

## Bundle BCU People and Culture Committee 10 October 2024

- 1 09:30 – PRELIMINARY MATTERS
- 1.1 09:30 – PC24/65 Welcome and Apologies – Verbal (Chair)  
*Apologies – Karen Balmer*
- 1.2 09:32 – PC24/66 Declarations of Interest – Verbal (Chair)
- 1.3 09:34 – PC24/67 Unconfirmed Minutes of Meeting held on 08.08.24 – Attached (Chair)  
PC24.67 Minutes from P&C Committee 08.08.24 Unconfirmed (Public)
- 1.4 09:37 – PC24/68 Matters Arising & Table of Actions – Attached (Chair)  
PC24.68 Action Log P&C Committee – Public (Updated 03.10.24)
- 2 09:42 – STAFF STORY
- 2.1 09:42 – PC24/69 Staff Stories – A Proposal on our Approach to Capturing & Sharing Staff Experience – Paper (Deputy Director of People)  
PC24.69 PCC\_StaffStoryProp\_Final V2\_GR Approved following 25.09.24
- 3 10:02 – STRATEGIC PRIORITIES
- 3.1 10:02 – PC24/70 People Operations Report – Paper (Deputy Director of People)  
PC24.70.1 PCC\_People Operations Report Coversheet\_Final\_JB Approved  
PC24.70.2 PCC\_People Operations Report BCU Final v5\_GR Approved
- 3.2 10:22 – PC24/71 Culture, Leadership & Engagement Update – Paper (Deputy Director of People)  
PC24.71.1 PCC\_CLE Update\_Final V1.0\_JB Approved  
PC24.71.2 PCC\_CLE Update – Appendix 1 CLE Plan 23\_24 v0.3  
PC24.71.3 PCC\_CLE Update – Appendix 2 Development of Values and Behaviours Storyboard v0.5
- 3.3 10:42 – PC24/72 Operating Model – Verbal (Chief Executive)
- 4 11:02 – GOVERNANCE & ASSURANCE
- 4.1 11:02 – PC24/73 Audit Wales Workforce Planning Review Update – Presentation (Associate Director Workforce Optimisation)  
PC24.73.1 Audit Wales Workforce Planning Review Update – Coversheet – Final  
PC24.73.2 Audit Wales Workforce Planning Review Update – Final
- 4.2 11:17 – PC24/74 Awyr Las – BCUHB Staff Wellbeing Grant Scheme – Paper (Deputy Director of People)  
PC24.74 PCC\_Staff Wellbeing Grant Scheme Final Draft\_24.09.24
- 4.3 11:27 – PC24/75 Amendments to Committee Terms of Reference (Director of Corporate Governance)  
PC24.75.1 TOR Coversheet  
PC24.75.2 People & Culture Committee ToR V1.1 – Draft for Committee 03.10.24
- 5 11:30 – FOR INFORMATION
- 5.1 11:30 – PC24/76 Corporate Risks for Committee within Board Appetite Tolerance – Verbal (Director of Corporate Governance)
- 5.2 11:35 – PC24/77 Summary of Business to be Reported from Private – Paper (Head of Corporate Affairs)  
PC24.77 P&C Private session items reported in public
- 5.3 11:40 – PC24/78 Committee Forward Workplan – Paper (Director of Corporate Governance)  
PC24.78 Workplan for P&C Committee (Live Version as at 03.10.24)
- 6 11:43 – CLOSING BUSINESS
- 6.1 11:43 – PC24/79 Agree Items for Referral to Board / Other Committees – Verbal (Chair)
- 6.2 11:46 – PC24/80 Review of Meeting Effectiveness – Verbal (Chair)
- 6.3 11:49 – PC24/81 Date of Next Meeting – 19.12.24
- 6.4 11:49 – 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**  
**held in Public on 8 August 2024**  
**in the Boardroom, Carlton Court, St Asaph and via Teams**

<b>Committee Members Present</b>	
<b>Name</b>	<b>Title</b>
Dyfed Jones	Chair of People & Culture Committee
Clare Budden	Independent Member
Karen Balmer	Independent Member
<b>In Attendance</b>	
Carol Shillabeer	Chief Executive
Jason Brannan	Deputy Director of People & Organisational Development
Georgina Roberts	Associate Director of People Services, West IHC
Teresa Owen	Executive Director of Allied Health Professionals & Health Science
Nick Graham	Associate Director of Workforce Optimisation
Gareth Williams	Health Board Vice Chair joined to observe <i>part meeting</i>
Nia Thomas	Head of Culture Development
Julie Parry	Programme Lead <i>part meeting</i>
Tomos McFarlane	Graduate Trainee (Observer)
Olivia Jones	Graduate Trainee (Observer)
<b>Committee Support</b>	
Philippa Peake-Jones	Head of Corporate Affairs
Laura Jones	Project Support Manager (Corporate Governance)

<b>Agenda Item</b>	<b>Action</b>
<b>OPENING BUSINESS</b>	
<b>PC24/39 Welcome and Apologies</b>	
<p><b>PC24/39.1</b> Apologies were noted for Billy Nichols, Pam Wenger and Dyfed Edwards.</p> <p><b>PC24/39.2</b> The Chair raised a request for a Committee Development Session to take place to allow discussion on the strategic objectives of the Committee, this was agreed. The following items were suggested as areas for deep dive sessions / discussion at the Development Session:</p> <ul style="list-style-type: none"> <li>• Outcomes from PADR's</li> <li>• Addressing the underlying issues relating to staff turnover (why staff are leaving within two years of service)</li> <li>• Findings from work on staff recognition</li> <li>• Review of BCU apprenticeship and employment schemes</li> </ul>	<b>PW/LJ</b>



<p><b>PC24/40 Declarations of Interest</b></p> <p><b>PC24/40.1</b> No declarations of interest were raised.</p>	
<p><b>PC23/41 Unconfirmed Minutes of Meeting held on 13.06.24</b></p> <p><b>PC24/41.1</b> The minutes were approved as an accurate record.</p>	
<p><b>PC24/42 Matters Arising &amp; Table of Actions</b></p> <p><b>PC24/42.1</b> The Committee noted the open actions and agreed that the remaining actions were closed.</p>	
<p><b>PC24/43 People Operations Report</b></p> <p><b>PC24/43.1</b> The Deputy Director of People &amp; Organisational Development presented the report highlighting that this is being developed further to allow the organisation to gain intelligence in relation to workforce, performance and quality metrics. The People Team have also developed a comprehensive BI dashboard which will enable the data to be examined in more detail. In relation to employee engagement and the staff survey, it was confirmed that the national service provider that was commissioned through HEIW had not met their contractual obligations to provide all NHS Wales organisations with an electronic tool to allow examination of the data therefore this had been completed manually. At the time of publication the team were only able to report at Health Board level, issues were highlighted in relation to gaining an understanding of whether staff are engaged locally and at IHC level. The Deputy Director of People &amp; Organisational Development thanked the team for completing this work and confirmed that further data will be shared at the next meeting. The Chief Executive echoed frustration with this system failure stating that staff had spent time providing feedback and the issue had meant real time feedback had not been able to be shared highlighting that this had been an issue for all NHS organisations. It is important for the Health Board to be able to review the data to identify hot spots to allow resources and interventions to be implemented.</p> <p><b>PC24/43.2</b> The Associate Director of Workforce Optimisation made reference to vacancy, staff turnover and sickness rates highlighting estates and ancillary as an outlier in terms of those metrics. The team are aware of the issues and further work is required in relation to workforce planning to address this. In terms of mandatory training, there is currently an issue relating to medical and dental and this needs to be reviewed in further detail. There has also been a slight decrease over the last few months in relation to PADR's however BCU currently has the highest rate against mandatory training and the second highest rate against PADR's across Wales. The Chair commented on the amount of useful data presented stating that going forward it would be beneficial to focus on some key issues and metrics and how these relate to the strategic objectives of the Committee. An Independent Member highlighted the need of the Committee to start reviewing the results from the data for example the outcome of discussions from PADR's and also addressing the underlying issues relating to staff turnover</p>	

<p>including why staff are leaving within two years of service. It was suggested the Committee focus on certain patterns and do some deep dive sessions into these areas, this could form part of the Committee Development Session.</p>	<p><b>JB</b></p>
<p><b>PC24/43.3</b> The Deputy Director of People &amp; Organisational Development agreed with the comments raised and suggested the need to review trends within the IHCs and potentially invite IHC representatives to the Committee to present what is happening at a local level in terms of staff sickness and hot spot issues. It was confirmed that a Retention Lead has been funded by HEIW and is now in post to focus specifically on this area so could also join a Committee meeting to report back on their initial findings. The Executive Director of Allied Health Professionals &amp; Health Science made reference to the link between vacancies and sickness querying what are we doing as a Health Board to address this. The Chief Executive stated that some of the issues being discussed need to be addressed in the operational management space to allow the Committee to focus on the outcomes, trends and actions being taken in relation to recruitment, retention, staff wellbeing and succession planning. The Health Board Vice Chair queried a graph representing budgeted staff versus whole time equivalents, the Deputy Director of People &amp; Organisational Development stated that this may be due to where funding and budgets sit. The Chief Executive stated that work is ongoing around becoming an intelligence led organisation which will result in an agreed standardised approach to how we present data.</p>	<p><b>JB</b></p>
<p><b>PC24/44 Update on Culture, Leadership &amp; Engagement Improvement Work</b></p> <p><b>PC24/44.1</b> The Deputy Director of People &amp; OD presented the report highlighting that the paper links directly to the top five areas included in the staff survey. The information is being used to inform the culture dashboard which is currently being developed. There is a focus on roster compliance and healthy working environments to try and address work / life balance. There is also a need to translate culture change locally and make things feel different for staff. In terms of culture, the People portfolio has been reviewed and colleagues have been realigned to support the culture change programme. The Head of Culture Development stated that following the Leadership Conference that took place in March 2024, work has taken place to refresh the values and behaviours framework. A culture and leadership design workshop has also taken place to engage with a range of people across the organisation including key stakeholders to design the culture and leadership of the organisation. The first draft of the framework includes behaviours we do and do not expect including compassionate leadership, empathy and accountability and also includes feedback from across the organisation. The framework will now be shared more widely via the paddlet to gain further feedback before going to a development session and then to Board in September 2024. The Head of Culture Development agreed to share the draft values and behaviour framework with the Committee for comment along with the feedback received from the paddlet exercise.</p> <p><b>PC24/44.2</b> The Chief Executive stated that the communication relating to the framework has an important role to guide, shape and challenge the behaviours</p>	<p><b>NT</b></p>

<p>across the organisation. There is a lot of engagement that needs to take place before this is shared with the Board to allow the Board to set out the values and behaviours of the organisation. The Head of Culture Development stated that the culture, leadership and engagement plan provides an updated position in relation to the Annual Plan. The Quarter 2 objectives will focus on leadership for all including individual staff development and baseline metrics for inclusion in the culture dashboard. An Independent Member was pleased to see this developing, in terms of language, it was suggested this should be positive and inclusive to strengthen the message of working together. Clwyd Alyn have developed a one page document on living and leading our values and Clare Budden agreed to share this with the Committee for information. The level of engagement required in relation to the timescale was noted as well as the need to move forward and gain support from the Board.</p> <p><b>PC24/44.3</b> The Chief Executive highlighted that the Annual Plan includes an objective based around being a good partner and we are starting to see what that looks like as an organisation. It was also noted that internal and external values need to be included in this piece of work. The Chair added the importance of providing a positive message and clearly setting out the expectations of the Health Board. There was discussion around the aspiration of the work being completed and it was suggested that moving forward the dashboard would be used to highlight improvements. In terms of measuring performance, it was suggested that reviewing processes linked to elements such as PADR's and recruitment would help to provide this information. The Chief Executive stated that this is the foundation stone for change within the organisation and an Independent Member stressed the importance of sharing the right message to ensure people joining the organisation believe in the values we have set. The Chief Executive suggested holding a session for Board members to gather comments and shape the values and behaviours approach.</p> <p><i>Gareth Williams left and Julie Parry joined the meeting.</i></p>	<p>CB</p> <p>JB/GR</p>
<p><b>PC24/45 Time to Shortlist Improvement Project</b></p> <p><b>PC24/45.1</b> The Programme Lead provided a presentation on reducing the time to shortlist. The presentation highlighted the target set by NHS Wales Shared Services and the issue of meeting this target within 3 working days. The aim of the project was to reduce the average time to shortlist for all BCU permanent and fixed term vacancies, a questionnaire was circulated to all hiring managers and the potential changes to the system were discussed by a project group. It was agreed that the recruitment team would contact the hiring managers 3 days prior to the vacancy closing date to provide a reminder and offer support. The results showed a decrease in the average number of working days for hiring managers to shortlist and this has been sustained at the lower level. The next step is to identify the next change idea to be tested to make further improvements.</p> <p><b>PC24/45.2</b> The Chair queried how this affects other areas within workforce, the Project Lead confirmed this improves the quality of the experience for applicants</p>	

<p>and also links into the culture of the organisation. There was discussion around the additional affecting issues such as the amount of applicants and whether they meet the minimum requirements and the potential for redesign in relation to the current recruitment process. The Programme Lead suggested the potential for including filters on the Trac system to identify those who do not meet the essential criteria and also highlighted the issue of staff, in particular those based on the wards, not having the time available to shortlist due to pressures. The Chief Executive suggested thinking more laterally, the possibility of using AI and also using resources in the right places.</p> <p><i>Julie Parry left the meeting</i></p>	
<p><b>PC24/46 Staff Recognition</b></p> <p><b>PC24/29.1</b> The Chief Executive presented the item stating the need to recognise staff contribution more broadly. The organisation currently have the annual staff awards and local service awards however there is a need to identify a more prominent way of recognising staff. There was discussion around what works well in other organisations and how to recognise staff across all professional groups involving the public and partners and linking this in with the values and behaviours work. Katie Sargent is currently working on this and will bring the findings back to a future development session. The Chair stated that this has an impact on our staff and needs to become part of the culture of the Health Board to reward staff and celebrate achievements.</p>	
<p><b>PC24/47 Compassionate Leadership Pledge (Mandate from NHS Wales &amp; HEIW)</b></p> <p><b>PC24/47.1</b> The Deputy Director of People &amp; OD presented the paper confirming that this is a mandated approach by HEIW and the Health Board do not have any flexibility to modify the pledge apart from describing the type of organisation we want to be. It was agreed that the pledge needs to be present within the current Committee processes to avoid any confusion with our values and behaviours and cultural change programme. An Independent Member stated the need to be bold with our language and ensure the words are meaningful such as “we will create a kind and caring environment where we live our values and behaviours every day”. The Deputy Director of People &amp; OD agreed to build in the comments suggested, the pledge will then go to the Executive Team for review and then to the Board as part of the values and behaviours work.</p>	<p><b>JB</b></p>
<p><b>PC24/48 Report on BCU being a Living Wage Employer / BCU Apprenticeship Scheme</b></p> <p><b>PC24/48.1</b> The Deputy Director of People &amp; OD presented the report which outlines the current position in relation to apprenticeships and also recognises that the Health Board provides an anchor institution role across North Wales. There is a need for the Health Board to support people into employment and this also has a big impact on the health outcomes of the local population. There are access programmes available which are being reviewed and this work also links</p>	

<p>into the culture change programme. The Chair stated that this is an important start to the discussion and made reference to the current apprenticeship scheme provided by Airbus suggesting the need for the Health Board to provide a comparable scheme. The Chief Executive stated the need to map our approach and offer, adding that the organisation have a responsibility to provide opportunities for young people and that this links in to the culture, leadership and engagement work.</p> <p><b>PC24/48.2</b> An Independent Member stated the need for resource to move forward in this space and also suggesting linking in with third sector organisations, understanding pathway roles and developing a single approach to apprenticeship salary. The Deputy Director of People &amp; OD stated that the team have previously targeted deprived areas to bring people into roles however there is a need to identify the strategic direction and approach to move forward. There was discussion around utilising Careers Wales, providing support mechanisms for the needs of young people and potentially linking in with other organisations to provide joint apprenticeships. The Committee also discussed the impact of industrial closure in terms of health and employment and also gaining reflections from the current graduates who are completing the graduate trainee scheme. The Chief Executive suggested the need to review all our current schemes and develop a strategy for what we want to achieve in this space. It was suggested that this could form part of the Committee development session.</p>	<p><b>JB</b></p>
<p><b>PC24/49 Progress of the Audit Wales Report - Review of Workforce Planning Arrangements</b></p> <p><b>PC24/49.1</b> The Deputy Director of People &amp; OD presented the report stating it was to note and a more detailed report would be received by the Committee in future. A series of commitments are included in the paper which require further resource in the People Team and those appointments are currently being recruited. To support this work, a dashboard has been developed to access data across the top line and provide additional information in relation to professional groups and IHCs. A paper will come back to the next meeting in relation to quarter 2 and the team are currently on track to achieve the required outcomes. The Chief Executive confirmed that there has been progress in relation to the operating model discovery work and there has been a strong focus on workforce across all specialities.</p>	
<p><b>PC24/50 Corporate Risk Register</b></p> <p><b>PC24/50.1</b> The Head of Corporate Affairs presented the paper confirming that all risks reported to the People and Culture Committee currently sit within the tolerance set within the risk appetite of the Health Board.</p>	
<p><b>PC24/51 Summary of Business to be Reported from Private</b></p> <p><b>PC24/51.1</b> The Head of Corporate Affairs confirmed that this item has been reintroduced to all Committees to allow transparency with the public.</p>	



<p><b>PC24/52 Policies for Noting</b></p> <p><b>PC24/52.1</b> The following policies were noted:</p> <ul style="list-style-type: none"><li>• WP61 Unpaid Carer's Leave Policy</li><li>• Pregnancy Loss – A Manager's Guide</li><li>• Pregnancy Loss Policy</li></ul> <p>There was discussion around the unpaid carer's leave policy and the needs of the organisation to support staff who are carers. The Deputy Director of People &amp; OD confirmed that this is a national policy, the Health Board are treating staff fairly and are reviewing the range of policies available when assessing individual cases.</p>	
<p><b>PC24/53 Draft Cycle of Business</b></p> <p><b>PC24/53.1</b> The Head of Corporate Affairs presented the paper stating that the team are starting to move forward and align Committee business to the Annual Delivery Plan.</p>	
<p><b>PC24/54 Committee Forward Workplan</b></p> <p><b>PC24/54.1</b> The Committee discussed the document noting that items required to come back to a future Committee, that are not included on the cycle of business will form the forward workplan. The Chief Executive referred to the assessment of Special Measures and the expectation that the impact of that would come to a future meeting. The Chair also noted some items to report to a future meeting including Welsh Language, Equality and Health &amp; Safety.</p>	
<p><b>PC24/55 Agree Items for Referral to Board / Other Committees</b></p> <p><b>PC24/55.1</b> It was agreed that there were no items to be referred to the Board.</p>	
<p><b>PC24/56 Agree Items for Chairs Assurance Report</b></p> <p><b>PC24/56.1</b> It was agreed that this would be discussed outside of the meeting.</p>	
<p><b>PC24/57 Review of Meeting Effectiveness</b></p> <p><b>PC24/57.1</b> The Chair stated that there had been some good discussions that can form the learning and development of future Committee meetings.</p>	
<p><b>PC24/58 Date of next meeting</b></p> <p>Thursday 10<sup>th</sup> October 2024, 9.30-12.30pm</p>	

## People & Culture Committee Action Log (Public)

Updated 03.10.24

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
<b>PROPOSE CLOSED</b>						
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	<p style="background-color: #00ff00; color: white; margin: 0;"><b>Action proposed for closure 25.09.24</b> A paper is going to Audit Committee on 05.11.24 to confirm the process for Ministerial Directions and Welsh Health Circulars.</p> <p><b>23.07.24</b> 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.</p>
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	<p style="background-color: #00ff00; color: white; margin: 0;"><b>Action proposed for closure 25.09.24</b> Appointment of Executive Director of Allied Health Professionals &amp; Health Sciences and Chief Operating Officer gives a greater balance of Executive Directors.</p> <p><b>23.07.24</b> This will be considered as part of the review of terms of</p>



						reference and once further appointments to the Executive Team are confirmed.
3	PC24/39.2	08.08.24	<p>Committee Development Session to be arranged to discuss the strategic objectives of the Committee including some areas for deep dive session / discussion:</p> <ul style="list-style-type: none"> <li>• Outcomes from PADR's</li> <li>• Addressing underlying issues relating to staff turnover (why are staff leaving within two years of service)</li> <li>• Findings from work on staff recognition</li> <li>• Review of apprenticeship and employment schemes for BCU</li> </ul>	Pam Wenger / Laura Jones	October 24	<b>Action proposed for closure 11.09.24</b> A Development Session is taking place 19.11.24 and these items will be included for discussion.
4	PC24/43.2	08.08.24	The Committee to focus on certain patterns and do some deep dive sessions on the results from the data for example the outcome of discussions from PADR's and also addressing the underlying issues relating to staff turnover including why staff are leaving within two years of service. This could form part of the Committee Development Session.	Jason Brannan	October 24	<b>Action proposed for closure 25.09.24</b> Development Session scheduled for 19.11.24.
5	PC24/43.3	08.08.24	Review trends within IHCs and potentially invite IHC representatives to the Committee to present what is happening at a local level in terms of staff sickness and hot spot issues. Also potentially invite the new Retention Lead to join a future meeting to report back on their initial finding.	Jason Brannan	October 24	<b>Action proposed for closure 25.09.24</b> Data being reviewed to be taken to the Development Session on 19.11.24.



