

Bundle BCU People and Culture Committee 13 June 2024

- 1 09:30 – OPENING ADMINISTRATION
- 1.1 09:30 – PC24/22 Welcome and Apologies – Verbal (Chair)
- 1.2 09:33 – PC24/23 Declarations of Interest – Verbal (Chair)
- 1.3 09:36 – PC24/24 Minutes from the Previous Meeting – Attached (Chair)
PC24.24.1 Minutes P&C Committee 11.04.24 V0.02 Draft (Public Session)
- 1.4 09:41 – PC24/25 Matters Arising & Table of Actions – Attached (Chair)
PC24.25.1 Action Log P&C Committee (Updated 06.06.24)
- 2 09:46 – ITEMS FOR ASSURANCE
- 2.1 09:46 – PC24/26 People Operations Report – Attached (Deputy Director of People & OD)
PC24.26.1 2024_06_13_PCC_PeopleOperationsReportCoversheet – Final – PPJ
PC24.26.2 2024_06_13_PCC_PeopleOperationsReport v3 – Final Draft_NG 30.05.24
- 2.2 10:06 – PC24/27 Update on Culture, Leadership & Engagement Improvement Work – Attached (Deputy Director of People & OD)
PC24.27.1 2024_06_13_P&CC_CultureLeadershipEngagementUpdate – Coversheet_Final – PPJ
PC24.27.2 2024_06_13_P&CC_CultureLeadershipEngagementUpdate_Final_JB
PC24.27.3 2024_06_13_P&CC_CLE Appendix 1 – Draft Culture Leadership Engagement Plan 24_25
PC24.27.4 2024_06_13_P&CC_CLE Appendix 2 – Culture Change Agents PPT
PC24.27.5 2024_06_13_P&CC_CLE Appendix 3 – ILDF Implementation Plan
- 2.3 10:26 – PC24/28 Introduction of NHS Flexible Working Policy: Implementation Plan – Attached (Deputy Director of People & OD)
PC24.28.1 2024_06_13_P&CC_Implementation of WP13 All Wales Flexible Working Policy_FINAL_JB Approved
- 2.4 10:41 – PC24/29 On-Call Arrangements – Final Internal Audit Report (June 2022) – Attached (Deputy Director of People & OD)
PC24.29.1 2024_06_13_P&CC_On-Call Arrangements – Final IA Report June22_Coversheet_Final_JB Approved
PC24.29.2 2024_06_13_P&CC_Final Internal Audit Report – On-call arrangements
- 2.5 10:56 – PC24/30 WHC (2024) 017 Implementation of Non-pay Elements of the 2022–24 Collective Agreement – Report to WG for Welsh Partnership Business Committee – Attached (Deputy Director of People & OD)
PC24.30.1 2024_06_13_P&CC_WHC(2024)017_Non Pay_Coversheet_Final_JB Approved
PC24.30.2 2024_06_05_P&CC_Appendix1_WHC017_ImpNon-payElements_CollectiveAgreement2022-4
PC24.30.3 2024_06_05_P&CC_Appendix2_BCUHB_AssuranceReport_ImpNon-payElementsCollective_Agreement2022-4_Final
- 2.6 11:06 – PC24/31 Corporate Risk Register Report – Attached (Director of Corporate Governance)
PC24.31.1 Corporate Risk Register report for PCC June 2024 V1
- 3 11:16 – CLOSING BUSINESS
- 3.1 11:16 – PC24/32 Agree Items for Referral to Board / Other Committees – Verbal (Chair)
- 3.2 11:19 – PC24/33 Agree Items for Chairs Assurance Report – Verbal (Chair)
- 3.3 11:22 – PC24/34 Review of Meeting Effectiveness – Verbal (Chair)
- 3.4 11:25 – PC24/35 Date of Next Meeting – 08.08.24
- 3.5 11:25 – PC24/36 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)
DRAFT Minutes of the People & Culture Committee
meeting held in public
on 11 April 9:30 – 11:30
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	Title
Dyfed Jones	Chair of People & Culture Committee
Clare Budden	Independent Member
In Attendance	
Carol Shillabeer	Chief Executive
Jason Brannan	Deputy Director of People
Pam Wenger	Director of Corporate Governance
Phil Meakin	Associate Director of Governance
Dyfed Edwards	Health Board Chair
Georgina Roberts	Associate Director of People Services, West IHC
Nick Graham	Associate Director of Workforce Optimisation
Elin Gwynedd	Chief of Staff
Heledd Thomas	Audit Wales
Committee Support	
Laura Jones	Project Support Manager (Corporate Governance)

Agenda Item	Action
OPENING BUSINESS	
PC24/5 Welcome and Apologies	
PC24/5.1 It was noted that this is the first meeting for Dyfed Jones as both a member and Chair of the Committee. Dyfed Edwards joined the meeting as an observer and apologies were provided for Karen Balmer and Billy Nichols.	
PC24/6 Declarations of Interest	
PC24/6.1 No declarations of interest were raised.	
PC23/7 Minutes from the previous meeting	
PC24/7.1 It was noted that Dyfed Edwards was originally the interim Chair of the Committee while it was in the development stage and this should be noted in the attendance list. Aside from this amendment, the minutes were approved as a true and accurate record.	
PC24/8 Matters Arising & Table of Actions	

<p>PC24/8.1 Members noted the action log. In relation to action PC24/3.7, Audit Wales and Internal Audit colleagues were asked to feedback on the Cycle of Business for the Committee and a document including the responses was included in the papers to close the action. The Committee were happy that all actions were closed.</p>	
<p>PC24/9 Culture, Leadership & Engagement Update</p> <p>PC24/9.1 The Deputy Director of People presented the report stating that the paper aims to outline the current position in relation to a number of work streams that will form part of this Committee. It was noted that an Organisational Development Steering Group which is being led by the Chief Executive in the absence of a substantive Executive Director of Workforce & OD. Discussions are currently taking place in relation to the Integrated Leadership Development Framework to identify the work that is required to support the framework which will include developing clear documentation and training to support managers and leaders. The report also highlights the work that is currently taking place in relation to developing our organisational culture to ensure we have a compassionate organisation with the right values and behaviours.</p> <p>PC24/9.2 The Deputy Director of People made reference to the All Wales Staff Survey, there has been good engagement across the organisation and BCU have performed comparatively to other large Health Boards. The survey provides key indicators in relation to staff culture and there is a need to look at different ways of engaging with staff across all levels. In discussing the report, it was noted that the key areas relating to leadership, culture and employee engagement, this Committee will provide Board level oversight whilst the Organisational Development Steering Group will operationalise the work taking place. In relation to the areas covered in the paper it was noted that the role of the Board will be to lead and set the direction and tone whilst the role of the Committee will be to provide the assurance and governance of the work that is taking place. One of the key drivers within the organisation will be for line managers to have the skills, knowledge and experience to support sustained change and ensure the Integrated Healthcare Communities (IHC) are supported on a corporate basis.</p> <p>PC24/9.3 The Chief Executive added that the Organisational Development Steering Group is in the early stages and the current feedback on the Integrated Leadership Development Framework is the need to think more broadly in terms of masterclasses and coaching sessions. The focus on the staff survey and the cultural change programme is key, a large diverse group are currently working on this programme to ensure leadership and cultural change is for everyone. An Independent Member highlighted the need to review our behaviour framework before we establish our values to ensure we can be clear on what living and leading the values means for our staff. In relation to the engagement events it was highlighted that there is a need to be open and transparent however due to the recent difficulties within the organisation, it was queried staff are ready to be engaged and provide honest views. It was suggested that there is a need to think towards the future of how we want to work together and how we move</p>	

through that journey rather than focusing on what has happened in the past. It was also noted that the report may require additional reference to sources of data in relation to culture and the report also needs to be clearer on what would help the organisation from a Board perspective around supporting this journey.

PC24/9.4 In relation to the staff survey, an Independent Member suggested the need to listen to the positive comments highlighted and not just focus on the areas we need to change and improve. The Committee Chair made reference to the approach we take to culture and how we engage with staff who are not as comfortable sharing their views. The Health Board Chair stated that this work is a major strand in creating a new organisation, there are challenges which include the size and geography of the organisation and also being able to engage with staff who are experiencing cultural difficulties. It was also suggested that the staff survey needs to be completed on a much more regular basis to provide the desired outcomes and potentially gain some experienced support in this area.

PC24/9.5 The Deputy Director of People responded to the comments made stating that there does need to be some acknowledgement of the past to build the values and behaviours of the organisation based on the models of cultural and organisational change. The team have reviewed a range of different frameworks and have also met with two NHS organisations who have completed large cultural change programmes. The Deputy Director of People agreed the need to use a variety of approaches to engage with staff stating that based on evidence and data there is a need to get a third of the organisation engaged with cultural change to gain results. The paper also refers to a culture dashboard that will be a key metric for review at corporate and IHC level to determine the level of impact. It was agreed that this needs to be a regular piece of work to allow the team to compare data, identify areas of improvement and provide a bench mark. The next step is for the team to develop a clear road map, start to understand the connections between the activities taking place and ensure there is sufficient resource available.

PC24/9.6 The Chief Executive added that in terms of engagement the starting point will be to respond to feedback around values and behaviours and build the picture together. There will be a need to focus on the staff survey results and review the data to identify where there may be areas in difficulty. Moving forward, it will be important to take into account sequencing, capacity, capability and approach to ensure the work is completed and progress is tracked appropriately. This will include reviewing current resources and potentially redistributing the resource into the Organisational Development space rather than the HR space to ensure we have the right skills, knowledge and capacity. The Chief Executive also highlighted areas within HR where we can start to make improvements such as reviewing caseloads and systems. The Deputy Director of People agreed that the volume of casework is a big challenge and work is currently taking place to address this to allow the teams to focus on supporting managers. The Director of Corporate Governance welcomed the work taking place around starting to shape and change the culture of the organisation. It was noted that there is more work to do before the Committee

<p>reaches a position to report to the Board and it was agreed that this should become a regular item for the Committee.</p>	<p>JB/LJ</p>
<p>PC24/10 Update on WHC 2023/046 (All-Wales Control Framework for Flexible Workforce Capacity)</p> <p>PC24/10.1 The Associate Director of Workforce Optimisation presented the item noting that a Welsh Health Circular was issued last year in relation to agency reduction and sustainable ways of doing this across the workforce. The paper highlights how the response will be taken forward and also how this will feed into the value and sustainability work of the organisation. An initial response with next steps has not yet been received from Welsh Government due to delays relating to industrial action. The Committee were asked to note the approach to take the work forward under the value and sustainability work stream. An Independent Member queried the process set by Welsh Government (WG) and also the way in which items are reported to the Committee. It was suggested in future any similar items are reported highlighting our current processes and how we will take this forward. The Health Board Chair queried the request around flexible working, the Associate Director of Workforce Optimisation confirmed that the original request was to prepare data to provide a baseline position and the intention of WG was to gain a consistent approach across Wales. There is also an aim to reduce the reliance on agency workers in a sustainable way through effective job planning and recruitment.</p> <p>PC24/10.2 The Director of Corporate Governance suggested the need to provide the Board with assurance around WHCs that they are being addressed and they will then feature in our governance statement highlighting that action has been taken. It was suggested that the process needs to be reviewed to allow the detail to be discussed at the Executive Team and the assurance that we are compliant is provided by the Committee. The Director of Corporate Governance agreed to review the process.</p> <p>PC24/10.3 The Committee discussed the cross over between agency spend and flexible working. The Associate Director of People Services, West IHC highlighted that the new flexible working policy has been agreed at an All Wales level as part of the non-pay element of the pay negotiations with the Trade Unions. There has been an emphasis on employers agreeing to flexible working requests from the start of employment which was part of the negotiations. It was agreed that flexible working is included as an item for the next meeting to allow members to discuss our current position, our future plans and how the organisation can best support staff to provide a more strategic focus on flexible working.</p>	<p>PW</p> <p>JB</p>
<p>PC24/11 Independent Review of Key Areas of Workforce</p> <p>PC24/11.1 The Deputy Director of People presented the item stating the request for the Committee to have sight of the report. The report was completed, from a people perspective, as part of the Special Measures review and was completed in June 2023 therefore a lot of the work has now concluded. Additionally some of</p>	

<p>the areas highlighted in the report will underpin the culture, leadership and engagement work that has been discussed during the meeting. The Deputy Director of People made reference to the operating model stating that the effectiveness of the current model is due to be reviewed next week. The Chief Executive confirmed that this was not a formal Independent Review however it is useful for the Committee to view the report. It is important for the findings from the review to be tracked via the three year plan and also the annual delivery plan to ensure we are testing ourselves against the progress that is being made and also linking this back to the Committee. The three year plan makes reference to workforce planning which is an area we need to focus on as well as employee wellbeing including how we measure and monitor progress in this area. In relation to employee relations, the Chief Executive suggested the need to build on partnership relationships to ensure we can effectively manage change in the future.</p> <p>PC24/11.2 The Committee Chair welcomed the report stating it is important for the Committee to see the actions and progress being made as a result of the review. An Independent Member agreed this is a clear report and it would be helpful for the Committee to review an in year action plan highlighting our current position and also the plan is to address the recommendations made in the report. The Committee Chair liked the format of the report and suggested this style could be utilised by the Health Board. The Director of Corporate Governance made reference to the need for progress reports received by the Committee to be cross checked against the information which is feeding through the three year plan and the annual delivery plan. It was agreed that an update on the review should be reported to the next Board meeting and it was highlighted that as the review started twelve months ago, there is a need to report our current position and the progress that has been made since we received the review.</p>	<p>JB</p>
<p>PC24/12 Audit Wales Report – Review of Workforce Planning Arrangements</p> <p>PC24/12.1 The Audit Wales representative presented the report stating that this is the review of workforce planning arrangements. The review focused on the Health Board’s strategic approach to workforce planning, operational actions to manage the current and future challenges and also the monitoring and oversight of those arrangements. In relation to the strategic approach to workforce planning, it was highlighted that there is a need for a clear plan to deliver the People Strategy and also strengthen the Health Board’s workforce planning approach. There is an improving understanding of the current workforce capacity and the availability of operational workforce information however there is a need to strengthen workforce plans to ensure that medium and long term services are sustainable. Work with external stakeholder is productive however further work is needed internally to address some of the key workforce challenges.</p> <p>PC24/12.2 The Audit Wales representative made reference to the conversations that had taken place during the meeting in relation to culture, leadership and employee engagement and agreed there is a need to build on internal</p>	

relationships and ensure effective staff engagement is addressed. It was also agreed that strengthening the People Team would be beneficial however it was suggested that the Health Board does not currently have the capacity to effectively support workforce planning at Corporate and Service level therefore investment may be required in this area. There is understanding of the current risks that may prevent workforce delivery and the teams are currently responding to key operational workforce challenges through a range of recruitment, retention and development activities. In terms of monitoring and oversight arrangements, the Workforce Strategy is not sufficiently supported by robust monitoring, oversight and review however the People and Culture Committee has now been established and will be responsible for workforce oversight going forward. Audit Wales made five recommendations and the management response has been included in the report.

PC24/12.3 The Health Board Chair queried the period of the report, it was confirmed that the data was sourced during 2021 and 2022. The Director of Corporate Governance suggested factoring 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. The Chief Executive made reference to the People Strategy stating that work will commence this year on the Organisational Strategy 2024/25 therefore the People Strategy approach will be modified to reflect the organisations strategy going forward. In terms of workforce planning, there is little dedicated support in this area, this will be a key priority in the plan which will address resource issues. The Committee Chair suggested talking learning from other organisations, both public and private in relation to workforce planning. The Chief Executive agreed and highlighted the six step model that is used by Health Education Improvement Wales that we could utilise and review the application of the approach within the organisation. This also links to the quality management system and quality planning to ensure we are looking at an integrated approach. The Associate Director of Workforce Optimisation suggested workforce planning should be part of a service review to ensure the expertise is available to support the services. The Chair thanked the Audit Wales representative for the report.

JB

PC24/13 Board Assurance Framework and Corporate Risk Register related to Committee

PC24/13.1 The Associate Director of Governance presented the item making reference to the Board Assurance Framework which highlights the risks related to achieving the strategic objectives of the Health Board. The paper reflects the risks which relate to the remit of the Committee and it was proposed to reduce the score for the risk related to strategic Board leadership and governance. This risk focuses on strengthening the Board arrangement requirements following Special Measures which includes recruitment to the Board and establishment of Committees. Significant progress has been made in this area and it was agreed to reduce the score from 16 to 12 which will be reported via the Board. The Director of Corporate Governance made a recommendation to review the current Board Assurance Framework and Corporate Risk Register process to align this with the three year plan. It was agreed that the Director of Corporate

<p>Governance will take a paper to the Audit Committee and to the Board to agree this approach.</p> <p>PC24/13.2 An Independent Member was pleased to see progress and updates included in the documentation. It was suggested that the Health & Safety risk includes an additional control around learning from near misses and mistakes. It was also suggested that there may be a need to include more information around professional training and qualifications to ensure a whole system approach around Health & Safety learning and development. The Director of Corporate Governance stated that there is now an opportunity to align the information being reported and potentially present this on a quarterly basis. The Chief Executive reported on the Health & Safety Strategic Group and the need for a comprehensive review of the organisations Health & Safety responsibilities which will report through this Committee in terms of the work that the Group will be progressing.</p> <p>PC24/13.3 The Associate Director of Governance referred to the corporate risks which have been noted at the Executive Team meeting and the Risk Management Group and the agreement that the scores for these risks remain the same. The Associate Director of Workforce Optimisation stated that work is taking place with the risk team to review what is being reported via the workforce risks to ensure there is a link between the corporate risk and the information coming through the workforce system. An Independent Member also suggested the Committee look to do a deep dive into the operational risks to see how they relate to the strategic risks and what action is being taken, it was agreed that this type of process would be beneficial.</p>	<p>PM</p> <p>PM</p>
<p>PC24/14 Committee Terms of Reference</p> <p>PC24/14.1 The Committee Terms of Reference were noted. An Independent Member highlighted the narrative in points 3.1 and 3.9 and the Associate Director of Governance confirmed that the Quality Lead from Welsh Government requested that point 3.9 was included in all Committee Terms of Reference. It was agreed that this would be reviewed.</p>	
<p>PC24/15 Committee Cycle of Business</p> <p>PC24/15.1 The Committee Cycle of Business was noted and it was agreed that some of the points highlighted during the meeting would be added to the document.</p>	
<p>PC24/16 Intro to NHS Wales Flexible Working Policy</p> <p>PC24/16.1 The Health Board Chair stated the need to be clear on what is required from the Committee when papers are presented “for noting”. The Director of Corporate Governance suggested this is reviewed and the Deputy Director of People welcomed this suggesting that a formal way of reporting policies via the Committees would also be helpful. The members had a discussion around the process for reporting policies via Committees and Board</p>	

and the Director of Corporate Governance agreed to review and refine this process.	
PC24/17 Workforce Policies	
PC17.1 The Workforce Policies were noted.	
PC24/18 Agree Items for Referral to Board / Other Committees	
PC24/18.1 It was agreed that the Independent Review of Key Areas of Workforce and the Review of Workforce Planning Arrangements Report are referred to the Board.	
PC24/19 Agree Items for Chairs Assurance Report	
PC24/19.1 It was agreed that this would be discussed outside of the meeting.	
PC24/20 Review of Meeting Effectiveness	
PC24/20.1 The Committee agreed that there had been some good discussion and agreement on items that would be reported on a regular basis. Going forward it would be good to be clear on why items are coming to the Committee and what the desired outcomes are. It was also suggested that another Executive Director is included in the membership for the Committee. The agenda was managed well and there was good discussion around leadership therefore for future meetings it would be good to allow time for detailed discussion around items in terms of setting the strategic direction for the Committee.	
PC24/21 Date of next meeting	
Thursday 13 th June 2024, 9.30-12.30pm	

People & Culture Committee Action Log

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PC24/10.2	11.04.24	The Director of Corporate Governance to review the process for reporting Welsh Health Circulars via the Executive Team and Committees	Pam Wenger	August 24	A quarterly report will be produced that lists the circulars and a standard report will be provided to the Committee for oversight. Progress against the Circulars will be reported through Executive Team.
2	PC24/12.3	11.04.24	It was agreed that the Committee would monitor the progress of the Audit Wales report and provide a mid-year / end of year assurance report to the Health Board.	Jason Brannan	August 24	This will be an agenda item for the next Committee meeting in August 24.
3	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	August 24	Suggest this is considered as part of the review of terms of reference and once there are more appointments to the Executive Team.
Closed Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PC24/9.6	11.04.24	It was agreed that the Culture, Leadership & Engagement Update would become a regular item that is reported to the Committee.	Jason Brannan / Laura Jones	June 24	This has been included on the agenda for the June meeting and the CoB has been amended to reflect this



2	PC24/10.3	11.04.24	It was agreed that flexible working is included as an item for the next meeting to allow members to discuss our current position, our future plans and how the organisation can best support staff to provide a more strategic focus on flexible working.	Jason Brannan	June 24	This has been included on the agenda for the June meeting
3	PC24/11.2	11.04.24	It was agreed that progress reports on the Independent Review of Key Areas of Workforce that are received by the Committee are cross checked against the three year plan and annual delivery plan. it was also agreed that an update on the review should be reported to the next Board meeting in May highlighting our current position and the progress that has been made since we received the review in June 2023.	Jason Brannan	May 24	An update has been included in the CEO Report to the Board Meeting in May 24
4	PC24/13.1	11.04.24	The Director of Corporate Governance made a recommendation to review the current Board Assurance Framework and Corporate Risk Register process and to take a paper to the Audit Committee and to the Board to agree this approach.	Pam Wenger	June 24	This was be reported to Audit Committee on 07.05.24 and Board on 30.05.24. A Bord Development session is planned for June 2024.
5	PC24/13.2	11.04.24	In relation to the Corporate Risk Register it was suggested that the Health & Safety risk includes an additional control around learning from near misses and mistakes. It was also suggested that there may be a need to include more information around professional training and qualifications to	Pam Wenger / Nesta Collingridge	June 24	The risk has been revised to reflect the suggested amendments



			ensure a whole system approach around Health & Safety learning and development.			
6	PC24/13.3	11.04.24	It was suggested that the Committee look to do a deep dive into the operational risks to see how they relate to the strategic risks and what action is being taken.	Pam Wenger	June 24	It is proposed that the action is closed as the cycle of business for the Committee should focus on the 'key risks' and align to the Annual Delivery Plan.
7	PC24/14.1	11.04.24	It was agreed that points 3.1 and 3.9 in the Committee Terms of Reference would be reviewed noting that point 3.9 is included in all Committee Terms of Reference following a request from Welsh Government.	Pam Wenger	June 24	This specific point is included in all Terms of Reference, checked with other Health Boards and in relation to the Standard Orders as issued by Welsh Government and this is not a requirement. There is a risk of confusion in terms of responsibilities of Committee's and therefore, we will amend the terms of reference across all committees at the next scheduled review.
8	PC24/16.1	11.04.24	It was agreed that there is a need to be clear what is required from the Committee when papers are presented "for noting" and also a review of the process for reporting policies via Committees and Board.	Pam Wenger	June 24	Work is in progress to provide standardisation of Committee reports and recommendations. It is suggested that this action is closed and the matter be referred to the Integrated Governance Committee to ensure consistency across the Board and Committees.



Teitl adroddiad: <i>Report title:</i>	People Operations Report			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 13 June 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this report is to outline the current workforce operational position as of May 24.</p> <p>At this point in time the report is in development stage and as part of ongoing improvements for information will be included in future reports including but not exclusive to roster compliance and staff survey results</p>			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to NOTE the current position provided and feedback any observations regarding assurance required as a result of the reported positions contained in the report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Mr Jason Brannan, Deputy Director of People			
Awdur yr Adroddiad: <i>Report Author:</i>	Mr Nick Graham, Associate Director of Workforce Optimisation			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Objective 1: Building an effective organisation			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Not applicable			

<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>No</p> <p>It does not apply at this stage as no formal actions have been agreed as a result of this this report.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>No</p> <p>It does not apply at this stage as no formal actions have been agreed as a result of this this report.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>All risks associated with the subject and scope of this paper are already highlighted and managed through the current risk management structures within the organisation</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There is no additional costs associated with this paper at this time.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>There are no direct implications associated with this paper at this time.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>Links to BAF SP12 and CRR 24-01</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Next Steps: <i>Further development of this report to support committee oversight</i></p>	
<p>List of Appendices: People Operations Report</p>	

People Operations Report – May 2024

Jason Brannan

Deputy Director of People



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Workforce Metrics

Vacancies

Staff Group	Vacancy FTE	Vacancy %
Add Prof Scientific & Technic	65.9	8.0%
Additional Clinical Services	91.2	2.2%
Administrative & Clerical	100.9	2.7%
Allied Health Professionals	-0.1	-0.0%
Estates & Ancillary	173.7	11.5%
Healthcare Scientists	2.3	0.7%
Medical & Dental	111.6	6.5%
Nursing & Midwifery Registered	479.9	7.8%
Total	1024.8	5.2%

Vacancy rates have improved significantly in April 2024 following the resetting of workforce budgets, falling from 8.8% in March 2024 to 5.2%. Estates & Ancillary currently have the highest vacancy rate at 11.5%, however, Nursing & Midwifery are holding the greatest number of vacancies at 479.9 FTEs.

