- 2.4 10:45 – PC24/46 Staff Recognition – Verbal (Chief Executive)
- 2.5 10:55 – PC24/47 Compassionate Leadership Pledge (Mandate from NHS Wales & HEIW) – Paper (Deputy Director of People & OD)
PC24.47 Compassionate Leadership Pledge CompassionateLeadershipPledge_Coversheet_Final v0.2_JB Approved
PC24.47 Compassionate Leadership PledgeAppendix 1 – Compassionate Leadership Pledge v0.2
- 2.6 11:05 – PC24/48 Report on BCU being a Living Wage Employer / BCU Apprenticeship Scheme – Paper (Deputy Director of People & OD)
PC24.48 Report on BCU being a Living Wage Employer BCU Apprenticeship Scheme
PC24.48 Report on BCU being a Living Wage Employer Appendix 1 – OD & Culutre Realignment with Workforce Mod Apprenticeship
- 3 11:15 – GOVERNANCE AND ASSURANCE
- 3.1 11:15 – PC24/49 Progress of the Audit Wales Report – Review of Workforce Planning Arrangements – Verbal (Associate Director Workforce Optimisation)
- 3.2 11:25 – PC24/50 Corporate Risk Register – Paper (Director of Corporate Governance)
PC24.50 Corporate Risk Register
- 4 11:30 – FOR INFORMATION
- 4.1 11:30 – PC24/51 Summary of Business to be Reported from Private – Paper (Director of Corporate Governance)
PC24.51 Summary of Business to be Reported from Private
- 4.2 11:32 – PC24/52 Policies for Noting – Attached (Deputy Director of People & OD)
WP61 Unpaid Carer's Leave Policy
Pregnancy Loss – A Manager's Guide
Pregnancy Loss Policy
PC24.52 Policies for Noting – WP Policies June 2024_Coversheet_Final_JB Approved
PC24.52a Policies for Noting – Unpaid Carers Leave Policy (DRAFT) February 2024 v1 final
PC24.52b Policies for Noting – WP71 – Pregnancy Loss Policy – V4.0 With names of authors fv
PC24.52c Policies for Noting – Pregnancy Loss Manager's Guide v3 final
- 4.3 11:35 – PC24/53 Draft Cycle of Business – Paper (Director of Corporate Governance)
PC24.53 Draft Cycle of Business

- 4.4 11:40 – PC24/54 Committee Forward Work Plan – Paper (Director of Corporate Governance)
PC24.54 Workplan for P&C Committee V0.01
- 5 11:45 – CLOSING BUSINESS
- 5.1 11:45 – PC24/55 Agree Items for Referral to Board / Other Committees – Verbal (Chair)
- 5.2 11:47 – PC24/56 Agree Items for Chairs Assurance Report – Verbal (Chair)
- 5.3 11:50 – PC24/57 Review of Meeting Effectiveness – Verbal (Chair)
- 5.4 11:52 – PC24/58 Date of Next Meeting – 10.10.24
- 5.5 11:52 – PC24/59 Resolution to Exclude the Press and Public
'Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.'

Betsi Cadwaladr University Health Board (BCUHB)
UNCONFIRMED Minutes of the People & Culture Committee
 meeting held in PUBLIC
 on 13 June 9:30 – 11:30
 in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	Title
Dyfed Jones	Chair of People & Culture Committee
Clare Budden	Independent Member
Karen Balmer	Independent Member
Billy Nichols	Independent Member <i>part meeting</i>
In Attendance	
Carol Shillabeer	Chief Executive
Jason Brannan	Deputy Director of People & Organisational Development
Pam Wenger	Director of Corporate Governance
Dyfed Edwards	Health Board Chair
Georgina Roberts	Associate Director of People Services, West IHC
Teresa Owen	Director of MHLD & Welsh Language
Nick Graham	Associate Director of Workforce Optimisation
Nesta Collingridge	Head of Risk Management <i>part meeting</i>
Anthony Hughes	Risk Assurance Manager <i>part meeting</i>
Committee Support	
Philippa Peake-Jones	Head of Corporate Affairs
Laura Jones	Project Support Manager (Corporate Governance)

Agenda Item	Action
OPENING BUSINESS	
PC24/22 Welcome and Apologies	
PC24/22.1 Dyfed Edwards joined the meeting as an observer and no apologies were noted.	
PC24/23 Declarations of Interest	
PC24/23.1 No declarations of interest were raised.	
PC23/24 Minutes from the previous meeting	
PC24/24.1 The minutes were approved as an accurate record.	
PC24/25 Matters Arising & Table of Actions	



PC24/25.1 It was noted that the open actions were all due in August 2024. The Committee were happy that the remaining actions were closed.

PC24/26 People Operations Report

PC24/26.1 The Deputy Director of People & Organisational Development presented the report highlighting that the team have produced an outline report and this is currently work in progress. Additional indicators are being developed to capture areas including cultural metrics and engagement scores. A number of reports have been presented to the Performance, Finance & Information Governance Committee and the team have identified a range of different metrics to provide information on the performance of the organisation. Going forward, further information may be provided in relation to the management of conduct / tribunals to assure the Committee on progress however this will not be reported in the public domain.

PC24/26.2 The Associate Director of Workforce Optimisation confirmed that the data provides relevant information including staff turnover, PADR and mandatory training. In terms of the workforce profile, we are an outlier against the rest of Wales and the quantitative data highlights elements of exception. Work is taking place with the wider IHC teams to understand what is happening on the ground and identify how the team are able to provide support. An update was provided on the workforce metrics noting that PADR and mandatory training levels remain within range. Our current performance is reasonable compared to the rest of Wales and the report highlighted our current position in relation to recruitment KPIs. The data also indicated where performance against the 5 key workforce metrics falls below the average, this information allows the Committee to see where there are challenges across the organisation and further information can be provided in these areas going forward.

PC24/26.3 The Deputy Director of People & OD stated that this is the first people operations report and as we go forward further data can be included to highlight additional HR metrics such as conduct cases and mediation. A new system has been implemented to capture specific cases that reach a certain point in the process, further detail on this will be included in the next report. The Chair commented on the first iteration of the report stating that there was a lot of data included and the highlighted areas provided the Committee with opportunities to complete a deep dive into specific low performing areas. An Independent Member queried what support is being provided in those areas where there is low performance in relation to turnover and sickness. The Deputy Director of People & OD confirmed that the local teams are aware of these issues and are providing support to specific cases.

PC24/26.4 The Health Board Chair suggested the Committee focus on specific areas and receive further data in relation to areas of concern. It was suggested that this could be discussed in advance of the meeting to identify the areas that need to be reviewed in more detail. It was queried where this information is being reported to ensure it is utilised by the relevant teams. In relation to the All Wales comparison it was suggested that we should build in individual aims

<p>feedback. The Health Board Chair was given the opportunity to set the strategic direction and Chief Executive made reference to out values and behaviours which provided a clear message to the organisation. The conference also included a session on conduct and how to deal with disciplinaries, this is an area where we can start to change the processes and mechanisms in place to support employees to return to work. It was agreed that the Head of Corporate Affairs would circulate the video of the recent Leadership Conference to the Committee. It was reported that the appendices to this item provided a project plan which highlights the key pieces of work that are required to be completed throughout 2024-25.</p> <p>PC24/27.2 The Chair stated that the leadership conference had been well organised and well received and is a good step forward in making progress. An Independent Member queried the touch points in relation to cultural change suggesting the need for a start and end point over a specific period to measure the progress being made. The Health Board Chair was pleased to see the current activity that underlines the importance of this work and suggested this should be aligned to objectives and PADR. The Chief Executive confirmed the organisation are in the early stages of the journey to cultural change and there is a need access the core of the organisation to gain the impact required. There is also a need to learn from others and manage successful teamworking to ensure change at all levels.</p> <p>PC24/27.3 The Deputy Director of People & OD confirmed that in quarter 2 a culture dashboard will be developed focussing on values and behaviours and this will need to be owned at IHC level. This will allow conversations to take place around what makes a good day at work and will provide opportunities for local focus groups to build on those cultural elements. An Independent Member highlighted the need to focus on the values as well as engagement and communication to ensure we bring people along through this journey. The Health Board Chair highlighted the impact of staff surveys suggesting this is completed on a more regular basis to allow teams to be active in this space which will enable the workforce team to gain additional data on how the organisation is thinking and feeling. It was agreed that the Deputy Director of People & OD and the team will feed into the cycle of business strategic items that the Committee may wish to look at as areas of concern / deep dives for each meeting. The team will also ensure reports are reviewed at the Executive Team prior to being submitted to the Committee.</p>	<p>PPJ</p> <p>JB</p>
<p>PC24/28 Introduction of NHS Flexible Working Policy: Implementation Plan</p> <p>PC24/28.1 The Deputy Director of People & OD presented the report highlighting that this links in to the staff survey and flexible working. There is a fundamental change in the approach where staff are requested to review the reasons why they are unable to support flexible working. There has been some challenge relating to the current mindset of managers and support is being provided in this area. The Associate Director of People Services, West IHC stated that this been agreed as part of the non pay deal with Trade Unions and there will be a need to provide information and data relating to the impact of this</p>	

<p>policy going forward. This policy is not related to agile and remote working and instead focuses on how employees structure their day and hours of work. The Health Board Chair stated that this may help attract employees to the organisation and the Deputy Director of People & OD stated that this will form part of the organisations cultural journey programme. The Head of Corporate Affairs agreed to circulate the embedded policy document to the Committee. The Committee received the paper and noted the new policy and recommendations.</p> <p><i>Nesta Collingridge joined the meeting</i></p>	<p>PPJ</p>
<p>PC24/29 On-Call Arrangements - Final Internal Audit Report</p> <p>PC24/29.1 The Deputy Director of People & OD stated that there was a recommendation from the Audit Committee that this report was shared with the People and Culture Committee. Further discussion is required on Internal Audit on-call arrangements and this will come to a future meeting. The Committee noted the report.</p>	<p>JB</p>
<p>PC24/30 WHC (2024) 017 Implementation of Non-pay Elements of the 2022-24 Collective Agreement - Report to WG for Welsh Partnership Business Committee</p> <p>PC24/30.1 The Deputy Director of People & OD confirmed that the report has been prepared to provide assurance that the relevant measures are in place to implement the non-pay elements of the 2022-24 collective agreement. This is a directive from the Director General and the assurance report highlights the progress on implementation within the organisation. The content of the report was noted and agreed upon.</p> <p><i>Anthony Hughes joined the meeting</i></p>	
<p>PC24/31 Corporate Risk Register Report</p> <p>PC24/31.1 The Head of Risk Management presented the report stating that the Committee were asked to note three corporate risks for assurance highlighting that there were no overdue actions. The latest version of the risks have been approved by the Deputy Director of People & OD and are due to go to the Executive Team to be strengthened and scrutinised. In relation to the staffing risk, the target date has been challenged and seven actions have now been completed. Three actions have been completed in relation to the leadership risk and the gaps and controls have been noted and actioned. Significant work is required in relation to the Health & Safety risk to provide assurance to the Committee. The gaps in the controls have been redrafted and an additional ten actions have been added to strengthen the risk. The Head of Risk Management assured the Committee that an improved and strengthened position will be reported to the next meeting.</p> <p>PC24/31.2 An Independent Member was pleased to see the work starting to develop and queried the recommendation that had been rejected by the</p>	



<p>Executive Team and suggested the need for consistency around escalation and de-escalation. The Deputy Director of People & OD stated that there are instances when managers reject recommendations but make suggestions therefore we need to be explicit around what is discussed and agreed. The Director of Corporate Governance confirmed the need to simplify the risk process and this will be discussed in further detail at the Board Development session at the end of June 24 where the Board will have the opportunity to discuss the top risks, agree mitigations and propose processes. The team have worked to develop a framework and going forward there will be a need for teams to start owning their own risks. By the end of the year the aim is to provide clear accountability around risks and escalation processes.</p> <p><i>William Nichols, Nesta Collingridge and Anthony Hughes left the meeting</i></p>	
<p>PC24/32 Agree Items for Referral to Board / Other Committees</p> <p>PC24/32.1 It was agreed that there were no items to be referred to the Board.</p>	
<p>PC24/33 Agree Items for Chairs Assurance Report</p> <p>PC24/33.1 It was agreed that an overview of the main items discussed would be included in the Chairs Assurance Report. The Health and Safety Annual Report was included on the private agenda.</p>	
<p>PC24/34 Review of Meeting Effectiveness</p> <p>PC24/34.1 The Chair was happy that the main items included on the agenda had been given sufficient time for open discussions. The Health Board Chair stated that the meeting had been well chaired and suggested that the forward plan will start to shape the agenda and allow the Committee to include strategic items that require detailed discussion. An Independent Member commented on ensuring that the important issues raised are brought back to the Committee for a deep dive so we can start to shape the environment of the organisation. The Director of Corporate Governance stated that the work being completed will allow the Committee to focus on strategic items and suggested it would be good to work on getting the staff voice heard at the Committee. The Deputy Director of People & OD confirmed that the team are working through a work programme to ensure the key deliverables are included in the relevant quarters. The Chair added that there have been a lot of items in the assurance section for noting however these need to be for assurance and asked for this to be taken into account going forward.</p>	
<p>PC24/35 Date of next meeting</p> <p>Thursday 8th August 2024, 9.30-12.30pm</p>	

People & Culture Committee Action Log (Public)

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PC24/10.2	11.04.24	The Director of Corporate Governance to review the process for reporting Welsh Health Circulars via the Executive Team and Committees	Pam Wenger	October 24	Update 23.07.24 - The information has been produced summarising all 2024/25 MHDs and WHCs circulated and is scheduled for formal reporting at Exec Team on 31.07.24 and Audit Committee on 02.09.24.
2	PC24/20.1	11.04.24	Discuss and agree an additional Executive Director to be included in the membership for the Committee.	Pam Wenger / Carol Shillabeer	October 24	Update 23.07.24 - This will be considered as part of the review of terms of reference and once further appointments to the Executive Team are confirmed.
Closed Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PC24/28.1	13.06.24	The Head of Corporate Affairs agreed to circulate the embedded documentation related to the All Wales Flexible Working policy to the Committee.	Philippa Peake-Jones	August 24	PPJ circulated the document following the meeting with the list of actions and referrals from the June meeting.
2	PC24/12.3	11.04.24	It was agreed that the Committee would monitor the progress of the Audit Wales report and provide a mid-year / end of year	Jason Brannan	August 24	This will be an agenda item for the next meeting in August 24. This will also be added to the

			assurance report to the Health Board.			workplan for Feb 25 for an end of year report.
3	PC24/26.4	13.06.24	The Head of Corporate Affairs will review the cycle of business to align to the annual delivery plan and also include staff stories on the cycle of business for this Committee.	Philippa Peake-Jones	August 24	The cycle of business has been reviewed to align to the annual delivery plan and staff stories have been included.
4	PC24/29.1	13.06.24	Further discussion is required on Internal Audit on-call arrangements and this will come to a future meeting.	Jason Brannan	August 24	This has been included on the agenda for the August 24 meeting.
5	PC24/26.6	13.06.24	It was agreed that the Deputy Director of People & OD and the team would reflect on the comments raised in the meeting which included the service perspective in the metrics, feeding in to Welsh language services, the impact of the newly appointed Retention lead, capturing information at exit interviews and using simplified language within reports. The team will also review the data to ensure that the statistic from approval to appointment are included.	Jason Brannan	August 24	Update 23.07.24 – This month's report has additional enhancements, further information in relation to Welsh language will be captured in the next report alongside employee relations cases and exit interviews.
6	PC24/27.3	13.06.24	It was agreed that the Deputy Director of People & OD and the team will feed into the cycle of business strategic items that the committee may wish to look at as areas of concern / deep dives for each meeting. The team will also ensure reports are reviewed at the Executive Team prior to being submitted to the committee.	Jason Brannan	August 24	Update 23.07.24 - The People & OD Team have implemented a process to ensure that papers for approval go to the Executive Team in the first instance.
7	PC24/27.1	13.06.24	It was agreed that the Head of Corporate Affairs would circulate the video of the recent Leadership Conference to the	Philippa Peake-Jones	August 24	Update 25.07.24 – The link has been circulated to the Committee.



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Teitl adroddiad: <i>Report title:</i>	People Operations Report			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 08 August 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this report is to outline the current workforce operational position as of June 24.</p> <p>At this point in time the report is in development stage and as part of ongoing improvements other information will be included in future reports.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • NOTE the current position; and • AGREE areas that require further assurance for consideration at future meetings 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Mr Jason Brannan, Deputy Director of People			
Awdur yr Adroddiad: <i>Report Author:</i>	Mr Nick Graham, Associate Director of Workforce Optimisation			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input 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></p> <p><input checked="" 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></p> <p><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></p> <p><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>	Objective 1: Building an effective organisation			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Not applicable			

<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>No</p> <p>It does not apply at this stage as no formal actions have been agreed as a result of this this report.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>No</p> <p>It does not apply at this stage as no formal actions have been agreed as a result of this this report.</p>
<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>	<p>All risks associated with the subject and scope of this paper are already highlighted and managed through the current risk management structures within the organisation</p>
<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>	<p>There is no additional costs associated with this paper at this time.</p>
<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>	<p>There are no direct implications associated with this paper at this time.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<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>	<p>Links to BAF SP12 and CRR 24-01</p>
<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>	<p>Not applicable</p>
<p>Next Steps: <i>Further development of this report to support committee oversight</i></p>	
<p>List of Appendices: People Operations Report</p>	

People Operations Report – July 2024

Jason Brannan

Deputy Director of People



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Workforce Metrics

Vacancies

Staff Group	Vacancy FTE	Vacancy %
Add Prof Scientific & Technic	85.3	10.2%
Additional Clinical Services	166.8	4.0%
Administrative & Clerical	318.0	8.1%
Allied Health Professionals	65.9	5.3%
Estates & Ancillary	177.1	11.7%
Healthcare Scientists	21.1	6.1%
Medical & Dental	109.6	6.4%
Nursing & Midwifery Registered	538.5	8.7%
Total	1481.8	7.4%

Vacancy rates are increasing following the resetting of workforce budgets in April 2024. In March 2024 a vacancy rate of 8.8% was reported, falling to 5.2% in April and increasing to 7.4% in June.

Estates & Ancillary currently have the highest vacancy rate at 11.7% which is 1.7% higher than it was for the same period last year. Nursing & Midwifery are holding the greatest number of vacancies at 538.5 FTEs, however, this is an improvement on the position reported in June last year where vacancy FTE stood at 852.8 FTEs.

Vacancy rates across the IHCs are below 7% with the exception of MHL D where rates are significantly higher at 14.6% equating to 333 FTE vacancies. IHC Centre have the greatest vacancy FTE at 424.2 FTEs.

Staff Turnover

Staff Group	Turnover Rate %	% Voluntary Resignations	% Less than 2 Years Service
Add Prof Scientific & Technic	6.9%	62.4%	27.3%
Additional Clinical Services	8.9%	64.9%	44.9%
Administrative & Clerical	9.7%	63.3%	37.6%
Allied Health Professionals	9.4%	81.2%	40.5%
Estates & Ancillary	10.7%	48.5%	30.0%
Healthcare Scientists	7.2%	57.7%	27.5%
Medical & Dental	8.2%	79.7%	38.0%
Nursing & Midwifery Registered	6.7%	48.1%	18.1%
Total	8.4%	60.4%	33.4%

External staff turnover continues on a slow downward trend, having reduced by 0.5% over the last 12 months to 8.4%.

Turnover is highest within Estates and Ancillary at 10.7% and lowest within Registered Nursing at 6.7%. AHP staff group has the highest proportion of voluntary resignations and Additional Clinical Services staff group has the highest proportion of leavers with less than 2 years service.

ICD Primary Care has the highest turnover rate at 11.1% followed by Corporate Services at 9.3%. IHC West has the lowest turnover rate at 7.4%.

Sickness

Staff Group	Rolling Sickness %	Long Term Sickness %	Short Term Sickness %	Stress & Anxiety %
Add Prof Scientific and Technic	4.98%	2.83%	2.16%	1.42%
Additional Clinical Services	7.77%	4.53%	3.24%	1.87%
Administrative and Clerical	5.07%	3.09%	1.99%	1.73%
Allied Health Professionals	4.05%	2.13%	1.93%	1.38%
Estates and Ancillary	7.24%	4.54%	2.70%	1.80%
Healthcare Scientists	3.12%	1.70%	1.42%	1.09%
Medical and Dental	2.29%	1.29%	1.01%	0.63%
Nursing and Midwifery Registered	6.24%	3.61%	2.63%	1.67%
Total	5.90%	3.46%	2.44%	1.63%

Sickness absence is increasing over recent months. Increases in the monthly rate of 0.3% since March 2024 has caused the rolling 12 month rate to rise by 0.07%. Increases in sickness absence are primarily related Stress and Anxiety absence.

Additional Clinical Services is the worst performing staff group in terms of rolling sickness absence at 7.8%. Estates and Ancillary continue to improve slowly with the rolling rate currently 1.23% lower than it was during the same period last year. All staff groups have improved on the position for same period last year with the exception of Add, Prof Scientific and Technical and Admin & Clerical.

MHL D has the highest sickness rate at 7.34% followed by ICD Primary Care at 6.86%.

Workforce Metrics

PADR

Staff Group	Out of Date	
	PADR %	PADR
Add Prof Scientific & Technic	73.5%	236
Additional Clinical Services	81.0%	877
Administrative & Clerical	73.7%	1105
Allied Health Professionals	78.8%	298
Estates & Ancillary	76.8%	394
Healthcare Scientists	72.9%	92
Nursing & Midwifery Registered	81.6%	1202
Total	78.7%	4205

PADR compliance is on a downward trend from 79.4% in April 2024 to 78.7% in June making it 6.3% short of the target rate of 85%.

Nursing and Additional Clinical Services are the best performing staff groups with compliance at or above 81%. Healthcare Scientists staff group have seen a significant fall in PADR compliance rates from 76.4% to 72.9%.

From an IHC perspective Womens & Midwifery are the only area currently achieving the 85% target. MHL and IHC East have fallen just below the target over recent months. ICD Regional Care and Corporate Teams are the worst performing areas with 66% and 68.4% respectively.

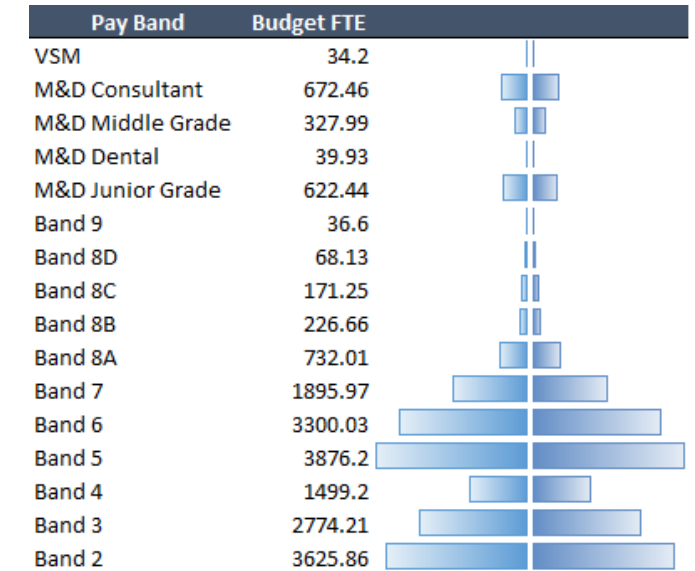
Mandatory Training

Staff Group	Level 1 %	Level 2 %
Add Prof Scientific & Technic	88.82%	85.96%
Additional Clinical Services	92.81%	88.73%
Administrative & Clerical	89.61%	84.88%
Allied Health Professionals	92.90%	89.35%
Estates & Ancillary	88.23%	84.21%
Healthcare Scientists	88.87%	77.41%
Medical & Dental	72.78%	69.34%
Nursing & Midwifery Registered	92.55%	88.14%
Total	90.27%	86.72%

Mandatory training level 1 compliance has consistently met the target since August 2022 and continues to improve, currently standing at 90.3%.

