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**Escalation De-escalation – People, Organisational Development and Culture  
Committee  
(August 2025)**

# Escalation De-escalation - Governance and Leadership Criteria – Evidence and Assessment



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## 6. Full Substantive Executive Team, Clear Structure, Succession/Development Plans

Status – ASSURE

Committee: PODCC

Lead Executive: Lisa Gostling

### Explanation

Committee records and Board self-assessment documents confirm that a full and substantive Executive Team is in place, with clear organisational structure charts presented and updated in 2025. Succession and development plans are actively reviewed and have owners/actions assigned.

### Why Assure?

- **Team Stability** - No interim or acting gaps in key Executive roles.
- **Structure Visibility** - Up-to-date charts and plans in Board papers.
- **Development Actions** - Documented plans in OD/People strategies.
- **Conclusion** - This area is controlled and routinely scrutinised, supporting **Assure**.

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## 7. Leadership Programmes in Place to Strengthen Management Maturity

Status – ASSURE

Committee: PODCC

Lead Executive: Lisa Gostling

### Explanation

A portfolio of OD-commissioned and in-house leadership programmes is underway, as detailed in workforce/OD reports. There is clear evidence of ongoing participation, with further support planned for lower-scoring areas and positive external feedback on course content/impact.

### Why Assure?

- **Breadth and Depth** - Programmes reach multiple teams and levels.
- **Feedback Loops** - Evaluation and adaptation in place.
- **Evidence of Impact** - Staff survey and engagement metrics improving.
- **Conclusion** - Clear, ongoing commitment and participation support **Assure**.

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## 8. Positive Staff Engagement (NHS Wales Survey)

Status – ASSURE

Committee: PODCC

Lead Executive: Lisa Gostling

### Explanation

Staff engagement metrics (e.g., survey response rates, engagement scores) are at or above Welsh average in key care groups, with significant improvement from 2023/24. Staff feedback on engagement and culture progression is routinely considered by the Board and informs ongoing OD action plans.

### Why Assure?

- **Participation Up** - Increasing response and engagement.
- **Targeted Action** - OD/People support where needed.
- **Embedding Change** - Board and committee review staff experience.
- **Conclusion** - the engagement metrics in the staff survey show some improvement but in recognition that this is a single point of data, and that wider cultural issues are being considered, this is rated as limited assurance

# Context and Next Steps



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This update serves purely to advise the Committee on progress against the de-escalation criteria linked to the Governance and Leadership domain within Targeted Intervention. It is not intended to give a wider assessment of leadership and organisational culture based on staff experiences.

Therefore it is important to note the following items on the agenda which demonstrate that much more is needed to improve staff experience and the culture within which we work:-

- Workforce risks
- Staff story of how our processes impact on people.
- Equality, Diversity and Inclusion updates including the Strategic annual plan, pay gap reports, LGBTQ+ action plan and the HEIW Report on General Surgery in Withybush General Hospital
- Cultural overview report highlighting the pressures placed upon people and teams.
- Speak Up, Make Meaningful Change
- Workforce metrics where higher levels of sickness absence are present with long term sickness being the higher than short term absence.

Recommendation	Reference Number	Action	Person Responsible	Lead Person	Date Raised	Original Due Date	Current Due Date	Due Date Change Count	Date Last Updated	Last Updated By	Action Rating	Progress Status
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.	Targeted intervention/2025/559/MD1/2	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. Please provide a summary of the progress so far and the next steps.	Ms Lisa Gostling	Ms Lisa Gostling	22/07/2025	29/07/2025	29/07/2025		22/07/2025	Mrs Katrina Davies	Amber	Fully complete (Approved)
Effective leadership programmes are in place to support the ongoing development of leadership and management skills at all levels / professions to strengthen management maturity.	Targeted intervention/2025/559/MD2/3	Effective leadership programmes are in place to support the ongoing development of leadership and management skills at all levels / professions to strengthen management maturity. Please provide a summary of the progress so far and the next steps.	Ms Lisa Gostling	Ms Lisa Gostling	22/07/2025	29/07/2025	29/07/2025		22/07/2025	Mrs Katrina Davies	Amber	Fully complete (Approved)
Positive staff engagement in NHS Wales surveys.	Targeted intervention/2025/559/MD3/5	Positive staff engagement in NHS Wales surveys. Please provide a summary of the progress so far and the next steps.	Ms Lisa Gostling	Ms Lisa Gostling	22/07/2025	29/07/2025	29/07/2025		22/07/2025	Mrs Katrina Davies	Amber	Fully complete (Approved)