

Bundle BCU People and Culture Committee 19 December 2024

- 1 09:30 - PRELIMINARY MATTERS
- 1.1 09:30 - PC24/88 Welcome and Apologies - Verbal (Chair)
- 1.2 09:31 - PC24/89 Declarations of Interest - Verbal (Chair)
- 1.3 09:33 - PC24/90 Unconfirmed Minutes of Meeting held on 10.10.24 - Attached (Chair)
PC24.90 Minutes from P&C Committee 10.10.24 V0.02 Unconfirmed (Public) GR
- 1.4 09:36 - PC24/91 Matters Arising & Action Log - Attached (Chair)
PC24.91 Action Log P&C Committee - Public (Updated 12.12.24)
- 2 09:41 - STAFF STORY
- 2.1 09:41 - PC24/92 Staff Story - Paper (Deputy Director of People)
Katie Sargent to join the meeting for this item
PC24.92 PCC Staff Story IncCoversheet Final GR Approved
- 3 10:01 - STRATEGIC PRIORITIES
- 3.1 10:01 - PC24/93 Equality Report - Paper (Deputy Director of People)
Ceri Harris to join the meeting for this item
PC24.93 PCC Equality Update Final GR Approved
- 3.2 10:21 - PC24/94 Welsh Language Services Introductory Paper - Paper (Executive Director of Allied Health Professionals and Health Science)
Eleri Hughes-Jones to join the meeting for this item
PC24.94 Welsh Language Services Introductory Paper V1.0
- 3.3 10:41 - PC24/95 People Operations Report - Paper (Deputy Director of People)
PC24.95 PCC PeopleOpsReport Coversheet
PC24.95.1 PCC People Operations Report v2 - Final
- 3.4 10:56 - PC24/96 Culture, Leadership & Engagement Update - Paper (Deputy Director of People)
PC24.96 PCC CLE Update Final GR Approved
PC24.96.1 PCC CLE Update - Appendix 1 CLE Plan 23 24 v0.3
PC24.96.2 PCC CLE Update Appendix 2 Retention Project Initiation Document
PC24.96.3 PCC CLE Update Appendix 3 Retention COP TOR V3.0
PC24.96.4 PCC CLE Update Appendix 4 - ODSG Nov staff reward
- 3.5 11:11 - PC24/97 Values & Behaviours Engagement Plan - Paper (Deputy Director of People)
Nia Harris or Nia Thomas to join the meeting for this item
PC24.97 PCC ValuesBehavioursEngagement Final GR Approved
- 3.6 11:21 - PC24/98 Foundations for the Future Programme - Verbal (Chief Executive)
- 4 11:31 - GOVERNANCE & ASSURANCE
- 4.1 11:31 - PC24/99 Speaking Up Safely Update Report - Paper (Deputy Director of People)
Tracey Eccles, SuS Guardian will join for this item
PC24.99 PCC SUS Update Report Final GR Approved
- 4.2 11:41 - PC24/100 On-Call Arrangements - Final Internal Audit Report - Paper (Deputy Director of People)
Andrea Orme, Associate Director form People is preparing this paper
PC24.100 PCC On-Call Arrangements Update Final AW Approved
- 4.3 11:51 - PC24/101 Corporate Risk Register Report & Board Assurance Framework - Paper (Director of Corporate Governance)
PC24.101 Corporate Risk Register and BAF report PCC December 2024 v1 (003)
- 5 12:01 - FOR INFORMATION

- 5.1 12:01 - PC24/102 Summary of Business to be Reported from Private - Paper (Head of Corporate Affairs)
PC24.102 P&C Private session items reported in public
- 5.2 12:03 - PC24/103 Committee Forward Workplan - Paper (Director of Corporate Governance)
PC24.103 Workplan for P&C Committee (Live Version as at 12.12.24)
- 5.3 12:05 - FOR NOTING - Workforce Policies (Deputy Director of People)
Workforce Policies Coversheet Final (GR Approved)
- 6 12:05 - CLOSING BUSINESS
- 6.1 12:05 - PC24/104 Agree Items for Referral to Board / Other Committees - Verbal (Chair)
- 6.2 12:07 - PC24/105 Review of Meeting Effectiveness - Verbal (Chair)
- 6.3 12:09 - PC24/106 Date of Next Meeting - 13.02.25
- 6.4 12:09 - Resolution to Exclude the Press and Public
'Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.'

Betsi Cadwaladr University Health Board (BCUHB)
UNCONFIRMED Minutes of the People & Culture Committee
held in Public on 10 October 2024
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	Title
Dyfed Jones	Independent Member (Chair of People & Culture Committee)
Clare Budden	Independent Member
Billy Nichols	Independent Member
In Attendance	
Dyfed Edwards	Health Board Chair (<i>Observer</i>)
Pam Wenger	Director of Corporate Governance (<i>via Team – part meeting</i>)
Jason Brannan	Deputy Director of People
Teresa Owen	Executive Director of Allied Health Professionals & Health Science
Georgina Roberts	Senior Associate Director People Services
Nick Graham	Associate Director of Workforce Optimisation (<i>via Teams</i>)
Katie Sargent	Organisational Development – Engagement Lead
Committee Support	
Philippa Peake-Jones	Head of Corporate Affairs
Laura Jones	Project Support Manager (Corporate Governance)

Agenda Item	Action
OPENING BUSINESS	
PC24/65 Welcome and Apologies	
PC24/65.1 Apologies were noted for Carol Shillabeer and Karen Balmer.	
PC24/65.2 The Chair noted that the People & Culture Committee Development Session has been arranged to take place on Tuesday 19 th November 24, 10-12pm and the invitation has been circulated to members.	
PC24/66 Declarations of Interest	
PC24/66.1 No declarations of interest were raised.	
PC23/67 Unconfirmed Minutes of Meeting held on 08.08.24	
PC24/67.1 It was noted that Georgina Roberts job title was incorrect, subject to this amendment, the minutes were approved as an accurate record.	
PC24/68 Matters Arising & Table of Actions	

<p>PC24/68.1 The Committee noted the open actions and agreed to close the actions that had been proposed for closure.</p>	
<p>STAFF STORY</p>	
<p>PC24/69 Staff Stories – A Proposal on our Approach to Capturing & Sharing Staff Experience</p> <p>PC24/69.1 The Chair opened the item confirming the importance of the Committee to receive and understand staff stories. The Organisational Development Engagement Lead presented the item highlighting the need to find colleagues who are willing to share their experiences of working within the organisation from both a good and bad perspective. The Committee discussed the concerns of staff who do speak out and the need to ensure safeguards are in place if the Committee want to receive feedback from genuine staff experience. It was confirmed that improvements are being made to enhance the experience of staff from the start of their employment. This includes a welcome video, initial sign posting and the availability of a well-being toolkit. The aim of the staff stories is to follow a similar approach to the Board where the Committee receive a video or document from an individual and reflect on this throughout the meeting.</p> <p>PC24/69.2 The Chair suggested that receiving feedback from a negative point of view will allow the Health Board to identify areas where improvements may be required. There was discussion around the need for staff to feel comfortable that any negative comments shared would be in confidence to allow staff to speak openly. The Committee also need to determine the next steps after receiving a negative staff story in terms of actions to be taken. It was highlighted that the average staff member is a band 4 or 5 and the need for representation across different disciplines including those working on the front line and not focusing on admin staff.</p> <p>PC24/69.3 There was discussion around identifying stories that represent certain perspectives in areas such as culture to allow the Health Board to determine any patterns of issues and learning opportunities across the organisation. It was agreed that this links in to the cultures, values and behaviours work and would enable the team to find themes for staff stories that encapsulate the experience of many staff rather than individuals. This would then allow the Committee to share these themes with the Board to understand the issues being raised. It was suggested that this work could also link to the staff survey as this has previously highlighted positive and negative high-level themes. There was also discussion around the importance of the work being completed in partnership with the Trade Unions. It was agreed that the Organisational Development Engagement Lead would link in with the Workforce Partnership Group / Trade Unions with regards to how they can input into the Staff Story focussing on themes and connecting in with the Staff Survey.</p> <p>PC24/69.4 It was resolved that the Committee DISCUSSED and APPROVED the proposal to allow the necessary preparatory work to be undertaken ahead of the next Committee meeting.</p>	<p>KS</p>



STRATEGIC PRIORITIES

PC24/70 People Operations Report

PC24/70.1 The Deputy Director of People presented the report highlighting that the team have been working to present the additional data requested by the Committee in relation to the metrics and the impact in a wider range of high-level areas. The staff survey is now open and staff are being encouraged to engage with this across the organisation. We continue to have the lowest reported sickness absence levels compared to other Health Boards in Wales and there has been an increase in Mandatory Training compliance. There has been a slight increase in vacancies however turnover rates and PADR's are stabilising.

PC24/70.2 In terms of moving forward, it was suggested there is now a need to identify how this information is utilised within the wider context relating to workforce planning and the longer-term strategy. There was discussion around the responsibility of managers and services to address the problem areas. The Health Board Chair requested clarity on the statistics and interpretation of the data to determine any issues and areas for improvement. It was suggested that going forward the team could highlight areas to focus on and invite the responsible service managers to join the Committee to highlight the issues and determine how the Committee can provide support to make improvements. It was agreed that this would be taken forward as an action.

The Director of Corporate Governance joined the meeting

PC24/70.3 There was discussion around the data that sits under culture, leadership and engagement and a piece of work is in progress focusing on better basics for better management. It was highlighted that the culture, leadership & engagement paper refers to training and suggested that there is a link between the papers. It was suggested that going forward the paper could be presented under the three headings of Leadership and Development, People & Culture and Engagement. The outcome of PADR's was highlighted as an area which needs to progress in terms of capturing the career ambitions and training requirements of staff.

PC24/70.4 In terms of key metrics relating to PADR's and high vacancies it was suggested this is an area of triangulation that needs to be reviewed in more detail. If we start to address areas such as complaints and leadership impact, we may begin to see some improvements. There was discussion around staff gaining a greater understanding of performance and the ambition of the organisation within the wider context. A query was raised in relation to the volume of exit interviews conducted and the learning that can be captured. It was confirmed that during quarter 4 work is due to take place on a new system linked to PADR's to measure values and behaviours as well as performance which will help to identify when staff are ready for promotion. It was also suggested that future papers include reference to requests for flexible working and partial retirement.

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<p>PC24/70.5 It was resolved that the Committee NOTED the current position provided and fed back any observations regarding ASSURANCE required as a result of the reported positions contained in the report.</p>	
<p>PC24/71 Culture, Leadership & Engagement Update</p> <p>PC24/71.1 The Deputy Director of People presented the report highlighting that work continues on the values and behaviours programme. Following feedback, the values have been reduced from four to three and these will be shared at the Board in November. Once the programme has been introduced, the aim is to align the values and behaviours work to PADR's and recruitment. The People Managers Forum is set to launch shortly, the Staff Survey is now open and the team were confident that there would not be any challenges with the data this year. The Staff Achievement Awards were successful and it was noted that external funding had been sourced to support the event.</p> <p>PC24/71.2 There was discussion around whether the Committee would have the opportunity to provide input into the Values work before it goes to the Board, it was agreed that the Values and Behaviours work would be reviewed at the Committee Development Session on 19.11.24. It was agreed that the Board need to have oversight of the work to set the culture and the tone for the organisation and ensure the learning is captured. It was suggested that the biggest challenge will be ownership and ensuring that the culture change programme gets fully embedded for use by Directors and Manager across the organisation and provide leadership support.</p> <p>PC24/71.3 There was discussion around how the Staff Survey is being promoted, it was confirmed that this is being publicised via BetsiNet, posters, QR codes and papers copies being disseminated. The Chief Executive has produced a promotional video and the Organisational Development Team are joining the People and Culture Groups within the IHCS. The Team are also visiting the hospital sites to encourage staff as well as suggesting time is provided for staff to complete the survey. A query was raised in relation to how the organisation are dealing with staff recognition and rewards. It was agreed there is a need for the team to evaluate what is currently taking place in addition to the Long Service Awards, it is important for staff to feel valued and appreciated however there are challenges within such a large organisation which includes funding issues. It was suggested that Charitable Funds may provide an opportunity for access to funding in this area.</p> <p>PC24/71.4 In was resolved that the Committee NOTED the information provided within the report.</p>	<p>JB</p>
<p>PC24/72 Operating Model</p> <p>PC24/72.1 The Senior Associate Director People Services presented the item confirming that the work is coming to the end of the discovery phase. Seven themes have emerged from the work based around decision making, governance and duplication. The model being used focusses on process,</p>	

<p>structures, people, and culture rather than predominantly structures which has been the focus in the past. Feedback has been received from a wide range of senior staff and the previous Staff Survey has been considered. The work has also considered a variety of reviews including the Independent Reviews commissioned as part of Special Measures and the review on Board Effectiveness. A gap analysis has been completed to identify any interdependencies such as the Clinical Services Plan. A Programme Board has been established, workshops have taken place and the first meeting of the Board will take place shortly. The aim is to publish the Discovery Report by the end of October and then move into the Design Phase.</p> <p>PC24/72.2 It was highlighted that the 10 Year Plan is not due to be complete for another 12 months therefore there is a need to be open with staff that areas of the Operating Model may need to be revised at some stage to align with this. There was discussion around implementation and timescale, it was agreed there is a need to communicate the timeline with staff to manage expectations. The Senior Associate Director People Services agreed that the Operating Model timeline would be shared with the organisation once this has been agreed by the Operating Model Programme Board. It was also agreed that the Committee would be made aware once the Discovery Report goes live.</p>	
GOVERNANCE & ASSURANCE	
<p>PC24/73 Audit Wales Workforce Planning Review Update</p> <p>PC24/73.1 The Associate Director of Workforce Optimisation presented the report highlighting that this is an All Wales Review and the presentation focuses on the actions from the review. Some of the actions link in to the Annual Plan as well as the work this is currently being completed by specific services. Reference was made to action R2 which relates to service level workforce planning and it was suggested that the Committee may want to see further detail on this when it is complete. It was agreed that this would come back to a future Committee in a wider form to include a review of workforce needs for the organisation over the next ten years.</p> <p>PC24/73.2 It was confirmed that the team are developing an organisational approach to workforce planning and work is taking place to progress an education training plan and improve partnership working. There are good links in place with higher and further education and the team are starting to build a supply line locally within North Wales. Assurance was provided in terms of the work aligned to each quarter to implement the workforce planning approach. The Committee discussed how the organisation is being promoted in schools, it was confirmed that career events do take place however there is a lack of resources to fully provide this function.</p> <p>PC24/73.3 It was suggested there is a need to address workforce requirements over a longer period, review pay compared to the private sector and assess the infrastructure in terms of apprenticeship routes. The Committee discussed the workforce intelligence pack and how this can assist with succession planning. The Associate Director of Workforce Optimisation agreed to share the link to the</p>	NG

<p>workforce intelligence pack with the Committee. There was discussion around the other areas of workforce planning that were not included in the update such as vacancies, training staff to move into specific roles and the variety of jobs available within different areas across the organisation. It was confirmed that a workforce planning officer has now been appointed to develop this area of work.</p> <p>PC24/73.4 Reference was made to the Audit Committee in terms of monitoring progress against internal and external audit reports and the need to link the progress being made and provide assurance from the People & Culture Committee to the Audit Committee. The Committee discussed lines of engagement with Audit Wales to ensure they are kept informed of progress; the Director of Corporate Governance stated that regular meetings take place to discuss progress to ensure transparency. It was agreed that there is a need to ensure people have a good experience when they join the organisation.</p> <p>It was resolved that the Committee NOTED the update provided and progress against the actions to date and provided feedback and observations.</p>	<p>NG</p> <p>PW/JB</p>
<p>PC24/74 Awyr Las – BCUHB Staff Wellbeing Grant Scheme</p> <p>PC24/74.1 The Deputy Director of People presented the report highlighting the organisation has been awarded £243,000 from NHS Charities Together to launch a Staff Wellbeing Grant Scheme. The report outlined the process in place for the allocation of awards noting that this may provide access to budgets to make improvements for patients and staff. There was discussion around funding starting that this is non recurrent and also the aim of providing investment over a longer period of time to provide support. It was confirmed that the decision will sit with Charitable Funds on behalf of the Trustees and the funding will be drawn down from NHS Charities Together to meet the criteria agreed.</p> <p>It was resolved that the Committee NOTED the report.</p>	
<p>PC24/75 Amendments to Committee Terms of Reference</p> <p>PC24/75.1 The Head of Corporate Affairs presented the item confirming it had been agreed that certain responsibilities would transfer over from the Remuneration Committee to the People & Culture Committee and these were highlighted in the supporting document. There was discussion around referring to specific professions such as medical staff and it was suggested to amend the wording to state all professional registration. It was highlighted that there is reference to the People & OD Strategy and it was agreed that this should now read Plan rather than strategy. There was also discussion around whether point 3.9 is relevant to the Committee. It was confirmed that Terms of Reference for all Committees would be revised as part of the annual review and it was agreed that the changes suggested would be amended. It was resolved that the Committee NOTED the changes to the Terms of Reference.</p>	<p>PPJ</p>
<p>FOR INFORMATION</p>	
<p>PC24/76 Corporate Risks for Committee within Board Appetite Tolerance</p>	

<p>PC24/76.1 The Director of Corporate Governance presented the item stating that where the risks are within tolerance, the Committee can accept these for noting. The two risks that are overseen by the Committee are currently within tolerance and it was agreed that these would be circulated outside of the meeting to provide oversight. It was confirmed that the full risk register will go to the Audit Committee and the Board in November.</p>	PPJ
<p>PC24/77 Summary of Business to be Reported from Private</p> <p>PC24/77.1 It was resolved that the Committee NOTED the report.</p>	
<p>PC24/78 Committee Forward Workplan</p> <p>PC24/78.1 The forward workplan was noted by the Committee.</p> <p>PC24/78.2 The Chair confirmed that Billy Nichols has accepted and been appointed as Vice Chair for the Committee. The Chair thanked Billy Nichols for taking up this role and this was noted as any other business.</p>	
CLOSING BUSINESS	
<p>PC24/79 Agree Items for Referral to Board / Other Committees</p> <p>PC24/79.1 It was agreed that there were no items to be referred to the Board.</p>	
<p>PC24/80 Review of Meeting Effectiveness</p> <p>PC24/80.1 The Chair confirmed that discussions are progressing well and the learning being gained is part of an important journey for the Committee. There was discussion around the well-being objectives and the need to align the discussions taking place at the Planning, Population Health & Parentships Committee with this Committee. It was suggested that the fair work element is included on the agenda for the next People & Culture Committee.</p> <p>PC24/80.2 There was discussion around a new duty being introduced relating to sexual harassment and the need for the Committee to understand the risks and mitigating measures linked to this. It was suggested that a member of the team could join the next meeting to provide an overview.</p>	PW JB
<p>PC24/81 Date of next meeting</p> <p>Thursday 19th December 2024, 9.30-12.30pm</p>	
<p>Resolution to Exclude the Press and Public</p> <p>'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</p>	



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to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.'	
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Unconfirmed

People & Culture Committee Action Log (Public)

Updated 12.12.24

Open Actions

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PC24/72.2	10.10.24	Operating Model Share an Operating Model timeline with the organisation once agreed by the Operating Model Programme Board.	Georgina Roberts	Dec-2024 Revised timescale Feb 2025	Remain Open 12.12.24 Recruitment to the Programme Director Role currently under way. Timeline to be agreed at Board.
2	PC24/73.1	10.10.24	Audit Wales Workforce Planning Review Update In relation to R2 on the Audit Wales Workforce Planning Audit Action Plan - Audit Service level workforce planning – bring this back to Committee in a wider form to include looking at workforce needs for the organisation for the next ten years.	Nick Graham	Dec-2024 Revised timescale Feb 2025	Remain Open 12.12.24 A report will be scheduled for a future meeting of the Committee.
3	PC24/73.4	10.10.24	Audit Wales Workforce Planning Review Update Link progress being made against internal and external audit reports, including the Audit Wales Workforce Planning Review from the People & Culture Committee to the Audit Committee.	Pam Wenger Jason Brannan	Dec-2024 Revised timescale Feb 2025	Remain Open 12.12.24 Work is taking place to link this with Audit Tracker which is presented to the Audit Committee.
4	PC24/75.1	10.10.24	Amendments to Committee Terms of Reference Amend TOR to state all professional registration rather than highlighting specific professions and include the Operating Model work.	Philippa Peake-Jones	Dec-2024 Revised timescale Feb 2025	Remain Open 25.11.24 This will be taken forward as part of the review of all ToR which will take place by the end of March at which time



						further work regarding the Operating Model will be able to be considered.
ACTIONS PROPOSED FOR CLOSURE						
1	PC24/69.3	10.10.24	Staff Stories Katie Sargent to link into the Workforce Partnership Group/Trade Unions with regards to how they can input into the Staff Story focussing on themes and connecting in with the Staff Survey.	Katie Sargent	Dec 2024	Action proposed for closure 12.12.24 A paper has been included on the agenda for the December meeting. Katie Sargent will continue to work with Trade Unions on future possible stories and has a growing list of topics including: homelessness, veterans, menopause, carers, long Covid, international nurses.
2	PC24/70.2	10.10.24	People Operations Report Clarify the numbers within the report and in future highlight areas to focus on inviting the responsible service managers to join the Committee to highlight the issues and determine how the Committee can help to make improvements.	Jason Brannan Nick Graham	Dec 2024	Action proposed for closure 12.12.24 Focus areas will be identified going forward.
3	PC24/70.3	10.10.24	People Operations Report Look at presenting the paper under the three headings Leadership and Development, People and Culture and Engagement.	Jason Brannan Nick Graham	Dec 2024	Action proposed for closure 12.12.24 Layout of paper updated for the December meeting.
4	PC24/70.4	10.10.24	People Operations Report In future papers highlight requests for flexible working and partial retirement	Jason Brannan Nick Graham	Dec 2024	Action proposed for closure 12.12.24 Data to be included in future iterations of the report.



5	PC24/71.2	10.10.24	Culture, Leadership & Engagement Update Review the Values & Behaviours work at the Development Session on 19.11.24	Jason Brannan	Dec 2024	Action proposed for closure 26.11.26 Update provided at the P&C Committee Development Session held on 19.11.24.
6	PC24/72.2	10.10.24	Operating Model Make the Committee aware once the Discovery Report goes live.	Georgina Roberts	Dec 2024	Action proposed for closure 12.12.24 Discover Report shared with IMs mid-November.
7	PC24/73.3	10.10.24	Audit Wales Workforce Planning Review Update Share the link to the Workforce Intelligence Pack with the Committee.	Nick Graham	Dec 2024	Action proposed for closure 12.12.24 Link shared with Committee members.
8	PC24/76.1	10.10.24	Corporate Risks for Committee Circulate the risks that the Committee have oversight for noting that they are within tolerance.	Philippa Peake-Jones	Dec 2024	Action proposed for closure 25.11.24 This information has been circulated to the Committee via email.
9	PC24/80.1	10.10.24	Review of Meeting Effectiveness The fair work element of the well-being objectives being presented to the PPHP Committee to be included on the agenda for the next People & Culture Committee.	Pam Wenger	Dec 2024	Action proposed for closure 25.11.24 This has been included on the P&C Committee forward workplan for the February meeting. A review of the well-being objectives will also be included on the agenda for the PPHP Committee in February.
10	PC.24/80.2	10.10.24	Review of Meeting Effectiveness The Committee to understand the new duty in relation to sexual harassment and the risks and mitigating measures linked to this. Potential for a member of the team to join the next meeting to provide an overview.	Jason Brannan	Dec 2024	Action proposed for closure 26.11.26 This is addressed in the Equality Report included on agenda for the December meeting. The Head of Equality & Human Rights will be



presenting the report.

Closed Actions (as agreed at meeting on 10.10.24)

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PC24/10.2	11.04.24	The Director of Corporate Governance to review the process for reporting Welsh Health Circulars via the Executive Team and Committees	Pam Wenger	October 24	25.09.24 A paper is going to Audit Committee on 05.11.24 to confirm the process for Ministerial Directions and Welsh Health Circulars. 23.07.24 The information has been produced summarising all 2024/25 MHDs and WHCs circulated and is scheduled for formal reporting at Exec Team on 31.07.24 and Audit Committee on 02.09.24.
2	PC24/20.1	11.04.24	Discuss and agree an additional Executive Director to be included in the membership for the Committee.	Pam Wenger / Carol Shillabeer	October 24	25.09.24 Appointment of Executive Director of Allied Health Professionals & Health Sciences and Chief Operating Officer gives a greater balance of Executive Directors. 23.07.24 This will be considered as part of the review of terms of reference and once further appointments to the Executive Team are confirmed.
3	PC24/39.2	08.08.24	Committee Development Session to be arranged to discuss the strategic objectives of the Committee including some areas for	Pam Wenger / Laura Jones	October 24	11.09.24 A Development Session is taking place 19.11.24 and these items will



			<p>deep dive session / discussion:</p> <ul style="list-style-type: none"> • Outcomes from PADR's • Addressing underlying issues relating to staff turnover (why are staff leaving within two years of service) • Findings from work on staff recognition <p>Review of apprenticeship and employment schemes for BCU</p>			be included for discussion.
4	PC24/43.2	08.08.24	The Committee to focus on certain patterns and do some deep dive sessions on the results from the data for example the outcome of discussions from PADR's and also addressing the underlying issues relating to staff turnover including why staff are leaving within two years of service. This could form part of the Committee Development Session.	Jason Brannan	October 24	25.09.24 Development Session scheduled for 19.11.24.
5	PC24/43.3	08.08.24	Review trends within IHCs and potentially invite IHC representatives to the Committee to present what is happening at a local level in terms of staff sickness and hot spot issues. Also potentially invite the new Retention Lead to join a future meeting to report back on their initial finding.	Jason Brannan	October 24	25.09.24 Data being reviewed to be taken to the Development Session on 19.11.24.
6	PC24/44.1	08.08.24	The Head of Culture Development to share the draft values and behaviour framework with the Committee for comment along with the feedback received from the paddlet exercise.	Nia Thomas	October 24	12.08.24 An email along with the Padlet - Draft Values & Behaviours was shared with the Committee, 12.08.24 requesting feedback.
7	PC24/44.2	08.08.24	Clare Budden to share the document	Clare Budden	October 24	11.09.24 The document has



			developed by Clwyd Alyn on living and leading our values with the Committee for information.			been circulated with the call for papers on 11.09.24
8	PC24/44.3	08.08.24	Hold a session for Board members to gather comments and shape the values and behaviours approach.	Jason Brannan / Georgina Roberts	October 24	25.09.24 Board Development Session held on 18.09.24
9	PC24/47.1	08.08.24	The Deputy Director of People & OD agreed to revise the wording included in the compassionate leadership pledge following discussion at the Committee before taking this to the Executive Team for review.	Jason Brannan	October 24	25.09.24 Wording with the pledge has been amended, approved by the Executive Team and included as an appendix in the Culture, Leadership and Engagement Update Report to the September Board.
10	PC24/48.2	08.08.24	Review all current apprenticeship and employment schemes offered by BCU and develop a strategy for what we want to achieve in this space. Also gain reflections from the current graduates who are completing the graduate trainee scheme.	Jason Brannan	October 24	25.09.24 The Deputy Director of People is meeting with the Senior Workforce Modernisation Manger to review the current apprenticeship/employment schemes and arranging to meet on a bi-monthly basis with both graduates currently in post.
11	PC24/49.1	08.08.24	A paper will come back to the October meeting regarding Progress of the Audit Wales Report - Review of Workforce Planning Arrangements in relation to Q2.	Jason Brannan	October 24	25.09.24 A presentation on progress to date will be delivered at the October meeting. Following successful interviews on 30.08.24, our new Workforce Planning



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						Manager, Tracey Roscoe, will commence on 01.10.24. Tracey brings a wide breadth of workforce planning experience from working in North West England, and as a former BCUHB employee she also understands the North Wales health system. Tracey's initial focus will be on enhancing strategic workforce planning awareness and adoption across the Health Board.
12	PC24/54.1	08.08.24	Items suggested to come back to a future meeting include assessment and impact of Special Measures, Welsh Language, Equality and Health & Safety.	Philippa Peake-Jones / Laura Jones	October 24	11.09.24 A Development Session is taking place 19.11.24 and these items will be included for discussion.



Teitl adroddiad: <i>Report title:</i>	Staff Story			
Adrodd i: <i>Report to:</i>	People and Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 19 December 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This paper shares a story of the experience of a staff Member, who has spoken anonymously to highlight the impact of this Experience on their wellbeing.</p> <p>The Committee will consider and reflect upon this story with a view to learning more about how the application of Health Board procedures can affect employees, and taking action, where appropriate.</p> <p>A staff story will be a standing item on each Committee agenda. Each story will explore a different theme and experience but will be representative of issues that affect staff.</p>			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to note the paper.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Jason Brannan, Deputy Director of People Services			
Awdur yr Adroddiad: <i>Report Author:</i>	Katie Sargent, Staff engagement and experience lead			
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 checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<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>	
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	N/A
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	N/A
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Sharing staff stories will improve our understanding of the experiences of staff in the workplace with a view highlighting the key themes and issues that affect the wellbeing of our employees, which can then be addressed
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Permission has been secured with the staff member to share their story. Following a discussion about it, it is proposed that the Committee revisit the issues raised at a later meeting to ensure they are satisfied that mitigations are in place to prevent other colleagues feeling the way this member of staff did
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (<i>or links to the Corporate Risk Register</i>)	N/A
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	N/A

Reason for submission of report to confidential board (where relevant)	
Camau Nesaf: Next Steps: Preparation of the staff story for the next meeting and a calendar of stories for 2025, including opportunities to revisit the themes and issues discussed	
Rhestr o Atodiadau: Dim List of Appendices: None	



Staff story title	Impact of inconsistent application of workforce policies on staff – fixed term contracts
Staff story format	Written
Consent received to share staff story	Yes Consent Level: All levels consented Level 1 – Any health and social care professionals within BCUHB Level 2 – Researchers for service evaluation and improvement beyond BCUHB Level 3 – Meetings and conferences with anyone present including public and journalists Level 4 – Anyone including online Any special considerations: None

Staff story background
<p>This is our first staff story and, as such, we have endeavoured to ensure their profile (including gender, pay grade and role) is representative of many of our staff. Their experience links to themes and practices that others have highlighted.</p> <p>Unfortunately, we were not able to meet with the individual suggested by Trade Union colleagues for our first staff story due to the deadlines involved, but their story will be featured at a later date.</p> <p>This member of staff was initially contracted on a fixed term contract and the story describes their experience of the communications and processes of contract negotiations, extensions, revocations and their journey to securing a permanent contract.</p> <p>It details the impact of this experience on their life, health and wellbeing. This member of staff contacted our Speak Up Safely Guardians and shares their story with the aim of highlighting the process and procedural issues that arose within this case with a view to learning and ultimately improving the experience of our employees so that they feel valued.</p>



Staff story transcript

Joining the Health Board

In November 2022, I was hired on a 12-month fixed term contract at BCUHB. I moved to North Wales for this role from southern England so I rent here.

In February 2023 I had a discussion with my supervisor about a permanent contract. However, as my equivalent position in Central had just been through their contract renewal process and had been offered a fixed term 12-month extension, it was concluded that a permanent contract would not be equitable. Therefore annual renewal of 12-month fixed term contracts was going to be the simplest and most equitable course of action.

12 month extension of existing contract

In September 2023 my manager began the process of renewing my contract extension after I agreed verbally to a 12-month extension.

In November 2023, my manager received management team confirmation of my 12-month extension, which was then revoked, then by the end of the month, approved again by the management team, with confirmation from the management team administrator. My extension also appeared on the Electronic Staff Record (ESR) with a start date of 30/11/2023.

No pay in December

I continued working during December 2023. However, my payslip contained no basic pay, only a tax rebate. Payroll had not received any forms from Establishment Control (EC) regarding my position and as such did not consider me an employee on payroll.

The management team administrator discovered that on the same day the extension of my contract was confirmed following the necessary approvals, it had once more been revoked. No alert had been raised to the team administrator, my manager, or myself.

Subsequently, emails were sent between my manager, the team administrator, the Programme Management Business Lead, the Heads of Nursing, EC and Workforce Support Systems so that I could receive supplementary pay on the 29/12/2024, but this still meant I was left without pay over Christmas.

Resolution

To enable me to be paid whilst this issue was resolved, I was given a three month extension, back dated to November. I was reassured that this would be sufficient time for my contract to be sorted out properly. This contract ran until 29/02/2024.

On the 13/02/2024 my manager confirmed that the management team had approved another three month extension and were hoping to verify a permanent contract (rather than the initially proposed 12-month fixed term arrangement) for me within the next week.

Reaching out for support and guidance

In April 2024, I contacted the Speak Up Safely team to raise a concern and seek advice and support.

I did this as my second three month extension was due to end on 29/05/2024 and I was told that I would need to re-interview to secure the permanent role/ As it had to go out to advert, I had to keep applying for other jobs as a back-up incase I was not successful in my re-interview for my fixed term position.

My manager and I had no confirmation of the date the advert would go out and thus didn't know what the timeline would be. In May 2024, the role was put out to advert as a permanent position.

Confusion about job advertisement

I was told that the job advert had to go out publicly but that it could go out for 24 hours only with a line explaining that there was an internal candidate. However, when the advert went live, it went up for the standard amount of time and without the clause about myself as an internal candidate.

After communications with the administration team, the advert was taken down early, but nonetheless after full five days. This meant there was a large number of applicants.

Despite the competition for the job, I performed well at interview and was offered my job. In June 2024 I received a conditional offer of employment. My manager had asked for my start date to be 1 June to ensure no disruption to pay, and my offer letter indicated that as long as my pre-employment checks were done within 30 days, then all should be well.

Conclusion

I am very thankful to be coming to the end of this immensely stressful chapter but certainly I cannot view this as 'all being well' or resolved, due to the impact this stress has had on my wellbeing and life over the last six months.

For context to my story, I am paid at the lowest spine of band 4. At this salary, if my pay is disrupted, I struggle to cover my basic needs financially. This is not something I can afford to risk happening a second time and so as well as the stress of needing to apply for other roles as a back-up, I have been anxious about spending money in what could be my last few pay cheques.

This has been the case for six months, as since my 12-month fixed term contract was revoked at late notice, I was contracted only on emergency three month extensions.

My hope is that in sharing my story, no-one else will have this experience in the future at BCUHB.

Impact on staff member - key messages

- **Job insecurity**

The continued promises of resolution, followed by short term extensions, made it difficult to go through checks for other jobs and reflected poorly on me and my professional credibility when I applied for jobs and then withdrew. I ended up continuously applying and interviewing for roles, which is a considerable mental and emotional load.

These are not roles I wanted, as I was keen to continue in my BCUHB role, so it was not a way I was spending my time voluntarily, but out of need in case there was disruption to my pay or my job came to a sudden close at the end of emergency extensions.

