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Targeted Intervention Update -People, Organisational Development and Culture Committee Meeting

Shaun Ayres - 09:30 – 12:30, 16 December 2024, Microsoft Teams

Context and Overview



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This report provides a comprehensive update to the People Organisational Development and Culture Committee (PODC) on the progress of key initiatives aimed at enhancing leadership, workforce sustainability, staff engagement, and data-driven improvements within the health board. The main themes highlighted include:

- **Establishment of a Substantive Executive Team**
- **Implementation of Effective Leadership Programmes**
- **Positive Staff Engagement in NHS Wales Surveys**
- **Development of a Sustainable Workforce**
- **Clinically Led and Driven Change**
- **Effective Use of Data to Demonstrate Leadership Improvements**

These initiatives are critical to delivering high-quality, sustainable care and align with the criteria set out for de-escalation from Targeted Intervention. The following sections provide detailed updates on each criterion, summarising status, actions taken, outstanding actions, and any identified risks.

Criteria 42 - Establishment of a Full and Substantive Executive Director Team



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Summary of Current Status – Advise

The Health Board has made significant progress in establishing a stable Executive Director team, a key criterion for de-escalation. Following a competitive recruitment process, Professor Philip Kloer has been appointed as the substantive Chief Executive Officer. Plans are underway to make permanent appointments to the roles of Medical Director and Director of Nursing, Quality, and Patient Experience.

Efforts are ongoing to support additional responsibilities linked to the Deputy Chief Executive role. Moreover, eight key appointments have been made as part of the Operations Directorate Organisational Change Process (OCP), enhancing operational leadership capability. These developments collectively ensure adequate capacity and capability across all areas of the organisation to deliver high-quality sustainable care.

Actions Outstanding/Next Steps

- Continue the recruitment process for the Medical Director and Director of Nursing positions.
- Support the transition and development of the new executive team members.

Evidence and Assurance

- Appointment letters and contracts for new executives.
- Organisational charts reflecting the updated structure.

Risk

- No risks identified.

Criteria 43 - Implementation of Effective Leadership Programmes



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Summary of Current Status- Assure

The Health Board continues to prioritise leadership development to strengthen management maturity at all levels. Recognising the need to support leaders and create a pipeline of future talent, significant resources have been allocated to provide an online INFORM programme, serving as a resource tool for existing and aspiring managers.

A new Hywel Dda Management Programme has been launched to empower supervisors and managers to become more effective, inclusive, resilient, and compassionate leaders. Phase 3 of the leadership development programme, spanning Summer 2024 to Spring 2026, incorporates a systematic approach to talent management. Psychometric and group exercises are now part of the recruitment process for Band 8c and above.

Additional leadership programmes under consideration include

- System Leadership Group Programme
- GP Leader Empowerment for Change
- Leading Performance Delivery

Plans are in place to evaluate the impact of these programmes on decision-making and participant feedback, ensuring ongoing alignment with organisational needs.

Actions Outstanding/Next Steps

- Finalise and launch additional leadership programmes.
- Conduct evaluations of programme effectiveness and impact.

Criteria 43 - Implementation of Effective Leadership Programmes



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Evidence and Assurance:

- Programme curricula and participant lists.
- Feedback surveys and impact assessment reports.

Risk

- No risks identified.



Summary of Current Status - Assure

A staff engagement plan has been implemented in partnership with Trade Union colleagues to encourage participation in the **All-Wales Staff Survey**. This includes **13 drop-in sessions** organised throughout October and November to support accessibility and engagement.

As of **14th November 2024**, **13% of staff have completed the survey**, an improvement over the previous year's response rate of 12%. With the survey open until **29 November**, further participation is anticipated. The survey results will provide valuable insights to inform future staff engagement strategies, supporting improvements in workforce feedback mechanisms in line with Targeted Intervention expectations.

Actions Outstanding/Next Steps:

- Continue to promote survey participation until closing date.
- Analyse survey results and develop action plans based on feedback.

Evidence and Assurance

- Participation statistics.
- Staff engagement plan documentation.

Risk

- No risks identified.



Summary of Current Status – Alert

The Nurse Stabilisation Programme is central to the health board's workforce sustainability strategy, aimed at reducing reliance on agency staff. Since November 2021, efforts have reduced the 400 Whole Time Equivalent (WTE) gap in funded establishment, leading to a reduction in nurse agency usage and variable pay. Integrating international nurses has significantly contributed to this progress.

From 1st November 2024, further reductions in nurse agency usage are expected, with newly qualified nurses filling additional positions. By March 2025, Bronglais Hospital is anticipated to achieve similar stability, ensuring no planned registered nurse agency bookings remain across all areas.