6	PC24/44.1	08.08.24	The Head of Culture Development to share the draft values and behaviour framework with the Committee for comment along with the feedback received from the paddlet exercise.	Nia Thomas	October 24	<b>Action proposed for closure 12.08.24</b> An email along with the Padlet - Draft Values & Behaviours was shared with the Committee, 12.08.24 requesting feedback.
7	PC24/44.2	08.08.24	Clare Budden to share the document developed by Clwyd Alyn on living and leading our values with the Committee for information.	Clare Budden	October 24	<b>Action proposed for closure 11.09.24</b> The document has been circulated with the call for papers on 11.09.24
8	PC24/44.3	08.08.24	Hold a session for Board members to gather comments and shape the values and behaviours approach.	Jason Brannan / Georgina Roberts	October 24	<b>Action proposed for closure 25.09.24</b> Board Development Session held on 18.09.24
9	PC24/47.1	08.08.24	The Deputy Director of People & OD agreed to revise the wording included in the compassionate leadership pledge following discussion at the Committee before taking this to the Executive Team for review.	Jason Brannan	October 24	<b>Action proposed for closure 25.09.24</b> Wording with the pledge has been amended, approved by the Executive Team and included as an appendix in the Culture, Leadership and Engagement Update Report to the September Board.
10	PC24/48.2	08.08.24	Review all current apprenticeship and employment schemes offered by BCU and develop a strategy for what we want to achieve in this space. Also gain reflections from the current graduates who are completing the graduate trainee scheme.	Jason Brannan	October 24	<b>Action proposed for closure 25.09.24</b> The Deputy Director of People is meeting with the Senior Workforce Modernisation Manger to review the current apprenticeship/employment schemes and arranging to meet on a bi-monthly basis with both graduates currently in post.



11	PC24/49.1	08.08.24	A paper will come back to the October meeting regarding Progress of the Audit Wales Report - Review of Workforce Planning Arrangements in relation to Q2.	Jason Brannan	October 24	<b>Action proposed for closure 25.09.24</b> A presentation on progress to date will be delivered at the October meeting. Following successful interviews on 30.08.24, our new Workforce Planning Manager, Tracey Roscoe, will commence on 01.10.24. Tracey brings a wide breadth of workforce planning experience from working in North West England, and as a former BCUHB employee she also understands the North Wales health system. Tracey's initial focus will be on enhancing strategic workforce planning awareness and adoption across the Health Board.
12	PC24/54.1	08.08.24	Items suggested to come back to a future meeting include assessment and impact of Special Measures, Welsh Language, Equality and Health & Safety.	Philippa Peake-Jones / Laura Jones	October 24	<b>Action proposed for closure 11.09.24</b> A Development Session is taking place 19.11.24 and these items will be included for discussion.
<b>Closed Actions (as agreed at meeting on 08.08.24)</b>						
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	Jason Brannan	August 24	This will be an agenda item for



			monitor the progress of the Audit Wales report and provide a mid-year / end of year assurance report to the Health Board.			the next meeting in August 24. This will also be added to the 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	Philippa Peake-	August 24	Update 25.07.24 – The link has



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

			Affairs would circulate the video of the recent Leadership Conference to the Committee.	Jones		been circulated to the Committee.
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<b>Teitl adroddiad:</b> <i>Report title:</i>	Staff Stories – a Proposal on our Approach to Capturing and Sharing Staff Experience			
<b>Adrodd i:</b> <i>Report to:</i>	People and Culture Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 10 October 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>This is a one-off item for <b>approval</b> by the Committee.</p> <p>This paper outlines the proposed approach to gathering, sharing, and (where appropriate) acting on staff stories that will be shared at People and Culture Committee meetings as of the next meeting, subject to Committee members being content with the proposal.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to <b>discuss</b> and <b>approve</b> the proposal so that the necessary preparatory work can be undertaken for the next Committee Meeting.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Jason Brannan, Deputy Director of People			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Katie Sargent, Assistant Director of Communications and Engagement			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input checked="" type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></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><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>				
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	N/A			

<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>No.</p> <p>This approach is in addition to a number of initiatives and workstreams to improve mechanisms for listening to staff and will be undertaken with support from Equality and Diversity colleagues and networks representing staff.</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>No.</p> <p>N/A</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>N/A</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There is no additional financial cost attached to this proposal.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>The preparatory work for Staff Stories is minimal and we estimate will take no more than an hour or two per story.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>This approach has been discussed with the Deputy Director of People and comes to the Committee for feedback and approval. It can, of course, be amended following feedback from Committee members.</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	<p>N/A</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>N/A</p>
<p><b>Camau Nesaf:</b> Gweithredu argymhellion</p> <p><b>Next Steps:</b> Implementation of proposal</p>	
<p><b>Rhestr o Atodiadau:</b> Dim</p> <p><b>List of Appendices:</b> None</p>	

## **Staff Stories – a proposal on our approach to capturing and sharing staff experience**

### **1. Issue**

This paper outlines the proposed approach to gathering, sharing, and (where appropriate) acting on staff stories that will be shared at People and Culture Committee meetings as of the next meeting, subject to members being content with the proposal.

### **2. Background**

We have embarked upon a journey to make improvements to our organisation's culture, leadership and engagement following the Welsh Government decision to place the Health Board in Special Measures for a second time.

Part of this work is focused on ensuring that all colleagues feel listened to, supported and that they matter. There are a number of pieces of work in train to support this endeavour, including:

- pan-organisational surveys to gauge and track how colleagues feel, including the NHS Wales Staff Survey 2024, launching on October 1<sup>st</sup>;
- delivering an ongoing series of leadership conferences to help connect colleagues and equip them with the confidence and skills to lead and support others – at any level of seniority;
- reviewing our organisational approach to reward and recognition of colleagues and their efforts so that colleagues feel valued; and
- strengthening support to colleagues who want to raise concerns.

To gain an understanding of staff experience on a human level, the Committee will hear from a member of staff at each meeting to gain an understanding of their experience of working here and their perspectives on what is working well, as well as where there is a need for improvement.

### **3. The proposed approach**

#### **Frequency**

As with patient stories becoming a standing item on Board meeting agendas, it is proposed that a staff story becomes a feature of each People and Culture Committee meeting.

#### **Identification of participants**

There are a number of issues to be considered here. The first is that the Committee will want to hear genuine, honest accounts of staff experience and understand that these will not all be positive. It is important that poor experiences are heard in order for the Committee and colleagues to respond and act as necessary.

We know from data around raising concerns and Speak Out Safely that some colleagues are more comfortable sharing their experiences, particularly if they are negative, anonymously. Many colleagues genuinely fear reprisals if they speak out, therefore it is essential that we offer a way for colleagues to share their stories in confidence that they will not be identified to the Committee.

There are a number of ways in which we can do this, including written stories with only information about the staff member that does not make them identifiable or creating a video by filming someone else speaking the staff member's words.

We also need to consider the purpose of the staff story and what we are going to use the information for as well as how we consider experiences and views of as wide a range of colleagues as possible. This could be done by linking staff experience to the 5 annual plan themes and targeting staff who have specific experiences in these areas. Example groups could include new starters or apprentices.

We employ people in a wide range of roles and disciplines and will also need to ensure that a good spread of these is achieved in order to highlight the different perspectives and variety and breadth of work undertaken across the Health Board, including geographically.

### **Promotion**

It is proposed that the opportunity for staff members to share their stories is advertised and promoted via the staff intranet, BetsiNet, which attracts 16, 000 views of the homepage on a daily basis. In addition to this, the opportunity will be advertised in the corporate bulletin and via our range of staff networks.

It is also proposed that it is included on agendas of informal and formal meetings of Integrated Health Communities, Pan-Health Board services and corporate directorates and cascaded to colleagues in accordance with the most effective mechanisms for reaching team members, which will vary.

During our work, and particularly during the many engagement sessions held to explore views on our organisational values and behaviours, we have come across a number of colleagues who have spoken eloquently and passionately about their experiences. We have also been struck by their desire to help make improvements and suggestions for doing things differently.

A number of these individuals would provide very compelling and useful staff stories, and we propose approaching some of these colleagues about sharing their experiences with the Committee.

### **Decision**

Is the Committee content with the approach outlined above, in order for the first Staff Story to feature on the next Committee agenda?



<b>Teitl adroddiad:</b> <i>Report title:</i>	People Operations Report			
<b>Adrodd i:</b> <i>Report to:</i>	People & Culture Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 10 October 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this report is to outline the current workforce operational position as of August 2024.</p> <p>The report has been developed since last update, but still ongoing improvements and other information will be included in future reports.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to <b>NOTE</b> the current position provided and feedback any observations regarding ASSURANCE required as a result of the reported positions contained in the report.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Mr Jason Brannan, Deputy Director of People			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Mr Nick Graham, Associate Director of Workforce Optimisation			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	Objective 1: Building an effective organisation			
<b>Link to Strategic Objective(s):</b>				
<b>Goblygiadau rheoleiddio a lleol:</b>	Not applicable			
<b>Regulatory and legal implications:</b>				

<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></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><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary 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><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>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><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There is no additional costs associated with this paper at this time.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>There are no direct implications associated with this paper at this time.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (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><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p><b>Next Steps:</b> <i>Further development of this report to support committee oversight</i></p>	
<p><b>List of Appendices: People Operations Report</b></p>	

# People Operations Report September 2024

Jason Brannan

Deputy Director of People

Filter by IHC -  ▼



GIG  
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Betsi Cadwaladr  
University Health Board

# Executive Summary

- The OD service continue to make strong progress engaging with all people on the BCUHB values and Behaviours. This important work to define and model positive behaviours in work has been update to many of the IHC People and Culture and SLT groups and Corporate meeting forums. The Staff Survey 2024 goes live on 1 October and is also being championed within BCUHB with the aim of a improved return rate from 2023.
- Budget FTE has grown month on month since April 2024. Whilst turnover has not increased, neither have the numbers joining BCUHB and so the vacancy rate will appear to have increase to 8.3%. The People services team, and colleagues in NWSSP continue to actively recruit to approved vacancies via the approved ECR and enhance ECR approval process.
- Turnover is on a steady downward trend, currently at 8.3% and down 0.4% in the last 12 months. BCUHB has a Staff Retention Lead in post. This is a role commissioned as part of the non-pay elements of the 2022-4 collective agreement; a line of work at this time seeks to understanding the current drivers behind turnover and exploring initiatives that support retention such 'Stay Conversations' being piloted in MHLDS.
- BCUHB continues to have the lowest reported sickness absence levels in Wales NHS. Rolling sickness absence has seen a marginal reduction over the last 12m, at this time to 5.97%. Stress, anxiety and depression continues as the highest reported reason despite also showing a reduction in time lost. The People services operations teams continue to support staff and managers in accordance with the All Wales Respect and Resolution policy and all cases of reported stress at work should have a stress risk assessed process. The OH and Wellbeing service have undertaken the Health Need Analysis for BCU as part of the National programme; that report also recognises the stress factors reported by employees as a key line of work to focus on. The report has been provided to key forums, such as People and Culture groups and colleagues in SWSS for review.
- PADR compliance is on a downward trend, reducing by over 1% from 79.4% in April 2024 to 78.3% in August 2024. The People Service teams review compliance each month, noting services who have sustainably strong performance and advising where improvement is needed. The service managers report progress via the F&P groups.
- Level 1 mandatory training compliance continues to improve and is above the target of 85% at 90.4%. There is a focus on manual handling training accessibility along with guidance around passports. MSK absence has also been rising in the last 12m
- Time to recruit (from vacancy creation to ready for start date) met the KPI target at 71 days during August 2024, however, remains behind the NHS Wales average of 63.5 days. Work targeting time to shortlist has seen the average days reduce from 8.1 in August 2023 to 5.8 in August 2024.
- The percentage of Rosters approved as per the policy is showing an improving trend and is likely the result of the current Enhanced Roster Review Process which has introduced a greater level of accountability around Roster approval.

## Vacancies

Staff Group	Vacancy FTE	Vacancy %
Add Prof Scientific and Technic	94.84	11.2%
Additional Clinical Services	261.67	6.2%
Administrative and Clerical	350.20	8.9%
Allied Health Professionals	94.69	7.4%
Estates and Ancillary	168.78	11.3%
Healthcare Scientists	24.85	7.2%
Medical and Dental	103.21	5.9%
Nursing and Midwifery Registered	569.10	9.1%
Students	-0.46	-2.0%
<b>Total</b>	<b>1,666.88</b>	<b>8.3%</b>

At August 2024 there were 569.1 vacancy FTEs within Nursing Staff Group, and whilst being an increase since April 2024, it is an improvement on the figure of 807.9 reported 12 months previous. Estates & Ancillary and Add Prof Scientific & Technical have the highest vacancy rates at 11.3% and 11.2% respectively.

The People and resourcing teams are working with areas to development recruitment initiatives such as linking with schools and further education institutes to support attraction as well as attendance at careers events, this includes offering support to potential candidates around the application process and TRAC. Ongoing support has been given to Medics during change over, regarding queries arising from the SMA App. Support has also been given to Nursing teams to reduced HCSW vacancies with recruitment events planned and a targeted campaign for bank workers to reduce the HCSW vacancies. Also work is ongoing with exploring additional career pathways alongside colleagues in education for current staff.

## Staff Turnover

Staff Group	Turnover %	% Voluntary Resignations	% Less than 2 Years Service
Add Prof Scientific and Technic	6.5%	60.6%	19.2%
Additional Clinical Services	8.9%	66.7%	43.7%
Administrative and Clerical	9.4%	63.7%	36.7%
Allied Health Professionals	8.9%	79.2%	39.2%
Estates and Ancillary	10.3%	45.4%	25.6%
Healthcare Scientists	7.9%	65.7%	27.7%
Medical and Dental	7.5%	77.7%	41.9%
Nursing and Midwifery Registered	6.8%	50.2%	18.2%
<b>Total</b>	<b>8.3%</b>	<b>60.9%</b>	<b>32.2%</b>

Turnover is highest within Estates and Ancillary where retirements account for 41.5% of leavers within the last year compared to the BCU average if 27.5%. ACS has the highest rate of leavers with less than 2 years service at 43.7%. AHPs and Medical & Dental staff also have higher rates of leavers within 2 years and a higher proportion of voluntary resignations.

Exit Interviews are a focus area owing to low completion rate amongst leavers and consideration is being given to the use of 'Stay Conversations' designed to prevent the employee leaving where possible. The recently appointed retention lead has commenced engagements with the different services to understand the areas that are difficult to recruit to in order to explore any additional initiatives to support recruitment and retention.

## Sickness

Staff Group	Rolling Sickness %	Long Term Sickness %	Short Term Sickness %	Stress & Anxiety %
Add Prof Scientific and Technic	4.95%	2.87%	2.08%	1.47%
Additional Clinical Services	7.82%	4.55%	3.27%	1.90%
Administrative and Clerical	5.21%	3.20%	2.02%	1.83%
Allied Health Professionals	4.10%	2.20%	1.90%	1.35%
Estates and Ancillary	7.21%	4.50%	2.71%	1.71%
Healthcare Scientists	3.12%	1.57%	1.55%	0.90%
Medical and Dental	2.43%	1.38%	1.05%	0.66%
Nursing and Midwifery Registered	6.29%	3.66%	2.64%	1.79%
Students	0.60%	0.37%	0.23%	0.37%
<b>Total</b>	<b>5.97%</b>	<b>3.51%</b>	<b>2.46%</b>	<b>1.68%</b>

ACS has the highest sickness rolling sickness rate at 7.8% with little change over the last 12 months. Estates & Ancillary are improving month on month and the current rate of 7.2% is 1% lower than August 2023. Nursing staff group has seen little change in the rolling sickness rate over the last 12 months and A&C staff group has increased by 0.6%.

The People Services teams continues to support and coach managers on the most effective way to manage their teams sickness including discussing the levels of absence and possible reasons with Operational teams, tailored support is given to departments where levels of absence are high. Both formal training on the policy and procedure and informal 1-1 sessions looking at individual cases of sickness or those with several episodes of sickness is also undertaken to ensure support to the individual and adherence to policy. The teams are currently supporting managers with several complex long term sickness absence. Audits have been undertaken in some areas to further understand what additional support may be required to reduce sickness.

## Vacancies

Org L4	Vacancy FTE	Vacancy %
Health Community Centre (HCCX) L4	443.29	9.1%
Health Community East (HCEX) L4	236.67	5.1%
Health Community West (HCWX) L4	227.28	6.1%
Integrated Clinical Delivery - Primary Care (ICDP) L4	3.05	0.9%
Integrated Clinical Delivery - Regional Care (ICDR) L4	97.33	6.9%
Mental Health & LDS (MX00) L4	337.10	14.7%
Midwifery and Womens Services (WXXX) L4	58.80	8.4%
Corporate Services	263.36	12.5%
<b>Total</b>	<b>1,666.88</b>	<b>8.3%</b>

IHC Centre has the greatest number of vacancies at 443.3 FTEs and MHL D has the highest vacancy rate at 14.7% equating to 337.1 FTEs. All areas have seen a reduction in the number of vacancies over the last 12 months with the exception of Corporate Teams and ICD Regional Care who have seen increases of 275.7 FTEs and 8.6 FTEs respectively. East IHC has seen the greatest reduction in vacancy FTEs across this period (-90.6 FTEs) followed by IHC West (-80.3 FTEs).

## Staff Turnover

Org L4	Turnover %	% Voluntary Resignations	% Less than 2 Years Service
Health Community Centre (HCCX) L4	8.1%	63.5%	32.7%
Health Community East (HCEX) L4	8.2%	61.9%	33.9%
Health Community West (HCWX) L4	7.4%	55.0%	27.0%
Integrated Clinical Delivery - Primary Care (ICDP) L4	11.3%	70.6%	33.5%
Integrated Clinical Delivery - Regional Care (ICDR) L4	8.8%	74.6%	45.8%
Mental Health & LDS (MX00) L4	8.2%	50.0%	23.2%
Midwifery and Womens Services (WXXX) L4	8.7%	48.4%	30.7%
Corporate Services	9.3%	64.5%	34.7%
<b>Total</b>	<b>8.3%</b>	<b>60.9%</b>	<b>32.2%</b>

ICD Primary Care has the highest turnover rate at 11.3% followed by Corporate Services at 9.3%. ICD Primary Care has seen the greatest increase in the turnover rate across the last year, increasing by 1.5%, however, Corporate services is showing an improving trend with rates down by 0.9% on the previous year. Turnover rates have decreased in IHC East and IHC Centre over the last 12 months by 1% and 0.7% respectively and have increased in IHC West by 0.3%.

## Sickness

Org L4	Rolling Sickness %	Long Term Sickness %	Short Term Sickness %	Stress & Anxiety %
Health Community Centre (HCCX) L4	5.91%	3.41%	2.50%	1.60%
Health Community East (HCEX) L4	6.13%	3.47%	2.67%	1.57%
Health Community West (HCWX) L4	6.27%	3.78%	2.49%	1.77%
Integrated Clinical Delivery - Primary Care (ICDP) L4	6.82%	4.23%	2.59%	2.06%
Integrated Clinical Delivery - Regional Care (ICDR) L4	4.69%	2.60%	2.09%	1.31%
Mental Health & LDS (MX00) L4	7.46%	4.69%	2.77%	2.33%
Midwifery and Womens Services (WXXX) L4	5.82%	3.26%	2.56%	1.37%
Corporate Services	4.40%	2.68%	1.72%	1.60%
<b>Total</b>	<b>5.97%</b>	<b>3.51%</b>	<b>2.46%</b>	<b>1.68%</b>

MHL D continue to have the highest sickness rate at 7.5% and very little change compared to the same period last year. ACS staff within MHL D have reported a rolling rate in excess of 9% for the last 3 years. IHC East has seen an increase in the rolling sickness rate over the last 12 months increasing by almost 0.5%. The rolling sickness rate for Midwifery and Womens has reduced by 1% across the 12 month period.

## PADR

Staff Group	PADR %	Out of Date PADR	Expiring Current Month
Add Prof Scientific and Technic	69.9%	267	48
Additional Clinical Services	82.4%	811	214
Administrative and Clerical	72.3%	1169	220
Allied Health Professionals	79.5%	289	97
Estates and Ancillary	73.5%	452	170
Healthcare Scientists	69.3%	105	13
Nursing and Midwifery Registered	81.8%	1196	324
Students	100.0%		1
<b>Total</b>	<b>78.3%</b>	<b>4289</b>	<b>1087</b>

PADR compliance is on a downward trend from 79.4% in April 2024 to 78.3% in June making it 6.7% short of the target rate of 85%. Healthcare scientists staff group has the lowest PADR compliance rate at 69.3% having dropped 8.1% since April 2024. Add Prof Scientific & Technical and Estates & Ancillary have also seen a decline in compliance since April 2024, dropping 4.7% and 4.2% respectively.

The People Services teams are actively identifying out of date and “never had” PADRs and contacting line managers. Group PADRs are being encouraged in areas where there are a number of PADRS outstanding with the opportunity for 1:1 catch ups. Areas of concern are discussed at meetings involving Senior Managers.

This also includes reviewing PADR compliance and putting in place local action plans to address those areas of non compliance. The teams continue to raise awareness and support managers to ensure all staff have a timely PADR.

