

Organisational Values & Staff Wellbeing

Final Internal Audit Report

April 2022

Hywel Dda University Health Board

NWSSP Audit & Assurance Services



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Acknowledgement

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Executive Summary

Purpose

The purpose of the review was to establish whether appropriate arrangements are in place for the monitoring and continued review and implementation of the Organisational Values and Behaviours Framework and to evaluate adequacy of assessment and response to Staff Wellbeing levels.

Overview

We have identified no significant issues for reporting in our review.

We identified one low priority matter arising relating to promotion of the Health Board values via the staff intranet and internet - further details are provided in Appendix A.

Report Classification

Trend



Few matters require attention and are compliance or advisory in nature.

n/a

Low impact on residual risk exposure

Assurance summary¹

Assurance objectives

Assurance

Organisational Values

1	The Health Board has developed a values and behaviour framework	Substantial
2	The framework links to the organisation's vision and strategic objectives, and is actively promoted to embed it throughout the organisation	Substantial
3	The effectiveness of the framework is periodically assessed	Substantial

Staff Wellbeing

4	The Health Board has a framework and necessary governance arrangements in place for managing and monitoring staff wellbeing	Substantial
5	The Health Board has engaged with staff in relation to wellbeing and acted where appropriate to address identified issues or gaps	Substantial
6	Appropriate training and resources are available to support staff wellbeing	Substantial

Matters Arising

	Assurance Objective	Control Design or Operation	Recommendation Priority
1	Promoting Health Board Values	2 Design	Low

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

1. Introduction

- 1.1 The Organisation Values and Staff Wellbeing review was completed in line with the 2021/22 Internal Audit Plan. The relevant lead Executive is the Director of Workforce & Organisational Development.
- 1.2 Organisational development has been augmented across 2021-2022, partially in response to COVID to extend focus on Organisational Values to tackle issues around improvement in working culture, workforce satisfaction and staff wellbeing.
- 1.3 The potential risks considered in the review are as follows:
 - Organisational values are not embedded through the organisation potentially resulting in poor decision making, resistance to change and undesirable behaviours.
 - Staff are not provided with the necessary training and resources to support their wellbeing, potentially resulting in high staff absence/turnover rates or poor-quality services delivered to patients.

2. Detailed Audit Findings

Organisational Values

Objective 1: The Health Board has developed a values and behaviour framework with input from all areas of the organisation and approval by the Board

- 2.1 In 2015, Hywel Dda recognised the need to identify a set of values and behaviours to underpin every element of its work. It also recognised the importance of building this with staff, as they bring their own values into the workplace and evidence shows that higher levels of staff engagement will directly impact on quality, financial and performance outcomes.
- 2.2 During 2015-2016, the Health Board undertook a major exercise, where over 1000 staff attended workshops, and a further 2000 staff took part in surveys. This information was refined to produce the Values and Behaviours Framework, which was agreed by the Board in July 2016, reviewed in September 2017 and remain in place.



Source: HDUHB Values and Behaviours Framework Staff Information Booklet

Conclusion:

- 2.3 Noting the above, we have concluded **Substantial** assurance for this objective.

Objective 2: The framework links to the organisation's vision and strategic objectives, and is actively promoted to embed it throughout the organisation

- 2.4 The Health Board's values are embedded in strategic objectives 1-3 as set out within the Annual Recovery Plan for 2021/22:

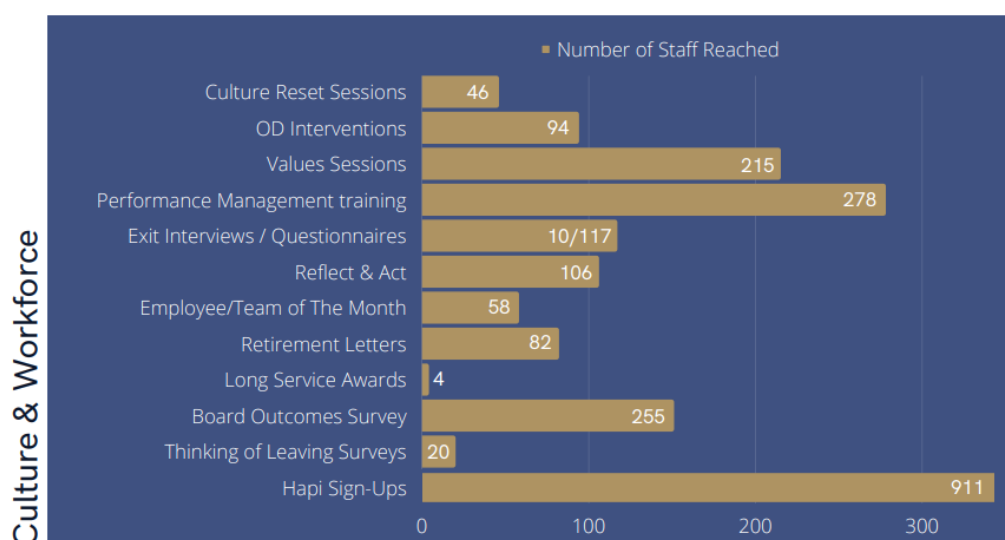
1. Putting people at the heart of everything we do
2. Working together to be the best we can be
3. Striving to deliver and develop excellent services
4. The best health and wellbeing of our communities
5. Safe, sustainable, accessible and kind care
6. Sustainable use of resources

2.5 The values are also reflected in the *Workforce, Organisation Development and Education Strategy for 2020-2030* and included in recruitment literature, PADR templates and staff surveys. For example:

- Vacancy adverts state that throughout the recruitment process, candidates will be asked to think about how they would demonstrate these values in the way that they work. Person specifications include as essential criteria the ability to demonstrate a commitment to the Health Board's organisational values.
- Organisational values are included within the PADR template which requires the employee to identify how their personal objectives relate to these values.
- Key narratives are observable within Staff Voice surveys which align with Health Board values.

2.6 Our observations noted that whilst the *Values and Behaviours Framework Staff Information Booklet* could be located using the search function, organisational values are not prominent on the Health Board intranet/internet sites. **[See Matter Arising 1 in Appendix A]**

2.7 The *Workforce & OD Performance Dashboard* summarises the culture and workforce initiatives including culture reset and values awareness sessions undertaken, and highlights staff engagement:



Source: W&OD Performance Dashboard Dec 2021

Conclusion:

2.8 The Health Board values forming the first three strategic objectives is the 'golden thread' organically embedding the values throughout the organisation. There is

opportunity to improve visibility and better promote the values to Health Board staff through greater prominence on the Health Board intranet/internet sites, although we recognise that the transition from Cascade to SharePoint based intranet is ongoing. We have therefore concluded **Substantial** assurance for this objective.

Objective 3: The effectiveness of the framework is periodically assessed

- 2.9 The Health Board's *People, Organisational Development & Culture Committee* (PODCC) is responsible for providing assurance to the Board on the organisation's ability to create and manage strong, high performance, organisational culture arrangements. The committee receives regular updates on the delivery of planning objectives under strategic objectives 1-3 (the organisation's values), as set out at paragraph 2.4 above.
- 2.10 The recently implemented Staff Voice survey seeks to gain a greater understanding of staff experiences of working within the Health Board and how the organisational culture is developing.
- 2.11 A questionnaire is sent to 1/12th of the workforce each month to invite all staff to participate over a 12-month period. Questions are aligned to those in the NHS Wales Staff Survey (2020) – they assess the extent to which staff enjoy going to work, feel enthusiastic about their job and feel engaged, able to contribute and make a difference.
- 2.12 Questions are also linked to key outcome measures which feature in the Board's performance assurance dashboard, to give an indication of the extent to which objectives are being achieved. We were advised that once sufficient data has been obtained to identify themes and trends (surveys only commenced in December 2021), actions will be identified and incorporated into the integrated action plan monitored by the PODCC.

