Pwyllgor Pobl, Datblygu Sefydliadol a Diwylliant/ People, Organisational Development and Culture Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	18 August 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Organisational Change Programmes (OCPs) – General Overview Paper
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce & Organisational Development & Deputy Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Heather Hinkin, Assistant Director of People Management

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/ For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Health Board manages 34 organisational change programmes (OCPs) across clinical, operational and corporate services. These programmes range from early scoping and engagement to formal consultation and implementation. Several significant programmes are progressing or entering the pipeline, including Pembrokeshire Community Nursing, Operations Directorate Phase 2 and the Workforce and Organisational Development (W&OD) realignment.

The principal assurance concern relates to the Health Board's ability to deliver the cumulative portfolio of change programmes within available organisational capacity. While each programme may be justified individually, the increasing volume and interdependency of initiatives creates a risk that prioritisation, sequencing and delivery become compromised, resulting in delays, implementation challenges, workforce fatigue and deferred benefit realisation.

This report provides the Committee with:

- an overview of the portfolio position reported at 25 June 2026;
- an assessment of the controls and management arrangements described;
- the principal strategic and operational risks and dependencies;
- the actions underway or planned to strengthen oversight.

Cefndir / Background

OCPs support service transformation, workforce redesign, structural change and new models of delivery. The Operational Workforce Team leads W&OD support under the All-Wales

Organisational Change Policy, with input from Organisational Development, recruitment, workforce planning, finance, service management and trade union partners.

The portfolio has remained at approximately 30 to 40 programmes for several years. Current programmes are, however, more complex and interconnected. Common features include seven-day working and rota redesign, structural and leadership changes, cross-directorate dependencies, multiple staff impacted, new roles and recruitment activity, and the need for coordinated service, workforce, financial and digital planning.

The paper reports the following position across the 34 programmes:

- 35% assessed as Assure and progressing well;
- 56% assessed as Advise, with delays at drafting, approval, financial validation or final business case stages;
- 9% assessed as Alert, having stalled principally because of financial constraints, lack of clarity or unresolved dependencies; and
- 22 programmes in pre-consultation or early engagement, creating a sizeable pipeline that may progress concurrently.

This risk is further amplified by the inclusion of the ongoing W&OD realignment and a number of other programmes that are at an early stage of development. Collectively, these initiatives introduce organisation-wide and cross-cutting change requirements that may affect leadership structures, spans of control, administrative and operational staffing models, digital capability, and the implementation of new models of care. In addition, there is a risk that staff who are directly affected by organisational change within their own service areas are also required to support the development and delivery of other transformation programmes, creating additional pressures on capacity, resilience and programme delivery.

The programme detail in Table 1 covers those at formal consultation stage or beyond and is based on information dated 25 June 2026.

Asesiad / Assessment

OCPs have entered a phase of heightened strategic importance and complexity, with a shift from discrete service-level changes to large-scale, system-wide transformation programmes.

While these programmes are critical to future sustainability and service modernisation, they are being introduced into a system already experiencing service pressures, delays around the process/governance of current OCPs which is causing staff anxiety - some staff remain displaced following an earlier OCP and trade unions have raised concerns about timeliness. This is coupled with more limited workforce capacity to support managers from planning to full implementation and review due to equally important and competing priorities, for example a simultaneous imperative for a reduction in sickness absence and increasing and more complex employee relations caseloads where the imperative is to reduce case timelines.

Business case complexity is also increasing with a number of high impact cases including OCP2 in the Operations Directorate. The scale and breadth of some of these OCPs is far reaching, including a number of senior leadership team (SLT) restructurings with further interdependencies across directorates and enabling functions. Demand by services for Organisational Development (OD) support around culture, team building and engagement aligned to OCPs is also on the increase as are the number of new roles arising out of OCPs

that require recruitment/selection processes alongside other high volume and business as usual (BAU) recruitment.