- **Worry regarding livelihood and paying bills**

The uncertainty regarding pay left me concerned about being able to pay rent and bills. I was not spending money on anything but necessities - cancelling plans with friends, not going to the gym or other out-of-work activities I typically engage in for my wellbeing, as I needed to have some money aside in case my job ended at short notice or my pay was missed again.

I do not have the option of temporarily moving back in with family if I end up not being able to pay rent due to my pay not coming through. As my family live far away, if my contract ended suddenly, having to relocate at minimal notice would cost me significantly.

- **Lack of clarity and transparency of process and decision making**

The last-minute emergency extensions and lack of transparency from higher levels left me feeling like I lacked any agency, which was exhausting when the impact of the decisions was so significant to my livelihood and wellbeing.

- **Feeling undervalued due to broken promises**

I felt undervalued by BCUHB and lost trust in its values due to repeated promises and reassurances not translating into any job or pay security for me.

- **Negative impact on relationships**

This experience has affected my friendships and relationships. As I was concerned about spending money, I found it difficult to make plans and to see my friends and family.

As I relocated for this job, seeing my family is a day's travel and fuel is expensive. With the uncertainty about the continuity in my role, I did not feel able to spare this expense.

My partner is in the forces, and when he gets leave it is important that we are able to make the most of this rare quality time. We like to spend it making plans and going on hiking trips, but even paying for campsites and fuel to travel were expenses I needed to cut back on. Moreover, when he had leave during this time, I had to spend my evenings and time off in lieu (TOIL) completing job applications rather than enjoying time with him.

Additionally, the stress of these last six months has been emotionally and mentally tiring for me and I did not feel like my whole self even when I was able to see friends as I was pre-occupied with the stress of whether or not I would continue to have a job.

- **Concern about impact on continuity of patient care due to uncertainty regarding position**

This experience has impacted my work, as I was uncertain if I should be taking on new clinical cases due to the ethics of continuing therapeutic sessions with my patients. If leaving with notice, I could prepare them for this but due to the uncertainty of my situation, I could not.

Staff story – organisational reflections

Fixed term contracts

The member of staff describes their experience of being on a fixed term contract and their journey of securing a permanent contract.

The staff member shares the difficulties they experienced having their contract extended and the impact this had on their role and well-being.

Fixed term contracts have emerged as a general theme in Speak Up Safely Guardian multi-disciplinary team meetings.

It has been recognised that some managers are recruiting staff on fixed term contracts when they have the budget for a permanent position. This practice is being used as an informal probationary period and work is already underway to limit this for specific circumstances only. These are: 1. maternity leave cover; 2. requirement for a fixed term project and 3. covering long term sickness.

An Equality Impact Assessment of fixed term contracts has been undertaken and the EC Panel will challenge any requests for a fixed term post to be established. Furthermore, all existing fixed term contracts in the Health Board are due to be reviewed, with a view to exploring making these roles permanent.

Underpayments

The staff member shares their experience of not receiving a salary in December 2023 due to Establishment Control not considering them as an employee on payroll.

Salary underpayments usually arise when incorrect, insufficient, or late submission to Payroll of changes to an employee's circumstances or contract or, incorrect details have been either included on paperwork or input on the ESR system. In order to avoid overpayments/underpayments, managers must ensure that accurate pay related information is provided to the Payroll Department on a timely basis and follow the Health Board's Establishment Control processes to action staff changes.

In the event of underpayment, a manager must refer to F14 Financial Procedure Salary Overpayments and Underpayments, where there is an opportunity for the member of staff to receive an emergency payment. Where an emergency payment is approved, all applications must be submitted no later than normal pay day in the month that an additional payment is required.

Training and support for people managers

In recent months work has been undertaken to improve the efficiency of BCUHB Workforce Support Systems. The responsibility to complete the correct paperwork lies with the manager. Training is available to managers, including recruitment guidance available for staff and managers to access via BetsiNet. In addition, the recently-launched People Managers Forums will support managers with issues such as this.

Retention of colleagues

This member of staff could have walked away and decided to take a role at another organisation. But they did not due to their desire to stay in this area and work with colleagues they had fostered working relationships with, in a service they had been integral in developing.

The Organisational Development Team extend their gratitude and appreciation to the staff member for sharing their experience.



Teitl adroddiad: <i>Report title:</i>	Equality Report Focus on Worker Protection (Amendment of Equality Act 2010) and Wales Workforce Race Equality Standard (WRES)			
Adrodd i: <i>Report to:</i>	People and Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 19 December 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This paper provides a current update on the work in 2 key areas within the Equality portfolio with regular updates on areas of work to continue at future meetings.			
Argymhellion: <i>Recommendations:</i>	<i>The Committee is asked to:</i> <i>Note the updates</i>			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Jason Brannan, Deputy Director of People Services			
Awdur yr Adroddiad: <i>Report Author:</i>	Ceri Harris – Head of Equality and Human Rights			
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</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in delivery</i>
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>	Strategic Equality Objectives - 2024-2028			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Equality Act 2010			

<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>Yes as part of the wider remit of work within the Strategic Equality Action Plan</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>Yes as part of the wider remit of work within the Strategic Equality Action Plan</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>The risks associated with this paper are:</p> <p>1971 Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011</p> <p>4986 Failure to deliver the Health Board's obligations under the Anti-Racist Wales Action Plan</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>Training needs to ensure compliance with Worker Protection (Amendment of Equality Act 2010)</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>WOD support regarding the WRES recommendations.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Papers on both these key areas have been provided to Equality and Human Rights Strategic Forum, Local Partnership Forum and Executive Committee.</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>Risks identified above.</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>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps:</p>	

Implementation of recommendations

Rhestr o Atodiadau:

Dim

List of Appendices:

None

People and Culture Committee

19th December 2024

Equality Report – Focus on Worker Protection

(Amendment of Equality Act 2010) and Wales Workforce Race Equality Standard (WRES)

1. Introduction/Background

This paper gives a brief overview of two of the key Equality, Diversity and Inclusion activities and the schedule of activity associated with them over the next 12 months. Papers on both these areas have been presented to the Equality and Human Rights Strategic Forum, Local Partnership Forum and Executive Team.

2. Key Information on the Welsh Workforce Race Equality Scheme (WRES) and Worker Protection (Amendment of Equality Act 2010) Act 2023

Welsh Workforce Race Equality Scheme (WRES)

Welsh Government first published its Anti-racist Action Plan for Wales in June 2022, following the public consultation and recommendations of the working group called the Race Equality Action Group (REAG) which had been set up in November 2021.

The Anti-racist Action Plan set out a number of key actions for Public Sector areas, with Health being a key area. The BCUHB Race Equality Action Plan was approved by the Equality and Human Rights Strategic Forum (EHRSF) on 25th October 2022 and was approved at PPPH Committee on 8th November 2022 as a live action plan.

One of the actions in the Welsh Government Plan was to introduce a Welsh Workforce Race Equality Scheme (WRES), based on the English WRES that has been in place for 10 years.

What is the WRES?

The WRES is a tool which will be used to capture evidence of the workforce experience at a national and organisational level. It will enable workforce data to be consistently scrutinised against common indicators grouped under four domains:

- Leadership & Representation
- CPD & Training
- Discipline & Capability
- Bullying, Harassment and Discrimination

It will highlight where there are disparities in the experience of Black, Asian and Minority Ethnic health and social care staff. By doing this it will support organisations to implement targeted action to address systemic issues to improve the experiences of the Ethnic Minority workforce. Improving workforce experience for Ethnic Minority staff will improve the experience of all staff, and in turn that will improve patient and public outcomes, supporting the quadruple aims of A Healthier Wales: Our Plan for Health and Social Care.

First WRES Reporting Period

All NHS Wales bodies have now received their local report and recommendations to take forward

The recommendations for Betsi are:

1. Absence of ethnic especially by senior staff
2. Likelihood of ethnic minority staff being appointed after shortlisting
3. Inequitable likelihood of ethnic minority staff being put through capability processes
4. minority board membership
5. Progression of ethnic minority staff to senior grades
6. Poor levels of declaration of ethnicity

Following a meeting with Welsh Government leads, the CEO, Assistant Director and Head of Equality it was agreed that for the next 12 months the Health Board will focus on 2 of the recommendations. That of Inequitable likelihood of ethnic minority staff being put through capability processes and poor levels of declaration.

Work began following that meeting to focus on the 2 areas agreed:

- The team have arranged for staff reminders to update their equality data to go into the January payslips and will be promoting the new information film created by NHS Wales Shared Services Partnership on our Equality intranet page [Equalities - Home \(sharepoint.com\)](#).

Here are the links:

English: [Your Equality and Diversity Data in ESR](#)

Welsh: [Eich Data Cydraddoldeb ac Amrywiaeth yn ESR](#)

- Deputy Director of People Video briefing to also support this work in January for BetsiNet
- Case Management focus on capability process and data, with links to the culture and values work.
- Support for the role out of the new Mandatory E-Learning Module – Anti-Racism
- Development of Culture, Education and Training role within the Equality team to support existing training (including Active Bystander Training) and develop resources to embed cultural competence and mitigate future potential capability cases by challenging existing bias. The role will also work closely with Patient Experience team and the Culture Leaders
- In addition to support the WRES and Anti-racist action plan the equality team have compiled a Race Pay Audit that will be published this year.
- The team to support take up for the Dragon's Heart Institutes programmes such as Climb to develop future diverse leadership
- Linking with Welsh Governments Aspiring Leaders Programme.

Worker Protection (Amendment of Equality Act 2010) Act 2023

In October this year the amendment to the Equality Act where Employers in the UK will include a legal duty to work preventatively — and not retrospectively — to address sexual harassment in the workplace. Employers must take “*reasonable steps to prevent sexual harassment of employees in the course of their employment.*” This extends to when employees are working outside of their office, and when they are attending social events that are considered an extension of work.

Employers who fail to prevent sexual harassment towards an employee, can also face financial repercussions. If a claim of sexual harassment is upheld, an employee may be awarded up to 25% compensation uplift from the employer.

As a response this, and to ensure that BCUHB is complying with the requirements of the duty (to demonstrably take all reasonable steps to prevent the sexual harassment of its workers), a task and finish group commenced meeting in March 2024. The purpose of the group is to review the current approach and identify further actions to be taken to ensure that the organisational approach ensures a preventative stance, and moves away from the more traditional (primarily) 'zero tolerance' attitude that may be seen as taking action after the fact. A 'zero tolerance' approach is needed, however additional compliance involves a comprehensive approach that includes awareness raising, culture change, intelligence gathering, support provision, confidence raising and trauma support amongst other actions.

Work began in BCUHB in March 2024 to prepare for the commencement of the Duty in the following areas:

- Inclusion of principles in Orientation for new starters.
- Inclusion of principles in ILDF Gwella management offering.
- Identify/develop suitable bilingual posters for circulation.
- Develop comms plan for awareness raising.
- Request Datix changes for reporting incidents related to protected characteristics/ weapons/sexual harassment.
- Staff Wellbeing - Review opportunities in SWSS pages/Wellbeing Handbook to flag reporting routes & wellbeing/counselling services.
- BetsiNet Harassment Resource page created [Sexual Safety - Worker Protection \(Amendment of Equality Act 2010\) Act 2023](#).
- Payslip messaging.
- Integrated Leadership Development Framework development - identify further opportunities to embed the preventative approach into this work – staff handbook, Gwella.
- Mandatory Equality Training –hard copy booklets - Sexual harassment and relevant concerns raising/safeguarding/behaviours information included.
- Speaking Up Safely - cases tagged to enable high level case tracking and monitoring.
- Overall Data development/collection - opportunities to gather this data to widen the scope of available data to demonstrate the current situation in BCU.
- WAST sexual safety session held as part of NHS Wales Equality Week in May 2024
- Surviving in Scrubs – identification of opportunities to work together on ending culture of misogyny and sexual harassment www.survivinginscrubs.co.uk
- Live Fear Free – co-production of awareness sessions and promotion of LFF services.
- Public Health Wales (PHW) link Debbie Pachu invited to attend meetings and link between all Wales work and this group's actions/progress
- Sexism, Misogyny, Sexual Harassment and Violence Survey, discussions ongoing over approach and scope
- Listening Groups, for discussion, including volunteers to support with development. Psychology SWSS to advise/support.
- Equality and Human Rights Commission Technical Guidance (and consultation/survey) utilised.
- Draft BCUHB (Anti) Harassment Policy – to address the gap between Respect & Resolution and the Code of Conduct & Disciplinary Policies
- Policy in draft and shared for consultation/comments

- All Wales 'Sexual Safety' People Working Group has been formed and is developing policy, charter and data collection. BCUHB Draft Policy is the basis of All Wales version.
- Risk Assessment - Employers are unlikely to be able to meet the requirement of the preventative duty to take reasonable steps to prevent sexual harassment of their workers, if they do not carry out a risk assessment. There are current discussions regarding the completion of the RA with H&S & People Services colleagues, also where it sits and who maintains it etc.

3. Gobygiadau Cyllidebol / Ariannol / Budgetary / Financial Implications

There are no budgetary implications associated with this paper. Resources for maintaining compliance oversight are incorporated into existing action plans.

4. Rheoli Risg / Risk Management

The risks associated with this paper are:

- 1971
Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011
- 4986
Failure to deliver the Health Board's obligations under the Anti-Racist Wales Action Plan

5. Equality and Diversity Implications

The 2 areas identified in this paper are incorporated into the Health Board's Strategic Equality Objectives and Action Plan, which has an associated WP7 Equality Impact Assessment and Socio-economic Assessment completed. Progress is also included in quarterly Assurance Reports that are presented to the Equality and Human Rights Strategic Forum as well as being published on the equality pages of the intranet for full transparency. [Achieving Equity: Strategic Equality Plan 2024-2028 Progress Reports](#)



Teitl adroddiad: <i>Report title:</i>	Welsh Language Services Introductory Paper			
Adrodd i: <i>Report to:</i>	People and Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 19 December 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This paper provides a high-level overview of Welsh language services within the Health Board, along with establishing the factors that inform our planning and how our services are determined.</p> <p>This paper provides the Committee with a foundation on which to build upon for future reporting.</p>			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to consider the report as an initial discussion platform for future papers and assurance.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Teresa Owen, Executive Director of Allied Health Professionals and Health Science			
Awdur yr Adroddiad: <i>Report Author:</i>	Eleri Hughes-Jones, Head of Welsh Language Services			
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 checked="" type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <small>High level of confidence/evidence in delivery of existing mechanisms/objectives</small>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <small>General confidence / evidence in delivery of existing mechanisms / objectives</small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <small>Some confidence / evidence in delivery of existing mechanisms / objectives</small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <small>No confidence / evidence in delivery</small>
<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>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	<ul style="list-style-type: none"> • Building an effective organisation • Developing strategy and long-lasting change • Creating compassionate culture, leadership and engagement 			

	<ul style="list-style-type: none"> • Improving quality, outcomes and experience • Establishing an effective environment for Learning
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>The Welsh Language (Wales) Measure 2011 was approved by the National Assembly for Wales and was given royal assent on 9 February 2011.</p> <p>This legislation gives the Welsh language official status in Wales, and reinforces the principle that the Welsh language should not be treated less favourably than the English language in Wales.</p> <p>The Measure also:</p> <ul style="list-style-type: none"> • created the procedure for placing duties on organisations in the form of Welsh Language Standards (“the Standards”) • established the role of the Welsh Language Commissioner (“the Commissioner”) to scrutinise compliance • gave the Commissioner power to investigate any allegations of interference with someone’s freedom to use the Welsh language <p>The Commissioner is the main official regulatory body for scrutinising compliance. Any areas deemed as non-compliant are at risk of potential financial penalties.</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>N/A</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>N/A</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>The potential of failure to comply with the statutory duties (Welsh Language) placed on the Health Board is recorded on the Welsh Language Services local Risk Register.</p> <p>Risks are focused on legislative non-compliance, patient experience, and workforce planning and development:</p> <ul style="list-style-type: none"> • Potential for legislative non-compliance (CS3 1005)

	<ul style="list-style-type: none"> • Inability to provide language-appropriate care (CS3 2292) • Constraints in delivering the WP51 Bilingual Skills Policy and Procedure (CS3 2293) <p>Actions have been identified to control and mitigate any potential areas of concern.</p> <p>The Risk Register is scrutinised quarterly and reported upon bi-annually to the Welsh Language Strategic Forum for consideration.</p>
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	There are no immediate financial implications.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	There are no immediate workforce implications.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	N/A
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	N/A
Next Steps: The Committee is asked to consider the recommendations on future Welsh Language related papers for reporting and assurance.	
Rhestr o Atodiadau: Dim List of Appendices: None	

Welsh Language Services – Introductory Paper

This paper provides an overview of Welsh Language Services within the Health Board, outlining its roles and responsibilities in supporting the Health Board to deliver on its strategic objectives.

This paper also outlines external influences, and how this impacts on the way the approach undertaken is configured with regard to improving access to Welsh medium services, whilst also creating an internal infrastructure of support for the workforce.

The content of this paper will form the basis for future discussions on which the People and Culture Committee will be provided with assurance that objectives and milestones are achieved.

1. Background

The Health Board operates within a legislative framework for Welsh language, in the form of compliance with Welsh Language Standards under the Welsh Language (Wales) Measure 2011.

The Health Board also operates in line with the Welsh Government's Strategic Framework for Welsh Language Services in the Health and Care sector, 'More than just words'.

In addition to the statutory duties to ensure provision of Welsh language services for patients, the Health Board recognises the importance of promoting the Welsh language for the workforce.

Therefore, the vision of the service is focused on delivering services to patients and service users in their preferred language as a key factor in providing high quality care.

2. Legal Context and External Influences

As a public sector organisation operating under the legislative framework of the Welsh Language (Wales) Measure 2011, it is the Health Board's duty to ensure that the Welsh language is not treated less favourably than the English language when accessing health care services.

This legislation gives the Welsh language official status in Wales, and reinforces the principle that the Welsh language should not be treated less favourably than the English language.

The Measure established the role of the Welsh Language Commissioner (the Commissioner) to scrutinise compliance, giving the Commissioner power to investigate any allegations of interference with someone's freedom to use the Welsh language.

The Commissioner is the main official regulatory body for scrutinising compliance.

The Health Board is required to comply with the following Standards:

- Service Delivery Standards – focusing on services provided to the public;

- Policy Making Standards – focusing on ensuring language requirements are taken into consideration at all stages of service planning, changes or development;
- Operational Standards – focusing on internal provision of bilingual services to the workforce;
- Record Keeping Standards – focusing on recording data, governance processes and complaints

These form the basis on which the services are built up, both for external and internal provision and support.

However, there are additional external influences that shape the delivery of Welsh language provision. The Health Board must actively demonstrate how, as a health sector organisation, and as a workplace, delivery and performance is measured within a wider national context.

- **The ‘More than just words’ Five-year Plan 2022-2027** establishes the Welsh Government’s vision to provide health and care services through the medium of Welsh. The Health Board reports annually to the Welsh Government on compliance. Following an internal mapping exercise, it was pleasing to note that out of the 16 actions within the plan that were assigned to Healthcare organisations, the Health Board is at a favourable level, with six actions achieved, and eight in progress. Actions that were beyond the Health Boards’ remit were also identified, as these were activities that have been adopted as part of the wider Welsh language work programme.
- **The Cymraeg 2050** Strategy sets out the Welsh Government’s long-term approach to achieving the target of a million Welsh speakers, and influences relevant policy decisions with regard to the early years, the workplace, provision of services, and language planning.
- **The Welsh Language and Education (Wales) Bill** proposes changes to the way Welsh language education is planned and delivered, and the Bill is currently at consultation stage. There are potential changes within the Bill to the current legislative framework that may impact on the Health Board, including the review of the Welsh Language Standards. Therefore, the wider implications are being monitored closely.
- **The Welsh Language Commissioner’s Strategy for 2025-2030** has established the vision of a country where people can live their lives in Welsh, with strategic objectives including increasing services available in Welsh. The Commissioner has prioritised three themes, all of which are relevant to the health sector:
 - Health and care
 - The workplace
 - Children and young people

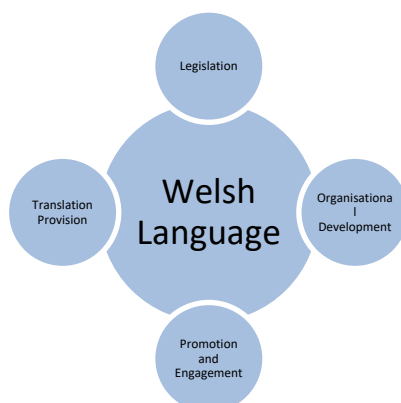
With this in mind, additional scrutiny will be focused on these areas, and it is imperative that the organisation plans accordingly to demonstrate progress within these areas, whilst also aligning with the Health Board’s own vision and objectives.

To this end, the aim of the service is to acknowledge language as a need rather than a preference, especially when treating those patients in vulnerable groups. This has been the platform for Welsh language objectives, with all elements, from strategic planning to workforce development, integrated to ensure that the focus is on delivering language appropriate care.

3. Established Structure to Support the Delivery

During a review process at the onset of the imposition of the Standards, the service was restructured to ensure longer-term sustainability that would support the whole organisation going forward.

The service consists of four workstreams that have been developed to intertwine and underpin each area, and takes into consideration strategic and operational delivery:



This structure has been carefully developed to ensure all areas of external service provision and internal support, are covered:

- Providing strategic direction and guidance to ensure statutory compliance with the Welsh language Standards under the Welsh Language (Wales) Measure 2011;
- Building a consistent and standardised model of operational support to actively offer services for patients in the language of choice;
- Delivering appropriate models of Welsh language training to improve the Welsh language skills of our current workforce;
- Responding to translation demand and capacity to ensure that a timely and effective service is provided across the organisation;

Focusing on these priorities will ensure that the Welsh language needs of patients, the public and staff are met, and that the workforce can develop their language skills within the workplace. This has been reflected in the Welsh language objectives within the Three-year Plan, and have been aligned to the Health Board's strategic objectives.

Significant advances have been made over the past few years that have garnered national and public attention and acclaim:

- Providing the strategic direction for the service to align with the organisation's vision, as well as with the external legislation and linguistic landscape;
- Operational events, activities and campaigns, targeted at raising awareness around the importance of Welsh language within the health sector;
- Working with partners to elevate the Health Board's visibility at a national level;
- The only public sector organisation in Wales to have an internal targeted training programme to support its workforce to excel;

Data analysis, strategic comparison and external feedback have all demonstrated that the performance of this Health Board with regard to Welsh language provision is significantly higher and more favourable compared to other Health Boards.

4. Governance and self-regulation

The strategic overview is provided by the Welsh Language Strategic Forum (the Strategic Forum),

chaired by the Executive Director for Allied Health Professionals and Health Science. The Strategic Forum provides advice and assurance in discharging its functions and meeting its responsibilities with regard to Welsh medium service provision for patients and service users.

This guidance provides advice and assurance to the Board on:

- leadership, commitment and operational support to Welsh language service provision;
- coordinating the development of progress in line with the Welsh Language Standards;
- coordinating the implementation of the 'More than just words' Five-year Plan;
- ensuring systems are in place to review and monitor Welsh language requirements;
- ensuring partnership arrangements are maintained;
- coordinating the roll out of good practice across the organisation and inform good practice and developments throughout the NHS in Wales, in partnership with the Welsh Government Health and Social Services Welsh Language Policy Unit;

Whilst also encouraging services to take ownership of incorporating Welsh language requirements into their service planning, the Welsh Language Team has adopted a self-regulatory approach as an assurance measure.

Quarterly mystery shopper reviews are conducted, with the findings reported to the Strategic Forum. The areas covered provide an overview on general compliance with regard to front-line services, visibility and creating an enabling environment whereby the public are encouraged to use their Welsh when accessing our services. The reviews also provide assurances that the Health Board is committed to embracing the Welsh language.

5. Risk Management

Providing high quality language-appropriate care is paramount to the organisation, and the inability to deliver on this has an inherent level of risk.

There is also a potential risk of legislative non-compliance in line with the Welsh Language (Wales) Measure 2011.

Risks have been identified and assessed in line with the RM01 Risk Management Strategy.

- Potential for legislative non-compliance (CS3 1005)
- Inability to provide language-appropriate care (CS3 2292)
- Constraints in delivering the WP51 Bilingual Skills Policy and Procedure (CS3 2293)

All three risk-areas are currently at the target moderate risk level with a score of six. Controls have been reviewed and updated, with further actions identified to work towards effective risk management and mitigation.

6. Next steps and Recommendation

The Health Board is embracing its current position at a national level. However, the Welsh Language Team is eager to build on these achievements to increase capacity and awareness to deliver a wider range of services whereby language need is incorporated at an operational level.

Having introduced a brief overview of the service, the Committee has been provided with an understanding of internal requirements and external accountability that shapes the way our service is configured. This has demonstrated activities involved in both a strategic and operational capacity,

and will provide a basis for future relevant discussions with regard to legislation, patient outcomes and supporting the workforce.

It was agreed at the People and Culture Committee Development Session on 19 November 2024, that an initial position paper would be provided to the Committee. This approach is to be welcomed, as it will provide a platform on which to build upon, in line with the Welsh language objectives within the three-year plan.

An overarching framework of support will ensure organisation wide ownership and engagement, reflecting on patient outcomes, and workforce prioritisation and capacity. This will require:

- Strategic Intervention that will set the vision for the Health Board going forward, ensuring planning at patient-outcome level. The Health Board will ensure clarity in terms of the commitment and engagement required at senior leadership level ensuring Welsh language is rooted in operational planning and service delivery. This will provide required reassurance that language needs and choices influence the planning, commissioning and contracting of services;
- Behavioural Change that will ensure that the Health Board creates a context that encourages staff to use their language skills. Cultural change is required at all levels within the organisation to create an environment where Welsh language awareness is paramount, and that the Health Board is actively promoting its Welsh language services;
- Performance and Monitoring that will be measured against a set scoring matrix allowing for clear reporting and evidence of compliance. It will also provide a platform for identifying good practice across the organisations as well as ensuing lessons are learned in the face of any concerns;

Therefore, the following proposals are presented for consideration:

- Organisational-wide reporting on compliance to address potential gaps within service areas to allow the team to identify areas that require varying degrees of intervention;
- The development and approval of a five-year plan on increasing the Health Board's ability to conduct consultations in Welsh (Requirement of Standard 110 of the Welsh Language Standards, also aligned to operational delivery within priority groups as outlined in 'More than just words');
- The development of a Language Skills Framework that ensures Welsh language training is embedded into post requirements at senior level, and the Training Programme that will be developed to support this;

This will allow for future discussions on areas that require high-level support, whilst amalgamating statutory compliance and patient outcomes.



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, 19 December 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this report is to outline the current workforce operational position as of October 24.</p> <p>The report is still evolving following feedback from the Committee and improvements around the content and information have been made for this report.</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>
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>	Objective 1: Building an effective organisation			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Not applicable			

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

People Operations Report November 2024

Jason Brannan

Deputy Director of People



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Executive Summary

- The OD service continue to make good progress engaging with all staff groups across the Health Board around the BCUHB Values and Behaviours framework. This important work to define and model positive behaviours across the organisation has been disseminated across the IHC People and Culture and SLT groups and Corporate meeting forums. Alongside this the Staff Survey 2024 went live on 1 October and is being championed within BCUHB with the aim of a improved return rate from 2023.
- The BCUHB vacancy rate improved during October, reducing by 0.5% to 7.8% and was largely driven by the increase in registered nurses by 96.4 FTEs. The People Services team, and colleagues in NWSSP continue to actively recruit to approved vacancies via the approved routes.
- Turnover is on a steady downward trend, currently at 8% and down 0.7% in the last 12 months. BCUHB has a Staff Retention Lead in post which is part of a national programme of work led by HEIW. A specific piece of work being undertaken across the Health Board at this time seeks to understand the current drivers behind turnover and explore initiatives that support retention such as 'Stay Conversations' which are being piloted in MHLD.
- BCUHB continues to have the lowest reported sickness absence levels across NHS Wales. Rolling sickness absence is largely reflective of the same period last year, 5.89% in October 2023 compared to 5.95% in October 2024. Stress, anxiety and depression continues as the highest reported reason despite also showing a reduction in time lost. The People Services teams continue to support staff and managers in accordance with the All Wales Respect and Resolution policy and all cases of reported stress at work should follow the stress risk assessed process. The OH and Wellbeing service have undertaken the Health Need Analysis for BCU as part of the National programme; that report also recognises the stress factors reported by employees as a key line of work to focus on. The report has been provided to key forums, such as People and Culture groups and colleagues in SWSS for review.
- PADR compliance showed improvement in October 2024, following a period of reducing rates, increasing by 0.7% to 77.8%. The People Service teams review compliance each month, noting services who have sustainably strong performance and advising where improvement is needed. The service managers report progress via the F&P groups.
- Level 1 mandatory training compliance remains above the target of 85% at 89.9%. There is a focus on manual handling training accessibility along with guidance around passports.
- Time to recruit (from vacancy creation to ready for start date) met the KPI target at 66.4 days during October 2024, however, remains behind the NHS Wales average of 62.4 days. Work targeting time to shortlist has seen the average days reduce from 18.4 days in October 2023 to 5 days in October 2024.

People

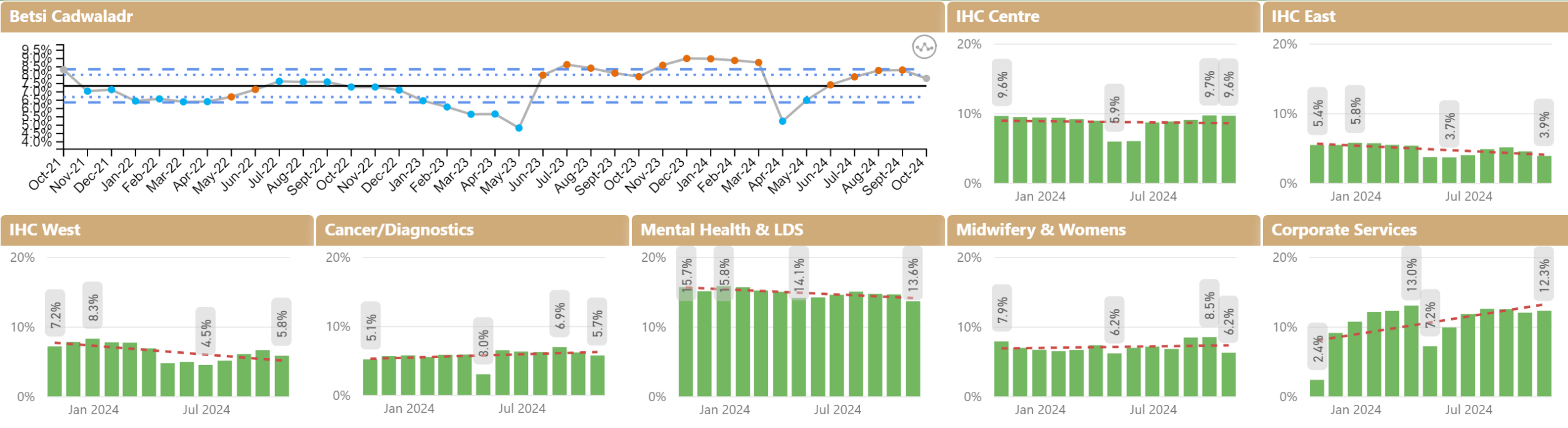


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Vacancy % by IHC

BCU Data as at October 24



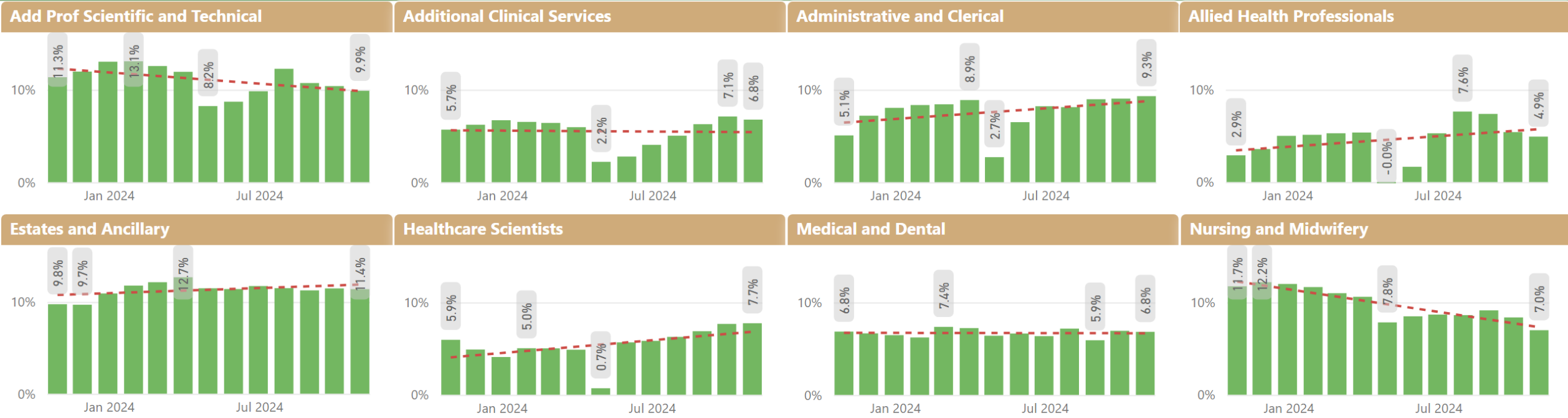
Analysis : In October 2024 the vacancy rate dropped by 0.5% to 7.8% with reductions across every IHC with the exception of Corporate Teams where the rate increased by 0.3%; the vacancy rate within this area is almost 10% higher than it was during October 2023. Midwifery and Womens saw the greatest reduction in vacancy rate in October 2024 reducing by 2.2% from the previous month to 6.2%, following by MHL D where the rate dropped by 1% to 13.6% between September and October. Of the 3 IHCs, East has the lowest vacancy rate in October 2024 at 3.9% equating to 180.2 FTE vacancies, followed by West at 5.8% with 219.1 FTE vacancies. Both IHCs have seen an improvement in vacancy rates against the same period last year. The vacancy FTE is significantly higher in Centre with 478.2 FTE vacancies equating to a vacancy rate of 9.6% which is reflective of the position during the same period last year.

Challenges : Despite the improving vacancy rate over the latest month, vacancies remain a challenge within certain staff groups across the IHCs. National shortages within some specialism roles such as Cancer and Gynae are proving a challenge as are medical roles in MHL D West. There are Consultant gaps in some specialisms in East, such as Intensivists, with work ongoing around establishments and escalated medical spaces at YWM. The high levels of vacancies within Estates and Ancillary staff group are a challenge across the 3 IHCs and Operational Estates. MHL D and IHC Centre are finding recruitment to Additional Clinical Services posts difficult. A lack of vacancies in some areas is presenting a challenge for the streamlining of Physician Associates.