Medical & Dental are the only staff group failing to achieve the 85% target. All IHCs are currently compliant with the target.

Workforce Profile



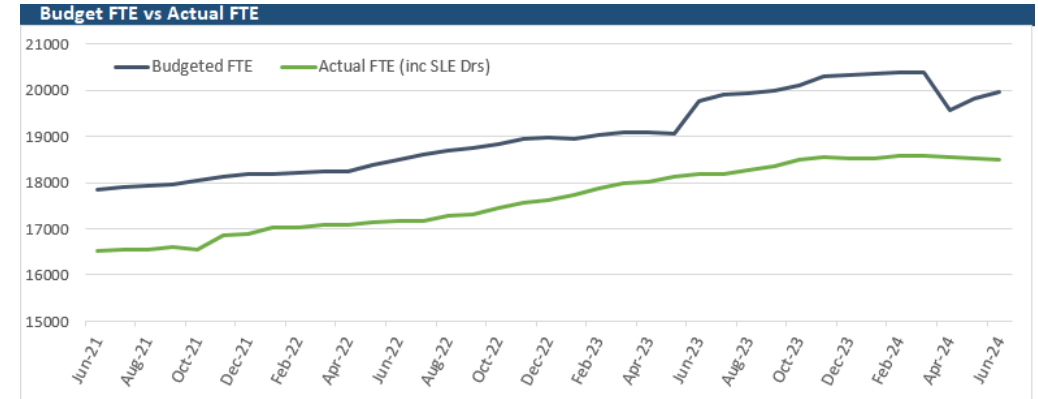
Non AfC Ad Hoc payscales are mapped to the equivalent AfC Pay Band using the Financial Subjective Code. GPs are excluded from this data.

Band 5 accounts for the largest proportion of the workforce at 19.5%, followed by band 2 at 18.2%. 6.4% of the workforce budget FTE is against bands 8 and above whilst Medical and Dental grades account for 8.4% of the workforce budget FTE.

Workforce Metrics

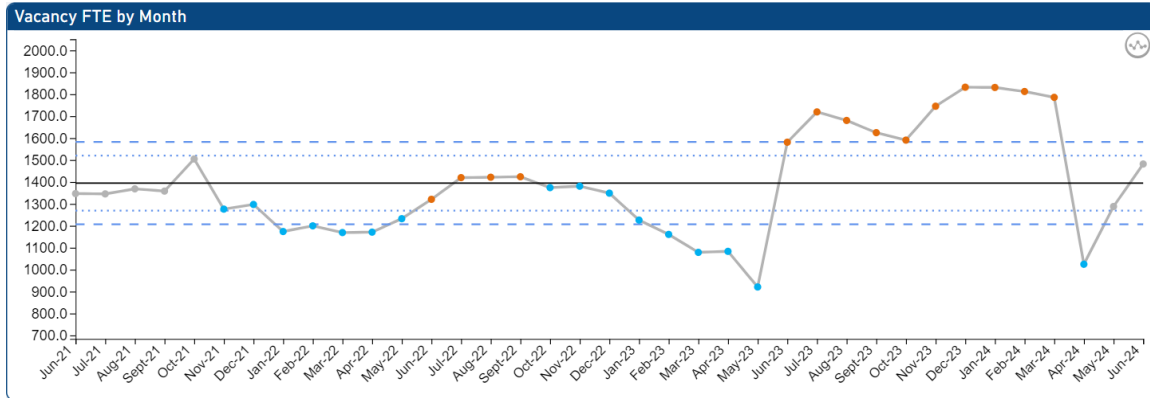
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Budget FTE vs Actual FTE



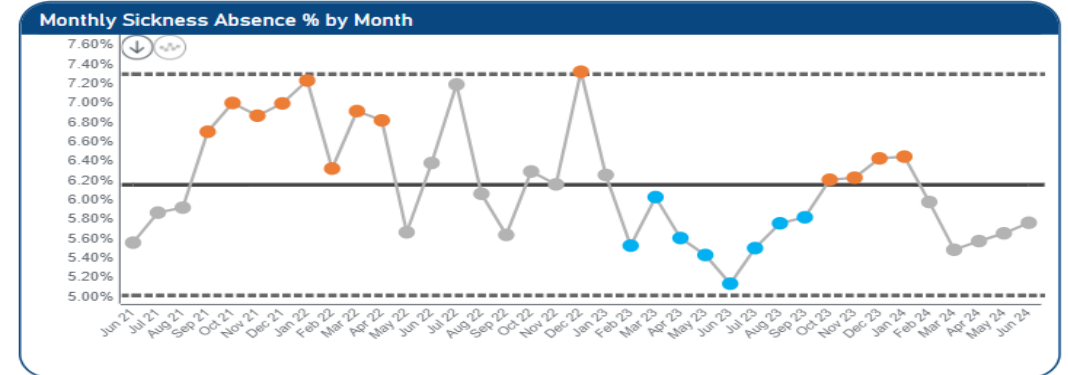
Actual FTE has been growing steadily month on month over the last years but has failed to keep pace with the increases to the budget FTE. In the last 3 years actual FTE has grown by 1975 FTEs, however, budget have increased at a faster pace by 2108 FTEs.

Vacancy FTE









The vacancy FTE was indicating special cause variation following the addition of the NSA budgets to ESR in June 2023 and A&C budget increases within Corporate teams in November 2023. Following the resetting of the budgets in April 2024, the vacancy figure dropped below the lower control indicating special cause of an improving nature but recent months have seen increases once again.

Sickness Absence %

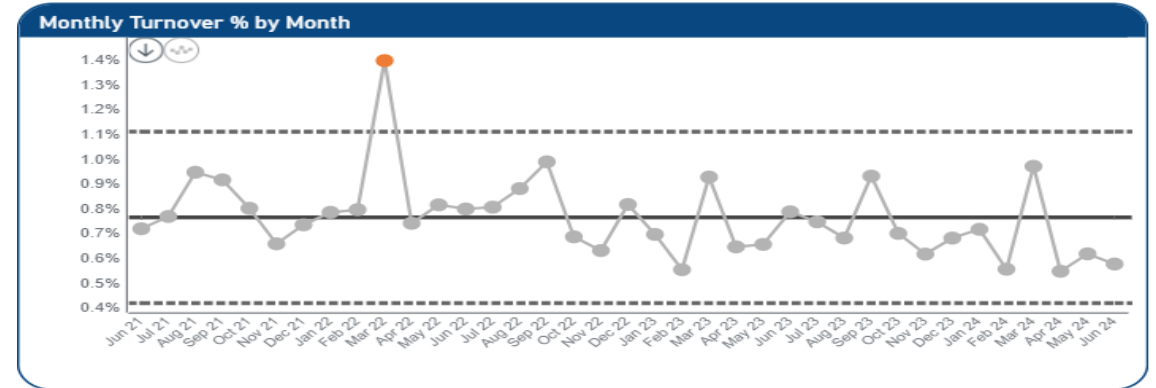


The monthly sickness rate was indicating special cause variation through October 2023 to January 2024 as we progressed through the winter months with a greater prevalence of short term Cold, Cough, Flu and Gastro related absence. The reduction in sickness rates since January 2024 has brought the trend down below the mean and is now indicating no special cause for concern despite the rising sickness rate over recent months.

Workforce Metrics

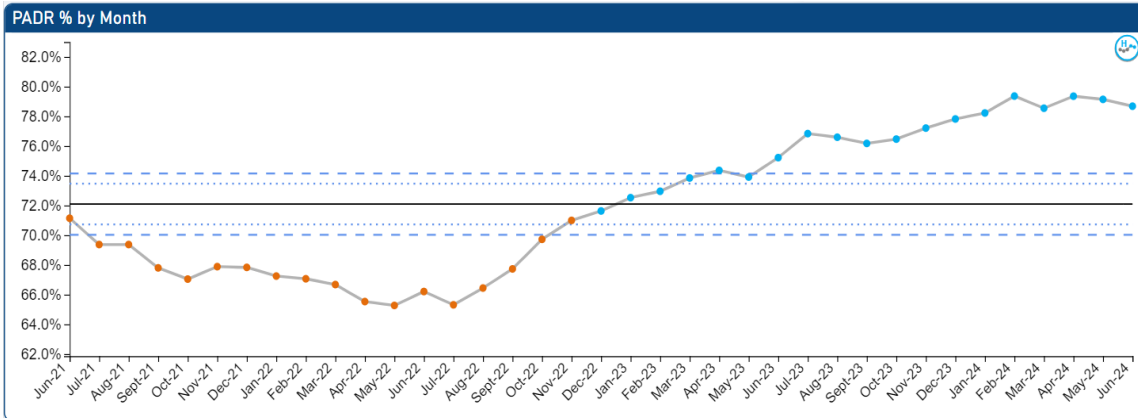
Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Monthly Turnover %



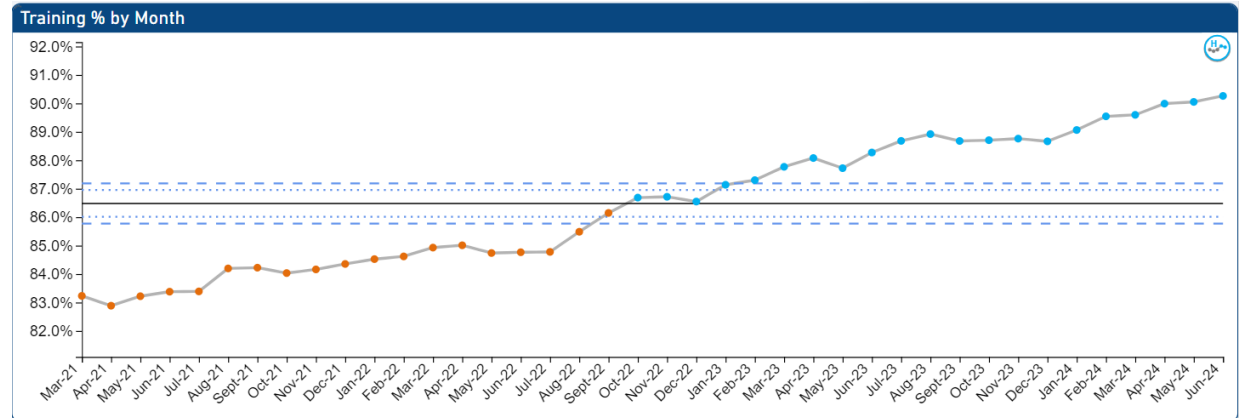
Please note the turnover rate displayed here is a monthly rate not a 12 month rolling rate. The monthly turnover trend continues to fall within the process control limits indicating that there is no significant change or special cause of concern.

PADR %



The PADR rate has reduced over recent months but remains above the upper control limit indicating no special cause for concern.

Mandatory Training Level 1 %



The Mandatory Training Level 1 compliance rate continues to improve and has been consistently above the upper control limit indicating special cause of an improving nature.

Workforce Comparators

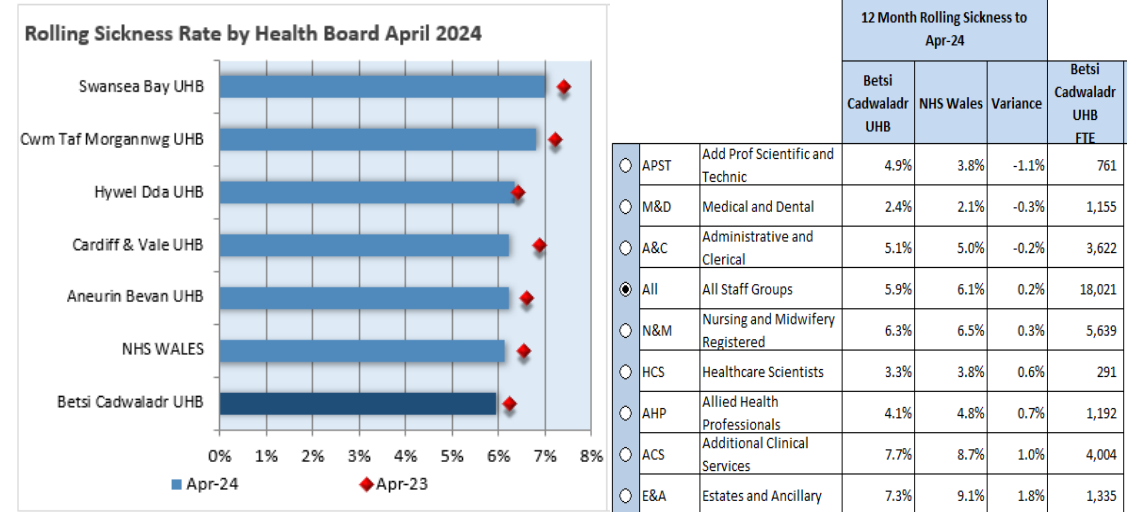
Turnover %



Of the 6 largest Health Boards in Wales, BCU had the second lowest turnover rate in April 2024 at 9.3% behind Hywel Dda at 8.1%. BCU's turnover rate is 2.1% lower than Cardiff and Vale and 2.5% lower than Cwm Taf Morgannwg.

Please note, NHS Wales Turnover Rate only includes NHS Wales Leavers whereas Health Board data will include Staff Movements between organisations. The turnover rates presented above includes locally employed junior medical grades whereas locally these are excluded.

Sickness Absence %

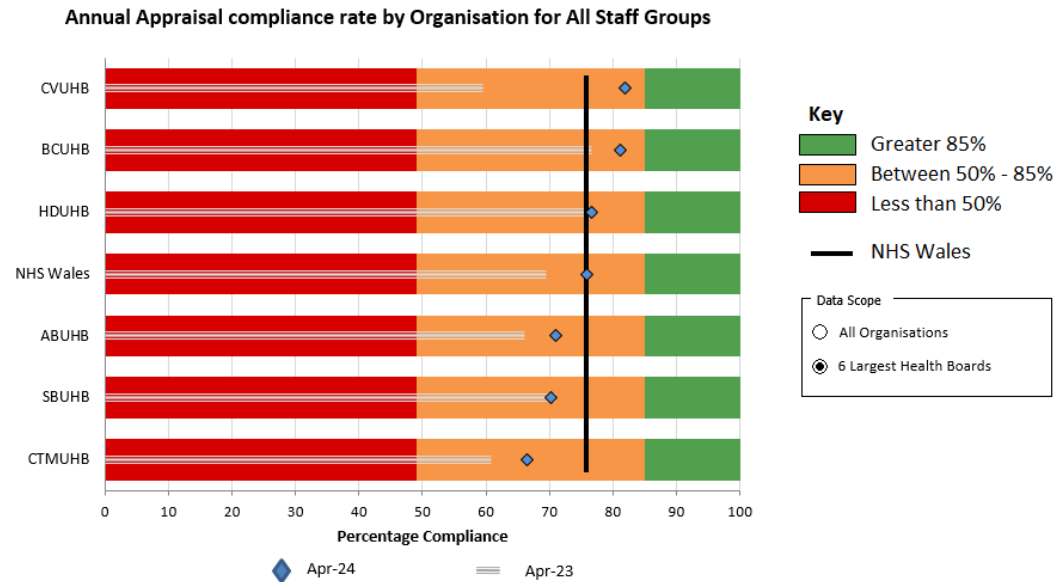


During April 2024, BCU had the lowest sickness rate of the 6 largest health boards at 5.9% and lower than the NHS Wales overall rate of 6.1%. Swansea had the highest sickness rate at 7.0% followed by Cwm Taf Morgannwg at 6.8%.

BCU is performing better than the NHS Wales average across 5 of 8 staff groups. Whilst Estates and Ancillary staff group has the highest sickness rate within BCU, it is 1.8% lower than the NHS Wales average for this staff group.

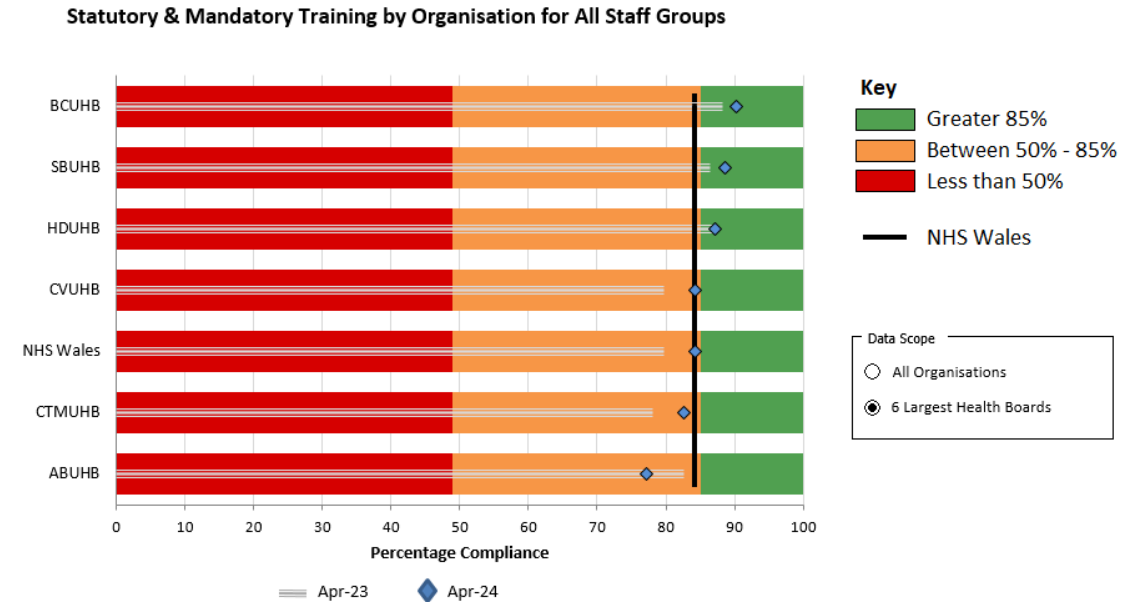
Workforce Comparators

Appraisals %



BCU had the second highest appraisal compliance rate out of the 6 largest health boards in April 2024 with a combined AfC and Medical Appraisal rate of 81.2% compared to the NHS Wales average of 75.8%.

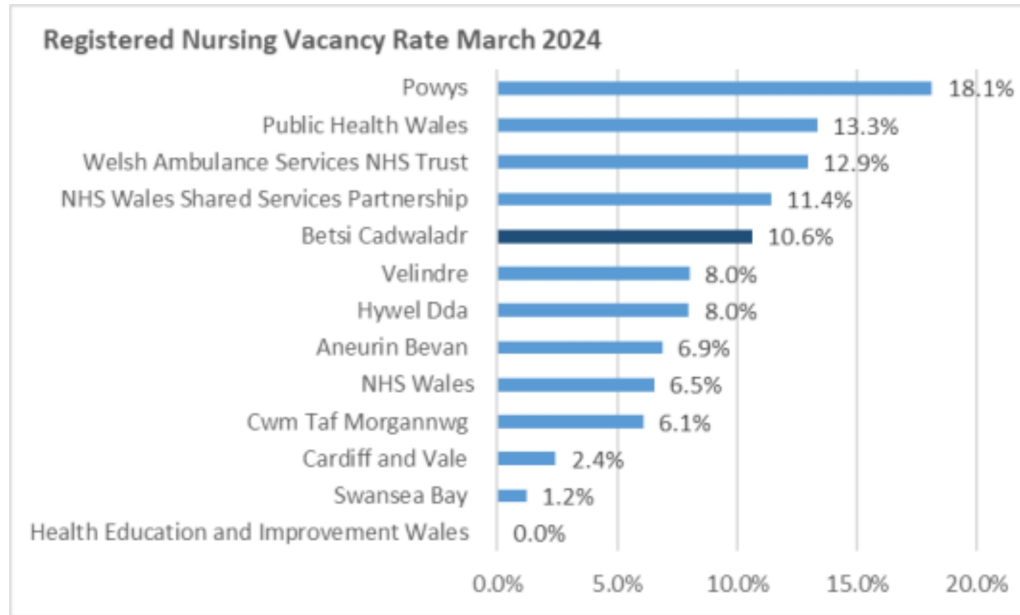
Statutory & Mandatory Training %



BCU had the highest mandatory training level 1 compliance rate out of the 6 largest health boards in April 2024 and was 6% higher than NHS Wales average of 84%.

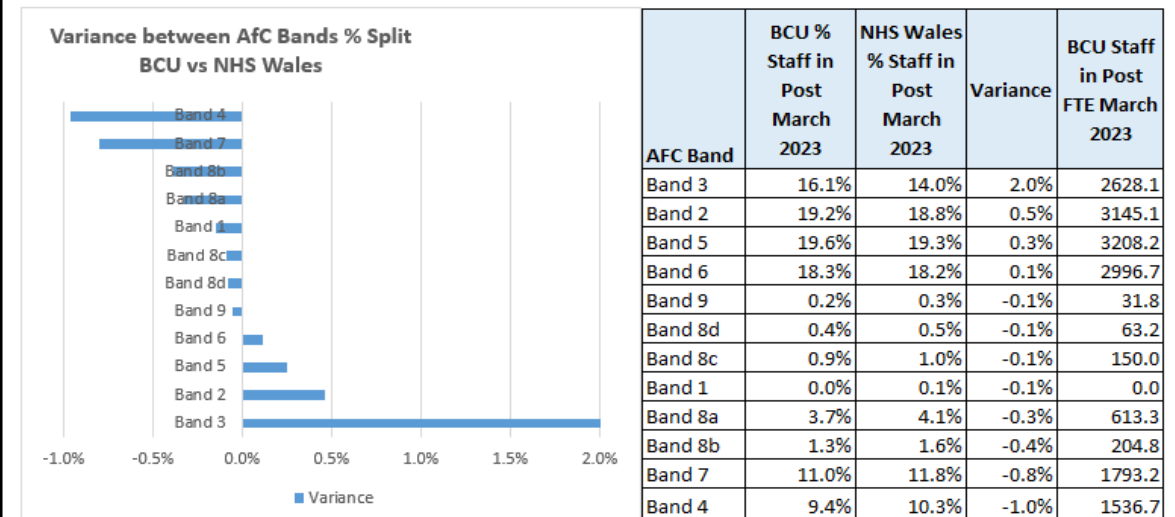
Workforce Comparators

Registered Nursing Vacancy Rate % March 2024



The BCU Registered Nursing Vacancy rate 4.1% above the NHS Wales average in March 2024 and was the highest rate of the 6 largest health boards. The BCU Registered Nursing vacancy rate has fallen by almost 2% in June 2024 to 8.7%.