Vacancy rates across the IHCs are below 7% with the exception of MHL where rates are significantly higher at 14.1% equating to 321.6 FTE vacancies. At present, ICD Primary are over established by 136.8 FTEs as a result of unfunded posts within Covid Response.

Staff Turnover

Staff Group	Turnover Rate %	% Voluntary Resignation	% Less than 2 Years Service
Add Prof Scientific & Technic	7.3%	67.0%	29.8%
Additional Clinical Services	9.1%	64.8%	44.6%
Administrative & Clerical	9.4%	63.8%	39.8%
Allied Health Professionals	8.8%	79.3%	38.8%
Estates & Ancillary	10.8%	49.8%	34.2%
Healthcare Scientists	6.2%	71.0%	26.9%
Medical & Dental	9.3%	84.9%	60.5%
Nursing & Midwifery Registered	7.1%	48.0%	17.2%
Total	8.5%	62.4%	36.5%

Staff Turnover is currently on a downward trend, having reduced by 0.6% over the last 12 months. Turnover is highest within Estates and Ancillary at 10.8%. Within this staff group 37% of leavers over the last 12 months were the result of retirements. M&D has the highest proportion of voluntary resignations and leavers with less than 2 years service. Staff groups with the lowest turnover rates are also those with the lowest proportion of leavers with less than 2 years service.

Sickness

Staff Group	Rolling Sickness %	Long Term Sickness %	Short Term Sickness %	Stress & Anxiety %
Add Prof Scientific & Technic	4.89%	2.82%	2.07%	1.34%
Additional Clinical Services	7.71%	4.48%	3.23%	1.83%
Administrative & Clerical	4.91%	2.99%	1.92%	1.63%
Allied Health Professionals	3.96%	2.07%	1.89%	1.39%
Estates & Ancillary	7.31%	4.62%	2.69%	1.84%
Healthcare Scientists	3.23%	1.76%	1.47%	1.14%
Medical & Dental	2.16%	1.16%	1.01%	0.57%
Nursing & Midwifery Registered	6.21%	3.62%	2.59%	1.62%
Total	5.83%	3.42%	2.41%	1.58%

Sickness absence is improving slowly with the rolling sickness rate reducing by 0.35% over the last 12 months with considerably improvement over the recent winter period compared with the year previous (5.85% in Jan 2024 compared to 6.42% in Jan 2023). Additional Clinical Services and Estates & Ancillary have the highest sickness absence rates and the highest levels of stress related absence. Sickness absence rates are also high within Nursing & Midwifery at 6.21%.

Workforce Metrics

PADR

Staff Group	PADR %	Out of Date PADR
Add Prof Scientific & Technic	74.3%	231
Additional Clinical Services	81.8%	837
Administrative & Clerical	74.6%	1075
Allied Health Professionals	79.9%	283
Estates & Ancillary	77.7%	381
Healthcare Scientists	77.4%	78
Nursing & Midwifery Registered	81.8%	1185
Total	79.4%	4072

PADR compliance continues to improve, however, remains 5.6% below the target of 85%. Nursing and Additional Clinical Services are the best performing staff groups with compliance above 81%. Add Prof Scientific & technical and A&C staff groups have compliance rates below 75%.

From an IHC perspective Womens & Midwifery, MHL D and IHC East are compliant with the target with rates in excess of 85%. ICD Regional Care and Corporate Teams are the worst performing areas with 68% and 68.9% respectively. Within IHC Centre there are 1090 employees who have not had a PADR within the last 12 months.

Mandatory Training

Staff Group	Level 1 %	Level 2 %
Add Prof Scientific & Technic	88.2%	84.8%
Additional Clinical Services	92.7%	86.4%
Administrative & Clerical	89.8%	83.5%
Allied Health Professionals	92.8%	89.1%
Estates & Ancillary	87.0%	82.9%
Healthcare Scientists	87.6%	77.8%
Medical & Dental	70.9%	66.4%
Nursing & Midwifery Registered	92.5%	86.7%
Total	90.0%	85.3%

Mandatory training level 1 compliance has consistently met the target since August 2022 and currently stands at 90%. Medical & Dental are the only staff group failing to achieve the 85% target. All IHCs are currently compliant with the target.

Workforce Profile

Pay Band	Budget FTE
VSM	33.2
M&D Consultant	673.5
M&D Middle Grade	345.6
M&D Junior Grade	634.0
Band 9	34.2
Band 8d	62.3
Band 8c	157.5
Band 8b	223.4
Band 8a	705.2
Band 7	1836.3
Band 6	3222.1
Band 5	3815.9
Band 4	1446.1
Band 3	2677.2
Band 2	3625.2

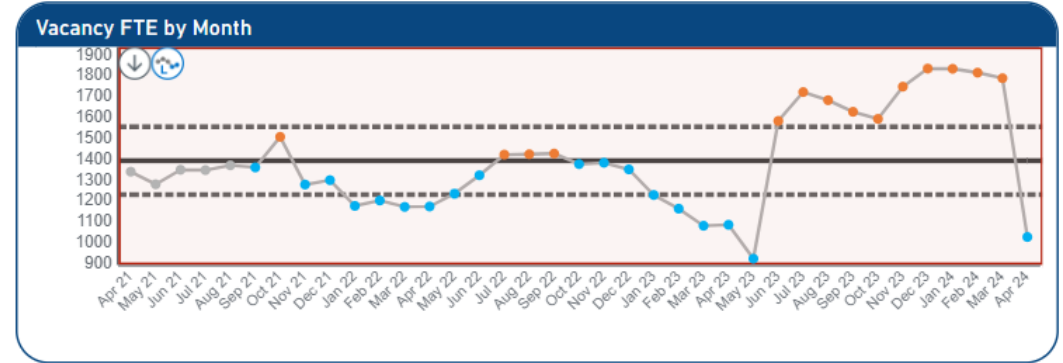
Non AfC Ad Hoc payscales are mapped to the equivalent AfC Pay Band using the Financial Subjective Code. GPs are excluded from this data.

Band 5 accounts for the largest proportion of the workforce at 19.6%, followed by band 2 at 18.6%. 6.2% of the workforce budget FTE is against bands 8 and above whilst Medical and Dental grades account for 8.5% of the workforce budget FTE.

Workforce Metrics

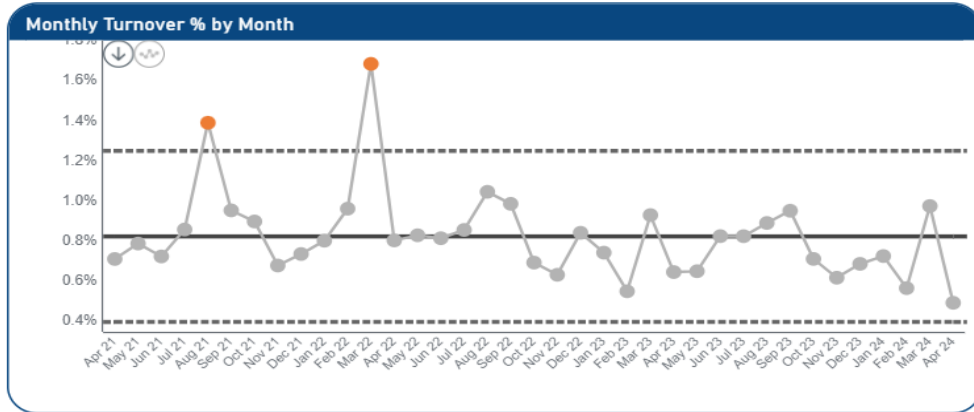
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short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

Vacancy FTE



The vacancy FTE trend was indicating special cause variation in the months following the addition of the NSA budgets to ESR in June 2023 and increases to the A&C budget within Corporate teams in November 2023, however, following the resetting of the budgets in April 2024, the vacancy figure has dropped below the lower control and indicates special cause of an improving nature.

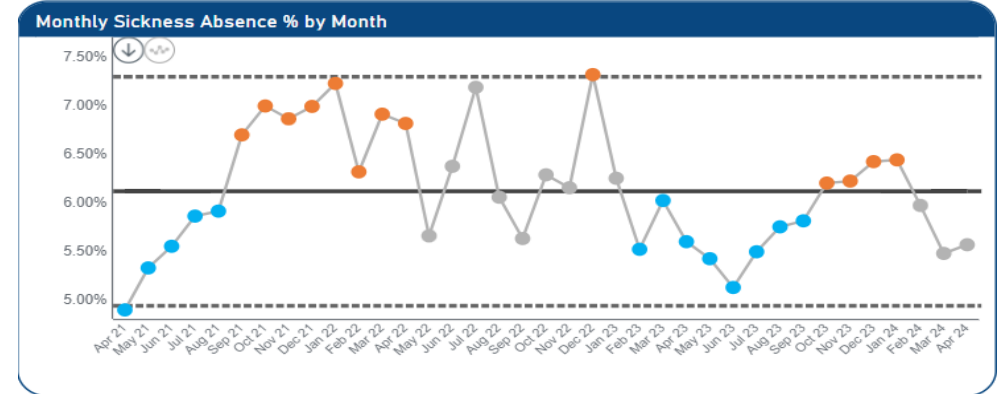
Turnover %



Please note the turnover rate displayed here is a monthly rate not a 12 month rolling rate.

The monthly turnover trend continues to fall within the process control limits indicating that there is no significant change or special cause of concern.

Sickness Absence %

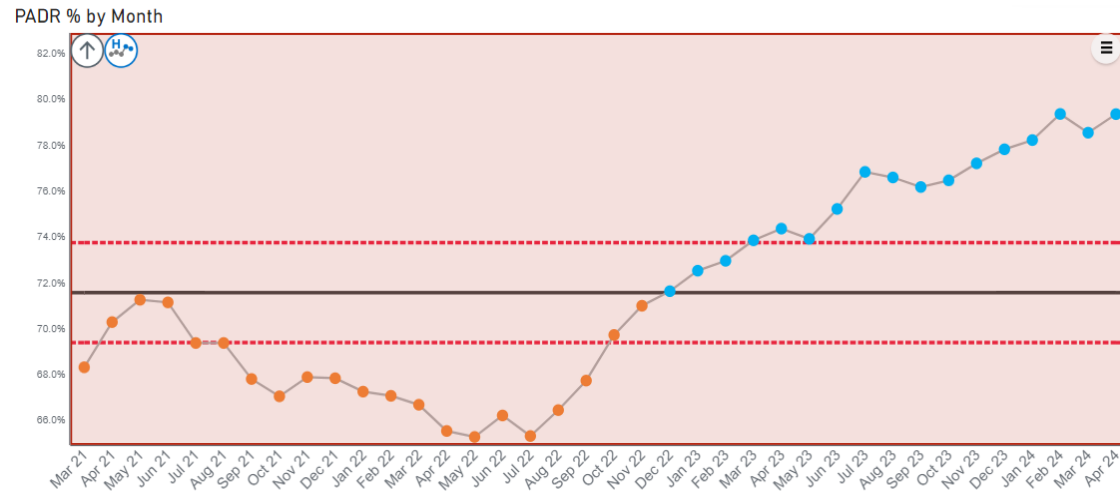


The monthly sickness rate was indicating special cause variation through October 2023 to January 2024 as we progressed through the winter months and there is a greater prevalence of short term Cold, Cough and Flu and Gastro related absence. The reduction in sickness rates since January 2024 has brought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

Workforce Metrics

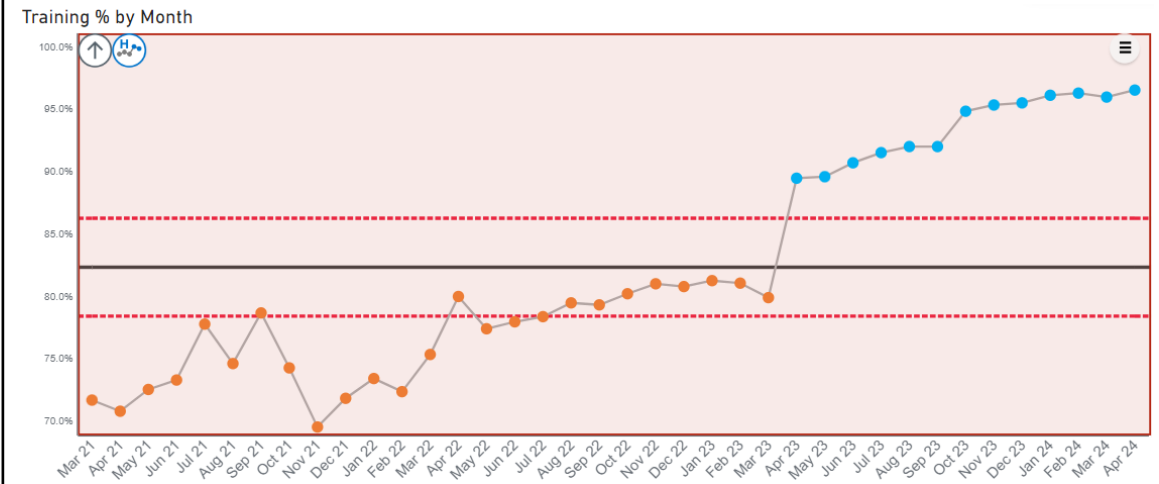
Variation				Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short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

PADR %



The PADR rate continues to improve and has been consistently above the upper control limit indicating special cause of an improving nature.

Mandatory Training Level 1 %

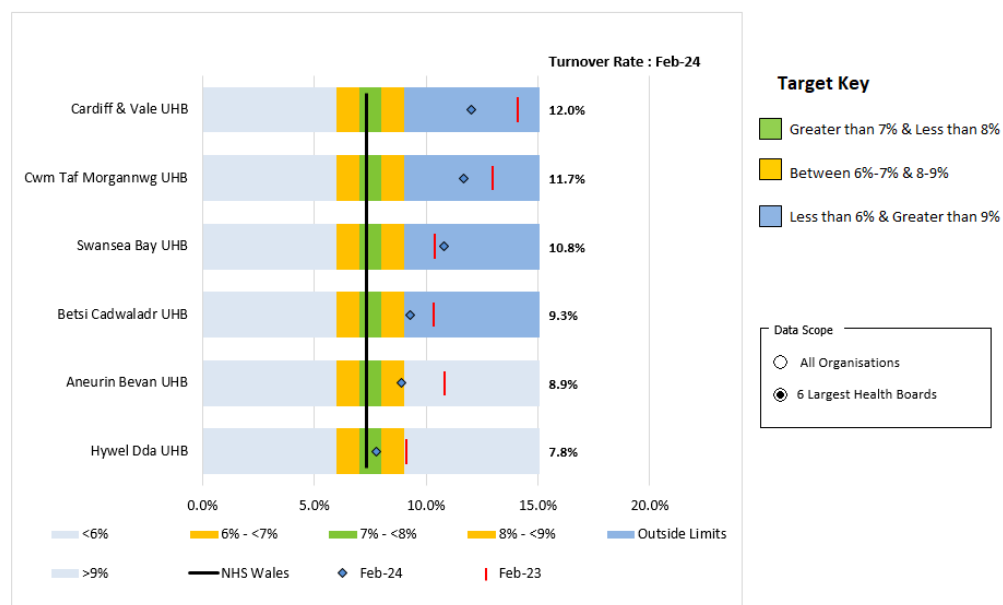


The Mandatory Training Level 1 compliance rate continues to improve and has been consistently above the upper control limit indicating special cause of an improving nature.

Workforce Comparators

Turnover %

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

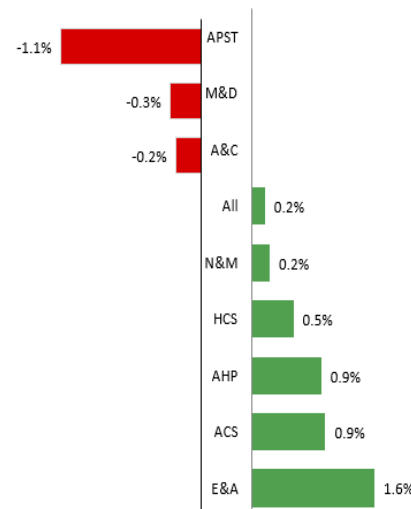


Of the 6 largest Health Boards in Wales, BCU had the third lowest turnover rate in February 2024 at 9.3% behind Hywel Dda at 7.0% and ABU at 8.9%. BCU's turnover rate is 2.7% lower than Cardiff and Vale and 2.4% lower than Cwm Taf Morgannwg.

Please note, NHS Wales Turnover Rate only includes NHS Wales Leavers whereas Health Board data will include Staff Movements between organisations

Sickness Absence %

The Sickness variance between Betsi Cadwaladr UHB and NHS Wales by Staff Group



		12 Month Rolling Sickness to Feb-24			Betsi Cadwaladr UHB FTE	
		Betsi Cadwaladr UHB	NHS Wales	Variance		
<input type="radio"/>	APST	Add Prof Scientific and Technic	4.9%	3.8%	-1.1%	762
<input type="radio"/>	M&D	Medical and Dental	2.3%	2.1%	-0.3%	1,166
<input type="radio"/>	A&C	Administrative and Clerical	5.1%	4.9%	-0.2%	3,646
<input checked="" type="radio"/>	All	All Staff Groups	6.0%	6.1%	0.2%	18,072
<input type="radio"/>	N&M	Nursing and Midwifery Registered	6.3%	6.6%	0.2%	5,631
<input type="radio"/>	HCS	Healthcare Scientists	3.3%	3.8%	0.5%	297
<input type="radio"/>	AHP	Allied Health Professionals	4.0%	4.9%	0.9%	1,212
<input type="radio"/>	ACS	Additional Clinical Services	7.8%	8.7%	0.9%	4,000
<input type="radio"/>	E&A	Estates and Ancillary	7.6%	9.1%	1.6%	1,336

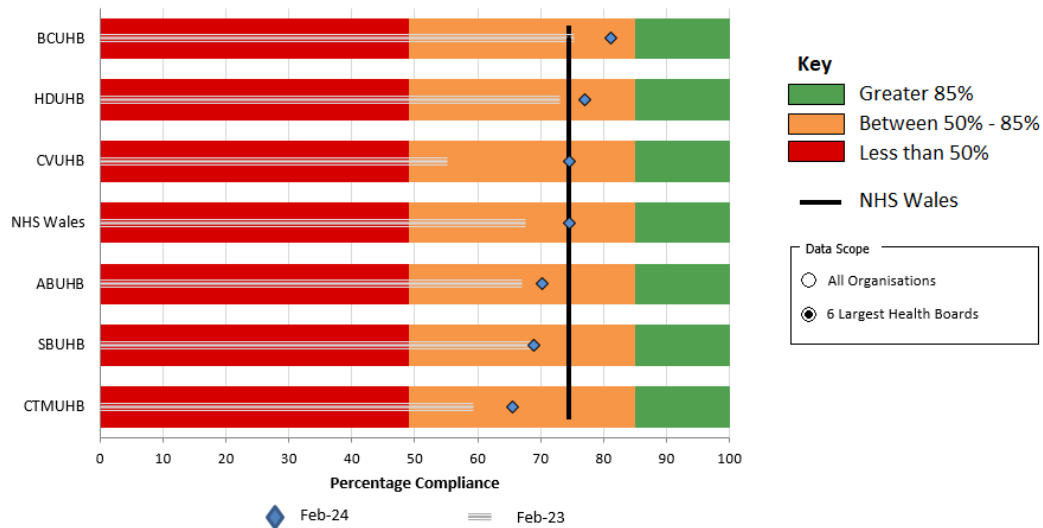
During February 2024, BCU had the lowest sickness rate of the 6 largest health boards at 6% and lower than the NHS Wales overall rate of 6.1%. Swansea had the highest sickness rate at 7.0% followed by Cwm Taf Morgannwg at 6.8%.

BCU is performing better than the NHS Wales average across 5 of 8 staff groups. Whilst Estates and Ancillary staff group has the highest sickness rate within BCU, it is 1.6% lower than the NHS Wales average for this staff group.

Workforce Comparators

Appraisals %

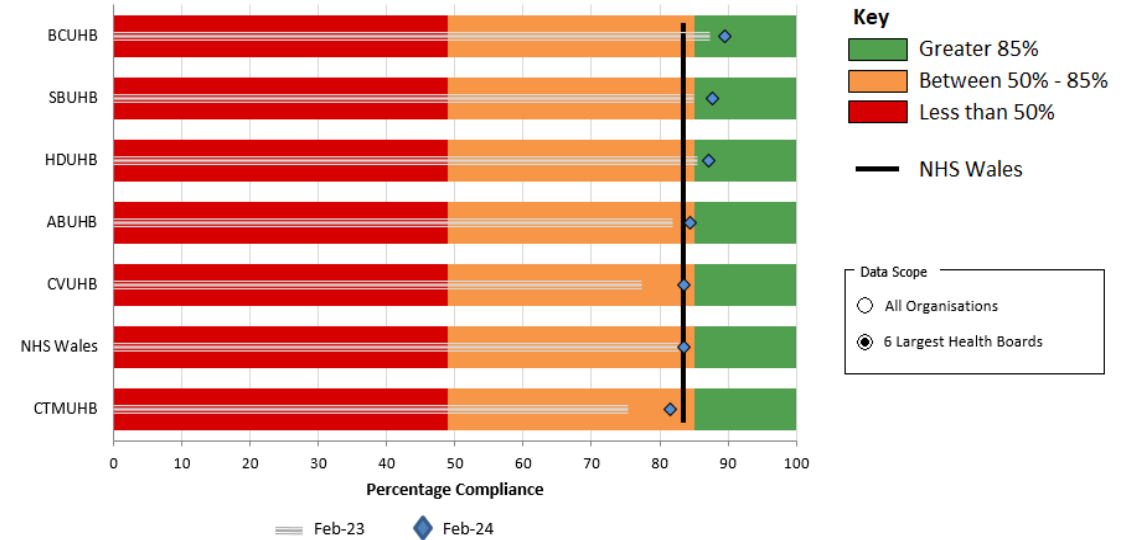
Annual Appraisal compliance rate by Organisation for All Staff Groups



BCU had the highest appraisal compliance rate out of the 6 largest health boards in February 2024 with a combined AfC and Medical Appraisal rate of 81.2% compared to the NHS Wales average of 74.5%.

Statutory & Mandatory Training %

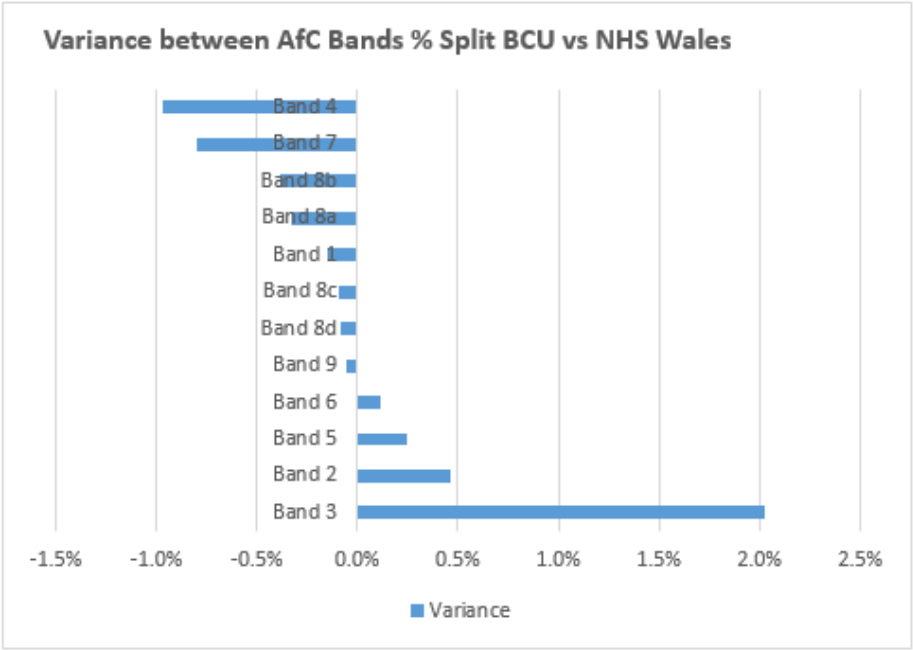
Statutory & Mandatory Training by Organisation for All Staff Groups



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

Workforce Comparators

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



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

The table above provides the percentage split of the BCU workforce vs the percentage split of the NHS Wales Workforce. *Please note, the figures includes AfC staff only and is as at March 2023, more current and complete data will be sourced for the next People Operations Report.*

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

Recruitment KPIs

Current Position (in days) – April 24

Staff Group	T0a - Notice Date to authorisation start date	T1a - Time to approve vacancy request	T4 - Time to shortlist	T5b - Time to update interview outcomes	T9b - Time to check references	T13 - Vacancy Creation to offer letter issued	T23 - From conditional offer to ready for Start Date with outliers	T14 - Vacancy Creation to ready for Start Date
Nursing & Midwifery	47.1	5.4	6.4	2.2	3.4	44.2	22.8	63.1
Additional Clinical Services (Nursing)	48.9	4.8	10.2	2.2	3.2	45.4	25.0	74.6
Allied Health Professionals	70.2	6.0	7.1	4.3	15.3	49.8	16.1	67.2
Additional Professional, Scientific & Technical Healthcare Scientists	122.1	5.8	4.6	4.1	3.6	54.8	12.9	56.8
Additional Clinical Services (Non Nursing)	1.0	10.0	4.6	0.6	1.5	43.7	10.8	60.0
Estates & Ancillary	114.9	4.8	4.6	3.5	2.7	55.1	18.9	67.0
Administrative & Clerical	101.7	3.4	5.3	1.6	1.1	35.6	18.4	58.8
BCU Average	69.2	5.2	7.5	2.5	3.8	46.6	18.5	62.7
Wales Average	51.2	7.4	6.5	3.2	3.1	46.2	17.5	59.4

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 4 of the 8 metrics.