OCPs currently in progress
The below provides details of the OCP position for cases at formal consultation stage or beyond as at 25 June 2026. Please note, OCPs may have moved on between the date of the report and Committee meeting.

Table 1

OCP	Status / RAG	Key assurance or risk point
Switchboard	Withdrawn post-final structure / Red	Implementation is dependent on resolution of technical alarm issues; staff remain affected.
Cook Freeze	Partly implemented, Withybush Hospital (WGH) complete / Amber	Equipment cost remains a constraint.
Pembrokeshire Community Nursing	Consultation / Green	Large-scale change affecting approximately 90 employees; collective and individual processes required.
Dental Restructure	Consultation / Green	No specific exception reported.
Radiology Senior Leadership Team	Consultation / Green	No specific exception reported.
Meddygfa'r Sarn GP Practice	Board stage / Amber	Public impact identified.
Estates Structure	Consultation / Green	Management restructure following separation from Facilities.
Facilities Structure	Consultation / Green	Management restructure following separation from Estates.
Strategic Planning	Consultation / Green	Structural redesign; no specific exception reported.
Clinical Services Programme	Task and Finish Group after Board consideration / Green	Nine programmes to scope; full impact not yet known.
Operations Directorate Phase 2	Consultation closed; feedback and final structures / Green	Large-scale redesign, reported to affect more than 50 individuals.

W&OD	Consultation closed; feedback and final structures / Green	W&OD staff are supporting other OCPs while also affected by their own organisational change.

Due to the addition of new OCPs coming through the system, there is a significant and increasing gap between OCP demand for support and system capacity to deliver: -

a. Operational Workforce teams
   The team are simultaneously being tasked with reducing employee relations case timelines when case numbers are not only rising but are increasingly complex in nature with complainants also utilising Artificial Intelligence (AI) to write their cases and quoting case law which, whilst not always relevant to their issues, still requires addressing. In addition, reducing sickness absence in line with the Health Board target for 2026/2027. They are also managing absence levels in their own teams with vacancies being held or removed to deliver on the overarching savings requirement and are themselves experiencing increasing levels of sickness absence than seen in previous years.

   Managing multiple concurrent OCPs alongside service delivery pressures, employee relations case work, more Respect & Resolution appeals, increasing prevalence of dis-engagement or delays to restoring relations which adds to the caseload and increased support being sought in terms of absence management, demand is at an all-time high.

b. Specialist knowledge requirement

   Effective OCP support requires specialist knowledge of delivery on redundancy/ restructuring programmes as it is prescribed by employment legislation and can carry high risk if policies, procedures and/or the law is not followed whether that be claims of unfair dismissal or discrimination arising from the process. For this reason, the majority of OCP work is handled by an experienced Workforce Manager. For Carmarthenshire this equates to five individuals and for Pembrokeshire and Ceredigion combined, four individuals with 2 Assistant Heads of Workforce also overseeing/ involved in OCP cases.

c. Managers are also more challenged by limited capacity to lead engagement, consultation and implementation effectively which has consistently led to increased occurrences of slippage to delivery against the timelines outlined to staff and, whilst not qualified or quantified may also be leading to poorer quality in the engagement and feedback cycle. Similarly, feedback from some OCP business cases can be substantial and require significant time to process and review against the initial proposals to shape the final structures.

d. Recruitment Teams are dealing with increasing demand generated by multiple redesign programmes, mass recruitment campaigns and increasing applications generated via AI which need to be longlisted to support managers focus on shortlisting those applications more likely to meet all the essential criteria.

e. OD - Leadership Development who run the senior recruitment assessment processes for all Band 8c and above recruitment activity. Demand for this service was anticipated to reduce following conclusion of OCP1 but it has not and has steadily increased each year.

f. OD – Relationship Managers – increasing demand for culture work associated with OCP engagement and post implementation team building programmes – this is a small team and they are simultaneously delivering cultural programmes and interventions aligned to staff survey results and ER cases alongside their business-as-usual activity.