BCU % Workforce by Pay Band vs NHS Wales % Workforce by Pay Band



AfC Band	BCU % Staff in Post March 2023	NHS Wales % Staff in Post March 2023	Variance	BCU Staff in Post FTE March 2023
Band 3	16.1%	14.0%	2.0%	2628.1
Band 2	19.2%	18.8%	0.5%	3145.1
Band 5	19.6%	19.3%	0.3%	3208.2
Band 6	18.3%	18.2%	0.1%	2996.7
Band 9	0.2%	0.3%	-0.1%	31.8
Band 8d	0.4%	0.5%	-0.1%	63.2
Band 8c	0.9%	1.0%	-0.1%	150.0
Band 1	0.0%	0.1%	-0.1%	0.0
Band 8a	3.7%	4.1%	-0.3%	613.3
Band 8b	1.3%	1.6%	-0.4%	204.8
Band 7	11.0%	11.8%	-0.8%	1793.2
Band 4	9.4%	10.3%	-1.0%	1536.7

The table above provides the percentage split of the BCU workforce vs the percentage split of the NHS Wales Workforce. *Please note, the figures includes AfC staff only and is as at March 2023, more current and complete data has been requested from HEIW.*

BCU AfC workforce has a greater proportion of bands 3, 2, 5 and 6 than NHS Wales, band 3s account for 16.1% of the BCU AfC workforce compared to 14% of the NHS Wales AfC workforce. NHS Wales as a whole has a greater proportion of band 4s within the AfC workforce than BCU (10.3% vs 9.4%). Bands 7 and above account for a smaller proportion of the BCU AfC workforce in comparison to NHS Wales (17.4% vs 19.3%).

Recruitment KPIs

Current Position (in days) – June 24

Staff Group	T0a - Notice Date to authorisation start date	T1a - Time to approve vacancy request	T4 - Time to shortlist	T5b - Time to update interview outcomes	T9b - Time to check references	T13 - Vacancy Creation to offer letter issued	T23 - From conditional offer to ready for Start Date with outliers	T14 - Vacancy Creation to ready for Start Date
Administrative & Clerical	76.9	4.4	4.1	1.4	2.9	42.5	12.8	57.9
Estates & Ancillary	98.8	3.5	4.0	1.2	1.0	28.4	24.1	56.2
Additional Clinical Services (Non Nursing)	98.7	5.1	7.1	1.4	2.8	40.4	26.2	65.5
Healthcare Scientists	33.0	3.9	4.3			36.2	35.0	63.0
Additional Professional, Scientific & Technical	115.1	4.3	4.4	2.0	1.4	58.6	21.7	84.2
Allied Health Professionals	38.0	4.4	5.9	2.5	1.4	44.6	41.2	93.0
Additional Clinical Services (Nursing)	46.9	4.1	6.2	1.9	4.6	41.7	27.3	70.2
Nursing & Midwifery	58.4	4.4	6.1	3.3	9.2	41.5	18.5	60.8
BCU Average	70.2	4.3	5.4	2.1	3.2	42.4	21.7	64.6
NHS Wales Average	39.7	6.9	5.5	3.0	3.1	41.2	17.1	57.7

The KPI metrics included above are all specific metrics that are the responsibility of the Health Board and are within our gift to effect. The current position across BCU is that against the All Wales average we are performing better than the average in 3 of the 8 metrics.

There appears to be notable delays in Notice Date to Authorisation Start date where BCU averaged 70.2 days in June 2024 compared to the All Wales average of 39.7 days. Time to shortlist for BCU took 5.4 days and this figure is much improved compared the previous month where it was 7.7 days and to the average for 2023/24 which stood at 8.1 days. The highest average length of delay time to shortlist is within Additional Clinical Services Staff Group where the target is breached by 4.1 days. Time to check references is high amongst Nursing & Midwifery vacancies at 9.2 days on average compared to the BCU average of 3.2 days. Performance against total time to recruit (T14) is within the target of 71 days at 64.6 days during June 2024 but this is higher than the all Wales average of 57.7 days. AHP and Add Prof Scientific and Technical staff groups failed to meet the performance target for total time to recruit during June 2024.

Highlighted Areas

Department Org L7	Actual FTE	Vacancy %	Rolling		Turnover	
			Sickness %	PADR %	Training %	Rate %
IHC East : E Community Management	16.2	16.3%	6.3%	64.7%	81.3%	21.5%
IHC West : Emergency Care Wards YG	55.1	14.9%	8.4%	41.9%	81.7%	10.1%
IHC West : GMS West	76.2	11.8%	6.4%	52.4%	86.9%	19.4%
IHC Centre : Patient Services - Central Area	345.7	10.5%	7.3%	69.1%	80.5%	9.9%
IHC Centre : SC Vascular	54.7	11.6%	6.0%	19.0%	81.1%	16.9%

The table above shows the departments where performance against the 5 key workforce metrics is poorer than the BCU average in April 2024 i.e. the vacancy rate is greater than 7.4%, the rolling sickness rate is greater than 5.9%, the PADR rate is lower than 78.7%, the mandatory training Level 1 is lower than 90.3% and the turnover rate is greater than 8.4%.

Emergency Care wards in YG are currently underperforming across the 5 key metrics in comparison to the BCU average with 14.9% vacancy rate (equating to 9.7 FTE vacancies) and high levels of sickness and turnover over. PADR appraisal rate is also particularly low at 41.9%.

East Community Management Team is currently carrying 3.1 vacancies which equates to 16.3% vacancy rate. The turnover rate far exceeds the BCU average at 21.5% and sickness absence rate is also slightly higher than BCU average.

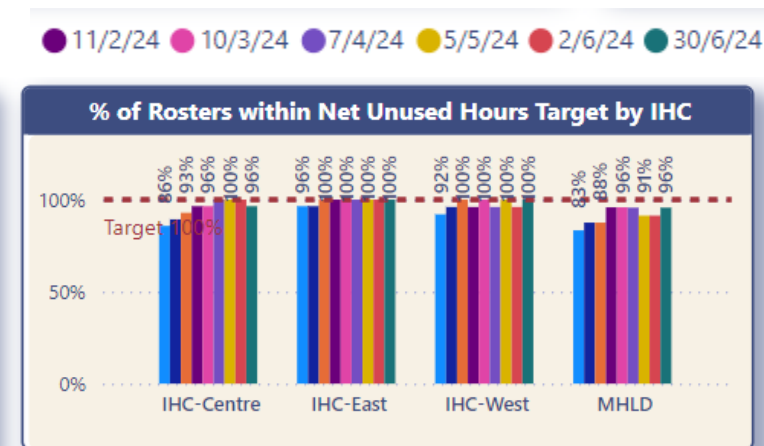
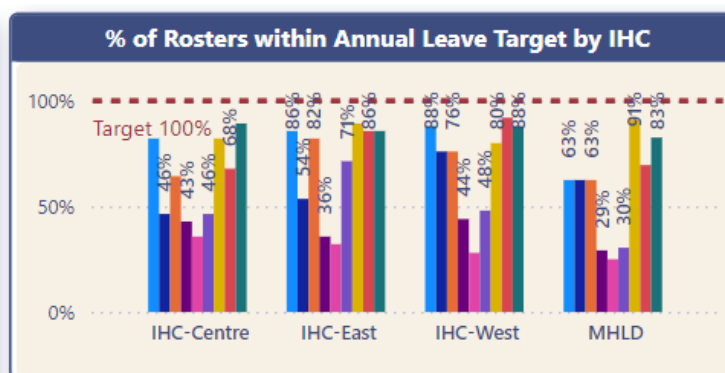
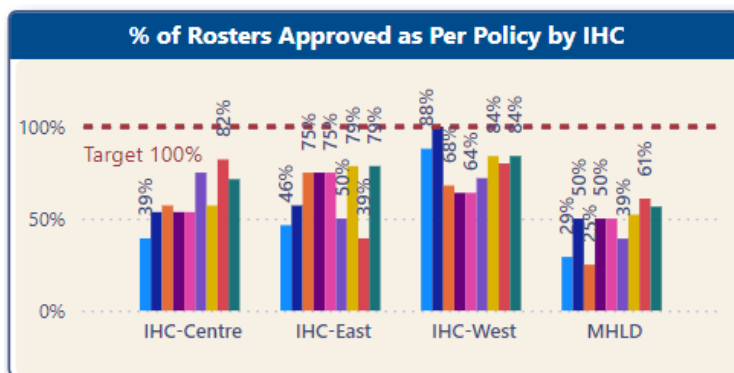
Vascular continues to prove an area where performance across the key workforce metrics is poorer than the BCU average with high levels of turnover and vacancies and low levels of PADR compliance.

Roster KPIs

BCU Summary

	19/11/23	17/12/23	14/1/24	11/2/24	10/3/24	7/4/24	5/5/24	2/6/24	30/6/24
Approved in Policy	55%	65%	54%	63%	63%	60%	70%	69%	75%
Annual Leave	82%	61%	72%	36%	28%	49%	81%	80%	85%
Net Unused Hours	90%	92%	95%	97%	97%	98%	97%	97%	98%

IHC Summary



As per Lord Carter's recommendations and the [Nursing & Midwifery E-Rostering Guidance 2019](#) it is recognised that a firmer grip of rostering will reduce the dependency on bank and agency staff whilst also improving the predictability and consistency of staff deployment even where recruitment is still a challenge. Whilst BCUHB report and monitor on seven rostering KPI's for the purpose of this report there will be three main areas of focus which are within the ward managers scope to control. These are Roster Approvals, Annual Leave & Net Unused Hours. The graphs are reflective of all 24/7 ward rosters across BCUHB and detail the percentage of rosters within each IHC that were approved in line with BCU policy, that were within the target annual leave allocation of between 11% - 16%, and that were below the target net unused hour's range of less than 10% of total staff contracted time used.

The percentage of Rosters approved as per the policy is showing an improving trend and this likely the result of the current Enhanced Roster Review Process which has introduced a greater level of accountability around Roster approval.

The percentage of Rosters within the Annual Leave target is a figure that will fluctuate depending on the time of year. For instance low level of compliance in February to March is possibly linked to the utilisation of annual leave prior to the new financial year and ceasing annual leave carry over into subsequent years.

The percentage of net unused hours within target shows a positive picture with 98% of rosters compliant at the end of June 2024.

Staff Survey Response Rates

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%
All Wales Total	108,631	807	17,758	3,970	22,535	20.7%

The BCU response rate to the staff survey was 20.2% compared to the all Wales response rate of 20.7%. Despite trailing behind some of the smaller NHS Organisations in terms of response rate, BCU had the second highest response rate of the 6 largest health boards.

Staff Survey BCU Highlights

Top five positive themes

Staff Engagement

We are compassionate and inclusive

We recognise everyone's contribution

We are stronger together

We are continuously learning and improving

Top five areas for development

Morale

Patient Safety

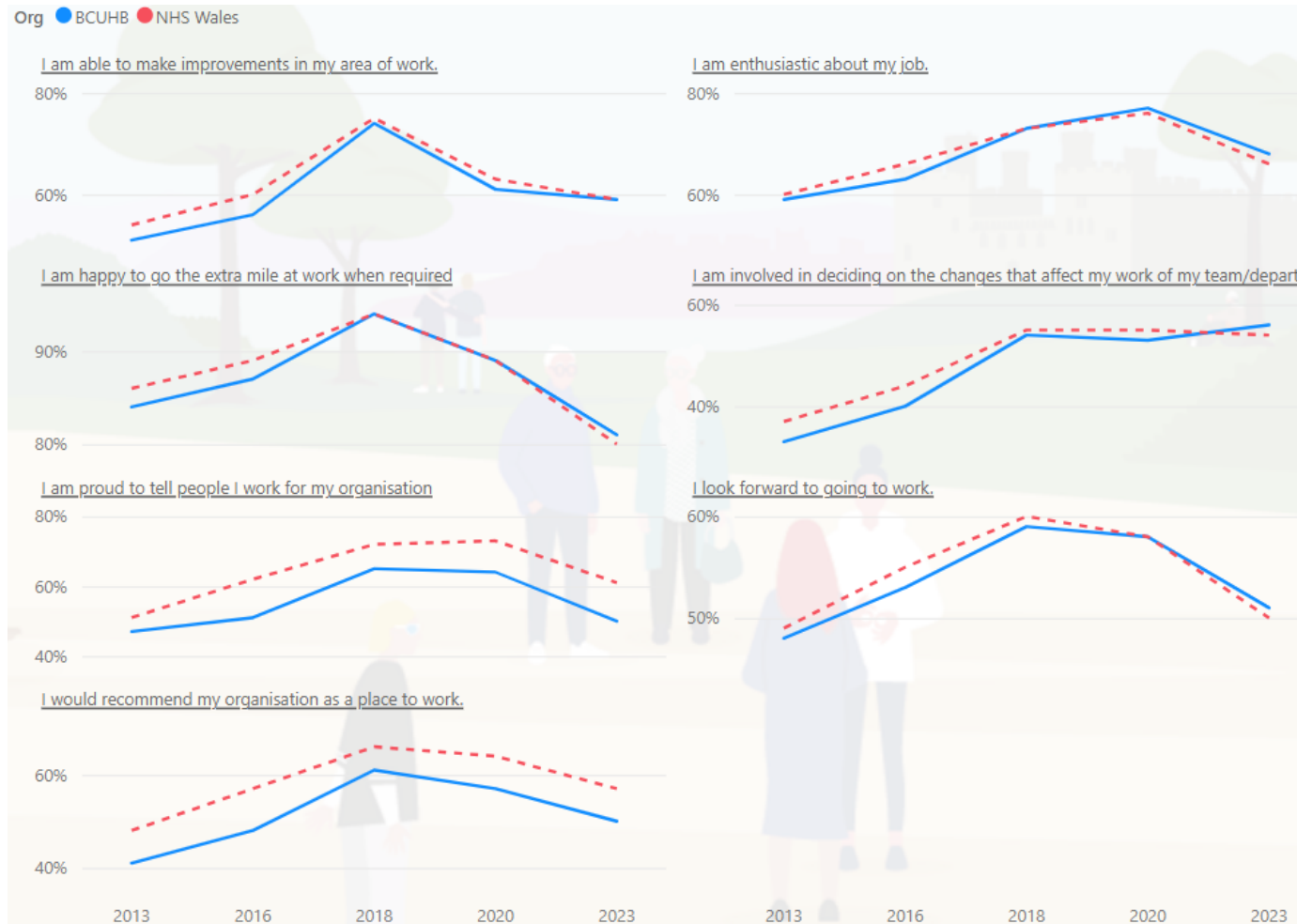
We are all able to speak up

We champion flexible working

We nurture healthy working environments

The BCU Staff Survey responses have been reviewed to identify the top 5 positive themes and the top 5 areas for development.

Staff Survey BCU Staff Engagement Results



The charts to the left show the BCU response positivity score to the Staff Survey Staff Engagement question over the last 10 years.

Across the 7 Staff Engagement questions, there has been fall in the levels of positive responses to these questions since 2018, with the exception of the question relating to decision making involving an employee's own work.

The Staff Engagement responses have been included in the newly developed Culture Dashboard for ongoing review and monitoring.

Staff Survey results covering the wider range of themes are available for review and future People Operations reports could provide a deep dive into other areas of interest if required.



Teitl adroddiad: <i>Report title:</i>	Update on Culture, Leadership and Engagement Improvement Work			
Adrodd i: <i>Report to:</i>	People and Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 08 August 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This paper provides the Committee with an update on the Organisational Development work currently underway in relation to culture, leadership and engagement and follows the updates received earlier in the year			
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to :</p> <ul style="list-style-type: none"> NOTE the progress in Quarter 1 and future plans for the rest of the year outlined in this report. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Jason Brannan, Deputy Director People Services			
Awdur yr Adroddiad: <i>Report Author:</i>	Nia Thomas, Head of Culture Development Rebecca Testa, Head of Organisational Development Katie Sargent, Assistant Director Corporate Communications and Public Engagement			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input 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></p> <p><input checked="" 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></p> <p><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></p> <p><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>Having strong leadership and engagement</p> <p>Being a learning and self-improving organisation</p>			
Goblygiadau rheoleiddio a lleol:	N/A			

Regulatory and legal implications:	
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	Naddo N 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>	Naddo N 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 intended outcome is a positive impact on the workforce
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Information provided in this paper was presented to the Organisational Development Steering Group (ODSG) at the meeting on 1 July
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: Gweithredu argymhellion <i>Next Steps: Implementation of recommendations</i> Delivery of activity outlines in Appendix 1	
Rhestr o Atodiadau:	

List of Appendices:

1. 'Step' diagram of annual plan activity and deliverables;
2. Updated communications and engagement plan for the Culture and Leadership Programme;
3. Terms of Reference for the Culture Change Design Group.

People and Culture Committee Meeting

8th August 2024

Culture, Leadership and Engagement Update

1. INTRODUCTION AND CONTEXT

This paper provides an update on the core workstreams aligned to the improvement of the Health Board's culture, leadership and engagement and is aligned with Welsh Government Special Measures and the Health Board annual plan expectations.

A whole organisation approach is being taken to our 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.

An updated plan of key activity planned for 2024 is at **Appendix 1**.

2. CULTURE DEVELOPMENT

Quarter 1 activities focussed on:

- the development of a communications and engagement plan to support the detailed activity plan. The plan was discussed at the last Organisational Development Steering Group (ODSG) held on 01/07/24. Feedback was provided and subsequent changes have been made to the plan. A copy is attached at **Appendix 2**.
- Creating conversational spaces at the Leadership Conference where over 400 people managers provided feedback on the Health Board's current values, behaviours and culture. Colleagues responded honestly and constructively and their feedback, views and suggestions will inform the next steps as we begin the work to refresh our organisational values and behaviours framework.
- the establishment of a Culture and Leadership Programme Design Group which will report to the ODSG. The first meeting will be held on 7th August '24. There are representatives from across the professional groups and key professional leads. The purpose of the group is to co-design and co-deliver the implementation of the NHS Culture and Leadership Programme through all four sequences. The aim is to be an organisation that delivers great care and provides a great experience to work and learn. A copy of the draft Terms of Reference is attached at **Appendix 3**.

Quarter 2 activities will focus on:

- Delivering the communications and engagement plan. There is a detailed project plan which identifies all the key activities required to deliver the plan.

Arrangements have already commenced to attend each IHC and Pan Services Senior Leadership Team meeting and their People and Culture Committees along with Corporate Services senior leadership team meetings. The plan will continuously evolve as messaging to the wider organisation will be key to ensure staff are aware of the work and the progress being made.

- Working with colleagues in Digital services to collate high level themes from the conversational spaces in order to develop a first draft values and behaviours framework. The first draft will be tested further with staff as part of our communications and engagement plan where feedback will be sought from key stakeholders such as Staff Networks, Equality, Diversity & Inclusion Strategic Forum, open feedback space on BetsiNet and IHC/Pan/Corporate Senior Leadership teams taking the draft framework to their staff meetings. It is proposed to also seek feedback from the Board at their Development session in September with a view to agree and formally approve our new values and behaviours framework in the Autumn.
- Establishing a Culture Dashboard. A draft Dashboard has been developed and will be shared with key stakeholders for feedback during July and first week of August with a view to finalise and launch the Dashboard in mid September.
- Reviewing and analysing patient experience feedback. This work will take place during August with a synthesis report of key themes collated by the end of September.

3. LEADERSHIP DEVELOPMENT

Integrated Leadership Development Framework (ILDF)

The implementation plan for developing the ILDF was approved at the Organisational Development Steering Group (ODSG), held on the 7th May 2024.

Quarter 1 activities focussed on:

- development of the Gwella Hub. The hub is currently in development and is being hosted on HEIW's Leadership Portal, Gwella. Named the Venture Hub, it will host all leadership development activities, including both internal and external routes to leadership development. The hub will be ready to test by the end of August at which point engagement with key stakeholders will take place for input on content, display and accessibility of the hub. Any amendments will then be made before the hub is formally launched across the organisation.
- development of a People Managers forum. A proposal paper outlining a number of options for developing the forum has been drafted and will be shared at the next ODSG meeting on 5th August for comments and feedback. Initial ideas and feedback has also been captured from the last leadership conference from a wide audience of over 400 people managers on their ideas and suggestions on areas of

focus. The top three areas for development from their feedback suggests sessions related to:

- handling difficult conversations;
- understanding/applying various policies; and
- team dynamics.

Quarter 2 objectives will focus on:

- commencement of the lower-level programmes – Mynydd Mawr – Foundations of Leadership and Management Programme. Three cohorts have started as follows:

Cohort 1 - 27th June

Cohort 2 - 4th July

Cohort 3 - 7th Aug

with cohorts 4-14 scheduled from Sept 2024 – March 2025.

Planning and building of online modules to support aspiring managers on the Moel Famau – Aspiring Managers Programme will begin in August.

- development of baseline metrics to track impact/outcomes. A number of evaluation methods will be developed to measure the impact on leadership behaviour, including a 30, 60 and 90 day evaluation process.
- socialisation of the Integrated Learning Development Framework. Extensive engagement has already taken place over the last 12 months, but further activities will be planned through delivery of a communication and engagement plan to launch the framework across the organisation.
- People Managers Forum – commence the first session by end of quarter 2.

Other ILDF Updates:

- Advanced Clinical Leadership Programme (ACLP) – BCUHB cohort 3 is ongoing following the programme launch in February 2024. It is being delivered by HEIW and the OD team with modules 1 to 4 completed during July 2024. A mid programme evaluation has been requested from the 26 participants and module 5 will take place in September 2024.
- Core Modules to support all leaders and managers have been developed working in partnership with key subject matter experts. The following modules are ready to be uploaded onto the Venture Hub:
 - Neurodiversity
 - Equality and Diversity
 - Sustainability

- **Compassionate Leadership Modules.** HEIW have developed a suite of modules to support NHS Wales organisations and health boards to develop and embed the principles of compassionate leadership. A ‘train the trainer’ programme is currently underway with a number of colleagues attending the programme.

4. ENGAGEMENT

NHS Wales Staff Survey

The committee was updated on the Quarter 1 position regarding the staff survey at the last meeting.

During Quarter 2, limited, high level data extracted from the 2023 survey will be shared with colleagues. This is due to challenges with the data received by Health Boards from IQVIA, the company contracted to provide the NHS Wales staff survey.

Although less granular than we were anticipating, the survey feedback remains useful benchmarking data and will enable colleagues to identify areas of positivity and issues that need to be addressed at an Integrated Healthcare Community (IHC), pan-Health Board service or directorate level.

This follows initial organisation-level data being shared across the organisation back in March following the release of two initial dashboards by Health Education and Improvement Wales (HEIW).

As the NHS Wales Staff Survey will be run on an annual basis going forward, work to launch the next survey in October 2024 (date to be confirmed) is well underway. This involves meeting with HEIW and colleagues from other Health Boards to discuss lessons learned from the 2023 survey and find solutions to make further improvements for 2024.

Minor changes to the mapping of the organisational hierarchy are being undertaken to ensure reporting is as accurate as possible.

Staff survey feedback will support the data gathered to inform the Culture Dashboard, which is being developed to track and monitor staff sentiment as part of the Culture Improvement Programme work.

