Cyfarfod a dyddiad: Meeting and date:	Partnerships, People and Population Health Committee 9.12.21
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Developing the People & Organisational Development Strategy
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Green, Executive Director Workforce & OD
Awdur yr Adroddiad Report Author:	Sue Green, Executive Director Workforce & OD
Craffu blaenorol: Prior Scrutiny:	People & Culture Executive Delivery Group – 03.12.21 Partnerships, People and Population Health Committee 14.10.21 Board Workshop – 07.10.21
Atodiadau Appendices:	1. Discovery Phase "Closure" Report 2. Draft People & Organisational Development Strategy – Stronger Together – Programmes of Work forming the foundation of the Strategy

Argymhelliad / Recommendation:

The Committee is asked to note the content of this update report and to discuss the outline work programme at the committee to enable us to capture feedback comments and suggestions for reflection, inclusion in the Draft Strategy as part of the co design phase.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**	✓	**Ar gyfer sicrwydd For Assurance**		**Er gwybodaeth For Information**	✓
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						**Y**	

Sefyllfa / Situation:

This paper provides the PPPH Committee with a further update on the development of the People & Organisational Development Strategy 2022 – 2025 informed by the discovery undertaken as part of Mewn Undod mae Nerth/Stronger Together and with the purpose of enabling the delivery of the Health Board's long-term Living Healthy, Staying Well strategy and as a result our overall purpose.

Cefndir / Background:

In 2019, the Health Board approved the organisation's first 3 year Workforce Strategy. The purpose set out within the strategy was:

"To enable the delivery of the long term strategy for the Health Board through aligning the workforce using the key ingredients of organisational health and performance"

The central tenet of the strategy recognised that a talented and aligned workforce is crucial in bringing our strategic priorities set out within Living Healthier Staying Well to life and ensuring we deliver on our objectives.

Whilst progress has been made against the deliverables within the strategy, it became clear as the organisation moved through 2019/20 and into 2020/21 that, real and sustainable progress would only be made, if the organisation committed to a strategic organisational reset. Building upon the learning from previous years and particularly through the Covid19 pandemic, working with our people to create the environment for improvement, transformation and ultimately delivering better services, experience and outcomes for our patients and the citizens of North Wales.

In addition, this reset, and the opportunity to co design and develop the next 3-year strategy, has the benefit of being informed by and aligned to 2 pivotal national documents published since the Workforce Strategy approved in 2019.“A Healthier Wales: our Plan for Health and Social Care” published late 2019 and ’A Healthier Wales: Our Workforce Strategy for Health and Social Care’ – published late 2020, together with the outputs of the refresh of Living Healthier Staying Well and the emerging Clinical Service Strategy/Plan and Integrated Medium Term Plan (IMTP).

The premise for the emerging strategy is to ensure that where is makes sense for the people of North Wales, there will be absolute alignment with the national strategies/solutions and, where additional or different solutions would be more impactful for our communities in accordance with our purpose, these will be pursued.

Finally, during this period, the organisation has also developed its Maturity Matrices, aimed at focussing upon key areas of improvement (under the Targeted Intervention and Improvement Framework).

Asesiad / Assessment & Analysis

Mindful that Committee members and colleagues have been a part of Mewn Undod mae Nerth. As such, the detailed work undertaken to engage, connect and improve has previously been discussed in a number of sessions and meetings. This work has informed the options and preferred option for part one of the improvement in the Operating Model for the Health Board and a detailed analysis through to current divisional level has been undertaken to inform the work to effectively manage the change and first phases of implementation of the final Operating Model through Quarter 4 2021/22.

In addition, a Discovery “closure” report has been prepared (Appendix 1) to enable us to see the organisational and individual demographics of those involved to date. The purpose of this is was to provide intelligence to learn and improve a) the methods used for co design and testing of proposals etc. and, b) refine the methodology to form a core part of our transformation and improvement system.

The contents of this report have been used to determine the programme of feedback underway (which started with the Board) and is being used to inform the wider co design under the five programmes of work within the strategy.

As previously reported, hearing the feedback from colleagues and in recognising the importance of language, particularly in terms of feeling connected and valued for the contribution to the purpose of the organisation, irrespective of role, profession etc. The proposal is therefore to call the strategy “People & Organisational Development Strategy – Stronger Together” rather than “workforce”

strategy.

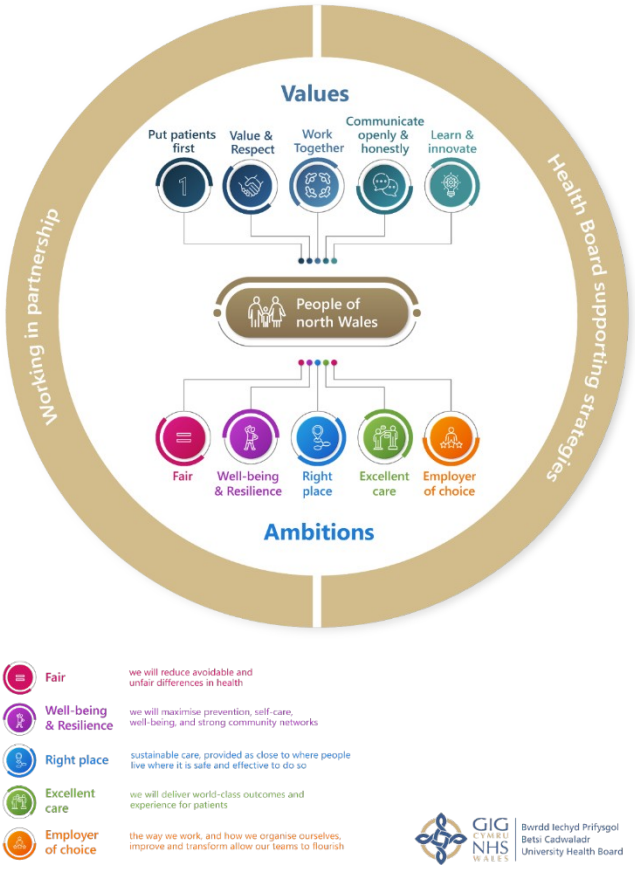
The central tenet of the current strategy versus the future strategy is not fundamentally changed. However, the foundations upon which the future strategy is built and importantly the methodology for its production is fundamentally different. This is a continuation of our strategic organisational development route map, in partnership with our people.

The strategy "the how" to "the what" of the Integrated Medium Term Plan (IMTP) and Clinical Services Plan, also responds to the mandate from discovery and the call to action to:

- Modify
- Simplify
- Unify

Alignment with Delivery of Our Purpose

In pursuance of the call to action above, and as part of the development of the IMTP, a Strategic Plan on a Page has been developed in collaboration across Transformation, Planning, Organisational Development and wider teams.



The aim of the People & OD Strategy is to underpin and enable the values driven delivery of all of the Ambitions described above through the following Programmes of work.

An outline of these programmes of work is set out in **Appendix 2**. These programmes of work will provide the core of the Strategy (and IMTP) and as such, it is important that we engage with colleagues to draw out any particular areas that may be missing, unclear or where we believe we need to be more radical or ambitious as well as more cautious.

The work to bring this together is directed and overseen by the newly formed Executive Delivery Group – People & Culture. This group, whilst chaired by the Executive Director of Workforce & Organisational Development, with the Executive Director of Primary Care & Community Services (Executive lead for transformation) as Vice Chair involves both clinical and non-clinical leaders from across the organisation.

