DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 June 2023
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Planning Objectives Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling, Director of Workforce and OD
SWYDDOG ADRODD: **REPORTING OFFICER:**	Daniel Warm, Head of Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

A revised set of Planning Objectives (PO) has now been incorporated into Hywel Dda University Health Board's (HDdUHB) plan for 2023/24 that set out the aims of the organisation, *i.e.* the horizon that HDdUHB is driving towards over the long term, as well as a set of specific, measurable Planning Objectives, which move the organisation towards that horizon over the next year.

For 2023/24, 10 Planning Objectives have been aligned to the People, Organisational Development, and Culture Committee (PODCC)

As in previous years it is the expectation that PODCC will receive an update on the progress made in the development (delivery) of the Planning Objectives for onward assurance to the Board through the Board Assurance Framework.

Cefndir / Background

This report is presented as an update to demonstrate where progress has been made in delivering those Planning Objectives aligned to PODCC for 2023/24.

For the Planning Objectives for 2022/23, a Closure Report was presented to Public Board on 25 May 2023, and can be found here: 2022/23 Planning Objective Closure Report

For those previous Planning Objectives aligned to PODCC these can be summarised as:

PO	PO Name	Executive Lead	Status	Alignment to 2023/24 POs
1A	NHS Delivery Framework targets	Director of Workforce and OD	Complete	No PO – considered as Business As Usual
1F	HR offer (induction, policies, employee relations, access to training)		On-track	1a Develop an attraction and recruitment plan

1G	OD Relationship Manager rollout		Complete	2c Develop and maintain an overarching workforce, OD and partnerships plan
1H	"Making a Difference" Customer Service programme		On-track	2a Engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships
2D	Clinical Education Plan		Complete	1b Develop career progression opportunities for all that want them, and for those that don't ensure they have appropriate development to be the best they can in their role.
2I	Integrated Occupational Health & Staff psychological wellbeing offer		Behind	2b Continue to strive to be an employer of choice to ensure our people are happy, engaged and supported in work to further stabilise our services.
2J	"Future Shot" Leadership Programmes		Complete	1b Develop career progression opportunities for all that want them, and for those that don't ensure they have appropriate development to be the best they can in their role.
2K	Organisational listening, learning and cultural humility		Complete	2a Engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships
2L	Staff engagement strategic plan		Complete	
2A	Regional Carers Strategy response		Complete	
2B	Strategic Equality Plan and Objectives establishment		Complete	
4I	Armed Forces Covenant		Complete	
1B	Single Point of Contact	Director of Nursing, Quality and Patient Experience	On-track	4a Planned Care and Cancer Recovery
1I	Family Liaison Service rollout		De-prioritised	No PO – considered as Business As Usual
2M	Arts in Health Programme development		Complete	
3G	Research and Innovation	Medical Director/ Deputy Chief Executive	Ahead	5b Research and Innovation
3N	Welsh Language	Communications and Engagement Director	Behind	8d Welsh Language and Culture

Asesiad / Assessment

The current status for the Planning Objectives is as below:

All Planning Objectives are expected to develop a Plan on a Page that are intended to ensure a clear delivery/development process for the year, linking them to clear SMART(specific;

measurable; achievable; realistic; timely) outcomes with clear trajectories/milestones using a standardised template. The current PO Plan on a Pages for those aligned to PODCC can be found at Annex 1.

In moving forward, in order to ensure our assurance of the POs moves away from a process update to an outcome/output orientated one, a PO Highlight Report has been drafted (Annex 2) which will be reported to the Committee at every other meeting. Additionally, a programme of 'deep-dives' on POs has been scheduled, and to ensure consistency, a draft slide-set has been produced (Annex 3).

Argymhelliad / Recommendation

The Committee is asked to:
> **RECEIVE** and **TAKE ASSURANCE** on the current position regarding the progress being made on the Planning Objectives aligned to the People, Organisational Development, and Culture Committee.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 To receive an assurance on delivery against all Planning Objectives aligned to the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	1a Recruitment plan 2a Staff health and wellbeing 5b Research and innovation 8d Welsh Language and Culture
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	3 Year Plan and Annual Plan Decisions made by the Board since 2017-18 Recent *Discover* report, published in July 2020 Gold Command requirements for COVID-19 Input from the Executive Team Report presented to Public Board in September 2020
Rhestr Termau: Glossary of Terms:	Explanation of terms is included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Public Board - September 2020 Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	

Ariannol / Gwerth am Arian: **Financial / Service:**	Any financial impacts and considerations are identified in the report
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Any issues are identified in the report
Gweithlu: **Workforce:**	Any issues are identified in the report
Risg: **Risk:**	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: **Legal:**	Any issues are identified in the report
Enw Da: **Reputational:**	Any issues are identified in the report
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

Planning Objective 1A: develop an attraction and recruitment plan by 30/06/23 (which enables service sustainability) which is designed to streamline and modernise processes, recruitment from different talent pools, attract and support candidates

PROJECT SCOPE: Our public are sufficiently motivated to understand more about us as an employer and are attracted to work with us and recommend us to others.
- Job description and person specifications to be redesigned to allow a broader understanding of requirements
- Scope current employability support provision and key stakeholders at Hywel Dda.
- Opportunities developed to appoint via different employment pools
- Local population lives improved through initiatives to support areas of deprivation
- Scope external provision and partnerships - positioning Hywel Dda provision at the right point within the continuum.