## Mandatory Training

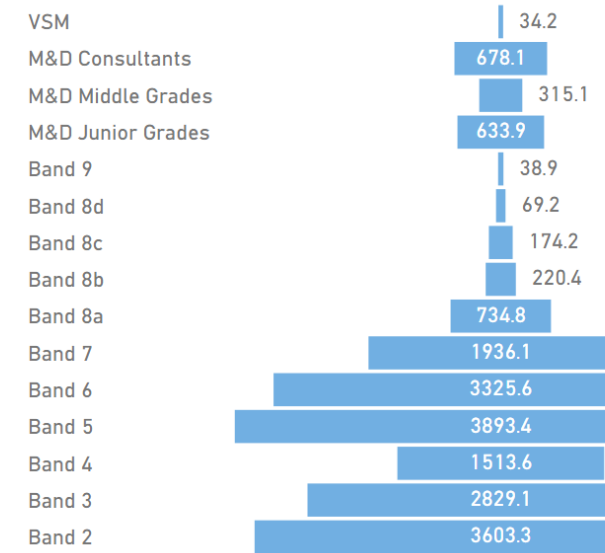
Staff Group	Level 1 %	Level 2 %
Add Prof Scientific and Technic	89.91%	86.98%
Additional Clinical Services	93.26%	89.28%
Administrative and Clerical	89.67%	64.21%
Allied Health Professionals	92.72%	89.88%
Estates and Ancillary	88.06%	81.12%
Healthcare Scientists	88.83%	77.64%
Medical and Dental	73.02%	69.97%
Nursing and Midwifery Registered	92.32%	87.99%
Students	93.28%	93.33%
<b>Total</b>	<b>90.37%</b>	<b>86.60%</b>

Level 1 Mandatory training level 1 compliance has consistently met the target since August 2022 and continues to improve, currently standing at 90.4%. Medical & Dental are the only staff group failing to achieve the 85% target. All IHCs are currently compliant with the target.

A T&F group led by Nursing and Workforce has been established to identify ways to improve manual handling training accessibility along with guidance around passports.

The people Services teams are currently focusing on teams where rates are below 50% and are working closely with areas to support identification of the specific training that requires increased compliance.

## Workforce Profile



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

Band 5 accounts for the largest proportion of the workforce at 19.5%, followed by band 2 at 18.0%. 6.4% of the workforce budget FTE is against bands 8 and above whilst Medical and Dental grades account for 8.1% of the workforce budget FTE.

## PADR

Org L4	PADR %	Out of Date PADR	Expiring Current Month
Health Community Centre (HCCX) L4	74.9%	1179	305
Health Community East (HCEX) L4	83.9%	763	340
Health Community West (HCWX) L4	78.6%	815	199
Integrated Clinical Delivery - Primary Care (ICDP) L4	70.4%	122	17
Integrated Clinical Delivery - Regional Care (ICDR) L4	68.4%	437	57
Mental Health & LDS (MX00) L4	84.7%	307	67
Midwifery and Womens Services (WXXX) L4	93.0%	51	25
Corporate Services	68.8%	615	77
<b>Total</b>	<b>78.3%</b>	<b>4289</b>	<b>1087</b>

ICD Regional Care continues to be the worst performing area in terms of PADR compliance, however, it has improved from the figure of 60.2% reported in August 2023.

Midwifery & Womens is the best performing area at 93% compliance having increased compliance by 9.6% in just 5 months and is the only area currently achieving the 85% target.

## Mandatory Training

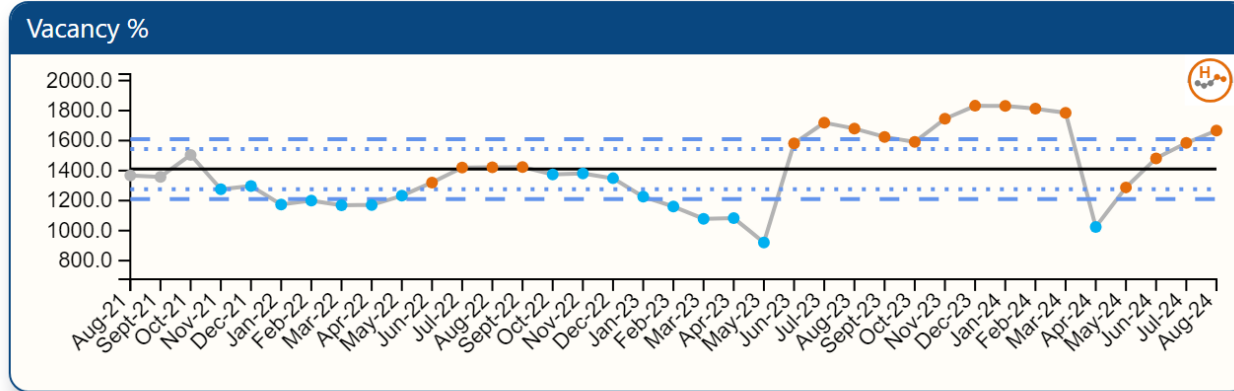
Org L4	Level 1 %	Level 2 %
Health Community Centre (HCCX) L4	88.9%	87.2%
Health Community East (HCEX) L4	90.8%	85.9%
Health Community West (HCWX) L4	90.6%	88.0%
Integrated Clinical Delivery - Primary Care (ICDP) L4	95.9%	93.1%
Integrated Clinical Delivery - Regional Care (ICDR) L4	88.1%	82.8%
Mental Health & LDS (MX00) L4	92.5%	87.7%
Midwifery and Womens Services (WXXX) L4	90.4%	84.7%
Corporate Services	90.7%	79.7%
<b>Total</b>	<b>90.4%</b>	<b>86.6%</b>

ICD Regional Care and IHC Centre have the lowest level 1 mandatory training compliance rates, however, they are compliant with the 85% target.

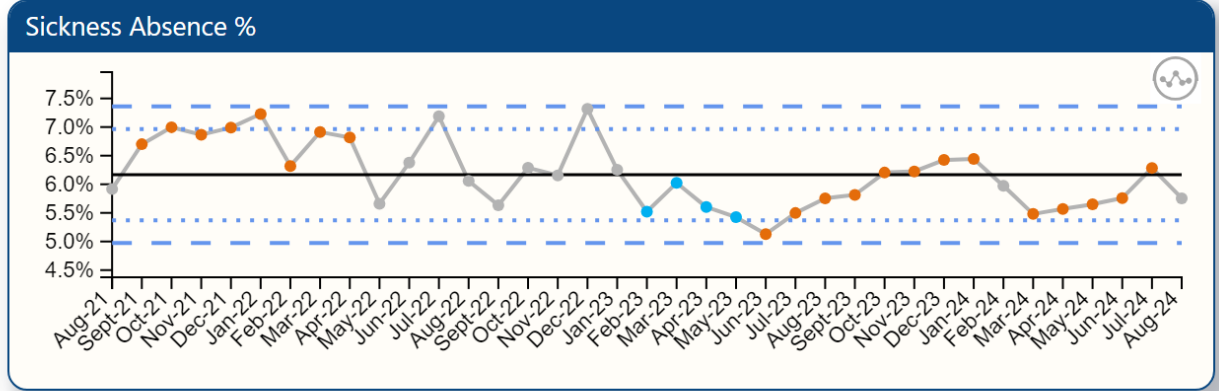
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short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



Actual FTE has been growing steadily month on month over the last few years but has failed to keep pace with increases to the budget FTE. Over recent months a new trend is emerging with actual FTE declining month on month since March 2024 whilst the budget FTE continues to grow, increasing the vacancy position.

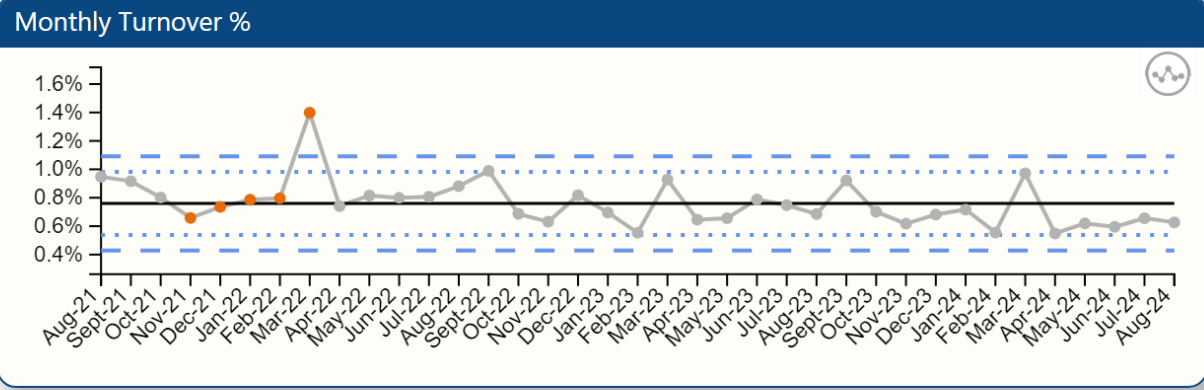


From June 2023 the vacancy FTE was indicating special cause variation following the addition of the NSA budgets to ESR (Jun 23) and the A&C budget increases within Corporate teams (Nov 23). Following the resetting of the budgets in April 2024, the vacancy figure dropped below the lower control indicating special cause of an improving nature, however, the increasing budget FTE and declining actual FTE over recent months have caused the vacancy FTE to climb once again.

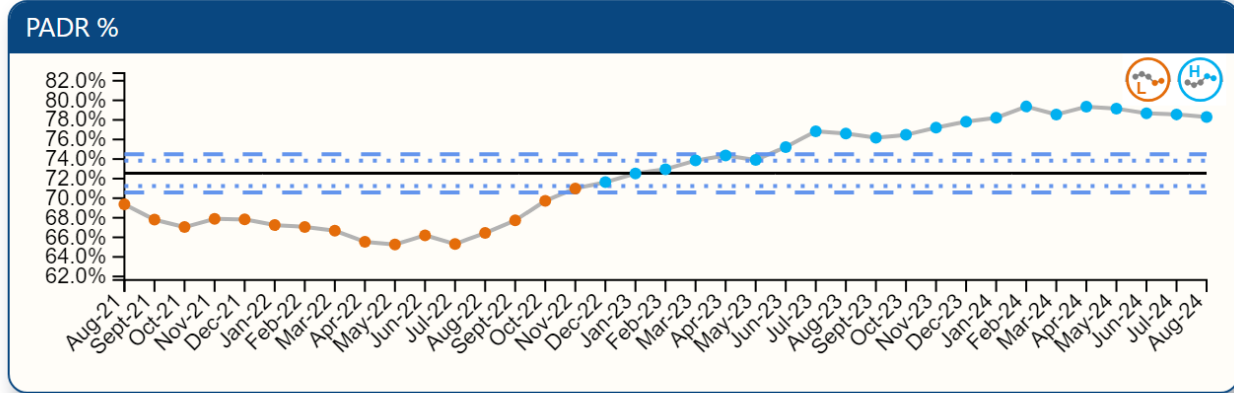


The increasing sickness rate between June 2023 and January 2024 indicated special cause variation, however, increasing rates can be expected as we move into and through winter months where there is a greater prevalence of short term Cold, Cough, Flu and Gastro related absence. The increasing trend since March 2024 again indicates special cause variation and differs to the trend across the same period last year where rates declined as we moved into summer months.

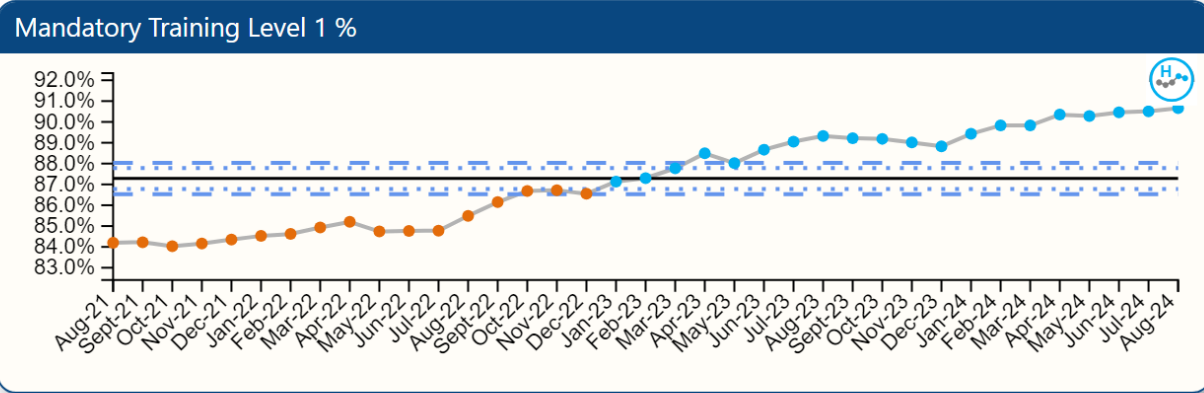
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short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



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.



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



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 %

12 Month Turnover rate for All Staff Groups by Organisation comparing Jun-23 & Jun-24

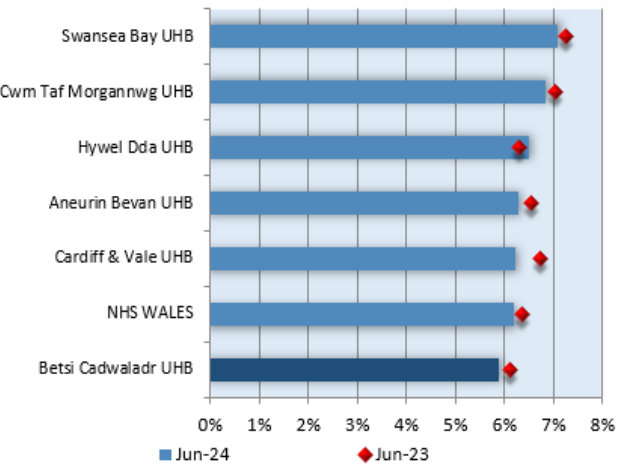


Of the 6 largest Health Boards in Wales, BCU had the second lowest turnover rate in June 2024 at 9.2% behind Hywel Dda at 8.3%. BCU's turnover rate is 2.4% lower than Cardiff and Vale and Cwm Taf Morgannwg.

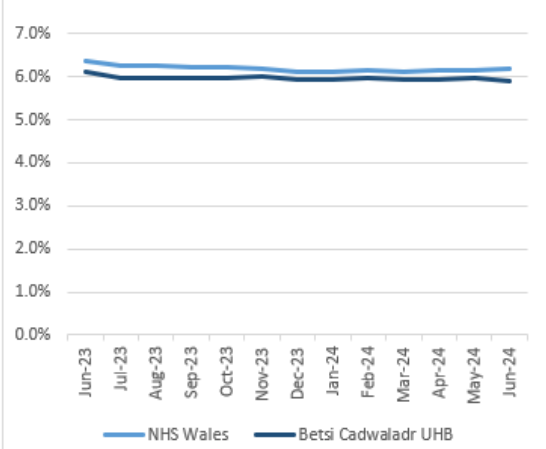
*Please note, NHS Wales Turnover Rate only includes NHS Wales Leavers whereas Health Board data will include Staff Movements between organisations. The turnover rates presented above includes locally employed junior medical grades whereas locally these are excluded.*

## Sickness %

Rolling Sickness Rate by Health Board June 2024



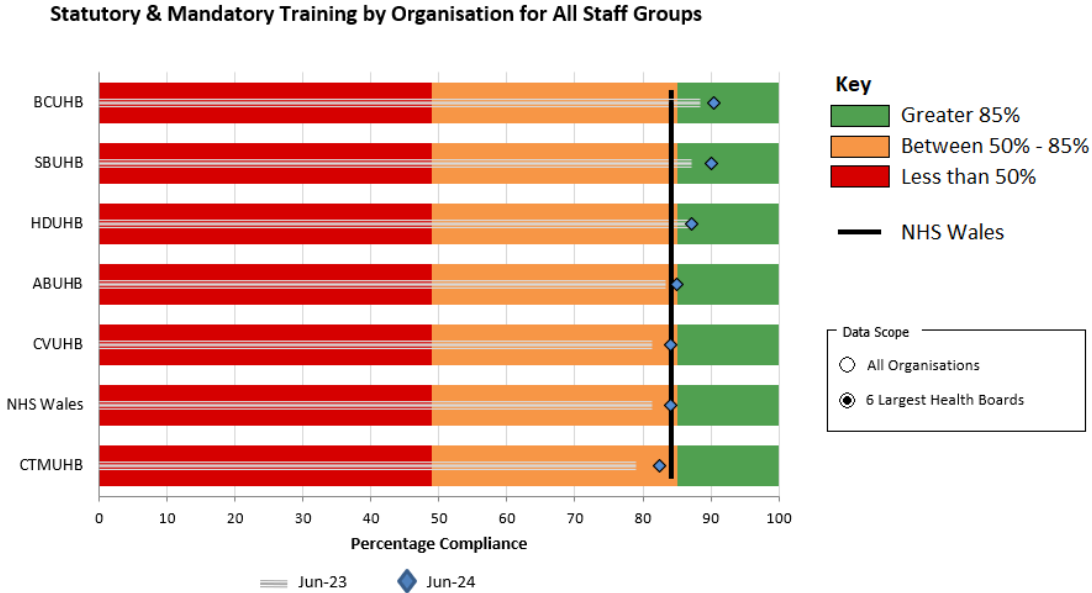
12 Month Rolling Sickness Rate BCU vs NHS Wales



During June 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 6.2%. Swansea had the highest sickness rate at 7.1% followed by Cwm Taf Morgannwg at 6.8%.

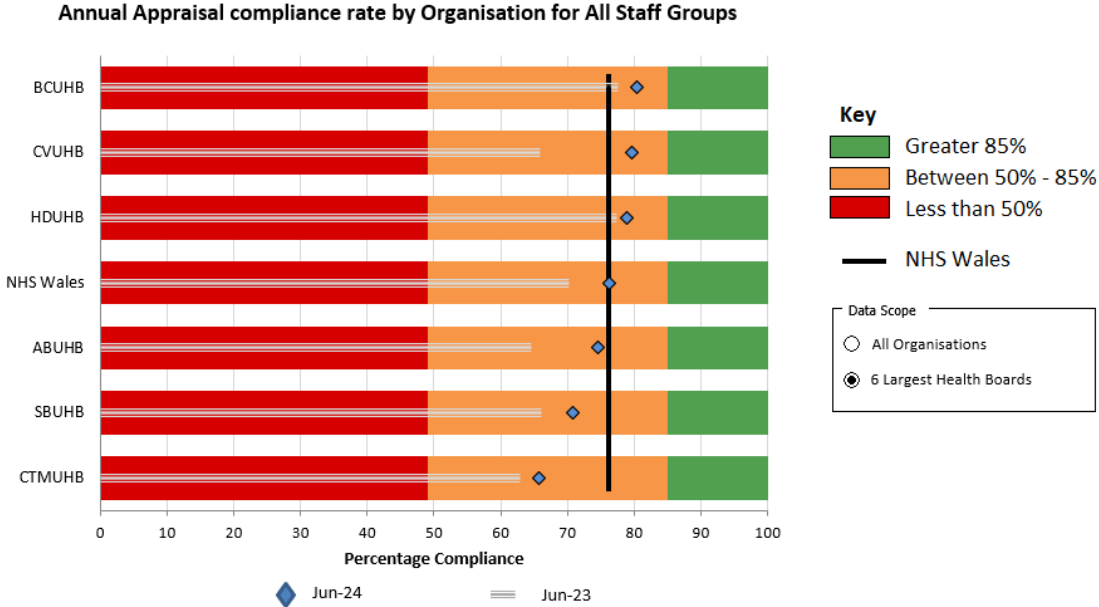
# Workforce Comparators

## Statutory & Mandatory Training %



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

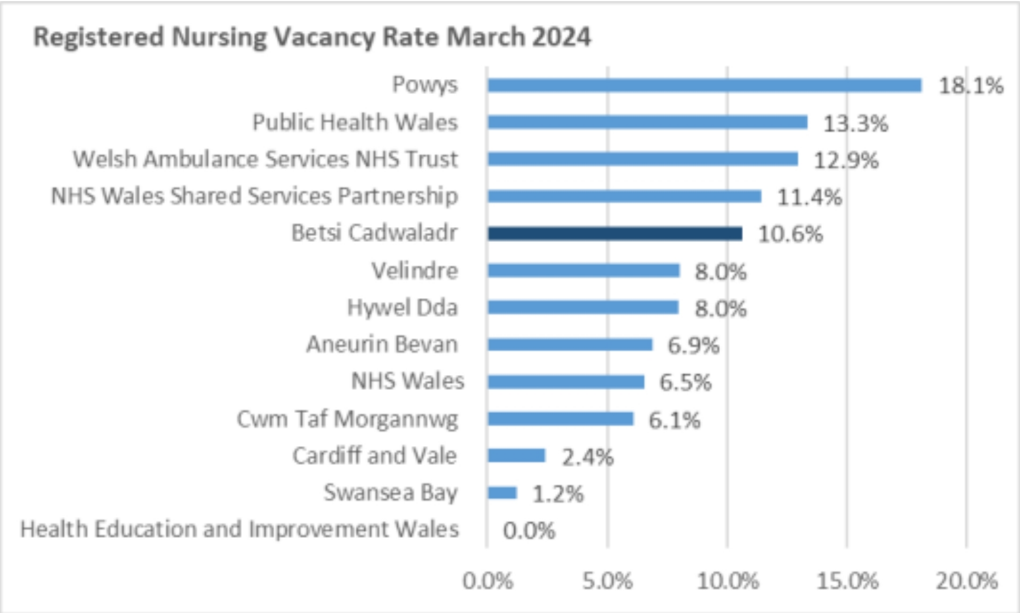
## Appraisals %



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 80.4% compared to the NHS Wales average of 76.2%.