The detailed delivery plans, including investment required to support this as well as expected outcomes and benefits realisation will also be overseen by the Executive Delivery Group. The areas for investment are included in the Schedule of Investment Priorities in the IMTP and are aligned with the sustainability funding plan previously considered by the Board.

As reported at the previously, following engagement on the detail under the programmes of work, the final Strategy submitted on 10th February prior to submission to the Health Board meeting on 10th March 2022.

Recognising that the Committee has a workshop arranged for 13 January, it would be helpful if the Committee would consider a more detailed discussion on the draft Strategy in that session. This would present an excellent opportunity to review the draft People & OD Strategy alongside discussions regarding the output from the Recruitment Improvement Review, education-commissioning plans, and progress in the development of the Interprofessional Medical & Health Sciences School, and, Education and Learning Academy for BCUHB.

Dadansoddiad Risk / Risk Analysis

One of the core risks with any co design/development is the time colleagues across the organisation have available, given workload and staffing pressures, which reinforces the importance of adopting flexible and locally tailored approaches to engagement activities and the development and monitoring of local improvement plans and taking into account the needs of staff without access to IT.

Asesiad Effaith / Impact Assessment

As with the Workforce Strategy 2019-2022, the demographics and needs of our population is taken into account as well as the demographic composition of our people. The Strategy and associated plans will all be informed by and assessed against both the equality impact and socio economic impact to identify ways in which the organisation can better promote equality and address and/or ameliorate inequality.

Mewn Undod Mae Nerth/Stronger Together Discovery – 'Let's Talk'
Closure report – November 2021

Introduction

This paper provides the Partnerships, People and Population Health Committee with an update on the Discovery 'Let's Talk' phase of the Mewn Undod Mae Nerth/Stronger Together Strategic Organisation & System Development Route Map. It provides the detail of the guiding principles used for engagement throughout the Discovery phase, the demographics of the staff involved in engagement activities and the lessons learned throughout the process.

Background

Mewn Undod Mae Nerth/Stronger Together is an ambitious 3+ year system and organisational development route map to enable the Health Board to better meet its purpose and goals through the alignment of its process, behaviours and structures. The key three phases of Mewn Undod Mae Nerth/Stronger Together are: Discovery (Let's Talk), Co-Design and Co-Delivery.

The Discovery phase commenced in June and has included a review of over 80 pieces of evidence (which includes the results of the November 2020 national staff survey) and sending invitations to over 14,000 staff to take part in Discovery, the aim being to engage 10% of these staff in a conversation about how it feels to work in the Health Board. These conversations were organised around a number of key indices and themes which are evidenced based indicators of positive organisational performance. The conversations have been a blend of 1 2 1 conversations with senior leaders, small focus groups with operational and clinical teams, and workshops for large groups of staff, and some paper based surveys. The majority of the engagement to date has been virtual with some face to face workshops being held to engage staff with limited access to IT.

The Discovery phase of Mewn Undod Mae Nerth completed on 24th September, although some workshops continued to be held during October and early November to ensure that all staff groups had the opportunity to engage and take part.

All those staff who have taken part in a discovery conversation are now part of an ongoing, active Stronger Together community who will continue to be engaged in the co-design and co-delivery stages of the Mewn Undod Mae Nerth/Stronger Together.

Prior to and during the Discovery phase of Mewn Undod Mae Nerth/Stronger Together, other engagement activities have taken place, the emerging themes of which appear consistent with those to emerge from the Discovery phase of Mewn

Undod Mae Nerth/Stronger Together. These include the local feedback to the national Medical Engagement Scale survey; the immersion events held as part of the Visibility in Leadership work undertaken for Safe Clean Care Harm Free; Be Proud surveys and Clinical Leadership Development survey.

Overview & Learning

During the Discovery phase of Mewn Undod Mae Nerth/Stronger Together, the intention was to hear the views of up to 1800 staff (10%) across BCUHB through one to one conversations, focus groups (involving up to 6 members of staff), workshops (initially up to 12 members of staff virtual and face to face) and through other engagement activities being undertaken, seeking to ensure engagement with members of staff from across the organisation (representative of all grades, professions, divisions and geographical areas).

The initial plan was for two one to one conversations, each lasting on average for 90 minutes, to be held with participants with an independent external facilitator. It became apparent that for some, one session was sufficient and for others, a third conversation was required to capture the richness of conversation.

The focus groups were initially intended as 3 hour conversations but length varied in practice depending on the amount of participants involved. .

Equally, the workshops were initially intended as 3 hour conversations but shorter workshops of 1.5 hours were also arranged to take account of service pressures on participants, some being supplemented by the use of a smart survey. Most workshops were digitally enabled with some face to face workshops held for staff without access to IT.

The resources required to conduct such a large scale staff engagement exercise has been significant to ensure that the Discovery phase could be undertaken in a short intense period to ensure momentum was built quickly and able to then be maintained into the design and delivery phases, whilst also ensuring a breadth and depth of engagement with staff across all areas in the Health Board.

Guiding Principles used during the Discovery 'Let's Talk' engagement

Given the resource requirements and time availability to engage with staff, a set of guiding principles were used to allocate members of staff for a one to one conversation; join a small focus group; or, be invited to attend a shorter or longer workshop. (There were some exceptions to these principles which took into account particular roles or groups within the Health Board).

A profile of the main characteristics of the workforce was undertaken to ensure that the staff who engaged in the discovery phase was representative of the overarching workforce profile, taking into account members of staff with protected characteristics.

Guiding Principle for 1 2 1 Conversations

The overarching principle for the invites to a one to one conversation was to engage with senior decision makers within the Health Board and other senior staff who held a Health Board wide remit. One to one conversations were also held with the representatives of each Trade Union, the chairs of the 3 staff networks and members of the Health Professions Forum (some members of the Forum were invited to join a focus group in line with their main roles within the Health Board).

The resources required to conduct such a large scale staff engagement exercise has been significant to ensure that the Discovery phase could be undertaken in a short intense period to ensure momentum was built quickly and able to then be maintained into the design and delivery phases, whilst also ensuring a breadth and depth of engagement with staff across all areas in the Health Board.

Of note, there were a number of senior members of staff in the Health Board who held more than one role/remit. These members of staff were either invited for a one to one conversation or to join a focus group based on their primary role in the Health Board.