PROJECT GOVERNANCE	
Responsible Officers	**Programme oversight through**: Workforce & OD Senior Leadership Team
Executive Lead: Lisa Gostling, Director of W&OD	
Strategic Lead: Michelle James	**Governance through**: PODCC
Delivery Lead: Sharon Richards, Sally Owen, Claire Steel, Andre Kirby, Maria Evans,	**Delivery through**: WOD Business Group

KEY DELIVERABLES*			MEASURES*		
KEY ACTIONS*	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS: (plot it on a monthly/quarterly/annually basis)	HOW AND WHEN WILL DATA BE COLLECTED, AND VERIFIED
1. Redesign all job description & person specs with focus on key responsibilities and core requirements breaking down qualifications to allow broader understanding of requirement. Schedule to be developed by 30/06/23 with timescales for completion for key roles.	Sharon Richards	30/06/23	Schedule developed by 30/06/23	Number of Job Descriptions & Person Specifications to be monitored	Quarterly review of progress
2. Implement new methods of advertising and appointing to roles including non-electronic methods and move from traditional interviews where appropriate to do so. To commence 01/04/23	Sally Owen	30/06/23	New methods of advertising implemented	Number of different methods trialled to be evaluated	Quarterly
3. Develop programmes for employability support for public, managers and future leaders	Andrew Kirby	28/02/24	Employability support in place for the public, managers	Number of people employed through alternative routes	Quarterly
4. Develop attraction plan linked with R&D, service development, improvements, innovation, benefits, and educational offer to new recruits	Maria Evans	30/09/23	Attraction plan developed to	Media coverage to feature recruitment and employment events Staff experiences recorded	Bimonthly
5. Appoint to vacancies via different employment pools, e.g. a. in 2023/24 appoint 42 clinical apprentices b. in 2023/24 appoint 8 nonclinical apprentices c. appoint 140 overseas nurses d. scope and begin to appoint overseas doctors & AHPs e. develop 100 opportunities for students to join the nursing and hotel facilities banks f. develop 36 opportunities for HCSWs to join Level 3 development pathway and 30 HCSWs to Level 4 development pathway to become registrants g. Explore the possibility for the introduction of medical apprenticeships	Claire Steel Claire Steel Sally Owen Sally Owen Sally Owen Claire Steel Andrew Kirby	31/01/24 31/01/24 31/03/24 31/07/23 30/09/23 31/03/24 Scope by 31/03/24	Reduced number of vacancies	Number of staff appointed in line with requirement	Monthly data will be collected from the various recruitment streams
6. Enhance the HB offer to improve the lives of local population by implementing initiatives to support social responsibility requirements and supporting areas of deprivation e.g., local volunteering	Sally Owen	31/07/23	The lives of local population improved through supporting areas of deprivation	Number of targeted adverts to deprived area postcodes Number of people appointed from deprived areas	Review quarterly

	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
RISKS	Capacity with Job Evaluation team	High	Moderate		Recruit to Workforce Advisor and Business Support Administrator posts. Senior Workforce Manager to commit additional time to JE activities
	Refusal of funding	Low	Major		Partnership bids to strengthen bid, linked to WG and Healthier Wales Priorities. Meetings with funders post bid.
	Lack of engagement from services to support with placements and supporting apprentices	Likely	Moderate		Awareness sessions to support understanding of apprentices and benefits Identification of key people responsible for apprentices per site/county (EOs to work on communicating key message)
	Apprentice attrition from the programmes	Possible	Moderate		EO pastoral support now in place Regularly check in's Change in programme reflecting evaluation
	Lack of interest resulting in not being able to fill apprenticeship vacancies	Likely	Major		Engagement campaigns – information sessions for each county, application support sessions (virtual). Social media and comms campaigns

	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER		OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW
LINKS TO						

PLANNING OBJECTIVE						

PLANNING OBJECTIVE
Planning Objective 1B: Develop career progression opportunities for all that want them, and for those who don't ensure they have appropriate development to be the best they can in their role.

PROJECT SCOPE
- Scope document that outlines opportunities and progression for developing skills or experience to enhance roles, which may include on and off the job training and flexible employment opportunities. This will also explore extending roles, creation of new roles, with consideration to flexible employment opportunities, rotations or secondments
- Creation of a number of development pools within the current workforce that consider progression to registrant role, which will support workforce planning as well as understand existing talent pool and ambitions.
- A robust Learning Needs Analysis (LNA), including support materials to help services to plan training, with a clear link to Higher Awards and the Education and Commissioning process.
- Fully embedded interprofessional training plan, recognising all professions are an integral part of the wider picture

PROJECT GOVERNANCE: PODCC

PROJECT GOVERNANCE: PODCC	**Programme oversight through:** Workforce & OD Senior Leadership team
Responsible Officers:	
Executive Lead: Lisa Gostling, Director of W&OD	**Governance through:** WF&OD Core Leadership Team, Strategic People Planning and Education Group, feeding into PODCC
Strategic Lead: Amanda Glanville	
Delivery Lead: Gemma Littlejohns, Andrew Kirby, Anna Gray,	**Delivery through:** WOD Business Group