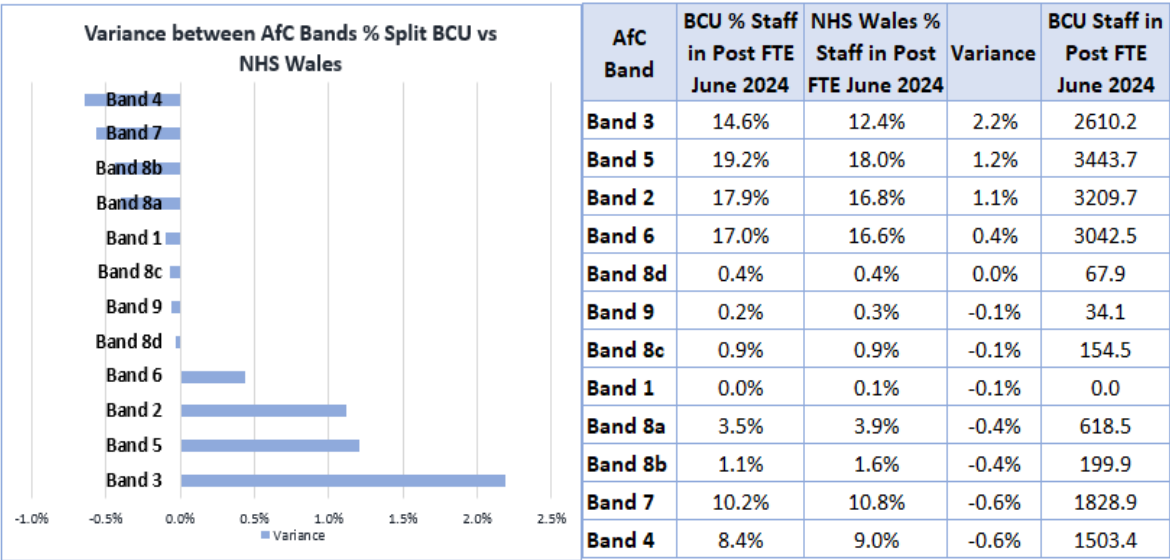
# Workforce Comparators

## Vacancy %



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.

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



The table above provides the percentage split of the BCU workforce vs the percentage split of the NHS Wales Workforce.

BCU AfC workforce has a greater proportion of bands 3, 2, 5 and 6 than NHS Wales, band 3s account for 14.6% of the BCU AfC workforce compared to 12.4% of the NHS Wales AfC workforce. NHS Wales as a whole has a greater proportion of band 4s within the AfC workforce than BCU (9% vs 8.4%). Bands 7 and above account for a smaller proportion of the BCU AfC workforce in comparison to NHS Wales (10.2% vs 10.8%).

# Recruitment KPIs

Staff Groups	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
Additional Clinical Services (Non Nursing)	59.0	2.8	8.3	3.3	1.8	39.3	29.8	75.1
Additional Clinical Services (Nursing)	49.8	3.0	7.4	2.0	2.2	39.5	31.4	69.9
Additional Professional, Scientific & Technical	122.0	3.2	5.0	3.2	2.0	42.0	36.9	93.9
Administrative & Clerical	60.1	6.6	5.2	1.6	2.5	40.2	10.2	50.1
Allied Health Professionals	120.2	3.5	5.3	2.5	2.9	48.0	66.5	107.1
Estates & Ancillary	105.2	4.2	7.2	1.9	1.4	38.5	23.0	52.8
Healthcare Scientists	41.0	3.8	2.0	0.3	0.0	42.3	30.4	70.6
Nursing & Midwifery	45.7	3.0	5.0	2.3	2.1	38.9	31.5	72.3
Students		3.3	10.0			80.0	5.5	85.5
<b>Total</b>	<b>62.2</b>	<b>4.2</b>	<b>5.8</b>	<b>2.1</b>	<b>2.1</b>	<b>40.7</b>	<b>29.9</b>	<b>71.0</b>
	<b>T0a - Notice Date to authorisation start date</b>	<b>T1a - Time to approve vacancy request</b>	<b>T4 - Time to shortlist</b>	<b>T5b - Time to update interview outcomes</b>	<b>T9b - Time to check references</b>	<b>T13 - Vacancy Creation to offer letter issued</b>	<b>T23 - From conditional offer to ready for Start Date with outliers</b>	<b>T14 - Vacancy Creation to ready for Start Date</b>
<b>NHS Wales Average</b>	<b>36.7</b>	<b>6.6</b>	<b>5.8</b>	<b>3.1</b>	<b>2.9</b>	<b>40.2</b>	<b>22.0</b>	<b>63.5</b>

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 62.2 days in August 2024 compared to the All Wales average of 36.7 days, however, it should be acknowledged that BCU has an Enhanced Establishment Control process. Time to shortlist for BCU took 5.8 days on average which is reflective of the NHS Wales average and is much improved compared to the average for 2023/24 which stood at 8.1 days. Additional Clinical Services and Estates and Ancillary staff groups have the highest delays in time to shortlist and Healthcare Scientists is the only staff group achieving the KPI. There are considerable delays within AHP staff group against T23, conditional offer to ready for start date, where average time is 66.5 days compared to the BCU average of 29.9 days. Performance against total time to recruit (T14) meets the target of 71 days during August 2024 but this is higher than the all Wales average of 63.5 days. AHP and Add Prof Scientific and Technical staff groups failed to meet the performance target for total time to recruit during August 2024.

# Recruitment KPIs

Org L4	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
Health Community Centre (HCCX) L4	73.6	3.6	6.7	2.1	2.0	41.1	32.2	71.3
Health Community East (HCEX) L4	56.3	4.6	4.5	2.7	2.4	41.7	33.3	72.6
Health Community West (HCWX) L4	61.7	3.2	7.7	1.4	3.0	38.7	31.1	71.6
Integrated Clinical Delivery - Primary Care (ICDP) L4	69.0	2.0	2.0	3.6		31.3	21.0	67.0
Integrated Clinical Delivery - Regional Care (ICDR) L4	48.2	3.9	3.4	2.2	0.6	42.6	38.5	84.2
Mental Health & LDS (MX00) L4	74.3	4.9	6.0	1.9	1.4	38.5	22.5	66.7
Midwifery and Womens Services (WXXX) L4	32.8	4.5	4.8	2.4		42.4	19.5	70.2
Corporate Services	59.8	5.0	4.6	2.1	1.4	43.4	9.1	50.6
Total	62.2	4.2	5.8	2.1	2.1	40.7	29.9	71.0
	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
<b>NHS Wales Average</b>	36.7	6.6	5.8	3.1	2.9	40.2	22.0	63.5

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.

All IHCs are compliant against T1a (time to approve vacancy request) and T13 (vacancy creation to offer letter issued) KPIs. Time to shortlist requires improvement across all IHCs, with the exception of primary care to achieve the target of 3 days, however, 5 areas are performing better than the NHS Wales average. IHC West had the greatest delay in time to shortlist taking an average of 7.7 days during August. There are delays within ICD Regional Care against T23, conditional offer to ready for start date, where average time is 38.5 days compared to the BCU average of 29.9 days and NHS Wales average of 22 days. All 3 IHCs also failed to achieve the target of 27 days for this KPI. It is a similar picture for T14 time to recruit (vacancy creation to ready for start date) where ICD Regional Care and the 3 IHCs failed to meet the target of 71 days during August 2024.

# Highlighted Areas

Org L7	Actual FTE	Vacancy %	Rolling Sickness %	PADR %	Mandatory Training %	Turnover %
Admin YG (HXA1) L7	80.8	10.7%	7.69%	39.3%	78.38%	8.3%
C Bone Density Service (AX2K) L7	7.7	13.0%	12.22%	72.7%	76.52%	17.9%
Emergency Care Wards YG (HXY3) L7	53.5	17.5%	8.17%	45.0%	78.33%	10.4%
GMS West (AXGM) L7	78.1	22.6%	6.39%	51.2%	85.45%	18.2%
Nursing Executive (YX21) L7	184.3	9.8%	6.96%	71.2%	87.78%	11.0%
NW Cancer Medical (HXQC) L7	43.4	18.0%	8.55%		61.20%	11.3%
Patient Services - Central Area (RX32) L7	346.1	10.4%	7.18%	62.4%	77.66%	11.1%
SC Oral YWM (HXN7) L7	13.7	18.4%	13.99%	76.9%	90.37%	29.8%
USC Admin YGC Medicine (HXJ8) L7	47.0	8.8%	6.46%	66.7%	85.96%	10.5%
West OPMH Acute (MXBQ) L7	60.0	22.5%	9.93%	62.7%	90.64%	10.5%

The table above shows the departments where performance against the 5 key workforce metrics is poorer than the BCU average in August 2024 i.e. the vacancy rate is greater than 8.3%, the rolling sickness rate is greater than 5.97%, the PADR rate is lower than 78.3%, the mandatory training Level 1 is lower than 90.4% and the turnover rate is greater than 8.3%.

Emergency Care wards in YG are currently underperforming across the 5 key metrics in comparison to the BCU average with 17.5% vacancy rate (equating to 11.3 FTE vacancies) and high levels of sickness and turnover over. PADR appraisal rate is also particularly low at 45%.

Scheduled Care Oral within Ysbyty Maelor Wrexham is carrying 3.1 vacancies which equates to 18.4% vacancy rate. The turnover rate far exceeds the BCU average at 29.8% and sickness absence rate is also significantly higher than BCU average at 14%.

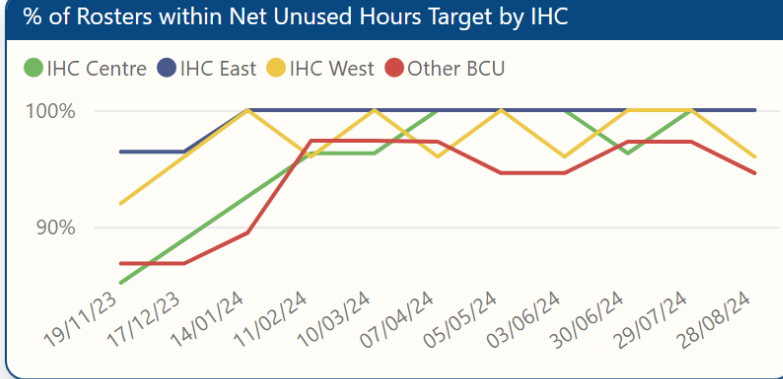
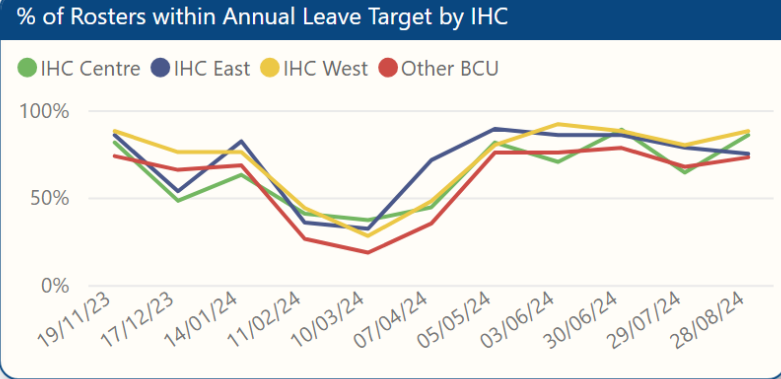
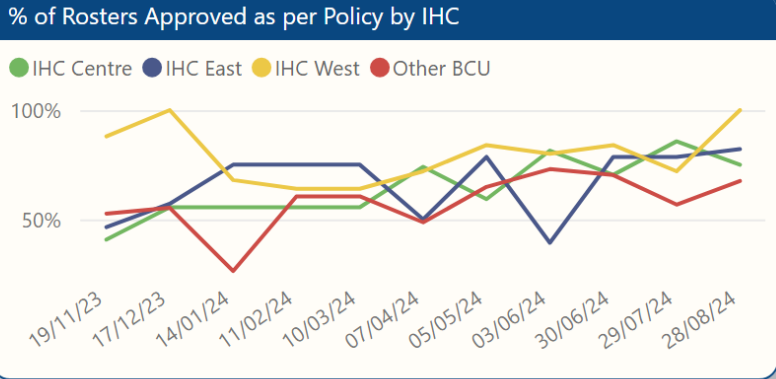
West OPMH Acute is carrying 17.4 FTE vacancies and has a higher than average sickness rate. The recruitment and retention group in MHLD continue to review the areas that are difficult to recruit to and explore initiatives to reduce the vacancies, the team are due to attend the Bangor University My Graduate Careers Week this year to showcase our vacancies and hopefully begin to build an ongoing partnership with Bangor University. Support regarding sickness is as discussed, with regular 1-1 sessions with the local managers to discuss individual cases of sickness to ensure appropriate support and timely progression. Local plans are in place to improve PADR compliance.

# Roster KPIs

## BCU Summary

	19/11/23	17/12/23	14/01/24	11/02/24	10/03/24	07/04/24	05/05/24	03/06/24	30/06/24	29/07/24	28/08/24
Approved in Policy %	56%	65%	53%	64%	64%	60%	71%	68%	75%	72%	80%
Annual Leave %	81%	61%	72%	36%	28%	49%	81%	80%	85%	72%	80%
Net Unused Hours %	90%	92%	95%	97%	98%	98%	98%	97%	98%	99%	97%

## 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 BCUIB 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 BCUIB 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 across IHC East, IHC West and Pan and this likely the result of the current Enhanced Roster Review Process which has introduced a greater level of accountability around Roster approval. IHC Centre saw a drop in compliance during August 2024.

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.

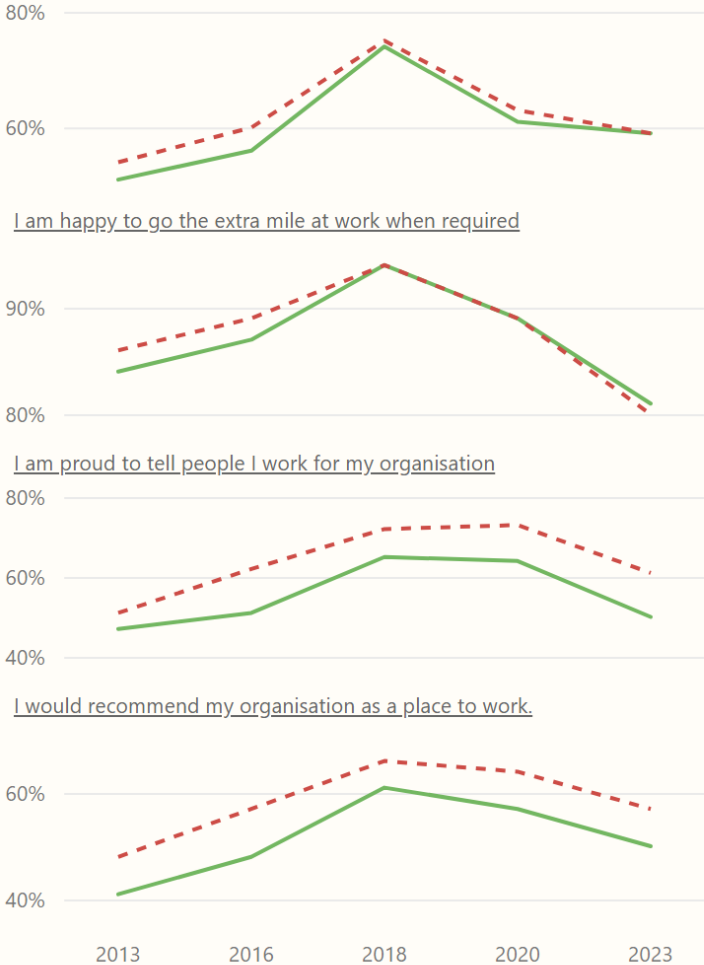
The percentage of net unused hours within target shows a positive picture with 97% of rosters compliant at the end of August 2024.

# Staff Survey BCU Staff Engagement Results

## Staff Survey

Org ● BCUHB ● NHS Wales

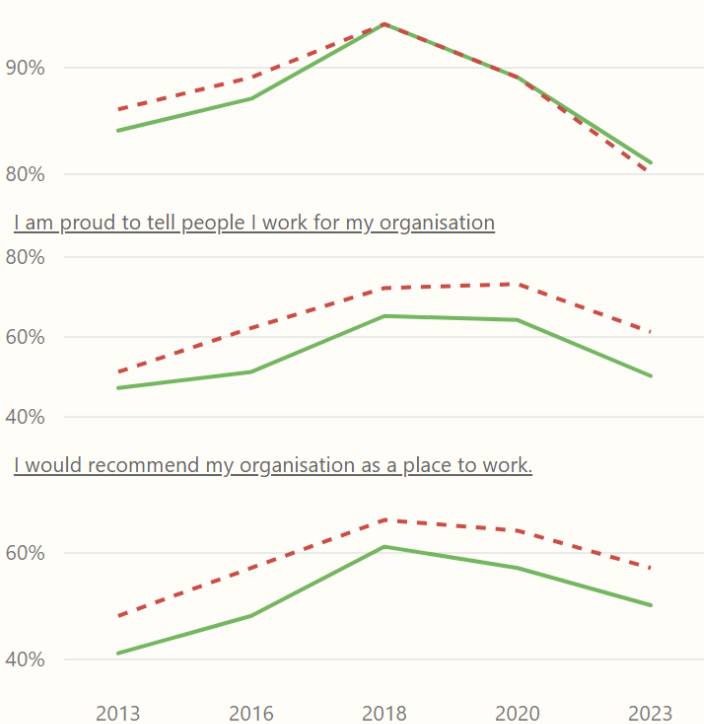
I am able to make improvements in my area of work.



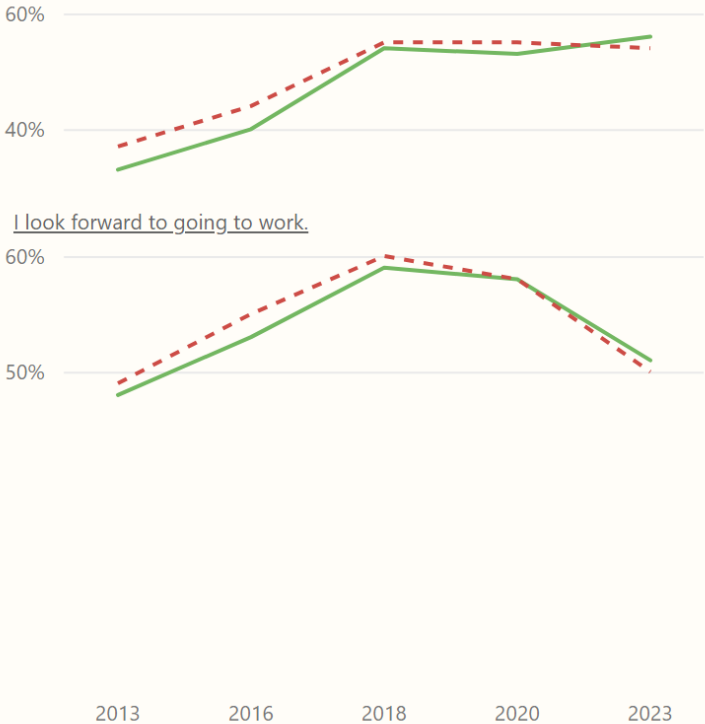
I am enthusiastic about my job.



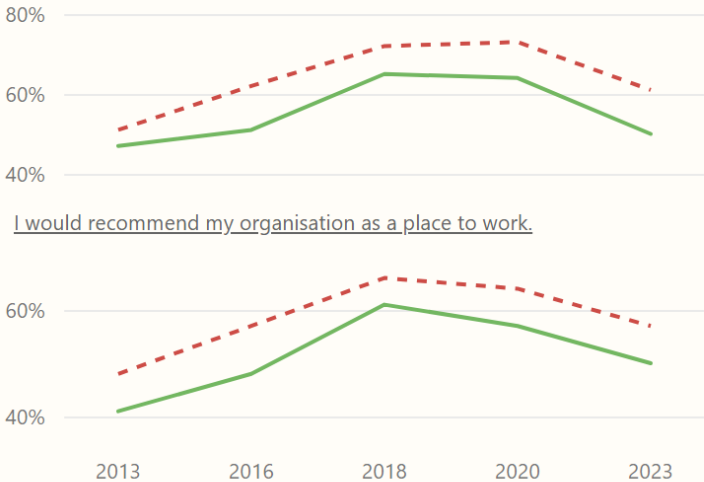
I am happy to go the extra mile at work when required



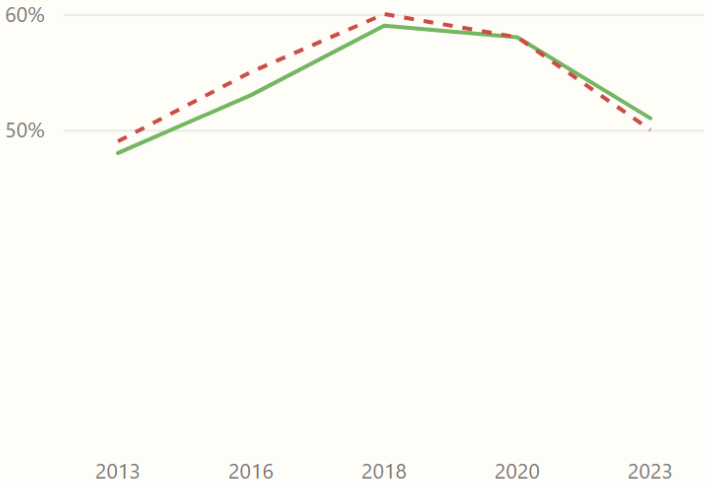
I am involved in deciding on the changes that affect my work of my tea...



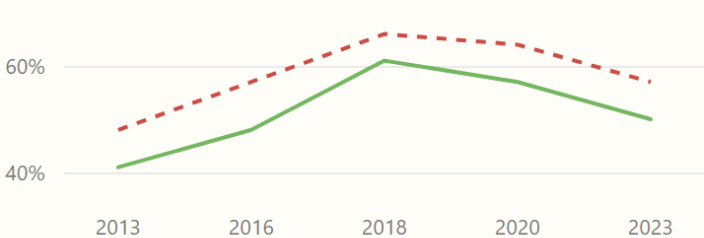
I am proud to tell people I work for my organisation



I look forward to going to work.