   Timescales are also overrunning which means that is becomes impossible to workforce plan programme activity and phasing of OCPs which also creates competing priorities across the Health Board for ongoing OCP support.

g. For Workforce Planning / Operational Workforce / OD Teams – there continues to be sustained high demand for support across:

   - Pre-consultation design and shaping
   - Formal consultation processes to be mapped and queries to be dealt with
   - Engagement and organisational development support

Additional W&OD pressures and demand generated by the W&OD OCP itself, further stretching resource internally but also placing staff in a position of potentially being displaced at a time when they are supporting others through the same process. Whilst a number of W&OD colleagues will have experienced this previously in their careers, we nonetheless need to be mindful of the potential impact on individual wellbeing and burnout across the W&OD function as they too go through an OCP process.

Our trade union colleagues also manage a high case load for example from employee relations case work at an individual level, OCP engagement (collectively and individually) and the increasing number of CSP workstreams they are also actively engaged in. In recognition of this increased workload funding has been allocated from the core W&OD budget into the trade union facilities time budget and this started to take effect between 13 July 2026 and 3 August 2026.

The impact of a sustained programme of OCP business cases over the past few years where similar numbers have been seen, just not as complex or interdependent as they now appear and with the expectation of more business cases to follow, suggest that we need to consider our risk appetite (strategically and operationally) for:

- Slower progression across the OCP lifecycle
- Variable quality and consistency of approach
- Growing risk of workforce change fatigue
- Pipeline congestion, with many OCPs not progressing beyond early stages in a timely manner
- Deferred Executive approval where quality/clarity is questioned or the proposals themselves are not viable
- Delays or issues with financial validation which means that the preferred model for change cannot be supported
- Alignment or sequencing and prioritisation across the various programmes and unintended consequences where business cases have not considered the broader impact on other services.

The introduction of some system improvement programmes will further increase the demand on governance and approval routes and require coordinated decision-making across workforce, digital, and operational strategies. This is due to: -

- Potential large-scale workforce redesign,

- New workforce models
- Increasing digital ways of working
- Requirement for reskilling
- Redeployment implications
- Cultural change

Gaps in assurance to be addressed in future reporting
To enable the Committee to take stronger assurance, future reports will provide a concise portfolio dashboard containing:

- The current total and movement since the previous report, by stage and 3A rating;
- Named Senior Responsible Owner and accountable Executive Director for each programme;
- Staff affected and cumulative change impact by service or workforce group;
- Resource and capacity assessment across workforce, OD, recruitment, finance, digital, management and trade union support;
- Financial validation status, anticipated costs, savings and benefits at risk;
- Key dependencies, decisions required and escalation status;
- policy, legal or consultation exceptions and the action taken.

Looking Forward
There are a number of actions being taken or planned:
Immediate/Short Term Actions

- Advance the implementation of OCPs being recorded on ER Caseworker with regular tracking of overdue actions monitored by a new Head of Service (if confirmed post W&OD's OCP final structure) and exception reporting to the W&OD Senior Leadership Team (SLT) on a monthly basis.
- Prioritising high-risk/alert OCPs for escalation and review

Medium-Term

- Review the OCP governance framework that sits below the All-Wales OCP Policy
- Strengthen programme management capacity and priority at a service level
- Ensure each OCP is aligned to strategic and financial priorities

Strategic

- Explore potential to rationalise the OCP portfolio (stop/start/prioritise)
- Develop clear pipeline planning process
- Further enhance collaboration between W&OD, finance, and service redesign

To support and enable this shift in approach, colleagues across Workforce and OD came together for a Workforce Stabilisation Workshop on 23 July 2026 to consider a number of workstreams (one of which related to OCPs) and actions that could be taken in light of the impact arising from the above challenges. This work is currently being mapped into priority actions for a 30/60/90 day implementation schedule.

Conclusion

The Health Board has established policy-based arrangements and specialist support for the management of individual organisational change programmes. The paper also demonstrates that key pressures, dependencies and risks are recognised.