Progress : The success of recruitment campaigns, international recruitment and student streamlining has led to a reduction in the nurse vacancy rate across all IHCs. Other initiatives such as fast track support to recruit bank staff into substantive roles and regular active recruitment to the bank pool have proved a success in reducing nurse vacancies and will be rolled out to other staff groups such as HCSW roles. Recruitment teams are attending local career events in conjunction with job centres to promote employment in the NHS, with a focus on addressing the vacancies within HCSW and admin and clerical staff groups. There has been success through a joint "grow your own" scheme with Wrexham University to increase AHP numbers and also with recruitment of Salaried GPs within Primary Care.

Vacancy % by Staff Group

BCU Data as at October 24



Analysis : The reduction the vacancy rate during October 2024 was largely driven by an increase in registered nursing staff of 96.4 FTEs causing the vacancy rate for this staff group to fall by 1.4% to 7%. This is a significant improvement on the same period last year where the vacancy rate was 4.7% higher at 11.7%. IHC Centre saw the greatest increase in Nursing FTEs, with actual FTE increasing by 32.8 FTEs, however, vacancies remain high at 136.5 FTEs. IHC East nursing vacancy rate reduced to 4.8% (79.4 vacancy FTEs) and IHC West to 4.1% (51.4 vacancy FTEs). A 14.3 FTE increase in registered nursing FTEs in Midwifery and Womens caused the vacancy rate to drop by 4% to 3.5% whilst MHLD registered nursing vacancy rate dropped by 0.7% to 11.1%, equating to 103.8 FTEs.

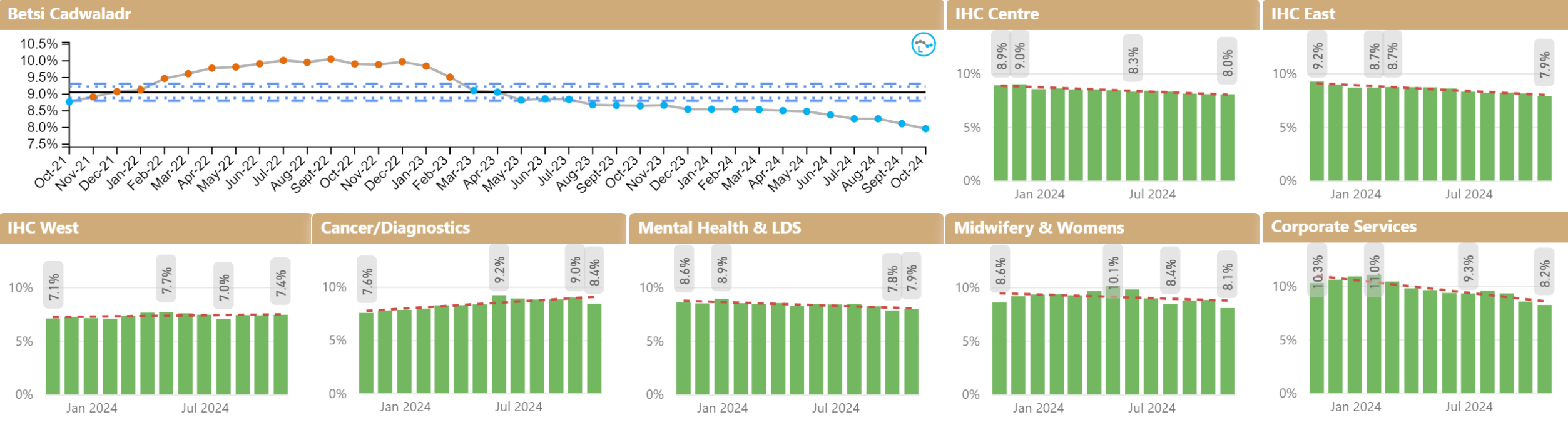
Estates and Ancillary staff group has the highest vacancy rate at 11.4% and 171.7 FTE vacancies, with a declining position compared to the same period last year. Within A&C staff group, vacancies have increased significantly over the last 12 months with the vacancy FTE currently standing at 368.9 FTEs, almost half of which are within corporate teams. There has been little change within Medical and Dental vacancy rates against the same period last year; in October 2023 there were 118.9 FTE vacancies compared to 120.5 FTEs in October 2024.

Challenges : National shortages within some specialism roles such as Cancer and Gynae, medical roles in MHLD and Intensivists. Estates and Ancillary staff group are a challenge as are Additional Clinical Services posts in some areas.

Progress : Recruitment of international nurses and student streamlining has reduced nursing vacancies over recent months. The recruitment teams are attending local career events in conjunction with job centres to address difficulties filling healthcare support worker and admin and clerical vacancies.

Turnover % by IHC

BCU Data as at October 24



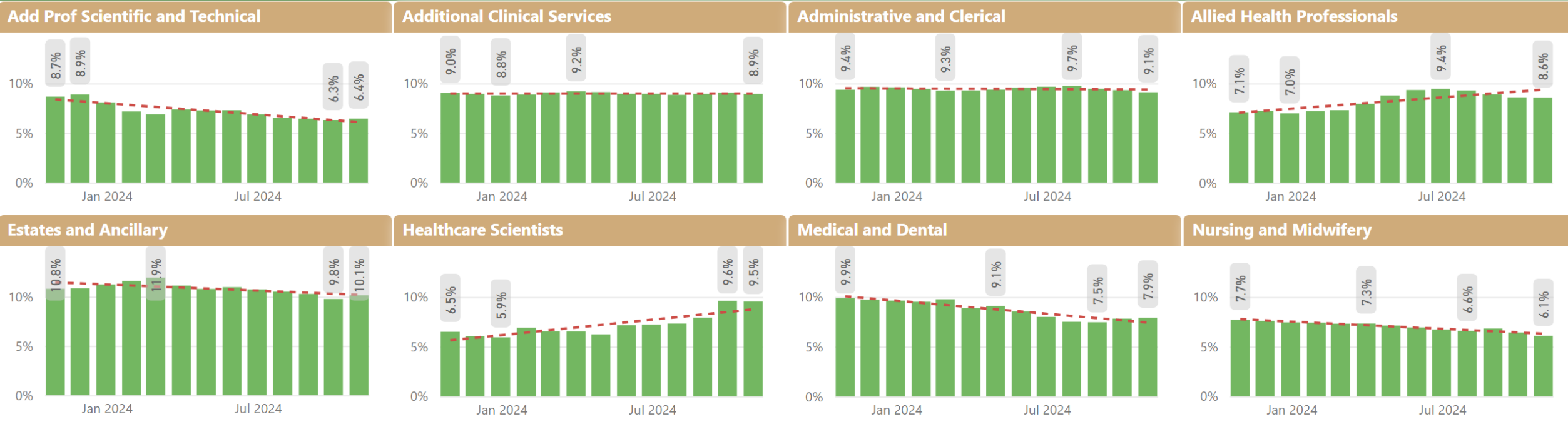
Analysis : The BCUHB turnover rate continues to improve month on month and is at 8% for October 2024, losing an average of 124.7 FTEs per month across the 12 month period to October 2024 compared to 134.1 FTEs over the equivalent period to October 2023. All areas have seen an improvement against the same period last year with the exception of Cancer and Diagnostics and IHC West. Cancer and Diagnostics has the highest turnover rate at 8.4%, the rate is higher within Cancer Services at 8.8%, having increased from just 5.9% in October 2023 whereas Diagnostics has remained fairly static compared to the same point last year at 8.3%. IHC West is reporting the lowest turnover rate at 7.4% followed by MHLD at 7.9%. Corporate Services has seen the greatest improvement in turnover rate over the last 12 months reducing by 2.1% from 10.3% in October 2023 to 8.2% in October 2024.

Challenges : Whilst turnover is reducing, there is an increasing number of flexible working requests for reduced hours, in part linked to partial retirement. Loss of staff hours via reduction in hours is not reflected in the turnover rate. Low take up of Exit Interviews make it difficult to understand the reasons for leaving.

Progress : Wellness Work and Us continues to focus on staff engagement. Staff connect days have been introduced to support the induction of new staff to the Division along regular staff briefings and a 12 month Divisional Senior Leadership walkabout schedule for staff to feedback their views and ideas. Analysis of the previous staff survey has taken place and the key outcomes shared with staff, promoting a You Said We Did approach. Where available, analysis of exit interview data is being utilised to identify drivers behind staff turnover. IHCs are supporting staff with partial retirement options in accordance with the All Wales policy and, in the cases of medical staff, using the second assignment option to maintain service cover.

Turnover % by Staff Group

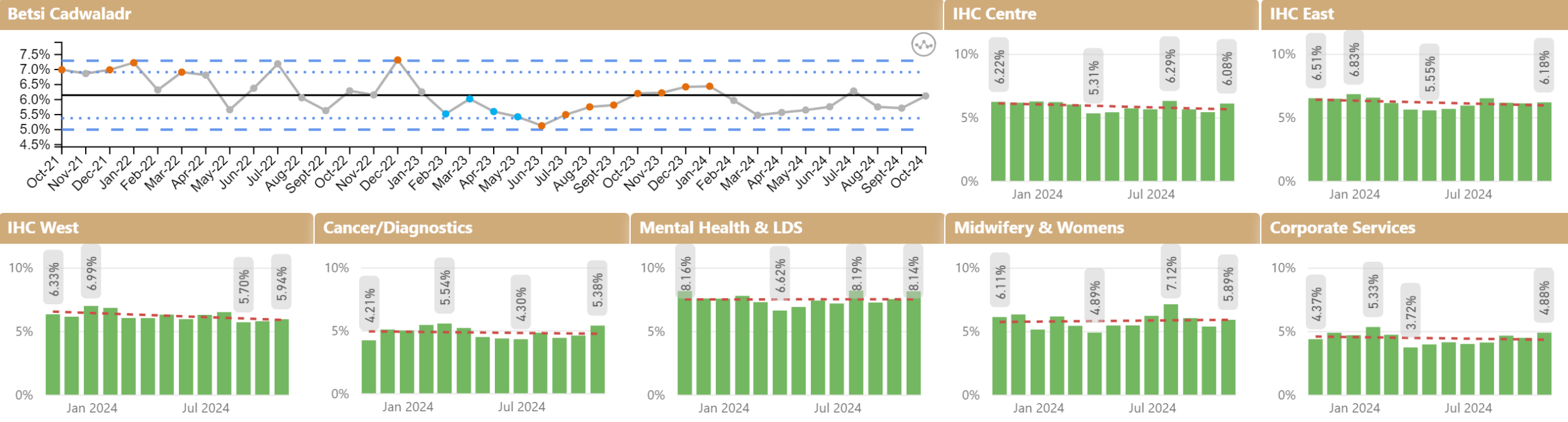
BCU Data as at October 24



Analysis : Nursing staff group has the lowest turnover rate at just 6.1% having reduced at a steady rate across the last 12 months from 7.7% in October 2023. Medical and Dental staff group has also seen an improvement in Turnover across the period reducing 2% from 9.9% in October 2023 to 7.9% in October 2024. Similarly Add Prof Scientific and Technical has seen progress against turnover with rates reducing to 6.4% compared to 8.7% in the same period last year. Healthcare Scientist and AHP staff groups are seeing an increasing turnover rate; the Healthcare Scientist turnover rate is up 3% across the last 12 months to 9.5% and AHP staff group has seen a 1.5% increase to 8.6% in October 2024. Estates and Ancillary staff group have the highest turnover rate at 10.1%, however there has been some improvement in recent months. Both Healthcare Scientist and Estates and Ancillary Staff Group have a high proportion of age related leavers, over the last 12 months 38% of leavers within these staff groups were retirement leavers which is far higher than the BCU average of 26%.

Monthly Sickness % by IHC

BCU Data as at October 24



The charts above report the monthly sickness rate for BCU.

Analysis : The BCU monthly sickness rate rose from 5.7% in September 2024 to 6.1% in October 2024, the increase was largely the result of increases in sickness absence related to cold, cough and flu and chest and respiratory. The rolling absence rate remained steady at 6%. MHLD has the highest sickness rate at 8.1% with stress and anxiety sickness absence currently standing at 2.6% compared to the BCU average of 1.8%. Corporate Services has the lowest sickness absence rate at 4.88% followed by Cancer and Diagnostics at 5.4%. IHC West has seen the greatest improvement in sickness rates over the last 12 months and is currently 0.4% lower than it was in October 2023.

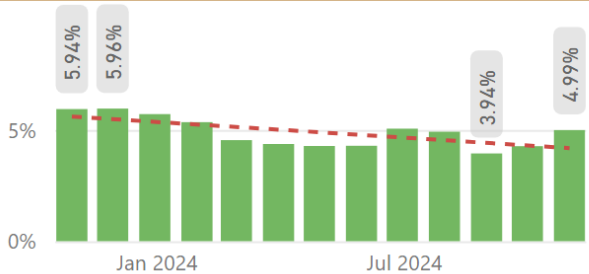
Challenges: The sickness rate remains high across the Health Board, with Stress and Anxiety absence posing a particular challenge. Estates and Facilities and HCSW's are areas of challenge and are also some of our largest staff groups to support.

Progress : Active attendance management via People Operations remains strong and compliant; we have been successful in redeployments of staff and work closely with OH colleagues. All areas are actively engaging with managers through delivery of training packages and coaching sessions around the Managing Attendance at Work policy. There is increased contact with SWSS and progress towards a MDT with OH and OD People Ops to report to P&C. We train in compassionate leadership and this has been well received. Sickness absence is discussed monthly in local SLTs and HR clinics are taking place to provide managers with targeted support on specific employee and hotspot areas. Audits are taking place to support the correct documentation and to improve the recording of medical and dental absence. The learning from audits is ongoing but early indicators suggest additional training is required aligned to policy and process and this is being arranged. The Wellness Work and Us team continue to support staff in accessing counselling, coaching and supporting staff through employment relations issues including facilitating difficult conversations.

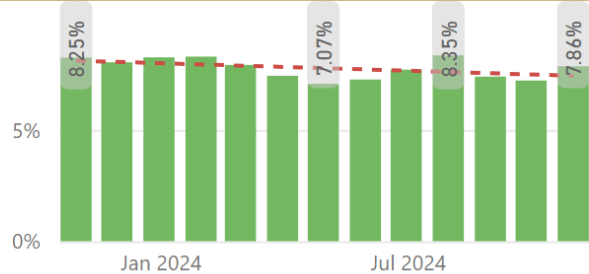
Sickness % by Staff Group

BCU Data as at October 24

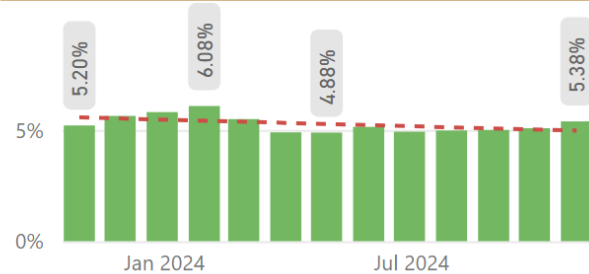
Add Prof Scientific and Technical



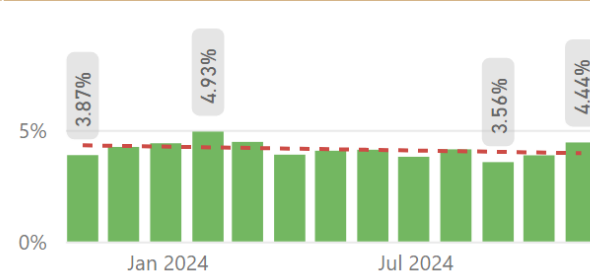
Additional Clinical Services



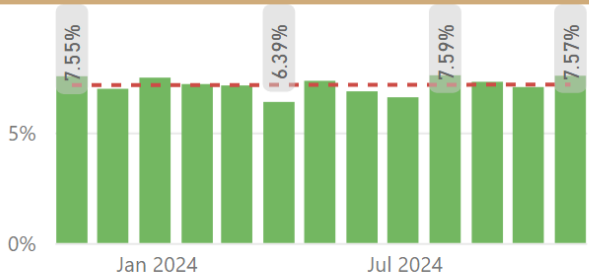
Administrative and Clerical



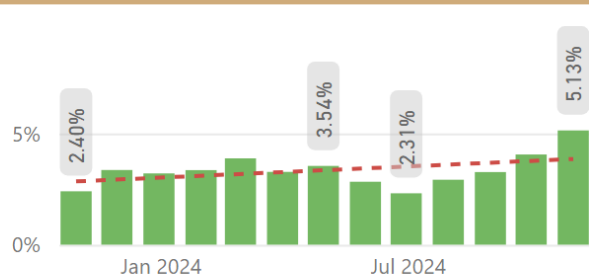
Allied Health Professionals



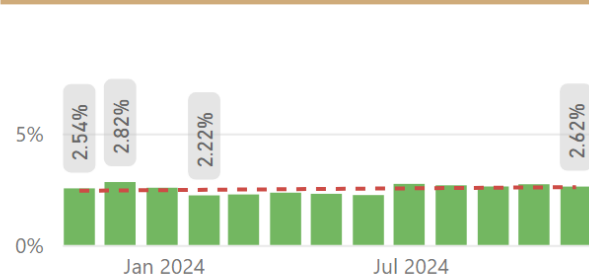
Estates and Ancillary



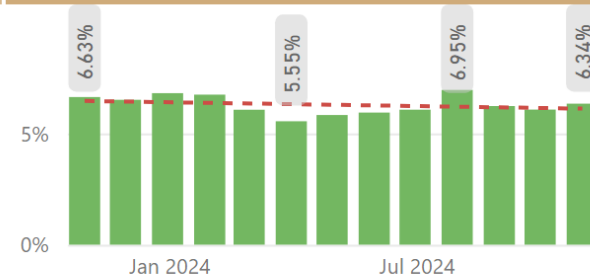
Healthcare Scientists



Medical and Dental



Nursing and Midwifery



The charts above report the monthly sickness rate for BCU.

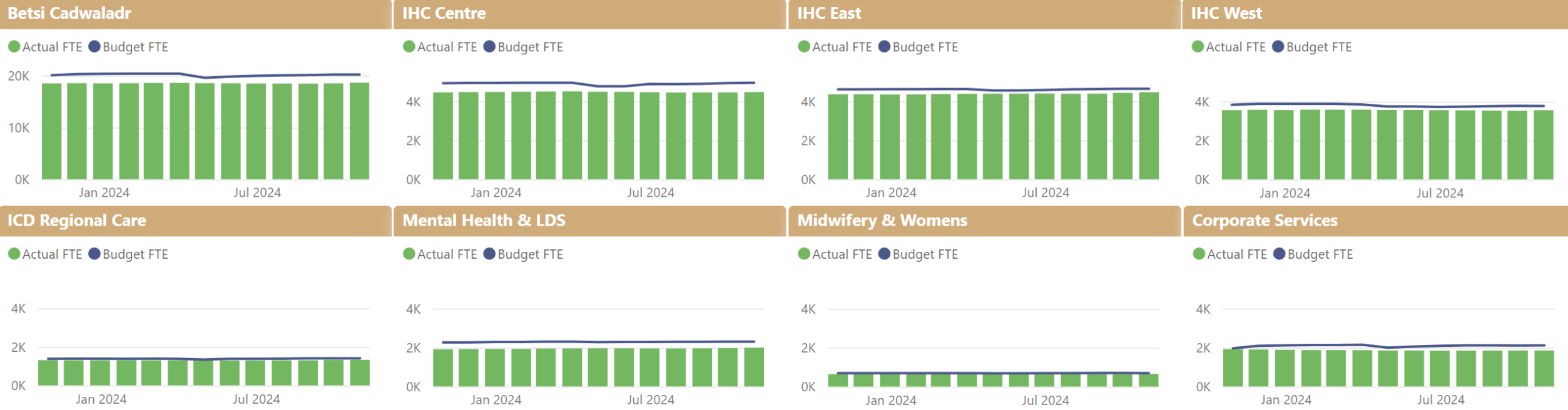
Analysis : There has been an increase in sickness absence within Healthcare Scientist staff group over recent months with the rate currently at 5.1% compared to 2.4% for the same period last year. Within Healthcare Scientist staff group stress and anxiety related absence is much lower than the BCU average at 0.5% with cold, cough and flu sickness accounting for the greatest proportion of absence at 1.1%. Additional Clinical Services has the highest sickness absence rate at 7.9%, however, there is some improvement on the position for the same period last year where the rate stood at 8.3%. Estates and Ancillary staff group sickness remains high at 7.6% which is largely reflective of the position in October 2023. Nursing and midwifery sickness absence is 0.3% lower in October 2024 compared to the position in the same period last year with stress and anxiety related absence accounting for 2% of the monthly absence rate.

Challenges: Low levels of sickness absence within Medical and Dental staff group are possibly the result of inaccurate recording, or failure to record, absence electronically.

Progress : Special focus is being given to improve recording of sickness absence for Medical and Dental staff group.

Budget v Actual FTE by IHC

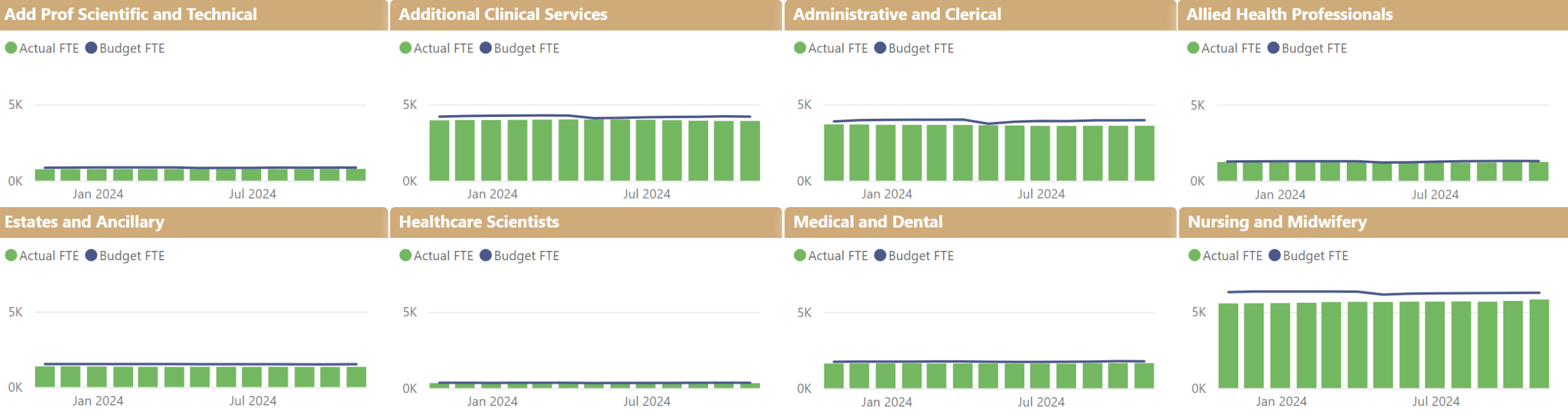
BCU Data as at October 24



Analysis : The budget FTE is increasing following the resetting of budgets in April 2024 increasing by 17.4 FTEs between September and October. Between April and August 2024 actual FTEs were decreasing month on month, however, this trend is changing over the last 2 months with a growth of 59.6 FTEs in September and a further growth of 118 FTEs in October. In October 2024 the actual FTE for IHC Centre grew by 20.9 FTEs, however, little improvement was seen in the vacancy rate as the budget FTE also grew by 20.7 FTEs. All other IHCs had little to no change in budget FTE and therefore growth in actual FTE in October 2024 resulted in an improvement in vacancy rates. IHC East saw the greatest increase in actual FTE gaining an additional 31.8 FTEs causing the vacancy rate to reduce from 4.5% to 3.9%. IHC West gained an additional 26.1 FTEs which was accompanied by a 4.5 FTE reduction in budget causing the vacancy rate to reduce by 0.8% to 5.8%. MHLD gained 24 actual FTEs during October and Midwifery and Womens gained 14.6 FTEs.

Budget v Actual FTE by Staff Group

BCU Data as at October 24

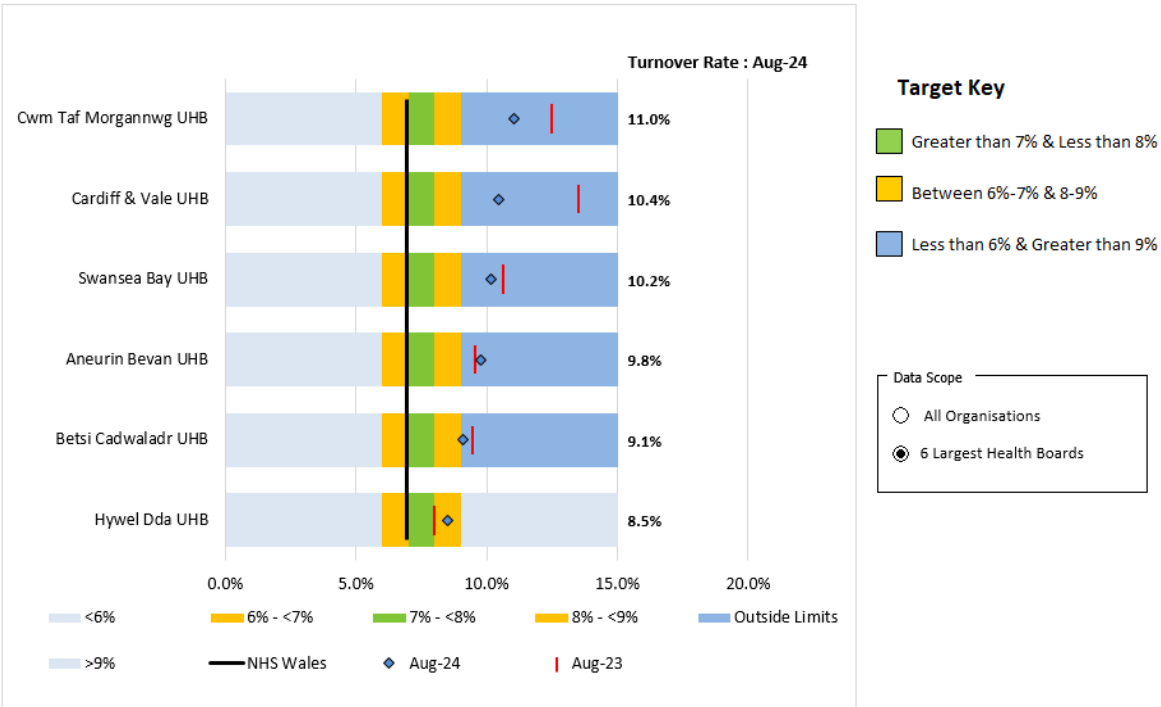


Analysis : The growth in actual FTE in the last 2 months has been driven by increases to Nursing and Midwifery staff group with an additional 51.3 FTEs in September and 96.4 FTEs in October. Across the last 2 months, Nursing and Midwifery has seen a 15.1 FTE increase to budgets. Medical Dental budget has increased by 20.2 FTEs over the last 2 months whilst actual FTE has increased by just 2.9 FTEs. The actual FTE in Estates and Ancillary staff group grew by 9 FTEs during October 2024, however, increases to budget of 8.8 FTEs meant that the vacancy rate remained largely unchanged. Admin and Clerical budget increased by 14.1 FTEs in October 2024 whilst actual FTE grew by 2.4 FTEs.

Workforce Comparators

Turnover %

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

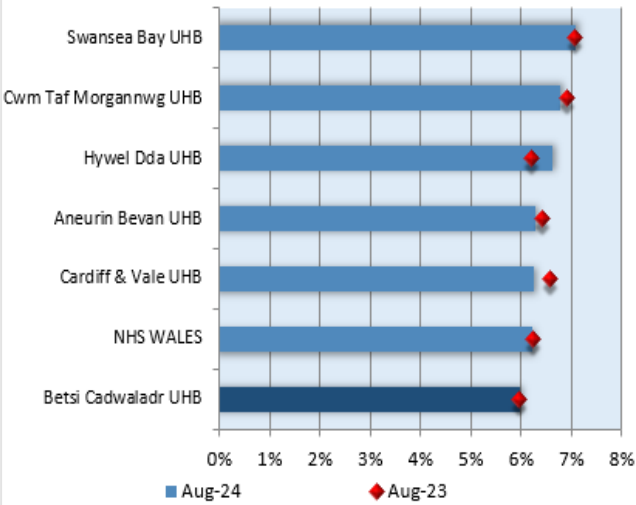


Analysis : Of the 6 largest Health Boards in Wales, BCU had the second lowest turnover rate in August 2024 at 9.1% behind Hywel Dda at 8.5%. BCU's turnover rate is 2.9% lower than Cwm Taf Morgannwg.

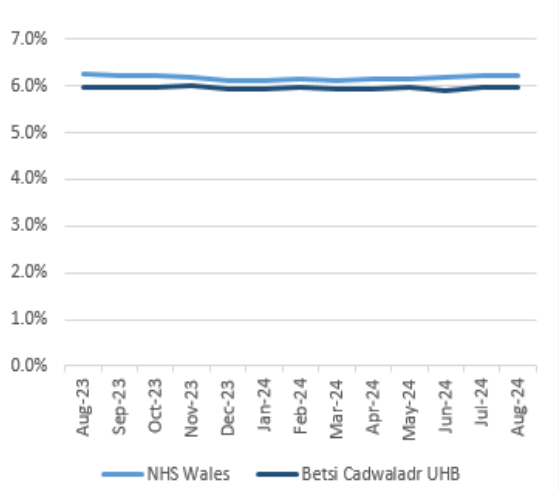
Please note, NHS Wales Turnover Rate only includes NHS Wales Leavers whereas Health Board data will include Staff Movements between organisations. The turnover rates presented above includes locally employed junior medical grades whereas locally these are excluded.

Sickness %

Rolling Sickness Rate by Health Board Aug 2024



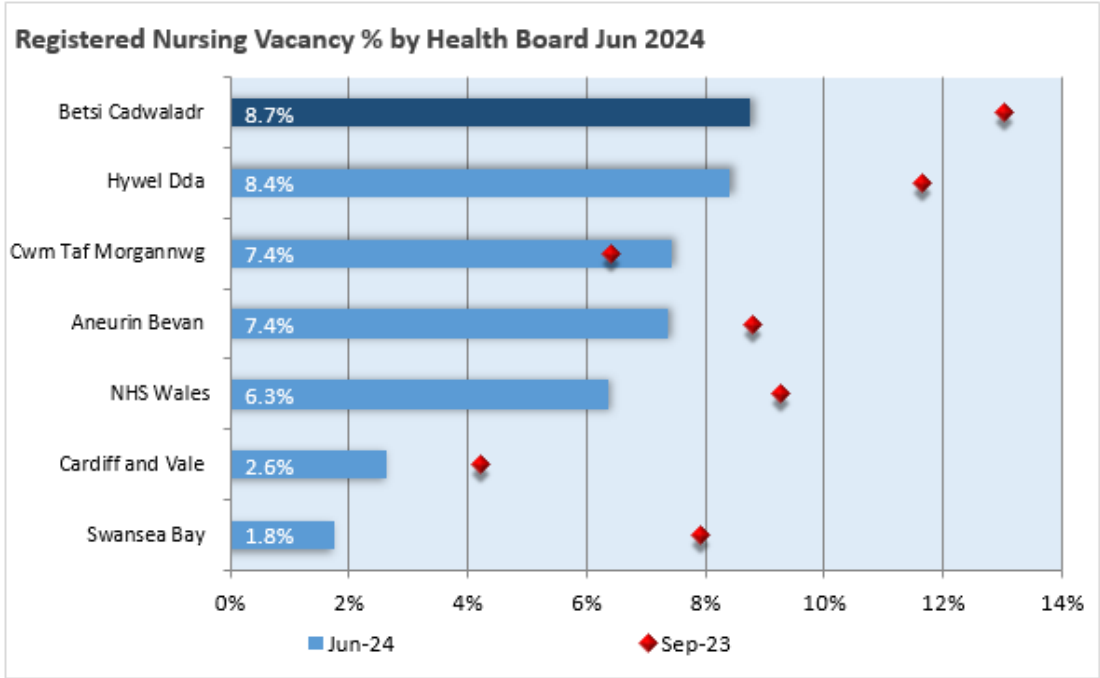
12 Month Rolling Sickness Rate BCU vs NHS Wales



Analysis : During August 2024, BCU had the lowest sickness rate of the 6 largest health boards at 5.9% and lower than the NHS Wales overall rate of 6.2%. Swansea had the highest sickness rate at 7.1% followed by Cwm Taf Morgannwg at 6.8%.

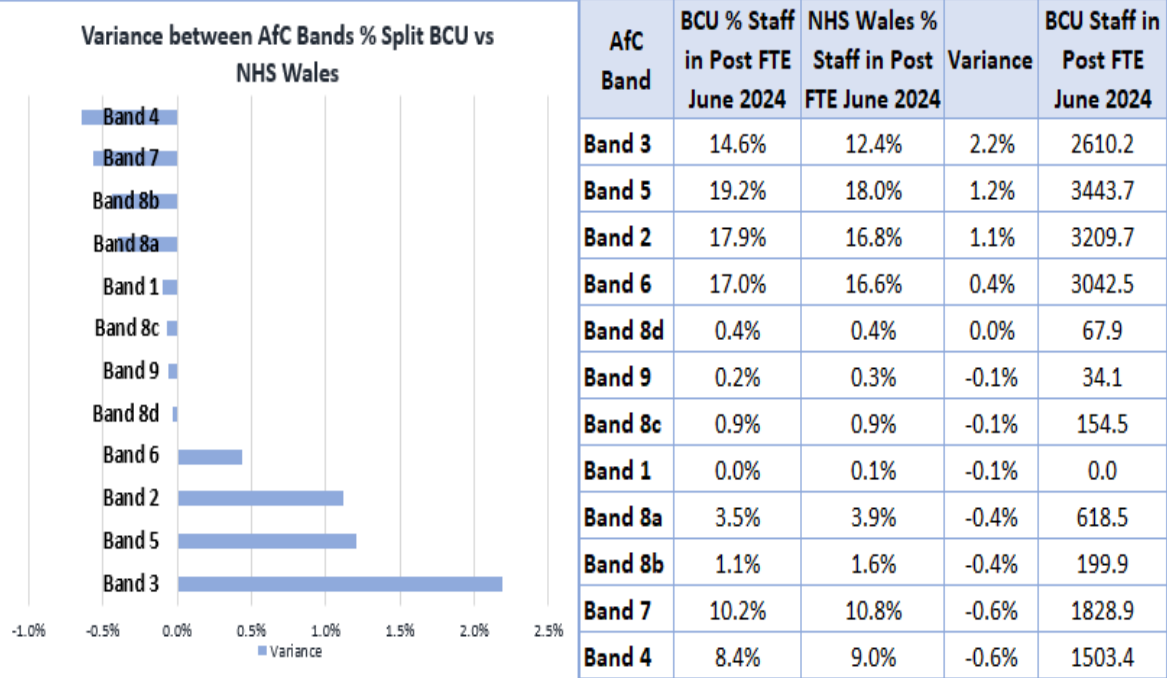
Workforce Comparators

Vacancy %



Analysis : The BCU Registered Nursing Vacancy rate 2.4% above the NHS Wales average in June 2024 and was the highest rate of the 6 largest health boards. The BCUHB nursing vacancy has improved since June 2024 and currently stands at 7%.