KEY DELIVERABLES*   **MEASURES***

KEY ACTIONS*	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS: (plot it on a monthly/quarterly/annually basis):	HOW AND WHEN WILL DATA BE COLLECTED, AND VERIFIED
1. Identify and target development pools to support future registrant roles	Gemma Littlejohns	31/12/23	• Scope document from Workforce planning (Action 2) • Career framework development resource, highlighting career pathways • Launch of talent pool initiatives, linked to future registrant roles, with clear career development pathways	• Scoping paper completion (31/7/23): Quarter 2 • Initial template outlining career framework for all clinical registrant professions, identifying gaps in progression (30/09/23): Quarter 2 • Launches of talent pools released incrementally up to 31/12/23: Quarter 3	Quarterly review of progress through Strategic People Planning and Education Group
2. Scope opportunities to support individuals to develop with career progression or develop skills and gain experience to enhance role, which may include on and off the job training and flexible employment opportunities	Anna Gray	31/7/23	Scoping paper to inform organisation of Training Needs Analysis/Higher Awards/Funding processes for workforce development.	Scoping paper completion (31/7/23): Quarter 2	Submitted to Strategic People Planning and Education Group
3. Reshape Higher Awards process to link with Training Needs Analysis and deliver the workforce with the skills required for the future	Gemma	31/3/24	• Automated Higher Awards system • TNA/LNA toolkit and training for managers and service leads • Equitable Funding process, to reflect TNA and Higher Awards, with clear prioritisation linked to TNA/Commissioning • Higher Awards invite applications to train for specific skills identified as a Health Board Priority	• SBAR submitted outlining the process by 31/12/23: Quarter 3 • Resources and training to be implemented by 31/12/23: Quarter 3 • SBAR to Executive team by 31/03/24: Quarter 4 • Implementation of Higher Awards process by 31/03/24. Ready for 2024/2025 Higher Awards process: Quarter 4	Quarterly review of progress through Strategic People Planning and Education Group
4. Develop an inter-professional education plan to commence delivery with full implementation by 1/1/26	Andrew	31/10/23	• A collaborative operational Interprofessional Education Plan (IEP). • Simulation Group TOR, reflecting IEP, to drive interprofessional learning. • System to capture Interprofessional Education, demonstrating achievement, with evaluation criteria to measure impact.	• Final submission presented by 31/10/23: Quarter 3 • Final draft circulated August 2023: Quarter 2 • Published TOR by October 2023: Quarter 3 • Final submission presented by 31/10/23, as part of the Operational Interprofessional Educational Plan submission: Quarter 3	Quarterly review of progress through Strategic People Planning and Education Group

	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
RISKS	Lack of funding for educational projects and courses	5	4	20	HEIW funding bid for Bands 2-4 development. Collaboration with HEIW to access money for simulation project – Meetings being set up to ask for funding. HEFQ funding partnering with Swansea University to write interprofessional scenarios, providing resources. Collaboration with universities to access funding where possible. Development/Finance T&F Group is being set up to look at how training funding is managed, with the aim of providing recommendations.
	Lack of engagement from services in relation to interest resulting in not being able to fill talent pools	3	4	12	Engagement campaigns – information sessions for each county, application support sessions (virtual). Social media and comms campaigns
	Lack of qualifications available	3	4	12	Working with universities and HEIW to highlight need to develop relevant career pathways
	Failure to identify opportunities for all individuals to develop/enhance their role.	2	3	6	Representation on sub-group from all staff groups.
	Failure to provide equitable, flexible and accessible opportunities across all staff groups.	3	3	6	Representation on sub-group from all staff groups. Current/ongoing engagement across all professional groups to inform education commissioning process and strategic planning processes (IMTP). Regular engagement and feedback with commissioners/HEI to identify concerns and "gaps" in provision of opportunities across all staff groups. Engagement with EDI team.
	Risk of increased turnover, absence rate etc (linked with job satisfaction, lack of opportunity, motivation, culture).	3	3	9	Scoping across all staff groups to capture opportunities and to promote equity. Analysis of qualitative and quantitative data to identify trends/risk areas.
	Risk of operational pressures/demand impacting ability to attend training/education required to deliver opportunities identified.	3	3	9	Support provided by WED and other WOD teams and through scoping of flexible, accessible employment opportunities (as per deliverable).

	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW	
LINKS TO			1B (New ways to appoint into vacancies)		**Healthier Wales:** Deliver an inclusive, flexible, multi-professional workforce able to work across sectors and traditional boundaries by ensuring the Workforce Strategy is implemented and underpinned by excellent workforce data and planning to attract, recruit and retain talented people to train, work and live in Wales.	
			2B (Role Enrichment)			
			2B (Digitalisation)			
			2C (Workforce Plan)			

PLANNING OBJECTIVE
2A: Engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships

PROJECT SCOPE (An outline of the project setting out its purpose)
People feel their unique experience at work is important and the organisation tries to continuously improve it for them. People feel that their wellbeing is central to what we do.
- Staff have a single point of entry to all health and wellbeing services provided by the Health Board and their awareness of all wellbeing services is raised
- Staff can see our commitment to best practice in wellbeing service delivery as articulated in respected wellbeing charters
- A continuous improvement work programme for the operational workforce team to implement kinder people processes is in place and focuses on process; role; staff experience; resource utilisation and timely engagement improvements
- A robust inquiry is undertaken to listen to staff voices and experiences to help us learn more about why staff choose to stay working in Hywel Dda. This is used to help shape the next stages of our cultural progression journey.
- A range of staff networks are co-ordinated to support the health and wellbeing of staff e.g Enfys; BAME; Carers; Armed Forces; Respect Ability. These networks demonstrate that diverse voices and experiences matter and that they are used to influence policy development in a way which ensures that the network lens is considered.
- Our values-based cultural progression is integral to the work of the OD relationship team through building relationships which make a real difference to how we tap into our people potential and make Hywel Dda a great place to work for everyone.

PROJECT GOVERNANCE	Programme oversight through:
Responsible Officers:	
Executive Lead: Lisa Gostling	**Governance through**: PODCC
Strategic Lead: Christine Davies	
Delivery Lead: Steve Morgan, Health Hinkin, Elin Brock, Corinna Lloyd-Jones, Anna Bird	**Delivery through**: WOD Business Group

KEY DELIVERABLES* | | | **MEASURES***

KEY ACTIONS*	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS: (plot it on a monthly/quarterly/annually basis):	HOW AND WHEN WILL DATA BE COLLECTED, AND VERIFIED
1. Implement single point of access for health and wellbeing services with parity of service support for physical and psychological wellbeing	Steve Morgan	31.10.23	1. Single point of access service is in place by end of October	Number of enquiries is monitored	Quarterly
2. Wellbeing charters are fully embraced	Steve Morgan	30.09.23	2. Wellbeing Charter Action Implementation plans are developed by October 2023	Progress against the Implementation plans are RAG rated	Quarterly review of progress
3. Deliver kind people processes to support individuals during challenging times to note improvements	Heather Hinkin	31.03.24	3. Overarching Employee Relations action plan is developed by July 2023	Progress against action plan is RAG rated	Quarterly review of progress
4. Undertake second discovery report to listen and understand how best to support staff retention	Elin Brock	31.10.23	4. A Discovery Process is designed and delivered by end of August 2023	Final report presented by end of October 2023	Data collected via surveys; 121 interviews and staff focus groups
5. Implement Strategic Equality Plan actions to enhance Hywel Dda as a diverse and culturally inclusive organisation that supports staff, patients, carers and the population we serve	Anna Bird	31.02.24	5. A published programme of staff networks engagement is produced for 2023/24 by end of June 2023	Network attendance and feedback is monitored quarterly, with a complete review and evaluation by end of March 2024	Surveys and focus groups as part of the review and evaluation
6. Promote, and provide proactive and responsive support to local teams to enable healthy and happy working cultures	Corinna Lloyd-Jones	31.02.24	6. A work programme associated with retention of key staff groups are in place	Progress against each retention work programme are RAG rated	Quarterly review of progress and staff turnover rates are monitored annually against All Wales comparators

	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
RISKS	Lack of engagement from staff in provision of survey / interview feedback	Medium	Lack of evidence to inform improvement and next steps		Continuous improvement of engagement and feedback loops to staff on actions taken
	Lack of managerial time and commitment to the cultural progression locally	Medium	Those areas with cultural challenges fall further behind the curve of progression		Engagement with appropriate executive sponsors to reinforce key messages

	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW
LINKS TO					

PLANNING OBJECTIVE
2b – Continue to strive to be an employer of choice to ensure our people are happy, engaged and supported in work to further stabilise our services.

PROJECT SCOPE
Continue to strive to be an employer of choice to ensure our people are happy, engaged and supported in work to further stabilise our services.
This includes:-
- Developing a plan to optimise digital opportunity to offer job rotation schemes across the Health Board.
- Increasing the HB education and development offer, supporting enhanced opportunities to develop outside the workplace.
- Enabling job enrichment by enhancing roles and ways of working where appropriate, methodology and core principles.
- Enhancing and developing people recognition and appreciation informally and formally through internal and external mechanisms.
- Improving staff experience by filling substantive vacancies and thereby reduce reliance on external locums and agencies for medical, AHP and nursing staff through our workforce effectiveness stabilisation programme.
- Widening choices relating to employment contracting opportunities.

PROJECT GOVERNANCE

Responsible Officers:	**Programme oversight through**: W&OD Senior Leadership Team
Executive Lead: Lisa Gostling, Director of W&OD	
Strategic Lead: Heather Hinkin, Head of Workforce	**Governance through**: W&OD Core Leadership Team
Delivery Lead: see below	**Delivery through**: 6 key themes identified below