BCUHB leadership conference

Quarter 1

Following our first Leadership Conference in February at Llandudno’s Venue Cymru and a conference for people managers held on June 4th at the Llangollen Pavilion, a third conference is being planned for November 2024.

The audience, agenda and desired outcomes of this event are currently being scoped with the Chief Executive and will be confirmed in the coming weeks.

As the Llangollen conference took place just before the last Committee meeting, a verbal update was provided at the meeting.

Staff reward and recognition – staff achievement awards

The update paper to the last Committee meeting in June described in detail the activity underway to improve how valued colleagues feel in the workplace through peer recognition and creating a culture of appreciation.

The finalists of the 2024 staff achievement awards were announced on [BetsiNet](#) in early July, where colleagues across the organisation can read their inspiring nominations.

A significant amount of preparation will be undertaken in Quarter 2 to deliver the awards ceremony which will be held on Friday 27th September at Venue Cymru in Llandudno. Up to 500 guests will enjoy a formal dinner, entertainment, and awards evening. In recognition of their efforts, the finalists nominated in ten award categories and their nominators attended the event for free.

We are currently in the process of approaching partners and suppliers to seek sponsorship towards the cost of the event (approx £32, 000).

It would be very much appreciated if members of the Committee could attend the event to show the support of the Board to our finalists.

Staff reward and recognition - long service awards

Quarter 1

The long service awards recognise and celebrate the contribution of those who have completed 25 years of continuous or aggregated NHS service by 31 December of the year of eligibility, of which the last five years have been served at Betsi Cadwaladr University Health Board.

Award recipients and a guest are invited to a celebratory ceremony in either the East IHC, Central IHC, or West IHC area. Members of the executive team present them with a £100 high street voucher, a certificate, and a personal citation. The ceremony is followed by afternoon tea and an opportunity to network.

Around 100 colleagues and their guests attended this year's long service awards events:

- The East celebration on 21st May saw 38 members of staff recognised at a lunchtime event at the Grosvenor Hotel, Pulford. Colleagues were congratulated by Mandy Jones, Deputy Executive Director for Nursing and

Helen Stevens-Jones, Director of Partnerships, Engagement and Communications.

- The ceremony for West saw 25 members of staff recognised at an event at Reichel Hall, Bangor University on 22nd May. Staff were congratulated for their years of loyal service within the NHS by Chair Dyfed Edwards and Acting Executive Director of Public Health Jane Moore.
- The Central event on 6th June saw 31 members of staff recognised at an event at The Kinmel hotel and spa, Abergele by Chief Executive Carol Shillabeer and Chief of Staff Elin Gwynedd.

We are currently appealing for nominations for the 2025 long service awards.

In Quarter 2, a review, currently underway, is exploring whether the organisation could also mark additional milestones, such as 30 or 40 years of service. This work will need to align with the outputs of an all-Wales task and finish group on the benefits package available to NHS Wales staff which we are awaiting.

APPENDICES

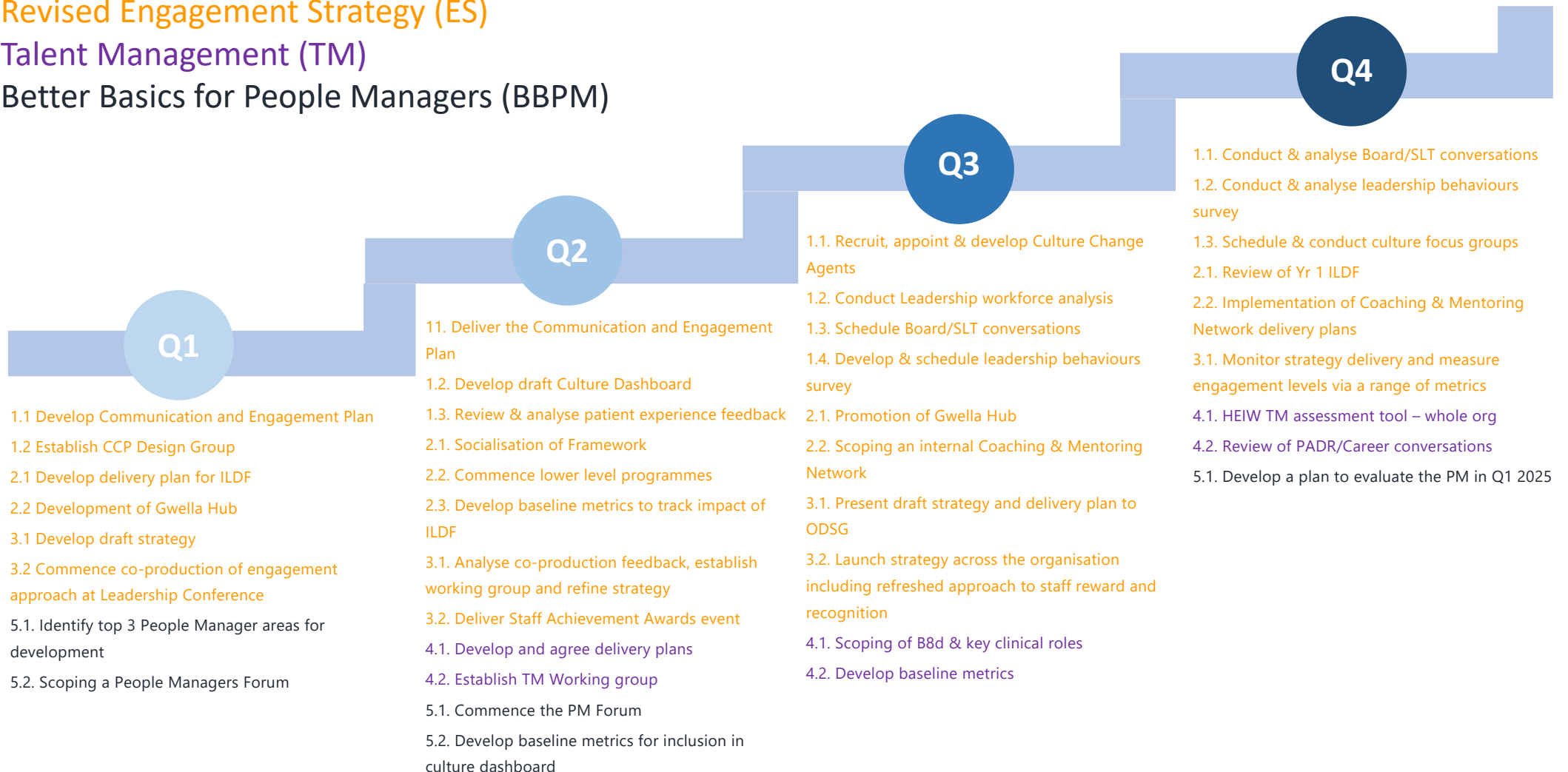
1. Culture, Leadership and Engagement Plan 2024-25.
2. Communications and engagement plan for the Culture Programme.
3. Culture and Leadership Programme Design Group – Terms of Reference

Culture, Leadership and Engagement Plan 2024-25

High level priorities

Delivery of Special Measures requirements, BCUHB 3
Year Plan 2024-27 and BCUHB Draft Organisational
Development Plan

1. Culture Change Programme (CCP)
2. Integrated Leadership Development Framework (ILDF)
3. Revised Engagement Strategy (ES)
4. Talent Management (TM)
5. Better Basics for People Managers (BBPM)



BCUHB Culture, Leadership and Engagement Plan 2024-25

Role, responsibilities, expectations

DRAFT VERSION 1

High Level Priorities

1. Culture Change Programme (CCP)
2. Integrated Leadership Development Framework (ILDF)
3. Revised Engagement Strategy (ES)
4. Talent Management (TM)
5. Better Basics for People Managers (BBPM)

Health Board Level

- Meet Special Measures Framework requirements.
- Reduce BAF risks through targeted plans
- Build awareness of our Culture Change Programme (CCP)
- Meet the Annual Plan 2024-25 requirements
- Support & establish organisational wide approach to improve our culture via the CCP
- Delivery of the culture change programme and associated deliverables
- **Agree Accountability framework (with clear expectations)**
- Support the implementation of the ILDF
- Support resource requirements to deliver the priority areas
- Delivery of the TM plan
- Delivery of the revised Engagement Strategy

IHC/PAN Level

- Advocate all elements of the Culture Change Programme (CCP)
- Encourage staff to be involved in the CCP and share views / ideas
- Nominate colleagues to join the CCP 'Change Team' and support them
- Attend targeted Leadership development programmes (ILDF)
- Role model Leadership behaviours, BCUHB's values and People Manager objectives
- Commit to continued professional development
- Make Leadership for All a priority
- Review culture dashboard data monthly via established meetings (monthly)
- Complete and monitor Talent Management plans
- Implement, embed and review People Manager Better Basics objectives

Corporate Services

OD

- Lead the CCP
- Lead the implementation of the ILDF
- Lead the TM organisational wide assessment

HRBP

- Review people data and provide local insight
- Support culture improvement priorities locally
- Lead local TM processes

Workforce Systems/BI

- Data/dashboard creation/ESR recording

POD & Transformation Directorates

- Alignment of health board improvement plans

Communications

- Support the priority areas, develop clear organisational wide messaging and progress updates

Measurement Data

Monthly

- Culture dashboard monthly trends
- Workforce data (sickness, turnover etc)
- Better Basics for People Managers target improvement areas data

Quarterly

- Engagement data – pulse surveys

Annually

- National staff survey
- Engagement Index scores from national staff survey
- ILDF participation rates

Communication & Engagement Plan

Culture and Leadership Programme



Culture & Leadership Programme

Betsi Cadwaladr University Health Board

Version Control				
Version	Date	Name	Title	Notes
0.1	19/09/2023	Rebecca Hubbard	Nia Wyn Harris – Senior OD Manager OD Project Manager	Draft creation of document
0.2	25/09/2023	Rebecca Hubbard	Nia Wyn Harris – Senior OD Manager OD Project Manager	Change to dates of timeline and risks
0.3	11/06/2024	Nia Wyn Harris	Senior OD Manager	Changes to entire plan
0.4	13/06/2024	Katie Sargent		Highlighted sections
0.5	16/07/24	Katie Sargent		Updated activity table

Introduction

This communications and engagement plan underpins the Culture and Leadership Programme Implementation plan. It describes the activity required to secure buy-in and involvement from colleagues across the organisation to deliver and support the benefits outlined in the Culture and Leadership Programme.

The document will be updated regularly in line with developments as the Culture and Leadership Programme progresses.

Aim

The overall aim of the Culture and Leadership Programme is to improve the way colleagues feel about the organisation including feeling connected, valued, supported and fulfilled by their work. We want to become a 'listening organisation' that is open, transparent and welcomes feedback from all in order to continuously improve.

Improving our organisation's culture is a key priority on our path to sustainable improvement which will not only benefit our employees in terms of their happiness, wellbeing and career satisfaction thus supporting us with recruitment and retention, but also our patients and communities, who will experience better care delivered by committed and engaged staff.

Firstly, we will implement a programme of work to explore our existing organisational values and identify the behavioural standards we expect from all colleagues, which will shape our organisational culture and leadership approach across the Health Board.

This is a key programme of work for the organisation, which will reap huge rewards in terms of improving our overall organisational effectiveness. Ensuring that awareness and involvement levels are high will be an important factor in ensuring that our people feel that they have stake in this change.

To achieve this, we will utilise various communications and engagement approaches, supported by the Chair, Chief Executive and other senior leaders to demonstrate that this movement is being spearheaded from the top of the organisation.

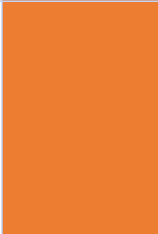
Objectives

This plan provides the overall framework for managing and co-ordinating activities taking place through the phases of the Culture and Leadership Programme. The objectives of the plan are:

- Achieve high levels of awareness of the Culture and Leadership Programme and its benefits across all staff groups which can be measured and tracked. Building effective engagement and partnership working with Board members, senior leaders, Trade Union representatives and staff network groups to ensure we reach as many colleagues as possible will be crucial.
- Deliver a sequence of clear, timely, tailored communications to increase understanding of and involvement in the Culture and Leadership Programme, taking on board feedback from colleagues about the most effective mechanisms for reaching them.
- Employ learning and best practice from other successful organisations and subject matter experts to secure buy-in and ensure the desired changes to our organisational culture are achieved.

Please note as we progress through the stages of the Culture and Leadership Programme, we will work with Change Agents and other key stakeholders to implement the best communications and engagement methods within their work areas with dates being added to the activities listed below as and when they are confirmed.

Activity	Who / What	When	Lead	Status
Leadership conference – the third of 2024	Audience and agenda TBC	Nov. 2024 (date TBC)	RT	
Launch of People Managers Forum	A new forum to support and guide people managers, who are the target audience for much of the culture improvement work	Nov. 2024 (date TB)	RT/JW	
Agree the organisation’s values and behaviours	Following a series of steps to gather views from staff including focused engagement sessions at the May Leadership Conference, a survey and discussions at key meetings to ensure representation from all staff groups, a final iteration of refreshed, simpler values and behaviours will be agreed and, later, launched	September and October 2024 (with a Board Development session in September and decision at the October Board meeting)	NT/NWH	
Sharing with partners the progress of our improvement work regarding culture	Communicating updates with external stakeholders via partnership meetings e.g. Stakeholder Reference Group and in the weekly partner briefing	Starting September 2024	NT/NWH/KS	
Leadership and management development programmes	Launch of the Gwella hub, to which all BCUHB staff will have access. This will include tools, resources and information on culture improvement	September 2024	SK	

Develop Culture and Leadership Programme hub on BetsiNet	Part of a refresh of the existing OD and Staff Engagement pages* to provide information, resources and signposting for staff – promote across channels including on the ESR portal, #BetterByBetsi community, weekly bulletin, Yammer communities and staff Facebook group *Include a section for the Venture hub	September 2024	NH KS	
Engage with key stakeholders e.g. staff networks and IHC and pan-Health Board services senior leadership meetings to secure understanding and involvement	Meeting schedule being finalised	September 2024	NH/NWH	
Overhaul of OD hub on BetsiNet to reflect the Culture, Leadership and Engagement work in progress	Outdated and redundant information will be removed and content will align with the Culture, Leadership and Engagement workstreams. Details of the work and how colleagues can learn more and find support/resources/signposting will replace it	August and September	NWH KS	
Inaugural meeting of the Culture and Leadership Programme Design Group	Representatives from across disciplines and work areas to agree key elements of the programme design	7 August 2024	NT/NWH	
General awareness-raising activity, including electronic and face-to-face communication	Organisation-wide approach for all staff – Launch Culture, Leadership and Engagement Programme as part of Venture hub and promote via #BetterbyBetsi / Yammer / Corporate bulletin / Staff Facebook group / ESR portal / Email signatures / Team brief / Orientation for all new staff / Roadshows	July-August 2024	NWH / B6	

OD colleagues attending national compassionate leadership ‘train the trainer’ programme at HEIW	The knowledge and learning will be cascaded across the organisation, as part of the ‘leadership for all’ approach outlined in the Integrated Leadership Development Framework (ILDF)	15.7.24	NT/NWH	
Update video to all staff from Jason Brannan covering items relating to culture improvement	HEIW compassionate leadership pledge and BCUHB video; staff recognition as Staff Achievement Awards finalists announced; latest news on 2023 and 2024 staff survey.	12.7.24	JB/KS	
Video message to all staff from CEO describing the sessions and activities at the leadership conference in Llangollen	News story on BetsiNet showcasing the day including videos of the sessions from North Wales Police and HEIW so colleagues unable to attend can view	w/c 10.6.24	CS/KS	
Leadership conference for people managers, Llangollen Pavilion	Around 400 members of staff participated in engagement sessions about their perceptions of our organisational culture, our values and behaviours. This feedback will inform next steps in refreshing our values and expectations around behavioural standards	4.6.24	NT/NWH	
Video message to all staff from CEO about the success of and highlights from the leadership conference	Feature page on BetsiNet with videos from the Chief Executive, keynote speakers Prof Michael West and Henry Englehardt and feedback from delegates	w/c 4.3.24	CS/KS	

Inaugural leadership conference, Venue Cymru	Around 200 members of staff attended and heard from Professor Michael West and Henry Englehardt on leadership and culture improvement	27.2.24	NT/NWH	
Update reports to numerous Board, Committee and leadership meetings	<p>Board Members</p> <p>Local Partnership Forum (LPF) Members including Trade Unions</p> <p>Staff Networks</p> <p>People and Culture committee</p> <p>Local Integrated Health Communities (IHC) People and Culture meetings</p> <p>IHC/Pan senior leadership teams (SLTs)</p> <p>Culture & Leadership Programme design group</p>	Ongoing	All	
Inaugural Organisational Development Steering Group	<p>Initial meeting with representatives from across the organisation with an ambition to drive forward improvements to our organisational culture and shape the work connected to the Culture and Leadership programme</p> <p>Subsequent meetings: 4 March 7 May 1 July</p>	5.2.24	NT	
Board Members – Expert masterclass with Professor Michael West	Prof West explained the evidence behind the culture programme and the positive impact that happy, engaged employees has	25.9.23	NT/NWH	

Independent Members – Introductory workshop		25.9.23	NT/NWH	
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-  **Vision and Values**

-  **Goals and Performance**

-  **Learning and Innovation**

-  **Support and Compassion**

-  **Equity and Inclusion**

-  **Team Work**

Culture Change Design Group

Terms of Reference and Operating Arrangements

PURPOSE

The Culture Change Design Group (the group) will oversee the development and ongoing implementation of the organisation’s compassionate and inclusive culture so that all staff enjoy a positive working experience and improved health and wellbeing. It will do this by monitoring, reviewing and reporting to the Organisational Development Steering Group (ODSG).

The purpose of the group is to deliver the implementation of the NHS Culture and Leadership Programme through all four sequences. The aim is to be an organisation that delivers great care and provides a great experience to work and learn.

Based on the principles of compassionate and inclusive leadership, a good result would be where:

- Every person in the organisation can flourish and deliver their best for patients- continuously improving, high-quality, safe, compassionate care.
- Everyone working in the organisation is healthy, happy and passionately engaged in improving the lives of people in their communities with a commitment to quality of care which is inclusive, diverse and fair.
- All staff are treated with civility, respect, and compassion, no matter their backgrounds, especially at times of stress.
- Everyone counts- at all levels- and feels inspired and empowered to lead positive change, constantly learn and continuously improve healthcare for patients.
- It is easy to feel compassion for others because every person working in the organisation is treated with respect and dignity and feels appreciation, compassion and support from their leaders and colleagues- especially during time of stress or difficulty.
- Developing compassionate, diverse, inclusive cultures impacts wider society via staff and patient/ service user experience.
- No matter where in the organisation we work, we work together for patients.

AUTHORITY

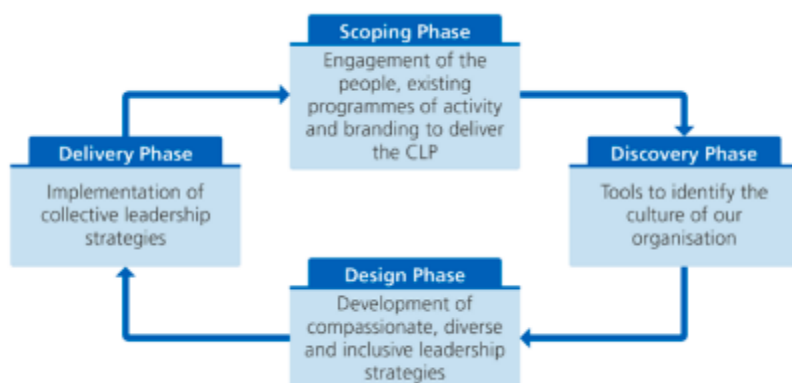
The group will make recommendations to the Organisational Development Steering Group on key interventions to help shape organisational culture.

The Group will in summary:

- Set a coordinated Organisational- wide approach across all Integrated Health Communities, pan services and corporate functions and concerning the below four areas linked to the culture change programme.
- Ensure oversight of the delivery of the programme by senior leadership teams
- Agree on the Organisation's comprehensive objectives in each financial year to improve culture.
- Ensure delivery plans are being implemented locally by line managers.
- Ensure engagement and consultation processed with staff, stakeholder, and communities reflect the ambition and values of the Organisation and also meet statutory requirements.
- Review key performance indicators

Stages of the Culture Change Programme:

The group will review each stage of the process to deliver the culture change programme, so it sticks and stays. It is anticipated that the group will be established for a minimum of three years, from scoping to delivery.



Key elements of the Culture Change Programme:

To ensure culture is aligned, six key elements will be followed as part of the programme noted below. Every programme intervention will align with a least one of the cultural elements to deliver change.



Vision and Values



Goals and Performance



Learning and Innovation



Support and Compassion



Equity and Inclusion



Team Work

MEMBERSHIP

- Head of Culture Development
- Head of Equality & Human Rights
- Lead Health & Wellbeing Co-ordinator
- Staff Side Chair
- Director of Partnerships, Communications & Engagement
- Assistant Director of Communications & Engagement
- Head of Organisational Development
- Senior Organisational Development Manager - Culture
- SWSS Representative
- Speak out Safely Guardian
- Chairs of the Staff Networks
- Quality / Patient Experience Lead
- Lead Manager Learning
- Training, Development & Well-being Lead (MHLD)
- People Services Representation
- Medical / Nursing / AHP / Operational lead

By invitation:

The Group's Chair may extend invitations to other relevant colleagues/stakeholders to attend meetings as required:

GROUP MEETINGS

Quorum:

The group will be deemed quorate if at least 50% of participants are in attendance.

Members unable to attend a meeting may nominate a deputy to attend on their behalf, as agreed with the Chair.

Frequency of meetings:

Meetings will be held monthly initially during the Scoping and Discovery Phases of the Programme

REPORTING AND ASSURANCE ARRANGEMENTS

The Group Chair shall:

- report formally, regularly and on a timely basis to the Organisational Development Steering Group. This includes verbal updates on activity and the submission of written reports;
- bring to the ODSG's specific attention any significant matters under consideration by the Group;
- ensure appropriate escalation arrangements are in place to alert the ODSG of any urgent/critical matters that may affect the operation and/or reputation of the organisation.