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



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

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

Highlighted Areas

Org L6	Actual FTE	Vacancy %	Monthly Sickness %	PADR %	Mandatory Training %	Turnover %
Public Health Executive (YX41) L6						
2024-01	35.2	3.9%	3.53%	86.8%	90.7%	12.2%
2024-04	32.3	7.2%	5.99%	77.8%	94.6%	18.8%
2024-07	31.1	15.1%	6.51%	96.8%	93.0%	28.1%
2024-10	31.2	17.0%	5.03%	90.9%	91.4%	25.2%
Regional CAMHS (AX2B) L6						
2024-01	161.0	35.4%	4.19%	83.4%	88.5%	10.7%
2024-04	160.7	30.0%	6.82%	86.5%	91.8%	10.7%
2024-07	156.2	33.1%	9.14%	79.8%	91.9%	10.2%
2024-10	160.9	36.3%	10.96%	73.7%	91.6%	10.3%
NW Cancer Mgmt & Admin (HXQG) L6						
2024-01	97.1	2.0%	9.14%	53.1%	73.7%	8.2%
2024-04	99.2	-12.5%	4.76%	45.9%	81.7%	12.9%
2024-07	93.8	2.7%	5.62%	69.4%	80.8%	13.1%
2024-10	91.7	4.0%	9.26%	63.2%	76.8%	11.7%
LD Inpatients (MX61) L6						
2024-01	215.7	14.4%	7.25%	96.3%	94.1%	4.4%
2024-04	211.6	15.8%	8.22%	97.5%	93.8%	6.6%
2024-07	212.3	15.8%	15.31%	95.9%	94.2%	7.1%
2024-10	209.6	16.9%	15.81%	95.4%	91.7%	6.4%

Analysis :

High levels of turnover within Public Health Executive are driving up the vacancy rate. Staffing pressures may in turn be negatively impacting on the ability to maintain staff PADR and training compliance rates causing a reduction in the latest quarter.

Regional CAMHS have a high number of vacancies and a high sickness rate. PADR compliance in this area has reduced by almost 10% since January 2024.

Cancer Management and Admin have a high sickness rate and higher than average turnover rate, however, vacancies are fairly low in comparison to the BCU average of 7.8%. Increases in the sickness rate over the last quarter are accompanied by a reduction in PADR and Training compliance.

LD Inpatients have had a consistently high vacancy rate over the course of 2024, however, turnover remains fairly low. The sickness rate has been in excess of 15% for the last 2 quarters.

Progress : Dedicated People Services support has been allocated to Regional CAMHS, Primary Care and Facilities in IHC Centre.

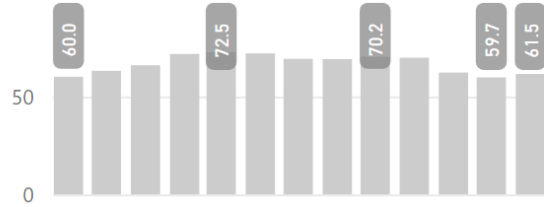
The table above shows the top 4 deteriorating areas, in order, for 5 key metrics. Each quarter that returns a poorer performance, when compared to the previous is given a value. The Org L6s above have the most deteriorations within the previous 4 quarters. Where there is a tie between departments, this is sorted by those with the highest Actual FTE.

Recruitment KPIs

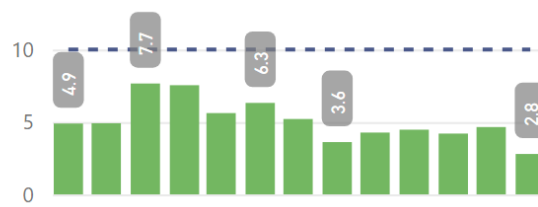
BCU Data as at October 24

● Average of Lapse time ● Measure Target

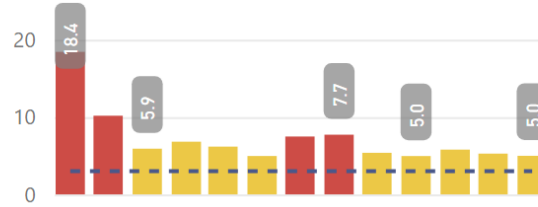
T0a - Notice Date to authorisation start date



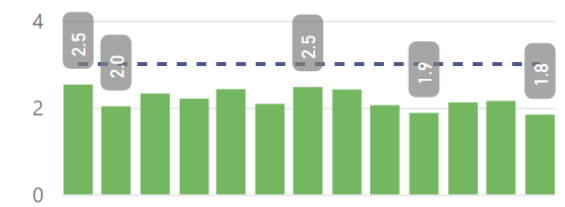
T1a - Time to approve vacancy request



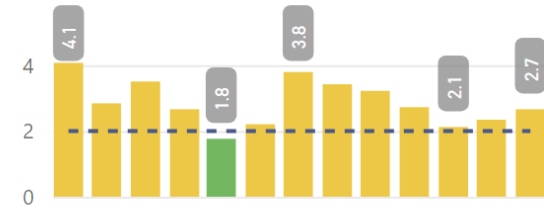
T4 - Time to shortlist



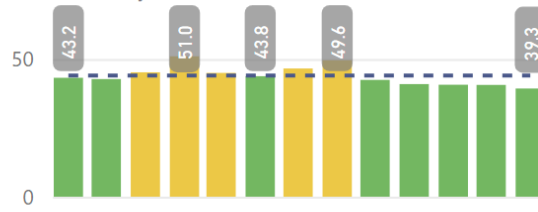
T5b - Time to update interview outcomes



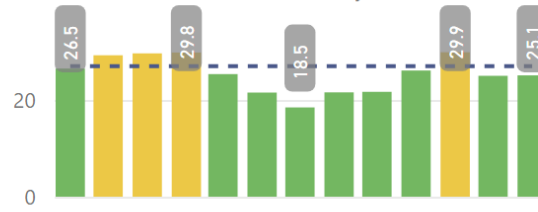
T9b - Time to check references



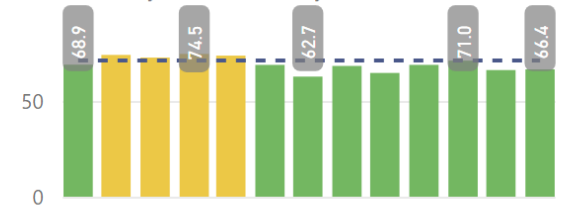
T13 - Vacancy Creation to offer letter issued



T23 - From conditional offer to ready for Start Date with o...



T14 - Vacancy Creation to ready for Start Date



Jan 2024 Jul 2024

Jan 2024 Jul 2024

Jan 2024 Jul 2024

Jan 2024 Jul 2024

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, and we are achieving the target against 5 of the metrics.

Analysis : There appears to be notable delays in Notice Date to Authorisation Start date where BCU averaged 61.5 days in October 2024 compared to the All Wales average of 49 days, however, it should be acknowledged that BCU has an Enhanced Establishment Control process. Time to approve vacancy request was 2.8 days in October, performing well against the target of 1 days and the All Wales average of 7.1 days. Time to shortlist for BCU took 5 days on average, failing to meet the 3 day target, however, it was lower than the All Wales average of 6.1 days and a considerable improvement on the BCU average for the same period last year where it stood at 18.4 days. BCU failed to achieve the 2 day target for time to update interview outcomes at 2.7 days but did perform better than the All Wales average of 3.3 days. BCU has achieved the 71 day target for vacancy creation to ready for start date each month since March 2024 taking an average of 66.4 days in October 2024 and falling just short of the All Wales average of 62.4 days.

Challenges : Time to shortlist remains challenging despite the work that the Recruitment team have spent with Managers as part of the Recruitment Improvement work.

Progress : The recruitment team are working closely with managers, sending regular reminders to ensure that vacancies are shortlisted in line with the KPIs. This information will be picked up on a weekly report and the recruitment team are prompting the agreed timescales in line with the KPIs. A deep dive of this data will be conducted to further understand any difficulties that the services may be facing in relation time to update interview and vacancy creation to offer letter also. A piece of work was undertaken as part of the time to hire project where the recruitment team spent time with hiring managers to explain the processes and KPI's which has resulted in some improvement in this area. The focus has been mainly on improving the quality of adverts and job descriptions with the Recruitment team undertaking a piece of work with Anaesthetics to improve quality of their medical job descriptions.

Leadership and Development



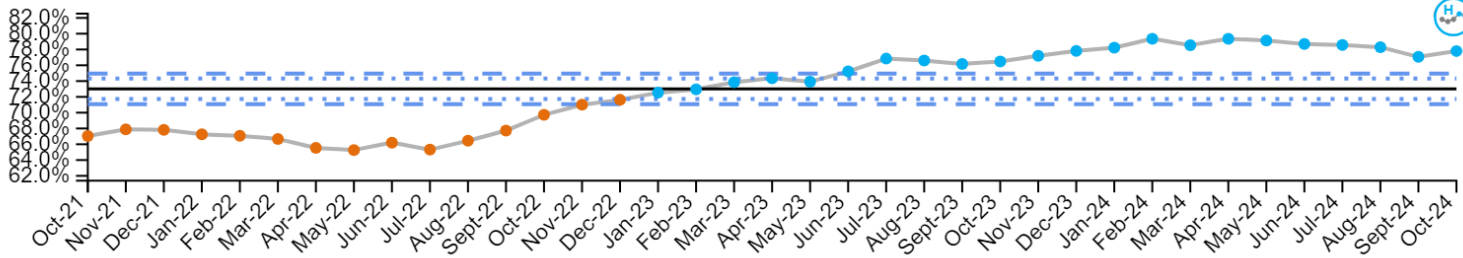
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

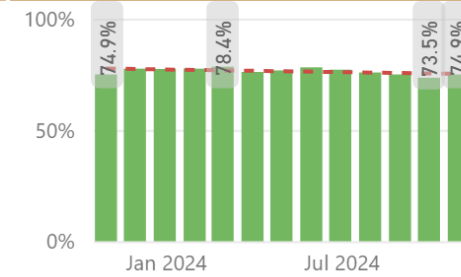
PADR % by IHC

BCU Data as at October 24

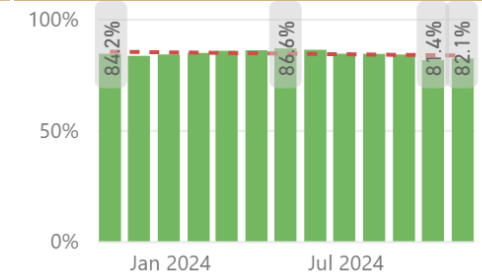
Betsi Cadwaladr



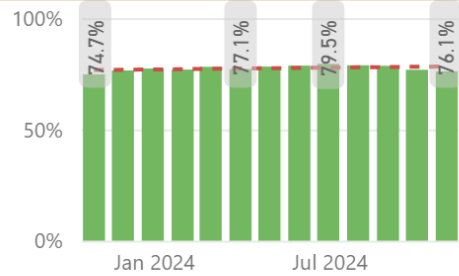
IHC Centre



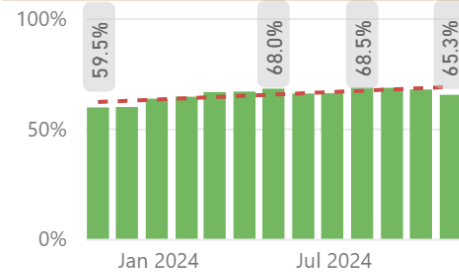
IHC East



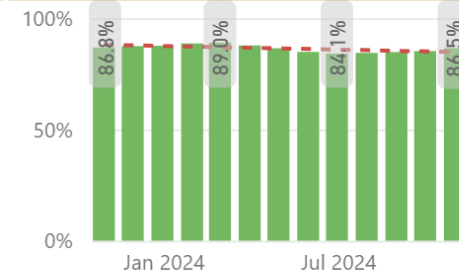
IHC West



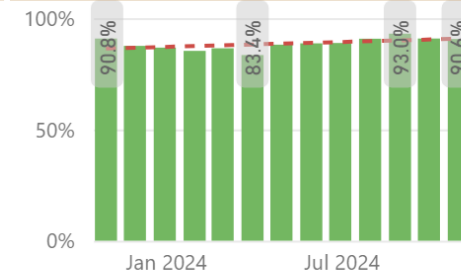
ICD Regional Care



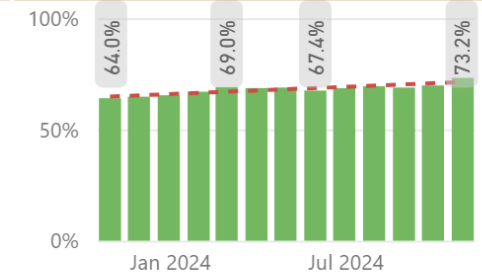
Mental Health & LDS



Midwifery & Womens



Corporate Services



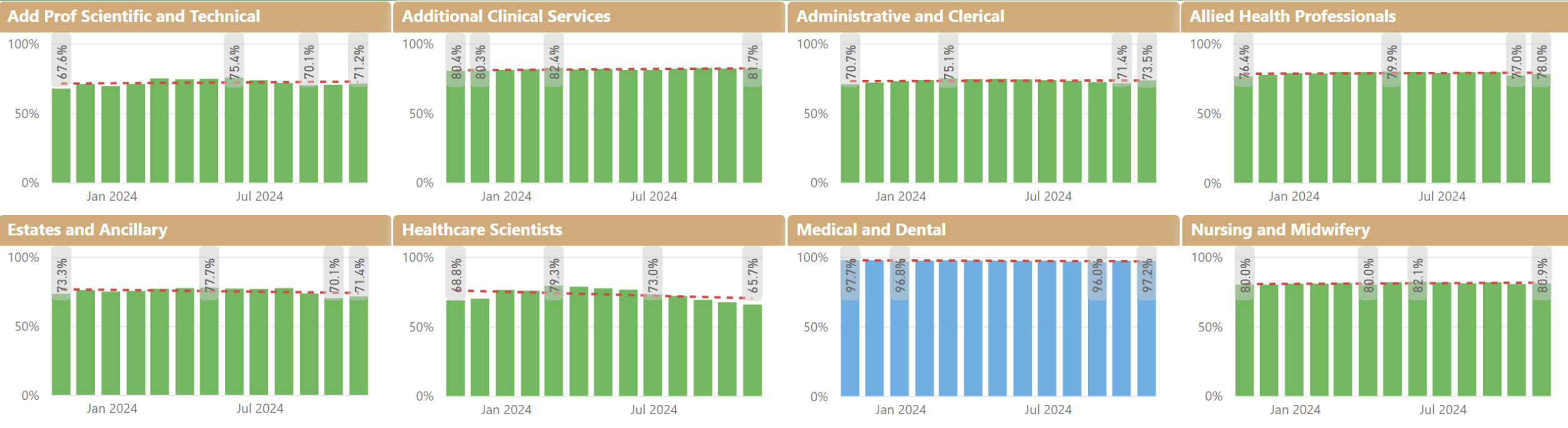
Analysis : The PADR rate improved in October increasing to 77.8% following a period of decline from April 2024. At present, only Midwifery and Womens and MHLD are meeting the 85% target. IHC East was previously meeting the target, however, compliance has dropped by 4.5% since April 2024. IHC Centre and West have also seen declining PADR compliance rates over recent months having previously reached rates of 78.4% and 79.8% respectively earlier this year. Compliance rates in Cancer and Diagnostics has also reduced over recent months from 68.5% in July to 65.3% in October, Cancer currently stands at 74.9% and Diagnostics at 61.7%. Corporate teams have seen improvement over recent months increasing to 73.2% compliance in October.

Challenges : Whilst PADR rates across the IHCs have fallen over recent months, they continue to be monitored through People and Culture. Estates and Ancillary staff compliance remains a challenge.

Progress : Compliance is monitored across the IHC within local operational meetings, People and Culture, SLT, performance groups etc and Business Partners are working with services to develop improvement plans and target outliers in terms of areas with larger numbers of out of date PADRs. Leads are engaged, recognising the importance of PADR with good returns in HMPB, as an example of good practice.

PADR/MARS % by Staff Group

BCU Data as at October 24

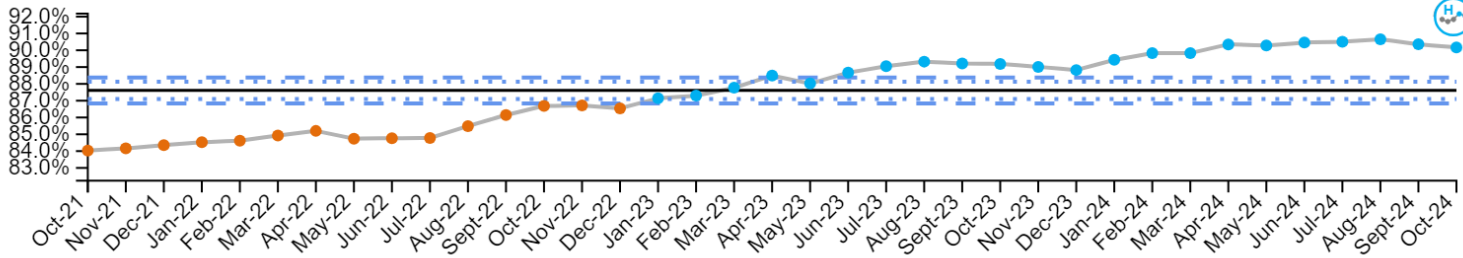


Analysis : PADR rates are highest within Additional Clinical Services staff group at 81.7%, followed by Nursing at 80.9%. Healthcare Scientist staff group is reporting the lowest compliance rate at 65.7% having reduced by 13.6% since February 2024. Estates and Ancillary staff group has also seen a decline in PADR rates, reducing by 6.3% from April 2024 to 71.4% in October.

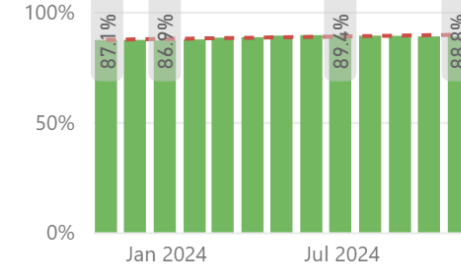
Mandatory Training % by IHC

BCU Data as at October 24

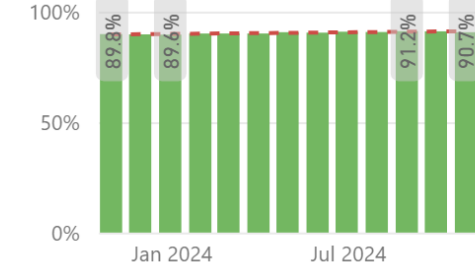
Betsi Cadwaladr



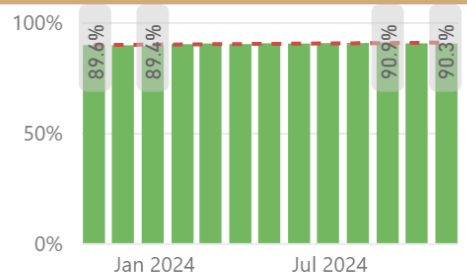
IHC Centre



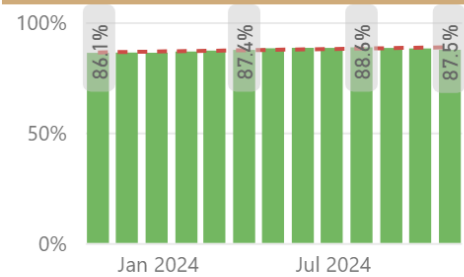
IHC East



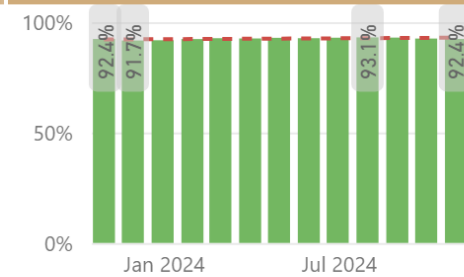
IHC West



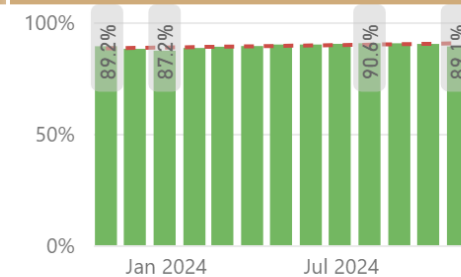
Cancer/Diagnostics



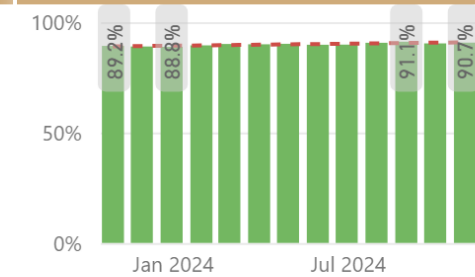
Mental Health & LDS



Midwifery & Womens



Corporate Services



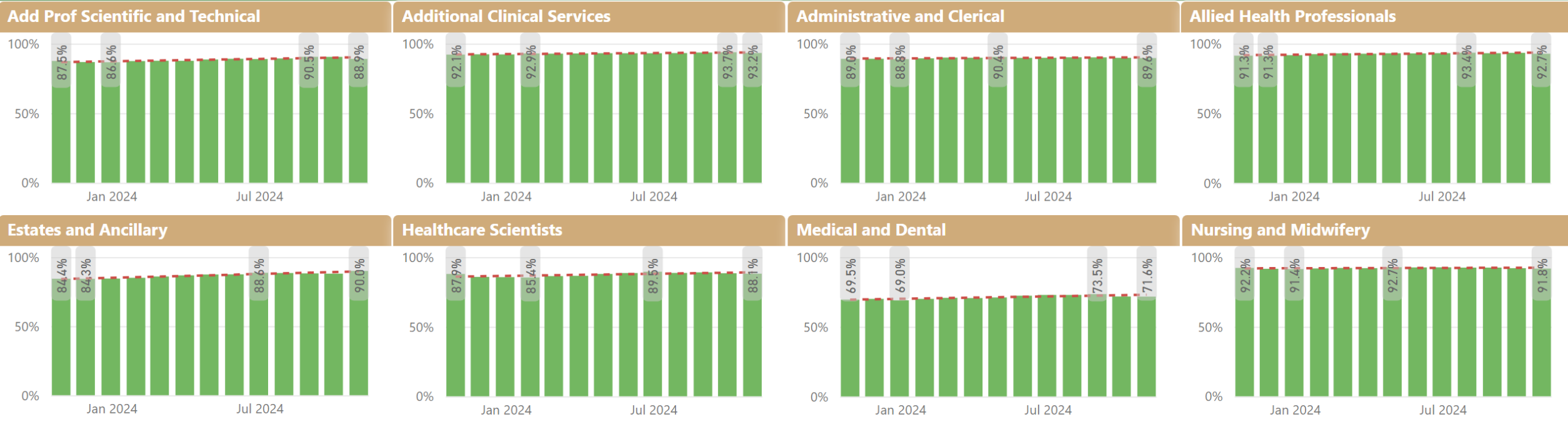
Analysis : The mandatory level 1 training compliance rate for BCU currently stands at 89.9% and all areas are compliant with the 85% target for mandatory level 1 training. Of the level 1 competencies, Information Governance is the lowest at 83.2% with all areas failing to meet the 85% target with the exception of Corporate teams. Mandatory level 2 training currently stands at 86.7% with both Moving and Handling level 2 and Infection Prevention level 2 failing to meet the 85% target at 74.6% and 80.5% respectively.

Challenges : Moving and Handline and Infection Prevention remain areas of challenge.

Progress : Compliance is monitored across the IHC within local operational meetings, People and Culture, SLT, performance groups etc and People Operations teams continue to identify specific areas and target specific training as needed and review through People and Culture. Work is ongoing to ensure appropriate mandatory training requirements aligned to roles are correct through the Training and Development group.

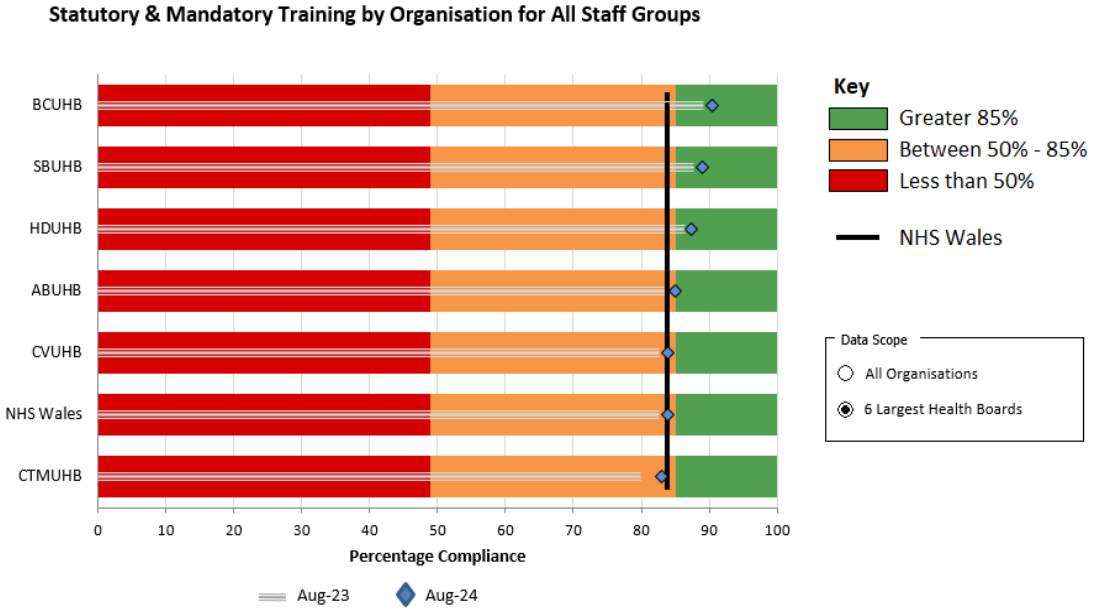
Mandatory Training % by Staff Group

BCU Data as at October 24



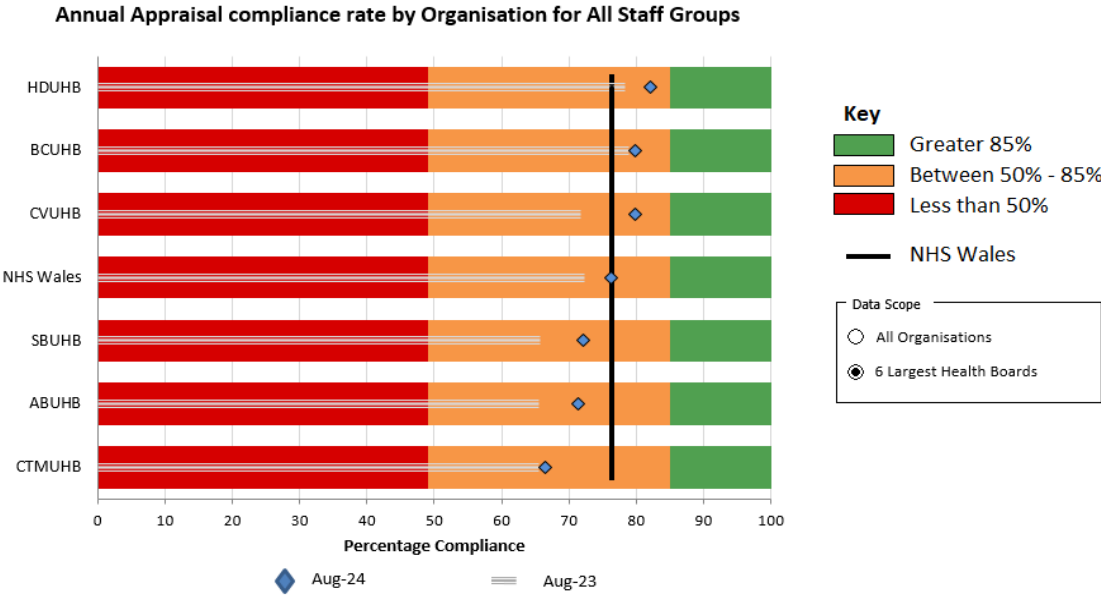
Analysis : All staff groups are meeting the 85% target for mandatory level 1 training with the exception of Medical and Dental staff group where compliance stands at 71.6% in October 2024.

Statutory & Mandatory Training %



Analysis : BCU had the highest mandatory training level 1 compliance rate out of the 6 largest health boards in August 2024 and was 7% higher than NHS Wales average of 84%.

Appraisals %

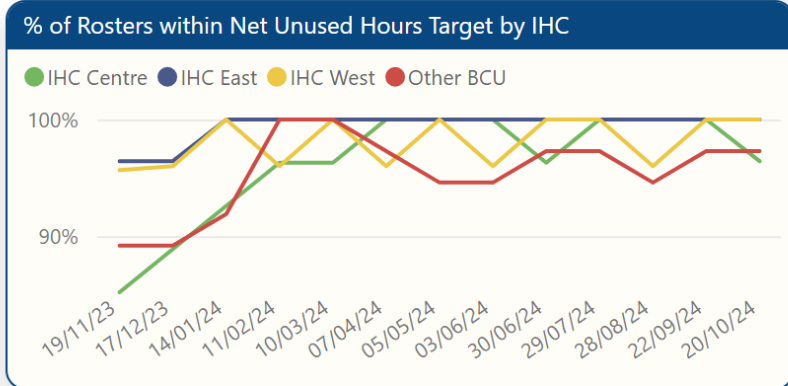
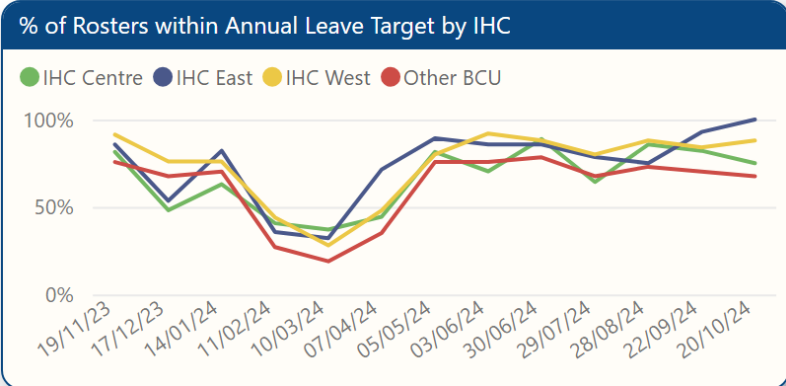
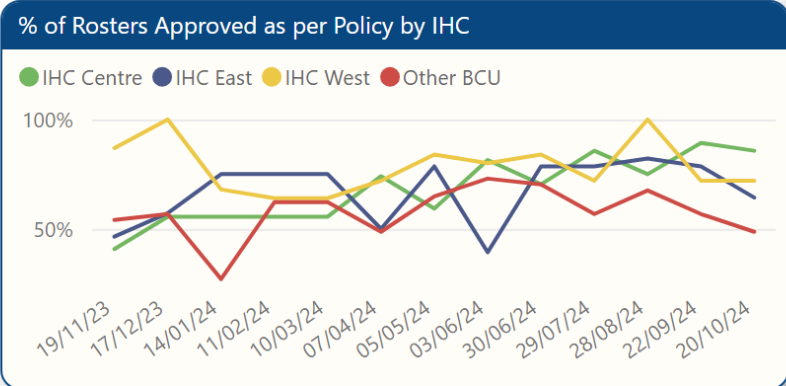


Analysis : BCU had the second highest appraisal compliance rate out of the 6 largest health boards in August 2024 with a combined AfC and Medical Appraisal rate of 79.9% compared to the NHS Wales average of 76.3%.

Summary

	19/11/23	17/12/23	14/01/24	11/02/24	10/03/24	07/04/24	05/05/24	03/06/24	30/06/24	29/07/24	28/08/24	22/09/24	20/10/24
Approved in Policy %	56%	66%	54%	64%	64%	60%	71%	68%	75%	72%	80%	73%	66%
Annual Leave %	83%	62%	73%	36%	28%	49%	81%	80%	85%	72%	80%	81%	81%
Net Unused Hours %	91%	92%	96%	98%	99%	98%	98%	97%	98%	99%	97%	99%	98%

IHC Summary



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

Analysis : The percentage of Rosters approved as per the policy has declined over the last 2 months, down from 80% in August to 66% in October. IHC East, IHC West and Pan have seen the sharpest decline over the last 2 months whilst IHC Centre has seen some improvement. The percentage of Rosters within the Annual Leave target is a figure that will fluctuate depending on the time of year. For instance low level of compliance in February to March is possibly linked to the utilisation of annual leave prior to the new financial year and ceasing annual leave carry over into subsequent years. Over recent months the figure has remained steady at 81%. The percentage of net unused hours within target shows a positive picture with 98% of rosters compliant at the during 2024. The Annual leave compliance in M7 has increased to 100% as opposed to 81% in M6. Managers need to ensure that annual leave is taken evenly amongst the team throughout the year. Reminders are sent to all managers regarding the importance of leave management and they are also made aware of the arrangement for the carry over of leave into the next leave year.

Challenges : Rostering efficiency is challenging as we move into winter, this has been a focus for the Nursing directorate in particular to ensure roster efficiency and targets are met.

Progress : The rostering team have continued to promote loop throughout the Health board to increase visibility of available shifts and are working closely with departments to promote the sign up to loop, the team have held roadshows with more planned throughout this month. At present there are 5,047 users across the health board that have downloaded and logged into the app.