The following were invited for a one to one conversation:

One to one invitees	**Rationale**
All members of the Board	Senior strategic decision makers
All members of the Strategic Oversight Group for Mewn Undod Mae Nerth/Stronger Together	All Executive members of the Board as above
All members of the intended Tactical Co-ordinating Group for Mewn Undod Mae Nerth/Stronger Together	All members of the Tactical Co-ordinating Group CG have a key role in supporting Mewn Undod Mae Nerth/Stronger Together, have key roles in the organisation often with a Health Board wide remit and are engaged in/leading other related strategic programmes across the Health Board
All 14 Trade Unions partners	Partnership working a core principles of Mewn Undod Mae Nerth/Stronger Together
Chairs of the 3 Staff Networks	Ensuring voices of staff with protected characteristics are heard as part of Mewn Undod Mae Nerth/Stronger Together (workshops also were held with full membership of 3 staff networks)
All individuals on the organisational chart (as of 25.03.21)	All key decision makers and individuals with responsibility for operational/strategic delivery, influencing what and how the Health Board delivers its objectives. All are direct reportees to an Executive Director or their own direct reports, including senior operational leaders across organisation with a North Wales remit
Senior members of staff who hold a Health Board wide remit	Senior colleagues with a North Wales remit will have understanding of and influence the delivery of health care across the whole Health Board, this

	being a wider remit than colleagues with roles in specific geographical areas. This includes some senior individuals working in corporate departments (see below); a number of senior operational leads for services managed on a North Wales basis (e.g. senior teams for Mental Health and Learning Disabilities and Heads of Clinical Psychology, Women's, Cancer Services, NW Managed Clinical Services, GP Out of Hours (OOH)); and, North Wales Clinical Leads for a range of medical/surgical specialties including North Wales Clinical Networks
Members of Executive support team which Executive identified for 1 2 1 conversations (others having been allocated to focus groups/micro workshops)	Identification of key senior individuals, some with Health Board wide remit

Guiding Principle for Focus Groups

The guiding principle in establishing focus groups was to engage the next tier of operational/clinical management triumvirate teams and corporate teams, who collectively are responsible and accountable for service delivery and translating health board strategy into practice.

These teams form the essential 'glue' between strategic, corporate functions and the delivery of services and management of staff 'on the ground'. They have key influence on shaping the organisation's culture, are key enablers of change and are uniquely placed to provide a valuable perspective for the discovery phase.

There wasn't sufficient capacity to hold individual one to one conversations for all members of these teams (and a random sample may have been perceived as excluding some members). Equally, inviting them to join the larger workshops may have diluted learning about the important nuances and differences in perspective these teams hold across different geographical areas which in turn influences service delivery across the Health Board.

The operational/clinical management triumvirate teams included in the summary below typically involve a Clinical Director/Lead, General/Lead Manager and Head of Nursing/Matron. Existing meeting structures of the triumvirate and corporate teams were targeted to hold the focus groups.

Focus Group invitees:

- Acute care triumvirate teams (3 for each acute site – Medicine, Emergency Care, Surgery, Anaesthetics and Critical Care n=9), plus Heads of Site Management and Governance leads (shared focus group with Area leads)

- Triumvirates for Women's Services (n=3)
- Triumvirates for Children's Services (n=3)
- Triumvirate teams for Mental Health and Learning Disabilities (n=6)
- 9 teams within primary care (inclusive of GP cluster leads/teams 3 x; GPOOH x 3)
- North Wales Cancer Services (n=3)
- North Wales Managed Clinical Services (n=3)
- Estates and Facilities (n=2)
- Assistant/Associate Medical Directors supporting Hospital Management Team and Area Management Teams
- Clinical Directors for Medical and Dental Education
- 7 corporate teams (1 x WOD; 3 x finance – number of whom are members of operational triumvirate teams; 1 x planning; 1 x corporate nursing; 1 x informatics)
- Area Teams - Heads of Therapy services, Pharmacy, Dental services, senior nurses covering both community hospital and nursing teams, clinical and operational management teams.

Guiding Principle for the main workshops

The main workshops were the means through which front line staff were directly engaged in the discovery phase. Having an option to attend a shorter workshop – 1.5 hours – as well as a 3 hour workshop was designed to facilitate the engagement of staff who found it hard to be released from their duties for a 3 hour period but who could be released for a shorter time. The guiding principle of the workshops was to ensure a representative sample of all staff working in the Health Board was invited to participate, covering all grades, professions, divisions and geographical areas, reflecting the reach covered through the focus groups and one to one conversations.

Given the challenges of ensuring appropriately COVID secure, socially distanced environments for the workshops together with the fact that many front line staff would not have ready personal access to IT, a range of methods were used to ensure meaningful engagement which involved a cross section of all staff groups, professions and geography:

- For staff who had access to IT, staff were able to book themselves directly into a workshop in addition to staff being invited to workshops by staff group/area. Line managers were also able to book teams directly into the workshop sessions.
- Some face to face sessions were arranged for staff groups without ready access to IT. These were held on a number of sites in the Health Board. Contact was made with line managers to ascertain what forums and meetings they were currently using to meet face to face with their staff and what other options could be put in place to facilitate for the face to face workshops.

- For staff attending shorter workshops, an option was provided for staff to complete a survey to facilitate further feedback, with this survey being available in both paper and digital format.
- The opportunity to participate in workshops was arranged for staff working evening/nights and weekends.

A summary of the numbers of staff engaged both directly in the Discovery phase of Mewn Undod Mae Nerth/Stronger Together is presented below, together with a summary of numbers engaged with complimentary engagement activities. Further analysis of the demographics of those who participated, including equality monitoring information, is presented in Appendix (i).

DISCOVERY SESSION		
	PLANNED	COMPLETED
One to One	185	169
Focus Groups	61	58
Workshop - Invited /Self Booked	55	101
Face to Face Drop in Sessions (Staff with limited IT)	54	35
E-Learning - Virtual	107	107
Totals	462	470

STAFF NUMBERS		
	Staff Invited	Staff Engaged
One to One	185	169
Focus Groups	294	157
Workshop - Invited /Self Booked	12755	525
Face to Face Drop in Sessions (Staff with limited IT / all staff)	1540	167
E-Learning - Virtual	107	98
Totals	14881	1116

Total Engagment		
	Invited	Engaged
Conversations (1-2, Focus Group, Workshops, drop ins)	14827	1116
Medical Engagment Scale		238
Clinical Leadership Development Survey		141
Be Proud Survey		525
Safe Clean Care Survey		42
Totals	14827	2062

The Learning during the Discover 'Let's Talk engagement phase

The Discovery phase of Mewn Undod Mae Nerth/Stronger Together has not only provided very rich feedback to inform next steps in terms of co-design and co-delivery, but equally has provided a very rich source of learning and feedback on which engagement methods work best for which staff. Utilising a mixed approach which includes different and innovative ways of reaching staff is required, including a mixture of face to face and virtual sessions, with a combination of very small through to larger groups of staff through focus groups and large workshops is necessary, as is the need to continue to use some paper based surveys to capture the views of some staff groups.

The learning has shown the need to be flexible in delivery and tailor engagement activity to local needs. This has included ensuring staff without access to IT are provided with different ways of engaging, primarily face to face in a socially distanced manner. Staff having time to participate in a conversation (be this virtual or face to face) has also been a challenge due to operational pressures. Another key point of learning is not to solely rely on busy line managers to have sufficient time to share information about Mewn Undod Mae Nerth/Stronger Together and that this is one of a range of methods required to communicate with and engage staff.

This learning will inform the design and delivery of support to future engagement activities with staff at all levels of the organisation and in diverse settings, including influencing how the co-design and co-delivery phases of Mewn Undod Mae Nerth/Stronger Together are undertaken.

Building the Stronger Together Community

Every member of staff who has taken part directly in a conversation during the Discovery phase of Mewn Undod Mae Nerth/Stronger Together is now part of the Stronger Together Community (of practice) and has been asked to indicate how they wish to continue to be involved in the co-design and co-delivery phases. This includes being active members of working groups and receiving email updates going forward.

Feedback sessions to staff

Feedback sessions to staff – including the Stronger Together community and the wider organisation – commenced in mid-November and are being held until early December. These will be further supplemented with a written summary of feedback. These feedback sessions are being held virtually and are being delivered by members of the Executive Team. The feedback sessions are an opportunity to share with staff the key themes to emerge from the Discovery conversations and discuss next steps in continuing to keep them engaged and involved in the co-design of key areas of improvement and change, these being directly informed by the conversations that have taken place during Discovery.