Date Terms of Reference approved:

Approved by:

Reducing the Time to Shortlist



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Problem

Trac Recruitment Health Check	Average Time in Working Days											
	Target	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Apr-23	May-23
Time to Approve Vacancy Request	10	4.5	3.1	3.5	4.0	3.6	2.7	3.4	3.7	3.1	4.4	3.3
Time to Shortlist	3	6.3	6.0	7.5	7.9	8.2	7.4	7.1	14.6	8.7	9.9	8.6
Time to Update Interview Outcomes	3	3.2	2.1	2.3	5.9	3.7	2.7	2.7	5.5	3.0	3.5	3.1
Time to Approve References	2	2.5	2.1	3.0	3.1	2.3	2.3	2.7	2.5	2.9	2.7	2.8
Vacancy Creation to Conditional Offer	44	40.4	36.8	38.8	39.0	42.2	38.7	39.1	43.7	38.6	35.7	40.6

Betsi Cadwaladr University Health Board's (BCUHB's) performance against the agreed All Wales Recruitment Key Performance Indicators (KPIs)

It was evident that BCUHB consistently failed to meet the agreed 'Time to Shortlist' KPI of 3 working days



Context

A reduced Time to Shortlist would deliver many benefits, including:

- An enhanced experience for applicants, where they are notified of the shortlisting decision earlier than they are at present
- A shorter overall time to hire process which will enable successful applicants to commence in post sooner
- Improved staff wellbeing due to a reduction in staff shortages
- Improved patient care and patient safety due to staff vacancies being filled earlier



Aim

Specific

Measurable

Achievable

Realistic

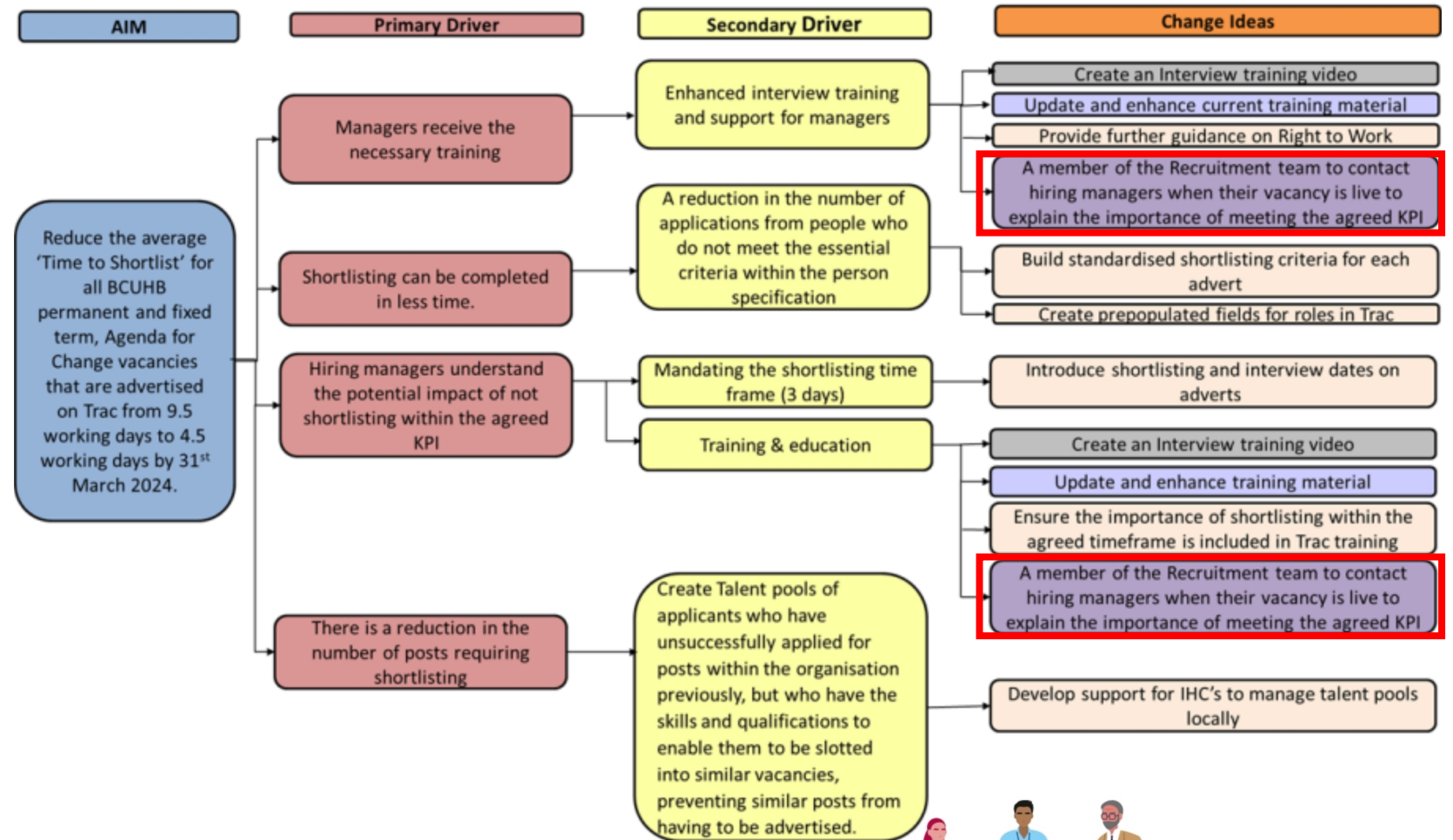
Time bound

Reduce the average 'Time to Shortlist' for all BCUHB permanent and fixed term, Agenda for Change vacancies that are advertised on Trac from 9.5 working days to 4.5 working days by 31st March 2024



Methods

1. A questionnaire was sent to all Hiring Managers to help get an understanding of what difficulties they experience when shortlisting.
2. Using the findings from the questionnaire, the Project Group created a driver diagram to help identify the change ideas that could potentially contribute to the achievement of the project aim.



Process Changes

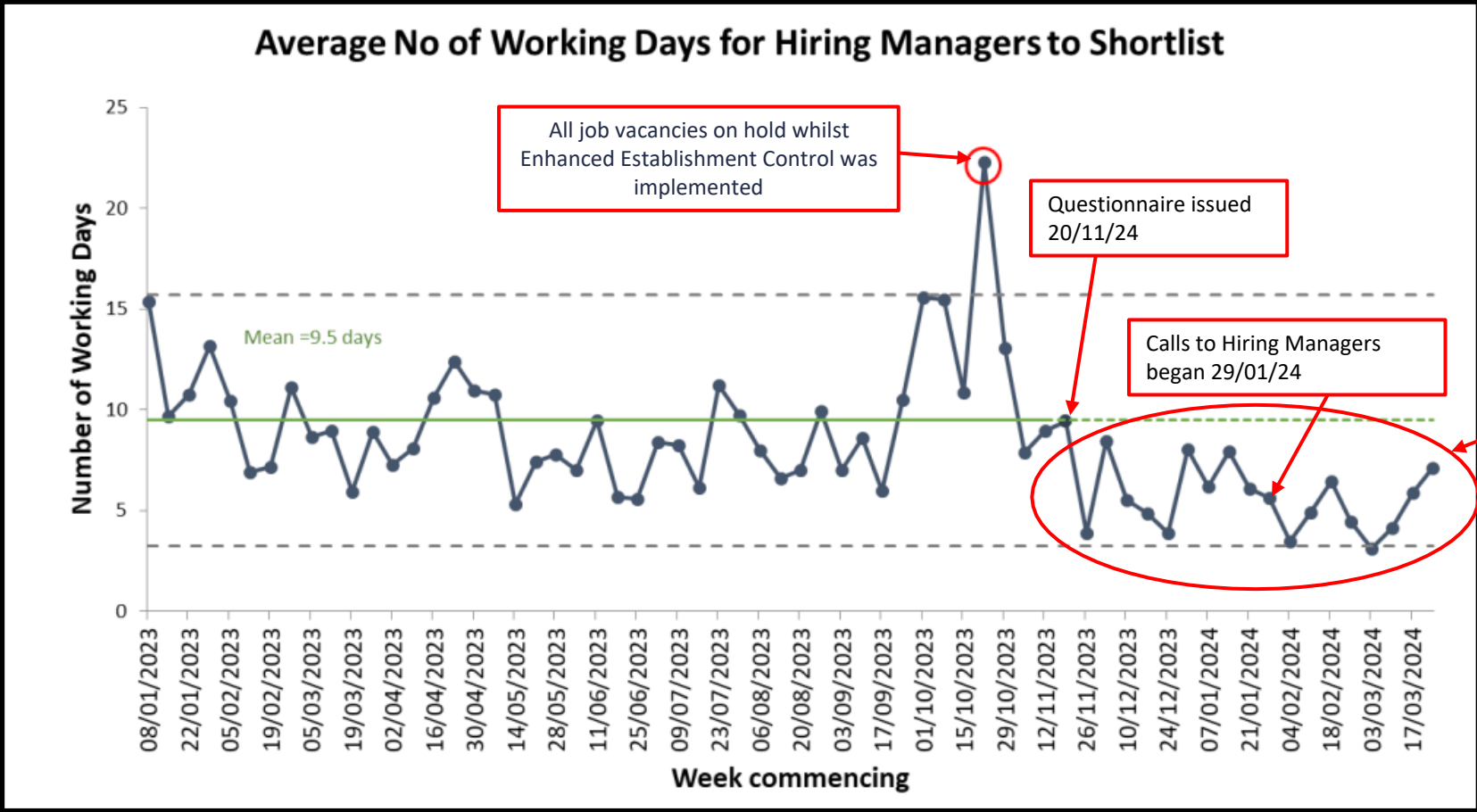
1. Recruitment dashboard developed to enable the Recruitment team to easily identify the vacancies that were due to close and those that have closed but the Hiring Manager has not yet shortlisted
2. Recruitment Team contacts Hiring Managers 3 days prior to the vacancy closing date to remind them that shortlisting should be completed within 3 working days and to offer any required support and/or guidance to help them meet this target
3. Prompt sheet created to remind Recruitment Team members what questions they should ask and what support they should offer



Conversation prompt

1. Confirm closing date
2. Inform Hiring manager that shortlisting should be completed within 3 working days
3. Has the Hiring manager booked time in the diary to shortlist? **Yes/No**
4. Does the Hiring manager anticipate any difficulties shortlisting within 3 working days? Yes/No
4a. If yes, why?
5. Is the Hiring manager aware of the legal perspective regarding shortlisting applicants with no UK or Irish right to work? **If no, send Hiring Manager guidance document**
6. Does the Hiring Manager have any questions regarding the shortlisting process?
7. Does the Hiring Manager require any additional support with Trac? **If yes direct them to Recruitment Guidance on BetsiNet**

Results



Upper Control Limit = 15.7

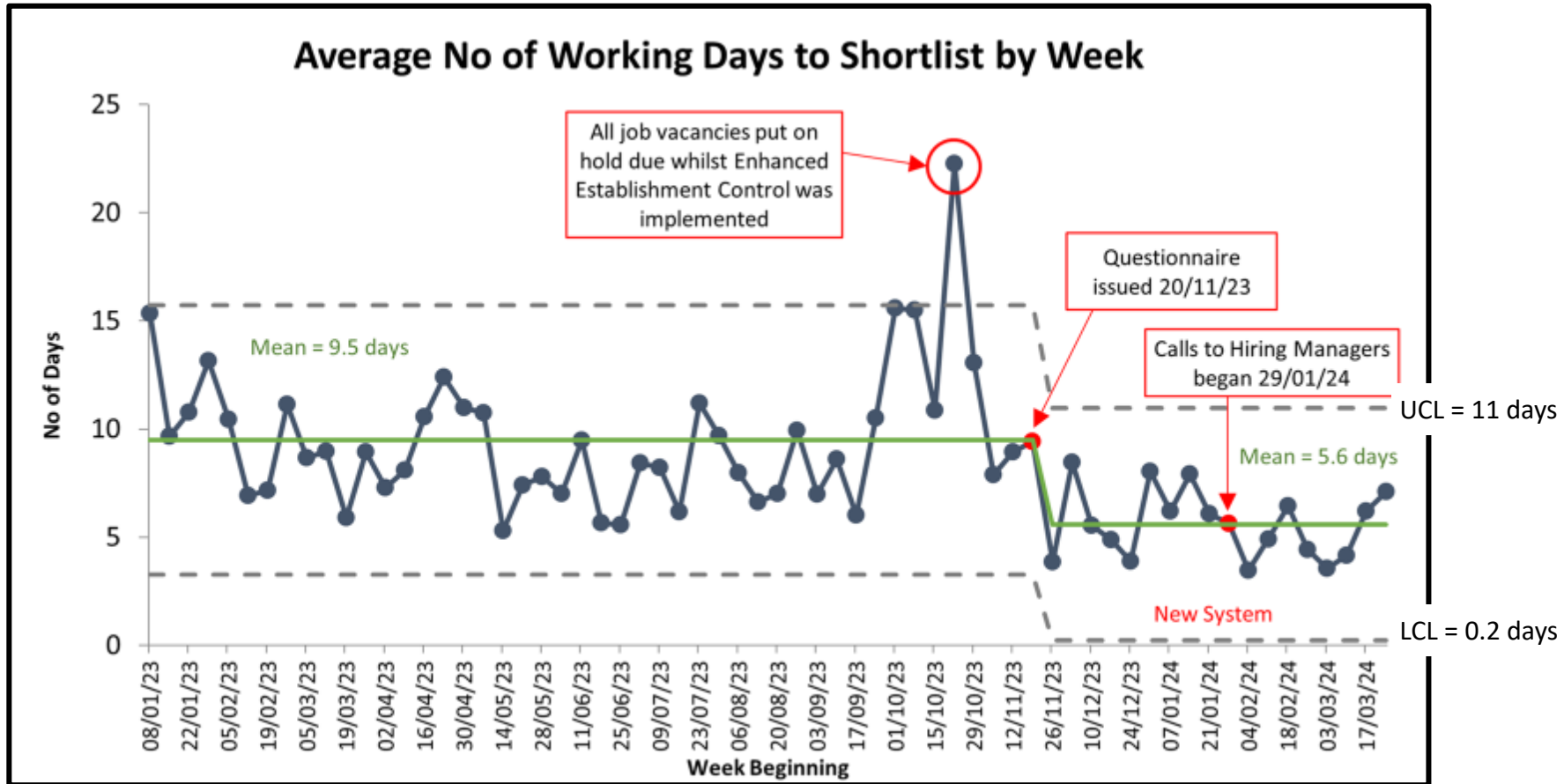
8 or more points below the mean detecting a special cause

Lower Control Limit = 3.2

The findings from the questionnaire showed that 17.9% of respondents were unaware that shortlisting should be completed within 3 working days



Results



Conclusion

- Issuing the questionnaire unintentionally resulted in a significant reduction in the average number of working days for Hiring Managers to shortlist. Whilst there is no evidence that contacting Hiring Managers prior to the vacancy closing has resulted in any further improvement, it has helped to sustain it
- The aim of an average 4.5 working days for Hiring Managers to shortlist has been achieved on several occasions, however further improvements now need to be made to ensure that Hiring Managers consistently meet or exceed this aim



Key Learning Points

- Having a clear aim provides project teams with a shared vision of what needs to be achieved and by when
- Working collaboratively on improvement projects with the individuals delivering the service is vital for change to be implemented successfully
- Accurate data allows us to better understand our services, to learn, make decisions and to improve our services



Next Steps

- Identify the next change idea to be tested
- Provide Quality Improvement Training to all individuals involved in the 'Time to Shortlist' project



Thank you





Teitl adroddiad: <i>Report title:</i>	Compassionate Leadership Pledge			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	8 th August 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>As part of the organisation's commitment to developing a compassionate, inclusive, and collective culture, the Compassionate Leadership Pledge provides a framework for how we can practically embed the Compassionate Leadership principles.</p> <p>The paper provides background and recommendations for progressing with the pledge.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> APPROVE the pledge (NB: only the speech bubble at the top demonstrating BCUHB's commitment to the pledge can be changed) 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Jason Brannan, Deputy Director of People			
Awdur yr Adroddiad: <i>Report Author:</i>	Nia Wyn Harris – Senior Organisational Development Manager - Culture			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input 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 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 checked="" 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>		Links to delivery of all organisational priorities		

Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	N/A
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>	None
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	The intended outcome is a positive impact on workforce. There are no significant workforce planning matters related
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>	CRR24-16
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 approval from the Executive team, the Pledge will be submitted to the People & Culture Committee for approval before final approval and signing at the Board Meeting in September	
Rhestr o Atodiadau: <i>List of Appendices:</i> Appendix 1 – Compassionate Leadership Pledge	

Background to Compassionate Leadership

We know through compelling evidence that the right culture in the workplace creates an inclusive and positive working environment for all, where there is psychological safety, a highly engaged and motivated workforce, and patient outcomes that are the best they can be.

Compassionate, inclusive, and collective cultures are created by demonstrating compassionate behaviours involving a focus on relationships through careful listening to, understanding, empathising with, and supporting other people. This, in turn, enables those on the receiving end to feel valued, respected and cared for so they can reach their full potential and do their best work.

Creating this kind of culture will not only contribute to a highly engaged and motivated workforce but will also support attraction, recruitment, retention and all other stages of the employee's journey. Achieving this culture is everyone's responsibility. By demonstrating these behaviours in our day-to-day interactions, we model that leadership is for everyone and that we can all commit to becoming compassionate leaders.

Compassionate Leadership Pledge

The Compassionate Leadership Pledge sets out how to create a compassionate and inclusive workplace by describing how we can practically embed each of the Compassionate Leadership Principles. The Pledge was initially introduced to the organisation during the Leadership Conference held on the 27th of February, 2024. Statement under each of the seven icons are set for NHS Wales, as demonstrated below.



Our organisational pledge is designed to be in clear and simple language and is highlighted below:-

Rydym yn ymrwymo i greu amgylchedd caredig a gofalgar, lle mae pob un ohonom yn modelu ein gwerthoedd a'n hymddygiad bob dydd.

We are committed to creating a kind and caring environment where we all role model our values and behaviours every day

By signing the pledge, we all commit to developing and modelling compassionate leadership behaviours and creating compassionate, inclusive and collective cultures within our working environments.

This reinforces our leadership approach, which was part of the board's commitment made last September, and will provide alignment to developing a refresh of our organisational values and behaviours.

Recommendations

The Committee is asked to **approve** the Compassionate Leadership Pledge, which was received and approved by the Executive Team at their meeting held on 3rd July 2024. Following the Committee's approval, the pledge will be formally signed off at the September Board Meeting.

Addewid Arweinyddiaeth Dosturiol

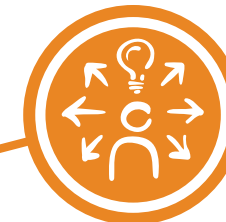
Compassionate Leadership Pledge



Datblygu gwaith tîm a rhyng-dîm cefnogol ac effeithiol
 Develop supportive and effective team and inter-team working



Creu amgylcheddau lle mae arweinyddiaeth ar y cyd yn ffynnu
 Create environments where collective leadership thrives



Gwellu cydraddoldeb, cynhwysiant ac amrywiaeth, gan gael gwared ar rwystrau a ffiniau yn ymwybodol
 Improve equality, inclusion and diversity, consciously removing barriers and boundaries



Sefydlu'r amodau i'n gweithlu i adlewyrchu, dysgu, gwella ac arloesi'n barhaus
 Establish the conditions for our workforce to reflect, learn, continually improve and innovate



Cytuno ar gyfeiriad a sicrhau aliniad ac ymrwymiad
 Agree direction and ensure alignment and commitment



Galluogi systemau a diwylliannau diogel, ymddiriedus ac atyniadol
 Enable safe, trusting and engaging systems and cultures



Rheoli anawsterau a heriau yn gadarnhaol, yn agored, yn ddewr ac yn foeseogol
 Manage difficulties and challenges positively, openly, courageously and ethically





Teitl adroddiad: <i>Report title:</i>	BCUHB Apprenticeship Position			
Adrodd i: <i>Report to:</i>	People and Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 08 August 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The paper provides an overview of the current apprenticeship position and challenges in BCUHB. It provides some suggestions for improvements and a staffing model suggestion to support an increase of apprenticeships.			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to: <ul style="list-style-type: none"> NOTE the position in terms of apprenticeships and the actions been taken to address this. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Jason Brannan, Deputy Director of People Services			
Awdur yr Adroddiad: <i>Report Author:</i>	Mandy Hughes, Senior Workforce Modernisation Manager			
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 type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>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></small>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i></small>
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>				
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	N/A			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	N			

<i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	The paper is not looking to change provision just to increase provision and requires the resource to do so.
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>	<i>N</i> The paper does not impact any of the requirements for a SEIA to be completed
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>	Risks of not increasing apprenticeship delivery and provision
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	Increase of staffing and associated cost
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Increase of apprenticeship numbers and support required in the workplace
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	(crynodeb o sut mae'r papur wedi cael ei adolygu, yr ymateb a pha newidiadau a wnaed ar ôl cael adborth) (summarise where the paper has been reviewed, the response and what changes have made due to feedback)
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (<i>or links to the Corporate Risk Register</i>)	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Amherthnasol N/A
Camau Nesaf: Gweithredu argymhellion <i>Next Steps:</i> <i>Implementation of recommendations</i>	
Rhestr o Atodiadau: <i>List of Appendices:</i>	

Introduction/Background

This paper provides an overview of the current apprenticeship position and challenges in Betsi Cawaladr University Health Board (BCHB). It provides some suggestions for improvements and a staffing model suggestion to support an increase of apprenticeships

Situation

The 2024/27 three-year plan sets out the Health Boards vision to create a healthier North Wales, with opportunities for everyone to realise their full potential and a commitment to developing and supporting a motivated, engaged and valued, health care workforce, with the capacity, competence, and confidence to meet the needs of the people of North Wales.

The Health Board has an aging workforce with just 20% being under 30 so being able to develop pathways to apprenticeships that provide valuable opportunities for young education leavers to join the Health Board and develop their career is a key factor in ensuring that we have the right people, in the right place with the right skills to deliver services.

Labour market intelligence for north Wales tells us that 45% of the population is over 50 and that there is a 76% employment rate in the region. All employers in the region are currently reporting acute labour supply shortages and there are unfilled vacancies across most of the region and sectors. These shortages are national challenges but have been amplified in North Wales due to the underlying extremely tight and declining labour supply locally. Young-people between 16-24 have been disproportionately affected by COVID-19 and there is a challenge around lack of understanding on different learning pathways from pre-16 to post-16.

A full time Apprentice development officer has recently been appointed, which has improved engagement and information within the organisation, but uptake for apprentice posts is still low for an organisation of BCUHBs size. There are resources and guides available on Betsi Net for managers to access, support in developing job descriptions and apprenticeship pathways is supported by the Workforce Modernisation team.

Benchmarking of Welsh HBs, models, pay and conditions are currently underway.

The Covid pandemic had an adverse impact on apprenticeships with all placements, any work experience, careers sessions and apprenticeships in progress being halted.

Developing the talent pipeline from within, schools, Further Education (FE) and Higher Education (HE) and empowering education leavers to know their options when it comes to their career path opportunities that working for BCUHB can bring is key to being able to deliver on BCUHBs apprenticeship ambition.

Background

An Apprenticeship is a Framework for delivering work-based learning which an individual undertakes whilst being employed. An individual undertaking an Apprenticeship Framework will gain an accredited qualification and essential skills whilst working and earning a wage. Apprenticeship Frameworks can exist at Education Levels 2 through to Level 7. In Wales there are limited higher level apprentice frameworks available.

The Government's Apprenticeship Levy came into effect on the 6th of April 2017 and is paid by all UK employers with an annual pay bill in excess of £3 million. The Levy is charged at a rate of 0.5% of an employer's pay bill and paid monthly to HMRC.

Employers in Wales cannot directly access Apprenticeship funding as they can in England. Funding for Apprenticeships is provided from Welsh Government directly to a network of 19 approved work-based learning, quality assured training providers, who hold a contract with Welsh Government to deliver Apprenticeships

BCUHB work in partnership with Further and Higher education providers to deliver apprentice frameworks.