As part of our Workforce Regeneration Framework, over 60 operational workforce plans have been created and are under review for the 2025/26 annual planning cycle. These plans will be summarised into professional-led workforce plans for various staff groups, with professional leadership support by February 2025.

Staff retention groups for nursing and medical staff are well-established. A new group focusing on the retention of AHP staff and Health Care Scientists will be established in December 2024.

Risks Identified

- Principal Risk 1186: Workforce capacity and capability may not meet service demands.
- Corporate Risk 1649: Potential for increased agency costs due to staff shortages.
- Corporate Risk 1821: Challenges in aligning workforce plans with clinical service needs.

Criteria 45 - Development of a Sustainable Workforce



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Actions Outstanding/Next Steps

- Address identified risks through targeted recruitment and retention strategies.
- Align workforce plans with clinical service plans over the next 12–18 months.
- Establish the new retention group for AHP staff and Health Care Scientists.

Evidence and Assurance

- Workforce plans and regeneration framework documents.
- Variable pay and agency usage reports.
- Risk mitigation action plans.

Criteria 46 - Clinically Led and Driven Change



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Summary of Current Status - Assure

Clinical change is being led and driven forward by clinical leaders at all levels of the organisation. Significant examples include:

- Clinical Services Plan (CSP): Clinical leaders have played a central role in shaping future service models.

Service Changes Implemented

- Tregaron: Enhanced community services led by clinicians.
- Prince Philip Hospital Minor Injuries Unit (PPH MIU): Service improvements driven by clinical input.
- Paediatrics at Bronglais General Hospital (BGH): Reconfiguration led by paediatric clinical leaders.

Medical Job Planning and Rota Management

- 92% of medical staff now have current job plans.
- 77% of these were reviewed within the last year.

These initiatives support clinical leaders by enhancing workforce retention and reducing agency dependency, demonstrating active involvement of clinicians in leading change.

Risks Identified

- Principal Risk 1191: Risk of insufficient clinical engagement in organisational change.
- Principal Risk 1189: Potential for clinical services not meeting quality standards.

Criteria 46 - Clinically Led and Driven Change



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Actions Outstanding/On-going Considerations

- Clarify the appropriate Executive Lead for this criterion (46), this may be more appropriate under the Medical Director.
- Continue to address the identified risks to ensure sustained clinical leadership in change processes.

Evidence and Assurance

- Documentation of clinically led projects and outcomes.
- Job planning and rota management records.
- Risk assessment and mitigation plans.



Summary of Current Status - Assure

Data-driven leadership development remains a core focus, with various initiatives demonstrating effective use of data:

- Culture Progression Report and Workforce Metrics - Provide insights into leadership improvements and organisational culture shifts.
- Nurse Stabilisation Programme Impact Analysis - Clinical leaders use data to inform staffing decisions and reduce agency reliance.
- Targeted Improvements - Data leveraged to drive enhancements in specific areas like Angharad Ward and Prince Philip Hospital.
- Intersectional Analysis of Workforce Equality Data - Identifies areas for improvement and informs actions to address potential discrimination.
- Directorate “Improving Together” Sessions - Use key data from all domains to drive leadership improvements across the organisation.
- Six Goals Programme - Clinical leaders utilise data to enhance patient care pathways and outcomes.
- Psychometric Assessments and Job Planning Performance Monitoring: Ensure leadership appointments and development are data-informed.

These data-driven insights and initiatives demonstrate the health board’s commitment to effective, evidence-based leadership improvements.

Criteria 49 -Effective Use of Data to Demonstrate Leadership Improvements



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Actions Outstanding/Next Steps

- Continue to integrate data analysis into leadership development programmes.
- Monitor and evaluate the impact of data-driven initiatives.

Evidence and Assurance

- Reports and dashboards from data analysis initiatives.
- Outcome measures from leadership programmes.

Risk

- No risks identified.



In summary, the health board has made significant strides in strengthening leadership capacity and capability. The establishment of a substantive executive team and the implementation of comprehensive leadership development programmes demonstrate a commitment to effective governance and strategic direction.

Positive staff engagement, as evidenced by increased participation in the NHS Wales staff survey, reflects the organisation's efforts to foster an inclusive and supportive work environment. This engagement is crucial for improving workforce morale and retention.

Efforts to develop a sustainable workforce are ongoing, with notable progress in reducing reliance on agency staff through the Nurse Stabilisation Programme. While workforce challenges persist, particularly in aligning workforce plans with clinical service needs, the health board is actively implementing strategies to address these issues.

Clinically led change is being actively pursued, with clinical leaders driving service improvements and participating in strategic planning. This approach ensures that service developments are patient-centred and informed by frontline expertise.

The effective use of data underpins these initiatives, enabling informed decision-making and targeted interventions to enhance leadership and patient care. Data-driven strategies are integral to measuring progress, identifying areas for improvement, and ensuring accountability.