KEY DELIVERABLES*   **MEASURES***

KEY ACTIONS*	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS: (plot it on a monthly/quarterly/annually basis):	HOW AND WHEN WILL DATA BE COLLECTED, AND VERIFIED
Increase the HB education and development offer, supporting enhanced opportunities to develop outside the workplace	G Littlejohns	1/1/24	• Development of guidance for staff to maximise transferable skills as recruitment and retention tools.	• Q1 – Working Group established • Q2/3 – Map funding, resource development and promotion of campaigns • Q4 – measure and report on improvement in engagement from staff	• Q1/2 will require analysis of current offerings and scoping of external opportunities. Final report in Q4 will provide feedback and analysis as part of the closure report from the delivery lead.
Through workforce effectiveness stabilisation programme improve staff experience by filling substantive vacancies and thereby reduce reliance on external locums and agencies for medical, AHP and nursing specifically, 3 year trajectory but in year actions to be agreed for all workstreams	D Owen	31/3/24	• Reduction in agency spend across nursing and medical staffing • Recruitment of staff sufficient to stabilise acute sites through both local and international recruitment activity	• Q1 – complete GGH stabilisation • Q2 – commence WGH stabilisation programme • Q4 – complete WGH stabilisation • Monthly TI reporting on agency spend.	• Through action and decision log updates and Monthly TI reporting on agency spend.
Widened choices to be developed by 31/3/24 relating to employment contracting opportunities	L Hughes	31/3/24	• Revisions made to key policies are approved. • KPIs identified demonstrate improvement in numbers of applications approved and FTC conversion rates reduce ratio of FT to open ended contracts as a percentage.	• Policy work to be completed in Q2. • Phase 1 of FTC review to be completed by end of Q2. • Revisions to T&Cs implemented as received	• Data will be generated during Q1 from ESR and cleansed to produce a baseline in readiness for consideration of conversion in Q2. Final report generated in Q4 by delivery lead.
Enable job enrichment by enhancing roles and ways of working where appropriate, methodology and core principles to be developed	A Gray	30/9/23	• Number of opportunities identified • Number of roles enhanced or re-designed.	• Q2 – Opportunities identified and monthly review to commence • Q2/3 – implementation completed and evaluation of improvements to job roles/satisfaction undertaken	• Data and insights collated during Q1 by working group • Q2 – qualitative and quantitative workforce data reported in completion report by delivery lead.
Plan developed to optimise digital opportunity and facilitate cost effective workforce agility	W Davies	31/3/24	• Number of job rotation schemes implemented • Number of streamlined processes implemented • Noted improvements in performance or productivity	• Q2/3 Job Rotation schemes scoped, analysed and options appraisal undertaken. • Q3 Pilot area and professional staff group decided on and report generated to outline proposals through Governance Frameworks. • Q4 Introduction of streamlined process implemented to improve workforce agility, and job rotation offer. • Q4 Further opportunities identified for continued development	• Q3 Data analysis and research undertaken to establish schemes in other Health establishments. (Regional & National) • Q4 – completion report submitted by delivery lead
Further develop and spread people recognition informally and formally internally and externally	R Blake	31/3/24	• Numbers of applications by award both internally and externally • Communication strategy in place.	• Q1 - analysis of existing offering • Q2 - report generated outlining proposals for next 12 months including budget requirements. • Q3 – improvements made to recognition processes • Q4 - completion report submitted to PODCC	• Q1 data capture and evaluation of existing schemes • Q4 – closure report completed by deliverable lead.

	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
RISKS	L&D offering does not fully enable us to maximise career progression for staff	3	3	9	Identify appropriate funding streams to maximise breadth and depth of offering. Ensure buy-in from key stakeholders including Exec, Service Leads and TU reps.
	Stabilisation programme does not reduce agency spend or reduce vacancy gap	3	4	12	Monitor and maintain action plan and decision log to track risks and mitigations. Continue to work with Nursing colleagues and monitor agency spend.
	We fail to recruit or retain staff due to offering less attractive contractual arrangements or flexible working patterns	2	3	6	Effective communication with managers, revisions to policy and application of changes to T&Cs are implemented in a timely manner. Fair and pragmatic recruitment practices are applied in the conversion of FT to open ended contracts.
	Failure to provide equitable role enrichment opportunities which results in increased turnover, sickness absence or delivery of patient care	3	3	9	Develop methodology/core principles to empower managers to encourage a culture of psychological safety to develop staff appropriately to enrich their role.
	Fail to fully embrace technology which could improve performance and/or productivity	3	3	9	Development of digital skills and maximisation of AI technologies to build capacity and enhance service provision
	Staff not feeling valued due to limited opportunities provided for informal and formal recognition which may impact, recruitment, retention or service delivery	3	3	9	Boost engagement, continue to evaluate and evolve offerings, promote benefits of staff recognition

	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW
LINKS TO					

PLANNING OBJECTIVE 2c

Develop and maintain and overarching workforce, organisational development and partnerships plan.