The principal limitation is the absence of a consistently evidenced, Health Board-wide portfolio control framework that shows how programmes are prioritised and sequenced against capacity, how exceptions are escalated and resolved, and how delivery and benefits are tracked. Several of the proposed controls are still to be advanced, reviewed or developed.

The immediate priority is therefore to strengthen portfolio-level oversight while maintaining safe and policy-compliant management of individual programmes.

Argymhelliad / Recommendation

The People, Organisational Development and Culture Committee is asked to:

1. **NOTE:** the scale, complexity and reported status of the organisational change portfolio as at 25 June 2026;
2. **TAKE ASSURANCE:** that individual OCPs are being managed through recognised policy, consultation, specialist workforce support and trade union engagement arrangements, while noting the limitations set out in this report;
3. **CONSIDER:** the risks arising from capacity constraints, financial and governance delays, programme interdependencies, workforce change fatigue and the potential delay to benefits realisation;
4. **SEEK ASSURANCE:** that a Health Board-wide approach to portfolio prioritisation, sequencing and capacity planning will be established and applied;
5. **REQUEST** a time-bound improvement plan covering portfolio monitoring, exception reporting, governance review and the 30/60/90-day workforce stabilisation actions, with named owners and evidence of impact; and
6. **RECEIVE:** a refreshed portfolio assurance report at an appropriate future meeting, including progress against milestones, overdue actions, capacity, dependencies, financial validation, staff impact and benefits realisation.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.1.1 Seek assurance that people and organisational development arrangements are appropriately designed and operating effectively to ensure the provision of inclusive, high quality, safe services/programmes and functions across the whole of the Health Board's activities.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	2305
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply

Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership 2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	All Planning Goals Apply
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	3. Create people-centred employment and development opportunities that support workforce transformation, reflect the changing needs of
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	1. A Social Model for Health and Wellbeing will complement and integrate with other ways of working, values, principles and objectives. 2. Leaders will be bold and brave and will strategically commit to supporting a shift towards a Social Model for Health and Wellbeing. 3. Involvement with individuals and communities will take place to understand their needs and support the co-production of solutions.
Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	Contained in body of report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn:	N/A

Parties / Committees consulted prior to this meeting:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The OCP portfolio has material financial dependencies, including affordability, financial validation, equipment costs, savings requirements and the risk of delayed benefits.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct patient-care impact arises from presenting this report. Delayed, poorly sequenced or inadequately resourced organisational change may affect service delivery and the timely implementation of new models of care. Programme-level quality impact assessments should be confirmed.
Gweithlu: Workforce:	Material impact. Programmes affect staff structures, roles, locations, working patterns, recruitment and redeployment. The cumulative portfolio creates risks of uncertainty, change fatigue, disengagement, absence and burnout.
Tegwch Iechyd: Health Equity:	To be assessed at programme level, particularly where service location, access, operating models or workforce distribution change. The source paper does not provide a consolidated assessment.
Risg: Risk:	Material risks relate to capacity, delay, governance, finance, workforce fatigue, interdependencies, legal or policy compliance, reputation and benefits realisation. The relevant corporate or operational risk references and scores should be confirmed.
Cyfreithiol: Legal:	OCPs must comply with employment law and applicable policy and consultation requirements. Failure to do so may create unfair dismissal or discrimination risk. Specialist workforce input is therefore a key control.
Enw Da: Reputational:	Extended delays, inconsistent engagement or poorly managed change may reduce staff, trade union, public and stakeholder confidence.
Gyfrinachedd: Privacy:	No specific privacy issue is identified in the source paper. Programme teams should continue to handle employee information in accordance with applicable information-governance requirements.
Cydraddoldeb: Equality:	Equality considerations may arise from changes to roles, structures, working arrangements, locations, redeployment or redundancy. Equality impacts should be assessed and evidenced for each applicable OCP.