Culture and Engagement



GIG
CYMRU
NHS
WALES

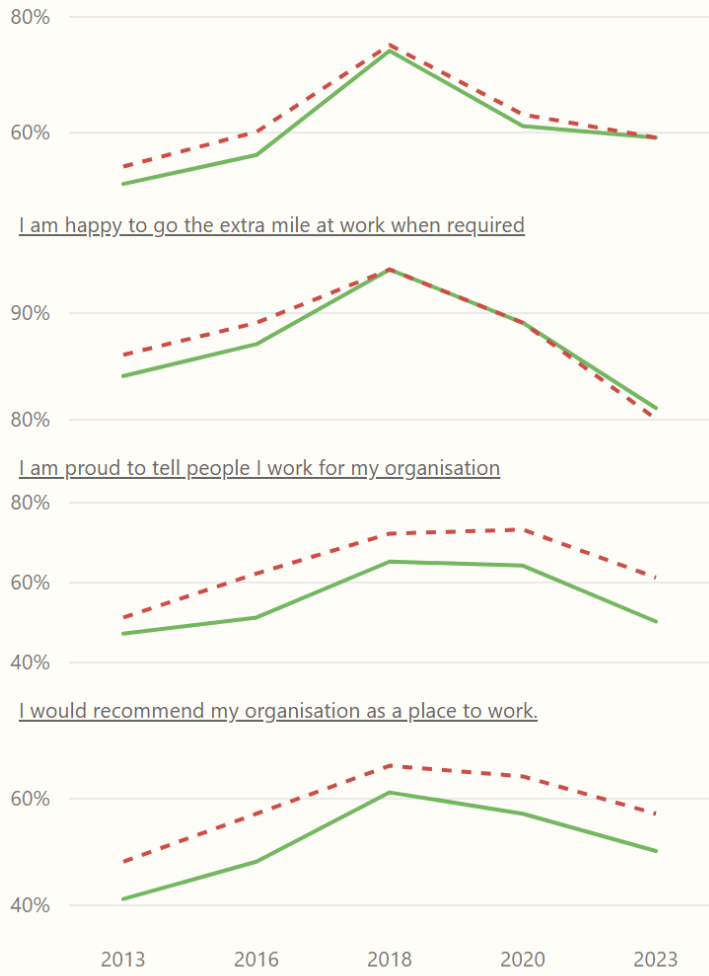
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Staff Survey BCU Staff Engagement Results

Staff Survey

Org ● BCUHB ● NHS Wales

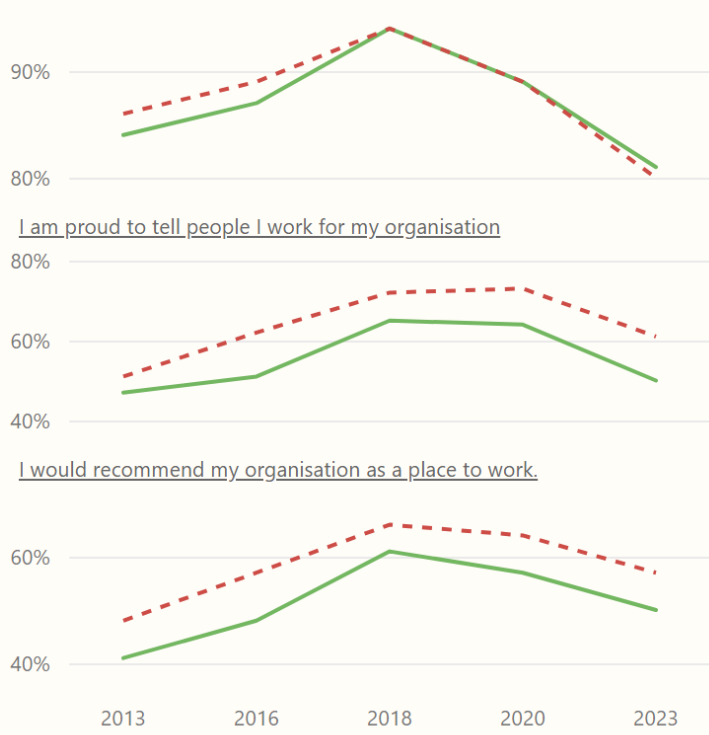
I am able to make improvements in my area of work.



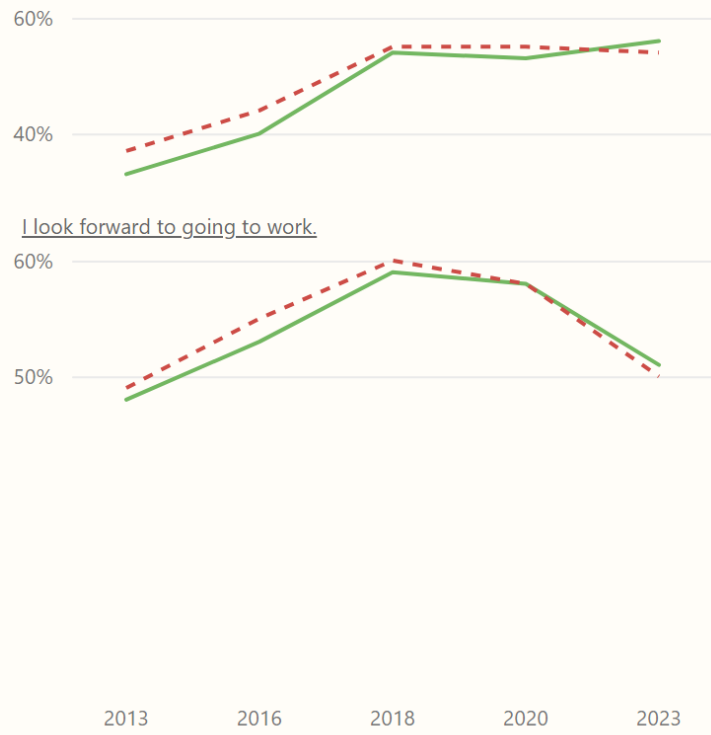
I am enthusiastic about my job.



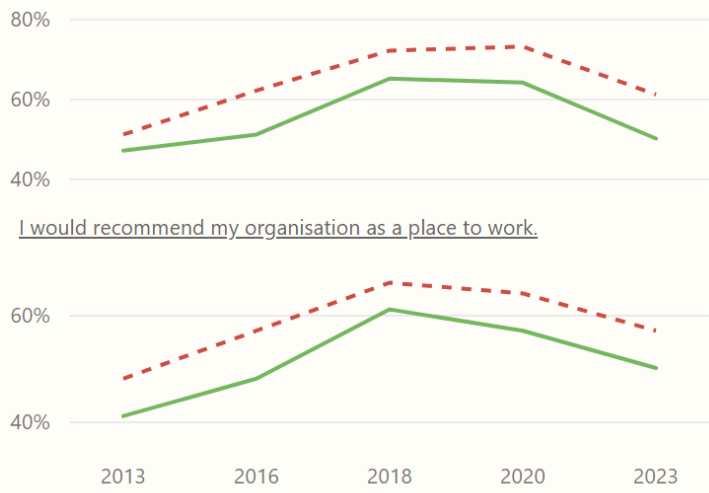
I am happy to go the extra mile at work when required



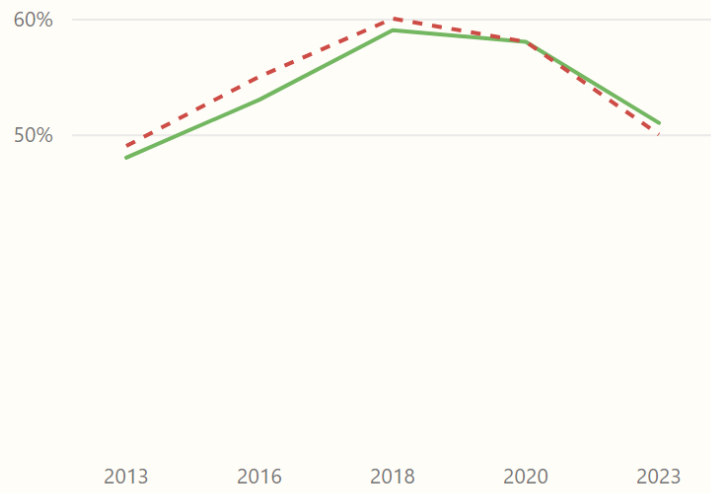
I am involved in deciding on the changes that affect my work or my tea...



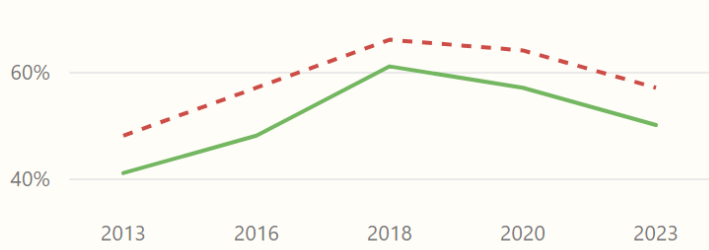
I am proud to tell people I work for my organisation



I look forward to going to work.



I would recommend my organisation as a place to work.



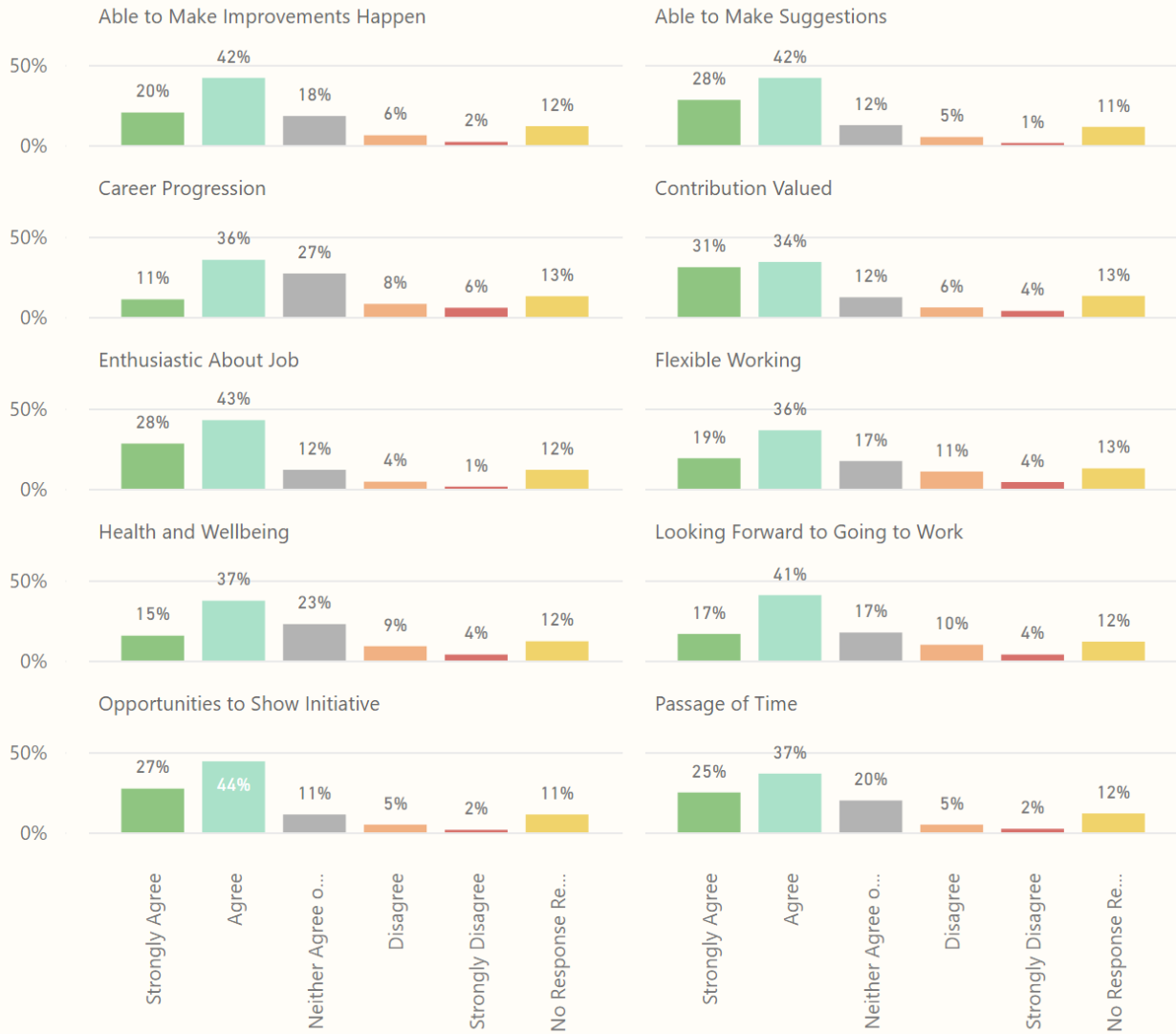
The charts to the left show the BCU response positivity score to the Staff Survey Staff Engagement question over the last 10 years.

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

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

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

12 Month External Leavers



Exit Questionnaire Questions

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

Analysis : Exit Interviews responses are generally more positive than negative, however, when compared to the previous year, the latest 12 month period shows a 5% decrease in positive responses for Contribution Valued and Flexible Working. Enthusiastic about Job showed a 2% increase in positive responses.

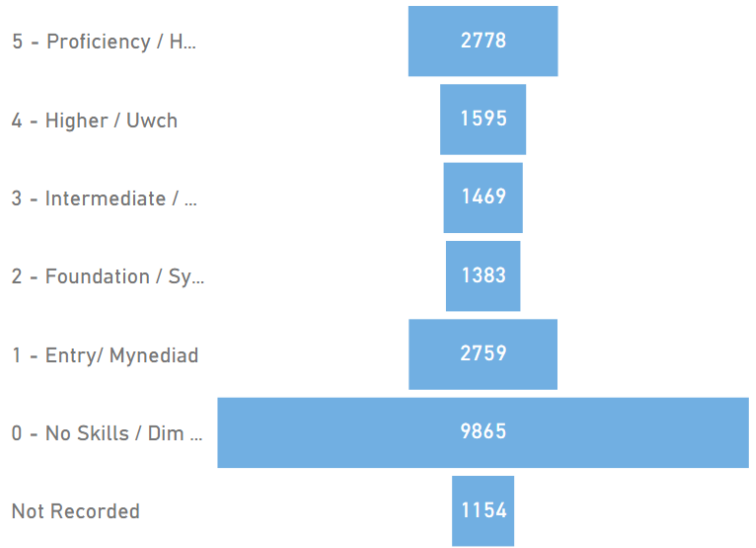
Challenges : The Exit Interview questionnaire completion rate in ESR is currently 20% for substantive staff.

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

Welsh Language Skills

BCU Data as at October 24

Org L4	Not Recorded	0 - No Skills / Dim Sgiliau	1 - Entry/ Mynediad	2 - Foundation / Sylfaen	3 - Intermediate / Canolradd	4 - Higher / Uwch	5 - Proficiency / Hyfedredd	Total
Health Community Centre (HCCX) L4	391	2580	785	366	356	188	371	5037
Health Community East (HCEX) L4	277	3549	599	184	187	123	198	5117
Health Community West (HCWX) L4	171	700	407	309	431	755	1248	4021
Integrated Clinical Delivery - Primary Care (ICDP) L4	14	202	57	22	30	27	73	425
Integrated Clinical Delivery - Regional Care (ICDR) L4	114	663	207	97	96	108	207	1492
Mental Health & LDS (MX00) L4	42	964	322	177	180	165	284	2134
Midwifery and Womens Services (WXXX) L4	47	377	81	54	40	60	121	780
Corporate Services	98	830	301	174	149	169	276	1997
Total	1154	9865	2759	1383	1469	1595	2778	21003



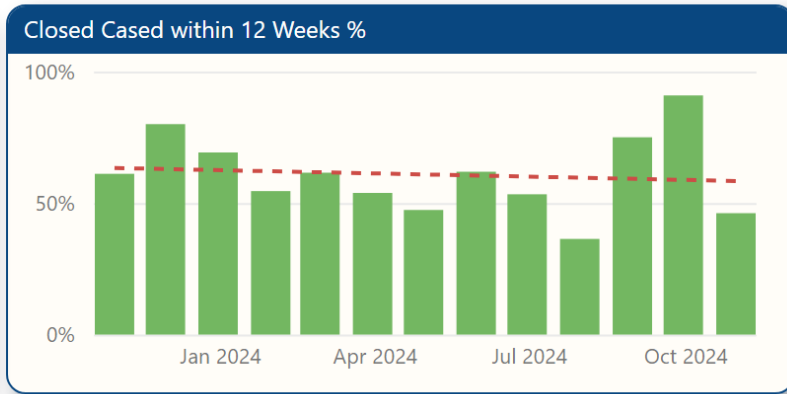
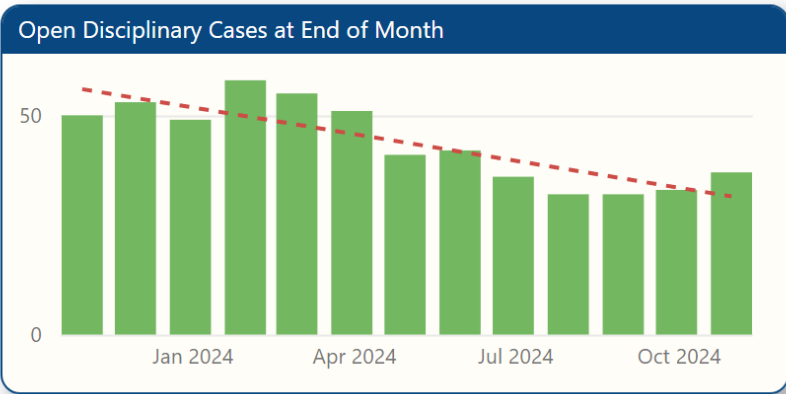
Analysis : The number of employees without Welsh Language Skills recorded in ESR reduced by 77 from 1231 to 1154 between August and October 2024. 5.5% of the workforce currently do not have Welsh Language skills recorded in the system which is an improvement of the 5.9% reported previously.

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

The People Systems Team will be undertaking quality assurance checks for new starters and will be holding data quality improvement events from January 2025, to provide immediate support to staff on how to update their Welsh Language proficiency levels.

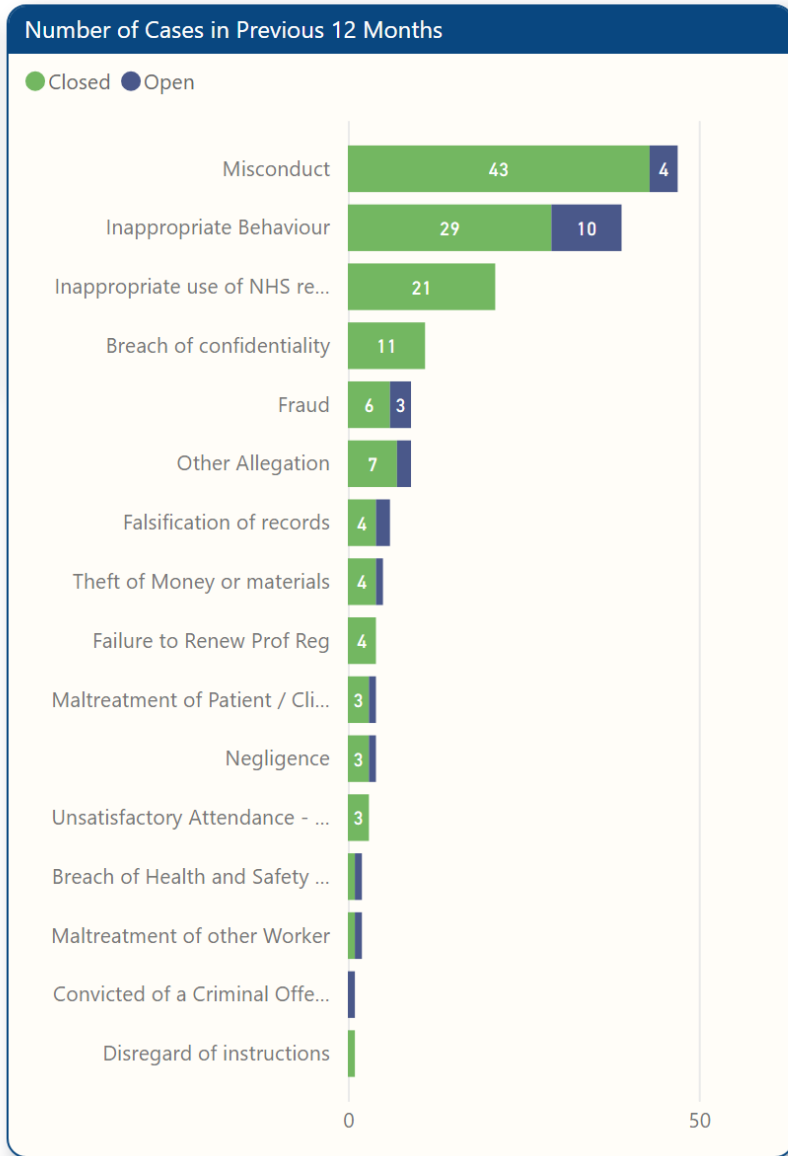
The People Services teams continue to work collaboratively with services to raise awareness and promote the Welsh language training within the Health Board.

Employee Relation Cases



Analysis : Despite an increase in open disciplinary cases over the last 2 months (+5 cases between August and October 2024), the 12 trend is showing an improving picture in terms of the number of open cases. Open cases have reduced from the peak in January 2024 of 58 to 37 in October 2024.

46.2% of cases closed during October 2024 were resolved within the target of 12 weeks. Whilst this measure shows variability, the overall trend indicates an improvement. Over the past year, the majority of closed cases were linked to misconduct, with inappropriate behaviour and inappropriate use of NHS resources following. Currently, the bulk of open cases involve inappropriate behaviour.





Teitl adroddiad: <i>Report title:</i>	Culture, Leadership and Engagement update			
Adrodd i: <i>Report to:</i>	People and Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 19 December 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This paper gives an update on the progress of the Culture, Leadership and Engagement programme.			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to discuss and note the information provided in the report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Jason Brannan, Deputy Director of People Services			
Awdur yr Adroddiad: <i>Report Author:</i>	Nia Thomas, Head of Culture Development Rebecca Testa, Head of Organisational Development Katie Sargent, Head of Employee Experience and 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</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Links to delivery of all organisational priorities			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	No direct implications arising from this report			

<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>	N/A
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	Utilisation of current, budgeted resources has been prioritised.
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	The intended outcome is a positive impact on our workforce. There are no significant workforce planning matters related to this report.
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	N/A
<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>	CRR24-01 CRR24-16
<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: The Committee is asked to discuss and note the progress of the work to date</p>	
<p>Rhestr o Atodiadau: List of Appendices: Appendix 1: Culture, Leadership and Engagement Annual Plan 2024-25 Appendix 2: Retention Project Initiation Document</p>	

Appendix 3: Terms of Reference - All-Wales Health Education and Improvement Wales Community of Practice
Appendix 4: Staff Reward and Recognition paper presented to Organisational Development Steering Group in November

Culture, Organisational Development and Engagement Update

1. INTRODUCTION AND CONTEXT

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

A whole organisation approach is being taken to our culture, leadership and engagement work, linking the principles and values to other applicable areas e.g. our recruitment, employee health and wellbeing and commissioning processes.

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

2. CULTURE DEVELOPMENT

Quarter 3 activities focussed on:

Values & Behaviours Framework

The second iteration of the Framework has been out with staff and external partners for feedback, extensive feedback has been received with minimal changes required to the second iteration. The third and final iteration will be presented to the Board on the 28th November following the Executive Team feedback on the 8th November 2024 and the People and Culture Committee Development session on the 19th November 2024.

Following approval by the Board there will be a period of socialisation and promotion of the framework along with a plan to embed the framework throughout our people policies and processes such as PADR, recruitment, induction, Respect and Resolution and our disciplinary processes to name but a few.

The Values & Behaviours Framework will be launched as a package alongside the Compassionate Leadership Pledge which was signed by the Board in September 2024 to demonstrate our commitment to embed the compassionate leadership principles. This will be supported by a short film about the impact of being compassionate which we developed in conjunction with Health Education Improvement Wales (HEIW).

Culture and Leadership Programme Design Group

There is excellent engagement from the Design Group. It is multi-professional and includes patient representation through Llais. The Group reports any issues for escalation to the

Organisational Development Steering Group and is actively involved in all aspects to design, develop and implement our Culture & Leadership Programme.

Establishing a Culture Dashboard.

A dashboard has been developed, feedback has been received and amendments made. The dashboard will evolve to track metrics related to culture improvement and includes the questions from the staff survey which relate to the staff engagement index such as *'I would recommend my organisation as a place to work'*; *'I am able to make improvements in my area of work'* and *'I look forward to going to work'*.

Culture Change Leaders

Launched in the organisation on the 11th of November, and has already had interest from staff during engagement on the Values & Behaviours Framework. There are information sessions available which explain the role, responsibilities, commitment and the application/nomination process. The induction programme is nearly completed and dates for inductions start w/c 13th January 2025

Leadership Workforce Analysis

There is a tool within the Culture & Leadership programme which supports an organisation to look at their leadership workforce. As those in key leadership roles are particularly important in influencing the culture of the organisation, this diagnostic helps us to undertake a talent review and gap analysis to support compassionate and inclusive leadership by ensuring we have:

- leaders in post substantively rather than vacancies or interim position holders; and
- enough individuals in the leadership pipeline - people with the skills, motivation and appropriate styles to act as replacements when vacancies occur or to step into key new leadership roles.

We are working with our Talent Management Lead and Workforce Planning Lead to initially look at the levels from Board to two levels below the Board to ensure the scope is manageable.

Board and Senior Leadership Conversations

The Design group have amended the template to ensure conversation/discussion points are relevant to us in BCUHB. Dates have begun to go into the diaries of Board member and are scheduled to take place in Quarter 4. The Board and Senior Leadership conversations will offer insights into the Board's perception of: the organisation's current culture and performance; their view of their role in creating a compassionate and inclusive culture; and the differences and similarities in perspectives. All participants will be fully briefed ahead of the conversations.

Leadership Behaviours Survey

Work has commenced to cross-reference the questions in the Leadership Survey to corresponding questions in the national NHS Staff Survey. If staff survey data can be utilised, this will form the basis of our Leadership Behaviours survey on an ongoing basis.

Quarter 4 activities will focus on:

- Launch Values & Behaviours Framework in December. The socialisation and embedding plans have started to be co-produced by the Design Group and the wider workforce.
- Inducting and developing our Culture Change Leaders.
- Schedule and develop Focus Group questions based upon the analysis of the Leadership Behaviours Survey and Board/SLT conversations. The conduct of the Focus Groups will need to fall into Quarter 1 of our 2025/26 plan.

3. ORGANISATIONAL DEVELOPMENT

Leadership

Integrated Leadership Development Framework (ILDF)

Work is continuing to develop a Leadership Development offer that will provide a range of opportunities that support our leaders in developing their leadership capabilities. This is described in our Integrated Leadership Development Framework (ILDF), which provides leadership opportunities for all staff within the health board. Progress to date is below:

Quarter 3 activities focussed on:

Venture Leadership Hub

The launch of the new Venture Leadership Hub is hosted on HEIW's Leadership Portal, Gwella. The Venture Hub hosts all leadership development activities, including both informal and formal routes to leadership development. The hub has been shared with key stakeholders (including managers and leaders, design group members, staff networks, etc.) to gather feedback on the design, content, and accessibility of the hub. Feedback has been collated and amendments have been made as part of the first phase of development.

The hub was formally launched on the 28th October and work is progressing during the months of November and December to socialise the hub with staff, through a variety of communication methods, including drop-in sessions, roadshows, communication bulletins and attendance at various IHC meetings - [BCUHB page](#)

Programme development within the ILDF:

Moel Famau – Aspiring Programme

This programme for aspiring managers is currently in development and will be launched in Spring 2025 and will be provided through face-to-face delivery and an online option hosted on the Venture Hub.

Core online modules

Two new modules are in development working with key subject matter experts – Health and Safety and Financial/Budget Management.

People Managers Forum

The People Managers Forum launched on the 28th October 2024, with the first session which was held on the 14th November 2024. This session focused on sharing the revised draft Values & Behaviours framework.

The People Managers Forum is a space for all people managers to network and share their experience. The forum supports our people managers in developing their skills and competence, helps them keep up to date with recent changes in policies and processes and aims to build a community of practice that is an engaging and supportive space.

The next two sessions provide support to managers on the basics of management and include sessions on Pay and Roster Management. A rolling programme of sessions is in development for 2025/26.

Clinical Leadership Conference

The third Leadership Conference for 2024 was held on the 21st November 2024, aimed specifically at senior clinical leaders within the organisation. Over 80 members of staff attended the day with keynote speakers during the morning session and open dialogue sessions in the afternoon, providing opportunities to learn and interact on the following key topics: Leading for Digital, Leading for Values Based Healthcare and Leading with Courage.

Coaching and Mentoring Network

Work has commenced a review of the current BCUHB coaching network which will include a refresh of the tools to support coaches across the organisation and further build coaching capability. The team are also working on a suite of resources to support both mentors and mentees.

Talent Management and Succession Planning

A revised draft delivery plan has been developed. A discussion paper on the approach to implementing a talent management and succession planning strategy will be presented to the Executive team in the new year.

A suite of resources to support this work has been developed by HEIW that include a Wales-wide Talent Management and Succession Planning hub, together with a maturity matrix, toolkit and access to a succession planning BI tool. These will be launched by HEIW in February 2025.

Retention

An organisation-wide approach is being applied to BCUHB's staff retention work which involves linking together the key principles of a range of activities and programmes, including compassionate leadership, culture change, employee health and wellbeing, CPD and opportunities for career progression.

This is aligned to the improvement of the Health Board's staff retention programme as underpinned by the annual plans of both Welsh Government and Health Education and Improvement Wales (please see Retention Project Initiation Document, **Appendix 2**).

Timeline and Work to Date

January 2024:

- Recruitment of BCUHB Retention Lead (two year fixed-term post)

March 2024:

- James Johnson started Retention Lead secondment

April – September:

- Focus given to the Health Education and Improvement Wales 'Nurse Retention Self-Assessment Tool'. Establishment of baseline information from completed questionnaire submissions of nursing staff who took part in the pilot use of self-assessments from January to March 2024.
- Relationships established between BCUHB Retention Lead and nursing colleagues across Integrated Healthcare Communities (IHCs). Meetings held with key members of staff to determine the use of the self-assessment tool and provide feedback on the data collected to date.
- Work progressing with BCUHB's 'Nurse Retention Plan' in line with Welsh Government and Health Education and Improvement Wales directives. Plan informed by themes and findings from self-assessment submissions.
- Retention Lead working with MHLD colleagues and attending weekly 'Wellness, Work & Us' meetings to explore opportunities for improvement of staff retention within the division. Job satisfaction survey underpinned by 'stay conversation' plans carried out in September 2024. Results, feedback and recommendations due end of November 2024.
- Establishment of the All-Wales Health Education and Improvement Wales Community of Practice (please see 'Terms of Reference', **Appendix 3**) to provide a clear focus for a collaborative approach to NHS retention, including uniform implementation of Quality Improvement (QI) methodology and processes.
- Dashboard development in line with Electronic Staff Record Business Intelligence (ESR BI) and Health Education and Improvement Wales national retention dashboard. Dashboard alignment with other retention-based ESR BI reporting mechanisms, including BCUHB's culture dashboard.
- Targeted retention improvement also taking place via awareness raising and use of Exit Interview and Flexible Working processes as a means of understanding and improving avoidable staff attrition.

October – March:

Focus on BCUHB retention issues in Administrative and Clerical Services to examine staff turnover and churn rates from a pan-services perspective employing variables such as age, site-base, PADR compliance and opportunities for career progression.

Year 2 activities will include:

- Development of BCUHB Retention Framework and Guidance
- Development of BCUHB Retention Plans
- Leadership workforce analysis to examine improvement of attrition rates
- Scheduled Board and Senior Manager retention-based Q&A
- Development and training in the use of BCUHB's Retention Dashboard

4. ENGAGEMENT

NHS Wales Staff Survey

By the time the Committee meets, the NHS Wales Staff Survey 2025 will have closed (on November 29th).

The ambition this year was to build on the response rate of 2023 and an overarching communications and engagement plan was developed to support the promotion of the survey. This included:

- support from People Services colleagues to their IHC, pan-organisational and corporate teams to promote the importance of completing the survey;
- attendance at key meetings of leaders and managers across the organisation to encourage them to allow their teams the time to complete the survey, including sharing and signposting to Q&As about common concerns and misconceptions about the survey;
- posters advertising the survey, complete with QR codes to access the survey from a handheld device across Health Board sites;
- opportunities for attendees of large meetings and conferences - including the Clinical Leadership conference and Healthcare Assistants meeting – to complete paper copies of the survey;
- a personal plea from the Chair issued via email to people managers;
- a series of online drop-ins to support any staff who had any questions or queries about the survey. These were poorly attended;
- reminders and appeals to complete the survey through a range of internal communications mechanisms including leadership videos, the corporate bulletin, Bulletin Focus, BetsiNet;
- promotion and sharing of email signature and MS Teams backgrounds highlighting the survey and the QR code to access it;
- the incentive of three £50 High Street vouchers, provided by our NHS Charity Awyr Las for colleagues who confirmed they had completed the survey (no evidence required).

At the time of writing, the response rate was 16.3 per cent. This equates to 3,362 individual members of staff, which although as a sample size is significant, it is not as a proportion of our 20,000-strong workforce.

The completion rates across Wales have been disappointingly low again this year and we are working with colleagues across NHS Wales and HEIW to understand the reasons for this. Discussions to date point to:

- lack of awareness locally of the survey;
- apathy, given rise to by attitudes of “oh, another survey” or a belief that responses will not be acted upon;
- concerns about the confidentiality of the survey and remaining anonymous;
- significant work pressures preventing staff from having the time and space to complete the survey.

We attended the NHS Employers national conference in November and were particularly struck by approaches in Trusts in England who achieve response rates of almost 60 per cent. The central message from colleagues was that although communications plans and incentives are ‘nice-to-haves’, what made the difference in their organisations was a belief amongst employees that their voices would be heard and that they could effect change by completing the survey.

From this, we have taken learning which will inform our plans for the 2025 survey and the associated preparation. This includes:

- addressing concerns about confidentiality and anonymity more prominently;
- talking about the survey all year round to embed awareness and key messages through a range of means including updates and “you said, we did”;
- choosing to focus on addressing, very thoroughly, a couple of key themes from the 2024 survey, rather than attempting a “mile wide, inch deep” responses;
- engaging teams to take local ownership and undertake staff survey floor-walking exercises across Health Board sites to raise awareness of the survey and boost completions by offering support including paper copies of the questionnaire or an iPad to complete online; and
- secure budget for incentives and marketing materials in advance.

Foundations for the Future

In 2022 following the ‘Stronger Together’ engagement, changes were made to the structure of some parts of the organisation. At the time, this was referred to as our new ‘Operating Model’.

Following those changes, and in response to feedback about the impact of those changes, we are looking more broadly at improvements that need to be made which go beyond simply the structure of the Health Board. The ambition is that we can all work together to deliver our core purpose and strategic objectives with the right tools in place, underpinned by supporting pillars including: people; culture; structures; processes and strategy.

The feedback gathered to date from staff, partners, Internal Audit and Welsh Government Independent Advisers has been collated in a report, which was shared across the Health Board on 21st November.

To develop proposals for future improvements, we are appealing for more input from colleagues about how our ways of working could be better. We have already heard from them about what they think works well, what doesn't work so well and ideas about how things could be improved.