PROJECT SCOPE (An outline of the project setting out its purpose)

Our partnership working and collaborative approaches mean we can achieve better intelligence to support our cultural progression, and confidence in us to build a better future: meaning people have a clear sense of the direction of travel for the organisation and people can see and feel how their development, actions and voices contribute to the strategic aims and purpose of the Health Board:

People can see our commitment to succession planning and leadership development (for today and tomorrow i.e. short and long term)

- People can see the actions that are being taken to make plans for creating sustainable workforce models for services and professions (for today and tomorrow i.e. short and long term)
- People can see, contribute to and gain insights on our current and future workforce challenges and opportunities through a variety of methods
- People can see actions from; and feel safe to contribute their experiences through a variety of methods to inform and improve how we work together
- People can understand how we can create a culture to promote pride give opportunity to innovate to improve themselves and their work

(It is important to reflect that all Planning objectives will have a link to the "People Plan" and vice versa)

PROJECT GOVERNANCE	Programme oversight through:
Responsible Officers:	
Executive Lead: Lisa Gostling	**Governance through**: PODCC
Strategic Lead: Tracy Walmsley	
Delivery Lead: Catherine Rees, Mia Evans, Sarah Barnes, Rob Blake, Elin Brock	**Delivery through**: WOD Leadership & Business Group; Strategic People Planning & Education Group

KEY DELIVERABLES*			MEASURES*		
KEY ACTIONS*	**BY WHOM**	**BY WHEN**	**QUANTIFIABLE OUTCOME*:**	**TRAJECTORY OVER NEXT 12 MONTHS: (plot it on a monthly/quarterly/annually basis):**	**HOW AND WHEN WILL DATA BE COLLECTED, AND VERIFIED**
Implement succession planning and leadership management pipeline	Catherine Rees	31 March 2024	Programme of interventions delivered by 31 March 2024	Programme/intervention and participants monitored (annual) % of leadership talent pools appointed (annual)	Programme completion on annual basis
Further develop short and long term workforce plan for services and professional groups	Tracy Walsmley & Mia Evans	31 March 2023	Baseline and assessment of supply and demand by service and professional group by 31 March 2024 Development Plan for Workforce for a 10 year horizon to 31 March 2034	Quarterly assessment of baselines, demand & supply assessment and agreed interventions by service and professional group	Quarterly and Annual Summary
Understand our people by using quantitative and qualitative data	Sarah Barnes	31 August 2024	Enable access and integration of data sources to provide intelligence and develop plan for future evolution	Accessible data sources (Quarterly) Plan (Annual)	Monthly & Quarterly Annual
Develop a process of listening and learning from staff experiences ensuring regular feedback	Rob Blake	31 March 2024	Interventions implemented Progression measured	Annual and quarterly developed of process and data sources	Annual Quarterly
Promote a culture of innovation and enhance university health board reputation	Elin Brock	31 March 2024	Examples of innovation Reports of Innovation, Conferences and Partnership	Process and mechanisms reviewed quarterly	Quarterly and Annually

	RISK DESCRIPTION		LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
RISKS	Lack of capacity across HB to engage and inform workforce plans and align governance		HIGH	Unable to evolve plans in timely manner		Active engagement across HB and WOD

	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW
LINKS TO	Yes	1349, 1188, 1186 (Corporate & Principal)	All	All	ARCH, AHMWW, UPB

PLANNING OBJECTIVE 5b
Delivery of third year of the Research and Innovation Strategy

PROJECT SCOPE (An outline of the project setting out its purpose)
Priority actions for the third year of the Research and Innovation Strategy (2021-24) and second year of the five year TriTech Business Plan

PROJECT GOVERNANCE	Programme oversight through: Research and Development SMT and TriTech and Innovation Group
Responsible Officers: **Executive Lead**: Prof Philip Kloer **Strategic Lead**: Dr Leighton Phillips **Delivery Lead**: Sally Hore and Prof Chris Hopkins	**Governance through**: Research and Innovation Sub Committee and People, Organisational Development, and Culture Committee **Delivery through**: Senior Operational Teams for R&D and TriTech and Innovation

KEY DELIVERABLES*			MEASURES*		
KEY ACTIONS*	**BY WHOM**	**BY WHEN**	**QUANTIFIABLE OUTCOME*:**	**TRAJECTORY OVER NEXT 12 MONTHS: (plot it on a monthly/quarterly/annually basis):**	**HOW AND WHEN WILL DATA BE COLLECTED, AND VERIFIED**
Put in place arrangements to grow oncology research trials	Dr Sam Rice and Sally Hore	March 2024	Increase in the number of trials supported and patients recruited to trial	By September – increased capacity to support trials in place By March – increased trials supported	National R&D Power BI, verified by R&I Sub Committee
Adequate funding secured through Health and Care Research Wales to support core research delivery establishment	Dr Leighton Phillips and Sally Hore	December 2023	<10% of staff on fixed term contracts.	By September – Core establishment agreed with HCRW By March – implementation of any changes required to achieve core establishment	Spending plan, verified by HCRW and R&I Sub Committee
Complete programme of work to establish 'fit for purpose' research facilities at all Hospital sites	Dr Leighton Phillips and Sally Hore	March 2024	Research Facilities open and operational at Bronglais and Withybush General Hospitals.	By June – Bronglais research facility opens By March – Withybush research facility opens	Research facilities open, verified through opening ceremony
Increase the number of clinicians with dedicated research time incorporated into their job plans/PADRs	Dr Sam Rice (Medical research time) and Sally Hore (Clinical)	March 2024	In year increase in clinicians with dedicated research time	Quarterly review	Reports verified by the R&I Sub Committee
Achievement of Site Level Research Delivery Plans	Sally Hore	March 2024	Achievement (yes/no) of objectives set in site delivery plans	Quarterly review	Reports verified by the R&I Sub Committee
Delivery of year two of the TriTech Business Plan objectives	Prof Chris Hopkins and Dr Leighton Phillips	March 2024	Achievement of objectives set out within the business plan	Quarterly review	Reports verified by the R&I Sub Committee
Explore and secure opportunities to diversify the TriTech and Innovation portfolio in view of national and international interest	Prof Chris Hopkins and Dr Leighton Phillips	March 2024	Identification of opportunities and positioning of TriTech as part of the 'national' innovation ecosystem. TriTech represented at two international medical technology summits.	By September – review complete By March – new arrangements implement, if and as appropriate	Reports verified by the R&I Sub Committee
Review the size, structure, and capabilities of the TriTech team in view of experience and priorities for the next 12 months	Prof Chris Hopkins and Dr Leighton Phillips	March 2024	Staffing arrangements reflective of portfolio	By September – review and recommendations By March – as appropriate, and with agreement, implementation of findings	Papers verified by the R&I Sub Committee.