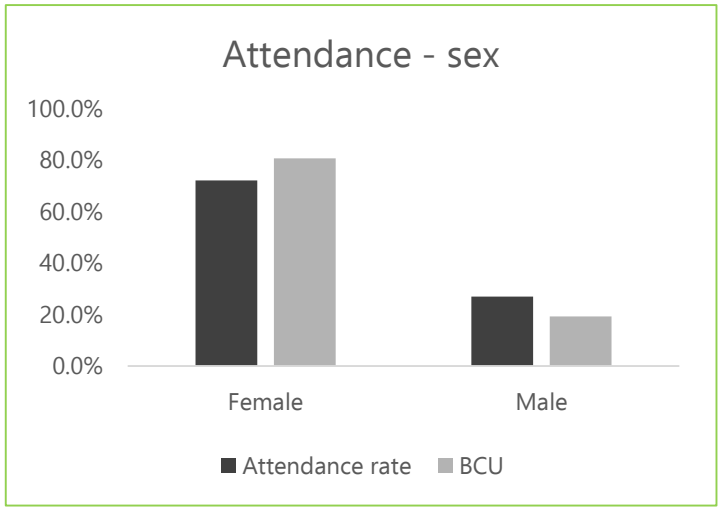
Equality Monitoring

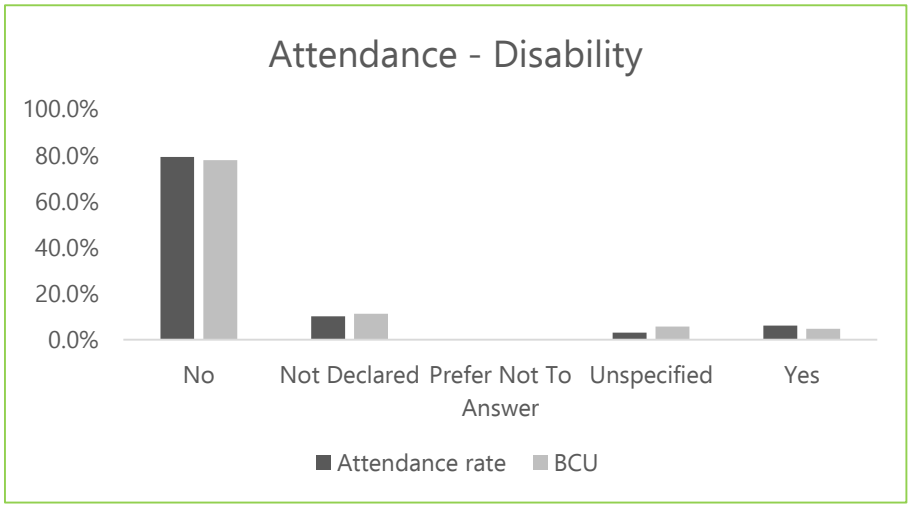
1:1 interviews 169	Face to face workshop 167	Virtual Focus Group / workshop 682	Self learning 98

1116 attendances linked to ESR recording and anonymised

Data shown at high level to protect anonymity.

Equality Monitoring – engagement so far





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Representation of 72.1% females and 27.0% males compares to Health Board representation of 80.6% and 19.4% respectively

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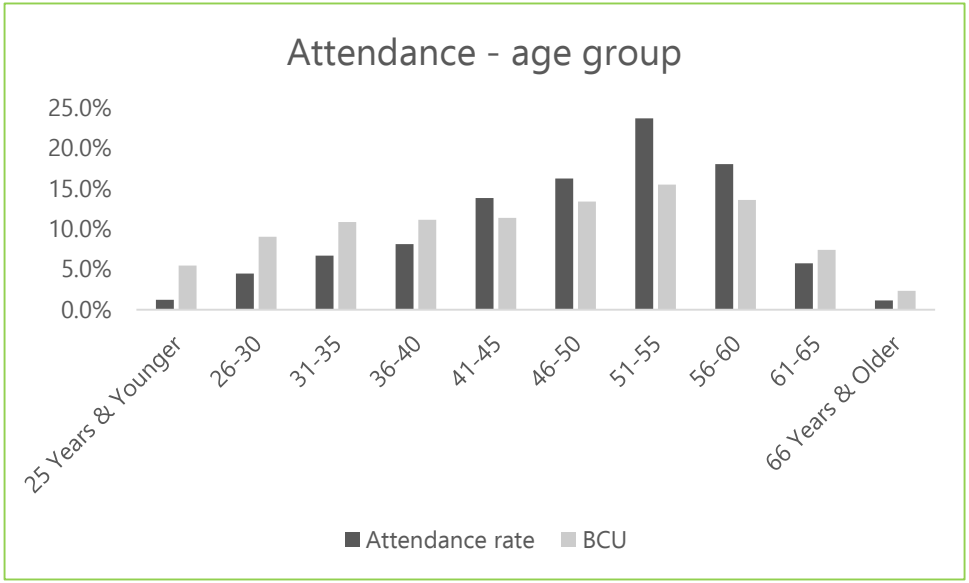
Representation of 6.2% were from people who self declare as having a disability. This is above the overall representation for the Health Board which is currently 4.8%

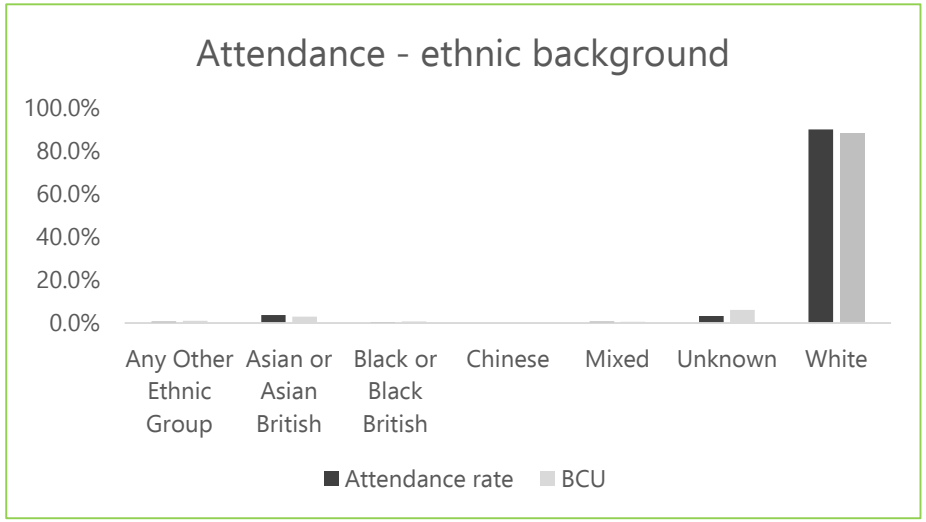
Equality Monitoring



	Attendance rate	BCU
25 Years & Younger	1.2%	5.5%
26-30	4.5%	9.0%
31-35	6.7%	10.8%
36-40	8.1%	11.1%
41-45	13.8%	11.4%
46-50	16.2%	13.4%
51-55	23.7%	15.5%
56-60	18.0%	13.6%
61-65	5.7%	7.4%
66 Years & Older	1.1%	2.4%

Representation of different age groups shows significant lower attendance rates from younger age groups compared to the BCU profile– ages 40 and below and older groups for people aged above 61 years. This is reversed for age groups 41 to 60 years.