There appears to be notable delays in Notice Date to Authorisation Start date where BCU averaged 69.2 days in April 2024 compared to the All Wales average of 51.2 days. Time to shortlist for BCU took an average of 1 days longer in comparison to the all Wales average with the highest average length of delay in Additional Clinical Services Staff Group followed by A&C. Time to check references is high amongst AHP vacancies at 15.3 days on average compared to the BCU average of 3.8 days. Performance against total time to recruit (T14) is within the target of 71 days at 62.7 days during April 2024 but this is higher than the all Wales average of 59.4 days. Only Additional Clinical Services staff group failed to meet the performance target for total time to recruit during April 2024.

Highlighted Areas

Department (Org L7)	Actual FTE	Vacancy %	Rolling Sickness %	PADR %	Training %	Turnover Rate %
IHC Centre Colwyn Bay Hospital (HX63) L7	42.6	9.4%	8.47%	72.5%	85.4%	9.1%
IHC Centre Denbigh Hospital (HX64) L7	36.6	7.1%	8.79%	59.1%	86.1%	18.3%
IHC East E Community Hospitals (AX4C) L7	236.0	13.1%	9.90%	78.5%	89.7%	12.0%
IHC West Facilities Porterage - West (RX59) L7	61.1	13.7%	7.83%	76.5%	89.2%	8.7%
IHC West GMS West (AXGM) L7	76.6	11.3%	6.07%	56.1%	87.2%	17.4%
IHC Centre Patient Services - Central Area (RX32)	349.2	9.6%	7.46%	68.7%	80.1%	9.5%
IHC Centre SC POAC YGC (HXJ1) L7	12.0	22.4%	15.25%	28.6%	82.4%	23.9%
IHC Centre SC Vascular (HXHA) L7	51.7	16.5%	6.30%	15.0%	78.9%	15.7%
IHC Centre USC Specialist Nurses YGC (HXG8) L7	23.2	12.7%	10.60%	67.7%	88.6%	8.9%
MHLD West Adult P.I.C.U. (MXBE) L7	23.9	18.3%	22.49%	52.0%	87.3%	15.5%
MHLD West OPMH Acute (MXBQ) L7	12.3	14.2%	12.95%	60.0%	85.5%	12.0%

The table above shows the departments where performance against the 5 key workforce metrics is poorer than the BCU average in April 2024 i.e. the vacancy rate is greater than 5.2%, the rolling sickness rate is greater than 5.83%, the PADR rate is lower than 79.4%, the mandatory training Level 1 is lower than 90% and the turnover rate is greater than 8.5%.

The Pre Op Assessment Clinic at YGC has a small workforce currently carrying 3.5 FTE vacancies, a rolling sickness rate of 15.25%, low rates of PADR compliance and high rates of turnover.

Taliesin Ward in MHLD West has significant levels of sickness absence along with 5.3% vacancies which is possibly contributing to a higher rate of turnover and lower compliance with PADRs.



Teitl adroddiad: <i>Report title:</i>	Update on Culture, Leadership and Engagement Improvement Work			
Adrodd i: <i>Report to:</i>	People and Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 13 June 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This paper provides the Committee with an update on the Organisational Development work currently underway in relation to culture, leadership and engagement and follows the update received earlier in the year.			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to NOTE the progress and future plans outlined in this report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Jason Brannan, Deputy Director People Services			
Awdur yr Adroddiad: <i>Report Author:</i>	Nia Thomas, Head of Culture Development Rebecca Testa, Head of Organisational Development Katie Sargent, Assistant Director Corporate Communications and Public Engagement			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></small>	Derbyniol <i>Acceptable</i> <input 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>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				
<i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Having strong leadership and engagement Being a learning and self-improving organisation			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	N/A			

<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	N/A
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	N/A
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	Information provided in this paper was presented to the Organisational Development Steering Group (ODSG) at the meeting on 3 May.
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	N/A
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: <i>Implementation of recommendations</i></p>	
<p>Rhestr o Atodiadau: List of Appendices:</p> <ol style="list-style-type: none"> 1 Overview workplan for culture, leadership and engagement for 2024/25 2 Presentation on the culture programme presented to and discussed by the May ODSG 3 ILDF implementation plan 	

People and Culture Committee Meeting

Thursday 13th June 2024

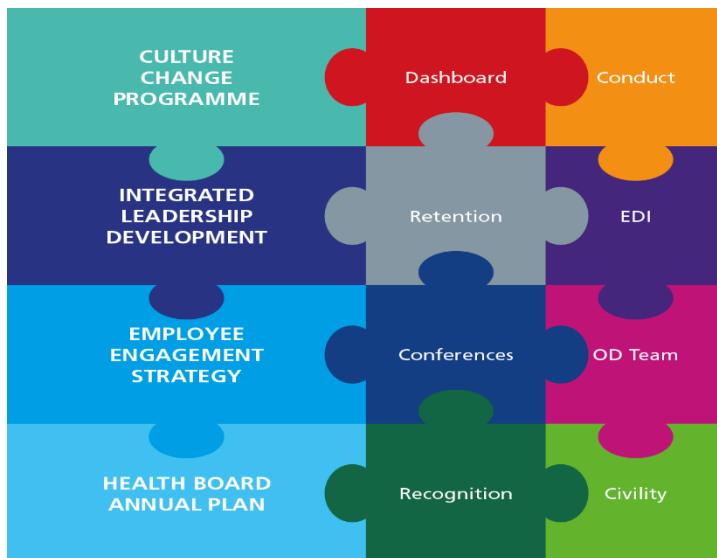
Culture, Leadership and Engagement Update

1. INTRODUCTION AND CONTEXT

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

We are taking a whole-organisation approach to our culture, leadership, and engagement work, linking the principles and values to other applicable areas, such as our recruitment, employee health and wellbeing, and commissioning processes.

Our journey in organisational culture is described as a jigsaw of pieces, some of which may be progressed independently but that tie back to our core culture, leadership, and engagement programmes of work.



A key activity plan for 2024 is in **Appendix 1**.

2. CULTURE DEVELOPMENT

The Health Board's three-year plan, 2024-2027, affirms that a compassionate leadership culture generates better outcomes for staff across the organisation. This positive shift in our culture will undoubtedly lead to improved performance and a more engaged workforce.

One crucial aspect of the plan for 2024/25 is the initiation and implementation of the Cultural Change Programme. This program, rooted in research and evidence, was designed by NHS Improvement in collaboration with the King's Fund, the Centre for Creative Leadership, and Professor Michael West. Its aim is to assist NHS organizations in cultivating cultures that foster and sustain continuous improvement in safe, high-quality, compassionate, and inclusive care.

The sequential steps of this programme provide the organisation with a clear roadmap to effectively drive change.



The first steps, examining the current culture and engaging with the workforce to determine our vision for the culture we aspire to have, were discussed and agreed upon at the March '24 and May '24 Organisational Development Steering Group (ODSG) meetings.

The areas of work will include:

- Examining the current culture;
- Understanding current leadership behaviours;
- Galvanising change from the grassroots level in conjunction with the Board level through local change agents/advocates and
- Developing an organisational culture dashboard.

At the May ODSG, we delved into the role of change agents/ambassadors in the Cultural Change Programme. This element is pivotal to the program's success, as

these individuals will be instrumental in driving and embedding the desired cultural changes throughout the organization.

The key activity will initially be to recruit local change agents/ambassadors from all demographics of the organisation, ensuring hard-to-reach areas and voices are heard. Inclusion and diversity are key features of the requirements to become a change agent/ambassador.

For more details on the role, please see Appendix 2, which provides the presentation shared at ODSG.

The first steps to launch the culture change work will be to develop and approve a communications and engagement plan to support the detailed activity plan.

3. LEARNING ORGANISATION FRAMEWORK

We have collaborated with colleagues in Nursing and the Quality Directorate to develop a Learning Organisation Framework (as outlined in Special Measures expectations C1-5:1).

The Learning Organisation Framework, developed in collaboration with colleagues in Nursing and the Quality Directorate, is designed to enhance the Health Board's capacity to draw out Health Board-wide learning from practice. This includes both positive and innovative practice, as well as learning from events, errors, and systemic failures in practice that impact patients, service users, families, carers, and staff. The aim is to enhance and/or improve current organizational practices, thereby improving clinical and corporate outcomes.

To date, the group has:

- Written an initial 'theory into practice' document mapping out key 'pillars' and 'building blocks' required for becoming a learning organisation, alongside outlining the broader ways in which learning can be better embedded into core business alongside clinical practice, for example, quality management systems, educational outputs, policy, procedure and practice, and planning, development and strategic work.
- Created a corporate-level tool for assessing learning organisation readiness and capability at the level of the whole system – the Learning Organisation Readiness and Capacity Assessment (LORCA).
- Developed a staff-facing version of the LOF via collaborative work undertaken with staff through an online engagement event, subsequent survey work, and the use of critical friends. This draft framework supports the assessment of organisational learning at the team and service level. It provides staff with helpful guidance on creating the conditions and psychological safety required for learning and hosting and facilitating organisational learning conversations.

It also features templates for capturing learning outputs to enable local, pan-service and organisation-wide sharing.

- A prototype version of a learning repository portal is now ready for initial testing.
- Agreed with the Senior and Operational Leadership Teams in MHLTD on a range of safety incident-related learning inquiries. These events will enable the testing of both the staff-facing LOF and the prototype learning portal through use in practice and subsequent iterative learning to ensure both tools are fit for purpose before being formally launched as aids to organisational learning at all levels of the system in BCUHB.

4. LEADERSHIP DEVELOPMENT

Integrated Leadership Development Framework (ILDF)

Following the draft Integrated Leadership Development Framework (ILDF), which was presented to the Executive Team on December 6th, 2023, two further update papers were presented to the ODSG in March and May 2024.

Following the feedback from the March ODSG, the ILDF has been reframed to provide learning pathways with greater emphasis on informal learning and less emphasis on traditional learning programmes. Moel Famau, previously the programme for aspiring leaders, is now described as the pathway providing leadership for all. This shift promises a more inclusive and dynamic learning environment for all.

The Health Education and Improvement Wales (HEIW) leadership platform, GWELLA, provides all NHS Wales staff access to a wide range of learning opportunities and resources to develop knowledge, skills, and competence as and when required. We aim to develop our BCU hub further on the GWELLA platform. To ensure the ethos of leadership for all, the hub will empower staff to develop skills and knowledge in technical topics such as HR policies, finance, e-rostering, etc., through self-directed learning modules, which we will develop with subject matter experts. Staff will receive regular updates on any new resources and developments within the hub.

As part of our core formal learning offer and to develop the softer, transformational skills associated with Moel Famau, the leadership for all pathways and workshops will be developed and delivered on compassionate leadership, coaching, and courageous conversations.

Appendix 3 provides a high-level draft of the types of informal and formal learning opportunities available for staff to access within the ILDF, including workshops, seminars, online courses, and mentoring programmes. This will be continuously updated to reflect developments. (Please note this is not the final format)

Other leadership and development methods to support the ILDF include:

- Leadership alumni – a network for those who have previously attended leadership programmes focussing on embedding learning across the organisation;
- People Manager’s Forum – a space where people managers come together to focus on development areas through networking, webinars, workshops, etc;
- People Managers Induction - mandated for newly appointed people managers, also available for existing managers;
- CEO Leadership briefings – briefings where staff of band 8a and above are invited to attend updates direct from the CEO;
- Internal leadership conferences— various internal and external speakers and interactive workshops are open to all staff across the organisation; and
- An audience with - an opportunity for a smaller group Q&A session with experienced internal and external senior leaders.

5. ENGAGEMENT

NHS Wales Staff Survey 2023

The national NHS Wales Staff Survey results provide us with a benchmark of how staff feel about a range of issues, from levels of engagement to teamwork, autonomy, leadership, and stress and burnout.

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

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

High-level data at an organisational level has already been shared across the organisation following the release of two initial dashboards released by HEIW. The high-level themes are:

Top five positive themes	Top five areas for development
Staff Engagement	Morale
We are compassionate and inclusive	Patient Safety
We recognise everyone's contribution	We are all able to speak up
We are stronger together	We champion flexible working
We are continuously learning and improving	We nurture healthy working environments

HEIW was scheduled to give nominated administrators access to the IQVIA self-reporting platform in April, allowing access at a directorate/service level. However, the survey provider IQVIA has experienced delays in developing their platform. Consequently, HEIW decided to build an alternative in-house solution to fulfil their commitment to release data in April. HEIW has, therefore, built an internal power BI dashboard that has the capability to go beyond providing data files. It will be developed and enhanced to provide a secure dashboard for future surveys.

Training sessions for survey leads on the new dashboard were held on the 29th and 30th of April. Access to the dashboard was released to NHS Wales Staff Survey Leads on the 30th of April, 2024.

Next steps:

The dashboard will provide data broken down as follows:

- Tier 1 (divisional level)
- Tier 2 (directorate level)
- By site
- By staff occupational group

There are several restrictions at present due to suppression rules.

The dashboard has a few teething problems, and concerns have been raised and discussed at length with HEIW and staff survey leads across NHS Wales. Any queries will be addressed, and further enhancements will be provided as we progress.

We are collating a suite of reports, recognising the dashboard's capability and limitations by response and score, and we will aim to share these across the organisation within the next month. Further work is also underway to interrogate our data relating to our core development themes and identify our hot spots to inform an improvement plan.

Please note that HEIW has not yet released the free text comments, but we have been assured that we will have them within the next few weeks.

In the meantime, access to the dashboard will be shared with identified administrators. The list of administrators has been updated and sent to HEIW to provide access.

IHC and Pan Services will need to develop improvement and engagement plans to ensure that local-level improvements are being taken forward and can feed into any existing plans and processes. A template plan will be shared, with guidance for administrators on using the dashboard and a set of reports related to the above parameters.

BCUHB Leadership Conference

The conference will be held before the Committee meets. Therefore, a verbal update on the conference can be provided at the meeting.

Our first Leadership Conference was held in February at Venue Cymru. Around 200 colleagues attended it, and it was well received. Following this, a conference for people managers will be held on June 4th at the Llangollen Pavilion.

This large-capacity venue can accommodate up to 800 delegates, and it is an ideal opportunity for us to engage with colleagues of all levels of seniority and across a variety of roles and disciplines on important elements of our culture improvement work. This includes asking about their experience and views on the values and behaviours demonstrated in the workplace and how improvements might be made.

A range of interesting speakers and activities are on the agenda:

- HEIW's Assistant Director of Organisational Development, Wellness and Inclusion Rhiannon Windsor and Head of Compassionate People Practices Julie Nallon will outline the national approach to fostering cultures of compassionate leadership;
- Aneurin Bevan University Health Board's Head of Programmes for Employee Wellbeing Andrew Cooper on the Health Board's approach to addressing the

avoidable employee harm caused by investigations and thinking differently to develop a just and learning culture;

- North Wales Police Chief Constable Amanda Blakeman and colleagues from Senseia who have undertaken a culture improvement programme across the force;
- specially-recorded Professor Michael West (Professor of Work and Organisational Psychology at Lancaster University) video on culture methodology and the importance of kindness and empathy for a happy workforce;
- BCUHB's Head of Improvement Julie Ward-Jones and Christopher Shirley, Professional Development Lead – Resus Services, will discuss human factors - understanding the 'fit' between an employee, their equipment and the surrounding environment, which can include learning styles, behaviours and values, leadership, teamwork, the design of equipment and processes, communication and organisational culture;
- World Café engagement sessions focused on the culture, behaviours and values that colleagues would like to see in the Health Board and
- information stands from internal BCUHB colleagues and external partners.

Staff Reward and Recognition

Part of developing an organisation where employees feel happy, supported and valued is taking the recognition of their effort and contribution seriously. Although there are some elements of our employees' benefits and conditions that we do not control, for example, their rates of pay or pension arrangements, there is much we can do to improve how valued they feel in the workplace by actively encouraging peer recognition and creating a culture of appreciation.

This is key to an organisation's recruitment and retention success rates.

Below is a summary of the main corporate activity of recognising and rewarding staff. This does not capture the approaches of individual leaders or teams but provides members of the Committee with a picture of our current efforts.

Pan-BCUHB Staff Achievement Awards

Since 2016, a pan-organisation staff achievement awards ceremony has been held at Venue Cymru in Llandudno, the central location.

The vision was an uplifting, inspiring, and glamorous occasion that made the staff attending feel special. It has grown from strength to strength, and now up to 500 guests enjoy a formal dinner, entertainment, and awards evening. In recognition of their efforts, the finalists were nominated in ten award categories, and their nominators attended the event for free.

The 2024 event is due to take place on Friday, September 27th. This year's event attracted the highest number of nominations ever: 424.

We are currently in the process of approaching partners and suppliers to seek sponsorship towards the cost of the event.

Last year, £22 750 in sponsorship was secured, and almost £ 5,000 was raised in ticket sales. Charitable funds were also used to cover the event cost (approximately £ 32,000).

GREAT-ix

GREAT-ix is a concept stemming from the [Learning from Excellence](#) movement. It allows healthcare staff to report episodes of good practice or when things work well. It enables us to show appreciation to staff for their good work and, secondly, learn from excellent practice and share it. The initiative has significantly impacted staff morale, with many feeling more valued and recognised for their contributions. It has also been instrumental in promoting a learning culture and sharing best practices within the organisation.

GREAT-ix was formally introduced across the organisation in June 2023 after taking place in pockets of the Health Board for some time with positive effect.

Any staff member can submit a GREAT-ix to capture positive events and contribute to improving safety by sharing and spreading excellence.

The individual nominated for a GREAT-ix award receives a formal thank you letter for their appraisal or portfolio and a postcard. They are also showcased and celebrated on BetsiNet so colleagues can learn more about their efforts.

Since the June 2023 launch, over 750 staff members have made GREAT-ix nominations and over 1,300 staff and teams have been recognised.

GREAT-ix has quickly become our main organisational mechanism for logging staff achievement, and we are currently exploring ways to link it with other recognition initiatives, including Seren Betsi.

Long Service Awards

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

These awards hold a special place in our recognition initiatives as they honour the dedication and loyalty of our long-serving staff, who have been instrumental in shaping our organisation and delivering quality healthcare services to our communities.

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

This year's events are being held in late May and early June, and we anticipate that some 150 colleagues and their guests will attend.

A currently underway review will explore whether the organisation could also mark additional milestones, such as 30 or 40 years of service. This work must align with the outputs of an all-Wales task and finish group on the benefits package available to NHS Wales staff.

We also have:

- Kindness and Empathy awards for Mental Health and Learning Disability Services. To date, more than 60 staff members have been nominated for awards;
- Executive Director of Nursing awards and annual BCUHB nursing and midwifery awards. An awards ceremony was held on May 10th, and
- Welsh Learner of the Month and Welsh Learner of the Year.

External Awards and National Recognition

Efforts are made to promote and publicise staff successes, but we would like to do more to ensure colleagues are recognised for their work on a bigger stage at a national and, where possible, international level.

Colleagues will often read about or attend awards ceremonies where individuals and teams from other organisations are successful when they know of achievements equal to those – or better - within BCUHB.

A task and finish group has recently been convened to encourage and support nominations to national awards from amongst our nursing and midwifery colleagues. This includes scoping out potential awards we could enter, logging submission deadline dates and ensuring that entries are well-written and meet the category criteria.

This could also be extended to other staff groups and disciplines to increase our chances of success further.

Tools to Support Managers to Show Recognition of Effort and Good Work

Colleagues can now access a newly developed toolkit to support them with ideas and tips for staff engagement [here](#).

One of the sections refers to recognition and reward. In addition to providing information on the awards mentioned above, it also has a range of tools, including printable 'Employee of the Month' certificates, a guide on how to give praise on MS Teams, and tips on how to share praise for colleagues on a 'Wonderwall.'

Staff Giving

Reward isn't always about staff receiving—it can also be about staff giving back. This can have many benefits, including building connections, increasing happiness, providing a sense of purpose and fulfilment, and learning new skills.

Last year, to mark the 75th birthday of the NHS, 264 staff participated in our North Wales NHS Charity, Awyr Las, Zip Wire celebratory event on Velocity 2 at Zip World in Bethesda. The afternoon/evening event saw staff gather for a raffle, pizza, singing, and socialising while cheering one another on as they took to the skies.

It was a successful event that brought colleagues together and raised over £30,000, with the income supporting priority projects or specific wards and services across North Wales. Each 'zipper' was required to raise a minimum of £75 in sponsorship to take part. Feedback from those who attended was very positive, and the benefits of the event will be felt by staff and patients.

Work is underway to launch a Staff Wellbeing Grants Scheme in June 2024 with £240,000 funding from NHS Charities Together. The Health Board's Charity Support Team are also looking into the possibility of establishing a matched funding grant scheme, where staff members can apply for funding of up to £2,000 for extra equipment or special projects from our North Wales NHS Charity, provided they match the amount with fundraising or donations. This could be a catalyst for engaging teams across the organisation to get together to give back.

APPENDICES

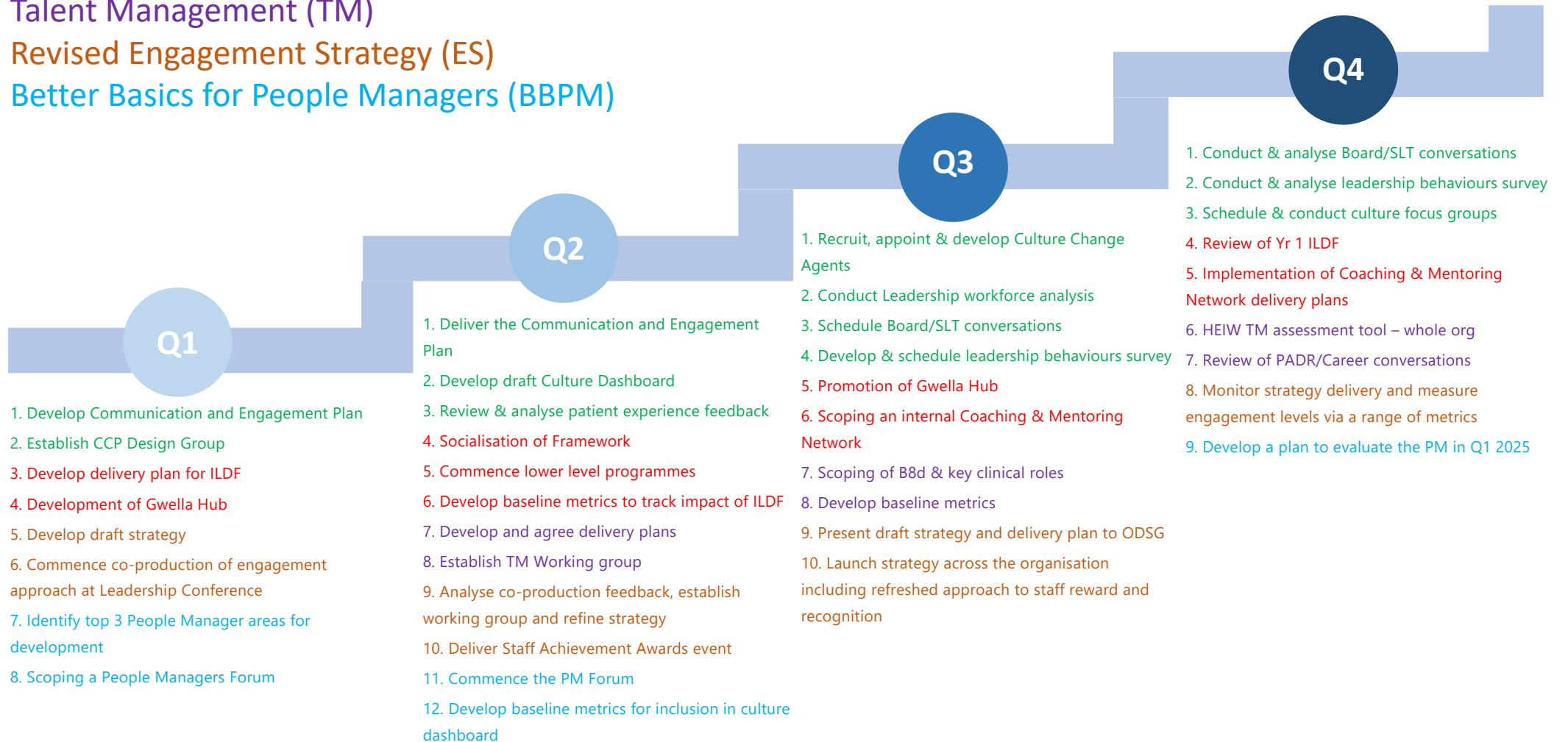
1. Workstream activity planner for 2024.
2. Presentation prepared for the ODSG May meeting, including a description of the role of change agents/ambassadors.
3. Details of informal and formal learning opportunities available for staff to access within the ILDF.