In Wales the following rules currently apply, Welsh Government have not yet provided an update for the funding mechanisms for 2024/25:

- An apprentice must be employed for a minimum of 16 hours a week and be receiving at least the apprenticeship minimum wage or the age-related wage. In BCUHB we use a mixture of pay models, depending on local need, i.e., some managers pay apprenticeship pay whilst some apprenticeships receive the minimum wage for their age through the Agenda for Change Annex 21 process.
- The Welsh Government pays for the training element whilst the employer pays for the employment costs.
- The funding supports both new entrants as well as those that are already in employment wishing to up-skill.
- Apprentices follow an approved Welsh Apprenticeship Framework unlike in England, which must contain an accredited qualification or qualifications. This ensures an apprentice achieves the relevant knowledge, skills, and qualifications for a particular role.
- Frameworks must also contain essential skills qualifications in numeracy and literacy (mandatory) and digital literacy (optional).
- Level 2 and level 3 apprenticeships in Customer Service, business administration Team Leading & Management (Generic) and IT users have to commence the apprenticeship within 6 months of commencing role and be aged 16-24 or Aged 25+ and newly recruited as an apprentice
- Existing staff cannot complete Level 2/3 Business Admin/Customer Service if they have been in post for over 6 months (level 2) 12 months (level 3)
- There are no restrictions at any level for those declaring a disability (inclusive apprenticeship) and Coleg Cambria and Coleg Llandrillo Menai have been successful in a bid to recruit a job coach for intensive coaching for apprenticeships for those with a disability. This provides us with further potential to support our Project SEARCH graduates into apprenticeships on completion of their internship. As a Health Board we are committed to ensuring that under-represented groups have access to employment and apprenticeships offer a very positive approach to sustaining and developing these opportunities.

Assessment

Current Position

The partnership approach to delivery ensures that the Health Board is able to access apprenticeships including assessment and verification of apprentices undertaking

frameworks such as customer service and business administration, whilst also being able to support apprentices in more specialist apprenticeships such as, occupational therapy, where the expert clinician undertakes the assessment process with staff time claimed back from partner colleges. The apprenticeship offer from the colleges is not infinite, but working closely together we are able to match demand with provision available. When increasing those numbers, the Health Board will need to be proactive in ensuring appropriate commissioning of apprenticeships and in sourcing the frameworks required from a variety of providers.

BCUHB has active participation at NHS Wales's apprenticeship development groups and HEIW apprenticeship groups and are therefore able to provide local context for apprenticeship development. BCUHB also has representation at the north Wales Regional Skills Partnership and in partnership with Social Care is able to ensure that local need for apprentices is understood.

Baseline Data

There are currently 40 active apprenticeships across a large range of frameworks and levels in BCUHB

There are 56 Apprentices employed on an apprentice pathway in the organisation, there are apprentices undertaking level 2 to level 6 frameworks.

Whilst numbers are still low there is a steady increase, predominantly due to having a member of staff able to work closely across all areas to provide information and support and working in partnership with the local colleges and apprentice providers.

Apprenticeship Pay

Apprenticeship salary vary dependant on the age of the apprentice and the model of pay used to support them. BCUHB currently uses a mixed model, with some being paid on the annex 21 approach, and some being paid the apprenticeship salary for their age. There is not all Wales approach to this, and Health Boards are advised to agree their own terms.

Apprentices paid Annex 21 rates are employed on agenda for change terms and conditions. Apprentices paid at the apprentice rate for age are employed on an all-Wales apprenticeship contract which sits outside the agenda for change T&Cs.

Attraction and Recruitment

To attract young adults/ education leavers to BCUHB and ensure that we are an employer of choice, as an organisation we have to become known in the area as a supportive and proactive employer, we have to have opportunities available that education leavers can rely on year on year. If we think about, for example airbus, their offer for apprentices is well known across the region. They have a dedicated school's team, who deliver outreach sessions to schools and colleges all year round. Their offer is incredibly attractive and very competitive. As the largest employer in the area, we need to be aspiring to achieve similar. This can be achieved through a targeted recruitment campaign that starts with engaging schools and colleges each year and having a robust programme of apprenticeships on offer that become known in the area

That would need:

- A commitment to apprenticeship schemes, year on year.
- Work experience opportunities across all areas. Work experience was stopped during covid and does not have a designated lead or funding.
- Dedicated careers support for schools and colleges, ensuring that the organisational message is delivered across all 54 secondary schools as well as FE/HE establishments.

All sectors in the north Wales region are experiencing recruitment issues currently, the Health Board needs to be competing in a very competitive market to ensure that we are able to encourage education leavers that we are an organisation of choice.

Suggested Apprenticeship Models

1. The default position could be that all vacant posts at band 2 – 4 should be considered as a potential apprenticeship. The Establishment control mechanism should be the route for decisions to be made regarding substantive or an apprenticeship opportunity.
2. Use vacant administration posts to develop a sustainable corporate model. The organisation currently has 318 vacant administration posts (from power BI 17th July) The funding from some of those posts can be used to develop an administration apprentice pathway, that tracks the patient journey from primary care, through to discharge. The organisation has then developed an employee who has a robust understanding of how the organisation works and the hurdles that patients and relatives/ carers overcome.
3. Ysbyty Glan Clwyd has recently developed a model for Health Care Assistant apprentices, this can be replicated across all health communities.
4. A rotational facilities apprenticeship has been developed for the West, unfortunately the plans for roll out have been postponed due to cost saving targets.

Constraints

- **Engagement** - engagement in the organisation in regard to employing apprentices is low, although has improved in recent months. Managers often cite that they are unable to support an apprentice as they need a person who can do the job. Often when there is a staffing issue in a department, managers see supporting someone else to develop into a role as a hindrance. This is compounded by a lack of resource to support apprenticeship development and support in the workplace.

A pan BCUHB strategic board should be established, with representation from each health community, education partners, managers, and apprentice lead. Having apprenticeships as an agenda item on a strategic education meeting alone, is not enough to drive forward the apprenticeship development. Apprenticeships often fall to the end of a busy professionally driven agenda. There needs to be shared ownership of recruitment, delivery, and support across the area. Apprenticeships should become `the way we do things` rather than an afterthought.

- **Staffing** - if apprentice provision is to increase substantially then staffing to support the programmes needs to increase too.

Apprentices need sufficient pastoral support; they are young adults and often have issues outside of work that have an impact in work and need support from appropriate adults to navigate the workplace. Ensuring that they are supported to make the transition from full time education to employment is an important factor in developing and apprenticeship offer and is not one that should be overlooked. This means having support for the in-work mentors, knowledgeable links for the external assessors, support for managers and support for apprentices. As well as establishing apprentice

networking events, a dedicated area for them to access resources and clear and clear safeguarding processes. None of this can be supported with the current staffing model. A suggested staffing model is included in appendix 1. The staffing proposed would enable an integrated, work experience, careers and apprentice offer which would support, schools and college engagement as well as organisational support and development of apprentices alongside the widening access offers of supported internships and work placements for adults furthest from employment.

- **Pay** - not having an organisational agreement for pay causes issues across the organisation. The Annex 21 approach is unwieldy and has resulted in apprentices not being paid correctly as the manual uplift has not occurred. This causes additional work, stress and re the negative connotations of apprentices in the organisation. Benchmarking across Wales is currently underway in order to develop an understanding of other Welsh Health Boards approach to pay and recruitment.
- **Recruitment** - despite advertising several apprentice posts in recent months, recruitment is still poor. Anecdotally this is due to the pay and conditions, organisational reputation, and no forward planning.

Apprenticeships need to be planned for in advance, there can be a targeted recruitment campaign in schools and colleges, these need to be timely, i.e., to attract education leavers who are undecided about going to University. Having an apprentice programme, that offers good financial rewards, organisational support, and excellent training as well as opportunities for employment post completion of the apprenticeship will be a draw for young education leavers.

Conclusion

Apprenticeship programs offer numerous benefits including, improving staff retention and staff morale. Creating a talent pipeline from local schools and colleges, promoting diversity.

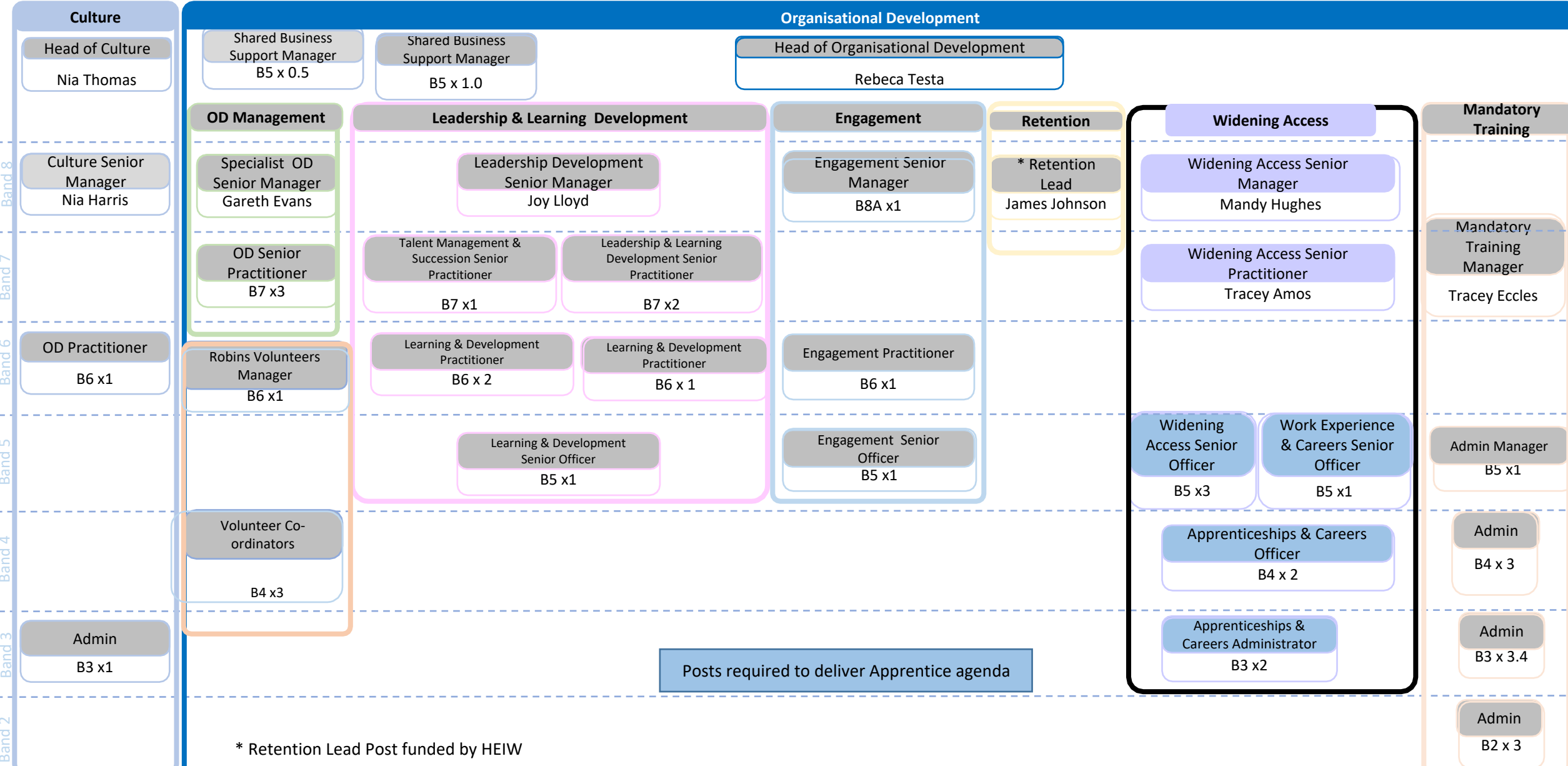
They can help with providing a route to recruit and train the future workforce, develop careers, and support young local people into employment post education.

Recruiting, training, and developing an apprenticeship pathway requires financial and organisational commitment in order for apprenticeships to be embedded into the culture and fabric of BCUHB.

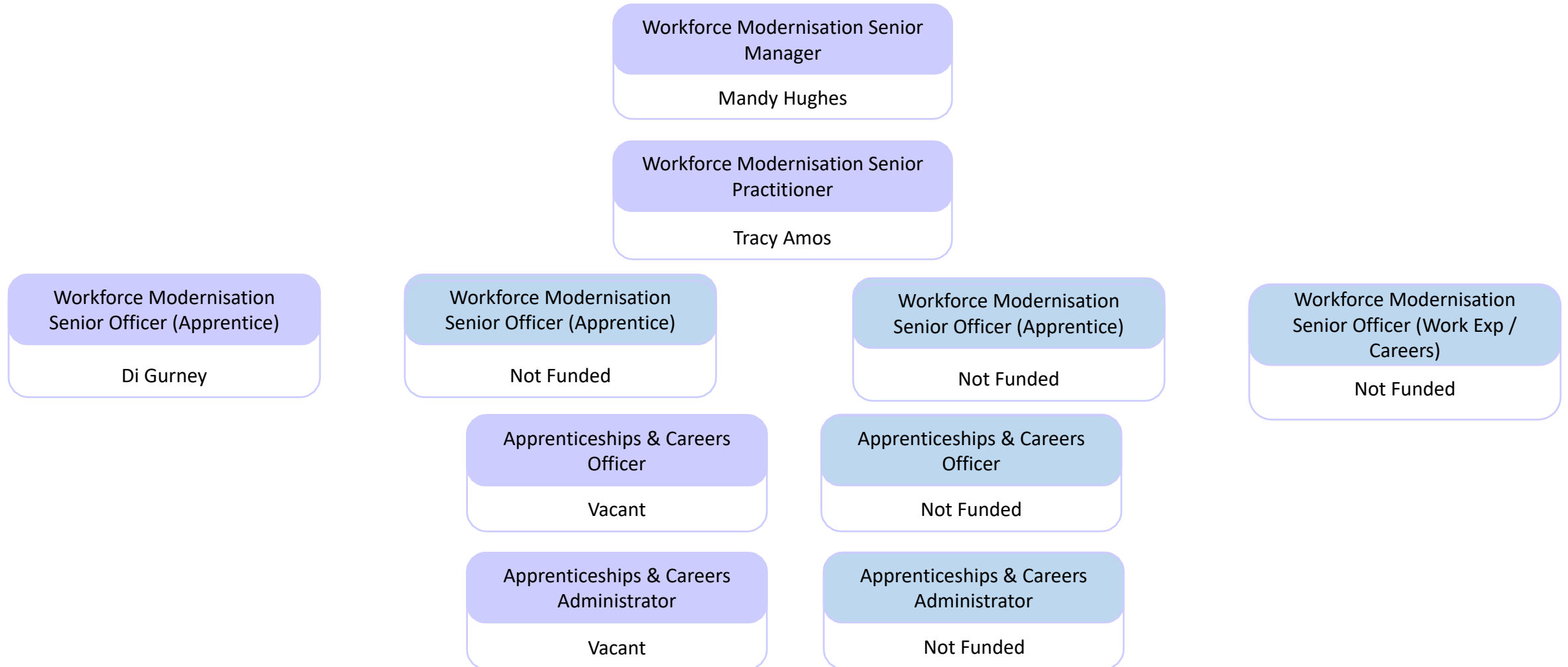
Realignment of resources Organisational Development and Culture Structure –Workforce Modernisation Apprenticeship Proposal

Proposed Organisational Development / Culture Structures

Deputy Director People



Workforce Modernisation





Teitl adroddiad: <i>Report title:</i>	Corporate Risk Register Report			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 08 August 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to provide an update of the corporate risk register (CRR).</p> <ul style="list-style-type: none"> All risks reported to People and Culture Committee currently sit within the tolerance set within the risk appetite of the Health Board. No overdue actions to note. A total of 22 actions remain open and progressing for all 3 risks with 4 completed actions. No reduction in current risk scoring during this iteration of the risks. 			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to take assurance on corporate risks attached in the report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
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 type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol Significant <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>	Derbyniol Acceptable <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>	Rhannol Partial <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 No Assurance <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:				



<p>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</p>	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p>Link to Strategic Objective(s):</p>	<p>Further work will be undertaken to align corporate risks to Board Assurance Risks and subsequent strategic objectives.</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p>Regulatory and legal implications:</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>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</p>	<p>Not applicable for this report</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</p>	<p>Not applicable for this report</p>
<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>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</p>	<p>Corporate Risk Report.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p>Financial implications as a result of implementing the recommendations</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>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p>Workforce implications as a result of implementing the recommendations</p>	<p>Failure to capture, assess and mitigate risks can impact adversely on the workforce.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow up summary following consultation</p>	<p>Approved by Executives responsible for the individual corporate risk and quality assurance by Corporate Risk Management Team.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p>	<p>Further work will be completed to develop links to the Board Assurance Framework.</p>



Links to BAF risks: <i>(or links to the Corporate Risk Register)</i>	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable for this report
Camau Nesaf: Next Steps: Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.	
Rhestr o Atodiadau: List of Appendices: Appendix 1 – People & Culture Committee Corporate Risks Dashboard Appendix 2 – People & Culture Committee Corporate Risk Register	

Corporate Risk Register Report

1) Introduction and Background

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.

- CRR24-01 - People, Culture and Wellbeing
- CRR24-15 - Health and Safety
- CRR24-16 - Leadership/Special Measures

1) Key Highlights

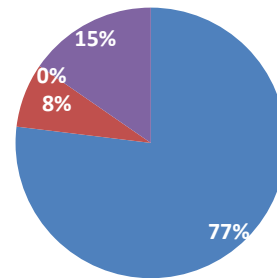
Corporate Risks Dashboard highlights the current score, target score in relation to the risk appetite.

To note, the Audit Committee (18 July 2024) approved changes to the Risk Management Framework following discussion at the Risk Management Board Developmental session around the cycle of reporting corporate risks to committee, in that the committees will receive all corporate risks on a quarterly basis but risks which are above the tolerance set within the risk appetite of the Health Board at every committee. This paper presents all risks to which People and Culture Committee has oversight, currently all risks are within the tolerance set within the risk appetite.

Out of the 3 corporate risks, 26 actions have been developed to mitigate the risks. 4 actions have been completed, 22 actions are progressing and on track with 2 of those actions progressing with revised due dates allocated onto the actions.

ACTION STATUS OF CORPORATE RISKS

- Progressing
- Progressing - Revised date
- Overdue
- Completed



Although several actions have progressed and some completed, no risk scores have reduced.

Next steps

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

Appendix 1 - People & Culture Committee Corporate Risks Dashboard

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	4 x 4 = 16 ↔	8	Quality Open 15-19	People & Culture Committee	Opened Dec 23. 6 actions identified, 1 completed, 5 progressing, with 2 revised due dates.
EDoW	CRR24-15	Health and Safety	4 x 4 = 16 ↔	8	Regulatory Seek 20-25	People & Culture Committee	Opened Feb 24, 14 actions identified, 0 completed, 14 progressing. Work has been completed by the lead to strengthen the action plan and also reflect the recent Internal Audit report recommendations however there remain to be some quality assurance comments sent to the service lead around controls, gaps in controls and dates of all actions being Dec 24.
EDoW	CRR24-16	Leadership/Special Measures	4 x 4 = 16 ↔	8	Reputational Seek 20-25	People & Culture Committee	Opened Dec 23. 7 actions identified, 4 completed, and 3 progressing.

Appendix 2 – People & Culture Committee Corporate Risk Register

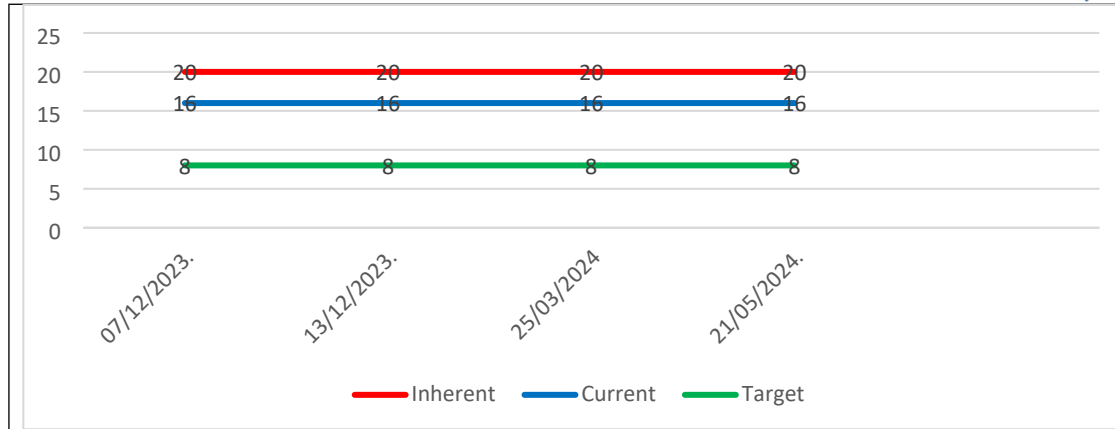
CRR 24-01	Risk Title: People, Culture and Wellbeing		Date Opened: 07/12/2023
	Assuring Committee: People & Culture Committee		Date Last Committee Review: 13/06/2024
Date Last Reviewed: 12/06/2024	Director Lead: Deputy Director of Workforce	Link to BAF: SP12	Target Risk Date: 31/03/2025
<p>There is a risk that BCU do not have a highly skilled, engaged and motivated workforce which could impact on safe delivery of care. This could be caused by staffing shortfalls, 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.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> 1. People Committee oversee delivery of the People Services agenda 2. Local IHC & Pan Services People & Culture Committees in place 3. The Strategic Recruitment team in place to oversee efficient and effective professional recruitment for all senior leadership and medical & dental consultant appointments across the Health Board 4. Local IHC Resourcing Teams are in place across all IHC/Pan Services to drive forward recruitment and staffing priorities. 5. The Recruiting well and Joining Well programmes in place 6. Organisational Retention lead in post for BCU linked with national retention work through HEIW 7. Dedicated Nurse Retention Lead in place to deliver the Nurse Retention Implementation Plan for the organisation 8. New All Wales Flexible working policy has been ratified and is in place 9. Staff feedback conjunction with the NHS Wales Staff Survey in place. Development of Pulse surveys to ensure staff have a voice across the organisation 10. Speak out Safely MDT in place 11. Work in Confidence platform for staff to safely raise concerns. 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 13. An Agreed scope to the operating model review is underway 14. A range of employee engagement tools have been agreed at the OD steering group in March 2024 15. The Culture Change Plan, which incorporated the results from the Staff Survey, was agreed at People & Culture Committee in March 2024 16. Staff facing version of the Learning Organisation Framework developed for use in work-based learning contexts 		<ol style="list-style-type: none"> 1. The programme of work through the Education and Learning Committee to be finalised 2. Increased measures on employee engagement 3. Development of a programme of work to ensure line manager's full involvement in employee engagement 4. Feedback from the HEIW Nurse retention tool. 	