I would recommend my organisation as a place to work.



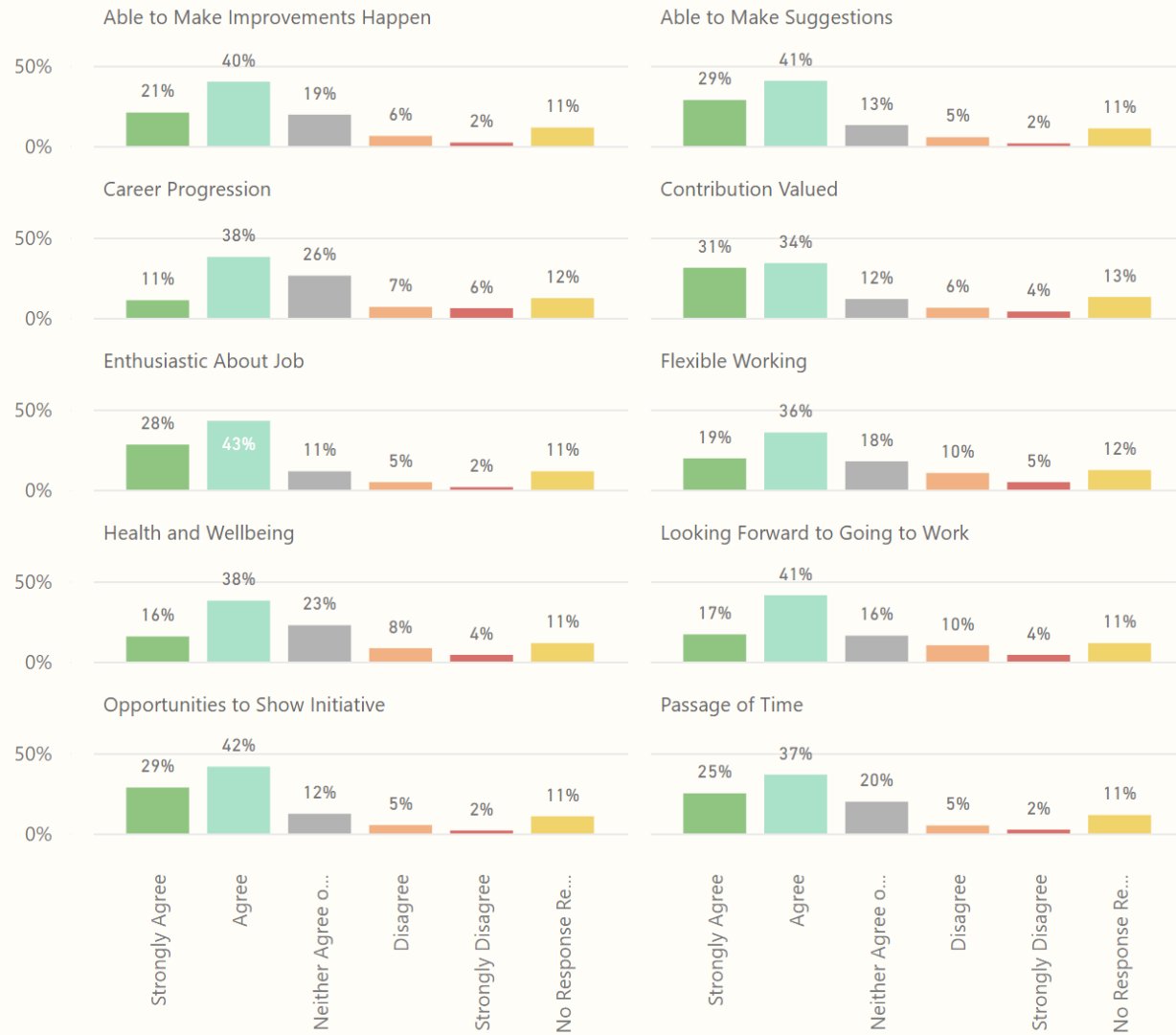
The charts to the left show the BCU response positivity score to the Staff Survey Staff Engagement question over the last 10 years.

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.

## 12 Month External Leavers



## Exit Questionnaire Questions

- There have been frequent opportunities for me to show initiative in my role
- I have been able to make suggestions to improve the work of my team / department
- I have been able to make improvements happen in my area of work
- I often/always looked forward to going to work
- I was often/always enthusiastic about my job
- Time often/always passed quickly when I was working
- Does your organisation take positive action on health and well-being?
- Does your organisation act fairly with regard to career progression / promotion
- Does your organisation provide opportunities for flexible working patterns?
- I felt my contribution was valued by my manager/team/organisation
- What is your reason for leaving?
- Is there anything that would have made you stay in your current role or organisation?

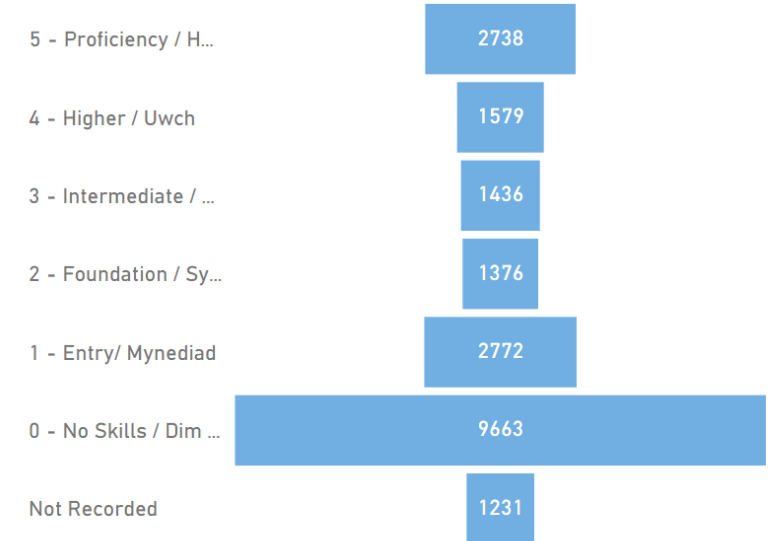
Whilst the responses to the Exit Interview Questions are generally more positive than negative, some questions have a greater proportion of negative answers. The question regarding flexible working patterns had the highest proportion of negative responses (15%), followed by the question around whether the employer looked forward to going to work where 14% of responses were negative. 13% of responses were negative to the question regarding career progression. Questions around ability to make suggestions, showing initiative, passage of time and enthusiasm for job received fewer negative responses (7%).

Exit Interview data is reviewed by People Services teams and will be correlated with the recent staff survey results to help improve better working experience for our workforce.

# Welsh Language Skills

Data as at August 24

Org L4	Not Recorded	0 - No Skills / Dim Sgiliau	1 - Entry/ Mynediad	2 - Foundation / Sylfaen	3 - Intermediate / Canolradd	4 - Higher / Uwch	5 - Proficiency / Hyfedredd	Total
Health Community Centre (HCCX) L4	409	2548	794	362	346	186	368	5013
Health Community East (HCEX) L4	296	3472	591	183	177	117	193	5029
Health Community West (HCWX) L4	187	671	406	315	427	756	1236	3998
Integrated Clinical Delivery - Primary Care (ICDP) L4	15	208	60	23	30	27	73	436
Integrated Clinical Delivery - Regional Care (ICDR) L4	122	648	208	98	94	104	196	1470
Mental Health & LDS (MX00) L4	47	929	328	170	176	162	284	2096
Midwifery and Womens Services (WXXX) L4	52	367	77	52	40	58	112	758
Corporate Services	103	820	308	173	146	169	276	1995
<b>Total</b>	<b>1231</b>	<b>9663</b>	<b>2772</b>	<b>1376</b>	<b>1436</b>	<b>1579</b>	<b>2738</b>	<b>20795</b>



46% of the BCU Workforce hold no Welsh language skills whilst 28% of the workforce consider themselves to be intermediate, higher or proficient. IHC West has the highest number of Welsh speakers with 60% of the workforce having a competency level of intermediate or above.

Work has been ongoing across the Health Board with the Welsh Language Standards along with the work ongoing with the Bilingual Skills Policy. There continues to be issues with the recruitment of Welsh Speakers, to alleviate the issues, a SOP has been developed whereby delegated authority has been given to both the Head of People Systems and Business Intelligence and the Head of Welsh Language Services, to allow individuals to appeal against the decision regarding the advertisement of the role.

The People Services teams continue to work collaboratively with services to raise awareness and promote the Welsh language training within the Health Board.



<b>Teitl adroddiad:</b> <i>Report title:</i>	Culture, Leadership and Engagement Update			
<b>Adrodd i:</b> <i>Report to:</i>	People and Culture Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 10 October 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	This paper gives an update on the progress of the Culture, Leadership and Engagement programme.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to note the information provided within the report			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Jason Brannan, Deputy Director of People			
<b>Awdur yr Adroddiad:</b> <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			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></small>	Derbyniol <i>Acceptable</i> <input checked="" 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 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>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	Links to delivery of all organisational priorities			
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	No direct implications arising from this report			

<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	N/A
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	N/A
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	N/A
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	Utilisation of current, budgeted resources has been prioritised.
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	The intended outcome is a positive impact on workforce. There are no significant workforce planning matters related to this proposal.
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	N/A
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	CRR24-01 CRR24-16
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	Amherthnasol  Not applicable
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b> The Board is asked to note the progress of the work to date</p>	
<p><b>Rhestr o Atodiadau:</b> <b>List of Appendices:</b></p> <ol style="list-style-type: none"> <li>1. Culture, Leadership and Engagement Plan 2024-25.</li> <li>2. Development of our Values &amp; Behaviours Storyboard.</li> </ol>	

## 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.

The Culture, Leadership and Engagement Annual Plan 2024-25 can be seen at **Appendix 1**.

### 2. CULTURE DEVELOPMENT

Quarter 2 activities focussed on:

- Collating high level themes from various sources including the analysis of the independent reviews carried out as part of Special Measures, analysis from engagements events held last summer as part of Stronger Together; and analysis of the intelligence gathered during the conversational spaces to develop a first draft Values and Behaviours Framework. Full details on developing the framework can be seen at **Appendix 2** – Development of our Values & Behaviours Storyboard.
- Delivering the communications and engagement plan. Engagement on the Culture & Leadership Programme and the draft Values & Behaviours Framework has included sharing at the following arenas and asking participants to encourage participation and share widely with their teams:-
  - Each IHC and Pan Services Senior Leadership Team meeting and their People and Culture Committees along with Corporate Services Senior Leadership Team meetings asking participants to share and encourage participation widely
  - Culture & Leadership Programme Design Group
  - People & Culture Committee
  - Board Development Session
  - Staff Networks via Chairs
  - Workforce Partnership Group
  - Joint Local Negotiating Committee
  - Stakeholder Reference Group
  - BetsiNet page with access to provide feedback via the Padlet
  - Drop-in sessions via MS Teams, nine sessions to include evening
  - All participants on leadership and management programmes
  - Integrated Leadership Development Framework Design Group
  - Video by Deputy Director People Services
  - Chaplaincy services
  - Deputy Director People Services cascaded to all People & Organisational Development staff for further cascading
  - Occupational Health team leaders

- Wellness, Work and Us Project team
  - Roadshows in areas of high footfall with further roadshows planned
  - Sending information to anyone who requests it for their team, and/or attending team meetings to present and have discussions
  - Some managers are hosting sessions on the draft Framework in their team away days
- The first meeting took place of the Culture and Leadership Programme Design Group which will report to the Organisational Development Steering Group. The meeting was well attended with representatives from across the professional groups and key professional leads with further suggestions made for membership.
  - Establishing a Culture Dashboard. A draft Dashboard has been developed and shared with key stakeholders for feedback, with a view to finalise and launch the Dashboard in September.
  - Work has commenced to review and analyse patient experience feedback in conjunction with the Head of Patient Experience. This work will feature as part of the synthesis report of our cultural key themes.

Quarter 3 activities will focus on:

- Develop 2<sup>nd</sup> draft of Values & Behaviours Framework with consultation to take place up to 31<sup>st</sup> October
- Submit final version to the November Board meeting
- Launch Values & Behaviours Framework in December with accompanying plan of how we collectively embed this way of working.
- Recruiting, appointing and developing Culture Change Agents
- Conduct Leadership Workforce analysis to establish our baseline data, this work will need to be in conjunction with our workforce planning leads.
- Schedule Board and Senior Manager Conversations, this work is part of discovering what our culture is and what we aspire to as an organisation.
- Develop and schedule leadership behaviours survey, this survey is also part of discovering what our current culture and behaviours are.

### **3. LEADERSHIP DEVELOPMENT**

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

Quarter 2 activities focussed on:

- development of the Gwella Hub. The hub is currently in the final stages of development and is being hosted on HEIW's Leadership Portal, Gwella. Named the

Venture Hub, it will host all leadership development activities, including both informal and formal routes to leadership development. The draft hub has been shared with key stakeholders (including managers and leaders, design group members, staff networks, etc.) to gather feedback on the design, content, and accessibility of the hub. Feedback and amendments will take place during August/September, with formal launch planned for October 2024.

- Mynydd Mawr – Foundations of Leadership and Management Programme - commenced its first cohort on the 27<sup>th</sup> June 2024. A further 16 cohorts are scheduled through to March 2025
- The Advanced Clinical Leadership Programme (ACLP) is currently in progress with 26 BCUHB clinical leaders engaged on the programme. This is a well established programme developed by HEIW to support and develop senior clinical leaders. The programme commenced in February 2024 and is due to complete at the end of the year.
- Planning and building of online modules to support all employees on the Moel Famau – Leadership for all programme began in August.
- The development of baseline metrics to track impact/outcomes of the leadership training and learning available to staff has begun. A number of evaluation methods are being 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.
- Ongoing development of a People Managers Forum. The proposal outlining the approach to developing a People Managers Forum will be shared at the next Informal Executive meeting in October 2024. The People Managers Forum will be a space for all people managers to network and share their experience and will be hosted virtually in the first instance. The forum will support our people managers in developing their skills and competence, help them keep up to date with recent changes in policies and processes and aims to build a community of practice that is an engaging and supportive space. The forum will focus on a series of sessions to support managers with the basics, including sessions on Pay, Roster Management and How to hold an Effective PADR. Further feedback has been collated from the last leadership conference from a wide audience of over 400 people managers on their ideas and suggestions for topic areas for the forum, with the top 3 areas identified as: handling difficult conversations; understanding/applying various policies; and team dynamics. The forum will launch at the end of October 2024 in conjunction with the Venture leadership hub.

Quarter 3 activities will focus on:

- Scoping of an internal coaching & Mentoring network. Scoping will take place with external stakeholders such as HEIW to look at best practice.

- The Clinical Leadership conference to be held in November 2024. The conference will be held in Conwy Business Centre with over 100 clinical leaders invited. The conference will look at the challenges faced by senior leaders within a clinical environment. Key speaker Professor Push Magnat, Deputy Chief Medical Officer (Wales) will address the conference on leading in difficult times. With smaller workshops focusing on values and behaviours, how to have difficult conversations with multidisciplinary teams and delivery of the clinical strategy also included.
- Launch and promotion of the new Venture Leadership Hub and People Managers Forum. This will include the launch of the new Viva Engage online forum to support managers and create a Leadership Network space for all.
- Commencement of the Leadership Alumni.

## **4. ENGAGEMENT**

### **NHS Wales Staff Survey**

As per our last update, limited, high level data extracted from the 2023 survey is in the process of being shared with colleagues at the time of writing this report. This benchmarking data 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.

The Committee is reminded that 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).

#### **Quarter 3**

Our focus in Quarter 3 will be the successful launch of the 2024 survey and to encourage colleagues to complete it. A communications and engagement approach to achieve this is being developed based on learning from previous years and is well underway.

### **Building a more effective organisation**

Renewing some of the work started with the introduction of a new operating model/structure in 2022 will be a focus over the next two Quarters, with Organisational Development colleagues playing a key role in a group, led by the Chief Executive, to take the next steps, aligned to the work detailed above on our culture and behaviours.

### **Staff reward and recognition – staff achievement awards**

The event will have taken place by the time the Committee meets, but as a reminder, the finalists of the 2024 staff achievement awards were announced on [BetsiNet](#) over the summer.

A significant amount of preparation was undertaken in Quarter 2 to plan for and deliver the awards ceremony on Friday 27<sup>th</sup> September at Venue Cymru in Llandudno.

Guests will have enjoyed 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.

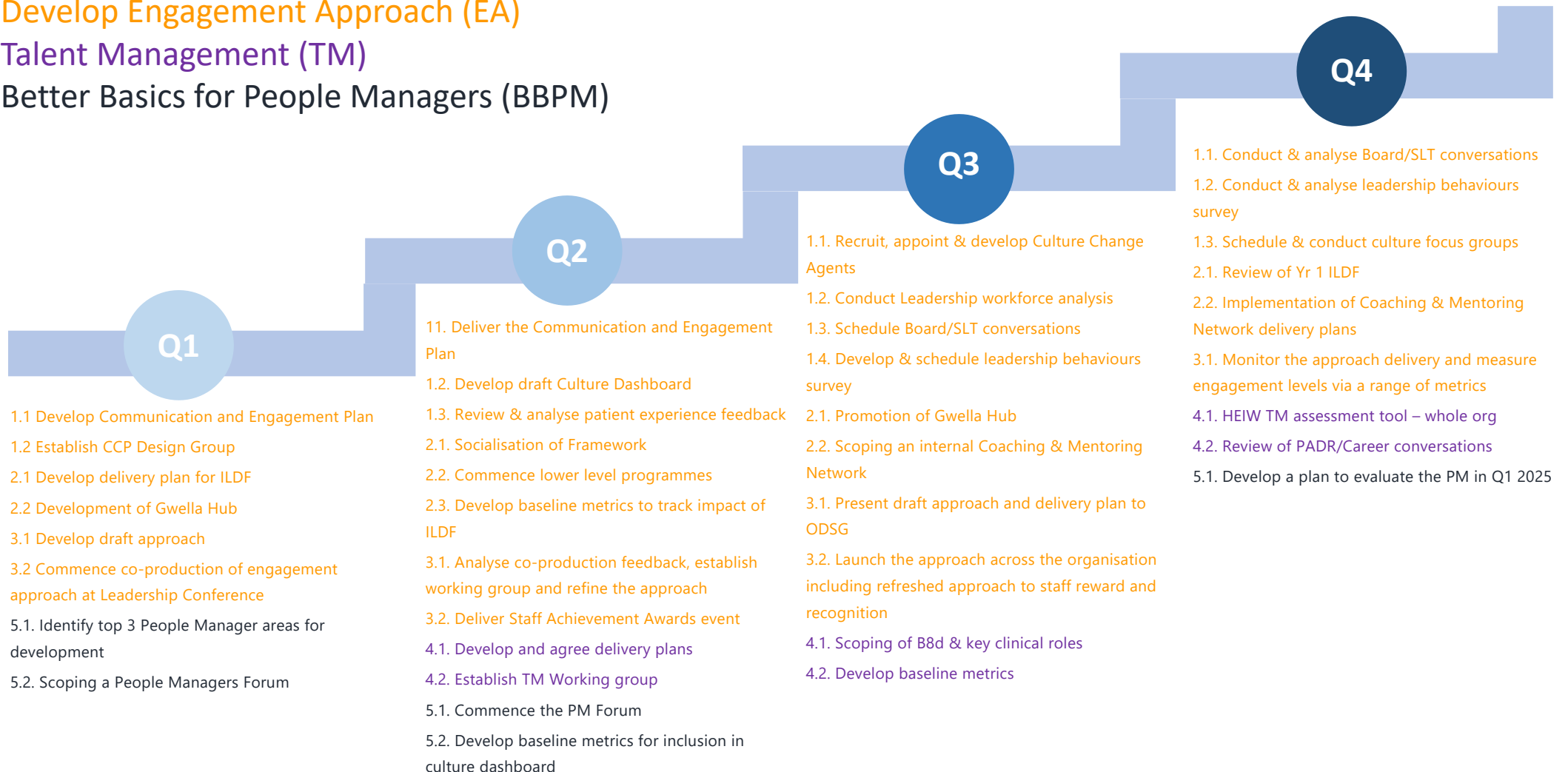
At the time of writing, £19,000 of sponsorship from partners and suppliers has been secured to fund the majority of the cost of the event, with ticket sales of over £3,000. More sponsorship and ticket sales monies are expected to be received in the coming days.

# 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. Develop Engagement Approach (EA)
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. Develop Engagement Approach (EA)
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
- Develop Engagement Approach

#### 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

# Development of our Values and Behaviours Framework Storyboard

June 2024 to date



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# Refreshing our Values and Behaviours

September 2023 Board approved the paper titled **Organisational Development: Culture, Leadership and Engagement.**

Clear leadership and commitment required of the Board to galvanise key organisational development work to strengthen our culture, leadership and engagement.

Significant shift in approach – Board level leadership, sponsorship and support

The need to co-design, co-create and collaborate with staff, patients and external partners and to follow robust evidence-based models to improve culture, leadership and engagement for long term sustainability where staff can have a great experience every day, patients can expect great care and our partners can expect great collaboration.