Culture, Leadership and Engagement Plan 2024-25

High level priorities

- Culture Change Programme (CCP)
- Integrated Leadership Development Framework (ILDF)
- Talent Management (TM)
- Revised Engagement Strategy (ES)
- Better Basics for People Managers (BBPM)

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



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. Talent Management (TM)
4. Revised Engagement Strategy (ES)
5. Better Basics for People Managers (BBPM)

Health Board Level

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

IHC/PAN Level

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

Corporate Services

OD

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

HRBP

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

Workforce Systems/BI

- Data/dashboard creation/ESR recording

POD & Transformation Directorates

- Alignment of health board improvement plans

Communications

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

Measurement Data

Monthly

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

Quarterly

- Engagement data – pulse surveys

Annually

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

Examine the current culture – ensuring engagement, co-production and long term sustainability

Reminder on what we are trying to change

Culture:

The way we do things around here



Engagement:

The way people feel about the way things work around here



Our strategic narrative

The Organisational Development Plan sets out areas of focused development to strengthen organisational capability.

‘This includes embedding the desired culture, ensuring an effective workforce and developing enabling systems and processes’



The Health Board’s three year plan 2024-2027 sets out that a compassionate leadership culture generates better outcomes from staff across the organisation.

One of the key priorities in the plan for 2024/25 is that the Health Board will develop and commence the implementation of the Cultural Change Programme which is rooted in research and evidence

Betsi Cadwaladr University Health Board
Three Year Plan 2024-27





OLD WAY



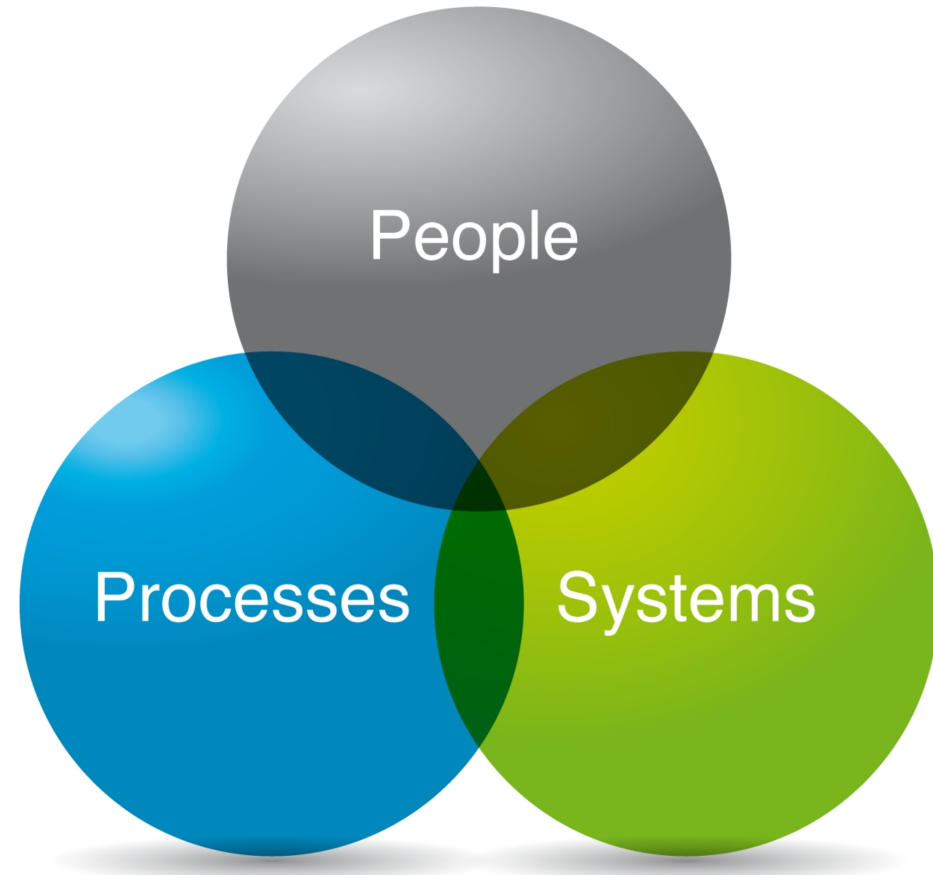
NEW WAY

Three Strategic Drivers to Change and Context

1. Culture

2. Leadership

3. Engagement



An evidence-based approach to drive change

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

The sequential steps of this programme provide the OD steering group with a clear roadmap, outlining the necessary steps and sequences to effectively drive change, thereby enhancing their strategic planning and implementation capabilities.

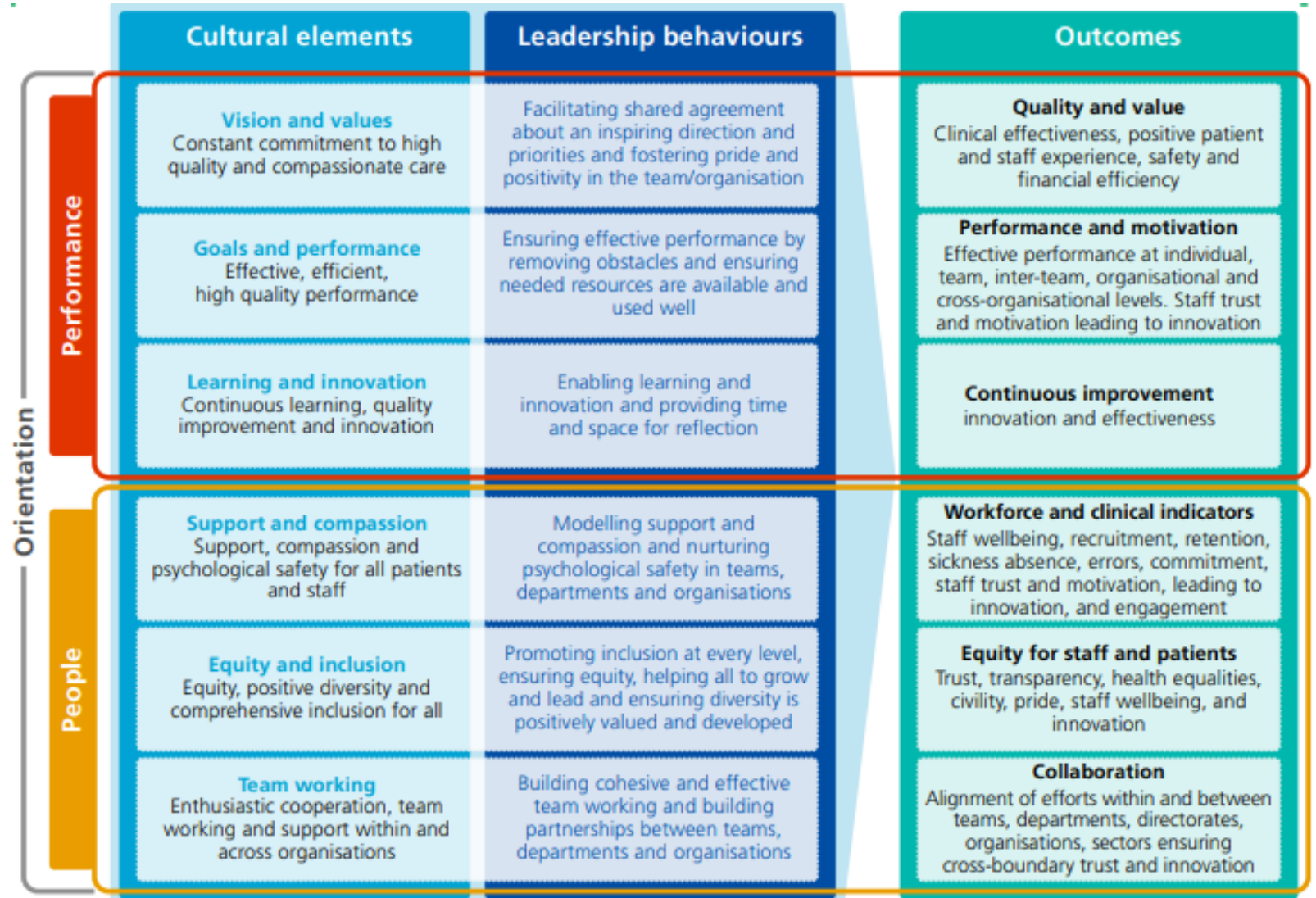
This is linked to delivering culture, leadership, and engagement changes.



Based on a clear framework for culture change

During the work to examine the current culture in the Health Board, we will complete a current-state diagnosis. We will have information about each element of the conceptual framework shown to use in designing our cultural change and leadership strategy.

We will understand the perspectives of patients, staff, stakeholders and the board on culture, which will inform our compassionate and inclusive strategy for the future.



Our cultural destination

Creating a shared vision and purpose for the future culture of our organisation



Creating a shared vision and purpose



“I knew our focus had to be on providing nurturing, compassionate leadership and the programme supported my vision, highlighting the value of connection, empathy and empowering people.”

Maggie Oldham, Chief of Transformation and Recovery/Deputy CEO, Lancashire & South Cumbria ICB, former Chief Executive Officer Isle of Wight NHS Trust

Why a culture change team?

A change team of people from across the organisation is central to the embedding the Culture Change Programme approach

Culture change requires:

- **A coordinated effort with access to specialist skills**
- **The participation and ownership of culture change**
 - Behavioural change
 - peers influence peers



North Middlesex University Hospital NHS Trust Change Team, 2019

Activities of the change team



The team... are committed with a clear vision and values of why they are doing this work. It is less about themselves as individuals and more about the collective goal.

You can feel their excitement and passion, and they are able to make the positive changes that they are seeking within their own areas of responsibility. Staff actively ask to join the change team and become a champion because they can see what a difference it is making to their organisation. They are so proud of what they have achieved, proud of where they work and proud to come to work every day.



Observations of the Bournemouth change team

Composition of the core culture change team to work in partnership together and with the wider culture change ambassadors

- Executive Sponsor
- Head of Culture and programme team (1x8a/1xB6/1xB3)
- Analyst
- Communications lead
- Speak out Safely Guardian
- Trade Union
- Wellbeing lead
- Equality, Diversity and Inclusion lead
- Quality/ Patient experience lead
- Organisational Development & People BP lead
- Medical/Nursing/AHP/Operations lead
- 1 Ambassador from each IHC/Pan/Corporate

- ****LIST TO BE AGREED AT ODSG****



Nottingham University Hospitals NHS Trust Change Team

Creating and developing our culture change ambassadors**

- The culture change ambassadors are a crucial vehicle for staff engagement and it will be most effective if it is multidisciplinary and diverse – championing a compassionate, diverse and inclusive leadership approach.
- The team should include staff from a wide range of services, occupational groups, disciplines, and sites and from all hierarchical levels and demographics.
- It is important to include operational ‘doers’ as well as influencers.
- A diverse change team who undertake an inclusive approach is critical to help us capture the views of those in the workforce, especially those who may be hard to reach and who feel marginalised.
- It is proposed that we have a group of ambassadors as a cross –section across each IHC, within each of the Pan services, Primary Care and Corporate Divisions

** name to be agreed**

Creating and developing our culture change ambassadors**

Essential criteria for our ambassadors include:

- Represents a cross section of job roles, bands and professions
- Is excited by change and wants to make a positive difference
- Demonstrate a desire to want to make BCUHB the best it can be
- Is motivated to work beyond current role
- Embraces our values
- Keen to learn and develop
- Can connect with and support colleagues
- Curious nature
- Is able to role model collective leadership

Once recruited our ambassadors will help:

- Define the questions we will use to examine the current culture at BCUHB
- Establish the best processes to engage staff in order to collect views/information/data
- Conduct, gather and process data from Board conversations, a leadership survey and culture focus groups
- Communicate regular updates to local teams and the wider organisation
- Attend culture network meetings
- Feeding back recommendations to the Board after completing the discovery of current culture work is complete
- Plan the next steps to support the development of compassionate, diverse and inclusive leadership strategies and the implementation of collective leadership strategies (Design and Delivery phases of the Culture Change Model)

Creating and developing our culture change ambassadors**

Time commitment required as a minimum include:

- 5 x 1 day workshops over 3 month period (TBC)
- Working in smaller teams between workshops
- Line manager support
- An initial term of 10 months, with a subsequent reduced time commitment

Learning from others

- The information presented today on the role of the ambassadors has been developed from information contained within the culture change programme and learning from other organisations who have successfully undertaken this programme of work with excellent outcomes.
- The next few slides contain examples of case studies from these organisations



Become a Change Agent



Get involved in change and help others



Be part of creating a positive impact + bringing joy in work



Make things happen! Implement ideas



Be part of a diverse community. Broaden your knowledge



Find inspiration and motivation to make changes



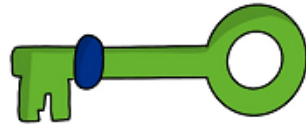
Help boost morale and spread happiness



Cultivate and spread kindness



Learn about varied roles and create new connections



Get positive exposure + opportunities in the organisation



Share your ideas, experience and feedback



Make everyone feel welcome and part of the PHU family



SHOUT OUT about the good and celebrate achievements



Recognise and be proud of staff who go above and beyond



Empower others to be the change!



Listen and ask Staff "what matters to you?"



Break barriers + champion inclusion

Stacy Bullock, former Assistant Head of Organisational Development and Training, Central Manchester University Hospitals NHS Foundation Trust

We asked our directors to identify a number of capable and motivated people as change leaders who will help design and lead on the delivery of the programme. There were no set criteria for getting involved, just an enthusiastic commitment to the programme and a willingness and capacity to get involved. Initially we had 30 volunteers from around the organisation and from a range of roles and bands. We have kept the whole group involved but we have had a core group of 16 who have led on this phase of the work programme. The real benefits of developing the change team in this way have been the fact that we have both capitalised on people's interest and curiosity in culture and started to build OD capability in roles that ordinarily would not have been exposed to this. The team has also acted as a real catalyst for communicating and spreading the key messages from the programme.

Nicola Hartley, former Director of Organisational Development and Leadership, Royal Bournemouth and Christchurch NHS Foundation Trust

Being in the change team is a development opportunity. We decided to include half a day every other month for structured development programme for the change team (see below). The development programme included looking at personality types and understanding differences, which was then used to think about how the team members could work effectively together to achieve their aims and objectives. Another session focussed on presenting with impact and we engaged an actor to help facilitate that.

Personal Development Programme for Change Champions

- Celebrating difference in the team, understanding self and others
 - Myers Briggs Type Inventory
- What is collective leadership – The King's Fund evidence base
- The CQC well led domain – the what and the why
- Models of Organisational Change - including the RBCH Quality Improvement Model
- Being a Change Rebel overview
- Wilful Blindness – Margaret Heffernan TED talk, what this means for culture change
- Personal Impact toolkit – Amanda [Wilsher](#)
- Understanding the role of an NHS Board
- Using social media as an engagement tool – Twitter
- How to run a focus group
- Interviewing the board with confidence

Communicate - Say it, hear it, do it! Improve - Change it! Teamwork - Share it! Pride - Show it!



Let's shape 'our future, our way' to improve our culture, leadership and inclusion across our Trust.

We want LPT to be a great place for you to work. Your feedback through our CQC reports, staff surveys and transformation programmes shows that we are not getting it right across all our services. It's not right that staff feel there is inequity in how they are treated or recognised, or when they feel blamed rather than supported to learn and improve. Please help find and improve what is not working. Let's create a culture we are all proud of.



Change champions wanted!

A multi-disciplinary team of change champions from across LPT is needed to inform, design, communicate and influence this improvement programme.

We are eager to hear from colleagues who:-

- Are excited by change and want to make a positive difference
- Embrace our Trust's values
- Demonstrate an inclusive approach
- Are good listeners and good communicators
- Have an open mind
- Are positive advocates of making LPT a great place to work

You will be fully trained and supported in this role. Training days are 1 and 2 May 2019. Initial time commitment is for two days per month for the first six months. Financial support is available to backfill rotas or shifts (see form for details).

For more information or for support with the application contact:
Abida Hussain on 07867 193325 or Fiona McNamee on 07879603898
Or email OrgDevelopmentTeam@leicspart.nhs.uk

ORGANISATIONAL DEVELOPMENT STEERING GROUP – 7th May 2024

Integrated Leadership Development Framework (ILDF) Implementation Plan

Introduction

This paper provides an update following feedback from the Organisational Development Steering Group in March, where the following requirements were noted:

- Explore Leadership development opportunities for all staff across the organisation and consider other informal methods to support the development of leaders
- Review all feedback, ensuring all themes are compared and contrasted
- Add the current costings to the areas we currently have active and review the costings for the higher mountains

Explore Leadership development opportunities for all staff across the organisation and consider other informal methods to support the development of leaders.

Following the feedback from the previous ODSG, the ILDF has been reframed to provide learning pathways with greater emphasis on informal learning and less emphasis on traditional programmes of learning. Moel Famau, previously the programme for aspiring leaders, is now described as the pathway providing leadership for all.

HEIW's (Health Education & Improvement Wales) Leadership platform, GWELLA, provides all NHS Wales staff with access to a wide range of learning opportunities and resources to develop knowledge, skills, and competence as and when required.

We aim to develop our BCU hub further on the HEIW GWELLA platform. To ensure the ethos of leadership for all, the hub will empower staff to develop skills and knowledge in technical topics such as HR policies, finance, e-rostering, etc., through self-directed learning modules, which we will develop with SMEs. Staff will receive regular updates on any new resources and developments within the hub.

As part of our core formal learning offer and to develop the softer, transformational skills associated with Moel Famau, the leadership for all pathways and workshops will be developed and delivered on Compassionate Leadership, coaching, and courageous conversations.

[Appendix 1](#) provides a high-level draft of the types of informal and formal learning opportunities available for staff to access within the ILDF, including workshops, seminars, online courses, and mentoring programs; this will be continuously updated to reflect developments. (Please note this is not the final format) Other leadership and development methods to support the ILDF but not exhaustive include:

- Leadership Alumni – A network for those who have previously attended Leadership programmes focussing on embedding learning across the organisation
- People Manager’s Forum – A space where people managers come together to focus on development areas through networking, webinars, workshops, etc.
- People Managers Induction - Mandated for newly appointed people managers, also available for existing managers
- CEO Leadership briefings – Briefings where staff in band 8a and above are invited to attend updates from the CEO
- Internal Leadership Conferences—Various internal and external speakers and interactive workshops are open to all staff across the organisation.
- An audience with - An opportunity for a more intimate session with experienced internal and external senior leaders

[Appendix 2](#) provides an example of what a hub looks like.

Review all stakeholder feedback from previous engagement activities, ensuring all themes are compared and contrasted

To ensure true co-design of the ILDF, we provided opportunities for staff to engage with the framework and share their thoughts and feedback. We undertook 54 engagement events across a variety of methods, which included:

- Creation of/and ongoing discussions with a Design group for the ILDF (with representation from across the organisation, specialities and experience in leadership and management development.
- 1-2-1 discussions with senior managers
- Leadership / Manager meetings, e.g. Informal Execs, Nurse Manager, Facilities manager meetings
- People and culture groups
- MS Teams engagement events open to all staff
- Leadership conference sessions
- OD (Organisational Development) Steering group

Feedback received from all the engagement sessions has been used to inform the development of the initial framework and ongoing developments. The collated feedback has been reviewed and themed with some of the verbatim comments, along with an update on what action we have taken in further developing the framework (see [Appendix 3](#)).

Add the current costs to the areas we currently have active and review the costs for the higher-level pathways.

The framework has been re-focused and moved towards a development pathways approach to learning; this will have a reduced impact on the costs. The framework will provide a greater focus on learning opportunities available externally (both formal

and informal learning) alongside some core internal opportunities. The further development of the GWELLA BCUHB Hub will support the centralisation of this information and provide alternative methods of learning, which provide access to all staff across the organisation. This shift promises a more inclusive and dynamic learning environment for all.

The 2-year delivery plan (See [Appendix 4](#), which outlines the timeline, key milestones, and responsible parties for each stage of the ILDF implementation) and the 2-year projected costs (See Appendix 5, which provides a breakdown of the expected expenses for each component of the ILDF) have been re-evaluated based on the ILDF's re-focus, as stated above.

Considerations

- The implementation of the ILDF internal formal learning opportunities, such as workshops, programmes, action learning sets, and people manager forums, are all dependent on the ability to access suitable training venues. Access to training venues across the Health Board can be a challenge; therefore, there may be a requirement for some elements to obtain venues externally that will incur additional costs. Access to internal venues will always be sought in the first instance.
- There are various psychometric tools available to support leadership and management development, some of which are free and widely available online. Other more advanced psychometrics, such as the Healthcare Leadership Model 360, and tools such as Insights and Disc, for example, incur costs for licencing, analytics and the production of individual and, where applicable, team reports. The use of psychometrics will, therefore, be assessed against specific needs and requirements and utilised appropriately throughout the framework.

Appendix 1: Integrated Leadership Development Framework Overview



Venture Leadership pathways 2023/24

Pathway name	Self-directed / informal learning opportunities	Formal learning opportunities
<p>Moel Famau This leadership pathway applies to all staff across the organisation</p>	<ul style="list-style-type: none"> • Gwella: HEIW leadership platform resource (incl. Compassionate Leadership hub, blogs, vlogs, events; training etc) • Core modules (Organisational Values; Equality, inclusion and neurodiversity; Wellbeing; Coaching and courageous conversations; Culture; Sustainability) • BCUHB Develop yourself module • Better by Betsi - Basics Improvement training (Online) • Open learn • Kings Fund • Academi Wales • NHS England Leadership Academy: Edward Jenner Programme • NHS England Leadership Academy: Foundations in System Leadership; collaborating in health and care • North Wales Public Service Lab • Bangor University: Alpha Academy Workshops • BCUHB Wellbeing toolkit • BCUHB Staff engagement toolkit • 1-2-1 Coaching • Mentoring • Internal secondments 	<ul style="list-style-type: none"> • BCUHB Leadership modules (Topic workshops such as Compassion, Developing teams, Coaching and courageous conversation etc.) • Welsh Union Learning Fund (WULF) • Change Ambassador Programme • ILM in Coaching and Mentoring • ILM Aspiring Team Leader
<p>Mynydd Mawr Foundations of leadership and management pathway</p>	<ul style="list-style-type: none"> • BCUHB Foundations of leadership and management programme (Available online and via taught sessions) • BCUHB Management modules (incl. Finance, e-roster, policy specific training etc) • Better by Betsi - Basics Improvement training (Online) • NHS England Leadership Academy: Mary Seacole programme 	<ul style="list-style-type: none"> • BCUHB Events (Leadership conference) • BCUHB Foundations of leadership and management programme (Available online and via taught sessions) • BCUHB Nurse Education programme • ILM in Coaching and Mentoring • ILM in Leadership and Management



Venture Leadership pathways 2023/24

Pathway name	Self-directed / informal learning opportunities	Formal learning opportunities
Cadair Idris Mid-level leadership and management pathway	<ul style="list-style-type: none"> • BCUHB Management modules (incl. Finance, e-roster, policy specific training etc) • NHS England Leadership Academy: Rosalind Franklin programme 	<ul style="list-style-type: none"> • BCUHB Nurse practice development programme • BCUHB Advanced Nurse clinical practice and non-medical prescribing programme • Better by Betsi - Improvement in Practice
Tryfan Transition to senior leadership pathway	<ul style="list-style-type: none"> • BCUHB Management modules (incl. Finance, e-roster, policy specific training etc) • NHS England Leadership Academy: Elisabeth Garrett Anderson programme 	<ul style="list-style-type: none"> • Better by Betsi - Leading for Improvement • ILM in Leadership and Management Level 6-7 • Bangor University: Alpha academy academic study • Wrexham University: Systems Leadership training
Glyder Fawr Advanced senior leadership pathway	<ul style="list-style-type: none"> • BCUHB Management modules (incl. Finance, e-roster, policy specific training etc) • NHS England Leadership Academy: Nye Bevan programme 	<ul style="list-style-type: none"> • Better by Betsi - Leading for Patient safety • ILM in Leadership and Management Level 6-7 • Academi Wales: Summer School • Academi Wales: Winter School • Academi Wales: Aspiring Director Programme • HEIW: CLIMB Wales programme • HEIW – Advanced Clinical Leadership Programme • Leadership Alumni (Leadership Academy – NHS England) • Bangor University: Alpha academy academic study • Wrexham University: Systems Leadership training
Yr Wyddfa Executive development pathway	<ul style="list-style-type: none"> • BCUHB Management modules (incl. Finance, e-roster, policy specific training etc) 	<ul style="list-style-type: none"> • Better by Betsi - Leading for Patient safety • ILM in Leadership and Management - Level 6-7 • Academi Wales: Summer School • Academi Wales: Winter School • Academi Wales: Aspiring CEO programme • HEIW: CLIMB Wales programme • Leadership Alumni (Leadership Academy – NHS England) • HEIW - Aspiring CEO programme • Bangor University: Alpha academy academic study • Wrexham University: Systems Leadership training

Appendix 2: [Mental Health Leadership Hub](#)



The **Mental Health Leadership Hub** area is designed specifically to support mental health professionals in their leadership journey. This is a resource for professionals at any stage of their career to develop an understanding of how leadership applies to everyone at all levels, and how practicing compassionate leadership can benefit both our staff and patients within mental health services in Wales.