Main Themes and Points

- **Leadership Enhancement** - Strengthening of executive and operational leadership teams to ensure strategic and operational excellence.
- **Workforce Development** - Ongoing initiatives to build a sustainable workforce, reduce vacancies, and improve staff retention and well-being.
- **Staff Engagement**- Increased participation in staff surveys and engagement activities, contributing to organisational development.
- **Clinically Led Change** - Active involvement of clinical leaders in driving service improvements and organisational change.
- **Data-Driven Improvements** - Utilisation of data analytics to inform leadership development, workforce planning, and service delivery.



Next Steps

- Address Outstanding Actions /Next Step - Focus on recruitment for key executive positions, finalising leadership programmes, and implementing workforce plans.
- Mitigate Identified Risks - Continue to monitor and address principal and corporate risks related to workforce and clinical engagement. Ensure there are clear action plans in place to address all identified gaps (including next steps).
- Enhance Data Utilisation - Further integrate data analysis into all aspects of organisational development and decision-making.

The health board remains dedicated to delivering high-quality, sustainable care through strong leadership, engaged staff, and evidence-based strategies. Ongoing efforts will focus on continuous improvement across all areas to meet the needs of patients and staff alike.



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Criteria	Action	Reporting Group	Committee	Status	Executive Lead	Summary of Current Status	Lead Executive Response (if applicable)	Documented Plan and Dates for Delivery (Evidence)	Actions Outstanding	Evidence and Assurance	Risk
42	A full and substantive Executive Director Team with a clear organisational structure in place with robust succession and development plans in place to ensure adequate capacity and capability in all areas of the organisation to deliver high quality sustainable care.	TI coordination group	PODC	Advise	Lisa Gostling	<p>The health board has made significant progress in establishing a stable Executive Director team, a key criterion for de-escalation. Following a competitive recruitment process, Professor Philip Klorer has been appointed as substantive Chief Executive Officer, with plans underway for permanent appointments to the roles of Medical Director and Director of Nursing, Quality, and Patient Experience. These appointments strengthen the board's capacity for long-term strategic leadership, and efforts are ongoing to support additional responsibilities linked to the Deputy Chief Executive role. This structured approach is expected to further enhance leadership continuity and the board's ability to deliver high-quality, sustainable care.</p> <p>In addition, work to strengthen operational leadership capability has also progressed, with eight key appointments having been made as part of the Operations Directorate Organisational Change Process (OCP). These developments collectively ensure adequate capacity and capability across all areas of the organisation to deliver high-quality sustainable care.</p>					No risk identified
43	Effective leadership programmes are in place to support the ongoing development of leadership and management skills at all levels/professions to strengthen management maturity. Evaluation of the impact of these programmes including decision making use of equality impact assessment safeguarding and participant feedback.	TI coordination group	PODC	Assure	Lisa Gostling	<p>The health board continues to prioritise leadership development across all levels to build management maturity, aligned with the de-escalation framework. Recognising the need to support leaders at all levels and create a pipeline of future leaders, significant resources have been allocated to provide an online INFORM programme. This programme serves as a resource tool for existing and aspiring managers to access as needed. Additionally, a new Hywel Dda Management Programme has been launched to empower supervisors and managers to become more effective, inclusive, resilient, and compassionate leaders.</p> <p>Phase 3 of the leadership development programme, spanning Summer 2024 to Spring 2026, incorporates a systematic approach to talent management. Psychometric and group exercises are now part of the recruitment process for Band 8c and above. Additional leadership programmes, including a System Leadership Group Programme, GP Leader Empowerment for Change, and Leading Performance Delivery, are under consideration. These initiatives support a structured pathway for leadership development, with plans in place to evaluate their impact on decision-making and participant feedback, ensuring ongoing alignment with organisational needs and expectations.</p>					No risk identified
44	Positive staff engagement in NHS Wales surveys.	TI coordination group	PODC	Assure	Lisa Gostling	<p>A staff engagement plan has been implemented in partnership with Trade Union colleagues to encourage participation in the all-Wales staff survey. This includes 13 drop-in sessions organised throughout October and November to support accessibility and engagement. As of 14th November 2024, 13% of staff have completed the survey, an improvement on the previous year's response rate of 12%. With more staff having participated already and the survey open until 20th November, this response rate shows positive engagement. The survey results, once complete, will provide valuable insights to inform future staff engagement strategies, supporting improvements in workforce feedback mechanisms in line with Targeted Intervention expectations.</p>					No risk identified