Equality Monitoring

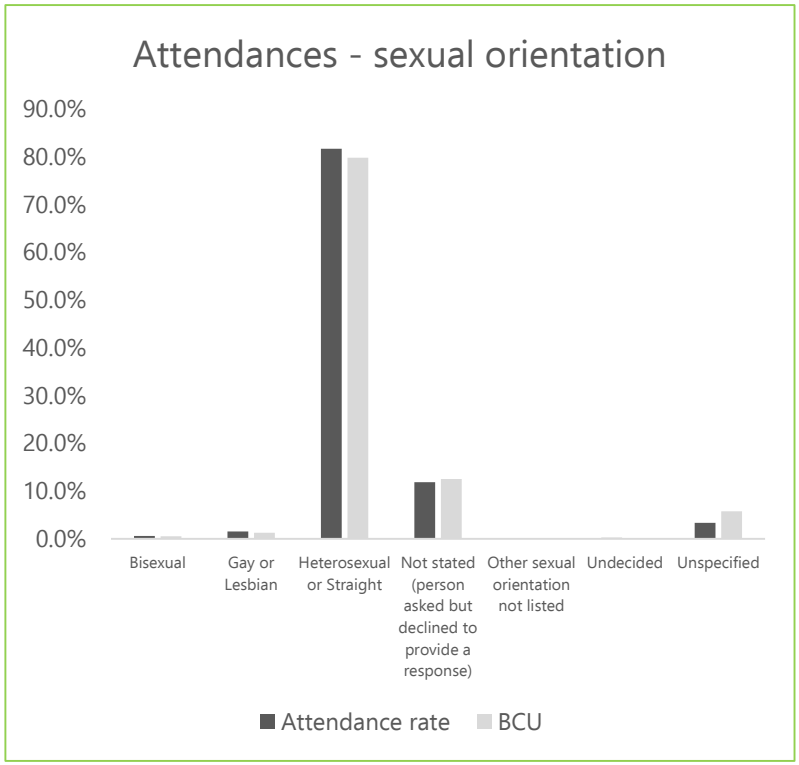


	Attendance rate	BCU
Any Other Ethnic Group	0.7%	1.0%
Asian or Asian British	3.8%	2.9%
Black or Black British	0.5%	0.8%
Chinese	0.0%	0.1%
Mixed	0.7%	0.6%
Unknown	3.3%	6.1%
White	90.2%	88.4%

Note: Ethnicity Unknown = Combination for Blank Return from ESR and selected 'Z Not Stated' in ESR

Representation of Black, Asian and Ethnic minority groups is broadly comparable with the BCU profile, noting slightly higher numbers participated in a discovery conversation amongst Asian and Asian British and mixed compared to BCU profile and slightly lower for black and black British

Equality Monitoring

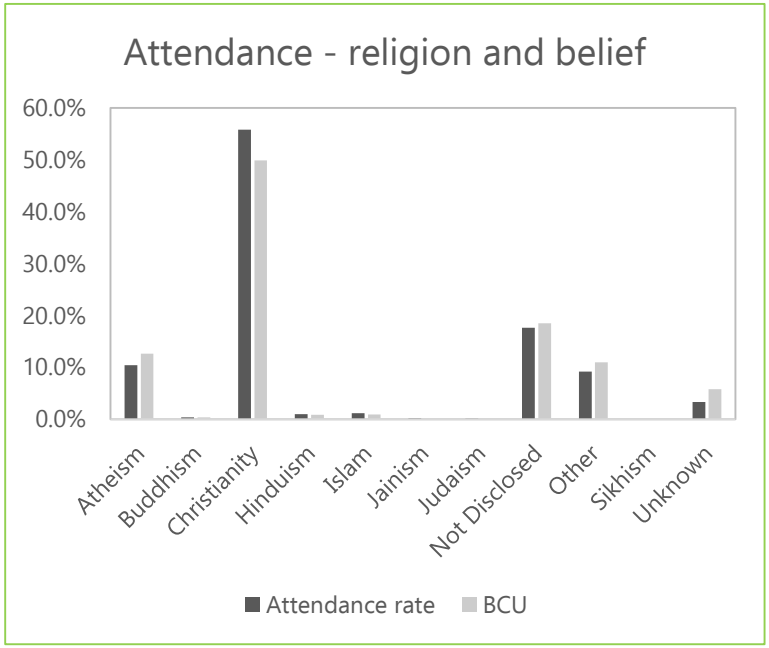


	Attendance rate	BCU
Bisexual	0.6%	0.5%
Gay or Lesbian	1.5%	1.3%
Heterosexual or Straight	81.7%	79.8%
Not stated (person asked but declined to provide a response)	11.8%	12.5%
Other sexual orientation not listed	0.0%	0.1%
Undecided	0.2%	0.1%
Unspecified	3.3%	5.8%

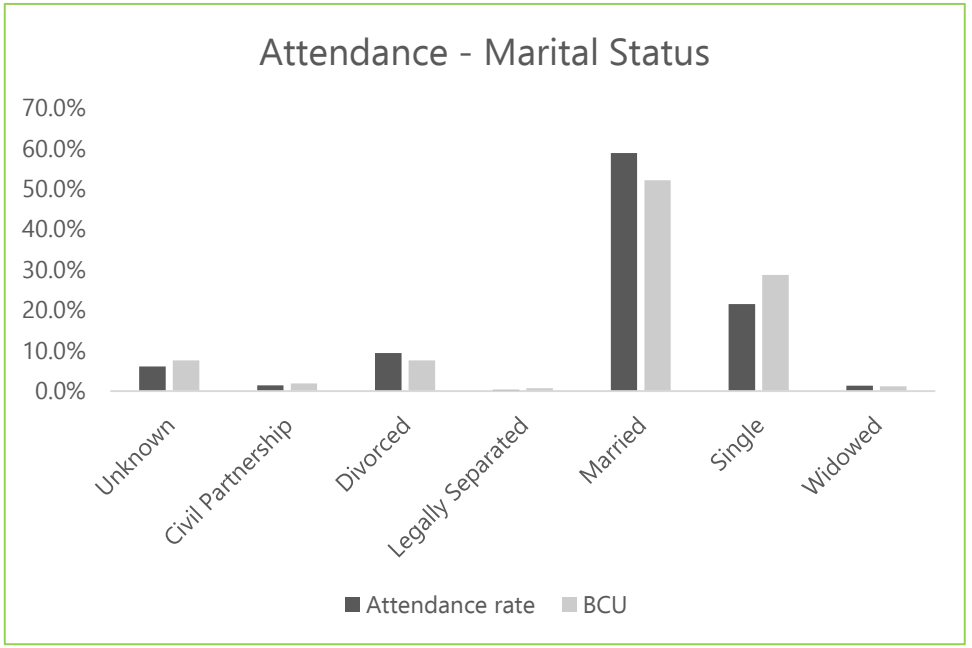
☺

Representation of different backgrounds in terms of sexual orientation was fairly representative of the workforce.