 <p>Strategic Overview</p>	 <p>Leadership Programmes</p>
 <p>Leadership Resources</p>	 <p>Compassionate Leadership Hub ↗</p>
 <p>Compassionate Back to top ↑ Self-Assessment ↗</p>	

Appendix 3: Feedback themes from ILDF engagement events

Theme	Feedback	Actions
Develop role modelling / Mentoring	<ul style="list-style-type: none"> - Leadership and role modelling must be developed at that senior level as there is no one internally. 	Mentoring process being looked at for all levels, including reverse mentoring
External opportunities	<ul style="list-style-type: none"> - How do we create a space for Inspirational conversations with people outside of our organisations - exemplar people for short conversations about how we do things, e.g. David Brailsford. - How are we gauging the effectiveness of the external offers that we have scoped? - Happy that the framework clearly identifies internal and external providers /opportunities - Greater focus on current opportunities available, such as Gwella 	<ul style="list-style-type: none"> - The plan is to house the ILDF of Gwella. This will widen access to seminars where staff can network across NHS Wales and explore inspirational conversation spaces. As part of the application process, we are looking into developing the system so that it can automatically contact a member of staff after attendance on a programme that they applied for to seek feedback (this will be done through an automated email or survey sent to the participant). This will be our avenue to explore the effectiveness of all opportunities that we signpost staff to. - The framework layout will look very different in the Gwella platform from what it does in the PowerPoint document. Gwella provides greater flexibility for us to focus on the informal and formal learning opportunities that staff can access.
Compassionate/collective and inclusive approach	<ul style="list-style-type: none"> - Compassionate, collective, and inclusive approach...we need to understand what that means to people. - Compassionate leadership is banded around, and M West's name is along with it, but it stated that it is inauthentic to just quote things. 	<ul style="list-style-type: none"> - HEIW are creating 4 compassionate leadership modules that will be available on the GWELLA page which staff will be signposted too as part of the ILDF. A separate piece of work will be underway to examine how we deliver events/workshops on compassion for all staff as part of our Culture review and to supplement the HEIW online learning offer.

<p>Framework levels</p>	<ul style="list-style-type: none"> - Very supportive of the ILDF, the local names and links to North Wales mountains, as well as their being programme opportunities at all levels of leadership and management across the organisation. - Hierarchical. What is different about this? Need a clear definition between Leadership and Management. Does not seem much difference in external offer for the top two tiers. Smallest mountain lowest level- where the most staff are lowest level. Golden thread down the middle and core elements are small down the side, not showing its importance, can we move to the first column to come first. East have lower base of mountains, can we use something else like lakes, football clubs. Older workforce- how they feel not having a crack at the whip. Career progression. Engagement with those who will not have been seen before. Some structure with knowing what levels and know where I sit- gives guidance on where I should be looking. Need a visible platform, easy to navigate, clinical staff to accessing the information. Protected times. Different platforms- choosing to do in own time- resource allocation. In the framework document, could click on for further information in which the banding will be displayed. Equal access to people, the framework includes everybody. - Fewer levels will create flexibility in choice <p>An aspiring managers programme is needed - lots of people can think of that would benefit</p>	<ul style="list-style-type: none"> - The majority of feedback suggested that there were no issues with the six levels in the framework, with many stating that they liked the clear development opportunities as it made the pathways seem more accessible. There were only two comments made by individuals on the possibility of fewer levels in the framework, but due to the fact that this was a minority voice, we stayed with the majority.
<p>Time to learn</p>	<ul style="list-style-type: none"> - Further info needed on self-study time and modules - Issue with release for training - How the programme will be delivered will be a problem, i.e. releasing staff - no way would be able to attend now. Culture will drive safety and quality within the org. Supportive of an ILDF as there is currently no development available. Professional code of conduct changing HCPC - have to demonstrate leadership rather than just know about it; this will impact - Requires robust application process and outline how people are considered for the programmes 	<ul style="list-style-type: none"> - Robust application process to be created to obtain agreement from Line Managers for self-study and time to train. Once the platform is ready, an awareness/training session will be provided for staff. - The plan is to include applications for development/study into the BI dashboards to monitor fairness and equality for all.

Suggested contractual obligations	<ul style="list-style-type: none"> - Likes the idea of a contractual obligation as a means for consistency in leadership as we are often promoted for technical ability - Agrees with the contractual/mandatory obligation as long as there is quality in the offer. - 100% agrees with the idea of the contractual agreement for consistency. - Likes the idea of contractual obligations and she would add in the career coaching at senior levels. - Majority of feedback in relation to this was in support with only a few who thought that it should not be contractual but more of an offer to complete within the first 3yrs of employment 	<p>- There was a sense in the main that making elements of the learning pathways mandatory dependent on role would be a beneficial move for consistency in leadership and management approach. We have reviewed the current capacity within the Health Board to deliver on the ILDF and have taken on-board feedback a more self-directed approach with light touch from an internal perspective, which would allow greater opportunity for all.</p>
Core elements	<p>At some point, we need to be looking at the core values of our organisation and ensure that we are threading through all of our programmes what the expected behaviours are and that we are held to account on them. The underpinning pillars of all programmes in the framework.</p>	<p>Core elements have been updated to include the organisational values. A separate piece of work is underway to connect with staff to review wording/language.</p>
Required elements missing	<ul style="list-style-type: none"> - Feel framework requires specific training on topics such as: Leading change; Motivating others; Identifying internal and external motivators in self and others; Framing a proposal/argument, Leadership as a moral endeavour; Matrix working; Team building etc. - Opportunities for shadowing as a way of informal learning 	<p>- The ILDF is an ever-evolving piece of work, and the team are constantly updating what external offers are available and signposting staff to that. We intend to utilise the Gwella platform to its full potential alongside other internal pieces of work such as the Staff Engagement Toolkit launching in April 2024.</p>
Variety of learning opportunities required	<p>- Need to be mindful of different cultures e.g. Welsh, some not been in universities and scared with no confidence to attend programmes. Need to consider alternatives such as work based learning, have learning hubs with blended learning where people can attend remotely. Supportive of idea of ILF, need to hold taster sessions so people know about it. A strong comms plan needs to be behind it as well as a strong brand. Senior leaders need coaching skills to get the best out of their teams, to develop future leaders. (Core skills include influencing and facilitation skills). Need to grow our own, invest in work-based learning, and have a support structure in place for this where people are supervised and provided with feedback. In-house accredited courses. ALS should be weaved into programmes. Back to basics support e.g. toolkit when</p>	<p>The ILDF encompasses a variety of learning opportunities from informal to formal learning' face-to-face and online; signposting to self-directed learning, blogs, vlogs, events, workshops etc.</p>

	<p>managing change, nurturing, and developing staff.</p> <ul style="list-style-type: none"> - Academia is not the be all - we have to take on board experience and provide opportunities for experience as well as academic paths too. - Blended approach to learning - experience is very important 	
Currently limited availability to support the need	<ul style="list-style-type: none"> - Only been on 3 leadership sessions since he joined 5 years ago and that is mainly of late, with Silvermaple. - The programmes are needed sooner rather than later and suggested that time is pushing on - Funding implications 	Next stage of the ILDF is to draft an implementation plan to share with the OD steering group. If approval gained, the team will be working on the implementation plan with a view to launch fully later in 2024.
Learning needs to be more formal	Recently promoted - thrown in and left to own devices, the learning should be more formal - not about just who you know, not a well-managed process currently.	The plan is to socialise the ILDF widely with the help of Senior leaders, network contacts and the communications team to promote the various pathways available. The application process that is being built, in time will provide information that will highlight those applying for formal learning and the rationale from the managers behind their approval or rejection of the request in order to map out any trends etc. for a firm focus on the equality of the process.
Identify development areas	<ul style="list-style-type: none"> - Do we use 360's to signpost what we have, to develop any gaps? - Finance academy have a competency matrix - looking at expectations and gaps 	<ul style="list-style-type: none"> - Initially PADR (Personal Appraisal Development Review) conversations with staff should highlight such areas - HEIW have built a 360 online tool that staff can access which is focused on compassion and this too should help bring about a focus on areas for development - The Moel Famau - Leadership pathway for All, will also have an online programme on how to develop yourself which will have a basic free personality questionnaire and a strengths profile which can also be utilised to highlighted development areas for staff.
Mentoring opportunities to share learning	<ul style="list-style-type: none"> - Formalise mentorship - May be too academic can we include shadowing, mentoring, coaches etc. in there? - Mentoring needs to be part of the offer 	Coaching and Mentoring have been added to the framework and a separate piece of work will be underway to introduce mentoring across the organisation. Information to be provided on both traditional mentoring and reverse mentoring.
General look of ILDF	<ul style="list-style-type: none"> - Analogy of trying to climb a mountain could be seen as negative - but need to encourage and bring people into it - Looks good as a framework - happy with levels stated - Clear pathway - Good to have images to aspire to, and it implies advancement 	- Overall, the feedback on the general look of the ILDF is positive. We acknowledge that it cannot suit everyone and therefore we have taken a majority approach. Alterations to the framework have been made following engagement sessions and shared with the overarching design group.

	<ul style="list-style-type: none"> - Provides an insight to what is on offer - Well structured - Making sure we have interactive links - Great as provides a guide - Good to see leadership included for lower grades - Making it clear that the internal offer would be a multi-disciplinary offer, the external will inc 'other' - Looks good but would like explanation/definition of headings (what does an internal offer mean) - Easy to read - clear layout - Provides a clear vision for new leaders - Visually accessible and appealing - Enables workforce to see leadership development is relevant to all - Lack of consistency in the past, this frameworks indicates an intention to a more consistent approach - Specify between clinical and non-clinical 	
Golden thread	<ul style="list-style-type: none"> - Golden thread and core content should include the culture message - Golden thread also need to include the sustainable quality improvement 	A separate piece of work is underway in relation to the Culture of the organisation. Further details will be made available once this work progresses
Language in framework	<ul style="list-style-type: none"> - Review wording on the mountains - Review the information on who the pathways are for to ensure they are inclusive - Potentially need to take 'banding' out of the document and use them for the application process only - Remove '&' from ILDF documentation - Require Welsh version - Liked the ILDF and how it looks and the principles behind it. To change culture, we need a common language and consistency. Need flexibility around tiers. Agree with mandating Foundations and that people must attend within a specific period of being appointed to a post - Dislike for "the Betsi Way" part of the framework strapline. Suggestions that it brings negative connotations based on previous lived experience here at Betsi. 	Wording reviewed and recommendations utilised to bring in-line with requirements. In addition, the banding information has been removed. ILDF will be fully translated into Welsh once approval received / finalised.

Talent pool	<ul style="list-style-type: none"> - Talent pool across North Wales - does not happen - Need for talent management tool and process within Betsi and to have career conversations at all levels to drive up development. - Talent conversations are really important - looking at gaps 	A separate piece of work is planned to look at how we create a Talent Pool for BCUHB, linking into the HEIW process that has commenced.
Reflection required	We need to build in true deep reflection into all of our programmes <ul style="list-style-type: none"> - transformative reflection not just the Gibbs/Rolfe models. She has been taught and has taught this method herself and believes it is highly effective. 	- As part of the support element within the ILDF, there are plans to introduce Action Learning on a regular basis for all staff to book onto. This process aids reflection and practices group coaching with the aim of helping the person who requires support to find solutions to their challenges.
Education committee required	As an organisation we have never had an education committee - one has just formed and in infancy and should have WOD representation.	OD Steering group commenced in addition to the current design group for the ILDF
Linking HR policies	HR Policies linking into special measures - what info people need e.g. finance, compassionate leadership	- As part of the suggested implementation plan, we will look to develop online recordings or training sessions on the technical elements of managing at BCUHB. These would be housed on Gwella for all to access and to support learning in the moment for those managers who require support when they are undertaking tasks. The plan would be to regularly review and update the online material to ensure that it is always current.
Flexibility	<ul style="list-style-type: none"> - Can't just be one generic development for all. Need to be proud around leadership - need to be developed in what that is. Generic development is not for one particular group. - Keen for colleagues to be given the flexibility to choose 'options' specific to their interests, so a set of core requirements but a range of optional modules/topics available. - Experience should count - Can individuals access specific individual modules instead of the whole programme 	- A pathway approach is being undertaken rather than a fixed programme. The six levels of the framework would remain with signposting to different learning opportunities at the various stages within a staff's career journey. There is no fixed programme, purely options for staff to tap into based on their own development needs

Appendix 4: Proposed schedule for Years 1 & 2

During the first 12 months, Moel Famau, Leadership for All, and Mynydd Mawr will receive priority, as will establishing the People Managers Forum. The plan will be reviewed annually.

Pathway	Formal learning event	Year 1 (Apr '24 - Mar '25)												Total events
		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
Moel Famau For all	Workshops*	0	0	0	3	3	3	3	3	3	3	3	3	27
	Action Learning Sets	0			3			3			3			9
Mynydd Mawr Foundations of Leadership	Face-to-Face programme	0	0	1	1	1	2	2	2	1	0	2	2	14
	Online programme	1											1	
Mynydd Mawr through to Yr Wyddfa	People Manager Forum	0			3			3			3			9
Glyder Fawr Advanced senior leadership	Advanced Clinical Leadership Programme **	1											1	

Pathway	Formal learning event	Year 2 (Apr '25 - Mar '26)												Total events
		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
Moel Famau For all	Workshops*	3	3	3	3	3	3	3	3	3	3	3	3	36
	Action Learning Sets	3			3			3			3			12
Mynydd Mawr Foundations of Leadership	Face-to-Face programme	2	2	2	2	2	2	2	2	1	0	2	2	21
	Online programme	1											1	
Mynydd Mawr through to Yr Wyddfa	People Manager Forum	3			3			3			3			12
Glyder Fawr Advanced senior leadership	Advanced Clinical Leadership Programme***	1											1	

* Workshops to comprise of topics such as Compassionate Leadership, Coaching and Courageous conversations.

**Delivered and funded by HEIW for 2024

***Pending full programme evaluation

Appendix 5: Proposed costs for Years 1 & 2

Year 1 (Apr '24 - Mar'25)			
Formal learning event	Max delegates per prog/session	# scheduled prog/session	Approx. Cost per delegate
Moel Famau: Workshops	50	27	£2*
Moel Famau: Action Learning Sets	50	12	£2*
Moel Famau: Aspiring People Manager online programme	160	1 (continuous)	£25
Mynydd Mawr: Foundations of Leadership and Management online programme	160	1 (continuous)	£25
Mynydd Mawr: Foundations of Leadership and Management face-to-face programme	25	16	£60*
Glyder Fawr: Advanced Clinical Leadership Programme	26	1	£0 (Funded by HEIW)
All People Manager/Leadership levels: People Managers Forum	50-100	9	£2*
Totals		66	

Year 2 (Apr '25 - Mar'26)			
Formal learning event	Max delegates per prog/session	# scheduled prog/session	Estimated cost per delegate
Moel Famau: Workshops	50	36	£2*
Moel Famau: Action Learning Sets	50	12	£2*
Moel Famau: Aspiring People Manager online programme	160	1 (continuous)	£25
Mynydd Mawr: Foundations of Leadership and Management online programme	160	1 (continuous)	£25
Mynydd Mawr: Foundations of Leadership and Management face-to-face programme	25	21	£60*
Glyder Fawr: Advanced Clinical Leadership Programme	26	1	£2,770**
All People Manager/Leadership levels: People Managers Forum	50-100	12	£2*
Totals		84	

NB. The framework provides greater signposting to free learning opportunities, although formal learning opportunities, which will incur costs, are also being signposted within the framework. Training budgets outside

of the above have previously been devolved into divisional budgets, and where possible, signposting to external funding for formal learning and psychometrics will be provided.

* Costs may increase if internal training venues are unavailable and therefore external venues are required.

** Cost includes a 3-day residential to encourage Networking and Team building, as well as external speakers delivering elements of the programme.



Teitl adroddiad: <i>Report title:</i>	Introduction of NHS Wales Flexible Working Policy: Implementation plan			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 13 th June 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The All Wales Flexible Working Policy has been updated to support a positive culture of flexible working across NHS Wales in order to recruit excellent people and retain the wealth of knowledge, skills and experience of its current workforce.</p> <p>This document was presented to and approved by the Executive Team on 13th March 2024. It outlines how we will support managers at BCUHB to proactively encourage and promote opportunities to work flexibly and advocate for the benefits of flexible working to move towards a culture which accepts it as the norm.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to receive the paper:</p> <p>Note:</p> <ol style="list-style-type: none"> 1) The new All Wales Flexible Working Policy 2) The recommendations within the paper in relation to raising awareness of the new policy and promoting opportunities to work flexibly. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Jason Brannan Deputy Director of People			
Awdur yr Adroddiad: <i>Report Author:</i>	Katie Sargent and Claire Thomas-Hanna			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i> <input checked="" type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i> <input type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i> <input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				

Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	NHS Wales is committed to promoting and encouraging different ways of working as part of its recruitment and retention strategies.
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Employees have a statutory right to request flexible working from their first day of employment.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i>	N/A
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	The policy applies to all employees of the Health Board from day one of their employment.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	N/A
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	N/A
Camau Nesaf: <i>Next Steps:</i>	
Rhestr o Atodiadau: <i>List of Appendices:</i>	
N/A	



Introduction of NHS Wales Flexible Working Policy

Implementation plan

Issue

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

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

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

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

Background

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

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

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

Timing

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

Communications sequencing

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

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

Materials

Key messages

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

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

Q&A

Where can I read the policy?

The policy is on BetsiNet [here](#)

What is flexible working?

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

Is it the same as flexi-time?

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

What are the benefits of flexible working?

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

How do I apply for flexible working?

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

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

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

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

Isn't this just for non-clinical staff?

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

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

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

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

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

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

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

ENDS



Teitl adroddiad: <i>Report title:</i>	On-Call Arrangements - Final Internal Audit Report June 2022			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
	Thursday, 13 June 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>Beth yw pwrpas y papur, a yw'n eitem sefydlog/untro? Pa gamau sydd angen i'r Bwrdd eu cymryd gyda'r adroddiad hwn?</p> <p>This audit's purpose was to provide the Health Board with assurance that on-call arrangements are effective, with processes in place to ensure staff receive the relevant payments and compensatory rest periods.</p> <p>Pages 5 to 6 detail key findings, and Appendix A provides a management action plan.</p> <p>This report was recirculated to the Audit Committee in April 2024, which requested that it be shared with the People and Culture Committee.</p>			
Argymhellion: <i>Recommendations:</i>	<p>Gofynnir i'r Bwrdd: Nodi/cymeradwyo</p> <p>The Committee is asked to note the report's contents for further discussion at a future meeting.</p>			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Jason Brannan, Deputy Director of People Services			
Awdur yr Adroddiad: <i>Report Author:</i>	NWSSP Audit and Assurance Services			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input 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 checked="" type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>

<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>Objective 1: Building an effective organisation Objective 3: Compassionate Leadership and Organisational Development</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>e.e. Yr Awdurdod Gweithredol Iechyd a Diogelwch</p> <p>Consider our duties under the Health and Safety At Work Act etc 1974 and The Working Time Regulations 1998</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7, has an EqIA been identified as necessary and undertaken?</i></p>	<p>Do/Naddo <i>Not at this time.</i></p> <p>Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn berthnasol</p> <p><i>If no please provide an explanation as to why the duty does not apply</i></p> <p><u>Gweithdrefn ar gyfer Asesu Effaith ar Gydraddoldeb WP7</u></p> <p><u>WP7 Procedure for Equality Impact Assessments</u></p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Do/Naddo <i>No</i></p> <p>Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn berthnasol</p> <p><i>If no please provide an explanation as to why the duty does not apply</i></p> <p><u>Gweithdrefn WP68 ar gyfer Asesu Effaith Economaidd-Gymdeithasol.</u></p> <p><u>WP68 Procedure for Socio-economic Impact Assessment.</u></p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>(crynodeb o'r risgiau a rhagor o fanylion yma)</p> <p>(summarise risks here and provide further detail)</p> <p>N/A at his time</p>

Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	N/A at this time
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	N/A at this time
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	<p>(crynodeb o sut mae'r papur wedi cael ei adolygu, yr ymateb a pha newidiadau a wnaed ar ôl cael adborth)</p> <p>As above the report has been considered at the Audit Committee and is sharing for noting and further discussion.</p>
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: <i>(or links to the Corporate Risk Register)</i>	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of the report to confidential board (where relevant)	<p>Amherthnasol</p> <p>Not applicable</p>
Camau Nesaf: Gweithredu argymhellion Next Steps: For noting and further discussion	
Rhestr o Atodiadau: Dim List of Appendices: None	

On-call arrangements Final Internal Audit Report

June 2022

Betsi Cadwaladr University Health Board



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Review reference:	BCU-2122-26
Report status:	Final Internal Audit Report
Fieldwork commencement:	6 December 2021
Fieldwork completion:	26 April 2022
Discussion draft:	28 April 2022
Draft report issued:	10 May 2022
Management response received:	31 May 2022
Final report issued:	6 June 2022
Auditors:	Deputy Head of Internal Audit, Head of Internal Audit
Executive sign-off:	Interim Director of Regional Delivery, on behalf of the Deputy Chief Executive
Distribution:	Associate Director Workforce & OD Interim Director of Regional Delivery Head of Tactical Control Centre Emergency Preparedness Resilience and Response Lead
Committee:	Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Betsi Cadwaladr University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Executive Summary

Purpose

The purpose of this audit was to provide the Health Board with assurance that on-call arrangements are effective, with processes in place to ensure staff receive the relevant payments and compensatory rest periods.


Overview

The significant matters which require management attention include:

- On-call arrangements have not been reviewed for a number of years. Several staff have raised the issue of on-call arrangements being unsafe, impacting patients, and have been awaiting the outcome of promised reviews.
- The ratio and skill mix for rotas is not documented and there appears to be inequity as to who is included on some rotas.
- Guidance on compensatory rest is included in Health Board policies, however these are all overdue for review. Half of staff who responded to our questionnaire were unaware of the guidance and the majority do not have the capacity to take compensatory rest.
- There is little training/guidance in place for those on call to familiarise themselves/refer to concerning responsibilities whilst on call/crib sheets for sites/services that they are unfamiliar with.

Report Classification

Limited More significant matters require management attention.



Moderate impact on residual risk exposure until resolved.

Assurance summary¹

Assurance objectives	Assurance
1. On-call arrangements across the Health Board	Limited
2. Rota compilation and sustainability	Limited
3. Compensatory rest periods	Limited
4. On-call payment arrangements	Substantial
5. Training	Limited

¹ The objectives and associated assurance ratings are not necessarily given equal weighting when formulation the overall audit opinion.

Key Matters Arising	Assurance objective	Control Design or Operation	Recommendation Priority
1	On-call arrangements, including guidance have not been reviewed for a number of years, with concerns raised by staff on the sustainability and impact of the pressure on staff wellbeing.	1 Design	High
2	The skill mix and ratio for rotas is not documented, and changes in staff will impact on the sustainability of rotas.	2 Design	High
3	All staff are not aware of the requirements to take compensatory rest (where applicable), and the	3 Operation	High

Key Matters Arising	Assurance objective	Control Design or Operation	Recommendation Priority
majority do not take it due to work commitments.	5	Design	High
4 There is little guidance available for staff on-call outlining what is expected or providing information on key sites / services that staff may not be familiar with.			