45	Plans are in place to develop a sustainable workforce resulting in improved staff retention and staff well-being a reduction in the number of vacancies and the number of interim and agency staff. Workforce plans and clinician job plans are reviewed annually to ensure that the organisation can deliver the requirements of the annual plan.	TI coordination group	PODC	Alert	Lisa Gostling	<p>The Nurse Stabilisation Programme is a central element of the health board's workforce sustainability strategy, aimed at reducing reliance on agency staff. Since November 2021, the health board has been working on the development and implementation of the Nursing Workforce Plan. Through the Nursing Stabilisation Programme, we have reduced the 400 Whole Time Equivalent (WTE) gap in funded establishment, which in turn has led to the reduction in nurse agency usage and correlates to our variable pay usage. Integrating international nurses has contributed to this marked reduction, a crucial step toward both financial stability and consistent patient care.</p> <p>From 1st November 2024, further reductions in nurse agency usage are expected, with newly qualified nurses filling additional positions. By March 2025, Bronllais Hospital is anticipated to reach the same stability, ensuring that no planned registered nurse agency bookings remain in place across all areas.</p> <p>As part of our Workforce Regeneration Framework, we have taken a risk-based approach at the service/directorate level. Over 60 operational workforce plans have been created and are currently being reviewed as part of the 2025/26 annual planning cycle. These have been linked into a themed Action Planner to enable workforce planning for Workforce & OD capacity. These will be summarised into professional-led workforce plans for Allied Health Professionals (AHP), Health Care Scientists (HCS), Administrative & Clinical staff (Clinical & Non-Clinical), Medical & MAPS, Nursing, and Additional Professional, Scientific and Technical staff, with professional leadership support by February 2025.</p> <p>The themes of the Regeneration Framework address critical areas such as Recruitment, Retention, Education, and Effectiveness, which were part of our Annual Workforce & OD Plan 2024/25. Staff retention groups for nursing and medical staff are well-established, and a new group focusing on the retention of AHP staff and Health Care Scientists will be established in December 2024. Our principal and corporate risks clearly identify the actions we will take to mitigate workforce challenges, with detailed analysis aligned into the Annual Workforce Plan. Efforts to align annual plans to clinical service plans will develop over the next 12-18 months.</p>					1186 (P) 1649 (C) 1821 (C)
47	Clinical change is led and driven forward by clinical leaders at all levels of the organisation.	TI coordination group	PODC	Advise	Lisa Gostling	<p>There is an ambiguity regarding the current summary, as it focuses on job planning and rota management, which may not fully address the criterion that clinical change is led and driven forward by clinical leaders at all levels of the organisation. The Lead Executive has noted uncertainty about whether these actions sufficiently answer the requirement.</p> <p>To more effectively address the criterion, it is suggested to include examples of clinically led change. Significant instances include clinician engagement in the Clinical Services Plan (CSP), where clinical leaders have played a central role in shaping future service models. Service changes implemented in Tregaron, Prince Philip Hospital Minor Injuries Unit (PPH MIU), and Paediatrics at Bronllais General Hospital (BGH) are all driven by clinical leadership, demonstrating active involvement of clinicians in leading change.</p> <p>Additionally, medical job planning and rota management have been strengthened, with 92% of medical staff now having current job plans, 77% of which were reviewed within the last year. While these measures support clinical leaders by enhancing workforce retention and reducing agency dependency, including direct examples of clinically led change would more fully demonstrate compliance with the criterion.</p> <p>Note: There is a need to clarify the appropriate Executive Lead for this criterion.</p>					1191 (P) 1189 (P)
48	Effective use of data to help demonstrate improvements in leadership.	TI coordination group	PODC	Assure	Lisa Gostling	<p>Data-driven leadership development remains a core focus for the health board, with various initiatives demonstrating the effective use of data to improve leadership. The culture progression report and workforce metrics provide insights into leadership improvements. Clinical leaders play an active role in data-informed initiatives, such as the Nurse Stabilisation Programme's impact analysis and targeted improvements in areas like Angharad Ward and Prince Philip Hospital, where clinical data has been leveraged to inform key decisions.</p> <p>During the year, the health board has undertaken intersectional analysis of workforce equality data. This analysis is being used to inform additional deep-dive task and finish group work to further understand the experiences of our staff and to highlight any areas where there is potential for discrimination, with actions being implemented to address these issues.</p> <p>Directorate 'Improving Together' sessions are driven by key data from all domains, aiming to drive improvement in leadership across the organisation. The Six Goals Programme benefits from the input of clinical leaders using data to drive decision-making in patient care pathways. Psychometric assessments for Band 8c and above, alongside continuous monitoring of job planning performance, reinforce a structured approach to leadership development aligned with the health board's goals.</p> <p>These data-driven insights and initiatives demonstrate the health board's ongoing commitment to effective, evidence-based leadership improvements.</p>					No risk identified

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