81% feel they are able to make a difference to patient's experiences

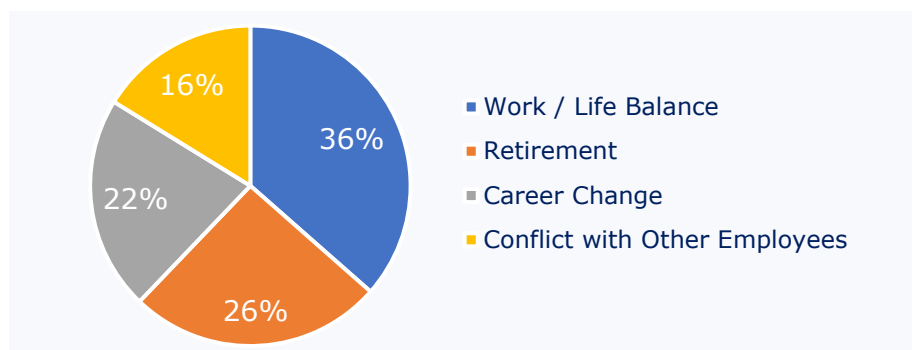
80% feel enthusiastic about their job

63% look forward to going to work

54% feel valued and appreciated at work

- 2.13 Exit interviews which all staff members are asked to complete on leaving the organisation (response sample totalled 128 leavers across 76 questions, with a high engagement level on all questions) showed the main stated reasons for leaving the organisation. Responses inform actions within the integrated action

plan and feed into the development of new initiatives, such as the working in confidence platform.



2.14 We were advised that a Culture & Workforce Experience team has been established to implement new initiatives, including a new 'Working in Confidence' platform launched in February 2022 to enable staff to feel psychologically safe to speak up around any issues that are of concern for them. Other initiatives include colleague mediation and conversation initiatives such as 'Coffee and a Chat'.

Conclusion:

2.15 We have concluded **Substantial** assurance for this objective.

Staff Wellbeing

Objective 4: The Health Board has a framework and necessary governance arrangements in place for managing and monitoring staff wellbeing

2.16 Corporate planning objectives relating to staff wellbeing have been identified to support the delivery of strategic objective 1, and are referenced in the Health Board's Annual Plan. These objectives are aligned to the PODCC, which is responsible for seeking assurance on delivery:

Strategic Objective	Planning Objective	Status (Feb 22)
SO1: Putting people at the heart of everything we do	PO 1F: Develop a programme for implementation to co-design with our staff every stage and element of our HR offer that embody our values. This will address...equitable access to training and the HBS wellbeing services.	Behind (due to recruitment elements)
	PO 1H: Conduct a second 'Discovery' phase of the pandemic learning to understand more about staff experience so that approaches to rest, recovery and recuperation can be shaped over the next 2 years including a 'thank you offering' to staff.	On-track
	PO 1I: Develop a set of plans for implementation from July 2021 for new or extended health and wellbeing programmes for our staff using charitable funds.	On-track

2.17 There is regular reporting to the PODCC on staff experience and wellbeing, including the outcome of Staff Voice surveys (para 2.10) and 'Discovery' exercises (para 2.23).

- 2.18 The *Staff Psychological Wellbeing Policy* (approved by the PODCC in August 2021) outlines the Health Board's commitment to building an organisational culture of psychological wellbeing and resilience. It sets out the responsibilities for psychological wellbeing and includes a wealth of information to support individuals and managers in promoting a culture of wellbeing and resilience.
- 2.19 Recognising the extreme pressures faced by staff during the pandemic, the Health Board Chair established and chaired a *Rest Recovery & Recuperation Group* to focus on supporting staff, including the creation of dedicated rest areas.
- 2.20 The Health Board developed a *Psychological Wellbeing Plan: Covid-19 & Beyond* spanning four key stages: throughout, preparation, sustained activity and longer-term recovery. Primary stressors/demands, mitigation plans and lead responsible officers were identified for each stage. The plan was periodically reviewed throughout the pandemic to ensure it remained fit for purpose at each stage.
- 2.21 The Health Board has sought formal accreditation for the governance and actions put in place across 2020-2021 and has gained Gold and Platinum Status against the requirements of the Corporate Health Standard (2021), with the assessor stating:

"Mental wellbeing is key priority for the Health Board as evidenced by the investment in the Staff Psychological Wellbeing Service, but also by the focus on the proactive approach to improving the working environment and culture - something which contributes greatly to mental wellbeing."

"The work that is ongoing to create constant meaningful dialogue with all areas of staff is particularly commendable."

"The motivation for improving staff wellbeing comes from a very human place - that it is first and foremost the right thing to do, as well as being right for the organisation"

Conclusion:

- 2.22 We have concluded **Substantial** assurance for this objective.

Objective 5: The Health Board has engaged with staff in relation to wellbeing and acted where appropriate to address identified issues or gaps

- 2.23 As highlighted at para 2.10, the recently implemented Staff Voice surveys are aligned to the NHS Staff Survey and all staff will be invited to participate annually.
- 2.24 Following the initial phase of the COVID-19 pandemic, the Health Board commissioned a *Discovery* report into the changes and innovations that had been made in response to the pandemic. It captured staff experiences of working during the pandemic, which provided important learning to support the recovery of services and establishing a 'new normal'. Actions arising from the exercise are recorded in an integrated action plan monitored by the PODCC.
- 2.25 During the peak of COVID, twice weekly meetings with staff representative chairs was set up by Organisational Development to understand staff concerns. This

dialogue channel with key officers is still in use, as is the Partnership Forum which is attended by core staff and management members.

Conclusion:

2.26 We have concluded **Substantial** assurance for this objective.

Objective 6: Appropriate training and resources are available to support staff wellbeing

2.27 A Staff Psychological Wellbeing Service SharePoint site has been established, to promote organisational health and psychological wellbeing, and contribute to a culture of wellbeing, resilience and effective self-care. The service offers a wide range of initiatives relating to staff wellbeing, some as a direct response to COVID to offer support, others prompted by staff feedback. Examples include:



2.28 Many of the wellbeing initiatives rely on 'self-help' ideology where the user of the service must access the service themselves, albeit the services are well advertised in general.

2.29 Charitable funding has been obtained to support staff development with the following initiatives planned for 2022:

- > 'Ecotherapy Training Programme' for staff at risk of 'burnout' or already absent from the workplace with stress related illnesses
- > Development of a network of Wellbeing Champions
- > Development of the Rest and Recovery Forum to underpin the implementation of the 'Fatigue and Facilities Charter' for doctors
- > Appointment of a Bereavement Training Officer for staff and an Arts and Health Humanities Lead to support both staff and patient wellbeing

Conclusion:

2.30 We have concluded **Substantial** assurance for this objective.






Appendix A: Management Action Plan

Matter Arising 1: Promoting Health Board Values (Design)		Impact
<p>Our observations noted that whilst the <i>Values and Behaviours Framework Staff Information Booklet</i> could be located using the search function, organisational values are not prominent on the Health Board intranet/internet sites.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Organisational values are not embedded through the organisation potentially resulting in poor decision making, resistance to change and undesirable behaviours
Recommendations		Priority
<p>Health Board values should be actively promoted and visible to staff via the intranet site.</p>		<p>Low</p>
Agreed Management Action	Target Date	Responsible Officer
<p>Evidence of organisational values and links for staff previously available on intranet site current transition to new intranet site from 1st April where the new links will be reinstated.</p>	<p>30 June 2022</p>	<p>Head of Culture & Workforce Experience</p>

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

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

Prioritisation of Recommendations

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

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

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



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