We will now build on this and work together to design sustainable solutions to challenges and issues that staff have told us prevent them from doing their jobs to the best of their ability.

Over the coming weeks, there will be opportunities to get involved in helping to shape the way forward. A series of online focus groups are being held and a survey will also be available on BetsiNet and shared amongst teams so everyone can share ideas and suggestions about how we could do things better.

To stand the best chance of success, we must develop plans together and regular updates will be provided by the Chief Executive.

Staff reward and recognition

The paper presented to the Organisational Development Steering Group on 4th November is at **Appendix 4**.

The main points to note are:

1. the Group's approval of the recommendation to relaunch the monthly Seren Betsi staff recognition scheme following the launch of the new organisational values and behaviours in the new year.

To help embed the behaviours we would like to see in all colleagues, we suggest that Seren Betsi awards are for individuals and teams who demonstrate the new organisational values. Using staff who personify these values will support promoting them and increase recognition of them across the organisation.

We propose having one pan-BCUHB Seren Betsi winner per month, with twelve a year. These twelve could be put to a staff or public vote to decide the Seren Betsi Star of the Year, to be recognised at the annual Staff Achievement Awards ceremony.

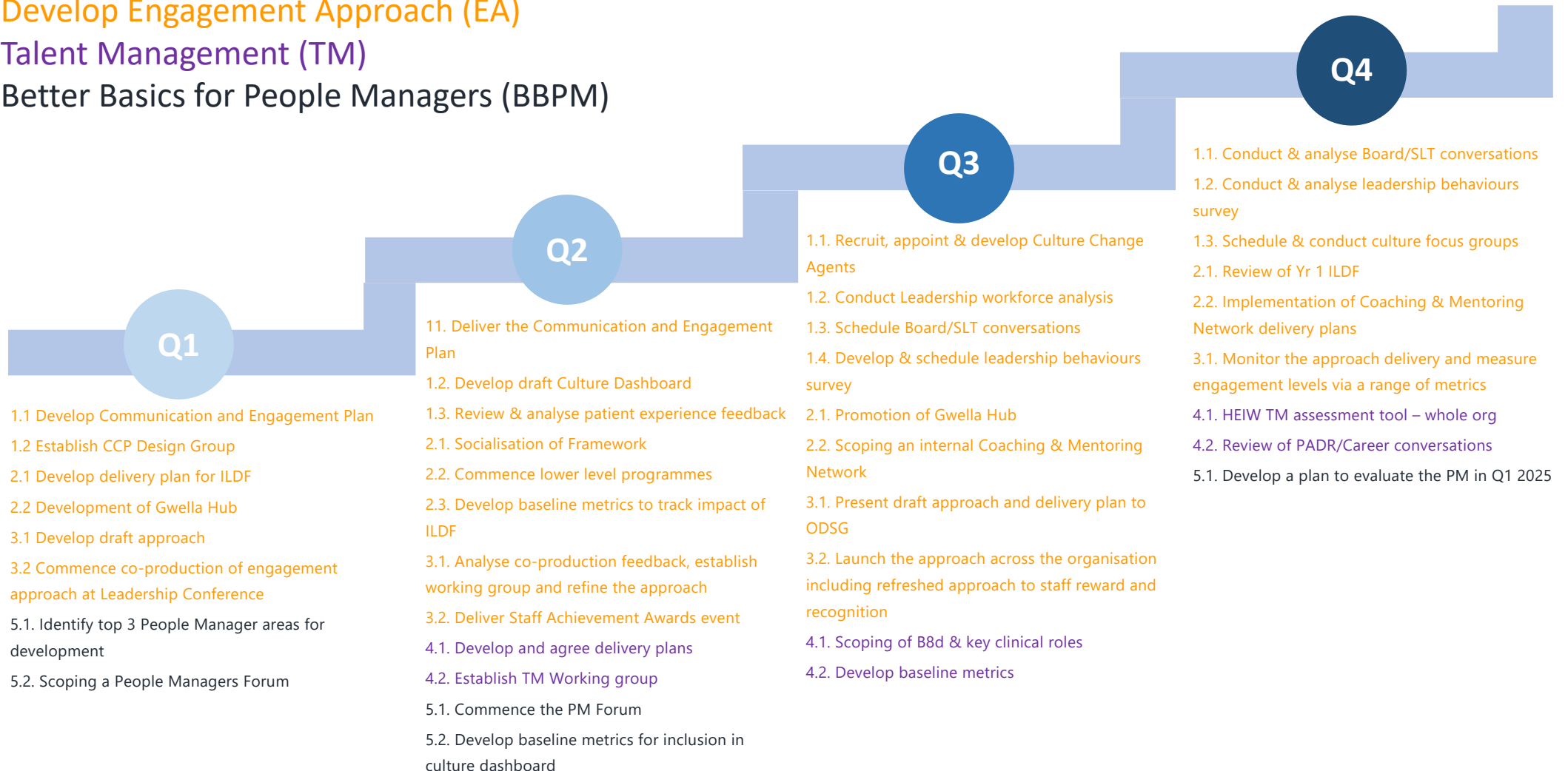
2. the deferral of the discussion about the future funding for the Long Service Awards due to meeting time constraints.

Culture, Leadership and Engagement Plan 2024-25

High level priorities

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

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



BCUHB Culture, Leadership and Engagement Plan 2024-25

Role, responsibilities, expectations

DRAFT VERSION 1

High Level Priorities

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

Health Board Level

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

IHC/PAN Level

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

Corporate Services

OD

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

HRBP

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

- Lead local TM processes

Workforce Systems/BI

- Data/dashboard creation/ESR recording

POD & Transformation Directorates

- Alignment of health board improvement plans

Communications

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

Measurement Data

Monthly

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

Quarterly

- Engagement data – pulse surveys

Annually

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



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CYMRU
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WALES

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

PROJECT TITLE: All Wales Retention Programme

PROJECT INITIATION DOCUMENT

Release: V1.0
Date: 23/04/2024

Author: Zoe Gibson, Retention Programme Lead.
Owner: All Wales Retention Programme Board.
Document Number: 0001

Project Initiation Document History

Document Location

This document is only valid on the day it was printed.

The source of the document will be found within succession and leadership Retention Share point file.

Revision History			
Date of this revision:			
Date of next revision:			
Revision Date	Previous Revision Date	Summary of Changes	Changes Marked
03/04/2024		Initial Draft, no previous version	NA

Approvals				
This document requires the following approvals.				
Signed approval forms are filed in the Management section of the project files				
Name	Signature	Title	Date of Issue	Version
Helen Thomas		Assistant Director of Leadership & Succession.		1.0 Draft
Julie Rogers		Deputy CEO/Executive Director of Workforce and OD.		1.0 Draft

Distribution			
This document has been distributed to:			
Name/Group	Title	Date of Issue	Version
Retention Leads			
Executive Leads (Health Boards and Trusts)			
Helen Thomas	Assistant Director of Leadership & Succession.		

Julie Rogers	Deputy CEO/Executive Director of Workforce and OD.		
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Purpose of Document

This Project Initiation Document (P.I.D) aims to define the National Retention Programme aims, objectives, and key deliverables to ensure effective and timely programme delivery in alignment with the requirements of the National Workforce Implementation Plan, HEIW IMTP 2024/27, National Nurse Retention Plan and multiprofessional workforce plans. This programme will be delivered through a dynamic and responsive approach required to ensure programme delivery reflects and responds to the continuously evolving workforce and retention landscape and challenges.

1. Project Definition

1.1 Background

Workforce shortages have been identified as the biggest global threat facing health services, which is a situation reflected within Wales. This already challenging situation has now reached a critical point, particularly following the emergence of the Covid 19 pandemic. To overcome the significant workforce shortages and challenges faced, it is recognised that a multifaceted approach concentrating upon key workforce issues impacting upon workforce stability is required, this includes a significant focus upon improvement of staff retention.

Improving staff retention is recognised as essential both in the short and longer term to maintain workforce stability. Acknowledging this, the National Retention Programme has been established by HEIW in partnership with health organisations across Wales. The programme aims to ensure the delivery of a whole system response to retention challenges in alignment with National Workforce Implementation Plan, the national nurse retention plan and HEIW IMTP 2024/27. To support the programme delivery, a National Retention Lead and 10 organisational local retention leads have been appointed, who will work together to enable a system wide and quality improvement community of practice approach to retention to be taken. The programme will be closely aligned with compassionate leadership and workforce principles, and will have a particular focus upon learning, joint problem solving, innovation and the development, spreading and scaling of retention interventions to have tangible impact upon staff retention across Wales.

1.2 Programme Aim, Objectives and Desired Outcomes.

1.2.1 Programme Aim

To develop and implement a system wide and quality improvement retention approach, which aligns with the compassionate leadership and workforce principles to achieve a tangible improvement in staff retention across Wales in alignment with National Workforce Implementation Plan, the national nurse retention plan and HEIW IMTP 2024/27.

1. Programme Objectives

1. To develop retention Key Performance Indicators and Metrics that will be utilised to inform the development of retention interventions and their impact.
2. To develop collaborative networks across the UK to learn from best practice and benchmark progress in Wales.
3. To deliver the National Nurse Retention Plan.
4. To develop a national retention hub hosted within the Gwella platform to host a range of evidence-based retention resources, interactive tools and case studies.
5. To establish, facilitate and nurture a retention community of practice to drive retention quality improvements, innovations and the share and scale of best practice.
6. To provide retention practice knowledge and expertise to support the development of local retention plans.
7. Successful delivery of all actions contained within the HEIW IMTP 2024/27
Successful Delivery of all actions contained within the National Nurse Retention Plan

1.3 Project scope and exclusions

The retention programme will initially run for a 2-year period between 01/04/2024 and 31/03/2026. The programme will focus upon the improved retention of all staff within health organisations across Wales in line with the requirements of the National Workforce Implementation Plan, National Nurse Retention Plan and HEIW IMTP.

1.4 Constraints and assumptions

The retention programme is initially funded for a 2-year fixed term period (2024- 2026). This document has been prepared for programme planning purposes. The approach developed is in alignment with the National Workforce Implementation Plan, Nurse Retention Plan, and HEIW IMTP (Strategic Aim 3.3.1).

1.5 Interfaces

The retention programme due to the complexities associated with improving staff retention will have numerous interfaces which require consideration and inclusion, to include:

1. National Workforce Implementation Plan
2. Professional bodies and trade unions.
3. Welsh Government
4. Health Education England
5. Health Boards and Trusts across Wales.

This is not an exhaustive list, and interfaces will continue to be identified, assessed, and addressed throughout programme delivery.

2 Project Approach

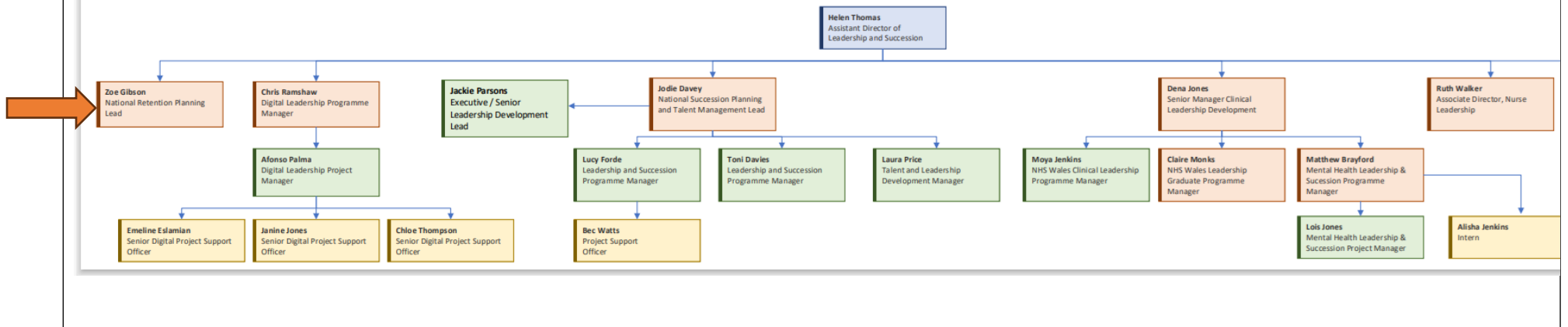
The programme will be planned and delivered utilising a phased approach and key milestones described within the HEIW IMTP 2024/27:

<p>Strategic Aim 3: Shaping Culture and Leadership in NHS Wales – embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing & quality</p> <p>Strategic Objective: Through insights and staff experience data, influence cultures that promote team working, retention and wellbeing to improve organisational outcomes</p> <p>WG Priority area(s):</p> <p>Deliverable: 3.3.1 Implement the All-Wales Retention Programme shaping and embedding best practice retention strategies and projects</p> <p>Baseline: Retention is a vital part of sustaining and growing our NHS workforce to meet the increasing and changing demands on services. In recent years our staff have been leaving the NHS at an increased rate for several reasons. As a system we need to focus attention and resources on the retention of our existing workforce as well as the development and expansion of the future pipeline. Retention has been recognised as a key theme and set of actions in the National Workforce Implementation Plan. We are aware that there is a range of effective interventions being undertaken within NHS Wales organisations to improve retention, aligned with compassionate leadership and compassionate workforce practices. However, there is no existing baseline or measurement of impact. This will support organisations and the system design and implement evidence-based interventions that achieve real tangible improvement in staff retention across NHS Wales through:</p> <ul style="list-style-type: none"> - Development of a national Retention Hub on Gwella that hosts a range of evidence-based resources, interactive tools and case studies. - Establish and facilitate the retention community of practice to drive quality improvement in retention. - Provision of expert knowledge to support the development of local retention plans that will maximise opportunities to retain staff. - Spreading and scaling retention interventions that have achieved tangible impact. - Developing collaborative networks with other parts of the UK to learn from best practice and benchmark progress in Wales. 				
Quarters	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Milestone 1	Establish a National Retention Hub on Gwella@HEIW	Develop national reporting templates and schedules for publication of data	Identify local retention priorities resulting from Self-Assessments	Share system learning on retention to embed best practice across NHS Wales
Actions to achieve milestone	<ul style="list-style-type: none"> • Source evidence-based and existing resources and tools from across NHS Wales and the UK. • Design and translate the Retention Hub and embed with interactive tools and resources. 	<ul style="list-style-type: none"> • Establish reporting schedule, frequency, and identify key stakeholders. • Design report templates and scope visualisation dashboards to meaningfully present data. 	<ul style="list-style-type: none"> • Review and analyse outputs to map priority retention areas and staff groups for NHS Wales. • Develop national resources and tools to support and strengthen local retention plans. 	<ul style="list-style-type: none"> • Develop evaluation criteria and schedule focused learning sessions to evidence impact. • Apply retention strategies to appropriate elements of the employee work cycle to enhance employees experience in the workplace.
Milestone 2	Establish an NHS Wales Retention Leads Community of Practice	Develop national data standards providing accurate and timely reporting	Spread and scale projects and interventions that have proven to enhance staff retention	Embed compassionate cultures and collective teamworking to underpin staff retention
Actions to achieve milestone	<ul style="list-style-type: none"> • Community of Practice Terms of Reference and operating model developed. • Quality Improvement and project management training and templates designed and 	<ul style="list-style-type: none"> • Identify and agree the staff retention and culture data sources and metrics. 	<ul style="list-style-type: none"> • Document and disseminate best practice and lessons learned. • Replicate projects in different organisations where priorities align. 	<ul style="list-style-type: none"> • Promote the use of the compassionate leadership pledge within to create effective team environments that positively impact retention.

	provided for consistency of reporting and evaluation of impact.	<ul style="list-style-type: none"> • Establish minimum data sets, targets, and KPIs to inform dashboard reporting. 		<ul style="list-style-type: none"> • Utilise the compassionate leadership principles alongside retentions strategies to improve staff engagement and retention.
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3 Project Management Team Structure and Role Descriptions

3.1 Project Organisational Structure



3.2 Role Descriptors

3.2.1 National Retention Lead

The core role descriptors include:

1. Provision of national retention support and guidance
2. Establishment and facilitation of national retention community of practice
3. Provision of expert knowledge to support the development of local retention plans to maximise retention opportunities.
4. Working with partners to identify local retention priorities that can be spread and scaled nationally.
5. Identification of collaborative working opportunities to support the delivery of the retention programme.
6. Provision of specialist advice and prepare strategic reports and briefings for Executive Team, Board, Welsh Government, and other stakeholders utilising key retention and workforce data and metrics.
7. Development of a national online Retention Hub to provide access to a wide range of evidence-based retention resources and tools.
8. Identification and review of retention interventions that have achieved tangible impact and results, deploying nationally as required.
9. Develop collaborative networks with other parts of the UK to learn from best practice and benchmark progress in Wales.

3.2.2 Organisational Retention Leads

The core function of organisational retention leads will include:

1. To lead initial baseline and subsequent annual retention assessments to inform the development of organisational retention plans.

2. Undertaken a core lead role in the development/ refresh of the organisations retention plans, to ensure alignment with current evidence base factors affecting staff retention to include employee experience; staff engagement; flexible working; staff health and wellbeing; compassionate leadership and compassionate culture development; Continuous Professional Development (CPD); career pathways, flexible working opportunities etc.
3. Active involvement and participation in the development of both local and national retention resources required to deliver the retention programme aims and objectives.
4. Work collectively as a core member of the national retention community of practice to optimise retention practices and outcomes upon a national basis.
5. Share retention learning, experience and best practice with national and organisational retention leads to facilitate the spread and scale of retention best practice on a national scale.
6. Collate, monitor, and report a wide range of qualitative and quantitative retention measures and outcomes to evaluate relevant improvement interventions.
7. Provide retention oversight reports to promote visibility and awareness of the retention agenda at Board level.

4 Quality Management Strategy

1. Quality Planning

1. Development of clear programme vision aims and objectives.
2. Development of a robust programme initiation plan which clearly identifies priority areas, defined timescales, roles, and responsibilities.
3. Utilisation of Quality Improvement methodologies to support innovation and improvement.

1. Quality Assurance

Systems and structures to support quality assurance include:

1. Quarterly programme update reports.
2. Monthly IMTP reports
3. Utilisation of evidence-based quality improvement approaches and intervention
4. Ongoing monitoring of key retention measures and outcomes

1. Quality Controls

Quality control processes and structures include:

1. Continuous collection and reporting of agreed retention metrics to include self assessment findings, Staff survey responses and Retention KPIs.
2. Ongoing programme evaluation
3. Continuous programme monitoring and reporting in line with project delivery plan.

1. Quality Improvement

Quality Improvement methodologies will be embedded within the retention programme and utilised to support the introduction and evaluation of all retention interventions. QI lead expertise and training provision will be available within the retention community of practice for all retention leads to access as required in line with their personal development plans and training needs analysis.

4.5 Quality Impact Assessment

The retention programme is pivotal in ensuring quality service development and provision due to its impact upon workforce availability, sustainability, health, and wellbeing, all of which are evidenced to positively impact upon the quality of care provided. With the programme aligning with all domains of quality:

1. **Safe**- an engaged workforce results improved patient satisfaction and care quality.
2. **Timely**- A focused programme that will be delivered within required timescales.
3. **Efficient** - collective all Wales spread and scale approach.
1. **Effective** – Utilisation of best practice evidence to support interventions.
2. **Equitable** – Inclusive teams, enhanced flexibility.
3. **Person centred**-Staff experience, health and wellbeing are identified programme priorities.

5.0 Outcomes and Evaluation

1. Success Criteria and Measures

1. Successful delivery of all actions contained within the HEIW IMTP 2024/27
2. Successful Delivery of all actions contained within the National Nurse Retention Plan
3. Demonstratable improvements within agreed retention metrics (currently under development).

5.2 Specific Objectives and success criteria:

Priority	Related Success Criteria
1. Establish a National Retention Hub on Gwella @HEIW	2. Retention Hub is developed, translated, and launched. 3. Evidence-based and existing resources and tools from across NHS Wales and the UK are available upon the hub. 4. Increasing number of page 'hits'.
5. Establish an NHS Wales Retention Leads Community of Practice	6. Community of Practice Terms of Reference and operating model are developed and implemented. 7. Community of practice meeting cycle is in place and meetings are well attended. 8. Required Quality Improvement training delivered. 9. QI resources and templates designed and available to assist consistency of reporting and evaluation. 10. Increasing numbers of improvement projects undertaken. 11. Improvements in key retention metrics (currently in development).
12. Development of core retention metrics and associated reporting structures.	1. Metrics and dashboard developed, agreed, and published.
2. Identify local retention priorities resulting from Self-Assessments	3. Each organisation has robust baseline data obtained through undertaking self-assessments. 4. Each organisation across Wales has developed a robust retention plan that clearly identifies local retention priority areas/ hot spots.
5. Spread and scale projects and interventions that have proven to enhance staff retention	6. Quality improvement intervention evaluations (e.g. PDSA)

		7. Availability of case studies that clearly describe improvement. 8. Evidenced key metric improvement.
9.	Share system learning on retention to embed best practice across NHS Wales	10. Availability of case studies that clearly describe improvement. 11. Publish of successful approaches within retention hub. 12. Evidenced key metric improvement.
13.	Embed compassionate cultures and collective teamworking to underpin staff retention.	14. Retention leads have supported the compassionate leadership pledge. 15. Compassionate leadership principles are interwoven within retention approaches and resources. 16. Compassionate leadership actions in nurse retention plan are achieved. 17. Retention hub identifies and supports compassionate leadership and cultures. 18. Gwella directly linked to retention hub.

5.2 Post Implementation Review Plan

The programme delivery will be reported, reviewed, and evaluated throughout the programme life cycle via multiple routes that include:

1. National Retention Metric Dashboard.
2. Monthly and Quarterly reports through HEIW IMTP structures and processes.
3. Executive Management and Board reporting.
4. 6 monthly evaluation reports in line with All Wales Nurse Retention Plan.
5. Retention Hub.

6 Risk Management Strategy

6.1 Risk Management Procedure

The programme risk management processes will align with HEIW organisational risk management structures, policies, and procedures.

6.2 Tools and Techniques

Retention Programme RAID logs and existing organisational risk management and register structures will be utilised to manage and monitor risks for the life span of the programme.

6.3 Timing of Risk management activities

Risks will be reviewed and reassessed upon a monthly basis, with exception reports being provided through relevant management structures and IMTP reporting.

6.4 Roles and Responsibilities

Any risks or issues identified in the Retention Programme will be assessed and managed in the first instance by the National Retention Lead with escalation through to Assistant Director of Leadership and Succession as required.

6. Communication Management Strategy

Communication and Engagement Plan has been developed in collaboration with HEIW communication and engagement lead.

7.1 Tools and techniques

7.1.1 Retention Webpage

Located within main HEIW website there will be a dedicated retention page. To maximise page visits links to the page will be included in multiple locations including professional specific pages, leadership and WOD.

7.1.2 Retention Hub

The retention hub will be located within the Gwella Portal and will be accessible to both the public and colleagues across NHS Wales. The retention hub will provide a range of tools, resources, case studies, information and updates relating to the retention programme, and will be continuously updated throughout the programme life cycle.

7.1.3 IMTP Quarterly Reporting

In line with HEIW IMTP reporting structures, quarterly programme update reports will be provided and will serve as a conduit with Executive colleagues within HEIW for wider sharing and communication with Welsh Government and Executive colleagues across NHS Wales.

7.1.4 Monthly Hi-light Reports

Monthly hi-light reports will be developed and shared with Assistant Director of Leadership and Succession that will be shared with HEIW leadership structures to both provide programme updates to ensure the leadership possess the relevant detail to share with Executive and Senior Leadership colleagues across NHS Wales.

7.1.5 Community of Practice.

The community of practice will support continuous interactions between all retention leads and key stakeholders. Initially a face-to-face community of practice event will be held on a 6-weekly basis. The frequency will be reviewed throughout the programme to ensure suitability. To ensure a focused approach a community of practice terms of reference and operating system has been developed (appendix 1). In addition to face-to-face meetings on a six-weekly basis, the community of practice will be supported by digital communication methods including a dedicated teams channel.

7.1.6 Retention Lead Progression Meetings

Initially the national retention lead will meet with all organisational retention leads across Wales on a two weekly/monthly basis (timescales determined by the needs of the organisational retention leads) to ensure relevant local and national updates, successes and challenges are shared and the programme is progressed in line with relevant timescales. Once the programme is established and a suitable rhythm is established the frequency of these meetings will be reduced to monthly. The structure and content of these meetings will be jointly agreed by national and organisational retention leads.

7.2 Stakeholder analysis

A formal stakeholder analysis has been undertaken at both a National and local level to optimise programme communication and engagement. The detail of this analysis is contained within the Retention Programme Communication and Engagement plan.

8.0 Project Plan

The Full project plan will be a live document that is continuously updated and amended throughout the programme timespan. The document can be accessed via the following link:

[Retention Project Plan.xlsx](#)

9 Change Control Processes

The Programme will use the HEIW Project Management Framework procedures for raising change control. Changes will be subject to agreement from the Assistant Director Leadership and Succession and escalation to the Senior Executive Team as required if changes are likely to impact project tolerances. If escalation is required, the National Retention Lead will produce an exception report to be considered by the Assistant Director Clinical Leadership and Succession and, if appropriate, to be submitted to the Senior Executive Team for approval.



Stay, Thrive, Belong.

National Staff Retention
Community of Practice.

Terms of Reference



1. Role/ Purpose

Staff retention is an integral part of the workforce strategy for NHS Wales. With our current workforce position, retaining our staff is key. Our vision is to develop and implement a sustainable and system wide quality improvement retention approach, which aligns with compassionate leadership and workforce principles to achieve tangible improvement in staff retention across Wales. The National Retention community of practice was established in May 2024, following the establishment of the National Retention Programme. The purpose of the Community of Practice (COP), is to enable and support connection and collective working approaches between Retention Leads and key stakeholders across NHS Wales to knowledge share, connect, collaborate, innovate, improve, and learn together as a community. The aim of the community of practice is to develop a best practice approach to staff retention across NHS Wales. The Community of Practice will develop a best practice approach by discussing current thinking around staff retention, co-create national resources and continually learn from each other's knowledge and experience.

2. Responsibilities of the Community.

The core function of the Community of Practice is to develop, support and embed a best practice approach to staff retention, across NHS Wales. This will require community members COP to:

- Collaborate and work collectively as retention leads and peers, working towards the same end goal.
- Identify opportunities for collaborative quality improvement interventions and innovations to address national retention challenges.
- Develop, promote, and utilise national staff retention approaches and supportive resources hosted by HEIW to improve local staff retention.
- Provide insight, feedback, and evaluation of local and national retention resources.
- Share knowledge, experience and learning from local retention improvement interventions.
- Highlight and share examples of best practice and evidence-based resources, to identify opportunities for spread and scale.
- Share local information and intelligence to ensure systems and processes, implemented by HEIW, serve local and national needs, and meet current and future retention priorities.
- Assess the quality and impact of local and national retention interventions.



- Continuously improve the approach to staff retention nationally.

3. Strategic Deliverables.

- Create and host a collaborative face to face COP on a six weekly basis to innovate, problem solve and share retention best practice.
- Establish an environment that adopts and supports retention good practice.
- Develop and evaluate a range of guides, tools, and resources for use upon a national and local basis to improve staff retention.
- Assess quality, benefit and impact of retention programme and associated interventions.

4. Community Membership.

The core membership of the CoP will include:

Community of Practice Members

Name	Role	Organisation
Abi Landeg	Retention Lead	CTMUHB
Angela Voyle-Smith	Retention Lead	CVUHB
Azelle Gerry	Retention Lead	PHW
Chris Renshaw	Digital Leadership Programme Manager	HEIW
Clem Price	Assistant Director of Strategic Workforce Planning	HEIW
Debbie Murray	Retention Lead	ABUHB
Dena Jones	Senior Manager Clinical Leadership Development	HEIW
Denise Fitzsimmons	Retention Lead	HDUHB



Helen Thomas	Assistant Director of Leadership and Succession.	HEIW
Julia Williams	Retention Lead	PTHB
James Johnson	Retention Lead	BCUHB
James Green	Senior People Planning and Analytics Manager	NWSSP
Jodie Davey	National Succession Planning and Talent Management Lead	HEIW
Paola Spiteri	Retention Lead	WAST
Naomi Horne	Retention Lead	VUNHST
Natalie Mills	Retention Lead	SBUHB
Nicola Lewis	Nursing Workforce and Design Development Manager	HEIW
Zoe Gibson	National Retention Lead	HEIW
Louise Leach	Strategic Programme Manager, AHP Workforce Transformation	HEIW
Rebecca Boore	Design and Development Manager Strategic Perinatal Workforce Plan	HEIW
Claire Hammond	Workforce Programme Manager - Planned Care, Cancer & Diagnostics • Medical	HEIW
TBC	QI/PM support	HEIW
Rhiannon Titcomb	Information Analyst	HEIW

Julie Nallon

Programme Manager -
Compassionate People
Practices.

HEIW

It is acknowledged that the CoP membership requires fluidity and will be adjusted accordingly in line with programme delivery requirements.

5. Frequency of Meetings

The Community of Practice will meet on a six-weekly basis. Due to the level of required collaboration the meetings will be held in person. Where necessary the Community of Practice may also function between meetings, through correspondence or Microsoft Teams. Decision(s) taken will be formally ratified and minutes will be taken. Any assigned actions will also be noted. An agenda and any supporting material for the meeting will be issued to group 10 days prior to the meeting to enable members to consider agenda items prior to the meeting.

6. Review and Evaluation.

The terms of reference are subject to annual review, 12 months following sign off by the retention community of practice or more frequently should this be required by national guidance or legislation.

Ratified by: Retention Community of Practice
Date of Ratification:



GIG
CYMRU
NHS
WALES

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

Siapio Diwylliant ac Arweinyddiaeth yn GIG Cymru
Shaping Culture and Leadership in NHS Wales
Retention Community of Practice Terms of Reference Version 1 May 2024

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Organisational Development Steering Group

Meeting 4th November 2024

Staff reward and recognition

1. INTRODUCTION AND CONTEXT

1.1 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.

1.2 This paper follows an initial discussion at the Organisational Development Steering Group earlier this year and summarises what the organisation currently does at a corporate level to recognise and reward staff. It does not capture the approaches of individual leaders or teams in this regard but provides members of the Steering Group with a picture of the organisation's current efforts.

Colleagues are asked to note this paper and the range of mechanisms already in place to support peer recognition. They are also asked to consider the suggestion for additional activity at 11. – the reintroduction of Seren Betsi to coincide with the launch of the new organisational values and behaviours.

2. PAN-BCUHB STAFF ACHIEVEMENT AWARDS

2.1 Since 2016, a pan-organisation Staff Achievement awards ceremony has been held in the central location of Venue Cymru in Llandudno.

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 three finalists in each award category and their nominators attend the event for free.

2.2 The 2024 event took place on Friday 27th September. In numbers:

- 430 awards nominations across 10 awards categories (the highest number ever);
- 430 guests;
- £22, 750 in sponsorship from 11 partners and companies;
- almost £5, 000 in ticket sales plus charitable funds monies secured to cover the cost of the event (approx £32, 000).

2.3 Tickets were sold at a subsidised fee of £25 per ticket so that the event is not prohibitively expensive for staff on lower salaries. Colleagues of the shortlisted finalists have predominantly bought tickets to support them, but other teams also pay to attend because it is an enjoyable event.

2.4 We are now reviewing the nomination and judging process in readiness for the 2025 awards, which will be held on Friday 26th September.

It is vital that the judging process is seen to be rigorous and fair, ensuring that all nominations are thoroughly reviewed and considered.

An essential element is encouraging staff to nominate colleagues they feel proud of to help foster a sense of pride and recognition amongst teams.

Regardless of whether or not they are shortlisted, everyone who receives a nomination is sent a letter from the Chief Executive thanking them for their hard work along with a copy of their nomination.

2.5 A survey of guests is undertaken after the event so that further refinements and improvements can be made. This year's survey results were overwhelmingly positive and can be shared with members of the group on request. Some headlines:

“So much to like about the event, the ease in booking, the glamour of the night, hearing about all of the wonderful projects our staff are implementing to improve the service we offer to our communities, how proud the sponsors were to support the awards and then an evening of celebrations.”

“Great to hear about all the great work health board staff do and made me feel proud to work for the health board.”

“I think this is something firmly embedded in the calendar now and something which we should cherish as the high point of our staff celebrations. Sponsors, staff and guests I spoke to were really impressed this was something we are able to organise in-house at a negligible or zero cost to the organisation. The value in staff morale and credibility is immeasurable.”

“Warm welcome, very energising atmosphere, very prompt and professional hosting, the videos of the nominees were very good and the Chief Exec taking time to visit all the tables was a lovely gesture!”

“I liked how special and valued the event made the staff feel. It was well organised and gave me a sense of pride to be nominated and have my work recognised. I feel many people would have had a wonderful time and enjoyed celebrating all the staff's achievements.”

“It was a genuine celebration of all the good work which happens in the Health Board. It was great for networking and just generally lovely to see hard working staff letting their hair down and being appreciated with all the bells and whistles.”

3. GREAT-ix

3.1 It is important that we spend time learning from errors and near misses, but we also want to support staff to develop their resilience.

GREAT-ix is a concept stemming from the [Learning from Excellence](#) movement. It provides healthcare staff with the opportunity 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 had a significant impact on staff morale, with many feeling more valued and recognised for their contributions. It has also been instrumental in promoting a culture of learning and sharing best practices within the organisation.

3.2 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 is welcome to submit a GREAT-ix to capture positive events in the Health Board 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.

3.3 Since the June 2023 launch, over 1, 200 staff members have made GREAT-ix nominations, and over 2, 210 staff and teams have been recognised.

4. LONG SERVICE AWARDS

4.1 The Long Service Awards (LSA) 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.

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

This year's events were held in late May and early June, and 100 colleagues (of 188 who received their award) attended. Feedback from attendees includes:

“Was lovely to celebrate everyone’s achievements.”

“It was lovely for us all to be recognised. Thank you for acknowledging staff.”

“It was lovely to have the Chief Executive and Chief of Staff there presenting.”

4.3 Over the past few months, views on the current arrangements for Long Service Awards have been sought from different staff groups, including recipients of the awards. Key feedback is:

- it is important that long-serving NHS staff are recognised and rewarded so that they feel valued and appreciated;
- many colleagues are not aware of their entitlement for the award;
- staff members should not have to apply by filling in forms and a mechanism for automatically selecting those eligible should be in place;
- other organisations offer more generous rewards in terms of the monetary value of vouchers and mark other milestones such as 30, 35 or even 40 years service.

4.4 In response to this, we are exploring how we might capture accurate information to help us track staff member eligibility for the award, so that we notify them rather than the onus being on the staff member to claim their award.

Initial exploratory work with the Workforce Information Systems Team has indicated that existing information systems can identify staff who may be eligible for a long service award but that the data requires some refinement. There is a risk, for example, that some staff may be omitted due to NHS service elsewhere not being fully recorded on the Electronic Staff Record (ESR) or that some staff may be identified as eligible for an award when they are not under the current LSA guidelines. An example is colleagues whose NHS service includes periods of time as bank members of staff.