Equality Monitoring



Note: Religious Belief Unknown = Unspecified in ESR

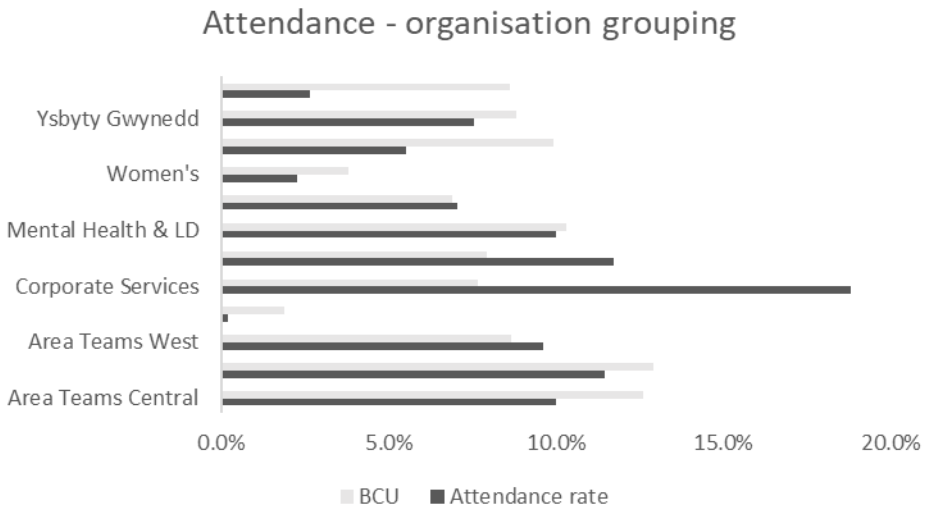


Note: Martial Status Unknown = Blank return from ESR

Non disclosure data on ESR skews the data set however attendances of people with Christian background (55.8%) is higher than the workforce (49.9%)

Representation of attendances higher from married people compared to the workforce representation and lower for single people. No significant variation for other marital status'

Monitoring across the organisation



There is variation across attendance rates across the organisation. Representation is significantly **above** the workforce rate within:

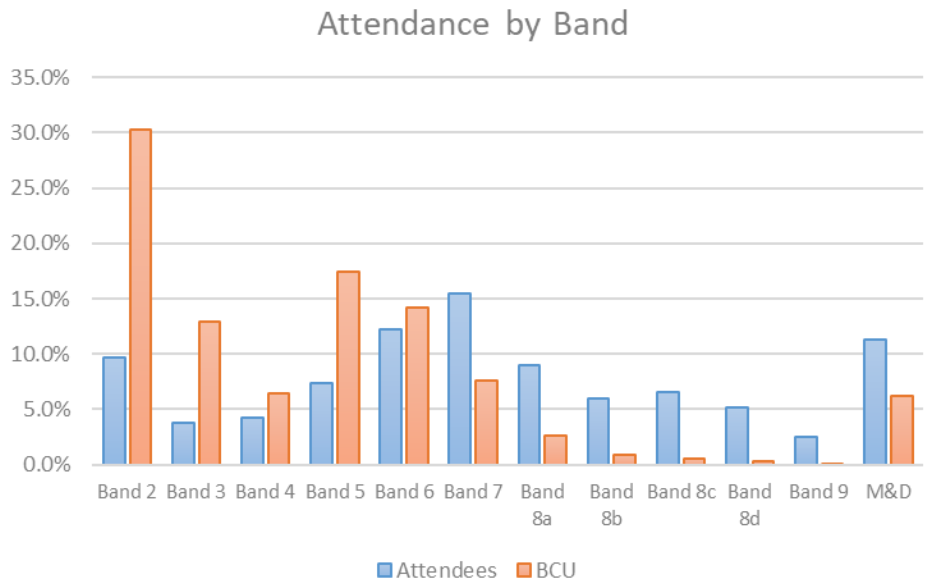
- Corporate Services
- Estates and Facilities

Representation is significantly **lower** than the workforce rate within:

- Ysbyty Maelor Wrexham
- Ysbyty Glan Clwyd

Further disaggregated data available at teams / division level but not presented as this could be identifiable

Monitoring across the organisation



There is variation across attendance rates across the different band groups . The data suggests that a higher proportion of those banded 7 and above took part in a discovery conversation compared to their proportion of the BCU workforce

Key groups – targeting areas lower representation

Younger age groups

Lower bands

Under represented parts of the organisation – e.g.: Ysbyty Maelor Wrexham and Ysbyty Glan Clwyd

Consideration of other information when looking at participation: e.g. full time / part time workforce, and cross disaggregated data e.g. participation from Black, Asian and ethnic minorities in band 2 and 3.

Diversity for marital status – lower single people participation may link to young age group

Older groups

People & Organisational Development Strategy 2022/25

Draft Framework for discussion and feedback on the content of the Work Programme

Contents

Foreword

INSERT FORWARD FROM CEO

Our Strategy

INSERT FROM IMTP INC PLAN ON A PAGE

Context & Case for Change

Our Ambition

Employer of choice

Our ambition is aligned to the ambition for healthcare across Wales in that we will have a motivated, engaged and valued, health care workforce, with the capacity, competence and confidence to meet the needs of the people of North Wales. Specifically this means that:

- Our people will have the right values, behaviours, knowledge, skills and confidence to deliver evidence based care, and support peoples wellbeing as close to their home as possible;
- We will have sufficient numbers of the right people to be able to deliver proactive and responsive health care that meets the needs of the people of North Wales;
- Our people will reflect the diversity, welsh language and cultural & community identity of the population we serve;
- Our people will feel and be valued.

We will achieve this ambition through implementation plans co designed and delivered in partnership with our people and partners.

As the largest Health Board in Wales and one of the largest employers in North Wales, we recognise that the people who work with us to provide services and care (our workforce and volunteers) must be valued. Not just for their dedication and contribution to achievement of our purpose, but importantly, as members of local communities, contributing to the wider socio economic prosperity and health of North Wales.

We will continue to build upon achievements to date to embrace the role that we play in both employing the right people with the right skills to provide services in the right place, and developing opportunities, together with partners across health, social care and education, for members of our communities to gain and maintain employment and to achieve their ambitions.

People & Organisational Development Strategy is our opportunity to create a learning culture, to work together with our people and partners to address a number

of long-standing challenges, prepare our organisation for future challenges and to embrace and create opportunities for us to succeed.

Many of our future workforce are here today in various forms and retaining, nurturing and developing them is as important as recruitment of more and new. The actions under the five programmes of work set out within the strategy will work together to improve retention of our current workforce, as well as attracting new people into the workforce.

This cannot and will not be “more of the same” – as outlined in previous sections of this plan; we need to continue to transform traditional roles and ways of working to support new models of care through our local and the national transformation programmes. Just some of the examples of this include:

Strategic Alignment of National programmes for local delivery - Under our Clinical Services Plan – Local delivery of the Strategic Programme for Primary Care and Accelerated cluster development aligned to the principles within the National Clinical Framework

Bringing the principles of the national Strategic Workforce Planning Frameworks for Primary Care, Community Service and Mental Health together for delivery at local level enabled by integrated and multi professional workforce planning and commissioning

Education and Learning Academy – Building on the fantastic work of the Primary Care Academy and further developing our ambition to educate and train the very best professional and practitioners through the establishment of BCU Education & Learning Academy. Using this infrastructure to provide the foundations for enhanced and innovative experiential learning and placement programmes in order to optimise the benefits of the Inter professional Medical & Health Sciences School and wider strategic education partnerships. Bringing together the programmes already in place to increase and widen access across the communities of North Wales to education, learning and employment.