1. Introduction

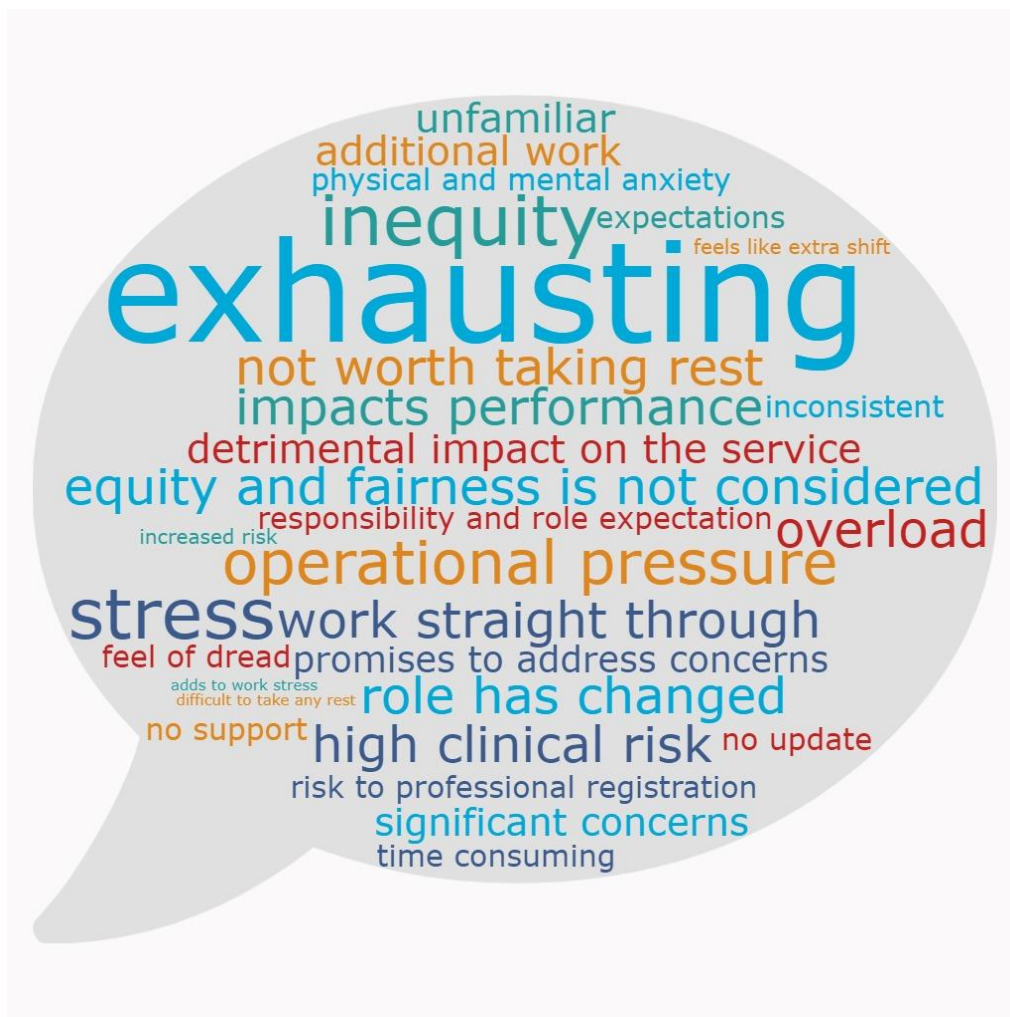
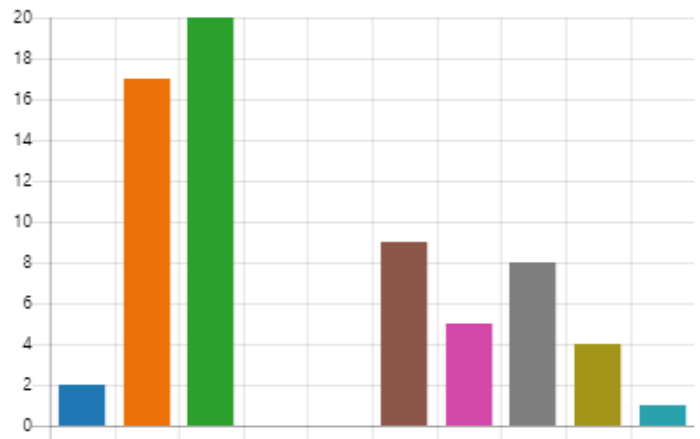
- 1.1 This review has been completed in line with the 2021/22 Internal Audit Plan. The review has sought to provide the Health Board with assurance that on-call arrangements are effective, with processes in place to ensure staff receive the relevant payments and compensatory rest periods.
- 1.2 On-call systems are in place to provide appropriate service cover across the Health Board. Staff are on-call when they are available outside of their normal working hours – either at the workplace, home or elsewhere – to work as and when required. New on-call arrangements in Wales were agreed in 2012, with principles and implementation guidance set out in a Welsh Government Pay Letter (AfC(W)3/2012).
- 1.3 The overall objective of the audit was to review the robustness of on-call arrangements across the Health Board and compliance with the principles set out in the Pay Letter above. The scope of the review included the following:
- a review of on-call arrangements in place across the Health Board;
 - rotas for on-call include the relevant mix / seniority of staff and are sustainable;
 - monitoring and recording arrangements for compensatory rest periods following on-call duty;
 - on-call payment arrangements are applied fairly across the Health Board; and
 - there is training in place for staff.
- 1.4 The potential risks considered at the outset of the review were:
- on-call arrangements do not meet the needs of the Health Board and do not comply with the Welsh Government Pay Letter;
 - rotas are not robust and sustainable, resulting in over-reliance on some members of staff; and
 - staff are not paid for on-call duties or do not take compensatory rest periods.
- 1.5 The scope of the audit has considered 'business as usual' on-call arrangements and has not reviewed the arrangements in place for Emergency Preparedness Resilience and Response.

2. Detailed Audit Findings

- 2.1 A key part of fieldwork for this audit was canvassing opinions from staff on how arrangements work for different rotas. A questionnaire was issued to 148 staff included in various on-call rotas across the Health Board, as of October 2021. A total of 62 staff responded to our questionnaire as at the end of February 2022 – the mix of the responses by rota is shown below (please note that staff may be included in more than one rota).

Key comments from the questionnaire have been included in the diagram below and relevant objectives, with detailed comments from staff included in Appendix B.

● Gold on-call	2
● Silver on-call	17
● Bronze on-call	20
● System Lead	0
● MHLD Silver	0
● MHLD Bronze	9
● Womens	5
● Matron of the Day	8
● Community	4
● Other	1



Objective 1: On-call arrangements across the Health Board

2.2 There are a number of on-call rotas covering services across the Health Board. We have reviewed the Gold, Silver and Bronze level of rotas which cover the Health Board sites 24 hours a day, 7 days a week. These are detailed in table 1 below.

Table 1: On-call rota coverage

On-call rota	Coverage
Gold (out of hours)	<p>Covers out of hours operation.</p> <p>Rota is made up of Executives / Directors.</p> <p>Gold on-call are an escalation route for silver on-call and issues that require executive input.</p>
Silver on-call (out of hours)	<p>Covers out of hours operation 18:00 – 08:30, and Saturday, Sunday or Bank Holidays.</p> <p>Rota is made up of staff at Director / Associate Director level.</p> <p>Silver On-Call is the single point of contact for Gold out of hours, and all day during the weekend and on Bank Holidays. Hands over to the System Lead during the week, or Silver On-Call if during a Saturday, Sunday or Bank Holiday.</p>
System Lead rota (in hours)	<p>Covers sites during the day 08:30 – 18:00</p> <p>Rota is typically made up of Secondary Care members such as acute care directors, hospital directors, experienced Directorate General Managers (DGMs).</p> <p>The System Lead will ensure that actions are in place for handover to the Silver On-Call cover. Silver On-Call will also hand over to System Lead at the beginning of their shift, or Silver On-Call if during Saturday, Sunday or Bank Holiday.</p>
Bronze on call (site specific) (out of hours)	<p>Covers out of hours operation 18:00 – 08:30 Monday to Friday and 08:30 – 08:30 during weekends and Bank Holidays.</p> <p>Rota is typically made up of Directorate General Managers, Matrons, Lead Managers etc.</p> <p>Bronze on-call covers operational issues at each site.</p>

2.3 In addition to the above, there are a number of other rotas:

- Matron of the Day rota (by site).

-
- Mental Health and Learning Disabilities have their own on-call rotas/escalation, with a Bronze rota (covering out of hours) and Silver rota (covering daytime hours).
 - There was a Senior Manager of the day rota in operation between December 2021 to February 2022 due to operational pressures, this has now been stood down.
- 2.4 We are advised that over the last 12 months, the Silver On-Call rota duty has become more onerous, with a requirement to manage the system into the night and early morning on occasions due to unscheduled care pressures, peaks and troughs in the Covid-19 demand, together with infection prevention issues due to outbreaks. The Silver On-Call role is currently used to manage business as usual pressures across the Health Board system, rather than incident management.
- 2.5 There is a Tactical Control Centre battle rhythm, which provides detail of the structure, reporting and escalation requirements, and this is used as part of business as usual or escalated pressures.
- 2.6 When planning the audit, we are advised that a review of on-call arrangements had commenced, however, following a change in senior staff this has not been completed and there are currently no plans to review on-call arrangements. A number of staff stated they were awaiting the outcome of this review.
- 2.7 As part of our questionnaire we asked staff:
- "Are you aware of any BCUHB guidance documentation or policy outlining the requirements for compensation and compensatory rest for on-call sessions?"***
- Of the 62 responses:
- 30 (48%) answered 'Yes'
 - 32 (52%) answered 'No'
- 2.8 Comments received highlighted the following issues:
- No official guidance to suggest you can come in later to ensure you are not working 16+ hours
 - Staff are aware of some all-Wales principles but have not received any BCU guidance
 - A number of staff have stated they are awaiting a conclusion to the review of on-call to ensure out of hours is safe, and equitable. Some staff feel current arrangements are not safe, pose risks to staff health, safety and wellbeing, patient safety, and professional registration.
 - Some staff have to deal with issues that should have been resolved by managers during the day so it's an extra shift rather than being on-call.

Conclusion:

- 2.9 There is documentation in place outlining the structure, reporting and escalation requirements, however there is little guidance available for staff on-call providing information on key sites / services that staff may not be familiar

with. We are advised a review of on-call arrangements was started but this was not continued or concluded.

We have concluded **limited** assurance for this objective.

Objective 2: Rota mix

- 2.10 The majority of issues raised regarding the rota mix refer to the silver on-call rota. This section focuses on that rota, with other rotas referred to towards the end of the section.
- 2.11 There is no documentation setting out the requirements / expectations for the on-call rotas, such as:
- expected numbers of staff / ratios for the different on-call rotas
 - the seniority / experience of staff required
 - when rotas are to be produced and issued to staff
 - process for being added or taken off the rota to ensure fairness for all staff
- 2.12 We are advised it is often difficult to fill the rotas and there is reliance on staff goodwill to cover gaps. There have been a number of additions and removals from the Silver On-Call rota since the beginning of 2022. There have been new members added due to vacant posts being filled, but also members leaving due to retirement, Voluntary Early Release Scheme (VERS) as part of the Health Board's new operating model or undertaking additional/other duties. Some members have also been re-instated onto the rota following a period of absence.
- 2.13 The review exposed a risk that should a serious incident impact the Health Board, it is unclear there is sufficient capacity at senior level for staff to undertake additional activities, with capacity, as advised, already stretched to deliver the 'business as usual' rotas noted above.
- 2.14 The recent Voluntary Early Release Scheme (VERS) and changes to the Health Board Operating Model will result in a number of individuals currently on the silver on-call rota leaving the Health Board over the coming weeks and months. In addition there is an upcoming retirement and the potential for more than one member to be granted approval to be removed from the rota in the short term, which may result in the rota falling below 1:25. Due to the sensitivity and nature of the changes, the Head of the Tactical Control Centre is reliant on staff advising that they will be leaving the Health Board. Consequently, the ability to forward plan for the change in rotas is inhibited.
- 2.15 Silver on-call rotas cover around 4 months ahead and are issued to staff via e-mail. Where there are unforeseen changes i.e. sickness, staff are requested to cover these shift at short notice using the Silver On-Call sickness ladder. However, at times, it is difficult to fill gaps at short notice. The rota includes the contact details of those staff who are on-call, and also details future shifts. We are advised that the rota mix varies and will depend on the seniority and experience of those staff on the rota.

2.16 Other rotas

We discussed the Gold and Womens on call rotas with those who administer them. There are some similar issues, such as relying on staff goodwill to fill gaps and no documented process for the completion of rotas. However, they do not have issues with the number of staff changing, nor equality of staff on the rota, with all relevant staff (i.e. Executive for on-call and 8a and above for Womens) included on the rota. Womens also have an on-call pack for staff who are added to the rota.

2.17 We viewed a sample of rotas to establish the current ratio. These are shown in the table 2 below.

Table 2 –On-call rota ratio (as of 20 April 2022)

Rota	Ratio	Comments
Gold on call	1 in 11	
Silver on call	1 in 30	Potential this will become less than 1 in 25
System lead rota	1 in 8	Reducing to 1 in 7 due to VERS
Bronze - Wrexham	1 in 28	
Bronze - Ysbyty Gwynedd	1 in 28	
Bronze - Ysbyty Glan Clwyd	1 in 26	
Matron of the Day - Centre	1 in 11	
Matron of the Day - East	1 in 11	
Matron of the Day - West	1 in 13	
MH Bronze	1 in 34	
MH silver (in hours)	1 in 9	
Womens (in hours)	1 in 10	

2.18 As part of our questionnaire we asked staff:

“Are you provided with sufficient notice for on-call sessions”

Of the 62 responses:

- 57 (92%) answered 'Yes'
- 5 (8%) answered 'No'

2.19 Comments received highlighted the following issues:

- Inequality with staff who are on the rota (i.e. staff of a similar grade are not on the rota), with no understanding of why they are not included
- Not enough staff on the rota
- Concerns that current arrangements are not safe, pose risk to staff health, safety and wellbeing, especially on weekends and Bank Holidays.
- Sometimes the rota comes out late and there are a lot of swaps that have to be made, however staff felt that colleagues were very supportive in making the swaps

- As people leave the organisation the on-call shift becomes more frequent and calls for cover more often.

Conclusion:

2.20 Overall, there is lack of a documented process for the make-up of the rotas, including the required ratio, skills required and processes for staff being added to or being removed from the rotas. Senior staff leaving the organisation will have an impact on the rotas, some of which are already difficult to sustain.

We have concluded **limited** assurance for this objective.

Objective 3: Compensatory rest periods

2.21 The Health Board Rostering Policy (WP28) refers to compensatory rest periods. *"When staff are called into work, they will be entitled to compensatory rest, in line with the Health Board guidance (insert details). It is not acceptable for on call shifts to be regularly rostered before a day off in order to avoid the need for compensatory rest."* This document also refers to Compensatory Rest Guidelines – BCU Interim guidelines approved at the Local Partnership Forum on Tuesday 14th of October 2014. These are not available on the staff intranet site; however they are included in the Health Board Working Time Procedure (WP21) as an appendix. This sets out examples of time spent on call and the compensatory rest required following the shift. The Health Board Time off In Lieu procedure (WP35) also refers to staff choice to take TOIL instead of payment for on call.

2.22 All the Workforce documents reviewed as part of the audit are overdue for review:

Table 3 – Workforce policies referred to within this review

Document	Date published	Date due for review
WP28 Rostering Policy	December 2014	December 2019
WP 21 Working Time Procedure	March 2015	March 2018
WP35 Time off In Lieu Procedure	February 2014	November 2016

2.23 As part of our questionnaire we asked staff the following questions:

"Are you aware of the requirements for a compensatory rest period following on-call?"

Of the 62 responses:

- 32 (52%) answered 'Yes'
- 30 (48%) answered 'No'

"Do you take compensatory rest periods following an on-call session?"

Of the 62 responses:

- 10 (16%) answered 'Yes'

- 52 (84%) answered 'No'

"How are your compensatory rest periods managed?"

Of the 62 responses:

- 19 (30%) answered 'Informally – via own records / diary'
- 6 (10%) answered 'Formally – i.e. submission of request / rosters (paper or roster system'
- 37 (60%) answered 'Never received / taken a compensatory rest period'

2.24 Comments received highlighted the following issues:

- All staff were not aware of the entitlement to compensatory rest.
- Staff found it difficult to take compensatory rest due to work commitments.
- Some staff take informally i.e. starting shift later.
- Some staff feel it is not worth taking compensatory rest as it impacts on their work commitments.

Conclusion:

2.25 The requirement for compensatory rest periods is set out in various Health Board policies, although these are all overdue for review. Almost half of staff who responded to our questionnaire were not aware of these requirements. The majority of staff do not take compensatory rest periods, with a number citing they did not have the opportunity to take these. Where these are taken, they are often informal (i.e. late start / early finish). If staff are not able to take compensatory rest periods this could impact on staff wellbeing, tiredness and patient safety.

We have concluded **limited** assurance for this objective.

Objective 4: On-call payment arrangements

2.26 Payment arrangements for on call are set out in the 2012 guidelines available on the Health Board intranet site. Senior Staff (Silver / Bronze / Executive) claim payment for on-call via the *All Wales On Call Claim Form* which is available on the Health Board intranet site. This is submitted by their line manager.

2.27 Other staff claim payment for on-call in the following ways:

- Staff live on the rostering system

Managers record the on-call times on the rostering system which when the roster is signed off links to the payroll system for payment.

- Areas not live on the rostering system

The manager submits the *Departmental On Call Return (All Wales)* monthly to payroll. This details individual staff detailing on call sessions and emergency work.

2.28 As part of our questionnaire we asked staff the following questions:

"Do you claim payment for on-call?"

Of the 62 responses:

- 48 (77%) answered 'Yes'
- 14 (23%) answered 'No'

"Is the payment you receive for on-call correct and processed in a timely manner?"

Of the 48 responses:

- 45 (94%) answered 'Yes'
- 3 (6%) answered 'No'

2.29 Comments received highlighted the following issues:

- Some staff are not aware of the being able to claim a payment for being on call.
- Guidance was circulated 'many years ago'.
- Some staff feel that payment received for on-call is poor in comparison to the amount of work that is expected.

Conclusion:

2.30 On-call payments for staff are claimed via completion of forms submitted to payroll or via the rostering system. The majority of staff who responded to our questionnaire claim payments for on-call and are paid correctly, however some were unaware of the payments due.

We have concluded **substantial** assurance for this objective.

Objective 5: Staff training

2.31 There is no documented / formal training available for staff who are included in the on-call rotas, with the exception of Womens who provide an on-call pack to staff. There is separate training on Emergency Preparedness Resilience and Response, which has not been covered by this audit. We are advised some informal training may take place i.e. shadowing a colleague.

2.32 A number of staff advised they are often dealing with areas they are not familiar with. It is important that staff have relevant information available to them for the sites they are covering that they may not be familiar with (i.e. crib sheets outlining key services, where the discharge lounge is etc.).

2.33 As part of our questionnaire we asked staff:

"Have you received any training / guidance on the structure / decision making or had the opportunity to shadow a colleague on call?"

Of the 62 responses:

- 45 (73%) answered 'Yes'
- 17 (27%) answered 'No'

Conclusion:

2.34 There is training available for staff in relation to Emergency Preparedness Resilience and Response, however as the requirements for on-call are not documented it is not clear whether on-call staff require this training and how

that is captured. There is no formal training for staff included in the majority of business as usual on-call rotas reviewed.

2.35 We have concluded **limited** assurance for this objective.

Appendix A: Management Action Plan

Matter Arising 1 – Review of on-call arrangements (Design)	Impact
<p>We are advised that a review of on-call arrangements was previously started, however this has not been completed. Several concerns have been highlighted by staff through the questionnaire, with many stating they are awaiting the outcome of the review that 'has been ongoing for a number of years'.</p> <p>On-call arrangements are clearly an emotive subject amongst staff who are included on the rota, with staff stating the risks of the current arrangements, i.e. staff burnout, inability to take rest impacting on staff, the pressure and workload for an on-call shift.</p> <p>There is a Tactical Control Centre battle rhythm, which provides detail of the structure, reporting and escalation requirements, and this is used as part of business as usual or escalated pressures, however there is little guidance available for staff on-call providing information on key sites / services that staff may not be familiar with.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> on-call arrangements are not equitable or sustainable, impacting on staff wellbeing and patient safety.
Recommendation	Priority
<p>The on-call review should be re-instated as a priority, to ensure arrangements match service requirements, and are reviewed considering changing needs as a result of changes due to VERS and the new Operating Model.</p> <p>Management should consider the feedback from our questionnaire when reviewing on-call arrangements, and how these can be addressed.</p> <p>Following completion of the review and update of guidance (see Matters Arising 2,3 and 4 below), this should be communicated to staff to ensure they understand their obligations and responsibilities for participating in the on-call rotas.</p>	<p>High</p>

Agreed Management Action	Target date	Responsible Officer
1.1a The on-call review will be restarted and will be led by the Interim Regional Director of Delivery (IRDD), supported by the Strategic Emergency Preparedness Response and Resilience (EPRR) lead.	20 th June-23 rd September 2022	Interim Director of Regional Delivery
1.1b Proposals will be presented to the Executive Team, for approval.	12 th October 2022	Deputy Chief Executive Officer

Matter Arising 2 – Rota guidance / sustainability (Design)	Impact
<p>There is no documented process for the make up of the rotas, including the processes for staff being added to or being removed from the rotas. Considering there is a reliance on staff goodwill there should be tighter controls around ensuring staff who are in a relevant role are included on the rota, to ensure fairness.</p> <p>Senior staff leaving the organisation following the Voluntary Early Redundancy Scheme, and changes as a result of the new Operating Model, will have an impact on a number of rotas, some of which are already difficult to sustain.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> Rotas are not sustainable, impacting on patient safety and staff wellbeing.
Recommendation	Priority
<p>The following should be documented for on-call rota's:</p> <ul style="list-style-type: none"> Minimum staff numbers. Seniority / experience mix. Timelines for preparation and issuing of rotas. Frequency and type of each employee's commitment is equitable. Process for staff being added to the rota when commencing an applicable senior role. 	<p>High</p>

<ul style="list-style-type: none"> Process for staff being removed from the rota, ensuring the impact this will have on other staff is considered, with reasons approved at an Executive level. Any staff removed from the rota should be reviewed regularly to determine if they can be put back on it. 		
Agreed Management Action	Target date	Responsible Officer
2.1 On-call document, covering the recommendations above will be issued to all staff.	1 st July 2022	Interim Director of Regional Delivery
Matter Arising 3 – Compensatory rest and payment (Operation)		Impact
<p>Almost half of staff who responded to the questionnaire were not aware of the entitlement to compensatory rest (based on hours worked during on-call). 84% of the staff who responded do not take compensatory rest.</p> <p>Whilst compensatory rest is outlined within an appendix of the Working Time policy, this information is not easy for staff to find. The workforce policies that include reference to on-call and compensatory rest are overdue for review.</p> <p>Payment for on-call is claimed in the same way as overtime etc. and staff who responded received the correct payment for on-call worked. There were however some staff who are not aware of the payments they are entitled to.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> detrimental impact on staff wellbeing and the ability to provide safe, effective care to patients.
Recommendation		Priority
Workforce policies to be reviewed and updated as necessary, including clear guidance on the requirement for taking compensatory rest.		High

<p>Guidance on compensatory rest and payment entitlement to be included on the staff intranet site and circulated to all staff included on on-call rotas. This should be done on a periodic basis to ensure new staff who are added to rotas are aware of their entitlements.</p> <p>Staff included in on-call rotas to be encouraged to take compensatory rest.</p>		
Agreed Management Action	Target date	Responsible Officer
<p>3.1a All on-call staff to be written to by the Interim Director of Regional Delivery, having agreed content of the letter with the Director of Workforce & OD, and Deputy CEO.</p> <p><i>Audit notes:</i></p> <ul style="list-style-type: none"> - <i>The Rostering Policy has been reviewed and is with the Workforce Policy Group for consideration (action captured through the review of Nursing Roster Management)</i> - <i>re guidance on compensatory rest / payments - see action 4 below - manual with key information for staff to include this information.</i> 	11 th July 2022	Deputy CEO
Matter Arising 4 – Training (Design)	Impact	
<p>There is a lack of documented / formal training available for staff who are included in the business as usual on-call rotas. We are advised some informal training may take place i.e. shadowing a colleague.</p> <p>A number of staff advised they are often dealing with areas they are not familiar with. It is important that staff have relevant information available to them for the sites they are covering which they are unfamiliar with (i.e. crib sheet outlining key services, where the discharge lounge is etc.).</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> • staff may be unaware of the actions that need to be undertaken during an on-call shift. 	
Recommendation	Priority	

<p>The requirements of staff included in on-call rotas should be documented and staff provided with relevant information to ensure they are able to deal with expected issues whilst on-call i.e. key information about sites and services, as staff may not be familiar with the site they are responsible for during the on-call shift.</p> <p>Training should be provided to staff who are on the rotas to ensure they are aware of their responsibilities and possible scenarios of what they may have to deal with.</p>	<p>High</p>	
Agreed Management Action	Target date	Responsible Officer
<p>4.1a Programme of training to be reviewed. The programme will take into account the areas identified within the audit survey.</p>	<p>28th September 2022</p>	<p>Interim Director of Regional Delivery</p>
<p>4.1b Manual to be developed with key information, and details for those on call.</p>	<p>24th October 2022</p>	
<p>4.1c All staff to receive training with a programme and timescale set for refresher training every two years.</p>	<p>12th December 2022</p>	
<p>4.1d Real time log to be introduced for all levels of on-call to aid action learning with a rolling process of review by the IRDD and Strategic EPRR lead.</p>	<p>10th September 2022</p>	

Appendix B: Staff on-call questionnaire feedback

General Comments

- The **stress** of undertaking the role impacts on my ability to undertake my actual role, and so is in turn having a detrimental **impact on the service** that I manage.
- Over the last 12 months the time required to take part in the on-call rota has increased as has the **operational pressure** across the system.
- On a weekday on-call we have to do our own job and pick up bed management meetings as well. We also have to **work straight through** to next morning and work again the next day in our normal roles. This is **exhausting** if you have had calls during late evening and through the night. This also can occur on Sundays when you have to do 24 hours on call and then have work on the Monday. Also we are now expected to complete a handover sheet the morning after our on-calls which means an early start even if you are not contacted.
- It is **extremely difficult to take any rest** post on call due to the nature and expectation of our substantive jobs. If on call was true on call where we were expected to respond to any unplanned or exceptional circumstances as per A4C descriptor it would be manageable, however on call has a number of planned calls and expectations and currently an uninterrupted night is rare. You can work for 24 hrs with no opportunity to rest at weekends in a **highly stressful** environment, this is causing **physical and mental anxiety** that is not recognised and personally is causing a **feel of dread** pre on call. We have been advised that on call is being reviewed for the last 5 or more years but **no outcome** even though **significant concerns** have been raised by participants.
- It is not clear why some people are on call and some are not when they are at a senior level, **equity and fairness does not seem to be considered**.
- **There have been numerous reviews and promises to address the concerns that we have all been reporting and escalating for many years regarding the responsibility and role expectations of being Silver.** The role has changed significantly over the years, with the last 6 or 7 years or so seeing us managing unscheduled acute hospital pressures rather than having an on-call role as it was intended. Managing and tolerating **increasing levels of risk**, with sites at level 4 as the norm. Many of us left on the Silver on-call rota do not manage acute services as our day jobs so are not the expertise needed out of hours when all the infrastructure of senior support is absent, it's the perfect storm ... increased demand at the front door after 5pm, senior management and clinical staff have finished for the day and the least experienced managers take over as Silvers. We have advised many times that a **senior management layer needs to be put in place** on the acute sites to manage unscheduled care out of hours, then the role of Silver would be safer and 'on-call', not as it is now which is a 24-hour shift. We are in a critical situation as more people leave the organisation and the rota with no new people joining it, so doing the on-call shift is becoming more frequent and calls for cover

more often. It isn't safe now and is going to get worse very quickly, and it certainly isn't the right model for patients and for staff.