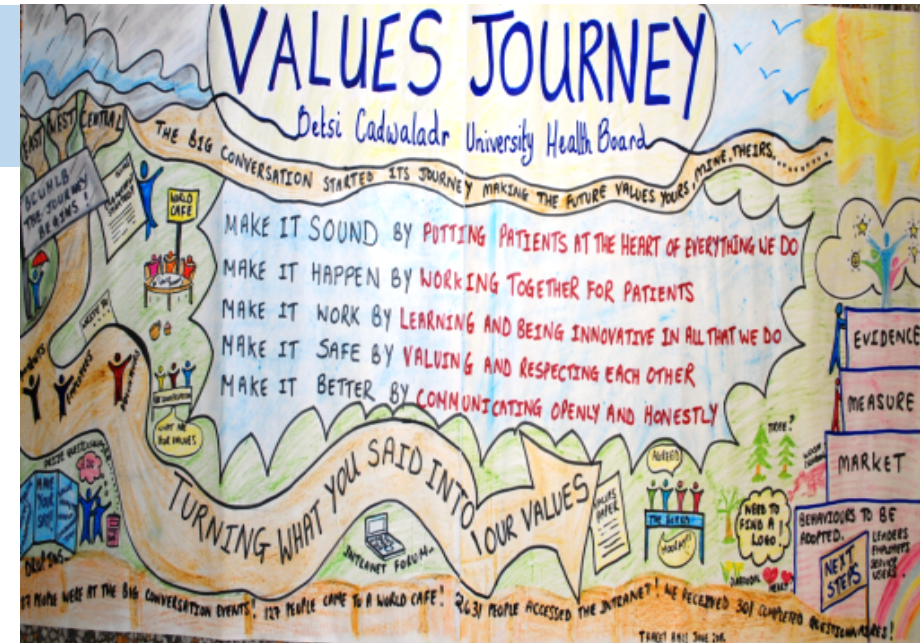
First step along the journey was to examine the current pervasive culture and revisit the values of the organisation to develop a behaviours framework aligned to proposed organisational values.

Our values are the guiding principles that together define who we are, what we do and what's most important to us. Our behaviours put our values into practice, turning them into everyday actions. They make clear how we do things as individuals, teams and the organisation and set the expectations for how staff conduct themselves and interact with colleagues, patients and partners.



# What are our current values?

Our current values were co-produced with staff through various engagement methods in 2011. The journey diagram opposite shows the values that were created at the time.



In 2013 there was a small refresh of the values to make them slightly more succinct.

<b>Ein Pwrpas</b> <ul style="list-style-type: none"><li>★ Gwella iechyd a chynig gofal ardderchog</li></ul>	<b>Our Purpose</b> <ul style="list-style-type: none"><li>★ To improve health and deliver excellent care</li></ul>
<b>Ein Gwerthoedd</b> <ul style="list-style-type: none"><li>★ Rhoi cleifion yn gyntaf</li><li>★ Gweithio gyda'n gilydd</li><li>★ Gwerthfawrogi a pharchu ein gilydd</li><li>★ Dysgu ac arloesi</li><li>★ Cyfathrebu'n agored ac yn onest</li></ul>	<b>Our Values</b> <ul style="list-style-type: none"><li>★ Put patients first</li><li>★ Work together</li><li>★ Value and respect each other</li><li>★ Learn and innovate</li><li>★ Communicate openly and honestly</li></ul>
<b>#BIPBCBalch</b>	<b>#BCUHB Proud</b>

 Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

# What is our current Behaviours Framework?

The Proud to Lead behavioural framework was developed in 2016 and co-produced following engagement events as part of the development of an Engagement Strategy in response to Special Measures



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### Rhinweddau a Gwerthoedd Personol

**Byddaf:**

- Bob amser yn ymddwyn yn unol â gwerthoedd y sefydliad a'u hyrwyddo
- Bob amser yn herio ymddygiad gwael ac yn rheoli perfformiad gwael yn weithredol
- Yn broffesiynol ac yn cynnal optimistaeth mewn sefyllfaoedd o straeon

**Ni fyddaf yn:**

- Ymddwyn mewn ffordd sy'n cyfaddawdu gwerthoedd y sefydliad
- Anwybyddu ymddygiad gwael nac yn derbyn perfformiad gwael
- Colli fy mhroffesiynoldeb mewn sefyllfaoedd o straeon

**Rhinweddau a Gwerthoedd Personol**

### Arwain Unigolion a'u Datblygu

**Byddaf:**

- Bob amser yn ymddwyn er budd y claf / defnyddwyr gwasanaeth
- Yn cyflawni addewidion yn gyson
- Bob amser yn dangos agwedd gadarnhaol
- Yn dynodi ymdrech a'i ganmol, nid llwyddiannau yn unig
- Bob amser yn annog unigolion i edrych am ffyrdd o wella'r gwasanaeth

**Ni fyddaf yn:**

- Ymddwyn mewn ffordd sy'n rhoi ychydig o ystyriaeth neu ddim o gwbl i anghenion cleifion a defnyddwyr gwasanaeth
- Gaddo gormod a than ddarparu
- Aros yn y cefndir a dangos diffyg perchnogaeth

**Arwain Unigolion a'u Datblygu**



Bwrdd Iechyd Prifysgol  
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University Health Board

### Personal Qualities & Values

**I will:**

- Always act in accordance with and champion the organisation's values
- Always challenge bad behaviour and actively manage poor performance
- Be professional and maintain optimism in stressful situations

**I will not:**

- Act in a way which compromises the organisation's values
- Ignore bad behaviour or accept poor performance
- Lose my professionalism when in stressful situations

**Personal Qualities & Values**

### Leading & Developing Individuals

**I will:**

- Always act in the best interest of the patient / service user
- Consistently deliver on promises
- Always demonstrate a can do attitude
- Recognise and praise effort, not just achievements
- Always encourage individuals to look for ways to improve the service

**I will not:**

- Act in a way which gives little or no consideration to the needs of patients and service users
- Over promise and under deliver
- Be in the background and demonstrate lack of ownership

**Leading & Developing Individuals**

## Balch o Arwain

### Arwain y Sefydliad a'i Ddatblygu

**Byddaf:**

- Yn rhannu straeon o lwyddiant sy'n creu balchder mewn llwyddiannau
- Yn hyrwyddo meddylfryd o uchelgais ar gyfer unigolion, y tim a'r sefydliad
- Yn arwain drwy esiampl, bod yn dosturiol ac anelu am ragoriaeth
- Bob amser yn cymryd camau rhagweithiol i ddatblygu aelodau'r tim

**Ni fyddaf yn:**

- Gosod amcanion a thargedau aneglur
- Goddef cyffredindec ac yn gwneud esgusodion am berfformiad gwael neu amrywiol
- Rhoi adborth anghytwys (gormod o ganmol neu ddim digon)
- Pwysleisio beth sydd yn anghywir yn hytrach na beth sy'n mynd yn dda
- Anwybyddu anghenion datblygu fy nhim

**Arwain y Sefydliad a'i Ddatblygu**

### Arwain y Ffordd Ymlaen

**Byddaf:**

- Yn edrych ar y cyfleoedd a'u pwysleisio pan mae anawsterau'n codi
- Bob amser yn gwrandao ar safbwyntiau eraill i ddatblygu datrysiad ar y cyd
- Yn cynnwys aelodau o'r tim wrth gynllunio newid gwasanaeth a'i ddarparu
- Yn ymgysylltu â staff, rhanddeiliaid mewnol ac allanol a'r cyhoedd

**Ni fyddaf yn:**

- Gwthio fy syniadau fy hun ymlaen ac yn anwybyddu safbwyntiau eraill
- Eithrio'r tim rhag cynllunio newid gwasanaeth
- Derbyn diwylliant o ddiffyg cyd-drefniant a negyddoldeb
- Methu ag ymgysylltu'n addas â staff, rhanddeiliaid mewnol ac allanol a'r cyhoedd

**Arwain y Ffordd Ymlaen**

## Proud to Lead

### Leading & Developing the Organisation

**I will:**

- Share stories of success that create pride in achievement
- Champion a mindset of high ambition for individuals, the team and organisation
- Lead by example, be compassionate and aspire to excellence
- Always take proactive steps to develop team members

**I will not:**

- Set unclear objectives and targets
- Tolerate mediocrity and make excuses for poor or variable performance
- Give unbalanced feedback (too much praise or too little)
- Emphasise what is going wrong rather than what is going well
- Ignore the development needs of my team

**Leading & Developing the Organisation**

### Leading the Way Forward

**I will:**

- Look at and emphasise the opportunities when difficulties arise
- Always listen to the view of others to develop joint solutions
- Involve team members in planning and delivering service change
- Engage with staff, internal and external stakeholders and the public

**I will not:**

- Push forward my own ideas and ignore the views of others
- Exclude the team from planning service change
- Accept a culture of non-cooperation and negativity
- Fail to engage appropriately with staff internal and external stakeholders and the public

**Leading the Way Forward**

#BIPBCBalch

#BCUHBProud

# The NHS Culture and Leadership Programme

To help NHS organisations develop cultures that enable and sustain continuously improving, safe, high quality, compassionate and inclusive care, Professor Michael West along with NHS England and NHS Improvement developed practical resources with The King's Fund and the Centre for Creative Leadership.

The NHS Culture and Leadership programme is based on the elements and behaviours identified as necessary for high quality, equitable care cultures. They rest on the principle of 'compassionate, diverse and inclusive leadership', which empowers staff at all levels, as individuals and in teams, to take action to improve care.



**Vision and Values**



**Goals and Performance**



**Learning and Innovation**



**Support and Compassion**



**Equity and Inclusion**



**Team Work**



# Our refreshed Values and Behaviours Framework





The first draft of our refreshed values and behaviours framework was formulated following feedback from:-

- Thematic analysis from the Independent Reviews carried out as part of Special Measures provided information on culture and areas for development.
- Stronger Together engagement events carried out in Summer 2023 – feedback on current culture, values and behaviours were analysed and themed.
- People Managers Conference June 2024 – conversational spaces were held with participants asking specific questions on our values and behaviours.

The next slide shows the first draft of our refreshed values and behaviours framework



# Our refreshed first draft Values & Behaviours Framework

Organisational Values	Organisational Behaviours	Behaviours for All	Behaviours for People Managers	Behaviours we Don't Want
<p><b>Compassion</b></p> 	<ul style="list-style-type: none"> <li>▪ We are Kind</li> <li>▪ We Listen</li> <li>▪ We show Empathy</li> <li>▪ We take Care of each Other</li> </ul>	<ul style="list-style-type: none"> <li>• I am patient and considerate of others</li> <li>• I take time, even if busy to understand others point of view</li> <li>• I am attentive and think about what others need</li> <li>• I take care of my own wellbeing and support others to do so too</li> </ul>	<ul style="list-style-type: none"> <li>• I care for my team and colleagues' wellbeing, showing understanding and compassion</li> <li>• I listen with curiosity, proactively listen to suggestions and address areas of concerns</li> <li>• I am open to hear worries and concerns and working together to resolve them</li> <li>• I am attentive to my teams needs and motivations, I am civil, courteous and polite</li> </ul>	<ul style="list-style-type: none"> <li>• I ignore people's feelings, I am rude and dismissive of others</li> <li>• I don't give people a chance to explain, I talk over people and I'm disruptive</li> <li>• I ignore concerns that people raise</li> <li>• I ignore and walk by when people need support</li> </ul>
<p><b>Respect</b></p> 	<ul style="list-style-type: none"> <li>▪ We are Open and Honest</li> <li>▪ We recognise Achievement</li> <li>▪ We Value Difference</li> <li>▪ We have Integrity</li> </ul>	<ul style="list-style-type: none"> <li>• I am aware of my impact on others and act on feedback</li> <li>• I celebrate others' achievement</li> <li>• I appreciate that people have differing needs and take them into consideration</li> <li>• I am truthful and honest</li> </ul>	<ul style="list-style-type: none"> <li>• I communicate openly, respectfully and professionally</li> <li>• I celebrate achievements and say 'thank you'</li> <li>• I take into account and respect diverse views for better outcomes</li> <li>• I challenge inappropriate behaviours or language</li> </ul>	<ul style="list-style-type: none"> <li>• I speak negatively of others and hold grudges.</li> <li>• I am closed to feedback about myself</li> <li>• I ignore my colleagues/teams achievements or take the credit myself</li> <li>• I make people feel belittled or judged</li> </ul>
<p><b>Everyone counts</b></p> 	<ul style="list-style-type: none"> <li>▪ We put People First</li> <li>▪ We work Together</li> <li>▪ We are Inclusive</li> <li>▪ We are Professional</li> </ul>	<ul style="list-style-type: none"> <li>• I prioritise actions that will improve the service and promote safety</li> <li>• I am a team player, interacting, co-operating and offer help</li> <li>• I am approachable and welcoming to everyone whoever they are</li> <li>• I lead by example by modelling the values and behaviours of the organisation</li> </ul>	<ul style="list-style-type: none"> <li>• I am visible, approachable and available to my team, colleagues and service users</li> <li>• I share ideas and knowledge to develop best practice for the benefit of all</li> <li>• I consistently act in a positive and inclusive manner and value all staff as individuals</li> <li>• I lead by example, influencing and inspiring confidence by maintaining professional standards</li> </ul>	<ul style="list-style-type: none"> <li>• I ignore safety and poor standards of care</li> <li>• I am not supportive of my colleagues</li> <li>• I am only concerned about my own needs, ambitions and goals</li> <li>• I dismiss differing views or opinions without discussion, I isolate and avoid people</li> </ul>
<p><b>Innovation &amp; Positivity</b></p> 	<ul style="list-style-type: none"> <li>▪ We constantly Improve</li> <li>▪ We Strive to be the Best</li> <li>▪ We Empower</li> <li>▪ We are Open to Change</li> </ul>	<ul style="list-style-type: none"> <li>• I frequently ask for and act on feedback to improve what I do from day to day</li> <li>• I suggest improvements to the way we do things. I am positive and have a can-do attitude</li> <li>• I ensure everyone's voice is heard and is considered in decision making</li> <li>• I challenge the status quo in a constructive way</li> </ul>	<ul style="list-style-type: none"> <li>• I define and lead change and continuous improvement</li> <li>• I develop myself as a manger and leader to the best I can be</li> <li>• I develop others so that they can bring their best self to work</li> <li>• I share skills and knowledge in order to encourage others to innovate and improve</li> </ul>	<ul style="list-style-type: none"> <li>• I resist change or improvements</li> <li>• I focus on problems rather than solutions</li> <li>• I sabotage change</li> <li>• I make changes to suit my own agenda not for the greater good of the service user or organisation</li> </ul>

# Engagement to date on the first draft



# Feedback on the first draft of our refreshed Values and Behaviours Framework

## Positives:

- Clear and concise
- Understandable and meaningful
- 1 page layout work well
- Person centred ethos encapsulates patients and staff
- Behaviours we don't want to see are impactful
- High levels of engagement with the Framework in general but important to note some staff feel nothing will change as bad behaviours have become acceptable

## Suggestions:

- Must be followed by all staff with Execs and Senior managers leading by example
- Too wordy
- Innovation & Positivity are 2 separate values
- Accountability needs to feature much more strongly
- Ensure negative behaviours do not marginalise sectors of workforce
- Needs to be more eye catching and more memorable
- Acronym could be CARE – Compassion / Accountability / Respect / Everyone Counts /
- To be included - Learning & development
- To be included - Making positive changes following lessons learnt
- To be included - Communication



# Feedback on the first draft of our refreshed Values and Behaviours Framework

## Suggestions continued:

- The finer details of suggestion of changing specific wording in the framework such as 'Unacceptable behaviours' to replace 'Behaviours we don't want to see'. We have also had feedback on certain behaviours that may be particular to staff with neurodiversity challenges therefore the 2<sup>nd</sup> draft will be tested with our neurodiversity champions
- There has also been numerous comments around the current organisational infrastructure and the ability to positively uphold these values and behaviours
- Extensive feedback around the support that will be required to support staff to have the confidence to challenge and hold to account when unacceptable behaviours are being displayed
- Further stages of embedding the values needs to consider all stages of an employee's journey, from value based recruitment to leaving well.



## Next steps to further develop the first draft and take into account the feedback provided

Board development session to consult on the first draft 18<sup>th</sup> September 2024.

First draft of the Framework to be discussed at Board for approval in principle 26<sup>th</sup> September 2024.

Second draft of the Framework developed following Board approval in principle.

Consultation and engagement on the second draft Framework to continue until 31<sup>st</sup> October 2024.

Final version to be submitted for Board approval 28<sup>th</sup> November 2024.

Our Values & Behaviours Framework launched in **December** with an accompanying plan of how we will embed into our day-to-day practices, policies and way of being with each other, our patients and our partners.

# Initial socialisation ideas

If we impose values on our staff, they won't stick. We have involved our staff in developing our organisational values and behaviours framework, now we need to involve as many staff as possible in the roll out, communication and ongoing activities, to truly embed them.

## Launch events

- Roadshows
- Storytelling
- Image boards

## Visible reinforcements

- Visually engaging representation of values; icons; photos; images
- Physically visible around the org.

## Templates

- Agendas
- Reports
- Minutes
- Corporate templates
- Board level templates

## Board & Senior Leadership

- Visible modelling
- Videos
- Storytelling

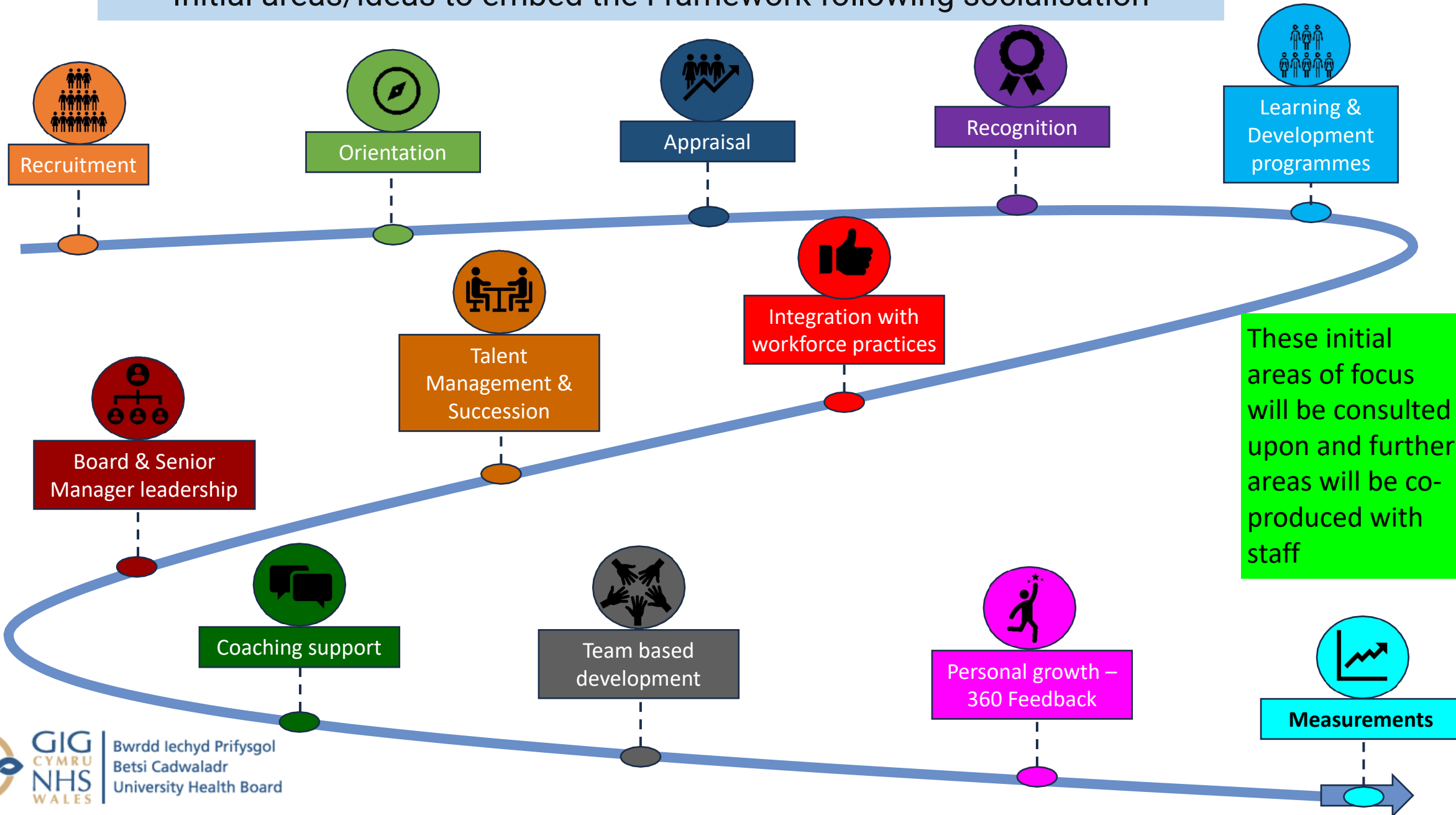
## Staff Recognition

- Visible modelling
- Videos
- Storytelling

## Communication, communication, communication

- Externally facing communication
- Intranet/Internet
- Constant reinforcement

# Initial areas/ideas to embed the Framework following socialisation





<b>Teitl adroddiad:</b> <i>Report title:</i>	Audit Wales Workforce Planning Review - Update			
<b>Adrodd i:</b> <i>Report to:</i>	People & Culture Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 10 October 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The purpose of this report is to provide an update of progress against the actions outlined in the management response to the review carried out in December 23 and reported on in quarter 1 of 2024.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to NOTE the current update provided and progress against the actions to date. Also to feedback any observations regarding the update shared at this time.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Mr Jason Brannan, Deputy Director of People			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Mr Nick Graham, Associate Director of Workforce Optimisation			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	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 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>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>				
<b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	Objective 1: Building an effective organisation			
<b>Link to Strategic Objective(s):</b>				
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	Not applicable			

<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></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><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary 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><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>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><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There is no additional costs associated with this paper at this time.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>There are no direct implications associated with this paper at this time.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (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><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p><b>Next Steps: N/A</b></p>	
<p><b>List of Appendices:</b></p> <p>2024_10_10 Audit Wales Workforce Planning Review Update - Final</p>	