Fundamental Principles

This People & Organisational Development Strategy is built upon the foundations of fairness and equity and as such, we expect to see the fundamental principles of wellbeing, welsh language and inclusion through all of our implementation plans.

Wellbeing

There is a significant body of evidence linking wellbeing, capability and engagement of health care workforce to improved outcomes for the people to whom we provide care and support. We will ensure our people are treated fairly and recognised for the contribution they make.

Welsh Language

Evidence of better clinical outcomes, and outcomes for people accessing care and support as well as employment highlights the vital importance we must place on delivery of health care in the first language of our country.

Supporting our people to deliver care and services using the Welsh Language where needed, is a fundamental principle which must underpin every area of this strategy.

Inclusion

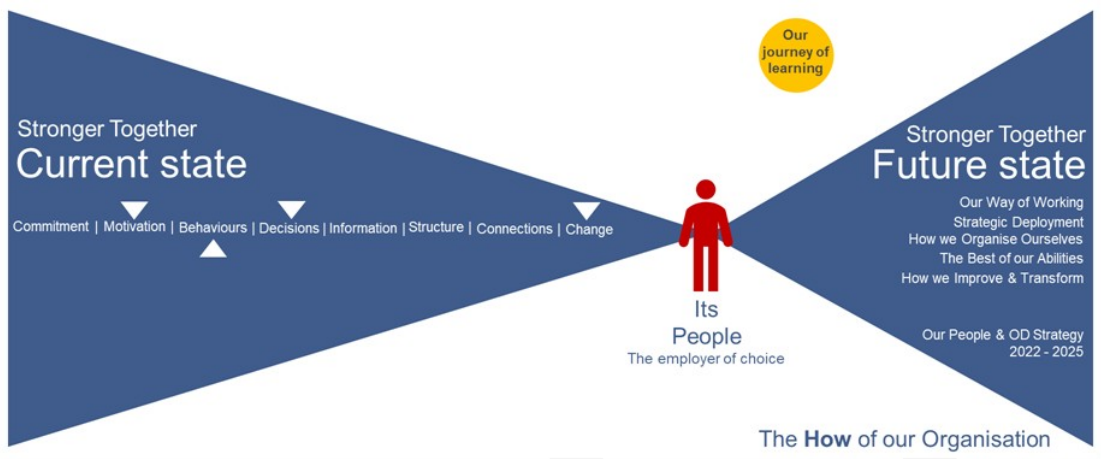
Creating and nurturing a culture of true inclusion, fairness and equity across our organisation is at the heart of this strategy and reflective of the aims within our Strategic Equality Plans. This will be a theme running through the five work programmes under this strategy, with strong focus on values based, compassionate and inclusive leadership.

Our Current State

INSERT BCUHB CURRENT STATE AS AT 1st January 2022

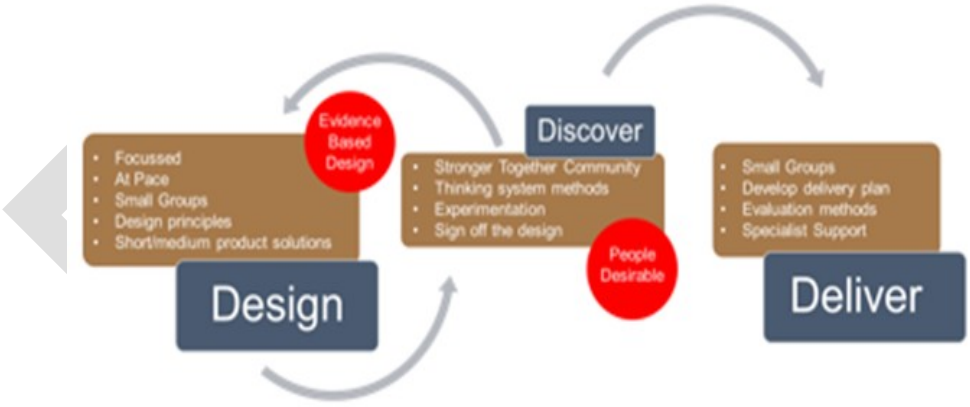
Programmes of Work

The Health Board has embarked on an ambitious three year people and organisational development journey (Mewn undod mae Nerth/Stronger Together). This will enable the organisation to move forward and deliver its Clinical Strategy (the What) through delivery of its People & OD Strategy – Stronger Together.



At the heart of the transformation will be our staff, partners and patients in short, 'Our People'.

Our methodology - Having heard feedback from 2,000 staff as well as triangulating with internal and external reviews to inform our learning we have a mandate for change. Using the key determinants for organisational health and success, we are committed to the principles of co design against a framework for improvement.



Our Way of Working

Values & Behaviours – Development of a behavioural compact for all professional groups. The behavioural compact will be embedded in every aspect of the employee journey from on-boarding, active employment and even exit. Individuals and teams will be able to demonstrate how their behaviours are having a positive impact on individual and team performance in the provision of patient care. Individuals will be able to describe being engaged in the organisation's health and performance. Customer focussed – ensuring patients, partners, contractors, and colleagues always receive the best service and are treated with respect and inclusivity.

Learning Culture – Building on the progress made with the introduction of Speak out Safely and learning from the feedback from discovery we will co design our "learning from" processes as part of the development of our transformation and improvement system.

Staff Support & Wellbeing - It is nationally acknowledged that the COVID 19 pandemic has had an impact on the emotional and psychological health and wellbeing of health and social care staff, over and above the day-to-day pressures of working in health and social care. This includes the potential for a post pandemic increase in feelings of stress, anxiety and burnout amongst staff as they reflect on the experiences of working through a pandemic whilst also working to 'catch up' with backlogs of work generated through the pandemic, including those in planned care and cancer. Building on the learning from our interim Staff Support and Wellbeing Services we will establish this comprehensive service focussed upon supporting staff when they most need it, developing strategies for self-management and prevention and supporting leaders and managers to identify and address early warning signs as well as creating the environment for colleagues to thrive.

Engagement & Communication - Building on the existing structures and incorporating new mechanisms to support individuals through their employee journey, strengthen existing and developing new two-way communication networks (Including leadership visibility) and linkage mechanisms, which break through internal boundaries to enable massive & active engagement. Staff involvement service improvement through continuous improvement methods and connectivity to the innovation mechanisms, clinical & corporate networks, and the organisation's transformation & improvement function.

Strategic Deployment

Goals – Using a clear set of organisational goals with outcome & process metrics aligned to the purpose and future state service narrative based on the refreshed Strategy-Living Healthier, Staying Well & Clinical Services Plan. Individual and team-based goals and supporting actions will be clearly aligned back to the purpose. Improved system, team & personal performance contribution mechanisms to be rolled-out - designed to link purpose, goals, measures & actions. Process & outcomes measures will be integrated into the internal operating framework and form part of the integrated performance reporting mechanism.

Business Planning Mechanism – A revised Business Planning Mechanism to enable the organisation to deploy the discovery, co-design methodology and track delivery of short-term operational & improvement and long-term transformation plans. Plans based on population need and an evolving processing capacity across interdependent pathways of care to prevent, manage or meet that demand. Pathway improvement and transformation blueprints are in continuous development as are service development plans for corporate services.