Other NHS Wales organisations are grappling with this, as there are challenges in being able to accurately monitor length of service on ESR, particularly if employees have worked at other NHS organisations. One option might be to ask all staff to complete their length of service on ESR, as they would their Welsh language proficiency, for example, but we know that not all staff do this.

4.5 The cost of the annual Long Service Awards as they are currently arranged is around £25, 000 exclusive of VAT and dependent on the number of staff applying for the award and attending the ceremonies. There is no budget for these awards and this presents a problem. In 2024, it was funded from the OD pay budget, but this is not a sustainable position.

4.6 The approach to rewarding long service varies across Wales but may form part of the NHS Wales package of benefits, which is currently being developed. We are waiting to hear more on this.

Until this is resolved, a review exploring whether the organisation could also mark additional milestones, such as 30 or 40 years of service, has been paused.

4.7 It is our recommendation that the Long Service Awards should be supported and should make staff members feel special and important.

Therefore the events should be not be held at colleagues' usual place of work or in Health Board meeting rooms. Any refreshments and food offered to guests should be of a high quality. This costs money, therefore a decision must be taken around whether or not the organisation is willing to fund the continuation of Long Service Awards as part of our staff reward and recognition package.

5. KINDNESS AND EMPATHY AWARDS (LEARNING DISABILITY SERVICES)

5.1 The Kindness and Empathy Awards recognise members of the Learning Disability Services staff for outstanding acts of kindness and empathy. The awards were established in 2022 by former Learning Disabilities Clinical Operations Manager Jon Crabb to recognise staff who go over and above what is expected of them to bring warmth and joy to their patients and colleagues.

5.2 To date, more than 60 staff members have been nominated for awards in the following categories: community, Learning Disabilities Inpatients, and Community Residential Service.

Each winner receives £50 and a special hand-carved wooden trophy engraved with their name.

6. EDoN AWARDS (EXECUTIVE DIRECTOR OF NURSING AWARDS) AND ANNUAL BCUHB NURSING AND MIDWIFERY AWARDS

6.1 Launched in March 2023, these awards for nursing and midwifery staff have received well over 100 nominations from colleagues across North Wales who demonstrate our values.

6.2 Each month, the Executive Director of Nursing Angela Wood reviews the nominations, choosing a selection of staff who have demonstrated that they are **PROUD** of their role (**P**atients first and foremost; **R**esourceful and innovative; **O**rganised and compassionate; **U**nderstanding and empathic; **D**ignified and respectful). These colleagues are invited to meet with Angela and celebrate their contribution to the health and well-being of our patients and to the Health Board over coffee and cake. You can read more on BetsiNet [here](#).

6.3 In addition, there is an annual BCUHB Nursing and Midwifery Awards, which is a celebration of colleagues that coincides with the International Day of the Midwife and International Nurses Day. It allows us to recognise, celebrate, and thank our nursing and midwifery colleagues for their support and dedication to delivering the best care to our patients across North Wales.

7. WELSH LEARNER OF THE MONTH AND WELSH LEARNER OF THE YEAR

7.1 Our Welsh Learner of the Month and Welsh Learner of the Year awards are an opportunity for us to celebrate and appreciate the dedication and efforts of our staff who are learning and using Welsh. It is hoped that the learners will inspire and motivate non-Welsh speaking colleagues to start their own journey of learning Welsh.

7.2 Nominations can be made via a form on BetsiNet, where the monthly winners are showcased. Winners receive a certificate.

8. TOOLS TO SUPPORT MANAGERS TO SHOW RECOGNITION OF EFFORT AND GOOD WORK

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

8.2 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.'

9. STAFF REWARDS AND BENEFITS

9.1 There are a number of benefits and perks NHS staff across the country receive in recognition of their work, which may be considered perks that help colleagues feel valued, such as Blue Light Card discounts, car leasing, and cycle-to-work schemes.

9.2 There are also a number of locally arranged BCUHB benefits for staff, including credit union loans and the opportunity to access pay early via Wagestream and corporate rates for council-run leisure facilities.

10. STAFF GIVING

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

10.2 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.

10.3 The Staff Wellbeing Grants Scheme with £240,000 funding from NHS Charities Together has just been launched. From 2025, the Health Board's Charity Support Team will establish a small 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. We will explore ideas for making this a catalyst for engaging teams across the organisation to get together to give back.

10.4 One idea is a 'Betsi's Got Talent' type of contest to raise money for our North Wales NHS Charity and a meeting to discuss ideas is scheduled for next month.

11. RECOMMENDATION FOR FURTHER ACTIVITY

11.1 Seren Betsi (Betsi Star) was a successful mechanism for recognising individual members of staff and teams pre-Covid. Colleagues were encouraged to nominate co-workers who went the extra mile and each month, a winner was selected from the nominations by a panel of volunteers representing different staff groups.

11.2 The unsuspecting winner would then be surprised in their place of work by the Chief Executive or member of the Executive leadership team and presented with a certificate and slate trophy. The details of their nomination and what they mean to their colleagues would also be read out. This recognition spread beyond the winner's immediate team by being promoted internally and externally via press release.

11.3 This would often be followed by tea and cake for the winner and a 'walkabout' with the Executive representative, allowing them visibility amongst teams and an opportunity to learn about their work.

11.4 Following Covid-19, Seren Betsi was not reinstated.

Our recommendation is that we relaunch this recognition scheme to coincide with the launch of the new organisational values and behaviours in December, with the first winner/s being announced in the new year.

To help embed the behaviours we would like to see in all colleagues, we suggest that Seren Betsi awards are for individuals and teams who demonstrate the new organisational values. Using staff who personify these values will support promoting them and increase recognition of them across the organisation.

11.5 We propose having one pan-BCUHB Seren Betsi winner per month, with twelve a year. These twelve could be put to a staff or public vote to decide the Seren Betsi Star of the Year, to be recognised at the annual Staff Achievement Awards ceremony.

11.5 If the group are content with this proposal, we can begin the preparatory work.

Katie Sargent
Associate Director – Employee Engagement



Teitl adroddiad: <i>Report title:</i>	Values & Behaviours Engagement Plan			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 19 December 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This paper gives an update on early ideas to socialise and embed the Values & Behaviours Framework along with some proposed next steps.			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to note the information provided within the report			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Deputy Director of People Services			
Awdur yr Adroddiad: <i>Report Author:</i>	Nia Wyn Harris, Senior Organisational Development Manger - Culture			
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>	Links to delivery of all organisational priorities			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	No direct implications arising from this report			

<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>	N/A
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	Utilisation of current, budgeted resources has been prioritised.
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	The intended outcome is a positive impact on workforce. There are no significant workforce planning matters
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	Feedback included in body of report
<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:</p> <p>Next Steps:</p> <p>The Board is asked to note the progress of the work to date</p>	
<p>Rhestr o Atodiadau:</p> <p>N/A</p>	

Values & Behaviours Engagement Plan

Introduction

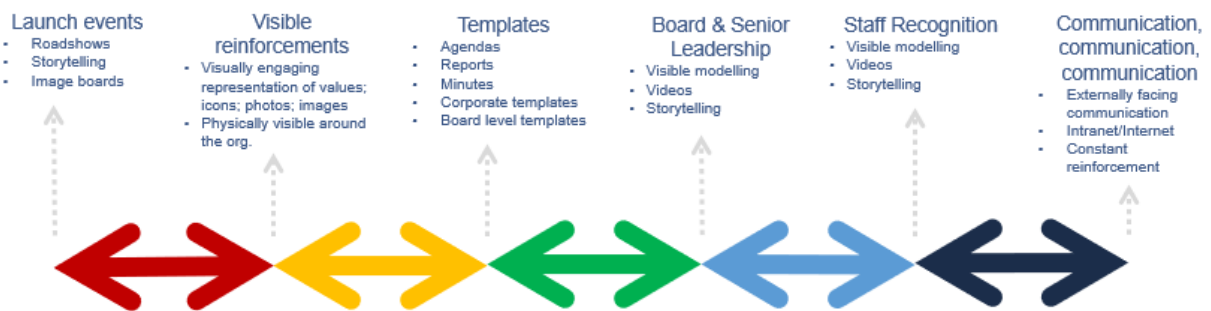
The final draft of the Values and Behaviours Framework was presented to Board on the 28th November following extensive engagement with staff and external stakeholders over the last 5 months.

To support our Values and Behaviours Framework we have, as an organisation, committed to the NHS Wales Compassionate Leadership Pledge which was approved at the September 2024 Board meeting. To support this work, we have also developed a compassionate leadership video in conjunction with Health Education Improvement Wales.

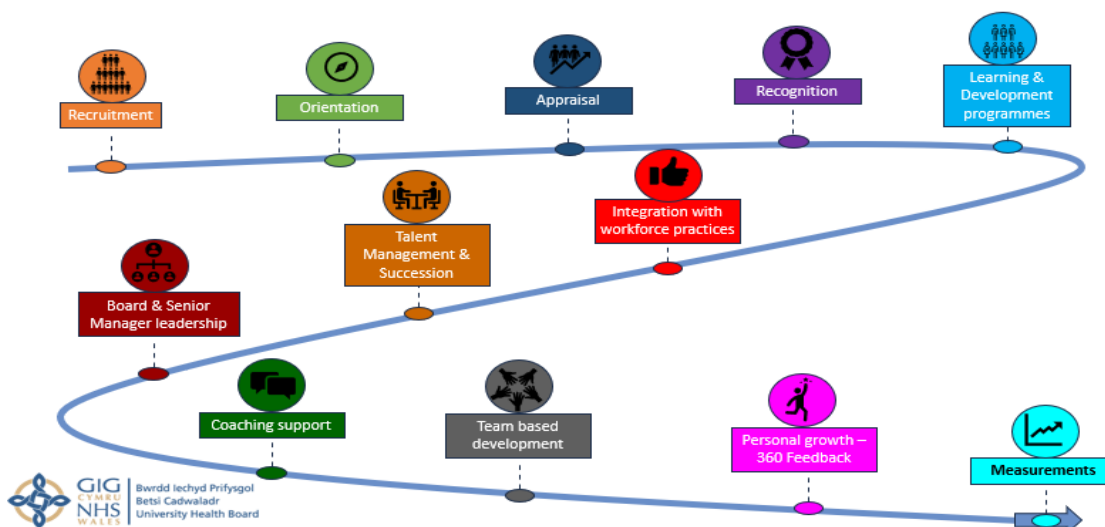
Socialising and Embedding

The next stages of socialising and embedding the Framework across the organisation will be crucial to ensure it sticks.

Below are some initial ideas to start socialising with our staff:



Some initial ideas for embedding are shown below to ensure the Values and Behaviours Framework are weaved through the organisations' policies, procedures and practices:-



For these next stages, we will once again involve as many staff as possible in the roll out, communication and ongoing activities to truly embed the Values and Behaviours Framework. The work to co-design has commenced with the Culture & Leadership Programme design group members, as well as in other forums such as the newly launched People Managers Forum and team away days such as the East IHC Management Engagement event, Health, Safety & Security team away day, Digital, Data & Technology team away day.

To capture the ideas and feedback of design group members as well as the forums mentioned above, a Padlet has been set up (Padlet is a secure, online and anonymous feedback tool).

Some ideas and comments from our staff to date to socialise and embed the Values & Behaviours Framework include:

- Opportunity to underpin the new structure as part of Foundation for the Future with the Values & Behaviours Framework
- Embedding within bureaucratic processes such as ECR
- Coincide with clinical governance and quality and safety meetings
- Mandatory module linked to the Leadership Hub / ESR
- Branding / quotes / visuals / pop-ups / posters / leaflets / payslips
- Process of reflective practice following 'incidents' where values have not been modelled
- Management competencies linked to the Values & Behaviours Framework
- Standing item on agendas
- Standardised tool to identify personal values with comparison and suggestions for development
- Regular conversations
- Being mindful of the environments and how this impacts on peoples behaviours
- Introducing team charters and sharing with new starters
- Thinking of how we support people who experience unhelpful behaviours
- Ensuring balance in job descriptions between demonstrating values and behaviours and formal qualifications etc

Next steps

These suggestions from staff will inform the socialisation and embedding plan which we will commence in Q4. Other engagement opportunities will also include:-

- Attending the Stakeholder Reference group meeting on the 02/12/24 to gather feedback from external stakeholders
- Liaising with colleagues across professions to gather their ideas e.g grand rounds meetings, JLNC, Head of Nursing and Matrons
- Ensure the Values & Behaviours Framework is aligned to other frameworks such as Ward Accreditation.
- During this period we will also be facilitating numerous induction programmes for Culture Change Leaders who will also provide key input into this work

A key part of embedding the Values & Behaviours Framework will be to develop a toolkit during Q4, the toolkit will include signposting to workshops available to develop competence and confidence; signposting to additional support /policies and resources; local case studies and more. The Values and Behaviours Framework will be launched as a package alongside the Compassionate Leadership Pledge and video.

Over the coming months we will work with colleagues across People services and beyond e.g. policy team, recruitment team to ensure clarity of responsibilities to deliver specific actions ensuring the successful embedding of the framework.

Teitl adroddiad: <i>Report title:</i>	Codi Llais Heb Ofn/Speaking Up Safely Update Report			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 19 December 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This paper provides an update on recent activity in Codi Llais Heb Ofn/Speaking Up Safely			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to note the update as provided			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Jason Brannan, Deputy Director of People Services			
Awdur yr Adroddiad: <i>Report Author:</i>	Tracey Eccles, Freedom to Speak Up Lead Guardian Gareth Evans, Senior Organisational Development Manager			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></small>	Derbyniol <i>Acceptable</i> <input 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>
<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>	Linked to objectives in the People and Organisational Development Strategy (2022)			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Speaking Up Safely (2023) Professional codes of conduct PIDA (1998) Health and Safety Executive Equality Act (2010) & Welsh Govt Equality Measures (2010/2011) and e.g. Anti-Racist Wales Plan (2022), Strategic Equality Plan (2020-2024)			



<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>	Yes
<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 ben undertaken?</i></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><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>	Current risks exist around maintaining level of service delivery due to team capacity; alongside need to ensure ongoing awareness raising so staff know about SUS and how to use it
<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>	Existing budget for SUS covers financial costs
<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>	Ongoing provision of service
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	N/A
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	/
<p>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>	Not applicable
<p>Camau Nesaf: Gweithredu argymhellion</p> <p><i>Next Steps: Work with colleagues to increase organisational awareness of approach and visibility of Freedom to Speak Up Guardians in the organisation via roadshows, Recruitment of SUS Champions, Recirculation of literature and information; continue to work with colleagues in updating current name and branding in line with national approach – Speaking Up Safely (SUS)</i></p>	



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developed in partnership with Welsh Partnership Forum, NHS Organisations, NHS Employers and Welsh Government; Continue to implement the approach within the Health Board and seek to strengthen the offer through reviewing current provision, making improvements as necessary, and exploring options around capacity resourcing

Implementation of recommendations

Rhestr o Atodiadau:

Dim

List of Appendices:

None

Codi Llais Yn Ddiogel/Speak Out Safely (SUS) Update Report

1. Cyflwyniad / Cefndir

Introduction/Background

This report has been submitted to People and Culture Committee to provide an update on the arrangements BCUHB has in place in relation to staff raising concerns through routes other than the standard mechanisms and pathways the Health Board offers to staff, and where necessary, being able to engage in 'whistleblowing' activities. The report also provides an update on usage activity within Codi Llais Heb Ofn/Speaking Up Safely (CLHO/SUS) which is the overall approach BCUHB offers for staff over the last six months. People and Culture Committee are asked to note the information provided.

2. Corff yr adroddiad / *Body of report*

2.1. Speaking Up Arrangements in BCUHB

BCUHB provides a number of routes staff members can use to raise concerns in the workplace. Standard routes include raising a concern with a line manager or senior manager within the person's service area, speaking with a Trade Union representative when the staff member belongs to a Trade Union, or speaking directly with People and Workforce colleagues. Additionally, BCUHB has put in place a secondary route for staff to use for those occasions where those routes detailed above are not felt to be ones the staff member can access. On such occasions, CLHO/SUS offers an alternative route for raising concerns.

Principally a staff member can raise concerns:

- a. to a member of the CLHO/SUS team via Work in Confidence, an independent, secure web-based platform that offers staff the ability to engage in two-way, anonymous conversation around concerns they have.
- b. To one of our Freedom to Speak Up Guardians via a dedicated Guardian inbox, via dedicated phone numbers, or via the Work in Confidence platform.

Once a concern has been raised with a member of the CLHO/SUS team they will make contact with the staff member and engage in an initial process of conversation seeking to understand enough about the concern and what the staff member is looking to do next, so as to be able to act as a conduit in connecting that staff member's concern with the appropriate person or service within the organisation, with the aim of facilitating a process of resolution, where possible. Where possible, the CLHO/SUS team seek to connect the staff member with existing sources of support, e.g., their Trade Union representative, or a member of the Workforce team so that the staff member can be properly assisting in having their concern heard, and where possible, addressed and moved forward with. Once this process is completed, the concern is closed.

BCUHB co-launched its approach (originally called Codi Llais yn Ddiogel/Speak Out Safely) in July 2021 alongside Trade Union Partners via a joint statement of support for the process. At the time we based our approach on work already being done on implementing Freedom to Speak Up in NHS England and through liaison with the National Guardians Office and through contact with Guardians in NHS Trusts across England. When CLYN/SOS was originally launched in 2021, BCUHB was one of the first Health Boards in Wales to offer a comprehensive speaking up approach which included Guardians, an MDT and the use of the Work in Confidence platform.

BCUHB's approach was drawn on in the national work undertaken on an All-Wales basis between Welsh Partnership Forum, NHS Employers, Welsh Government and all Health Boards in the development of the NHS Wales Speaking Up Safely framework which was launched in October 2024. To ensure BCUHB's approach is consistent with the national framework we have conducted a review of our offer against the criteria set out in the Speaking Up Safely framework and created an action plan to ensure that any updates of our offer are planned and initiated, e.g., looking to appoint a Board Champion for CLHO/SUS.

In terms of governance and assurance around our approach, alongside reporting now to People and Culture Committee, we have engaged in a process of providing regular reports to Local Partnership Forum, and additionally, our processes are reviewed as part of the Audit Committee's ongoing activity.

2.2. Activity Update

The remainder of this report covers activity within CLHO/SUS. The main points covered are in relation to:

- Ongoing activity and data in relation to staff concerns being raised through SUS, including numbers of concerns raised, types of concerns, average time taken to respond, percentage numbers of concerns closed, and percentage number of concerns still open. Additionally provided, is ratings data on staff experience of using SUS
- Details of the current CLHO/SUS Multi-disciplinary team
- Details of our Freedom to Speak Up Lead Guardian and information pertaining to the rebranding of the role to be coherent and consistent with similar roles in NHS England and across NHS Wales
- Update on SUS action plan submitted to Welsh Government and elements of the proposed scheme of work so as to implement the action plan
- Update on types of awareness raising activities currently in place to ensure as many staff in BCUHB as possible are aware of SUS/SUS and how to use it

2.2.1 Overall high-level data – Work in Confidence:

Work in Confidence, the independent anonymous concerns raising platform that allows staff in BCUHB to engage in anonymous two-way conversation with a member of the SUS MDT or SUSG launched in July 2021. Since its launch **387** staff have registered on the platform and **189** conversations around concerns have been raised. Of the **189** conversations, **181** have been closed (**96.83%**).

Category of Concern	Number Received	% total concerns
Leadership & Management issues	45	23.8%
Bullying & Harassment	39	20.6%
Patient Safety & Quality	33	17.4%
Other	19	10%
Staff Safety	18	9.6%
Behavioural/Relationships	16	8.5%
Systems & Processes	10	5.3%
Equality, Diversity & Inclusion	8	4.3%
Infrastructure & Environment	1	0.5%
Total Cases	189	100%

The average time it takes CLHO/SUS team members to respond when a new conversation is raised is **2** days, and typically cases are being closed within **33** days of their first being opened. Staff satisfaction ratings at closure of concerns currently stand at **4.92%** which is our highest overall ratings score since SUS launched (based on a Likert Scale rating between 0 and 5 with 5 being the highest satisfaction rating on the scale).

2.2.2 Overall high-level data – Concerns raised with SUS Guardian:

There have been **69** cases raised directly with the SUS Guardians (outside of referrals via Work in Confidence) since the launch of the SUS Guardian function in October 2021. Of these, **67** have been closed (**97%**).

Category of Concern	Number Received	% total concerns	Activity from last quarter
Leadership & Management Issues	22	31.8%	↓ 5.5%
Systems & Processes	9	13%	↓ 1.6%
Bullying & Harassment	9	13%	No change
Patient Safety & Quality	7	10.1%	No change
Behavioural/Relationships	9	13%	↑ 3.7%
Equality, Diversity & Inclusion	5	7.2%	No change
Other	6	8.6%	↑ 4.8%
Staff Safety	2	2.8%	↓ 1.6%
Total Cases	69	100%	

2.2.3 Overall Data Comparison – BCUHB and National Guardians Office

The final table highlights the position within BCUHB against the top four nationally reported data categories from the National Guardian's office (NGO) in July 2024. The NGO coordinates the activity of Freedom to Speak Up Guardians in NHS

England, and is used here, as no equivalent body has been set up in NHS Wales at this time. Whilst statistical comparisons cannot be directly made due to the differences in sample size, the data has been included for consideration as to what trends it may suggest within the Health Board at this time.

Category of Concern	BCUHB	NGO date from NHS England
Inappropriate Leadership and Behaviour	32%	38%
Worker Safety	9%	32%
Bullying & Harassment	20%	19%
Patient Safety	14%	18%

2.2.4 SUS MDT Update

The current MDT membership is:

- Dr Jim Mcguigan – Deputy Executive Medical Director
- Andrea Orme – Associate Director of People Services
- Reena Cartmell – Director of Nursing Quality, Assurance and Learning
- Justine Parry – Assistant Director of Compliance and Business Management
- Dr Kath Clarke – Head of Quality
- Clare Jones – Corporate Health and Safety Manager
- Rebecca Testa – Head of Organisational Development
- Melany McKenna/Kate Shakespeare – Principle Clinical Psychologist/Clinical Psychologist (alternating meetings)
- Gareth Evans – Lead for SUS and Chair of the SUS MDT
- Tracey Eccles – Lead Guardian
- Kathryn Seeney - Guardian

2.2.5 Freedom to Speak Up Guardian Update

In the time-period for this update report, we have interviewed and appointed for a lead 30 hr a week Freedom to Speak Up Guardian (F2SUG) on a permanent contract. Jason Brannon, Deputy Director, People, Workforce and Organisational Development chaired the interview panel, with support from Clare Budden, Independent member and Rebecca Testa, Head of Organisational Development, Lead for CLHO/SUS. Candidates were interviewed using a values-based and competency-based framework and we are aiming for our new F2SU Lead Guardian to commence their role on the 1st October 2024.

The current position with Guardians is as follows:

- 1 x Permanent Lead Guardian – 30 hrs a week (Recent appointment)
- 1 x Fixed term Guardian – 8 hrs a week

The ambition is to recruit to 2x seconded Freedom to Speak Up Guardians on a 7.5hr a week secondment to support the work of the Lead Guardian in Quarter 4.

This additional capacity will then support the work already underway to implement the CLHO/SUS action plan we have developed in BCUHB.

At the time the lead Guardian was appointed, the decision was taken to rename the role from Speak Out Safely Guardian to Freedom to Speak Up Guardian to align understanding of the role in BCUHB with the F2SU Guardian role already familiar to many staff who have worked in other Health Boards in Wales or in NHS England. Work is currently underway to promote this change and raise awareness of the role and what the CLHO/SUS process can offer staff when considering raising concerns.

2.2.6 Speaking Up Safely Framework Action Plan

Work has commenced to implement the actions from the BCUHB SUS action plan which includes the alignment to the Welsh framework. ([NHS Wales speaking up safely framework | GOV.WALES](#)) and developing networking opportunities with other Health Welsh Bord/trust Guardians with a particular focus on looking at comparison figures of Welsh data for SUS.

2.2.7 Awareness Raising/Communication Plan Update

As part of ongoing efforts to raise awareness about CLHO/SUS, activity continues in the organisation which over the last several months has included:

- Maintaining our Betsi.Net CLHO/SUS pages with information for staff on how to take concerns forward. As of 09/10/24, our main CLHO/SUS page has been viewed 5833 times.
- Continuing to provide information on CLHO/SUS in the Corporate Induction processes for all new starters, and in the updated staff handbook
- Continuing to provide information on CLHO/SUS in our Foundations of Management and Leadership programme to ensure all people coming into their first management role, and/or aspiring to become managers are aware of SUS and can effectively signpost staff to it if needed
- Continuing to engage with colleagues in Bangor and Glyndwr Universities to provide awareness sessions to student nurses on placement in BCUHB
- Having bi-lingual posters on the role of the F2SUG and on how to use Work in Confidence available for display in staff areas across the Health Board

2.3 Next Steps

- Review role of the Board Champion and commence developing plans to work on embedding the relationship with Guardians and the Board Champion once appointed
- Roll out communications plan throughout the health board introducing the guardians through a podcast and refreshing the rebranding for CLHO/SUS
- Develop an interactive handbook to include all detail and tools from the Betsi.Net pages into one handbook which could be printed for harder to reach staff.
- Review and compare national statistics with local reporting and share information for staff awareness purposes on our SUS Betsi.Net pages
- Continue to network and develop links with other Guardians across Wales and also across England

- Continue with plans to roll out a recruitment campaign for CLHO/SUS champions and reengage with work around developing a local network of champions
- Attend roadshows with colleagues in our Equalities team to raise awareness of the CLHO/SUS process
- Continue to ensure consideration is given to cross-cutting themes between the work of CLHO/SUS and wider cultural transformation work in the organisation, including that being undertaken as part of Special Measures, e.g. Integrated Leadership Development Framework, Cultural Change Programme and the development of a Learning Organisation Framework.
- Review and evaluation of current F2SU processes to align with the national framework. Review will be undertaken by a working group with engagement of staff, staff networks and stakeholders from across the organisation



Teitl adroddiad: <i>Report title:</i>	On-Call Arrangements - Final Internal Audit Report June 2022			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 19 December 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This paper is to inform the Committee of the current position of the actions within the 2022 Internal Audit report on on-call arrangements within the Health Board and the proposed actions.			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to note the proposed actions.			
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>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
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</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in delivery</i>
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>	Objective 1: Building an effective organisation Objective 3: Compassionate Leadership and Organisational Development			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Consider our duties under the Health and Safety At Work Act etc 1974 and The Working Time Regulations 1998			

<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 this time</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>N/A 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>N/A 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>(crynodeb o sut mae'r papur wedi cael ei adolygu, yr ymateb a pha newidiadau a wnaed ar ôl cael adborth)</p>

	As above the report has been considered at the Audit Committee, was shared at People and Culture Group for noting in April 2024.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Amherthnasol Not applicable
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

The Health Board received the above audit report in 2022, linked to on-call arrangements for Bronze, Silver, Gold and System Lead rotas.

There were five assurance objectives:

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

In addition in 2024 a collective resolution concern was submitted by Silver on Call colleagues, which also included issues linked to the assurance objectives above. Angela Wood, Executive Director of Nursing is the Chair for this.

The respect and resolution process looks to address the issues raised and address the audit report recommendations and agreed actions to date against the assurance objectives are as follows:

1. On-call arrangements across the Health Board

Discussions to take place within Workforce and OD to identify new appointees at a senior level and whether there is an on-call requirement included in their job description. An assessment of the situation to take place first before any next steps.

To ensure that all positions advertised at a senior level include the need to participate on the on-call rota.

Suggest that a review the on-call rota participation is included in the Framework for the Future review.

Review which colleagues support which level of rota and review if any changes may be necessary

2. Rota compilation and sustainability

This links to the above point.

Communication will be issued to ensure that when someone leave the on-call rota that their replacement is automatically added to the rota to ensure minimum numbers.

Although the respect and resolution has been submitted by Silver on-call participants the review and actions will be shared with all on management on-call rotas.

3. Compensatory rest

Angela Wood will issue a communication to all managers who are on call to remind them of the need to ensure that they factor into their diaries compensatory rest after an on-cal. The need for compliance with the Working Time Regulations will be stressed.

4. On-call payment arrangement

This is linked to the all Wales Agenda for Change terms and conditions of service in terms of payments made.

5. Training

There will be a review the training packages that have been used previously and refresh with the support of our EPRR Lead.

Consideration of the introduction of a “buddy” system to provide support when new to the rotas.

In addition and to support the assurance in this area it is planned to introduce monthly meetings for on call managers to share learning. Consideration of the introduction of on-call log books is also taking place to support compensatory rest requirements, act as a decision log and be used for hand over purposes.

A management on-call policy is also being explored.



Teitl adroddiad: <i>Report title:</i>	Corporate Risk Register Report & Board Assurance Framework			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 12 December 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to provide an update of the corporate risk register (CRR) and present the first iteration of the Board Assurance Framework risk (private) the committee has oversight of.</p> <ul style="list-style-type: none"> • All risks reported to People and Culture Committee currently sit within the tolerance set within the risk appetite of the Health Board. • No overdue actions to note. A total of 16 actions remain open and progressing for all 3 risks with 8 completed actions. No reduction in current risk scoring during this iteration of the risks. • CRR24-15 'Health and Safety' – Proposal to extend the Target risk due date from the 31/12/2024 to the 31/12/2025. 			
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to take assurance on corporate risks attached in the report.</p> <p>The Committee is asked to note the contents of the BAF (private). The Audit committee will be asked to provide feedback on the development of the first iteration before being presented to the January Board Meeting.</p>			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <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</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</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</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>



	delivery of existing mechanisms/objectives	existing mechanisms / objectives	existing mechanisms / objectives	
<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: N/A</i></p>				
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>Further work will be undertaken to align corporate risks to Board Assurance Risks and subsequent strategic objectives.</p>			
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.</p>			
<p>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>Not applicable for 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 ben undertaken?</i></p>	<p>Not applicable for this report</p>			
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><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>Corporate Risk Report.</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>The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.</p>			
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Failure to capture, assess and mitigate risks can impact adversely on the workforce.</p>			



<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Approved by Executives responsible for the individual corporate risk and quality assurance by Corporate Risk Management Team.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (<i>or links to the Corporate Risk Register</i>)</p>	<p>Further work will be completed to develop links to the Board Assurance Framework.</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 for this report</p>
<p>Camau Nesaf:</p> <p><i>Next Steps:</i> Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.</p>	
<p>Rhestr o Atodiadau:</p> <p><i>List of Appendices:</i> Appendix 1 – People & Culture Committee Corporate Risks Dashboard Appendix 2 – People & Culture Committee Corporate Risk Register Appendix 3- Board Assurance Framework Risk BAF24-04 Ineffectively Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability</p>	

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 (Appendix 1) below provides a list of the 3 corporate risks to which the committee is accountable.

This paper presents all risks to which People & Culture Committee has oversight, with details (Appendix 2) of those risks.

The Committee is asked to note and receive assurance, following review of the risks:

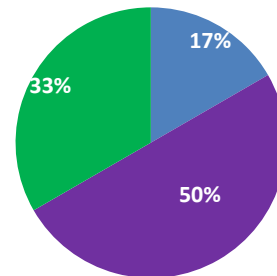
- **CRR24-15 'Health and Safety'** – Proposal to extend the Target risk due date from the 31/12/2024 to the 31/12/2025, was presented to the Risk Scrutiny Group on the 19th November 2024, to allow sufficient time to complete and implement the actions identified. The Head of Health, Safety and Security is working on a new framework approach that will influence Health and Safety Strategy moving forward. This new approach uses the NHS Employer's Health and Safety Standards and will take more time than was originally assigned to have a framework that is ready for sharing with the wider organisation. In addition, Health and Safety Policies and Procedures will form part of the Strategic Occupational Safety and Health Group, where assurances on progress will be given. A significant number of policies and

procedures are now in-date; however, the original target date has been extended to allow for the review and update of all out of date documents, including putting them through consultation and an extensive scrutiny process prior to them being approved.

Out of the 3 corporate risks, 24 actions have been developed to mitigate the risks. 8 actions have been completed, 16 actions are progressing and on track with 12 of those actions progressing with revised due dates allocated onto the actions.

ACTION STATUS OF CORPORATE RISKS

- Progressing
- Progressing - Revised date
- Completed



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

Next steps

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

Appendix 1 - People & Culture Committee Corporate Risks Dashboard

Lead	Ref	Risk Title	Current Score (Likelihood x Impact)	Risk Target Score	Appetite Main Risk Type	Lead Board Committee	Risk Management Commentary
					Appetite Level		
EDoW	CRR24-01	People, Culture and Wellbeing	4 x 4 = 16 ↔	8	Quality Open 15-19	People & Culture Committee	Opened Dec 23. 6 actions identified, 2 completed, 4 progressing with revised due dates. The key themes of the 2023 staff survey have been shared with the organisation.
EDoW	CRR24-15	Health and Safety	4 x 4 = 16 ↔	8	Regulatory Seek 20-25	People & Culture Committee	Opened Feb 24, 14 actions identified, 14 progressing with 1 action due date revised from the 01/09/2024 due to delays to appoint a Director of Environment. Proposal to extend the Target risk due date to allow sufficient time to complete and implement identified actions, from the 31/12/2024 to the 31/12/2025.
EDoW	CRR24-16	Leadership/ Special Measures	4 x 4 = 16 ↔	8	Reputational Seek 20-25	People & Culture Committee	Opened Dec 23. 3 actions identified, 1 completed, and 2 progressing with revised due dates. Revised Target risk due date from 30/09/2024 to 31/12/2024 – September 2024.