Actions	Due Date	Progression Analysis		
REF Gaps in controls; A. Education and Learning Committee is being established as a control measure	31.07.24	Progressing		
REF Gaps in controls; B. NHS Staff Survey action plan to be developed and implemented across 24/25. The corporate action plan has been developed, the next steps is to take it forward at IHC level. This work is scheduled to be completed by end of June	30.06.24	Progressing		
REF Gaps in controls; C. Findings from the wider review of the 2022 Operating Model restructure presented via an appropriate Executive governance process and next steps agreed. A full report of the findings is due to be submitted by Ararna by the end of May. The Findings will determine what the next steps will be, therefore they cannot be agreed until the full report has been received. The findings will inform the PID for the Operating Model which is one of BCUHB's 3 major transformation programmes of work.	30/06/24	Revised Date 2 weeks (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. 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.	29/02/2024	Complete		
REF Gaps in controls; B. 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. 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. Culture World Café to take place at Leadership Conference 04.06.24. The revised date for the culture world café is scheduled for 4 th June, the feedback will be collated and available by the end of June 2024	30/06/2024	Revised Date from April (Progressing)		
REF Gaps in controls; D. The Recruiting Well, Joining Well, Leaving Well Programme is being developed to ensure we recruit, support and retain a skilled motivated workforce. The programme for Recruiting Well, Joining Well, Leaving Well will now be incorporated into the Staff Journey programme of work. An illustrative map is currently being developed showing all areas within People Services and OD that employees typically encounter, from 'Hire to Retire'. Work is being undertaken to identify gaps in each of the services with regards to policies and procedures. This will enable the Staff journey programme plan, which will include timescales, to be drafted.	30/06/2024	Progressing		
	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



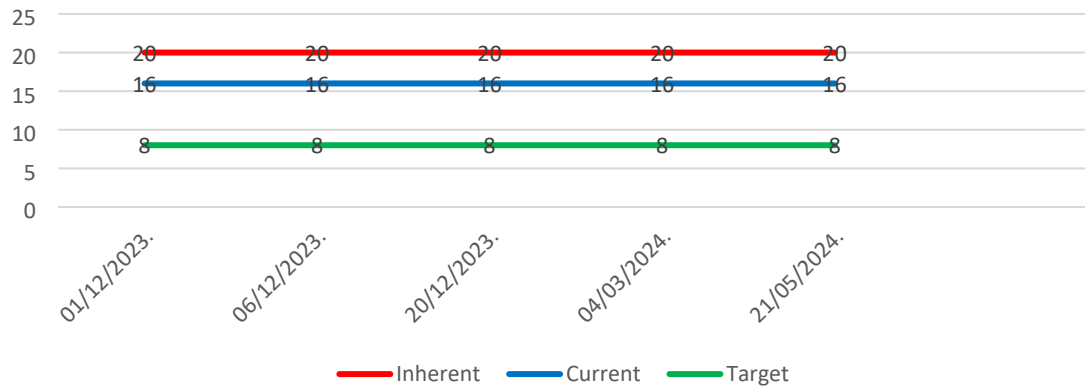
Rationale for Corporate Risk

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	Risk Title: Health and Safety		Date Opened: 01/12/2023
	Assuring Committee: People & Culture Committee		Date Last Committee Review: 13/06/2024
Date Last Reviewed: 11/06/2024	Director Lead: Deputy Director of People	Link to BAF: N/A	Target Risk Date: 31/12/2024
<p>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.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> Health and Safety short courses for managers and staff, and mandatory e-learning are in place, with regular monitoring reported to Strategic H&S group. Further training commenced January 2024 with the NEBOSH General Certificate and NEBOSH Award. Policies and subgroups have been established including asbestos, water safety, fire electrical safety etc. to monitor and report into the Strategic Occupational Health & Safety Group. 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. There is a three-year Occupational Health, Safety and Security strategy in place that supports the Strategic Objectives of BCUHB. Gap Analysis has been repeated to establish areas of non-compliance and to inform a new 3 year strategy Falls are closely monitored by H&S advisors to review under RIDDOR reporting requirements 		<ol style="list-style-type: none"> 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. There have been a number of HSE interventions and internal reviews that have highlighted significant gaps in the OHS system. 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. 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. A Further intervention has been made by HSE in respect of the deaths of 3 patients following patient falls, a prosecution is expected 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 that provides assurance that Security is effectively managed 	
<ol style="list-style-type: none"> The H&S team have additional controls around learning from near misses and mistakes, participating in Falls investigation meetings and learning panels Professional training and qualifications provided by H&S team to ensure a whole system approach around Health & Safety learning and development 			

Actions	Due Date	Progression Analysis		
A clear strategy and framework. The HS01 Policy, and supporting procedures and documents on BetsiNet require a review to ensure staff are provided with up-to-date requirements and guidance relating to Health & Safety.	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		
Executive level responsibility for Occupational Health and Safety should be considered, to ensure Health and Safety is a key focus within the Health Board.	31/12/2024	Progressing		
Management ensure regular monitoring, reporting, communication, escalation and de-escalation of Health & Safety issues through the appropriate governance structure, in line with the HS01 policy and terms of reference for relevant meetings (Strategic Occupational Health and Safety Group, Quality Safety and Experience Committee and Risk Management Group).	31/12/2024	Progressing		
The Strategic Health and Safety Operational Group to confirm the reporting required to the group by services and ensure this is communicated to all relevant areas. Instances of non-reporting should be communicated to the services and escalated appropriately, via the Executive or QSE.	31/12/2024	Progressing		
The Health Board Executive Lead for Health and Safety ensures Policy reference 5.1.3 Training for Health Board Executive Directors and Independent Members is adhered to: "the Health Board will provide suitable and sufficient training and instruction to Members of the Board in respect of H&S Management. This will also include responsibilities under section 37 of the Health and Safety at Work etc. Act 1974 and the Corporate Manslaughter and Corporate Homicide Act 2007".	31/12/2024	Progressing		
Health Board Policy 5.3.4 is reviewed to ensure that all Corporate Health & Safety recommendations are agreed, assigned to owners, allocated appropriate dates and are subject to follow-up.	31/12/2024	Progressing		
The gap analysis is reviewed and management identify what further work needs undertaking to ensure areas of risk / focus remain relevant. This should be considered alongside the strategy to inform Health and Safety activity across the Health Board.	31/12/2024	Progressing		
Estates to standardise action plans resulting from Health and Safety reviews and ensure regular review and update of actions to monitor progress.	31/12/2024	Progressing		
A process to monitor and review department self-assessments should be put in place to ensure departments are adhering to the Health and Safety Policy. This should also include escalation where self-assessments are not completed, reviewing self-assessments for potential risks / issues and identifying areas of similarities / opportunities across departments.	31/12/2024	Progressing		
An up-to-date list of Health and Safety leads / champions be developed to ensure there are contacts in place for all departments who are required to undertake self-assessments.	31/12/2024	Progressing		
New role of Director of Environment to be recruited to reporting to CEO, which will review Estate business cases. Director of People Services being recruited to.	01/09/2024	Progressing		
	Impact	Likelihood	Score	
	Inherent Risk Rating	4	5	20

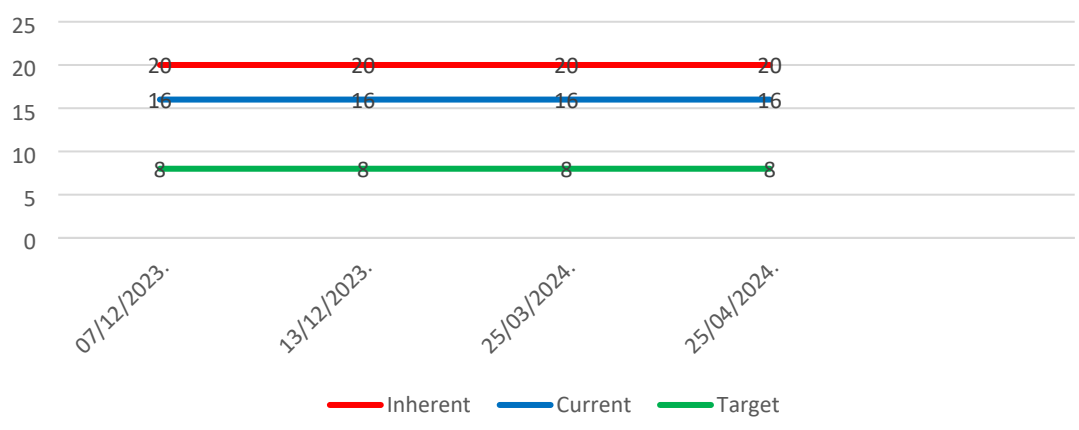


Current Risk Rating	4	4	16
Target Risk Score	4	2	8
Risk Appetite	People		4 - Seek

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.

CRR 24-16	Risk Title: Leadership/Special Measures		Date Opened: 07/12/2023
	Assuring Committee: People & Culture Committee		Date Last Committee Review: 13/06/2024
Date Last Reviewed: 12/06/2024	Director Lead: Deputy Director of Workforce	Link to BAF: SP17	Target Risk Date: 30/09/2024
<p>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.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> Board Workshop with Professor Michael West on compassionate leadership Suite of leadership conferences, networking and masterclasses on compassionate, inclusive leadership and engagement. 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. Full Board now in place and all committees now chaired and attended by full complement of Independent Members The new Integrated Leadership Development Framework (ILDF) has been ratified and is live on BetsiNet, this includes the 'Approach to Leadership' which was approved by the OD Steering Group in March 2024 The OD Steering Group now in place since February 2024 		<ol style="list-style-type: none"> Integrated Leadership Development Framework has been signed off by OD Culture group and will be tabled at P&C Steering group mid-June. New compassionate approach to leadership and how to adopt it, aligned with the work on values and behaviours Formal Culture Change Plan and accompanying Comms and Engagement plan A Behaviours Framework, will be derived from the culture change workstream Fully resourced Culture Change programme and realignment of resources within the OD function 	
Actions			Due Date
<p>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.</p>			31/01/2024
<p>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.</p>			29/02/2024
<p>The ILDF has been tabled and approved by the OD Steering group in May 2024</p>			

<p>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</p>	29/02/2024	Complete																																							
<p>REF Gaps in controls; A & B. Draft Integrated Leadership Development Framework in place (forms part of special measures monitoring)</p> <p>With OD resources in place, the ILFD training is expected to be live in September 2024</p>	30/09/2024	Progressing																																							
<p>REF Gaps in controls; C & D. Draft OD plan in development (forms part of special measures monitoring) and has been initially approved by the culture steering group. The next steps is to ratify the plan with the senior team and People & Culture Steering Group</p>	31/08/2024	Progressing																																							
<p>REF Gaps in controls; C & E. 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</p> <p>The culture world café in June will deep dive into key themes of the current culture with 800 staff members expected to attend. The results will be analysed and available by end of August 2024</p>	31/08/2024	Progressing																																							
 <table border="1"> <caption>Risk Score Data</caption> <thead> <tr> <th>Date</th> <th>Inherent</th> <th>Current</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>07/12/2023</td> <td>20</td> <td>16</td> <td>8</td> </tr> <tr> <td>13/12/2023</td> <td>20</td> <td>16</td> <td>8</td> </tr> <tr> <td>25/03/2024</td> <td>20</td> <td>16</td> <td>8</td> </tr> <tr> <td>25/04/2024</td> <td>20</td> <td>16</td> <td>8</td> </tr> </tbody> </table>	Date	Inherent	Current	Target	07/12/2023	20	16	8	13/12/2023	20	16	8	25/03/2024	20	16	8	25/04/2024	20	16	8	<table border="1"> <thead> <tr> <th></th> <th>Impact</th> <th>Likelihood</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Inherent Risk Rating</td> <td>4</td> <td>5</td> <td>20</td> </tr> <tr> <td>Current Risk Rating</td> <td>4</td> <td>4</td> <td>16</td> </tr> <tr> <td>Target Risk Score</td> <td>4</td> <td>2</td> <td>8</td> </tr> <tr> <td>Risk Appetite</td> <td colspan="2">Regulatory</td> <td>3 - Open</td> </tr> </tbody> </table>		Impact	Likelihood	Score	Inherent Risk Rating	4	5	20	Current Risk Rating	4	4	16	Target Risk Score	4	2	8	Risk Appetite	Regulatory		3 - Open
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<p align="center">Rationale for Corporate Risk</p> <p>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.</p>																																									



Cyfarfod a dyddiad: Meeting and date:	People and Culture Committee					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Summary of business considered in private session to be reported in public					
Cyfarwyddwr Cyfrifol: Responsible Director:	Pam Wenger, Director of Corporate Governance					
Awdur yr Adroddiad Report Author:	Philippa Peake-Jones, Head of Corporate Affairs					
Craffu blaenorol: Prior Scrutiny:	None					
Atodiadau Appendices:	None					
Y/N to indicate whether the Equality/SED duty is applicable						N
Argymhelliad / Recommendation:						
The Committee is asked to note the report.						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information ✓
Sefyllfa / Situation:						
To report in public session on matters previously considered in private session.						
Cefndir / Background:						
Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.						
Asesiad / Assessment						
The Committee considered the following matters in private session:						
13 June 2024						
<ul style="list-style-type: none"> Health & Safety Annual Report including Q4 						



Teitl adroddiad: <i>Report title:</i>	WP Policies			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	8 th August 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>A number of Workforce Policies (prefixed with WP) have been updated due to;</p> <ul style="list-style-type: none"> • Changes to current legislation • Changes to custom and practice • Grammatical errors • Mirror AfC Wales Terms & Conditions • Refererences to outdated policy naming conventions • Gender specific language <p>This document implementain plan for the revised polcies and procedures.</p> <p>As per the Policy approval route, the Executive Team approved the policies listed below as having been amended at their meeting held on 17th July 2024:</p> <p><u>WP61 Unpaid Carer’s Leave Policy</u> – new legislation (Carer’s Leave Act) come in to force 6th April 2024 and this policy ensures that BCUHB is compliant.</p> <p><u>Pregnancy Loss – A Manager’s Guide</u> – to support the current Pregnancy Loss Policy.</p> <p><u>Pregnancy Loss Policy</u> – this s a new Policy that allows our staff to take paid time off should they experience a pregnancy loss of a maximum of two working weeks full pay (pro-rata for part-time staff)</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to:</p> <p>Note the amendments to Policies</p> <p>Note 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 Services			
Awdur yr Adroddiad: <i>Report Author:</i>	Llinos Jones, Policy and Benefits Manager Steve Gregg-Rowbury, Head of Policy, Process and Compliance			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I’w Nodi <i>For Noting</i> <input 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 type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth

	<i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>No confidence / evidence in delivery</i>
<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>		BCHUB is committed to ensuring that they have up to date working documents to support both managers and employees/workers		
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>				
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>				
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>				
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>				
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>				
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>				
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>				
Camau Nesaf: <i>Next Steps:</i>				

Following Executive approval, the plan and Policies will be tabled at People and Culture Committee and will be implemented from mid-August 2024

Rhestr o Atodiadau:

List of Appendices:

- WP61 Unpaid Carer's Leave Policy
- Pregnancy Loss – A Manager's Guide
- Pregnancy Loss Policy

Policy Implementation Plan

Issue

A large number of BCUHB 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 developed the policies in partnership with Staff Side.

Timing

The policies have been ratified at Workforce Policy Group as well as by the SRO, 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 late August 2024.

Communications sequencing

STAFF GROUP	COMMUNICATIONS ACTIVITY	DATE	NOTES
Board members	Briefing note		
Trades Union partners incl: Unison, Unite, RCN etc		Mid August 2024	Llinos Jones/Steve Gregg-Rowbury to meet with Staff Side Chair and Deputy
Managers and employees	Information and guidance available on BetsiNet and in Corporate Bulletin	Mid August 2024	Guidance
	Communication with People Services teams via email.	Mid August 2024	PPC team
	Awareness session in Employment Team Meeting (for substantial changes to policies)	From mid August 2024	Policy Author
	Raise awareness of policy with Key stakeholders	From Mid / late August 2024	People Services



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**Version &
Reference
Number
WP61
Version 2**

WP61 Unpaid Carer’s Leave Policy

Author & Title	Workforce Policy Group				
Responsible Dept / director:	People and Organisational Development				
Approved by:	Workforce Policy Group – Date Deputy Director of People – Date Remuneration Committee - Date				
Date approved:					
Date activated (live):					
Documents to be read alongside this document:	Carers Leave Act 2023 Agenda for Change (Wales) handbook The Social Services and Well-being (Wales) Act 2014 The Work and Families Act 2006 The Employment Rights Act 1996 The Equality Act 2010 WP40 All Wales Employment Break Scheme WP36 Flexi Time Guidance WP14 Suite of Policies WP14b All Wales Special Leave Policy WP13 All Wales Flexible Working Policy				
Date of next review:	2027				
Date EqIA completed:					
First operational:					
Previously reviewed:	2024				
Changes made yes/no:	Yes				

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1. INTRODUCTION/OVERVIEW

Millions of people across the UK are currently providing unpaid care to dependent family members or friends. Around 2 million of those providing unpaid care are thought to be doing so while balancing work alongside their caring responsibilities. The Carer's Leave Act 2023 has been introduced which amends the Employment Right Act 1996 section 8b Carer's Leave.

The Health Board recognises that, by implication, some employees currently have caring responsibilities for seriously ill, elderly or disabled relatives, partners, family or friends. It also recognises that other employees may have similar responsibilities in the future.

For the purpose of the policy a dependant as defined by Carer's Leave Act as

- are a spouse, civil partner, child or parent of the employee,
- live in the same household as the employee, otherwise than by reason of being the employee's boarder, employee, lodger or tenant, or
- reasonably rely on the employee to provide or arrange care, and

a dependant of an employee has a long-term care need if

- they have an illness or injury (whether physical or mental) that requires, or is likely to require, care for more than three months,
- they have a disability for the purposes of the Equality Act 2010, or
- they require care for a reason connected with their old age.

2. POLICY STATEMENT AND SCOPE

Betsi Cadwaladr University Health Board (BCUHB) is committed to recognising the needs of working Carers and ensuring that our policies and practices enable individuals with caring responsibilities to enter into and retain employment. Being able to manage work and caring responsibilities is part of maintaining a healthy life work balance and is important for your wellbeing.

This policy applies to all employees (excluding bank workers, agency staff and locums) of the Health Board who are recognised as having caring responsibilities pursuant to the statutory definition of an unpaid Carer.

3. AIMS/PURPOSE

The policy aims to give a clear guide to those employees wishing to take Unpaid Carer's Leave.

4. OBJECTIVES

The Policy aims to ensure that employees are able to apply for Unpaid Carer's Leave in a supportive environment.

5. ROLES AND RESPONSIBILITIES

5.1 Employee Responsibilities

- To make a request for unpaid carer's leave to the manager as soon as possible of the wish to take unpaid carers' leave
- To provide any information required to support the application
- To remain in contact with the line manager particularly around the date of return to work

5.2 Line Manager Responsibilities

- To apply this policy fairly and consistently to all employees
- To ensure that ESR is updated with unpaid carer's leave and to ensure that shared services payroll are made aware of the period of unpaid leave so that pay records can be amended

5.3 People Services Responsibilities

- To review that this policy is being applied fairly and consistently across the organisation.
- To advise both Managers and Employees on questions in relation to this policy.

6. MAIN BODY

6.1 Unpaid Carer's Leave

Sometimes, caring responsibilities may be such that the employee needs to take time away from the workplace for a temporary period of time to fulfil their caring responsibilities. BCUHB will, where possible, endeavour to authorize a period of unpaid carer's leave.

Carer's leave provides the right to take up to one week (working week) unpaid leave for caring responsibilities for a dependent with long term care need as defined in introduction/overview (page 3)

The unpaid leave can be taken in either half or whole days of up to one week per year, 12 month rolling period.

6.2 Entitlement to Unpaid Carer's Leave

To be entitled to unpaid carer's leave you will have to give support to a dependent with long term care need as defined in introduction/overview (page 3)

6.3 Requesting Unpaid Carer's Leave

Employees should request leave, in writing, to the manager, giving as much notice as possible. The minimum notice is 7 days before the day on which you propose to start leave. However, the manager will have the discretion to grant leave where the required notice has not been given and this discretion will not be unreasonably withheld.

6.4 Returning from Carer's Leave

The return to work date will be as agreed before the unpaid carer's leave commenced.

6.4 Other options

An employee can look at other options available to them for taking time away from the work place to carry out Carer's responsibilities such as making a request to work flexibly, career break or if available using the flexi time system

7. EQUALITY INCLUDING WELSH LANGUAGE

An equality impact assessment has been conducted in relation to this document and no adverse impact has been identified. The Welsh Language is treated no less favorably than the English language.

8. WELL-BEING OF FUTURE GENERATIONS

The five ways of working have been interwoven within this Policy, those being:

- Long term –balancing short-term needs with long-term needs.
- Prevention –stopping problems happening or getting worse.
- Integration –thinking about how this strategy works with other plans.
- Collaboration –working together with other services to meet our goals.
- Involvement –involving people so they have a say in decisions.

9. ENVIRONMENTAL IMPACT

No environmental impacts have been identified within this policy. This policy will be published on BetsiNet to reduce the impact of printing hard copies. Printed copies may be required for teams which have limited access to computers or in different accessible formats.

10. RESOURCES

Are there any resource issues in order for the document to be implemented? Financial/Time/Training – these must be identified as if there are no resources the document will not be achievable.

11. TRAINING

Advice and support will be provided by the People Services team to support employees and managers in adhering to this policy and their understanding of the appropriate employment of employees via fixed term contracts.

The People Services team will raise awareness of this policy through the publication of information on Betsinet and to advise employees of changes to the policy through their communication channels.

12. IMPLEMENTATION

BCUHB will promote this policy to all BCUHB employees. The People Services team will be responsible for communicating with their stakeholders groups.

13. AUDIT

Audit will take place on a regular basis via review of applications and time off by the People Services Team

14. REVIEW

This policy will be monitored and audited on a regular basis. A full review will take place every three years by the Directorate of People and Organisational Development unless legislative changes determine otherwise

15. APPENDICES

Support Organisations

[Carers Support \(sharepoint.com\)](#)



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University Health Board

WP71
V1.0

Pregnancy Loss Policy

Author & Title	Llinos Jones, Policy and Benefits Manager Alison Pawley, Unite the Union - Representative Jackie Hughes, Society of Radiographers - Representative				
Responsible Dept / director:	People Services & Organisational Development				
Approved by:	People Services Policy Group Meeting – 21 st July 2023 Deputy Director of People – 28th September 2023				
Date approved:	28 th September 2023				
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1. INTRODUCTION AND STATEMENT

Pregnancy loss is a term used to describe the death of an unborn baby (foetus) at any time during pregnancy. Betsi Cadwaladr University Health Board (BCUHB) understands the loss of a pregnancy can be a devastating experience, for those directly affected. If you are reading this policy because you have suffered a pregnancy loss, we wish to offer you our condolences.

Sadly, pregnancy loss is more common than we think, occurring in as many as one in every four pregnancies, (three in four losses occur within the first trimester (before the 12th week of pregnancy). However, it is still a matter which many who have experienced or been affected by, do not speak openly about in the workplace. Consequently, this type of loss and bereavement are frequently not recognised, nor are the associated short and longer term physical and physiological health and wellbeing effects that it can have on those directly affected.