10<sup>th</sup> October 2024

# Audit Wales Workforce Planning Review Update

Deputy Director of People – Jason Brannan



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Workforce Planning Action Plan Update – Oct 24

Ref	Recommendation	Organisational response	Completion date	Responsible Officer	Update as of end of Quarter 2 (Sept 24)
R1	<p>Delivery of the People Strategy</p> <p>The Health Board should strengthen and further develop their current implementation plan for delivery of the People Strategy that:</p> <p>a) Sets out clear goals and targets and prioritised activities, with clear delivery timelines and accountabilities. (High priority)</p> <p>b) Incorporates actions to deliver the 30 recommendations made in the Assessment of key areas of workforce agenda. (High priority)</p>	<p>a) The Health board has set out its clear goals, targets and prioritised activities as part of its special measures programme in 23/24 and has built them into the annual plan for 24/25. Clear delivery timelines and accountabilities will be set out as part of the delivery of the annual plan.</p> <p>b) The identified recommendations will be reviewed in light of the work already carried out under Special Measures and will developed into actions as part of the ongoing work with the Annual Plan and as part of the delivery work overseen by the Organisation Development Steering Group chaired by the CEO and reporting into the newly established People &amp; Culture Committee</p>	<p>End of July 24</p> <p>End of September 2024</p>	<p>Deputy Director of People</p> <p>Deputy Director of People</p>	<p>Timelines have been set and full accountability is in place through the internal monitoring via Workforce Directors meetings on a monthly basis and the external monitoring through the annual plan updates provided and the quarterly directorate performance reviews carried out with the executive team. <b>This action is completed.</b></p> <p>The 30 recommendations made have been fully reviewed and are have and are built into the relevant plans and actions to ensure the workforce agenda is being fully delivered to best support the organisation now and going forward. <b>This action is completed and will be monitored on an ongoing basis as part of the organisational performance framework.</b></p>



# Workforce Planning Action Plan Update – Oct 24

Ref	Recommendation	Organisational response	Completion date	Responsible officer	Update as of end of Quarter 2 (Sept 24)
R2	<p>Service level workforce planning</p> <p>In order to better understand its current and future workforce requirements the Health Board should:</p> <p>a) Undertake analysis to understand its current workforce requirement and future service models to determine the workforce needed to create sustainable and efficient acute and community services. This will require:</p> <ul style="list-style-type: none"> <li>– forecasting of service demand;</li> <li>– service modelling; and</li> <li>– analysis of capacity requirements, by specialism and profession. (High priority)</li> </ul> <p>a) Ensure there is sufficient capacity and capability within the Health Board to support effective workforce planning; this should include identifying where scope exists to re-deploy existing staff resources and ensure there are clearer remits within existing job specifications. (High priority)</p>	<p>a) There is a baseline position now in place as a result of the work done on the workforce dashboards and development of local plans as part of the annual plan development, further analysis will be carried out through 2024 to ascertain demand and capacity requirements across services by specialism and profession.</p> <p>b) This work will be picked up as part of the ongoing embedding of the new people services structure with dedicated resource identified to support specialised workforce planning and further development via a specified training programme of the People Service Business Partners and identified planning leads across the organisation. Job Descriptions across these key roles will be made clearer in the relevant job specifications associated with the identified roles.</p>	<p>End of December 2024</p> <p>End of December 2024</p>	<p>Associate Director of Workforce Optimisation</p> <p>Associate Director of Workforce Optimisation</p>	<p>This work is ongoing, to date a workforce intelligence pack has been produced to support the newly revised planning framework. This allows services to assess their current and future position and test their workforce planning assumptions when submitting their plans as part of the IMTP process. In the next quarter the identified 'challenged' services will be supported to develop an agreed workforce plan.</p> <p>A dedicated workforce planning lead has now been appointed to and commenced in post on the 1<sup>st</sup> October. Alongside this role dedicated analytical resource has been put in place to support the development of key workforce plans. The new workforce planning lead will be working over the next quarter to implement the training plan with support from HEIW for people service business partners and identified planning leads across the organisation.</p>



# Workforce Planning Action Plan Update – Oct 24

Ref	Recommendation	Organisational response	Completion date	Responsible officer	Update as of end of Quarter 2 (Sept 24)
R3	<p>Support and training</p> <p>The Health Board should develop an evaluation framework to measure the success of the workforce planning training programme it intends to roll out. The evaluation of the training programme should incorporate an early assessment of whether the training is achieving it's intended aims. (Medium priority)</p>	<p>This action will be built in to the training programme outlined in R2b.</p>	<p>End of December 2024</p>	<p>Associate Director of Workforce Optimisation</p>	<p>This work will be delivered as part of the training programme when rolled out, initial discussions with HEIW on how best to achieve this have already taken place.</p>
R4	<p>Exit and pulse surveys</p> <p>To better understand issues affecting staff turnover the Health Board should:</p> <p>a) Develop an approach to increase exit survey response rates and ensure feedback from the surveys informs retention activities. (Medium priority)</p> <p>b) Conduct regular pulse surveys/stay interviews to gauge how staff are feeling and identify any improvements it can make to support retention and manage staff turnover. (Medium priority)</p>	<p>a) This work will be incorporated into the wider retention work plan being developed by the organisation and will be rolled out across 2024/2025.</p> <p>b) This work will be incorporated into the wider retention work plan being developed by the organisation and will be rolled out across 2024/2025.</p>	<p>End of December 2024</p> <p>End of March 2025</p>	<p>Deputy Director of People</p> <p>Deputy Director of People</p>	<p>This work is ongoing and is part of the remit of the dedicated retention lead now in place within the organisation. New elements of how to engage staff have been developed with 'stay' interviews now in place and moving the engagement point with leavers forward to ensure there is ample time for them to respond to the exit survey before they leave the organisation.</p> <p>The stay interviews have been developed and piloted with staff. They will now be rolled out over the next half of the year. Pulse surveys and in plan and again will be in place over the next half of the year.</p>



# Workforce Planning Action Plan Update – Oct 24

Ref	Recommendation	Organisational response	Completion date	Responsible officer	Update as of end of Quarter 2 (Sept 24)
R5	<p>Monitoring and oversight</p> <p>The Health Board should strengthen its approach to monitoring delivery of the People Strategy and associated implementation plans and workforce programmes. The monitoring approach should have a focus on whether the Strategy is achieving its desired aims and outcome, include engagement with the new People Committee and incorporate implementation of the recommendations from the external 'assessment of key areas of workforce agenda review.' (Medium priority)</p>	<p>The monitoring of the delivery of the Health Boards workforce priorities will be overseen through the revised governance structures now in place. These will outlined as part of this management response and the new People Report being developed for the People and Culture Committee will incorporate this monitoring.</p>	<p>End of September 2024</p>	<p>Deputy Director of People</p>	<p>The People and Culture committee is now in place and the People Operations report is received on a regular basis by the committee. The report is currently covers key metrics to assess the current position of the workforce across the organisation. It is still evolving in terms of capturing the impact of interventions and will move to further inform our approach to workforce risk management and future workforce planning as we move forward.</p> <p><b>The initial action is completed. It is recommended that this area is still monitored to ensure future developments are incorporated.</b></p>





<b>Teitl adroddiad:</b>	Awyr Las – BCUHB Staff Wellbeing Grant Scheme
<b>Report title:</b>	
<b>Adrodd i:</b>	People and Culture Committee
<b>Report to:</b>	
<b>Dyddiad y Cyfarfod:</b>	Thursday, 10 October 2024
<b>Date of Meeting:</b>	
<b>Crynodeb Gweithredol:</b> <b>Executive Summary:</b>	<p>This is a one-off item outlining the plans for the Awyr Las – BCUHB Staff Wellbeing Grant Scheme for information for the People and Culture Committee.</p> <p>The People and Culture Committee is asked to <b>note</b> that the Charitable Funds Committee (CFC) approved this grant scheme at its 23/09/24 Grant Decision Panel meeting. The scheme is due to be launched on 01/10/24 and all applicants will be notified of the outcome on 18/12/24.</p> <p>Following the submission of a wellbeing grant funding application to NHS Charities Together in 2022, Awyr Las has been awarded £243,000 to launch a Staff Wellbeing Grant Scheme. This paper outlines the plan for the launch of the grant scheme, which was recommended for approval by the Organisational Development Steering Group on 02/09/24 and then by the Executive Team on 11/09/24 before being approved by the CFC.</p> <p>The scheme aims to support small, significant and transformational programmes which focus on culture, environment and / or wellbeing. Importantly the scheme has a 4-stage scrutiny and prioritisation process:</p> <ul style="list-style-type: none"><li>▪ Applications will need to have all necessary approvals in place, in accordance with the Charity Procedures</li><li>▪ Staff members with an interest in staff wellbeing and development have volunteered to be members of the scoring panel (Stage 1)</li><li>▪ IHC and pan-BCUHB SLTs will scrutinise and prioritise applications (Stage 2)</li><li>▪ Staff members with an interest in staff wellbeing and development have volunteered to be members of the prioritisation panel (Stage 3)</li><li>▪ The Charitable Funds Committee will take a final decision on the recommendations (Stage 4)</li></ul>
<b>Argymhellion:</b> <b>Recommendations:</b>	<i>The People and Culture Committee is asked to <b>note</b> this paper.</i>
<b>Arweinydd Gweithredol:</b>	Jason Brannan, Deputy Director of People

<b>Executive Lead:</b>				
<b>Awdur yr Adroddiad:</b>	Kirsty Thomson, Charitable Support Team			
<b>Report Author:</b>				
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	Arwyddocaol <i>Significant</i> <input checked="" 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 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>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p> <p><i>This paper provides an outline of the processes that will be implemented to ensure robust scrutiny and equitable consideration of all Staff Wellbeing Grant Applications</i></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>	Objective 3: Compassionate culture, leadership & engagement, BCUHB 3 Year Plan: <a href="https://bcuhb.nhs.wales/use-of-site/publication-scheme/class-three-what-our-priorities-are-and-how-we-are-doing/three-year-plan-may-2024/">bcuhb.nhs.wales/use-of-site/publication-scheme/class-three-what-our-priorities-are-and-how-we-are-doing/three-year-plan-may-2024/</a>			
<b>Goblygiadau rheoleiddio a lleol:</b>  <b>Regulatory and legal implications:</b>	All funding applications will be managed in line with Charity Commission regulation.			
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b>	Do/Naddo N  Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn berthnasol  <i>Applications will need to have EqIA in place, in accordance with BCUHB guidance.</i>			
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>	Do/Naddo N  Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn berthnasol  <i>Applications will need to have SEIA in place, in accordance with BCUHB guidance.</i>			

<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>All applicants must include risks associated with the funding requests and provide mitigations for those risks.</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>All funding required for the scheme confirmed by the scheme funders, NHSCT</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>To be considered for individual applications. Charitable Support Team will prioritise this scheme over other activity to ensure it is well executed and that it provides a best practice model for subsequent grant schemes.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Reviewed by the Organisational Development Steering Group and supported unanimously by members, reviewed by the Executive Team and approved by the Charitable Funds Committee Grant Decision Panel</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>N/A</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b> <b>Launch of the Staff Wellbeing Grant Scheme 01/10/24</b></p>	
<p><b>Rhestr o Atodiadau:</b> <b>List of Appendices:</b></p> <p>Appendix 1: Charitable Funding Information  Appendix 2: Budget Plan  Appendix 3: 1<sup>st</sup> round of grants shortlisting scoring criteria  Appendix 4: 1<sup>st</sup> round of grants shortlisting scoring matrix  Appendix 5: 2<sup>nd</sup> round of grants shortlisting prioritisation method  Appendix 6: Final scoring prioritisation method  Appendix 7: Specific application for any Staff Wellbeing Grant Scheme requests that relate to Staff salaries, Research and development expenditure, Overseas training requests including conference and seminars requiring attendance of participants outside of the UK and Higher award and academic studies</p>	

## Appendix 1: Charitable Funding Information

Application number	CA24/08
Application name	NHSCT Stage 3 Funded Staff Wellbeing grant scheme
Broad description:	Investment in NHS staff and volunteers
What do you want to fund?	'Betsi Cadwaladr University Health Board (BCUHB) Staff Wellbeing Grant Scheme', initially designed by Staff Wellbeing Leads in 2022.
What is the anticipated approximate total cost of this (including VAT)?	£243,000  (See budget breakdown below)
What Charitable Fund / Charitable Partner are you applying to (please list the name of the Fund or Charitable Partner or insert 'unknown' if you do not know	100% NHS Charities Together confirmed funding. Initial application approved 01/2023 (CA22-40). Amendment in decision process; revised application. £67,797 received to date from NHSCT.
Please briefly describe what this is	<p>The 'Betsi Cadwaladr University Health Board (BCUHB) Staff Wellbeing Grant Scheme' will assist with the long-term health and post pandemic recovery of BCUHB staff and volunteers by funding a transformational programme of special projects that make a positive contribution to staff wellbeing. The projects will include, but are not limited to:</p> <ul style="list-style-type: none"> <li>▪ Additional therapy and practical support</li> <li>▪ Motivational team building activities</li> <li>▪ Extra equipment and facilities</li> <li>▪ Wellbeing spaces within healthcare settings</li> <li>▪ Initiatives that promote the outdoors</li> <li>▪ Activities that build resilience</li> <li>▪ Initiatives that develop coping and adjustment skills</li> <li>▪ Peer support networks</li> </ul> <p>The majority of the funding will support short-term programmes that have the potential to deliver long-term impact.</p> <p>In accordance with the initial application for funding, 10% of the Staff Wellbeing Grant funding (£20,400) will be directed towards developing a research programme into staff wellbeing at BCUHB. This research project will be managed by the BCUHB Head of Research and Development and representatives from the Staff Wellbeing Service Operational Group (SOG). This research programme will help inform BCUHB's Staff Wellbeing strategy, planning and implementation in the future, ensuring this funding can be truly transformational and that it provides a lasting legacy.</p> <p><b>Grant Scheme Timeline:</b></p> <ul style="list-style-type: none"> <li>▪ <b>SUBMISSION</b> 01/10/24 – 23/10/24: Applications open</li> <li>▪ <b>REVIEW</b> 23/10/24 – 25/10/24: Review by Charitable Support Team and confirm all necessary initial approvals in place</li> <li>▪ <b>1<sup>ST</sup> ROUND SCORING</b> 28/10/24 – 01/11/24: Scoring (individually then collectively) by voluntary scoring panel</li> </ul>

	<ul style="list-style-type: none"> <li>▪ <b>2<sup>ND</sup> ROUND SCORING</b> 04/11/24 – 22/11/24: IHC / Service specific (Cancer, MH&amp;LD &amp; other pan-BCU services) SLT prioritisation</li> <li>▪ <b>FINAL SCORING</b> 28/11/24: Final allocation approval by the Staff Wellbeing Grants Scheme Panel</li> <li>▪ <b>FINAL AUTHORISATIONS IN PLACE BY</b> 28/11/24: Capital Investment Group and / or other authorisations, as required</li> <li>▪ <b>RECOMMENDATION FOR APPROVAL</b> 04 OR 11/12/24 or 04/12/24: Executive Team</li> <li>▪ <b>FINAL APPROVAL</b> 16/12/24 Charitable Funds Grants Committee decision</li> <li>▪ <b>NOTIFICATION OF DECISION</b> 18/12/24 All applicants notified of decisions</li> </ul> <p><b>Grant Scheme responsibilities:</b></p> <p>Scoring Panel:</p> <ol style="list-style-type: none"> <li>1. Paula Clayton / Neil Williams (Charitable Support Team)</li> <li>2. Kirsty Thomson / Amy Harding (Charitable Support Team)</li> <li>3. Billy Nichols, RCN Union Steward</li> <li>4. Nia Harris, Organisational Development Manager</li> <li>5. Gavin Jones, Lead Health and Wellbeing Intervention Co-ordinator</li> </ol> <p>Staff Wellbeing Grants Scheme Final Panel:</p> <ol style="list-style-type: none"> <li>1. Andrea Hughes, Finance Director / Neil Williams, Senior Finance Manager</li> <li>2. Ceri Harris, Head of Equality and Human Rights</li> <li>3. Susan Brierley-Hobson, Assistant Director of Allied Health Professionals and Health Science</li> </ol>
Which patient groups will benefit from this?	This funding will specifically support staff and volunteers, but all requests for funding must demonstrate output and outcomes that will benefit patients
Please explain why this is needed	<p>The need to provide additional wellbeing support for BCUHB teams across North Wales:</p> <ol style="list-style-type: none"> <li>1. Evidence shows well-motivated staff improve service user experience (<a href="#">Fit for purpose? - The Health Foundation and NHS Health and Well-being Final Report (listeningintoaction.co.uk)</a>).</li> <li>2. A need to invest in maintaining staff wellbeing: Kings College London research, January 2021 (<a href="#">Almost half of ICU staff have mental health issues, new study suggests   Evening Standard</a>), and NHS Charities Together research, April 2021 (<a href="#">NHS Charities Together campaign urges 'be there for them' during the Covid crisis and beyond - NHS Charities Together</a>)</li> <li>3. Additional national research: (<a href="#">Study Findings – NHS CHECK</a>); <a href="#">Caring for Staff - The NHS Wales Staff Psychological Health and Wellbeing Resource.pdf</a>; <a href="#">Mental Wellbeing Report   Health Education England (hee.nhs.uk)</a>; <a href="#">Thriving at Work: the Stevenson/Farmer review on mental health and employers (publishing.service.gov.uk)</a>;</li> <li>4. Information from the staff survey and Occupational Health systems has informed need, as has 'Stronger Together', the BCUHB's workforce review, which saw over 10% of the</li> </ol>

	<p>17,000 strong staff population taking part in focus groups and feedback sessions.</p> <p>5. Evidence collated by Awyr Las highlighted the growing need for a grants scheme of this kind. In 2019 the charity received 74 diverse 'Staff Experience' grant applications grants and has funded a range of staff-wellbeing initiatives including the Staff Wellbeing Support Service, Team building activities and green areas in healthcare settings.</p> <p>6. An NHS Wales priority area: <a href="https://socialcare.wales">A healthier Wales (socialcare.wales)</a></p> <p>7. The 'Influence of the Covid-19 Pandemic on Mental Wellbeing and psychological distress: Impact on a single country' research paper, published October 2022 indicates a high level of mental distress in North Wales' population.</p>
<p>Where will this be located / which hospital or community service will benefit from this?</p>	<p>Pan – North Wales</p>
<p>What will the anticipated outcomes and outputs of this funding and how will you measure and monitor these?</p>	<p>The outputs and indicators of the individual grants, and the outcomes of the Grant Scheme, will be regularly monitored, with formal reporting on a quarterly basis, from the outset to gain regular feedback of impact.</p> <p>The key metrics and methods to evaluate the service include:</p> <ul style="list-style-type: none"> <li>▪ Feedback questionnaires from those successfully awarded grants and the grant beneficiaries together with any specific feedback used by the grant applicant. This will include gathering equality information</li> <li>▪ Use of a wellbeing questionnaire, such as the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) and the GAD-7/PHQ-9 to assess changes in the emotional health of an individual who has accessed a grant funded staff wellbeing intervention</li> <li>▪ Qualitative feedback from grant applicants and beneficiaries</li> <li>▪ Where appropriate, monitoring of staff sickness levels: in particular focusing on sickness anxiety, stress/distress and musculoskeletal sickness of those benefitting from a grant to see whether any changes can be observed over a 12-month period</li> <li>▪ Increased staff engagement by those benefitting from a grant, measured by uptake in specific activities including, but not exclusively, the NHS Big Tea and Charity Champion training</li> </ul> <p>The anticipated outcomes of the Staff Wellbeing Grants scheme, which will be measured in a universal way for all of the grants, are derived from what Staff Wellbeing Support Service team members believe target staff groups need:</p> <ol style="list-style-type: none"> <li><b>1. Feel happier, more motivated, more energised</b></li> <li><b>2. Have a sense of shared purpose</b></li> <li><b>3. Take pride in their work and workplace</b></li> </ol> <p>Grant applicants will include specific outputs and indicators in their funding requests. Not all grants awarded will achieve all three of these outcomes, but all must aim to deliver at least one, and the transformational (+£25,000) should aim to achieve all three.</p>

Please list the risks and how this will address these risks	Risk: High load of applications. Mitigation: use online system and protected time for review of applications. Have plan in place for reviewing other charitable funding sources for unsuccessful applications.
Have you assessed the possible repercussions this will have on your service (for example, additional staff training / ongoing maintenance)?	<p>The Charitable Support Team needs to prioritise this over other activity to ensure its success and longevity. Recruit to advance medium and long-term income plans, for example by introducing a Staff Lottery programme, to ensure sustainability of the grant scheme.</p> <p>Non-funded applications will be submitted to Fund Advisors and Charitable Partners for alternative charitable funding, listed as fundraising priorities or rejected completely.</p> <p>Non-funded transformational applications will also be prioritised for submission to the NHSCT National NHS Staff Wellbeing Grant Scheme, open from 2025.</p>
Have you engaged with other NHS team members in the decision-making on this, and whether you have benchmarked against other NHS LHBs / Trusts?	Staff surveys identify the need to increase funding on staff wellbeing.
Is there an alignment with this and an existing clinical, workforce, digital or estates strategy for the Health Board?	BCUHB Annual Plan: Staff Wellbeing is a Workforce priority (page 75 <a href="https://bcuhb.nhs.wales/files/bcuhb-annual-plan-2023-compressed-1-pdf/">bcuhb.nhs.wales/files/bcuhb-annual-plan-2023-compressed-1-pdf/</a> )
Have you considered the need for environmental sustainability / the impact your request will have on the environment?	Scheme criteria includes the environment
What assessment has been done so far to ensure this is value for money / the right option)? Please explain:	All applications to this grant scheme will be reviewed to assess value for money / the right option
Has your proposal been considered AND approved by the relevant approvals group Medical Devices Group (MDG), Capital Improvement Group (CIG), or the Information Management and Technology (IM&T) Group?	N/A [all individual grant applications over £5,000 will need to go through this process, in line with Charity Procedures]