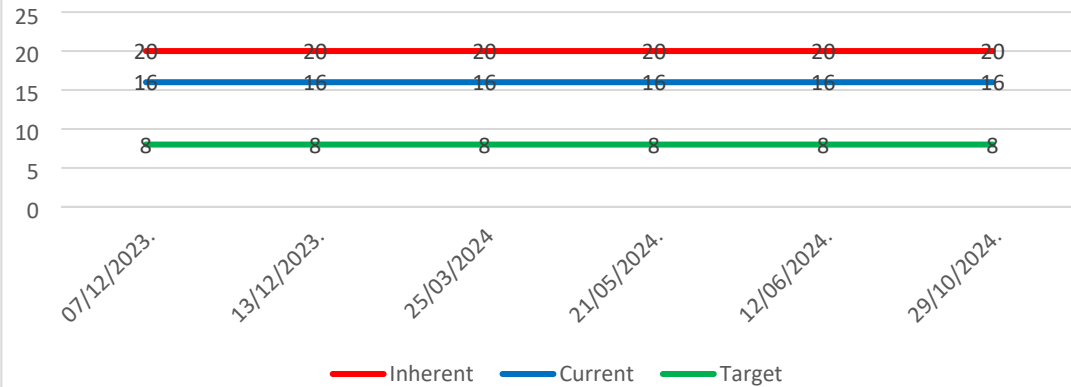
Appendix 2 – People & Culture Committee Corporate Risk Register

CRR 24-01	Risk Title: People, Culture and Wellbeing		Date Opened: 07/12/2023		
	Assuring Committee: People & Culture Committee		Date Last Committee Review: 08/08/2024		
Date Last Reviewed: 29/10/2024	Director Lead: Deputy Director of Workforce	Link to BAF: SP12	Target Risk Date: 31/12/2024		
<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		Additional Controls required			
<ol style="list-style-type: none"> 1. People Committee oversee delivery of the People Services agenda 2. Local IHC & Pan Services People & Culture Committees in place 3. The Strategic Recruitment team in place to oversee efficient and effective professional recruitment for all senior leadership and medical & dental consultant appointments across the Health Board 4. Local IHC Resourcing Teams are in place across all IHC/Pan Services to drive forward recruitment and staffing priorities. 5. The Recruiting well and Joining Well programmes in place 6. Organisational Retention lead in post for BCU linked with national retention work through HEIW 7. Dedicated Nurse Retention Lead in place to deliver the Nurse Retention Implementation Plan for the organisation 8. New All Wales Flexible working policy has been ratified and is in place 9. Staff feedback conjunction with the NHS Wales Staff Survey in place. Development of Pulse surveys to ensure staff have a voice across the organisation 10. Speak out Safely MDT in place 11. Work in Confidence platform for staff to safely raise concerns. 12. Workstreams associated with this risk which links into the Special Measures Framework are monitored via the governance of the Framework and reported to Executive Team and Board 13. An Agreed scope to the operating model review is underway 14. A range of employee engagement tools have been agreed at the OD steering group in March 2024 15. The Culture Change Plan, which incorporated the results from the Staff Survey, was agreed at People & Culture Committee in March 2024 16. Staff facing version of the Learning Organisation Framework developed for use in work-based learning contexts 17. The key themes of the 2023 staff survey have been shared with the organisation 18. Approval of the new culture change and Behaviours Framework (ref CRR24-16) 		<ol style="list-style-type: none"> 1. The programme of work through the Education and Learning Committee to be finalised 2. Increased measures on employee engagement 3. Development of a programme of work to ensure line manager's full involvement in employee engagement 4. Feedback from the HEIW Nurse retention tool. 			
Actions			<table border="1"> <tr> <td>Due Date</td> <td>Progression Analysis</td> </tr> </table>	Due Date	Progression Analysis
Due Date	Progression Analysis				

<p>REF Gaps in controls; A. Education and Learning Committee is being established as a control measure</p> <p>A Nursing specific educational and development group has been established. However, it has been identified that an Education Governance Group is required to oversee compliance and operational performance of Education. This is in development and a term of reference is expected to be ready by the end of October 2024</p> <p>Work to setup the Education Governance Group is still ongoing however, the Terms of Reference and membership is still to be agreed.</p>	31/12/2024	Progressing (Revised date from 31/10/2024)
<p>REF Gaps in controls; B. NHS Staff Survey action plan to be developed and implemented across 24/25</p> <p>There have been national delays to HBs receiving the survey data. As a result, the OD steering group have agreed the action plans will not be issued to IHCs at this stage, as not to overlap with the 2024 staff survey in October. Key themes from the 2023 survey have been issued to the organisation. This closed action has transferred to point 17 above in the mitigation section.</p>	30.06.24	Completed
<p>REF Gaps in controls; C. Findings from the wider review of the 2022 Operating Model restructure presented via an appropriate Executive governance process and next steps agreed</p> <p>The findings from the Arana report, which included a range of employee engagement methods, have been submitted to the CEO's office. These findings are being utilised in the Insights Report (formerly the Discovery Report) which will be shared with the organisation and Trade Unions, by the end of October, as part of determining the scope of and scale of any modifications to the HB operating model and structure. .</p> <p>The results are referred to as the 'Insight Report' and are scheduled to be socialised with the Organisation during the end of October and November.</p>	30/11/2024	Progressing (Revised date from 31/10/2024)
<p>Clinical engagement: Progress demonstrated in the part of the OD plan relating to clinical engagement field work conducted in previous cycles.</p> <p>This completed action is transferred to point 18 above in the mitigation section</p>	29/02/2024	Complete
<p>REF Gaps in controls; B. Revisit the values of the organisation: Views on the existing values and suggestions for modifications presented to Exec Team prior to scheduling for review at Board. Previously collected staff feedback on the existing values to be analysed and proposals of methods of co-production with the staff including comms and engagement plans to be submitted via an appropriate Executive governance process. Culture World Café to take place at Leadership Conference 04.06.24</p> <p>The world cafe took place as part of the leadership conference in June. The output from this, along with other staff engagement events, has contributed to the new Values and Behaviours framework which is currently being consulted on across the organisation and Trade Unions. It is planned that the Board will receive the framework in November 2024.</p>	30/11/2024	Progressing (Revised date from 31/06/2024)
<p>REF Gaps in controls; D. The Recruiting Well, Joining Well, Leaving Well Programme is being developed to ensure we recruit, support and retain a skilled motivated workforce.</p> <p>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.</p>	31/12/2024	Progressing (Revised date from 31/06/2024)



The draft illustrative map is under review and analysis of gaps in policy and process are being identified through a number of workstreams. The initial focus is on *Corporate and Local Induction, Shortlisting timescales, Advertising in recruitment* and the *Leaving Well booklet*. These initial workstreams are planned to be completed by the end of December 2024.



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	2	4	8
Risk Appetite	Open		15-19

Rationale for Corporate Risk

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

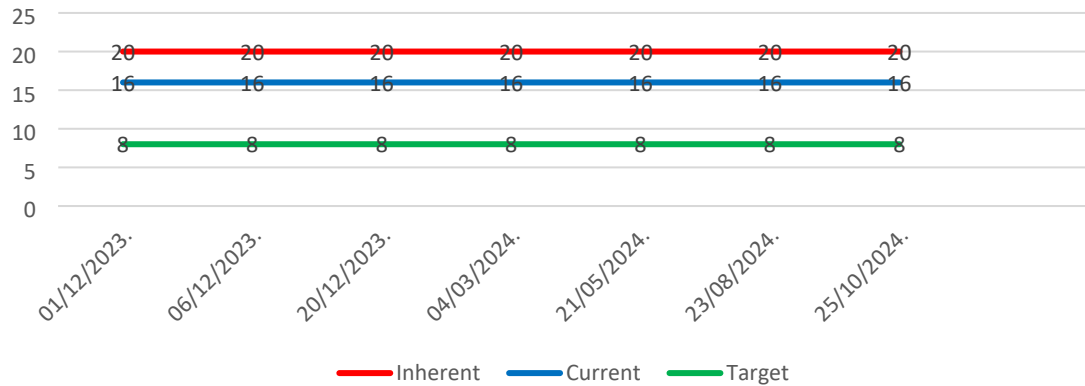
CRR24-15	Risk Title: Health and Safety		Date Opened: 01/12/2023
	Assuring Committee: People & Culture Committee		Date Last Committee Review: 08/08/2024
Date Last Reviewed: 25/10/2024	Director Lead: Deputy Director of People	Link to BAF: N/A	Target Risk Date: 31/12/2025

There is a risk of avoidable harm to patients and staff. This is may be caused by a failure of the Health Board to provide safe systems of delivery and work in accordance with the Health and Safety at Work Act 1974 and associated legislation due to the lack of Health and Safety Leadership. The impact is patient and staff harm, financial implications, and reputational impact to the Health Board.

Mitigations/Controls in place	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. 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 HS01: Health and Safety Policy approved by the Executive Team. A suite of Health and Safety Policies and Procedures are in place and available for reference on BetsiNet. A rolling programme of Health and Safety Visits are in place to support services in the identification and action of non-conformances. A rolling programme of Health and Safety Self-Assessments are in place for service sectors to complete twice yearly. 	<ol style="list-style-type: none"> There have been a number of HSE interventions and internal reviews that have highlighted significant gaps in the OHS system. A new approach to seeking and maintaining assurance is underway and will be shared with the Executive Team for their input. A suitable and sufficient electronic document management system (EDMS) is required to facilitate the effective reporting of compliance with health and safety standards pan BCUHB. Manual handling training compliance is currently at 70.39% inclusive of bank staff and 74.56% substantive staff only exclusive of bank staff. The BCUHB training venues used for manual handling training are not fit for purpose. This is impacting on the Team's ability to deliver the number of courses required to achieve and maintain competence with this statutory and mandatory training requirement. Suitable permanent venues are being explored internally and with 3rd party stakeholders; however, funding may be required to secure this requirement. Senior Leaders within IHCs, MHL, Womens and Cancer Services are to be approached to nominate clinical staff to become manual handling trainers to support local delivery of the statutory and mandatory training need. This will add resilience into the training model and provide service sectors with some autonomy to address their own compliance shortfalls. 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. There is a need for the organisation to: <ol style="list-style-type: none"> Roll-out pan BCUHB Restrictive Physical Intervention Training to safe guard from harm patients in crisis and staff expected to intervene. Ensure suitable and sufficient risk assessments are in place that address potential for self-harm and that control measures are appropriate utilise techniques involving trauma informed care. Ensure a suitable programme of environmental inspections are in place involving a multi-disciplinary team, designed to reduce the potential for self-harm by ligature. A further intervention has been made by HSE in respect of the deaths of 3 patients following patient falls, a prosecution is pending. BCUHB Executive Nursing Team

	<p>need to be assured that the HSE requirements to address the material breach are understood and actions are being taken to address these prior to a court date being set.</p> <p>7. Lack of formal arrangements in place to protect premises and people in relation to CCTV, violence and aggression, Security Contract issues (personnel), lone working, lock down systems, access control and training that provides assurance that Security is effectively managed</p>	
Actions	Due Date	Progression Analysis
<p>A new approach is required supplemented by a clear strategy and framework.</p> <p>Change of action due date: The new Head of Health, Safety and Security is working on a new framework approach that will influence Health and Safety Strategy going forward. This new approach uses the NHS Employer's Health and Safety Standards and will take more time than was originally assigned to have a framework that is ready for sharing with the wider organisation.</p>	31/12/2025	Progressing (Revised date from 31/12/2024)
<p>The Health and Safety Policies and supporting procedures and documents on BetsiNet require a review to ensure staff are provided with up-to-date requirements and guidance relating to Health & Safety.</p> <p>Change of action due date: Health and Safety Policies and Procedures will form part of the Strategic Occupational Safety and Health Group, where assurances on progress will be given. A significant number of policies and procedures are now in-date; however, the original target date has been extended to allow for the review and update of all out-of-date documents, including putting them through consultation and an extensive scrutiny process prior to them being approved.</p>	31/03/2025	Progressing
<p>NEBOSH training courses to go forward for the General Certificate and the Award. Courses are up and running, and available for staff to book onto.</p>	31/12/2024	Complete
<p>Options appraisal being developed to explore the right security model for BCUHB. Tender documents also under development in the event the option's appraisal indicates the service remains with an external provider.</p> <p>In-house model not currently being pursued. Tender for external security provision currently under development and currently on target to have appointment prior to expiry of existing SLA at the beginning of February 2025. Change of action due date to reflect this.</p>	01/02/2025	Progressing (Revised date from 31/12/2024)
<p>Executive level responsibility for Occupational Health and Safety should be considered, to ensure Health and Safety is a key focus within the Health Board.</p> <p>Health and Safety currently reporting to the CEO via the Strategic Occupational Health and Safety Group.</p>	31/12/2024	Complete
<p>Management ensures regular monitoring, reporting, communication, escalation and de-escalation of Health & Safety issues through the appropriate governance structure, in line with the HS01 policy and terms of reference for relevant meetings (Strategic Occupational Health and Safety Group)</p> <p>SOSHG reports to People and Culture Committee but some items may report to Quality, Safety and Effectiveness Committee following the Chairs decision.</p>	31/12/2024	Complete

<p>The Strategic Health and Safety Operational Group to confirm the reporting required to the group by services and ensure this is communicated to all relevant areas. Instances of non-reporting should be communicated to the services and escalated appropriately, via the Executive</p> <p>SOSHG reports to People and Culture Committee but some items may report to Quality, Safety and Effectiveness Committee following the Chairs decision.</p>	31/12/2024	Complete
<p>The Health Board Executive Lead for Health and Safety ensures Policy reference 5.1.3 Training for Health Board Executive Directors and Independent Members is adhered to: "The Health Board will provide suitable and sufficient training and instruction to Members of the Board in respect of H&S Management. This will also include responsibilities under section 37 of the Health and Safety at Work etc. Act 1974 and the Corporate Manslaughter and Corporate Homicide Act 2007".</p> <p>Meeting to be arranged with the Board Secretary to arrange an appropriate training course and training date. Change of action due date to reflect the need to agree date and book training.</p>	31/03/2025	Progressing (Revised date from 31/12/2024)
<p>Health Board Policy 5.3.4 is reviewed to ensure that all Corporate Health & Safety recommendations are agreed, assigned to owners, allocated appropriate dates and are subject to follow-up. H&S Policy approved by the Executive Team.</p>	31/12/2024	Complete
<p>The gap analysis is reviewed and management identify what further work needs undertaking to ensure areas of risk / focus remain relevant. This should be considered alongside the strategy to inform Health and Safety activity across the Health Board.</p> <p>The Gap analysis has been completed but has been superseded by a new approach using NHS Employers Health and Safety Standards (subject to approval by the Executive Team). Change of action due date to reflect this new approach.</p>	31/12/2025	Progressing (Revised date from 31/12/2024)
<p>Estates to standardise action plans resulting from Health and Safety reviews and ensure regular review and update of actions to monitor progress. Recommendations from Security Site Reviews to be populated onto a spreadsheet that will be shared with Estates at pre-agreed intervals for their review and action when undertaking spending review planning.</p>	31/12/2024	Progressing
<p>A process to monitor and review department self-assessments should be put in place to ensure departments are adhering to the Health and Safety Policy. This should also include escalation where self-assessments are not completed, reviewing self-assessments for potential risks / issues and identifying areas of similarities / opportunities across departments.</p> <p>This review will form part of the new approach using NHS Employers Health and Safety Standards (subject to approval by the Executive Team). The Gap analysis has been completed but has been superseded by a new approach using NHS Employers Health and Safety Standards (subject to approval by the Executive Team). Change of action due date to reflect this new approach.</p>	31/12/2025	Progressing (Revised date from 31/12/2024)
<p>Health and Safety Review Scoring Framework to be reviewed to ensure no false assurance is given.</p>	31/03/2025	Progressing
<p>An up-to-date list of Health and Safety leads / champions be developed to ensure there are contacts in place for all departments who are required to undertake self-assessments. Responsibility for Health and Safety locally will sit with the manager of the ward/department/service etc. Review of HS01 needed to clarify this.</p>	31/12/2024	Progressing
<p>New role of Director of Environment to be recruited to reporting to CEO, which will review Estate business cases. Director of People Services being recruited to.</p> <p>Director of Environment and Estates appointed, once in post needs to review business cases as per above. Change of action due date because Director not due to be in post until early 2025.</p>	31/07/2025	Progressing (Revised date from 01/12/2024)

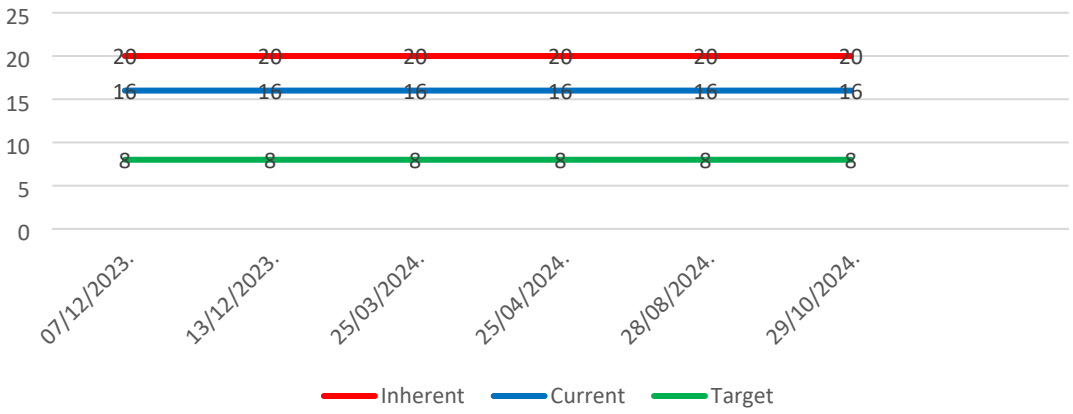


	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	2	4	8
Risk Appetite	Regulatory		20-25

Rationale for Corporate Risk

There is an inherent risk that the failure of Health & Safety management systems could lead to RIDDOR Reportable. Specified Injuries to Workers. Patient mismanagement, long-term effects. Death or significant irreversible harm which will result in prosecution by the Health and Safety Executive consequently leading to loss of reputation and financial penalties. The risk is extenuated by Non-compliance with national standards with significant risk to patients/public. An unacceptable level or quality of treatment/service. Gross failure of patient safety leading. Inquests and Coroners reports. Low staffing level that reduces the service quality. Low staff morale. Poor staff attendance for mandatory/key professional training. Uncertain delivery of key objective/ service due to lack/loss of staff within the Health and Safety team. Structural changes will be implemented in summer 2024, with Health and Safety moving from Workforce Directorate to a new role of Director of Environment, reporting directly to CEO.

CRR 24-16	Risk Title: Leadership/Special Measures		Date Opened: 07/12/2023
	Assuring Committee: People & Culture Committee		Date Last Committee Review: 11/04/2024
Date Last Reviewed: 29/10/2024	Director Lead: Deputy Director of Workforce	Link to BAF: SP17	Target Risk Date: 31/12/2024
<p>There is a risk of traditional models of leadership which do not define the expectations, values and behaviours of our leaders to transform the organisation. We recognise a compassionate leadership approach supports the delivery of safe and reliable care. This could be caused by inadequate governance arrangement and lack of integrated leadership development pathways across the Health Board. This could have an impact on the sustainability of staffing and subsequently patient care and safety and service delivery.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> Board Workshop with Professor Michael West on compassionate leadership Suite of leadership conferences, networking and masterclasses on compassionate, inclusive leadership and engagement. Work associated with this risk which links into the Special Measures Framework now monitored via the governance of the Framework and reported to Executive Team and Board. Full Board now in place and all committees now chaired and attended by full complement of Independent Members The new Integrated Leadership Development Framework (ILDF) has been ratified and is live on BetsiNet, this includes the 'Approach to Leadership' which was approved by the OD Steering Group in March 2024 The OD Steering Group now in place since February 2024 Approval of the new culture change and Behaviours Framework. 		<ol style="list-style-type: none"> Integrated Leadership Development Framework has been approved and is in the early stages of implementation. New compassionate approach to leadership and how to adopt it, aligned with the work on values and behaviours Formal Culture Change Plan and accompanying Comms and Engagement plan A Behaviours Framework, will be derived from the culture change workstream Fully resourced Culture Change programme and realignment of resources within the OD function 	
Actions			Due Date
<p>REF Gaps in controls; A & B. Draft Integrated Leadership Development Framework in place (forms part of special measures monitoring)</p> <ul style="list-style-type: none"> The lower level programmes within the ILDF have commenced. Mynydd Mawr – Foundations of Leadership and Management Programme - commenced it's first cohort on the 27th June 2024. A further 16 cohorts are scheduled through to March 2025 The OD function is undergoing a re-alignment of resources to be in place by the end of December 2024 this will support the delivery of the ILDF action plan from September/October onwards. The Advanced Clinical Leadership Programme (ACLP) is currently in progress with 26 BCUHB clinical leaders engaged on the programme. This is a well-established programme developed by HEIW to support and develop senior clinical leaders. The programme commenced in February 2024 and is due to complete at the end of the year. 			31/12/2024
			Progression Analysis
			Progressing (revised date from 30/09/2024)

<ul style="list-style-type: none"> A new Leadership hub, hosted on Gwella, will be launched in November 2024 which incorporates online resources for our current and aspirational leaders. Alongside this a People Managers Forum will also be launched. The People Managers Forum will be a space for all people managers to network and share their experience and will be hosted virtually in the first instance. The forum will support our people managers in developing their skills and competence, help them keep up to date with recent changes in policies and processes and aims to build a community of practice that is an engaging and supportive space. 																																																	
<p>REF Gaps in controls; C & D. Draft OD plan in development (forms part of special measures monitoring) and has been initially approved by the culture steering group. The next steps are to ratify the plan with the senior team and People & Culture Steering Group</p> <p>The OD plan is under consultation and is expected to be ratified by Board in November 2024</p>	30/11/2024	Progressing (revised date from 31/08/2024)																																															
<p>REF Gaps in controls; C& E. Examine the current pervasive culture: Final results from NHS Wales Staff Survey shared with all relevant managers and thematic analysis fed into Culture Change Plan</p> <p>The Leadership Conference (inc. the world cafe) took place in June to assess the culture, values and behaviours of the organisation. The results, along with a range of related reviews and staff engagement mechanisms, informed the new Culture change programme and Behaviours Framework. This closed action is transferred to point 7 in the 'controls in place' section.</p>	31/08/2024	Completed																																															
 <table border="1"> <caption>Risk Score Data</caption> <thead> <tr> <th>Date</th> <th>Inherent</th> <th>Current</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>07/12/2023</td> <td>20</td> <td>16</td> <td>8</td> </tr> <tr> <td>13/12/2023</td> <td>20</td> <td>16</td> <td>8</td> </tr> <tr> <td>25/03/2024</td> <td>20</td> <td>16</td> <td>8</td> </tr> <tr> <td>25/04/2024</td> <td>20</td> <td>16</td> <td>8</td> </tr> <tr> <td>28/08/2024</td> <td>20</td> <td>16</td> <td>8</td> </tr> <tr> <td>29/10/2024</td> <td>20</td> <td>16</td> <td>8</td> </tr> </tbody> </table>	Date	Inherent	Current	Target	07/12/2023	20	16	8	13/12/2023	20	16	8	25/03/2024	20	16	8	25/04/2024	20	16	8	28/08/2024	20	16	8	29/10/2024	20	16	8	<table border="1"> <thead> <tr> <th></th> <th>Impact</th> <th>Likelihood</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Inherent Risk Rating</td> <td>4</td> <td>5</td> <td>20</td> </tr> <tr> <td>Current Risk Rating</td> <td>4</td> <td>4</td> <td>16</td> </tr> <tr> <td>Target Risk Score</td> <td>4</td> <td>2</td> <td>8</td> </tr> <tr> <td>Risk Appetite</td> <td colspan="2">Reputational</td> <td>20-25</td> </tr> </tbody> </table>		Impact	Likelihood	Score	Inherent Risk Rating	4	5	20	Current Risk Rating	4	4	16	Target Risk Score	4	2	8	Risk Appetite	Reputational		20-25
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<p>Rationale for Corporate Risk</p> <p>Structures currently being embedded to ensure IHCs, Divisions and Services have clear accountable delivery plans so new ways of leading are embedded locally. Organisational expectations being defined.</p>																																																	



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

- Dental Practice Adviser (DPA) Salary

People & Culture Committee – Non-Routine Committee Business Workplan

(1 April 2024 – 31 March 2025)

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

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
11.09.24	Request from Pam Wenger (see email from Pam W 11.09.24)	Pam Wenger	Medical Education Update Academic Careers	Following Pam's discussion with Emma Woolley it was agreed to add these items to the forward plan.	Emma Woolley	Pam Wenger	13.02.25	Agreed with Emma W to put forward to Feb
10.10.24	Discussion at P&C Committee on 10.10.24	P&C Committee	Sexual Harassment	An overview of the risks and mitigating factors linked to the new duty in relation to sexual harassment.	Jason Brannan Ceri Harris	Jason Brannan	13.02.25	
10.10.24	Discussion at P&C Committee on 10.10.24	P&C Committee	Fair Working	Present the Fair Work Element of the well-being objectives to the P&C Committee.	Chris Stockport	Jason Brannan	13.02.25	
21.11.24	Email from PPJ / Pam / Gill Q (see email from PPJ 21.11.24)	Ceri Harris	Equality Annual Report (may also include Gender Pay report)	Presentation on key messages / update (if final report not available)	Ceri Harris	Jason Brannan	13.02.25	
07.11.24	Discussion at P&C agenda setting meeting	CEO	Strategic Equalities Plan	Focus on how this links to the biggest challenges, be clear on specific issues for focus (and so what?), how to position this for the Committee and include the new legislation.	Ceri Harris	Jason Brannan	13.02.25	
07.11.24	Discussion at P&C agenda setting meeting and Action from Board 24/203	Committee / Health Board	Welsh Language	Strategic approach – how are BCU developing services to meet language needs / how to provide SALT and other services in Welsh / Welsh language in Healthcare Board – P&C to facilitate discussion on how the organisation could widen opportunities to increase and incorporate use of the Welsh language.	Teresa Owen	Teresa Owen	13.02.25	
07.11.24	Discussion at P&C agenda setting meeting	Committee	Workforce Commissioning Numbers	Links to Medical Education	Jason Brannan	Jason Brannan	13.02.25	
07.11.24	Discussion at P&C agenda setting meeting	Committee	Values and Behaviours	A paper highlighting next steps (check if this was covered in the Engagement Plan to the Dec meeting)	Nia Thomas	Jason Brannan	13.02.25	
18.11.24	Action from Board 24/199	Health Board	Staff Turnover	Arrange for P&C Committee forward workplan to include Staff Turnover report.	Georgina Roberts	Jason Brannan	13.02.25	
18.11.24	Action from Nov Board 24/204	Health Board	Recruitment & Development of Young People	Arrange for P&C Committee forward workplan to include Recruitment and Development of local young people in North Wales to meet the future needs of different service areas across BCUHB.	Georgina Roberts	Jason Brannan	13.02.25	
18.11.24	Action from QSE Committee 24.10.24 – QSE24/120 (see email from PPJ 30.10.24)	QSE Committee	Manual Handling Training	Refer the monitoring of Manual Handling Training to the P&C Committee.	David Maslen-Jones	Lynne Bushell	13.02.25	

07.11.24	Discussion at P&C agenda setting meeting	Committee	Partnership Arrangements (Private Session)	Health of Partnership Arrangements with Joint LNC and Trade Unions inc Job Planning policy	Jason Brannan	Jason Brannan	13.02.25	
25.06.24	Email on the Latest Bevan Commission Report – The Values and Value of the Third Sector (see email from Gill Q 22.07.24)	Pam Wenger / Jason Brannan / Kirsty Thomson	Volunteering Paper 06.11.24 – PPJ to try and follow up with CFC Committee on 12.11.24	Update to the Committee – Kirsty Thomson pulling together a paper to share with Angela, Helen & Jason – Philippa discussing with Pam	Kirsty Thomson	Jason Brannan	13.02.25	Put forward from Aug to Feb meeting
09.10.24	Email from Pam Wenger 09.10.24	Pam Wenger	Worker Protection	Worker Protection (Amendment of Equality Act 2010) Act 2023 Covered in Equality Report to Dec meeting	Pam Wenger	Pam Wenger	19.12.24	CLOSED Went to Comm 19.12.24
13.06.24	Request from Audit Committee & PC24/29.1 Action from June P&C Committee	Phil Meakin	Internal Audit Report – On-Call Arrangements	Original request from Audit Committee for report to be considered by P&C Committee	Andrea Orme discussing with Angela Wood	Jason Brannan	19.12.24	CLOSED Went to Comm 19.12.24
12.09.24	Speaking Up Safely / Whistle Blowing Arrangements	Audit Committee	Review of Speaking Up Safely / Whistle Blowing Arrangements focussing on themes, hot spots and actions	Item went to Audit Committee on 12.09.24 and AC suggested this is presented to P&C Committee	Jason Brannan	Jason Brannan	19.12.24	CLOSED Went to Comm 19.12.24
06.08.24	Discussion with LJ and PPJ	Philippa Peake-Jones	P&C Committee.1 ToR	Amendments to P&C Committee ToR from RemCom	Pam Wenger	Pam Wenger	10.10.24	CLOSED Went to Comm 10.10.24
22.07.24	Request from Gill Querci / Jason Brannan via email	Jason Brannan	DPA (Dental Practice Adviser) Salary	To be discuss in Private session	Maxine Wright	Jason Brannan	10.10.24	CLOSED Verbal update at Oct meeting
08.08.24	PC24/54 Committee Forward Workplan	Carol Shillabeer / Dyfed Jones	Additional items for future Committee meetings	Assessment of Special Measures Welsh Language Equality Health & Safety	Philippa Peake-Jones	Relevant Executive Directors	10.10.24	CLOSED For discussion at Development Session 19.11.24
11.04.24	PC24/12.3 Action from April P&C Committee	Jason Brannan	Progress of the Audit Wales Report - Review of Workforce Planning Arrangement	Factor in a mid-year / end of year assurance report on progress against the recommendations for assurance up to the Board to ensure Audit Wales are sighted on progress	Jason Brannan	Jason Brannan	10.10.24	CLOSED Went to Comm 10.10.24 with a focus on Q2
25.06.24	Email on the Latest Bevan Commission Report – The Values and Value of the Third Sector (see email from Gill Q 22.07.24)	Pam Wenger / Jason Brannan / Kirsty Thomson	Staff Wellbeing Grant Scheme	Update to the Committee – Kirsty Thomson pulling together a paper to share with Angela, Helen & Jason – Philippa discussing with Pam	Kirsty Thomson	Jason Brannan	10.10.24	CLOSED Went to Comm 10.10.24
13.06.24	PC24/38.2 Action from June P&C Committee (Private)	P&C Committee	Health & Safety Annual Report	Item pulled from Aug P&C and went straight to Board in Sept Item went to June meeting (private) needs to go to Aug meeting (public) before Board in Sept	Jason Brannan	Jason Brannan	08.08.24	CLOSED Pulled from Aug agenda, went to Board in Sept
07.05.24	Via Carol Shillabeer	Georgina Roberts	Discussion on Staff Recognition	Verbal update	Jason Brannan	Carol Shillabeer	08.08.24	CLOSED Went to Comm 08.08.24
02.05.24	Action from RemCom	Philippa Peake-Jones	Report on BCU being a Living Wage Employer and details of BCUs Apprenticeship Scheme	To close down action transferred from RemCom	Jason Brannan	Jason Brannan	08.08.24	CLOSED Went to Comm 08.08.24
18.06.24	Gill Querci email / HEIW	Jason Brannan	Compassionate Leadership Pledge	Going to ET 03.07.24 and then to Sept Board via Chairs Assurance Report	Jason Brannan	Jason Brannan	08.08.24	CLOSED Went to Comm 08.08.24

18.06.24	Gill Querci email	Jason Brannan	'Time to Shortlist' Improvement Project	Request from Jason Brannan – links to discussion at June P&C	Jason Brannan	Jason Brannan	08.08.24	CLOSED Went to Comm 08.08.24
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Teitl adroddiad: <i>Report title:</i>	Workforce Policies
Adrodd i: <i>Report to:</i>	People & Culture Committee
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	19 th December 2024
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This paper is to request that the Committee is made aware of two new documents that have been introduced on an all-Wales basis and note the changes to the revision date of a procedure already in operation within the organisation. The People and Culture Committee is the final approval stage, as these are Protocol and Procedure documents, Executive Policy Oversight Group (EPOG) approval is not required.</p> <p><u>NHS Wales Protocol for Recognising Continuous Service</u> At its meeting held on 26 June 2024, the Welsh Partnership Forum Business Committee mandated the protocol for implementation within every organisation in NHS Wales. The protocol was originally developed by the Workforce Partnership Council.</p> <p>The NHS Terms and Conditions of Service Handbook will be updated at the earliest opportunity.</p> <p>The Protocol has been approved by Workforce Policy Group and Deputy Director of People Services in November 2024.</p> <p><u>WP4 a Procedure for NHS Staff to Raise Concerns</u> This procedure has been in operation within BCUHB since March 2013, The Welsh Partnership forum has confirmed that all Wales policies remain extant until they are replaced by a new version, therefore BCUHB have made amendments to the front cover of the policy to reflect that the Policy remains extant. The Procedure has been approved by the Workforce Policy Group and Deputy Director of People Services in November 2024</p> <p><u>All Wales Recovery of Overpayments Procedure</u> This procedure was approved by the Shared Services Committee in July 2024 and will become fully operational within NHS Wales Organisations in December 2024. The Procedure has been approved by the Workforce Policy Group and Deputy Director of People Services in November 2024.</p> <p>In summary the aim of the procedure is to standardise the recovery of overpayments to ensure consistency across NHS Wales. It also aims to ensure all overpayments are recovered efficiently and as quickly as possible without imposing hardship and to ensure that employees, ex-employees, workers and ex-workers are treated fairly and consistently without any needless stress or worry.</p>
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to receive and NOTE:</p> <ul style="list-style-type: none"> • <i>NHS Wales Protocol for Recognising Continuous Service WP77</i> • <i>WP4 a Procedure for NHS Staff to Raise Concerns (amendment to the cover)</i> • <i>All Wales Recovery of Overpayments Procedure</i>
Arweinydd Gweithredol: <i>Executive Lead:</i>	Jason Brannan, Deputy Director of People Services

Awdur yr Adroddiad: <i>Report Author:</i>	Steve Gregg-Rowbury, Head of Policy, Process and Compliance Llinos Jones, Policy and Benefits Manager			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>		Am sicrwydd <i>For Assurance</i> <input 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>
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>		BCHUB is committed to ensuring that they have up to date working documents to support both managers and employees/workers.		
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>				
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>				
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>				
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i>				
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>				
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>		The policies apply to all employees and workers of the Health Board from day one of their employment.		
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori				

<i>Feedback, response, and follow up summary following consultation</i>	
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	
<p>Camau Nesaf: <i>Next Steps:</i></p> <p>Following approval by the Committee, the protocol and procedure will be implemented immediately.</p>	
<p>Rhestr o Atodiadau: <i>List of Appendices:</i></p> <ul style="list-style-type: none"> • NHS Wales Protocol for Recognising Continuous Service (WP77) • WP4 a Procedure for NHS Staff to Raise Concerns (amendment to the cover) • WP79 All Wales Recovery of Overpayments Procedure • WP79 All Wales Overpayment Spreadsheet Template • Integrated Assessment Screening Tool (IAST) x 3 • Equality Impact Assessment x3 <p>The documents are saved on the website and the link to each document can be found below:</p> <ul style="list-style-type: none"> • Appendix 1 • Appendix 2 • Appendix 3 • Appendix 4 • Appendix 5 • Appendix 6 • Appendix 7 • Appendix 8 • Appendix 9 • Appendix 10 	