- Highly pressured environment to work in
- as Gold on call....I do not find on call to be burdensome nor to I require time or financial recompense
- often calls relate to actions that **should be completed in the day** by the managers present in those areas.
- expected to complete on call tasks in the day following bed calls where this is not your area of working and have to also do day job. This **adds to work stress and over load**. No compensated time to allow you time to do this. On call is often not on call and when finishing work can be often on the phone from 5pm till post 9pm solid and then calls throughout the night, sometimes to authorise something that should have been agreed in the day by managers.
- if working Sunday- Thursday on call - then this **hugely impacts on your performance the following day** due to **tiredness** from being up throughout the night. Often **inaccurate information** being handed over from bed calls and areas not working together as one. Being on call is **very stressful recently**.
- On call review must be re-energised and concluded asap. There are many staff in the organisation who should be on the on-call rota for Silver, however many, many years later we are still waiting a satisfactory conclusion of our concerns, to ensure cover out of hours is safe, and equitable.
- Current arrangements are **not safe**, pose **risks to staff health**, safety and wellbeing, **patient safety**, and **professional registration**, especially weekends and Bank Holidays, which are not on call but full working days. Health is a 24/7 service therefore operational arrangements out of hours should reflect this, to include the most appropriate staff, with the knowledge skills and competence to manage operationally out of hours.
- It's not really on-call as there is often an **expectation of you being on site** by the silver.
- Often the calls for Bronze on call begin minutes after 5pm, the calls relate to issues that should have been resolved before the service managers leave their shift as they are often **issues that have been ongoing for hours**. Contingency plans are often inappropriate if there are any contingency plans at all. The duty nurses can at times be brittle, often because of the situation they have been left in by their managers.
- We are asked to be bronze on call out of our service area, this is at best impractical, at worst **unsafe**, we are asked to manage situations that we have no working knowledge around. On call impacts significantly on or working days as Bronze on call. We are expected to attend Tactical Control Centre site capacity meetings and report back on areas that have service managers on shift at that time. Service managers should be attending these calls to answer and queries, we are picking up

additional work that should be carried out by the site managers as well as our day jobs.

Guidance

- No official guidance to suggest you can come in later when on call to ensure that you are not working 16+ hours.
- **Not seen any BCU guidance** although aware of some all-Wales principles through own searching.

Rota mix

- there seems to be **inequity** with the rota itself - I am aware there are colleagues of a similar grade that are not on the rota and find it difficult to understand why.
- No thought given for annual leave and wellness of staff - unable to pre advise of annual leave for the year therefore need to find swaps for on calls which adds to **stress**.
- **Inconsistent application** across BCU so small number of senior managers do significantly more of the on call whilst others do none, We need to be empowering our CSM teams to do more (staff and pay them properly for the responsibility they have and release the bronze on call to support their own roles) Split weekends as a long day on Saturday or Sunday wipes you out for the rest of the weekend as it is relentless

Compensatory rest

- On Call has changed since I first started doing it. It has become a **time-consuming** job in itself. Difficult to take restorative rest periods due to other work commitments.
- Compensatory rest periods - this is something I have only done very occasionally but am trying to ensure I diarise it when I know I am on call.
- Compensatory rest is not usually taken as the on call is on top of day job, not instead of and **taking compensatory rest is not always possible**.
- As an operational manager the on-call arrangements impact on my day job. In the past I tried to do my full day job plus on call but this became impossible due to the long hours spent on call especially in the evenings. A shift system was introduced but this was removed. We are able to work a shift system if we want to but if we do this we feel guilty about not coming in for our day job. I usually come into work about 10am or 11am and one of the more recent on calls I did I was here until 2am. I do feel that it is **not safe** sometimes for us to be working such long hours. On leaving at 2am I then received a phone call at 4.30am. The next day was Saturday so I was able to rest but lost most of my Saturday as a result. Compensatory rest isn't applicable at weekends.

- I am **not always able to take due to diary commitments** and senior nurse cover
- Wasn't aware of any compensatory rest time. I have been onsite from 9am and remain on-site for 18hrs+. There is an expectation that you return to work the following day. I am sure that if you were to contact the site the following day, annual leave would be authorised if so requested.
- I do not take full allowance and have to fit it in between commitments, so cannot take straight after on-call. On-call system requires revision urgently, **high clinical risk**.
- Very difficult to take compensatory rest owing to work load demands
- Also feel a rest period should be facilitated as it can be very tiring doing day job all day then on call which can be busy and day job next day. High pressure at times.
- I find that not enough issues from the day are escalated from acute mental health services . Also when have to balance work life balance it can be difficult to balance without rest period. I feel there is a **high expectation** and **not enough on rota** from same banding as myself
- I am aware of the rules for taking compensatory rest after on call but don't normally take compensatory rest per se. Rather, if it has been a difficult and long evening/night up getting to bed very late, I will start work a little later the following day and then sometimes work longer the next day/day after that to catch up. Compensatory rest doesn't apply if on-call on a Friday night or Saturday.
- Compensatory rest is informal, sometimes **not worth taking as your diary suffers**

On-call Payments

- The on-call arrangements have changed dramatically since I commenced completing on call in 2012. The requirements to attend calls, complete documentation , send reports and expectation to support areas out of hours are **not on call they are a working shift** which is extremely difficult to compensate time wise and only financially compensated by including hours of activity.
- Often we have missed payments for on-call and are chasing payroll for the payment
- I have only recently been made aware of the on-call payment process and have placed a claim this week.
- neither of the above (*Compensatory rest / payment*) was made clear when I commenced on call.
- Payment is claimed in line with guidance, again circulated many years ago in an email.
- The payment received for on-call is poor in comparison to the amount of work that is expected. it very much feels like an **extra shift** rather than an on-call.
- I was **never informed of pay arrangements** and how to claim for the on-call role, and have never claimed.

- On call payment does not truly reflect the hours of work committed when on call.





Training

- **No support or training** given. Shadowed 2 on call sessions. Neither of which had any calls so didn't give any real insight into the decision-making process.
- No fire or major incident training given so would be unsure what to do in this scenario.
- training provided over 5 years ago. **no update** since changes within the organisation
- My induction onto the on-call, was one half day training session around 6 years ago and being buddied the 1st time I did on-call.
- **shadowing** - this was arranged individually rather than it being a formal induction to on-call.
- I have attended one on call meeting where there was a discussion about the on-call resources on the website - these are however quite **out of date** and need some focus. I would also advise that training needs to include access to all relevant IRIS reports as I have had to find these in informal discussions with colleagues.
- there is **no formal on call pack** apart from the rotas - we could do with there being a formal on call pack that can be accessed with all relevant rotas plus contact numbers and examples of "what to do if"

Appendix C: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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Teitl adroddiad: <i>Report title:</i>	Welsh Health Circular (2024) 017 Implementation of Non-pay Elements of the 2022-4 Collective Agreement - Report to Welsh Government for Welsh Partnership Business Committee			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	13 th June 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this report, as mandated by the Welsh Health Circular (2024) 017, is to provide an update to the Welsh Government on our progress against a control framework. This framework measures the delivery in partnership of certain non-pay elements, which were aspects of our 2022-4 collective agreement.</p> <p>This is reflective of the social partnership approach, which brings together the Welsh Government, NHS Employers, and Health Unions.</p> <p>The content of this report, a crucial aspect of our collective agreement, should be agreed upon at the Local Partnership Forum. This ensures collective decision-making and promotes transparency. The report must include a statement from the Chair of the staff that the content has been agreed upon.</p>			
Argymhellion: <i>Recommendations:</i>	The content of the report is noted and agreed upon.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Jason Brannan, Deputy Director of People Services			
Awdur yr Adroddiad: <i>Report Author:</i>	Kay Hannigan, Associate Director of People Services			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p>				

<p>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:</p>	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p>	N/A
<p>Link to Strategic Objective(s):</p>	
<p>Goblygiadau rheoleiddio a lleol:</p> <p>Regulatory and legal implications:</p>	<p>Through the Social Partnership and Public Procurement (Wales) Act 2023, Welsh Government has legislated to provide statutory underpinning to the social partnership approach adopted in NHS Wales and to extend this to other sectors. The Act also initiates a statutory requirement for annual reporting against the new social partnership duty.</p> <p>The Welsh Health Circular, a key document, sets out a control framework for the partnership delivery of certain non-pay elements. This framework, a result of our collective agreement 2022-4, provides a clear structure for our partnership delivery.</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP7, has an EqIA been identified as necessary and undertaken?</p>	No
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP68, has an SEIA identified as necessary been undertaken?</p>	No
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</p>	N/A
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p>Financial implications as a result of implementing the recommendations</p>	Minimal as these are non-pay elements.
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p>Workforce implications as a result of implementing the recommendations</p>	Greater flexibilities already within the A4C agreement. Aim to retain staff.
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow up summary following consultation</p>	N/A

Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: <i>(or links to the Corporate Risk Register)</i>	N/A
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to the confidential board (where relevant)	N/A
Camau Nesaf: Gweithredu argymhellion Next Steps: The report will be sent to the Welsh Government and shared at LPF.	
Rhestr o Atodiadau: List of Appendices: Appendix 1 - WHC (2024) 017 – Implementation of the Non-pay Elements of the 2022-4 Collective Agreement Appendix 2 – BCUHB Basline Report May 2024	

WHC (2024) 017



Llywodraeth Cymru
Welsh Government

WELSH HEALTH CIRCULAR

Issue date: 28 March 2024

Status: Action

Category: Workforce

Title: **Implementation of the Non-pay Elements of the 2022-4 Collective Agreement**

Date of Expiry / Review Not applicable

For Action by:

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

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

Action required by: dates specified in parts 1, 2 and 3

Sender: **Judith Paget CBE, Director General for Health and Social Services and NHS Wales Chief Executive**

Contact(s): Martin Mansfield and Emma Coles, Health and Social Services, NHS Workforce and Operations email martin.mansfield001@gov.wales

Enclosure(s): None

Implementation of the Non-pay Elements of the 2022-4 Collective Agreement

Rationale and background

NHS Wales operates an effective and long standing social partnership model which brings Welsh Government, NHS Employers and health unions together to pursue shared priorities and address workforce challenges. The social partnership approach is supported through formal structures both at national level (Wales Partnership Forum) and at local Health Board / Trust / Special Health Authority level. Each of the partners bring their unique perspective and priorities in order seek to co-produce solutions and agree delivery outcomes.

Through the Social Partnership and Public Procurement (Wales) Act 2023, Welsh Government has legislated to provide statutory underpinning to the approach adopted in NHS Wales and to extend this to other sectors. The Act also initiates a statutory requirement for annual reporting against the new social partnership duty.

Under our social partnership approach significant service change proposals would be shared and tested at the earliest opportunity in order to seek to achieve consensus before settled decisions are made. We adopt this same approach in the most challenging situations around strict financial limitations impacting shared principles.

In this context we are setting out in this Welsh Health Circular a control framework for the delivery in partnership of certain non-pay elements the development of which were aspects of our collective agreement 2022-4.

This Welsh Health Circular also contributes to and supports the objectives of WHC (2023) 046 'All-Wales Control Framework for Flexible Workforce Capacity'.

Objectives for this work

- Contribute to the improvement of staff morale and well-being (assisting with recruitment into vacancies).
- Transparent, consistent, and equitable application of existing agreed national terms and conditions, ensuring we pay our employed workforce for their contractual and any additional hours worked at the appropriate contractual rate and with clear rates.
- Consistent delivery in social partnership of collectively agreed policies and approaches.

- Incentivise employed workforce over agency working through flexible working.
- Better value for money for NHS resources – reducing the additional costs associated with recruitment, retention and avoidable deployment of agency workforce.
- Enhance quality and safety of patient experience by delivering more care by our own workforce who are employed and familiar with our organisations and processes.

Programme delivery - three part control framework

The framework identifies three areas where aspects of the non-pay collective agreement require local action.

Part 1 – Immediate assurance (page 4)

Incorporates aspects of the collective agreement non-pay elements which are -

- Statutory requirements
- Contractual terms
- Existing policy under collective agreement (implied terms)

Part 2 – Required (page 5)

Incorporates aspects of the collective agreement non-pay elements which are -

- Implementation of new policy under this collective agreement (implied contractual terms).
- National tripartite collectively agreed priorities.
- Specific aspects of national strategic plans relevant to these policies/priorities.

Part 3 – Expected (page 6)

Incorporates aspects of the collective agreement non-pay elements which are -

- Aspects of longer term strategic plans.
- Goals for longer term delivery according to local circumstances.
- Best practice options or shared proposals from Wales Partnership Forum (WPF) for local consideration and local prioritisation.

The requirements of this circular below provides the specifics of which aspects of each collective agreement non-pay element falls into each of parts 1-3.

Requirements of this Circular

All implementation measures and reports should be agreed in partnership at the Local Partnership Forum.

Reports must include a statement from the chair of the staff side that the content has been agreed. If there is no agreement, an explanatory statement as to why this is the case should be included.

Part 1 – Immediate assurance

For each of points 1-6 below

- Review current implementation of the relevant aspect of the collective non-pay agreement.
 - Take any remedial implementation measures required.
 - Provide an assurance report by the end of May 2024 confirming that the relevant measures are in place.
1. Confirm that Unsocial Hours Allowance has been reinstated after one weeks sickness absence since 1st March 2023 and that this has now been made the permanent position.
 2. Confirm implementation of the all-Wales flexible working policy including the principle that acceptance of flexible working becomes the default across the workforce unless there are clear reasons to decline.
 3. Confirm implementation of the All-Wales pensions flexibilities policy.
 4. Provide details of the system in place to ensure staff are paid in line with national agreed terms and conditions for all of the hours they work (including their breaks and shift over runs and additional hours).
 5. Confirm that staff have access to drinking water (freely available within the workplace) and that this is enabled not prevented by Infection Prevention & Control through risk assessments and with clear local guidance, taking the environment and patient risk groups into consideration.
 6. Confirm delivery of the CPD relevant requirements of the Nursing Staff Levels Act (2016) Statutory Guidance (paras 38 and 40) and the Duty of Quality Statutory Guidance 2023 and Quality Standards 2023 (paras 6.5 and 12.15).

Part 2 – Required

For each of points 1-3 below

- Review any existing implementation of the relevant aspect of the collective non-pay agreement.
 - Provide a baseline report by the end of May 2024.
 - Develop an action plan, agreed at the Local Partnership Forum, which will achieve the outcomes required in the relevant non-pay element and provide a copy of the action plan by the end of July 2024.
 - Provide a monitoring / progress towards objectives report by the end of September 2024 (as appropriate this could be the completion report).
 - Provide a completion report confirming full implementation of the relevant aspect of the collective non-pay agreement by the end of January 2025.
-
1. Review how Unsocial Hours Allowance is implemented to ensure fairness, industrial injuries are properly recognised, and that staff are not discriminated against in line with the Equalities Act 2010.
 2. Review the use of radiography on-call standby in out of hours arrangements to ensure that the frequency of on-call standby does not negatively impact an individual's work-life balance consistent with the twelve principles set out in Table 22, Annex 29 of the NHS Terms and Conditions of Service Handbook.
 3. Confirm implementation of the all-Wales Occupational Health minimum service levels/KPIs (incorporating monitoring and support).

Part 3 – Expected

For each of points 1-3 below

- LPF agree local priority areas and an action plan, developed in partnership, appropriate to local circumstances, with details provided by the end of July 2024.
 - Update / progress report by the end of September 2024.
 - Outcomes report by the end of January 2025 (for the purposes of sharing implementation best practice and identification of future national priorities).
1. In implementing and monitoring the following -
 - WHC (2024) 012 Nursing Preceptorship,
 - HEIW Nursing for the Future Strategic Workforce Plan,
 - HEIW Nurse Retention Plan,
 - Birthrate Plus Report and
 - other professional group retention strategies,- identify recommendations which may be transferrable across all Agenda for Change groups with the aim of improving the ability for individual progression in their professional field/staff group.
 2. Implement appropriate to local circumstances the HEIW 'Staff Health and Wellbeing best practice guide' (incorporating nutrition and rest aspects of the staff welfare project).
 3. Implement appropriate to local circumstances the HEIW Continuing Professional Development Strategy. Have the long term goal for all staff protected time as parity with medics but set specific steps to achieving that which are realistic and achievable.

Welsh Health Circular (2024) 017 non-pay agreement elements report to Welsh Government for Welsh Partnership Business Committee

This report has been prepared to provide assurance that the relevant measures are in place to implement the non-pay elements of the 2022-4 collective agreement.

We are pleased to confirm significant progress on the implementation within BCU, which is a testament to our collective efforts and commitment.

Requirement	Progress on implementation within BCU
Confirm that Unsocial Hours Allowance has been reinstated after one weeks of sickness absence since 1st March 2023 and that this has now been made the permanent position.	This is incorporated into the payroll system as an automatic payment.
Confirm implementation of the all-Wales flexible working policy, including the principle that acceptance of flexible working becomes the default across the workforce unless there are clear reasons for the decline.	<p>The policy went live on February 23rd, 2024. After being released on an all-Wales basis, it was agreed upon at the People and Culture Committee.</p> <p>The policy and supporting information are available for staff and managers on Betsinet with a presumption of acceptance.</p> <p>A communication plan is being developed to ensure the approach is widely understood and promoted.</p>
Confirm implementation of the All-Wales pensions flexibilities policy.	NHS Employers confirmed on the 13th of February 2024 that a pension flexibilities policy is under development. This was anticipated to be presented at the Wales Workforce Partnership Forum in March. No further update has been received. Plans will be put in place to implement as soon as it is received.
Provide details of the system in place to ensure staff are paid in line with national agreed terms and conditions for all of the hours they work (including their breaks and shift over runs and additional hours).	There has been a continuous programme in place to roll out e-rostering for staff who work unsocial hours, and all working hours are recorded with the system live to pay. There are 15,280 BCU staff who interface Live to Payroll via the Allocate Optima –

	ESR interface. This is for staff groups such as Nursing & Midwifery, Radiology, A&C, and Patient Services, including the Bank, for these areas.
Confirm that staff have access to drinking water (freely available within the workplace) and that this is enabled, not prevented, by Infection Prevention & Control through risk assessments and with clear local guidance, taking the environment and patient risk groups into consideration.	Drinking water is accessible to all staff. Unison also facilitated this, by providing drinking bottles for facilities staff.
Confirm delivery of the CPD relevant requirements of the Nursing Staff Levels Act (2016) Statutory Guidance (paras 38 and 40) and the Duty of Quality Statutory Guidance 2023 and Quality Standards 2023 (paras 6.5 and 12.15).	<p>All wards pertaining to Section 25B of the Nurse Staffing Levels (Wales) Act 2016 include an uplift of 26.9% and a supernumerary Band 7 Ward Manager within the overall workforce plan for each ward. BCU have a standard document to be completed when undertaking the nurse staffing level calculations, which prompts managers to consider and detail information relating to the continuing professional development and mandatory training requirements of the nursing staff within the ward.</p> <p>There is an e Learning module on Duty of Quality available to staff on ESR.</p>
Part 2 – Required	
Review how Unsocial Hours Allowance is implemented to ensure fairness, industrial injuries are properly recognised, and that staff are not discriminated against in line with the Equalities Act 2010.	<p>Unsocial hours allowance is implemented automatically through the allocate system.</p> <p>The system was established in partnership to manage industrial injury claims.</p> <p>Staff complete training on ‘treat me fairly’ every three years.</p> <p>The rollout of dignity and respect training continues.</p> <p>NWSSP and HEIW are currently looking at the training package to consider an update.</p>

	We supplement this training with in-house training such as Active Bystander.
Review the use of radiography on-call standby in out-of-hours arrangements to ensure that the frequency of on-call standby does not negatively impact an individual's work-life balance consistent with the twelve principles set out in Table 22, Annex 29 of the NHS Terms and Conditions of Service Handbook.	Radiography on-call standby continues to be implemented in accordance with the A4C handbook, and the local departments monitor its use.
Confirm implementation of the all-Wales Occupational Health minimum service levels/KPIs (incorporating monitoring and support).	These are out for final ratification and are expected to be sent to WG on Monday. They are not implemented at this time, but they are at final approval from an all-Wales Occupational Health perspective.

Further Actions

This paper will be an agenda item at the LPF on 7 August 2024. Prior to this, it will be included on the agenda of the Workforce Partnership Forum on 21 June 2024.

By the end of July 2024, the Workforce Partnership Group will agree on local priority areas and an action plan developed in partnership to encompass the following

1. In implementing and monitoring the following -
 - WHC (2024) 012 Nursing Preceptorship,
 - HEIW Nursing for the Future Strategic Workforce Plan,
 - HEIW Nurse Retention Plan,
 - Birthrate Plus Report and
 - other professional group retention strategies,

- identify recommendations that may be transferrable across all Agenda for Change groups, with the aim of improving individual progression in their professional field or staff group.
2. Implement, appropriate to local circumstances, the HEIW 'Staff Health and Wellbeing best practice guide' (incorporating nutrition and rest aspects of the staff welfare project).
3. Implement the HEIW Continuing Professional Development Strategy appropriate to local circumstances. Set the long-term goal for all staff protected time as parity with medics but set specific steps to achieve that that are realistic and achievable.

An update and progress report will be prepared for the Welsh Government by the end of September 2024

An outcomes report will be prepared for the Welsh Government by the end of January 2025.