	RISK DESCRIPTION (Comprehensive report to R&ISC. The following are 'key' risks.	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
RISKS	Inadequate funding to support research delivery plans, with impact on Hywel Dda UHB's ability to run research trials at four sites				Structured dialogue with HCRW around spending plan
	Inadequate capacity within the TriTech and Innovation team to support work plan delivery				Implementation of review findings on size, structure and capabilities of TriTech Team
	Inability to secure dedicated research and innovation leadership time as part of core roles				Targeted plan to increase the number of clinicians with dedicated time
	Limited capacity across the wider UHB to support the delivery of research and innovation projects				

	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW
LINKS TO					

PLANNING OBJECTIVE 6c To establish an overarching programme of work for continuous engagement and develop a set of continuous engagement plans that make it easier for people to have conversations with us

PROJECT SCOPE (An outline of the project setting out its purpose)
To establish an overarching programme of work for continuous engagement and develop a set of continuous engagement plans that make it easier for people to have conversations with us. This will:
1. Increase public confidence and trust in the reputation of Hywel Dda University Health Board (HDdUHB).
2. Offer greater ability of service users to influence services and to be better informed.
3. Improve decision making that is driven by public feedback.
4. Enhance visibility of HDdUHB values through open and transparent communication.

PROJECT GOVERNANCE	
Responsible Officers:	**Programme oversight through**: AHMWW Program Group
Executive Lead: Alwena Hughes Moakes	**Governance through**: PODCC
Strategic Lead: TBC – vacant post (Alwena Hughes Moakes in interim)	**Delivery through**: AHMWW Communications and Engagement Group
Delivery Lead: Delyth Evans & Liz Cartwright	

KEY DELIVERABLES*			MEASURES*		
KEY ACTIONS*	**BY WHOM**	**BY WHEN**	**QUANTIFIABLE OUTCOME*:**	**TRAJECTORY OVER NEXT 12 MONTHS: (plot it on a monthly/quarterly/annually basis):**	**HOW AND WHEN WILL DATA BE COLLECTED, AND VERIFIED**
Produce a series of standards and guidance on continuous engagement to promote good practice across the organisation	Delyth Evans / Liz Cartwright	October 2023	Production of guidelines	Draft guidelines produced by September 2023 for sharing with SRG for discussion and feedback, final version produced by end October 2023	Reviewed annually
Develop a series of engagement opportunities that build on the range of 'Willing to listen' events that aim to gain an understanding of what would motivate people within the Rising Risk Groups to be more aware of their own health and their own agency in connection with their health.	Engagement Team with other HB teams, including Public Health	November 2023	Series of engagement events arranged	Quarterly calendar of engagement events, presented to SRG	Quarterly ahead of Stakeholder Reference Group
Agree a process for monitoring and evaluating continuous engagement with seldom heard groups and individuals with protected characteristics.	Engagement Team with Diversity and Equalities Team and Community Outreach Development Team	December 2023	Process developed and shared with teams to ensure consistency of approach across Hywel Dda.	Develop draft process for discussion at October SRG.	Process reviewed annually to identify opportunities for continuous improvement.
Establish a mechanism for measuring the triangulation of feedback from all sources of engagement with public, patients and staff, to ensure that the work of Hywel Dda University Health Board is informed and influenced by the views and perspectives of all our stakeholders	Engagement Team to lead, bringing in teams from across HB.	January 2024	Development of framework for feedback. Exploring capacity of current HB databases and platforms to collate and highlight information.	Establish working group to coordinate activity and identify options for new framework by September 2023.	Process established by January 2024. Feedback gained to be shared through relevant committees and groups as appropriate.

	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
RISKS	Engagement apathy due to specific consultation events already held in 2023 (Land consultation and Paediatrics)	4	3	12	Move towards continuous engagement and invitation to communities to engage on ongoing basis helps to manage expectations and raise engagement levels.
	Capacity of team to deliver – vacancies in Engagement team, increase in demand due to Clinical Services Plan requirements	4	3	12	Recruitment to team vacancies

	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW
LINKS TO					AHMWW
					Stakeholder Reference Group
					Clinical Services Plan

PLANNING OBJECTIVE 8d
Welsh Language and Culture - Building on the Welsh language and Culture Discovery process, we will deliver a Welsh Language plan that supports our ambitions to enhance our Welsh language and culture across the health board and engages and inspires our staff, patients, and broader communities. We will also seek to achieve the KPIs outlined within the Bilingual Skills policy, Cymraeg 2050, and More than Just Words

PROJECT SCOPE (An outline of the project setting out its purpose)
Building on the PO from 2022/23, the team/s will focus on delivery of the Welsh language plan developed as part of the discovery process that sought to identify not only how we meet, but exceed the Welsh Language Standards, and leading Wales' health boards in promotion and embedding of our Welsh language and culture into all aspects of our culture and service provision.