## Appendix 2: Budget Plan

Item: Grant Category	Description	Total
Grant Scheme funding: Research	Collaborative Staff Wellbeing and Support Research Programme (10% total), managed by the Research and Development Office in partnership with the Staff Wellbeing Service Operational Group	£24,300
Grant Scheme funding: Small but impactful grants	Grants of up to £4,999 for specific teams to provide activities or new equipment in the short term which have the potential to make a long-lasting impact (20% total)	£48,600
Grant Scheme funding: Significant change grants	Grants of between £5,000 and £25,000 which aim to significantly enhance staff wellbeing (40% total)	£97,200
Grant Scheme funding: Transformational change grants	Grants of over £25,000 which demonstrate how funding will meet the strategic aims of the Health Board's Staff Wellbeing Strategy to create transformational change for target NHS Teams (30% total)	£72,900
Total (£)		£243,000

## Appendix 3: 1<sup>st</sup> round of grants shortlisting scoring criteria

Criteria	Score criteria	Weighting
A	<p>Project Benefits</p> <p>Assessors will review the quality of the proposed project and look for:</p> <ul style="list-style-type: none"> <li>✓ Clearly articulated benefits and defined staff and volunteer beneficiaries</li> <li>✓ Well considered benefits to patients through the investment in supporting staff and volunteer wellbeing activity</li> <li>✓ The importance and relevance of the issue and the strength of the idea, which may include the number and range of beneficiary, the degree of benefit, the vulnerability of the staff (or their patient) group, any deprivation and/or inequality factors.</li> <li>✓ The range of outcomes or outputs, or other means of measurement</li> </ul>	20%
B	<p>Evidence of need / demand</p> <p>Assessors will look for evidence that the project has been devised on evidence of a clear and quantified need or demand.</p>	20%
C	<p>Measuring Success</p> <p>Assessors will look for an appropriate evaluation mechanism. How will success be measured? Evaluations should be relevant, realistic, appropriate and proportionate to the proposed project.</p>	10%
D	<p>Sustainable Benefits</p> <p>Assessors will look for:</p> <ul style="list-style-type: none"> <li>✓ Evidence of how the learning or benefits will be sustained among beneficiaries</li> <li>✓ Whether future funding consequences have been considered – is there an exit strategy, or a plan for funding the project after the grant has ended?</li> </ul>	10%

E	<p>Project Costs</p> <p>Assessors will take into account:</p> <ul style="list-style-type: none"> <li>✓ Costs of the project</li> <li>✓ What other funding has been sourced</li> <li>✓ Fundraising plans for funding the project beyond the lifetime of this grant (if applicable) and how realistic these plans are</li> </ul>	10%
F	<p>Funding Priorities</p> <p>Assessors will consider how much of a difference it will make in one of these three areas:</p> <ul style="list-style-type: none"> <li>▪ Wellbeing: exercise and health</li> <li>▪ Culture: training and education</li> <li>▪ Environment: green spaces and nature, facilities or equipment</li> </ul>	20%
G	<p>Feasibility</p> <p>Assessors will be looking for evidence that the applicant has thought about how the project would work in practice. Assessors will take into account how realistic the project aims are, how likely it is to succeed (based on the information that has been provided), and the mechanisms that will be put in place by the applicant to ensure the project can be delivered successfully.</p>	10%
Total		100%

#### Appendix 4: 1<sup>st</sup> round of grants shortlisting scoring matrix

Score	Meaning
1	<p>Unacceptable response:</p> <ul style="list-style-type: none"> <li>✓ None provided</li> <li>✓ Not meeting the criteria even to a minimum extent</li> </ul>
2	<p>Weak response:</p> <ul style="list-style-type: none"> <li>✓ Meeting certain aspects to a minimum extent but fails in others</li> <li>✓ Little evidence of ability to meet or deliver to the proposed criteria</li> </ul>
3	<p>Fair response:</p> <ul style="list-style-type: none"> <li>✓ Meeting the majority but not all aspects of the criteria</li> <li>✓ Adequate evidence of ability to meet or deliver to the proposed criteria</li> </ul>
4	<p>Good response:</p> <ul style="list-style-type: none"> <li>✓ Meeting all aspects of the criteria</li> <li>✓ Comprehensive, clear proposal demonstrating a good understanding of the criteria</li> <li>✓ Clear evidence of ability to meet or deliver to the proposed criteria</li> </ul>
5	<p>Response which exceeds criteria:</p> <ul style="list-style-type: none"> <li>✓ Materially exceeding the criteria, through a creative or innovative response or where additional 'added value' areas have been identified</li> <li>✓ Clear evidence of ability to exceed the proposed criteria</li> </ul>

## Appendix 5: 2<sup>nd</sup> round of grants shortlisting prioritisation method

When it comes to choosing who will get a grant, the projects that address the following assessment criteria should score highest:

- I. Addressing an IHC / Service priority
- II. The total number of staff that could benefit
- III. The sort of benefit staff will receive and how this will improve their experience
- IV. How innovative is the idea?
- V. How likely it is to make a difference to patients, improve quality, and enhance care - and the evidence provided to support this
- VI. Whether or not there are plans to continue the project after the initial grant, and if there is high chance of engagement to develop fundraising plans to support this
- VII. How robust the method of monitoring and evaluating the project is

## Appendix 6: Final scoring prioritisation method

Fair allocation according to:

- I. Target staff groups
- II. Geographical spread of support
- III. How likely it is to make a difference to patients, improve quality, and enhance care - and the evidence provided to support this
- IV. Availability of support from other sources, for example, alternative charitable funding

**Appendix 7: Specific application for any Staff Wellbeing Grant Scheme requests that relate to Staff salaries, Research and development expenditure, Overseas training requests including conference and seminars requiring attendance of participants outside of the UK and Higher award and academic studies**

Question	Under £5,000	Over £5,000	Scoring (5 Excellent – 1 Poor)
Date of application:	✓	✓	N/A
Name of applicant:	✓	✓	N/A
Job title of applicant:	✓	✓	N/A
BCUHB location (East / West / Central / YGC / YG / WM etc):	✓	✓	N/A
BCUHB Service: Cancer Services / Corporate Services etc	✓	✓	N/A
Type of expenditure: 1. Staff salaries 2. Research and development 3. Overseas conference and seminars 4. Higher award and academic studies (Select as appropriate)	✓	✓	N/A
Title of your funding request	✓	✓	N/A

How much funding do you require?	✓	✓	N/A
Fund / Grant Scheme you are applying to (name and number):	✓	✓	N/A
Current Fund Balance:	✓	✓	Availability of funds 5: Significant 1: Not available
When do you require this funding by (include date)?	✓	✓	N/A
Brief description of what you are requesting funding for:	✓	✓	Detail included in answer 5: Significant 1: Extremely limited
Explain the patient benefit from this funding, including how and how many patients / service-users will potentially benefit:	✓	✓	Patient benefit 5: Tangible 1: Unclear
Explain how you will share your learning with others so patients / service-users can benefit across BCUHB / North Wales:	✓	✓	Examples (for example: intranet story / holding workshop for colleagues etc) 5: Excellent 1: No plan
Have you sought core (NHS funding) for this (provide information if possible)?	✓	✓	N/A  All applicants must first request core funding and be able to evidence a rejection for core funding from their line manager
Have you agreed to provide a % of the funding for this yourself or secured match funding from other sources (for example core funds / an educational charitable trust)	✓	✓	Matched funding 5: 50% or more secured 1: Not considered
Provide a breakdown of all the costs associated with this funding request:	✓	✓	Details (considering additional costs, e.g staff cover for absence) 5: Extremely detailed 1: Lacks detail
What necessary study leave and staff cover arrangements are in place?	✓	✓	Details 5: There is a clear plan for cover / leave in place 1: Insufficient information to provide adequate assurance

How does this request fit with your service's strategic plans?	✓	✓	Evidence of how output & outcomes will help meet strategic aims: 5: Extremely detailed 1: Lacks detail
How does this funding fit with your personal development plans (e.g., was it included in your PADR)	✓	✓	Clarity on fit with personal development plan 5: Strong explanation provided 1: No detail
Is there a similar course / event / programme available for free / at a lower cost? If yes, why is this the preferred option?	✓	✓	Detail on other options 5: Detailed explanation 1: No information
Explain the competitive process you have been through to apply for this funding (i.e., have other staff had the opportunity to apply for this funding, or it is not relevant to other staff members):	✓	✓	Explanation of competitive process: 5: Opportunity for other staff to apply 1: No consideration of other staff members
Provide the plan for staffing any staff absence because of this programme:	✓	✓	Staffing plan 5: Well thought out with senior approval and budget planning 1: Unclear
How long have you worked at BCUHB?	✓	✓	Commitment to BCUHB 5: Five years or more 1: Less than 1 year in service
Do you reside in / close to North Wales?	✓	✓	Commitment to the region 5: Lives locally 1: Not a North Wales / Border area resident
Do you plan to stay working in BCUHB for the next 2 years or more?	✓	✓	Future plans 5: Commitment to stay at BCUHB 1: Unclear
You are benefitting from charitable funding. What do you plan to do to encourage more charitable support for your service?	✓	✓	Charitable income generation plan 5: Well considered and feasible 1: Unclear
How do you plan to monitor and report your learning and the subsequent	✓	✓	Monitoring and reporting plans 5: Well considered and feasible

benefits to patients / service-users?			1: Unclear
Fund Advisor approval: Include name, Job Title and date of approval	✓	✓	N/A
Charitable Support Team score	✓	✓	N/A
Service Director approval	✓	✓	N/A
Charity Assistant / Accountant approval	✓	✓	N/A
Chief Finance Officer approval	X	✓	N/A
HR approval (staff salary requests only)	X	✓	N/A
Head of Research and Development approval (Research and Development requests only)	✓	✓	N/A
Medical Education / Organisational Development Director approval (overseas training / conference / seminar and higher award or academic studies only)	X	✓	N/A
Executive Sponsor approval	X	✓	N/A

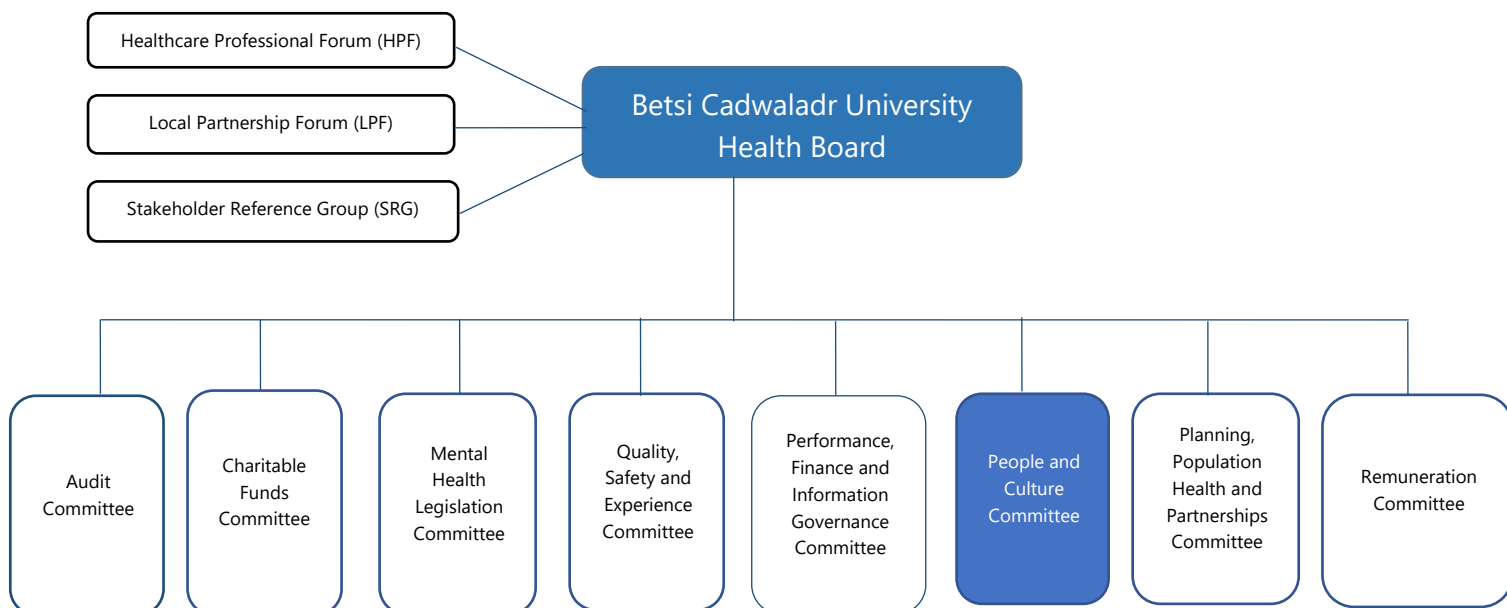


<b>Teitl adroddiad:</b> <i>Report title:</i>	Terms of Reference			
<b>Adrodd i:</b> <i>Report to:</i>	People & Culture Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 10 October 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The Remuneration Committee have transferred the area of professional registration, including the revalidation process to the People and Culture Committee. This was agreed at the Board Meeting on 25 July 2024. The attached Terms of Reference have been amended to reflect this change.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to <b>NOTE</b> the changes to the Terms of Reference.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Affairs			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Philippa Peake-Jones, Head of Corporate Affairs			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input checked="" 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 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>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>				
<b>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	Objective 1: Building an effective organisation			
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	Not applicable			
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>	No			

<b><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></b>	It does not apply at this stage as no formal actions have been agreed as a result of this this report.
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>	No  It does not apply at this stage as no formal actions have been agreed as a result of this this report.
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b>	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
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <b><i>Financial implications as a result of implementing the recommendations</i></b>	There is no additional costs associated with this paper at this time.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <b><i>Workforce implications as a result of implementing the recommendations</i></b>	There are no direct implications associated with this paper at this time.
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b><i>Feedback, response, and follow up summary following consultation</i></b>	Not applicable
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b><i>Links to BAF risks:</i></b> ( <i>or links to the Corporate Risk Register</i> )	Not applicable
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b><i>Reason for submission of report to confidential board (where relevant)</i></b>	Not applicable
<b>Next Steps:</b>  All Terms of Reference will be reviewed and approved as per the yearly Cycles of Business.	
<b>List of Appendices: People and Culture Committee Terms of Reference.</b>	

## PEOPLE AND CULTURE COMMITTEE

### TERMS OF REFERENCE



Version	Issued to	Date	Comments
V0.01 Draft	Audit Committee	16/11/23	Developed as a first draft for review by Audit Committee on 16/11/23
V0.02 Draft	ToR meeting with Committee Chair and Executive Lead	08/01/24	Developed as a draft for review with Committee Chair and Executive Lead. The ToR were also reviewed at the introductory meeting of the People Committee held on 12/01/24
V0.03 Draft	Health Board	18/01/24	Final Draft for consideration by the Health Board to be held on 25/01/24
V1.00 Approved		25/01/24	Approved by the Health Board
V1.01 Draft	People and Culture Committee	03/10/24	<ul style="list-style-type: none"> <li>To transfer 3.5 from Remuneration Committee to People and Culture Committee <i>'The Committee must monitor compliance with issues of professional registration, including the revalidation process for medical and dental</i></li> </ul>

			<i>staff and registered nurses, midwives and health visitors and all other registered professionals' to the People and Culture Committee</i>
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## 1) Introduction

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

## 2) Purpose

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The purpose of the People and Culture Committee is to:

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

## 3) Responsibilities of the People and Culture Committee

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

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

#### **4) Membership**

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4.1 Formal membership of the Committee shall comprise the following:

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

4.2 The following should attend Committee meetings:

<b>IN ATTENDANCE</b>
Executive Director of Workforce and Organisational Development (Executive Lead)
Chief Executive
Executive Director of Operations
Executive Director (with responsibility for Welsh Language)
<b>Other Attendees</b>
Other Executive Directors as required by the Chair
Other Senior Managers as required by the Chair

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

4.4 Membership of the Committee will be reviewed on an annual basis.

## 5) Quorum and Attendance

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5.1 A quorum shall consist of no fewer than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee, together with a third of the In Attendance members.

5.2 Any senior officer of the Health Board or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.

5.3 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.

5.4 Should any 'in-attendance' officer member be unavailable to attend, he or she may nominate a deputy to attend in his or her place, subject to the agreement of the Chair.

5.5 The Committee may ask any or all of those who normally attend but who are not members to withdraw in order to facilitate open and frank discussion of particular matters.

## 6) Agenda and Papers

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- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Executive Lead (Executive Director of Workforce and Organisational Development) at least six weeks before the meeting date.
- 6.2 The agenda will be based on the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Executive Lead.
- 6.4 The agenda and papers will be distributed/published seven days in advance of the meeting.
- 6.5 A draft table of actions will be issued within two days of the meeting. The minutes and table of actions will be circulated to the Committee Chair and Executive Lead within seven days to check the accuracy, prior to sending to Members to review within the next seven days.
- 6.6 Members must forward amendments to the Committee Secretary within the next seven days. The Committee Secretary will then forward the final version to the Committee Chair for final review.

## **7) In-Committee**

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

## **8) Meetings**

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

## **9) Reporting**

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- 9.1 The Committee, through its Chair and members, shall work closely with the other Committees to provide advice and assurance to the Board through joint planning and co-ordination of Board and Committee business including the sharing of information.
- 9.2 The Committee Chair, supported by the Committee Secretary, shall:  
report formally, regularly and on a timely basis to the Board on the Committee's activities;
- bring to the Board's specific attention any significant matter under consideration by the Committee; and
  - ensure appropriate escalation arrangements are in place to alert the Health Board's Chair, Chief Executive and/or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 9.3 The Committee will undertake an annual review on the effectiveness of its arrangements and responsibilities. The Director of Corporate Governance will oversee this review.

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

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

## **11) Review Date**

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



<b>Cyfarfod a dyddiad: Meeting and date:</b>	People and Culture Committee					
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public					
<b>Teitl yr Adroddiad Report Title:</b>	Summary of business considered in private session to be reported in public					
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Pam Wenger, Director of Corporate Governance					
<b>Awdur yr Adroddiad Report Author:</b>	Philippa Peake-Jones, Head of Corporate Affairs					
<b>Craffu blaenorol: Prior Scrutiny:</b>	None					
<b>Atodiadau Appendices:</b>	None					
<b>Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>
<b>Argymhelliad / Recommendation:</b>						
The Committee is asked to note the report.						
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b> ✓
<b>Sefyllfa / Situation:</b>						
To report in public session on matters previously considered in private session.						
<b>Cefndir / Background:</b>						
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.						
<b>Asesiad / Assessment</b>						
The Committee considered the following matters in private session:						
<b>8 August 2024</b>						
<ul style="list-style-type: none"> <li>Employee Relations</li> </ul>						

## 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
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	19.12.24	Put forward from Aug to Dec meeting
12.09.24	Speaking Up Safely / Whistle Blowing Arrangements	Audit Committee	Review of Speaking Up Safely / Whistle Blowing Arrangements focussing on themes, hot spots and actions	Item went to Audit Committee on 12.09.24 and AC suggested this is presented to P&C Committee	Jason Brannan	Jason Brannan	19.12.24	
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	Andrea Orme discussing with Angela Wood	Jason Brannan	19.12.24	Put forward from Oct to Dec meeting
11.09.24	Request from Pam Wenger (see email from Pam W 11.09.24)	Pam Wenger	Medical Education Update Academic Careers	Following Pam’s discussion with Emma Woolley it was agreed to add these items to the forward plan.	Emma Woolley	Pam Wenger	19.12.24	Medical Education paper put for from Oct to Dec meeting
06.08.24	Discussion with LJ and PPJ	Philippa Peake-Jones	P&C Committee.1 ToR	Amendments to P&C Committee ToR from RemCom	Pam Wenger	Pam Wenger	10.10.24	<b>CLOSED</b> Went to Comm 10.10.24
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	<b>CLOSED</b> Verbal update at Oct meeting
08.08.24	PC24/54 Committee Forward Workplan	Carol Shillabeer / Dyfed Jones	Additional items for future Committee meetings	Assessment of Special Measures Welsh Language Equality Health & Safety	Philippa Peake-Jones	Relevant Executive Directors	10.10.24	<b>CLOSED</b> For discussion at Development Session 19.11.24
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	10.10.24	<b>CLOSED</b> Went to Comm 10.10.24 with a focus on Q2
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	<b>CLOSED</b> Went to Comm 10.10.24
13.06.24	PC24/38.2 Action from June P&C Committee (Private)	P&C Committee	Health & Safety Annual Report	Item pulled from Aug P&C and went straight to Board in Sept Item went to June meeting (private) needs to go to Aug	Jason Brannan	Jason Brannan	08.08.24	<b>CLOSED</b> Pulled from Aug agenda, went to Board in Sept

				meeting (public) before Board in Sept				
07.05.24	Via Carol Shillabeer	Georgina Roberts	Discussion on Staff Recognition	Verbal update	Jason Brannan	Carol Shillabeer	08.08.24	<b>CLOSED</b> Went to Comm 08.08.24
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	<b>CLOSED</b> Went to Comm 08.08.24
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	<b>CLOSED</b> Went to Comm 08.08.24
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	<b>CLOSED</b> Went to Comm 08.08.24