The Health Board understands that there are many possible reasons why employees do not talk about their pregnancy loss. By putting in place this policy, which offers our employees bereavement leave with pay and providing a supportive work environment, we hope that it will encourage our employees regardless of their gender to open up and talk about pregnancy loss and help to break down this taboo subject. We also hope it provides our employees with the necessary reassurance that they can confide in, and seek and receive support from their manager, to help manage the emotional and physical effects on their ability to attend and performance at work.

While there are a number of People Services Policies and Procedures in place to balance an employee's personal and work needs at a time of bereavement, these provisions do not extend naturally to all of the circumstances and types of pregnancy loss.

The Health Board is therefore fully committed to supporting all employees who experience the loss of a pregnancy, whether it happens directly to them, their partner, surrogate, or identified birth mother (matched adoption cases), and regardless of the nature of their loss, and whatever their length of service.

2. AIMS AND OBJECTIVES

The Health Board is committed to working practices, which support and enhance its reputation as a supportive and caring employer. In keeping with our values and behaviours the aims and objectives of this policy are to:

- Outline the support and advice that is available to employees and may be useful, should they need it, due to suffering a pregnancy loss, either directly or indirectly;
- Ensure that managers and colleagues listen to and respect the employee's wishes and specific needs during this time. That they learn from each unique experience, and in doing so, overtime help to improve employee's experience, at what may be a very difficult and sad time for them and their family; and
- Ensure managers and colleagues treat employees suffering pregnancy loss with dignity and respect, recognising that pregnancy loss is a bereavement for many and that it is an issue that is not confined to women and heterosexual couples.

3. SCOPE

This policy applies to all employees that suffer a pregnancy loss, at any time before 24 weeks, regardless of whether it has happened directly to them, their partner, surrogate or the adoptive parents in an approved adoption placement. It also applies regardless of the employee's gender, type of contract of employment, length of service, role or base.

When an expectant mother suffers a pregnancy loss after 24 weeks, they will be entitled to the provisions contained within WP14 Leave Procedure. In these circumstances, their partner will be entitled to time off work, in accordance with the provisions contained within the Pregnancy Loss Policy. They may also be entitled to apply for emergency leave, to care for their partner, in accordance with the provisions contained within Section 7.1.1 of the All Wales Special Leave Policy.

4. ROLES AND RESPONSIBILITIES

People Services

The People Services Team is responsible for the content and development of this Policy.

Managers and Supervisors

It is the Managers' and Supervisors' responsibility to ensure that the policy is used in a correct manner.

I

5. MAIN BODY

Pregnancy loss includes but is not limited to:

- **Miscarriage:** the spontaneous loss of pregnancy until 24 weeks of gestation. [NHS Information on Miscarriage](#)
- **Stillbirth:** the loss of a baby after 24 weeks, before or during birth. [NHS Inform Information on Stillbirth](#) [NHS Information on Stillbirth](#)
- **Termination:** a medical or surgical procedure to end a pregnancy. [NHS Information on Termination](#)
- **Ectopic Pregnancy:** when a fertilised egg implants and grows outside of the uterus. [NHS Information on Ectopic Pregnancy](#)
- **Anembryonic Pregnancy:** when the cells of a baby stop developing early on, and the tiny embryo is reabsorbed. However, the pregnancy sac, where the baby should develop, continues to grow. [Miscarriage Association Information on Anembryonic Pregnancy](#)
- **Molar Pregnancy:** a rare form of pregnancy in which a non-viable fertilised egg implants in the uterus and will fail to reach full term. [NHS Information on Molar-Pregnancy](#)
- **Neonatal Loss:** the loss of a baby within the first 28 days after they are born, often caused by premature births or genetic disorders. The provisions for the child-bearing parent in these circumstances are set out in the WP14 * Maternity Policy. In these circumstances, their partner will be entitled to time off work, in accordance with the provisions contained within Section 7.1.3 of the All Wales Special Leave Policy. Learn more about neonatal loss [Tommys Information on Neonatal Loss](#)
- **Embryo transfer loss** – when the embryo does not transfer during fertility treatment and results in no pregnancy. Learn more about embryo transfer loss <https://www.liverpoolwomens.nhs.uk/>

Regardless of the reason, employees (including partners, surrogates and the adoptive parents in an approved matched adoption placement) who have been affected by a pregnancy loss, before week 24 are entitled to a maximum of two working weeks full pay (pro-rata for part-time staff). Depending on the employee's wishes and needs, the leave may be taken as consecutive or ad hoc days/hours.

Should the Health Board employ the employee affected by pregnancy loss and their partner, they will both be entitled to apply for pregnancy loss leave in their own right.

Should an employee suffers more than one pregnancy loss in a calendar year they will be entitled to receive the maximum amount of paid leave, per episode.

To apply for leave following a pregnancy loss, the employee should complete the Pregnancy Loss Application Form (**Appendix A**). There is no requirement to provide a fit note from their Midwife / GP. The employee and their manager can complete the application process retrospectively, following the return to work, as long as they discuss and verbally agreed the leave.

5.1 Additional Sickness Absence Leave

Emotional and physical recovery from a pregnancy loss does not have a time limit. Grieving could go on longer than the initial bereavement event.

The employee may therefore require a further period of absence from work, following the period of paid leave. The additional absence by the employee could be facilitated by the All Wales Managing Attendance at Work Policy and/or Flexible Working Policy or by taking unpaid leave. The employee may wish to vary their contracted hours for a temporary period or discuss a variation in start and finish time – this list isn't exhaustive.

5.2 Paid Time Off for Medical Appointments

Employees will be entitled to receive additional paid time off to attend pregnancy loss related appointments, or to accompany their partner, should they not fall within the agreed period of paid pregnancy loss leave (two working weeks paid days, pro-rata part-time staff). This will include but is not limited to medical examinations, scans and tests, and mental health-related appointments.

Managers should recognise that it would not always be possible for employees to arrange these appointments around the demands of their work, due to the nature of pregnancy loss. Therefore, they should support employees in managing the impact of time away from work, in these circumstances.

5.3 Flexible Working

The Health Board recognises that flexibility is often important to employees that are suffering a pregnancy loss. Managers should therefore, where possible, aims to facilitate flexible working requests for these employees, wherever possible.

The Health Board has an established Flexible Working Policy that allows employees to request a temporary or substantive change to their contract e.g. reduction in hours / working days.

Should the employee require short-term flexibility, they may wish to consider the following options, if the role allows for the options:

- A phased return to work;
- Work from home on a temporary basis or a temporary hybrid office / work from home model;
- More breaks and time away from their computer;
- Flexibility to work in other areas of the building, when on site to provide them with privacy;
- Earlier start times and finish times, to avoid peak travel times when travelling into work;
- Reducing the requirement to attend department / Health Board meetings; and
- Turning their camera off when on Teams calls;

N.B. This list is not exhaustive.

The employee is required to discuss and agreed any flexible working arrangement with their manager. The manager is responsible for reviewing the arrangement on a regular basis, to ensure these adjustments continue to meet the needs or are still required by the employee.

5.4 General Support

The Health Board aims to facilitate an open and understanding working environment. Employees are therefore encouraged to inform their manager that they are suffering a pregnancy loss at an early stage. This will help to ensure that they are provided with the necessary support, in a timely manner.

Where an employee does not initially feel comfortable discussing the issue with their direct line manager, they may find it helpful to have a confidential conversation with

- A trusted manager or colleague;
- Occupational Health and Wellbeing
https://nhs.wales365.sharepoint.com/sites/BCU_Intranet_StaffWellbeing
- A Health Board Maternity Bereavement Officer;
- The Chaplaincy Service;
- A IHC HR Business Partner; or
- A Trade Union representative:

6. MANAGERIAL RESPONSIBILITIES

- To be mindful of the potential immediate and longer-term effects of grief, when dealing with a bereaved employee;
- To be familiar with this policy and to implement the provisions fairly, equitably and with sensitivity and compassion;
- To have an initial conversation with the employee, to offer condolences, when they disclose their loss to them.
- To assure the employee, where necessary not to worry about any work related matters. Work related matters should only be discussed with the employee where they are business critical and there is no one else in the team that covers this element of work;
- To understand that it is common for some employees not to be able to talk to anyone about their loss, either immediately or very soon after it has happened. In these circumstances the manager should contact the employee by email or voice mail to give their condolences and confirm that they will contact the employee in a day or so;
- To understand the employee's rights in respect of paid time off work, in the event of a pregnancy loss;
- To understand that some employees may prefer to be in work in the early stages of bereavement, to retain a sense of normality. The manager should be mindful of keeping this option open to the employee, but without any pressure to take it up and with an acknowledgement that they may need time off work at a later date.

- To take into account the employee's particular circumstances and acknowledgement that they may need additional time off work, following a period of pregnancy loss leave;
- To understand the employee's right in respect of additional paid time off to attend medical appointments related to the pregnancy loss;
- To discuss with the employee, where appropriate, a phased return to work, any temporary changes or permanent adjustments that they may need to their hours / days of working, role etc. to enable them to return to work, when they are ready to do so;
- To welcome the employee back to work and check in with them on a regular basis to ensure that they are settling back in during the first few weeks of their return;
- To make the employee aware of the bereavement, counselling services etc. provided by the Occupational Health and Wellbeing Team
- To be aware that bereavement can have a long-lasting impact and that the employee may need ongoing flexibility and support.
- To record the approved pregnancy loss leave under the employee's ESR Special Leave record. Record the **Absence Reason** as **Bereavement** and the **Related Reason** as **Pregnancy Loss**.

7. EQUALITY INCLUDING WELSH LANGUAGE

An equality impact assessment has been conducted in relation to this document and no adverse impact has been identified. The Welsh Language is treated no less favorably than the English language.

8. WELL-BEING OF FUTURE GENERATIONS

The five ways of working have been interwoven within this Policy, those being:

- Long term –balancing short-term needs with long-term needs.
- Prevention –stopping problems happening or getting worse.
- Integration –thinking about how this strategy works with other plans.
- Collaboration –working together with other services to meet our goals.
- Involvement –involving people so they have a say in decisions.

9. ENVIRONMENTAL IMPACT

This document has considered the impact it has upon the Environment, through frequent review of its content any environmental impacts can be considered.

10. TRAINING

All staff should make themselves aware of People Services Policies.

11. IMPLEMENTATION

This document has been reviewed and endorsed by the Workforce Policy Group prior to being activated. This allows for a wide-ranging consultation. This policy will be published in line with the corporate policy on policies, and awareness is raised via communication channels such as the weekly corporate bulletin and via email.

12. AUDIT

This is required to ensure that the document is appropriate and achievable and that there is compliance with the document by staff. A suitable audit mechanism should therefore be described within the policy document.

13. REVIEW

Reviewed every three years.



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**WP71 Pregnancy Loss Policy
MANAGER'S GUIDE TO SUPPORT TEAM MEMBER.**

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DRAFT

Introduction

This guide has been put together in partnership with our Trade Union Partners to help line managers support colleagues who have been affected by pregnancy loss.

Sadly, pregnancy loss is much more common than you may think with an estimated 1 in 4 pregnancies ending in miscarriage. We at Betsi Cadwaladr University Health Board aim to support all our colleagues affected by a pregnancy loss.

The loss of a pregnancy will affect people in different ways. Thoughtful support and management can make a real difference to how people cope with their loss and can enhance colleague motivation and commitment.

A lack of support and understanding may mean colleagues are more likely to be absent from work for longer and struggle to maintain a positive view of the Health Board as an employer.

We know that as a manager it may feel uncomfortable to have conversations with colleagues. You may have been affected yourself, you may be worried about saying or doing the wrong thing, or it could be any of a number of other reasons. This is why we have created this guide, to support you too.

We have worked with our Trade Union partners on a Policy, which was ratified in October 2023 to support our staff when they experience a pregnancy loss.

Our policy covers paid leave for the parent directly experiencing a loss, as well as partners and parents who experience pregnancy loss. If you are supporting a colleague who has been affected, you will need to familiarise yourself with the policy as well as reading this guide.

The law is different depending on when the loss occurs, and the amount of leave a colleague can take changes if the loss was after 24 weeks of pregnancy. Any colleague who reads our Pregnancy Loss Policy will be encouraged to speak to their manager. It is important that you feel confident and prepared for any conversation and that is what this guide is for. Don't underestimate the positive impact that you can have as a line manager when supporting someone with their experience.

How can I support my team member?

There are lots of things that you can do as a manager to make it easier for you and any member of your team if and when they are affected by pregnancy loss. Remember that our Policy also covers partners – the points below matter just as much when supporting partners as they do for supporting the pregnant parent.

Acknowledge the Loss

It can feel uncomfortable to talk about pregnancy loss in the workplace and with people you may not know well. It is a deeply personal experience. It's important to acknowledge what has happened and say you're sorry for their loss. Your colleague may be embarrassed, prefer to keep things private or be worried about potential discrimination. Reassure them that the BCUHB is committed to supporting them with their experience, however the loss has occurred.

Listen and Respond

As a manager, you are more likely to understand what your colleague needs if you can talk sensitively and listen carefully to what they choose to share. The way you listen and respond will affect how much they tell you and how comfortable they feel about telling you more. Even if you have experienced a loss yourself, their own experience may be very different.

The suggestions below may help:

- Ask simple, open questions. Let them explain in their own words. Give them time and be prepared for some silences.
- Don't interrupt or impose your opinions or ideas.
- Show empathy and understanding.
- Don't make assumptions about what they are experiencing or try and guess how it will affect their work. Follow their lead in terms of the language they use to describe their loss. For example, some people say 'pregnancy' whereas others prefer to use 'baby'.
- Offer comfort and support. The most important thing you can do is to acknowledge what has happened. It doesn't have to be anything complicated or profound.

Tread carefully

These are some things you might think would help – but usually don't. They tend to be things that try to 'look on the bright side' or start with 'at least'. Most people feel this diminishes the importance of this loss and this baby.

Below are some phrases which may be useful:

"I'm sorry for your loss
"I'm here if you ever need to talk."
"This must be really hard, I'm so sorry."

Think carefully before you mention the following

- "At least it was early on."
- "You can always try again."
- "It was probably for the best."
- "Everything happens for a reason."

Encourage your team member to talk

If you are unsure on how to start the conversation here are some suggestions

- "How are you feeling?"
- "What other support do you have?"
- "Have you seen our Pregnancy Loss Policy?"
- "Is there anything you need me to find cover for, so you are not worrying while you are off?"
- "Do you know how to access the wellbeing support we offers?"

- “What, if anything, would you like colleagues/the team to know?”
- “How would you like me to keep in touch while you are away?”
- “What do you feel would help you right now?”
- “Do you need any time off work?”

Respect your team member’s confidentiality

Your colleague might not want others in the team to know what has happened. Ask them what, if anything, they would like to share with colleagues. They have a right to keep things private if they choose. Respect their wishes.

Consider the return to work

Returning to work after the loss of a pregnancy may be overwhelming. Your colleague may feel anxious about what colleagues will say or be uncertain about returning to ‘normal’ life. The loss of a pregnancy isn’t always easy to leave in the past, as everyone is different and it can be more challenging for some people. No matter how somebody initially coped with the loss, feelings of grief, anger, jealousy, guilt or sadness can come sometimes without warning, long after the loss itself. A good starting point for discussing the return to work with your colleague would be to begin with the questions below. Their answers will give you an idea of whether you may need to consider making any reasonable adjustments for their return

“Is there anything I/we can do to make coming back to work easier for you?”

“Would you like to meet up before coming back?”

“Is there anything you are worried about?”

“What kind of support do you think might help if you become upset or tearful at work?”

“Would you like me to tell/email colleagues about your return?”

“Would you like to draft an email yourself or check what I write?”

- If you think that your colleague will need any reasonable adjustments, it would be good practice to carry out a risk assessment and work together on a Wellbeing Action Plan. Think about the nature of the work they will be going back to and the impact that and the environment might have on them. For example:
 - Do they work with babies or very young children?
 - Do they have long shifts alone?
 - Do they work with/support or manage people who are in the same stage of pregnancy as they would have been?
 - Are they returning to a team where others have come back from maternity leave or are about to?
 - Are they likely to be supporting others who are grieving?
 - Is there anything you can do to make things easier

How pregnancy loss may affect colleagues at work

Everyone is different and pregnancy loss can affect people in lots of ways. However, some common things that people may experience might be:

Difficulty sleeping

Finding it difficult to concentrate or to feel motivated

Struggling with social interaction •

Experiencing mood swings

Feeling more tearful and/or irritable and or finding it difficult to manage their mental health

Be aware that these feelings may affect your colleague's productivity or ability to manage in a work environment. Keep the lines of communication open so that you can make sure your colleague has the right support in place to help them manage their work alongside their recovery.

Finding the right words.

If you can't find the right words, sometimes the biggest difference you can make to support someone is just listening to what they have to say. Sometimes actions rather than words are the best and simplest ways of providing comfort. You might think it's best to give people space and privacy after a pregnancy loss, but this may leave them feeling isolated. If you're not sure, perhaps you could send a card or a brief text or email just to let them know you're thinking of them and offer to meet if they'd like to.

Signposting

Our policy has a number of organisations that your team member can be signposted to as well as our own Occupational, Health and Wellbeing service. You may need to print a copy of the policy and show your team member the organisations that can support.

People and Culture Committee – Annual Cycle of Committee Business

(1st April 2024 to the 31st March 2025)

The Annual Cycle of Committee Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business. The Annual Cycle of Committee Business will be complemented by a “Non-Routine Committee Business (Forward Work Plan)” for ‘one-off’ Ad-hoc items raised during the course of meetings.

The role of the Committee is set out in the Health Board’s standing orders and the Terms of Reference, both of which are available here:

The **People and Culture Committee** meets bi-monthly.

Committee Chair Dyfed Jones	Members Karen Balmer Clare Budden	In Attendance Jason Brannan (Covering Executive Director of Workforce and Organisational Development) – Exec Lead Carol Shillabeer (Chief Executive) – Exec Lead TBC (Executive Director of Operations) Teresa Owen (Executive Director with responsibility for Welsh Language)	Preliminary matters to be included on agenda: Welcome & Apologies Declarations of Interest Unconfirmed minutes of meeting held on xxxx Matters Arising & Action Log
Committee Vice Chair	Williams Nichols		

	APRIL (Q1)	JUNE (Q1)	AUGUST (Q2)	OCTOBER (Q3)	DECEMBER (Q3)	FEBRUARY (Q4)
PRELIMINARY MATTERS						
STAFF STORY						
Staff Story						
CREATING COMPASSIONATE CULTURE, LEADERSHIP AND ENGAGEMENT						
People Operations Report Links to (1G) & (1I)						
Workforce Planning (1G) (Inc in People Operations Report)						
Update on Culture, Leadership & Engagement Improvement Work Links to (3A)						
Compassionate Leadership & Organisational Development (3A) (Inc in Culture, Leadership & Engagement Update)						
Operating Model (1C)						
STRATEGIC PRIORITIES						
Welsh Language						
Equality Annual Report						
FOR ASSURANCE						
Risk Management (1B)						
Legislative Improvements (1F) (Relates to H&S Annual Report)						
Academic Careers (5C)						
ROUTINE REPORTING						
Corporate Risk Register						
Board Assurance Framework						
Internal Audit Reports (as and when required)						
ANNUAL REPORTING						
Committee Annual Report to Board						
FOR INFORMATION						
Summary of Business to be Reported from Private						
Committee Workplan						
Cycle of Business						
CLOSING BUSINESS						

	APRIL (Q1)	JUNE (Q1)	AUGUST (Q2)	OCTOBER (Q3)	DECEMBER (Q3)	FEBRUARY (Q4)
Agree Items for Referral to Board / Other Committees						
Agree Items for Chairs Assurance Report						
Meeting Effectiveness						
Date of the Next Meeting						
Resolution to Exclude the Press and Public						
PRIVATE AGENDA						
Employee Relations (Senior Managers) Quarterly Professional Standards Report						
Tribunals Report to include: Case which may attract media attention Cases under investigation by the Police or other external agencies Cases reported to WG						
Pay Uplifts (admin, medical clinical & primary care) to include ad-hoc salaried GPs						
Policies relating to Senior Clinicians						

WORKING DRAFT

People & Culture Committee – Non-Routine Committee Business Workplan

(1 April 2024 – 31 March 2025)

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
07.05.24	Via Carol Shillabeer	Georgina Roberts	Discussion on Staff Recognition	Verbal update	Jason Brannan	Carol Shillabeer	08.08.24	Inc on Aug agenda
02.05.24	Action from RemCom	Philippa Peake-Jones	Report on BCU being a Living Wage Employer and details of BCUs Apprenticeship Scheme	To close down action transferred from RemCom	Jason Brannan	Jason Brannan	08.08.24	Inc on Aug agenda
11.04.24	PC24/12.3 Action from April P&C Committee	Jason Brannan	Progress of the Audit Wales Report - Review of Workforce Planning Arrangement	Factor in a mid-year / end of year assurance report on progress against the recommendations for assurance up to the Board to ensure Audit Wales are sighted on progress	Jason Brannan	Jason Brannan	08.08.24	Will go to Aug meeting and then to Feb 25 meeting for end of year report
13.06.24	PC24/38.2 Action from June P&C Committee (Private)	P&C Committee	Health & Safety Annual Report	Item went to the June meeting in Private, needs to go to Aug meeting in public before going to Board in Sept	Jason Brannan	Jason Brannan	08.08.24	Inc on Aug agenda
18.06.24	Gill Querci email / HEIW	Jason Brannan	Compassionate Leadership Pledge	Going to ET 03.07.24 and then to Sept Board via Chairs Assurance Report	Jason Brannan	Jason Brannan	08.08.24	Inc on Aug agenda
18.06.24	Gill Querci email	Jason Brannan	'Time to Shortlist' Improvement Project	Request from Jason Brannan – links to discussion at June P&C	Jason Brannan	Jason Brannan	08.08.24	Inc on Aug agenda
25.06.24	Email on the Latest Bevan Commission Report – The Values and Value of the Third Sector (see email from Gill Q 22.07.24)	Pam Wenger / Jason Brannan / Kirsty Thomson	Staff Wellbeing Grant Scheme	Update to the Committee – Kirsty Thomson pulling together a paper to share with Angela, Helen & Jason – Philippa discussing with Pam	Kirsty Thomson	Jason Brannan	10.10.24	Put forward from Aug to Oct meeting
25.06.24	Email on the Latest Bevan Commission Report – The Values and Value of the Third Sector (see email from Gill Q 22.07.24)	Pam Wenger / Jason Brannan / Kirsty Thomson	Volunteering Paper	Update to the Committee – Kirsty Thomson pulling together a paper to share with Angela, Helen & Jason – Philippa discussing with Pam	Kirsty Thomson	Jason Brannan	10.10.24	Put forward from Aug to Oct meeting
13.06.24	Request from Audit Committee & PC24/29.1 Action from June P&C Committee	Phil Meakin	Internal Audit Report – On-Call Arrangements	Original request from Audit Committee for report to be considered by P&C Committee	Jason Brannan	Jason Brannan	10.10.24	Put forward from Aug to Oct meeting
22.07.24	Request from Gill Querci / Jason Brannan via email	Jason Brannan	DPA (Dental Practice Adviser) Salary	To be discuss in Private session	Maxine Wright	Jason Brannan	10.10.24	