Teitl adroddiad: <i>Report title:</i>	Corporate Risk Register Report			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 13 June 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to provide an update of the corporate risk register (CRR).</p> <ul style="list-style-type: none"> CRR24-01 People, Culture and Wellbeing. Proposed reduction in risk score as reported at the last reporting cycle, likelihood reduced from 4 to 3 reducing overall score to 12 but to remain as a reportable corporate risk, was rejected at Risk Management Group (09/04/2024) and Executive team (10/04/2024), score to remain as 16 CRR24-16 Leadership/Special Measures. Proposed reduction in risk score as reported at the last reporting cycle, likelihood reduced from 4 to 3 reducing overall score to 12 but to remain as a reportable corporate risk, rejected at Risk Management Group (09/04/2024) and Executive team (10/04/2024), score to remain as 16. <p>N.B This report has not yet been approved by Risk Management Group 11/06/24 nor Executive Team Meeting 19/06/24 in line with the normal cycle of report.</p>			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to take assurance on corporate risks attached in the report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <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>



Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:			
<i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this: N/A</i>			
Cyswllt ag Amcan/Amcanion Strategol:			
<i>Link to Strategic Objective(s):</i>			Further work will be undertaken to align corporate risks to Board Assurance Risks and subsequent strategic objectives.
Goblygiadau rheoleiddio a lleol:			
<i>Regulatory and legal implications:</i>			It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?			
<i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>			Not applicable for this report
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?			
<i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i>			Not applicable for this report
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)			
<i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>			Corporate Risk Report.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith			
<i>Financial implications as a result of implementing the recommendations</i>			The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith			
<i>Workforce implications as a result of implementing the recommendations</i>			Failure to capture, assess and mitigate risks can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori			
			Approved by Executives responsible for the individual corporate risk and quality assurance by Corporate Risk Management Team.



Feedback, response, and follow up summary following consultation	
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	Further work will be completed to develop links to the Board Assurance Framework.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable for this report
Camau Nesaf: Next Steps: Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.	
Rhestr o Atodiadau: List of Appendices: Appendix 1 – People & Culture Committee Corporate Risks Dashboard – May 2024 Appendix 2 – People & Culture Committee Corporate Risk Register	

Corporate Risk Register Report

1) Introduction and Background

What Is a Corporate Risk?

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

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

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

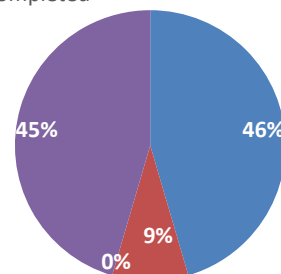
1) Key Highlights

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

Out of the 3 corporate risks, 22 actions have been developed to mitigate the risks. 10 actions have been completed, 10 actions are progressing and on track and 2 actions are progressing with revised due dates allocated onto the actions. No actions are currently overdue.

ACTION STATUS OF CORPORATE RISKS

- Progressing
- Progressing - Revised date
- Overdue
- Completed



Next steps

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

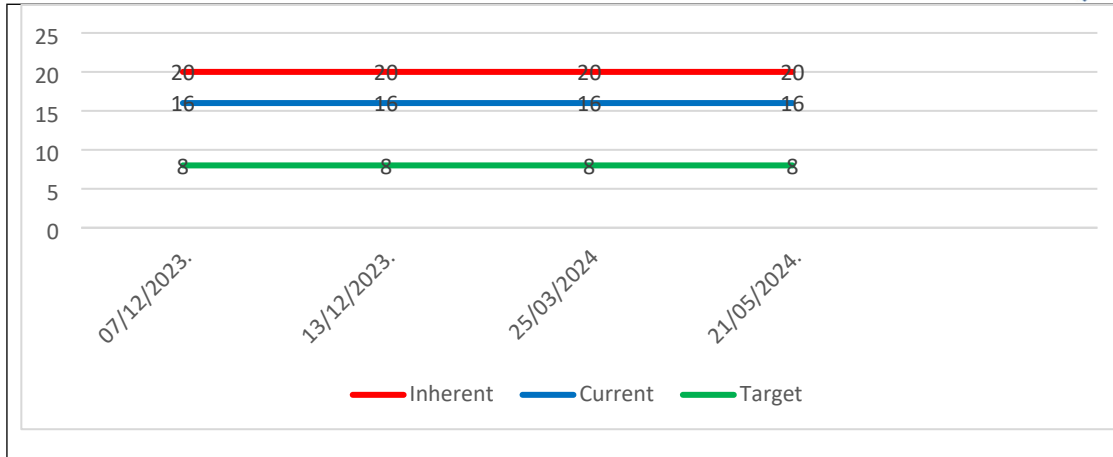
Appendix 1 - People & Culture Committee Corporate Risks Dashboard – May 2024

Lead	Ref	Risk Title	Current Score (Likelihood x Impact)	Risk Target Score	Appetite Main Risk Type	Lead Board Committee	Risk Management Commentary
					Appetite Level		
EDoW	CRR24-01	People, Culture and Wellbeing	4 x 4 = 16 ↔	8	People 4 - Seek	People & Culture Committee	Opened Dec 23. 11 actions identified, 6 completed, 5 progressing, with 2 revised due dates . To be further strengthened considering the recent increase in staffing T1 risks reported. Minor Quality Assurance comments sent to the service lead around gaps in controls which will need to be updated.
EDoW	CRR24-15	Health and Safety	4 x 4 = 16 ↔	8	People 4 – Seek	People & Culture Committee	Opened Feb 24, 4 actions identified, 0 completed, 4 progressing. All actions are on track against the 2024 target date. Further work is required to improve safe compliance and to strengthen the action plan and also reflect the recent Internal Audit report recommendations. A number of Quality Assurance comments sent to the service lead around controls, gaps in controls and actions and the risk needs to be further strengthened.
EDoW	CRR24-16	Leadership/Special Measures	4 x 4 = 16 ↔	8	Regulatory 3 - Open	People & Culture Committee	Opened Dec 23. 7 actions identified, 4 completed, and 3 progressing. Gaps in controls could benefit from corresponding actions.

Appendix 2 – People & Culture Committee Corporate Risk Register

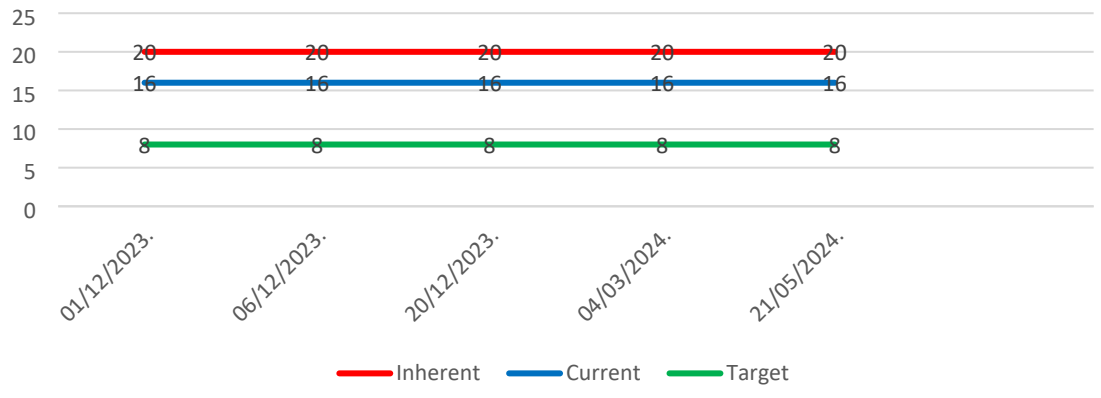
CRR 24-01	Risk Title: People, Culture and Wellbeing		Date Opened: 07/12/2023	
	Assuring Committee: People & Culture Committee		Date Last Committee Review: 11/04/24	
Date Last Reviewed: 21/05/2024	Director Lead: Deputy Director of Workforce	Link to BAF: SP12	Target Risk Date: 30/09/2024	
<p>There is a risk that BCU do not have a highly skilled, engaged and motivated workforce which could impact on safe delivery of care. This could be caused by staffing shortfalls, organisational reputation and staff not feeling psychologically safe which could lead to burnout. This could lead to the inability to attract and retain high quality and skilled people.</p>				
Mitigations/Controls in place		Lines of Assurances		Additional Controls required
<ol style="list-style-type: none"> 1. People Committee oversee delivery of the People Services agenda 2. Local IHC & Pan Services People & Culture Committees in place 3. The Strategic Recruitment team in place to oversee efficient and effective professional recruitment for all senior leadership and medical & dental consultant appointments across the Health Board 4. Local IHC Resourcing Teams are in place across all IHC/Pan Services to drive forward recruitment and staffing priorities. 5. The Recruiting well and Joining Well programmes in place 6. Organisational Retention lead in post for BCU linked with national retention work through HEIW 7. Dedicated Nurse Retention Lead in place to deliver the Nurse Retention Implementation Plan for the organisation 8. New All Wales Flexible working policy has been ratified and is in place 9. Staff feedback conjunction with the NHS Wales Staff Survey in place. Development of Pulse surveys to ensure staff have a voice across the organisation 10. Speak out Safely MDT in place 11. Work in Confidence platform for staff to safely raise concerns. 12. Workstreams associated with this risk which links into the Special Measures Framework are monitored via the governance of the Framework and reported to Executive Team and Board 		1st – eg. Operational:		<ol style="list-style-type: none"> 1. The programme of work through the Education and Learning Committee to be finalised 2. Increased measures on employee engagement 3. Development of a programme of work to ensure line manager's full involvement in employee engagement 4. Feedback from the HEIW Nurse retention tool.
		<ol style="list-style-type: none"> 1. Organisational Development Steering Group 2. People Services Senior Leadership Team 		
		2nd – eg. Risk and Compliance:		
		<ol style="list-style-type: none"> 1. Risk Management Group 2. Executive Team oversight 3. Progress towards the People Service agenda is reported through the People & Culture Committee chaired by the CEO and reported to the Board. 		
		3rd – eg. Independent:		
		<ol style="list-style-type: none"> 1. Internal Audit 2. Welsh government through quarterly IQPD meetings with executive team 3. HEIW through National Retention programme meetings 		
Actions			Due Date	Progression Analysis

Education and Learning Committee is being established as a control measure	31.07.24	In progress		
NHS Staff Survey action plan to be developed and implemented across 24/25 The corporate action plan has been developed, the next steps is to take it forward at IHC level. This work is scheduled to be completed by end of June	30.06.24	In progress		
Scoping and methodology proposal for the wider review of the 2022 Operating Model restructure agreed via an appropriate Executive governance process following appropriate engagement. Proposal shared at OD Steering group. Process of gathering feedback underway in April and May 2024. Completed - The scoping and methodology proposal for the wider review of the 2022 Operating Model restructure was agreed, and digital focus groups were facilitated by Ararna between 30/04/24 and 09/05/24. A questionnaire was also uploaded onto BetsiNet on 29/04/24 to capture the views of those unable to attend the focus groups.	30/05/2024	Complete		
Findings from the wider review of the 2022 Operating Model restructure presented via an appropriate Executive governance process and next steps agreed A full report of the findings is due to be submitted by Ararna by the end of May. The Findings will determine what the next steps will be, therefore they cannot be agreed until the full report has been received. The findings will inform the PID for the Operating Model which is one of BCUHB's 3 major transformation programmes of work.	15/06/2024 30/06/24	Revised Date (Progressing)		
Clinical engagement: Progress demonstrated in the part of the OD plan relating to clinical engagement field work conducted in previous cycles. Recommendations made were reviewed by the Organisational Development Steering Group on 5.2.24. As agreed there, further work is being undertaken to understand the barriers to engagement of clinicians, which will inform proposals for the development of a broader corporate engagement offer. A draft OD Plan was presented to the Steering Group on 4.3.24 for feedback before being finalised.	29/02/2024	Complete		
Measure employee engagement: Proposal on a broad range of mechanisms to do this other than just the staff survey presented via an appropriate Executive governance process. Proposal was presented at OD Steering Group on 04/03/2024.	29/02/2024	Complete		
Formal Culture Change Plan and accompanying Comms and Engagement plan presented via an appropriate Executive governance process. Proposal was presented and agreed at the OD Steering Group on 04/03/2024. Resources to deliver the plan still need to be agreed.	29/02/2024	Complete		
Examine the current pervasive culture: Final results from NHS Wales Staff Survey shared with all relevant managers and thematic analysis fed into Culture Change Plan. Top level data has been received. The final local picture of the NHS survey will not be received until May 24.	29/02/2024	Complete		
Revisit the values of the organisation: Views on the existing values and suggestions for modifications presented to Exec Team prior to scheduling for review at Board. Previously collected staff feedback on the existing values to be analysed and proposals of methods of co-production with the staff including comms and engagement plans to be submitted via an appropriate Executive governance process. Culture World Café to take place at Leadership Conference 04.06.24 The revised date for the culture world café is scheduled for 4 th June, the feedback will be collated and available by the end of June 2024	30/04/2024 30/06/2024	Revised Date (Progressing)		
Staff facing version of the Learning Organisation Framework developed for use in work-based learning contexts. This will enable improvements in a wide range of organisational outcomes, such as quality, access, experience. Version 1 of staff-facing LOF finished and ready for testing with colleagues in MHL, as well as with critical friends and colleagues in our 'community of practice' too.	29/02/2024	Complete		
The Recruiting Well, Joining Well, Leaving Well Programme is being developed to ensure we recruit, support and retain a skilled motivated workforce. The programme for Recruiting Well, Joining Well, Leaving Well will now be incorporated into the Staff Journey programme of work. An illustrative map is currently being developed showing all areas within People Services and OD that employees typically encounter, from 'Hire to Retire'. Work is being undertaken to identify gaps in each of the services with regards to policies and procedures. This will enable the Staff journey programme plan, which will include timescales, to be drafted.	30/06/2024	In Progress		
		Impact	Likelihood	Score

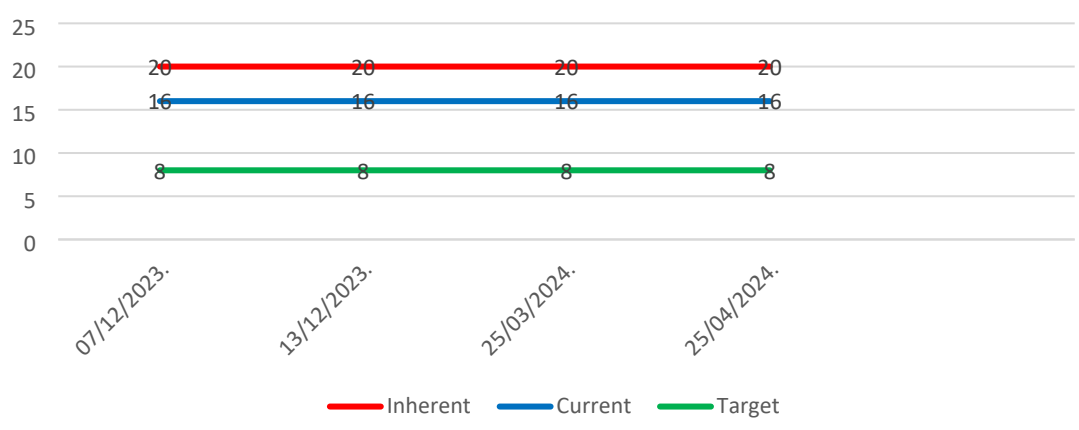


Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	2	4	8
Risk Appetite	People		4 - Seek
Rationale for Corporate Risk			
<p>This is a corporate risk due to the current position across the Health Board with high turnover rates across certain key staff groups. Staff engagement score at 72%, comparable with all Wales average of 73%.</p>			

CRR24-15	Risk Title: Health and Safety		Date Opened: 01/12/2023
	Assuring Committee: People & Culture Committee		Date Last Committee Review: 11/04/2024
Date Last Reviewed: 21/05/2024	Director Lead: Deputy Director of People	Link to BAF: N/A	Target Risk Date: 31/12/2024
<p>There is a risk of avoidable harm to patients and staff. This is may be caused by a failure of the Health Board to provide safe systems of delivery and work in accordance with the Health and Safety at Work Act 1974 and associated legislation due to the lack of Health and Safety Leadership. The impact is patient and staff harm, financial implications, and reputational impact to the Health Board.</p>			
Mitigations/Controls in place	Lines of Assurances		Additional Controls required
<ol style="list-style-type: none"> Health and Safety short courses for managers and staff, and mandatory e-learning are in place, with regular monitoring reported to Strategic H&S group. Further training commenced January 2024 with the NEBOSH General Certificate and NEBOSH Award. Policies and subgroups have been established including asbestos, water safety, fire electrical safety etc. to monitor and report into the Strategic Occupational Health & Safety Group. Competence in training in service areas has been reviewed. Plan in place through business case (subject to approval) to establish robust Safety Competence and leadership training programme. There is a three-year Occupational Health, Safety and Security strategy in place that supports the Strategic Objectives of BCUHB. Gap Analysis has been repeated to establish areas of non compliance and to inform a new 3 year strategy Falls are closely monitored by H&S advisors to review under RIDDOR reporting requirements. The H&S team have additional controls around learning from near misses and mistakes, participating in Falls investigation meetings and learning panels. 	1st – eg. Operational: <ol style="list-style-type: none"> Strategic Occupational Health & Safety Group and escalate via Quarterly Reports to People Committee Estates overseeing the high level risks as duty holder for asbestos, legionella, contractor management and control, Electricity and Fire and report to the Strategic Occupational Health and Safety Group. Professional training and qualifications provided by H&S team to ensure a whole system approach around Health & Safety learning and development 		<ol style="list-style-type: none"> HS01 to be updated when the Executive portfolios have been finalised. This will go out of date in December 2023 and a six month extension has been requested. There have been a number of HSE interventions and internal reviews that have highlighted significant gaps in the OHS system. New role of Director of Environment to be recruited to reporting to CEO, which will review Estate business cases Manual handling training compliance is currently at 68%. The team have moved back to the BCUHB sites as the two year contracts for external training venues have ended. The effects of these moves is not fully known yet. The HSE have identified gaps in safe systems of work and risk assessment in connection with the sudden death of a patient within mental health resulting in. prosecution. Lack of formal arrangements in place to protect premises and people in relation to CCTV, violence and aggression, Security Contract issues
	2nd – eg. Risk and Compliance: <ol style="list-style-type: none"> Risk Management Group Executive Team 		
	3rd – eg. Independent: <ol style="list-style-type: none"> Internal Audit RIDDOR reporting to the Health and Safety Executive in place with robust timeline. 		

		(personnel), lone working, lock down systems, access control and training that provides assurance that Security is effectively managed																																												
Actions		Due Date	Progression Analysis																																											
A clear strategy and framework		31/12/2024	Progressing																																											
NEBOSH training courses to go forward for the General Certificate and the Award.		31/12/2024	Progressing																																											
Business case for security provision approval process underway.		31/12/2024	Progressing																																											
H&S not noted as a deliverable on the Annual Plan for priorities and Strategic Objectives are due to be reviewed.		31/12/2024	Progressing																																											
 <table border="1"> <caption>Risk Score Data</caption> <thead> <tr> <th>Date</th> <th>Inherent</th> <th>Current</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>01/12/2023</td> <td>20</td> <td>16</td> <td>8</td> </tr> <tr> <td>06/12/2023</td> <td>20</td> <td>16</td> <td>8</td> </tr> <tr> <td>20/12/2023</td> <td>20</td> <td>16</td> <td>8</td> </tr> <tr> <td>04/03/2024</td> <td>20</td> <td>16</td> <td>8</td> </tr> <tr> <td>21/05/2024</td> <td>20</td> <td>16</td> <td>8</td> </tr> </tbody> </table>		Date	Inherent	Current	Target	01/12/2023	20	16	8	06/12/2023	20	16	8	20/12/2023	20	16	8	04/03/2024	20	16	8	21/05/2024	20	16	8	<table border="1"> <thead> <tr> <th></th> <th>Impact</th> <th>Likelihood</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Inherent Risk Rating</td> <td>4</td> <td>5</td> <td>20</td> </tr> <tr> <td>Current Risk Rating</td> <td>4</td> <td>4</td> <td>16</td> </tr> <tr> <td>Target Risk Score</td> <td>2</td> <td>4</td> <td>8</td> </tr> <tr> <td>Risk Appetite</td> <td colspan="2">People</td> <td>4 - Seek</td> </tr> </tbody> </table>		Impact	Likelihood	Score	Inherent Risk Rating	4	5	20	Current Risk Rating	4	4	16	Target Risk Score	2	4	8	Risk Appetite	People		4 - Seek
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		<p align="center">Rationale for Corporate Risk</p> <p>There is an inherent risk that the failure of Health & Safety management systems could lead to RIDDOR Reportable. Specified Injuries to Workers. Patient mismanagement, long-term effects. Death or significant irreversible harm which will result in prosecution by the Health and Safety Executive consequently leading to loss of reputation and financial penalties. The risk is extenuated by Non-compliance with national standards with significant risk to patients/public. An unacceptable level or quality of treatment/service. Gross failure of patient safety leading. Inquests and Coroners reports. Low staffing level that reduces the service quality. Low staff morale. Poor staff attendance for mandatory/key professional training. Uncertain delivery of key objective/ service due to lack/loss of staff within the Health and Safety team. Structural changes will be implemented in summer 2024, with Health and Safety moving from Workforce Directorate to a new role of Director of Environment, reporting directly to CEO.</p>																																												

CRR 24-16	Risk Title: Leadership/Special Measures		Date Opened: 07/12/2023
	Assuring Committee: People & Culture Committee		Date Last Committee Review: 11/04/2024
Date Last Reviewed: 25/04/2024	Director Lead: Deputy Director of Workforce	Link to BAF: SP17	Target Risk Date: 30/09/2024
<p>There is a risk of traditional models of leadership which do not define the expectations, values and behaviours of our leaders to transform the organisation. We recognise a compassionate leadership approach supports the delivery of safe and reliable care. This could be caused by inadequate governance arrangement and lack of integrated leadership development pathways across the Health Board. This could have an impact on the sustainability of staffing and subsequently patient care and safety and service delivery.</p>			
Mitigations/Controls in place		Lines of Assurances	Additional Controls required
<ol style="list-style-type: none"> Board Workshop with Professor Michael West on compassionate leadership Suite of leadership conferences, networking and masterclasses on compassionate, inclusive leadership and engagement. Work associated with this risk which links into the Special Measures Framework now monitored via the governance of the Framework and reported to Executive Team and Board. Full Board now in place and all committees now chaired and attended by full complement of Independent Members 		1st – eg. Operational:	<ol style="list-style-type: none"> Integrated Leadership Development Framework has been signed off by OD Culture group and will be tabled at P&C Steering group mid-June. New compassionate approach to leadership and how to adopt it, aligned with the work on values and behaviours Formal Culture Change Plan and accompanying Comms and Engagement plan A Behaviours Framework, will be derived from the culture change workstream Fully resourced Culture Change programme and realignment of resources within the OD function
		<ol style="list-style-type: none"> Organisational Development Steering Group Local Integrated Health Communities & Pan Services People & Culture Committees 	
		2nd – eg. Risk and Compliance:	
		<ol style="list-style-type: none"> Risk Management Group Executive Team Meeting 	
		3rd – eg. Independent:	
		<ol style="list-style-type: none"> Internal Audit Welsh Government JET meetings 	
Actions			Due Date
<p>Integrated Leadership Development Framework socialised across the organisation for feedback. Work has taken place on further co-design and to socialise the draft Integrated Leadership Development Framework (ILDF) across the organisation. This has involved members of the OD team attending meetings already in place to share the proposed framework, inviting staff to feed back on the design and logo as well as the content of the framework. MS Teams virtual sessions (including evening and weekend sessions) have also been hosted inviting staff from across the organisation to attend and share their feedback and comments. Based on the feedback, amendments have been made, a recent copy of the draft ILDF can be found on BetsiNet.</p>			31/01/2024
<p>Integrated Leadership Development Framework implementation plan presented to Executive Team. The ILDF is currently being updated following feedback from March's OD Steering group where it was presented. The revised ILDF will go to May's OD Steering group for agreement.</p>			29/02/2024
			Progression Analysis
			Complete
			Complete

The ILDF has been tabled and approved by the OD Steering group in May 2024				
Exploration of approach to leadership: Draft proposal of the approach and how to adopt it presented via an appropriate Executive governance process. The Approach to Leadership is integral to the culture development work, the approach was agreed at the ODSG in March	29/02/2024			Complete
OD Steering Group established. To date, the OD Steering Group have met on two occasions - 05/02/2024 and 04/03/2024.	30/12/2023			Completed
Draft Integrated Leadership Development Framework in place (forms part of special measures monitoring) With OD resources in place, the ILFD training is expected to be live in September 2024	30/09/2024			Progressing
Draft OD plan in development (forms part of special measures monitoring) and has been initially approved by the culture steering group. The next steps is to ratify the plan with the senior team and People & Culture Steering Group	31/08/2024			Progressing
Examine the current pervasive culture: Final results from NHS Wales Staff Survey shared with all relevant managers and thematic analysis fed into Culture Change Plan The culture world café in June will deep dive into key themes of the current culture with 800 staff members expected to attend. The results will be analysed and available by end of August 2024	31/08/2024			Progressing
 <p>Legend: Inherent (Red), Current (Blue), Target (Green)</p>		Impact	Likelihood	Score
	Inherent Risk Rating	4	5	20
	Current Risk Rating	4	4	16
	Target Risk Score	4	2	8
	Risk Appetite	Regulatory		3 - Open
	Rationale for Corporate Risk			
	Structures currently being embedded to ensure IHCs, Divisions and Services have clear accountable delivery plans so new ways of leading are embedded locally. Organisational expectations being defined.			