Information & Performance - development of the digital infrastructure and information architecture alongside a capability development plan for operational leads and key users across the organisation. This will support the evolution towards predictive management of unplanned and planned demand, work in progress, processing capacity, activity & backlog across pathways of care at a service and whole system level.
A portfolio of bottom-up vertical outcome and horizontal process metrics which demonstrates achievement of organisational quality, performance & productivity goals at an individual, team, function and service level are developed, providing a single version of the truth in terms performance impact and evidence informed course correction interventions. A measures framework, which mirrors the design of the organisation, forms a critical element of the performance-operating framework.

Course Correction - Escalation protocols (issue & risks), feedback & learning mechanisms -
Performance feedback, risk management, clinical audit systems, complaints, serious incident reporting & management systems are integrated into the design of the organisations future model of operating. Feedback loops provide information & insight feeds into pathway and service design development activities,

strategy development and business planning cycles. Complaints, risk's identification, mitigation development and risk management are used as a critical aspect of the decision-making mechanisms through the organisation from board to ward. The organisation has a transparent culture and can demonstrate its ability to learn. Learning and improvement from safety incidents embedded across the Health Board.

Team & Personal Contribution - performance monitoring, measurement & learning - Team and individual goal-based performance feedback mechanisms are integrated into the design of the organisations future model of operating. Team based daily performance and continuous improvement events, linked to the organisations continuous improvement intervention proposal are developed, as are enhanced appraisal mechanisms. Evaluation of the impact has identified the benefits associated with the adoption of these combined approaches and are built into a regular weekly, monthly annual cycle of review and learning.

How we organise ourselves

Design principles – Deploying the design principles agreed in collaboration across the organisation to inform development and implementation of a revised operating model including structure, governance, performance and accountability.

- **Person centred.** The person is at the centre of all that we do, with an equal focus on keeping people well and providing high quality care and treatment when it is needed.
- **Clinically led, evidence based, empowered** organisation. Listening to and empowering colleagues, with quality and equity at the heart of decision-making.
- **Community focus with regional networks**. Organised around the needs of our communities, with a local focus balanced with regional delivery for the best patient outcomes. Skills and resources organised and supported to provide seamless services and better outcomes.
- **Consistent standards with equal access** to care and support for all communities across North Wales, following value based healthcare principles.
- **Effective partnership working**, listening to our colleagues, partners and communities to develop and deliver services that support people to live healthily and stay well.
- **Compassionate, learning** organisation. Continually improving, using technology and data to simplify systems and innovate
- **Processes and ways of working** that make doing the right thing easy.

These design principles, applied for the overall operating model for the organisation will continue to be deployed as we review operating models for key enabling services e.g. Workforce & Organisational Development to support delivery of the People & OD Strategy.

The Best of our Abilities

Education and learning – Using the size, breadth and depth of the organisation to establish the organisation as a key strategic leader in Inter/multi and uni professional learning and education. Working across our clinical and operational networks, with our strategic education partners and with our community partners to build on existing and establish new programmes of education from specialist and postgraduate training to vocational and work skills development and on to life and health skills opportunities. Recognising the need for significant improvements in the way in which the organisation supports and enables placements for experiential learning of undergraduate, postgraduate trainees across professional groups together with the development of new roles (new to the organisation or clinical practice) we will develop a BCU Education and Learning Academy. In the first phase, this will be enhancing the infrastructure in the Primary Care Academy and as we progress through to increase in students numbers across professional groups scaling this to cover the wider organisation.

Leadership & Management – Development of an integrated Leadership & Management Development Framework for all professional groups based on the principles of transformation and improvement, compassion, experiential practical learning, network development, distributed leadership, team communication, staff safety & wellbeing, systems and how they work, social movement and human factors practice, collaborative & shared decision making and peer to peer coaching.

Talent and Career Development Framework – Development of structures, processes supported by digital systems support leaders in the active management of talent from recruitment, talent pool building, succession planning, skills & competency development, leadership development, interim role deployment opportunities, welfare management, appraisal, and performance management. Leaders actively promote the management of talent within their teams and across the organisation as the benefits associated with this activity are visible through key organisational performance metrics; including staff surveys where a picture emerges of a workforce, which is motivated and connected.

Workforce Planning & Commissioning – Building on the progress made and learning from the pandemic as well as deploying new national frameworks and toolkits, establish a comprehensive workforce planning methodology and framework for deployment of scenario planning linked to demand and capacity and pathway/service transformation. Using this to develop forward look commissioning plans for education and training to enable the organisation to not only develop the workforce of the future but also, to influence national strategy and planning.

In the first phase this will be focussed upon meeting the challenges of recovery and supporting the development of new models of care and delivery e.g. Accelerated Cluster Development, enhancing prevention and primary care services and delivery of planned care through Regional Treatment services.

High quality, reliable enabling services – recognising the need for efficient and effective, outcome focussed enabling services. Deploying improvement methodology and applying the design principles outlined above to roll out operating model reviews across "corporate" support services to ensure our clinical and operational services are able to focus on what they need to do and the Board to be assured that the organisation is meeting its statutory and regulatory responsibilities.

Safe environment – Building on the significant progress made in meeting core requirements under Health & safety legislation we will further embed safe systems of work across the organisation. Recognising the levels of harm to patients and staff as a result of violence and aggression across the NHS and in our own organisation, we will develop a new model for prevention of harm. Using evidence based measures to address the root causes of harm from violence and the support we provide for patients and staff who harm or are harmed in our care or employment.

An engaged, skilled workforce is the bedrock to delivering improved, equitable and sustained outcomes for the people and communities of north Wales.

How we Improve & Transform

Building Strong Foundations in Transformation & Improvement System and Structure – Using the experiences of the people within the Health Board, together with exemplars locally, nationally and internationally we will establish a transformation, continuous improvement and portfolio management system. Optimising the synergies and expertise across key enabling functions e.g. education & learning, finance, planning, public health, research & Development and organisational development to create the environment for transformation and innovation to thrive and for systematic prioritisation and benefits realisation.

Improving the way we manage Large Scale Change – learning from the process of discovery, leveraging the benefits of a standardised approach to the discovery, design, sustainable delivery, and management of change. Pathway improvement and transformations blueprints are in continuous development as are

service development plans for corporate services. Clinical, operational, and corporate teams are actively participating in evidence-based discovery and co-design of large-scale care pathway and service change. All service changes (significant and non-significant) are co-produced with patients and members of the public, with ongoing involvement and engagement embedded throughout the Health Board. Enabling operational and corporate teams to actively participate in the co-design of annual and 3-year planning cycles facilitated and led by the Transformation & Planning team. The core team will supplemented by a growing contingent of accredited improvement & change practitioners from across the organisation. Accreditation comes from participation in experiential training in change and transformation and improvement methods.

Outcomes for different changes across BCUHB will be fully aligned and clear as to how the change is going to bridge the gap between the current and future states. The Health Board will be seen as an exemplar in its approach to making decisions putting quality and patient safety at the forefront.

Continuous Improvement & Coaching skills – Develop a Continuous Improvement development programme to enable the organisation to demonstrate measurable improvements in quality, performance, and productivity across both clinical and corporate services. Ensure all induction, education, learning and contribution frameworks include Individual and team based continuous improvement knowledge, techniques at all levels of the organisation.

Implementing the Strategy

INSERT GOV AND DELIVERY STRUCTURE inc IMAGES OF PROGRAMME A3 etc.

References