PROJECT GOVERNANCE
Responsible Officers:
Executive Lead: Alwena Hughes Moakes
Strategic Lead: Enfys Williams / Alwena Hughes Moakes
Delivery Lead: Enfys Williams

Programme oversight through: PODCC
Governance through: PODCC
Delivery through: Welsh Language Services Team

KEY DELIVERABLES*			MEASURES*		
KEY ACTIONS*	**BY WHOM**	**BY WHEN**	**QUANTIFIABLE OUTCOME*:**	**TRAJECTORY OVER NEXT 12 MONTHS:**	**HOW AND WHEN WILL DATA BE COLLECTED, AND VERIFIED**
Following the Discovery process, we will deliver a Welsh Language plan that supports the ambitions of our health board to enhance our Welsh language and culture across the health board and engages and inspires our staff, patients, and broader communities.	Welsh Language Services Team	Plan delivered to PODCC in June. Plan includes ongoing activities – with short, medium and long term actions detailed within the plan	- Decrease in number of complaints regarding provision of services available through the medium of Welsh - Establishment of a Welsh language mentors' network	Monitor number of complaints received quarterly Establish by end of Q1	Collected by Welsh Language Services Team and verified annually at PODCC
Strive to comply with all aspects of the Welsh Language Standards: Support staff to ensure that in carrying out their duties they promote the Welsh Language and recognise that patients receive care in their language of need as a key patient experience and quality of care issue.	Welsh Language Services Team	Annually	- Decrease in number of complaints regarding provision of services available through the medium of Welsh. - Ensure that 90% of staff have completed the new Welsh Language course on ESR - Increase in the number of staff at each Welsh Language Skill Level	Monitor number of complaints received quarterly 90% complete by the end of September 2023 Monitor data from ESR quarterly	Data collected by Patient Support Services and Corporate Correspondence Data collected by the Workforce & OD Team and summarised in Annual Report for PODCC in June 2024.
Support managers to recruit Welsh speakers and support staff to learn/improve staff Welsh Language skills in order to achieve our 10 year target (Bilingual Skills Policy)	Welsh Language Services Team	Annually	- Number of posts advertised as Welsh essential - Number of Welsh speaking staff appointed - Increase in the number of staff at each WL level (as recorded on ESR) - Ensure target of 100 staff attending the Building Confidence course (funded by the National Centre for Learning Welsh)	Monitor data available quarterly and introduce any mitigations needed Monitor target quarterly	Data collected by the Workforce & OD Team. Verified by PODCC Annually Data collected by the Welsh Language Services Team. Verified by PODCC Annually.
Develop a communications campaign to explain the importance of the Active Offer to staff (as outlined in WG More than Just Words)	Welsh Language Services Team with the support of the Communications Team	End of Q3	- Increased staff awareness about the Active Offer - Monitor patient feedback/complaints	Work with individual Directorates on a quarterly basis in order to roll out the campaign.	Data collected by Welsh Language Services Team.
Continue to maintain and deliver a robust translation service for the whole Health Board	Welsh Language Services Team	On going	- Ensure that all target return dates are met – target of 95%	Monitor quarterly	Data collected by Welsh Language Services Team.

	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
RISKS	There is a risk of reputational damage to the Health Board for not being compliant with Welsh Language standards.	4	2	8	The Health Board IMTP for 2023/24 includes planning objectives in relation to compliance with the standards and are currently exploring where we want to go further to embrace Welsh Language and Culture.
	Promotion of bilingual requirements may lead to an increase in demand on translation service	4	2	8	Scope the cost effectiveness of employing another in house translator

	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW
LINKS TO					

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Planning Objective:	**Executive Lead:**

Reporting Period:

Overall status: Complete / Ahead / On-track / Behind
Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):

Activities completed in previous reporting period	**Activities planned for next milestone and reporting period**
• 1 • 2 • 3	• 1 • 2 • 3

Any other Comments
Matters for information:

Risks to delivery:

Any other comments:

- Name and reference of Planning Objective

- Executive Lead

- Reporting Officer

- Period of reporting

What is the aim of the Planning Objective?

The types of information covered should include:

- What are the aims and outcomes? (link to the Planning Objective scope)
- What is the intended impact of the Planning Objective?
- What are the drivers for the Planning Objective / what are the underlying principles of the Planning Objective?
- How does this Planning Objective link to Ministerial or Local priorities?

What have been the key achievements so far?

The types of information covered should include:

- Where are you against your proposed trajectory / milestones? Is the Planning Objective Complete/Ahead/On-track/Behind?

- What difference has the Planning Objective made?

- What have you learnt so far?

What needs to be done next?

The types of information covered should include:

- What are your next steps in delivering the Planning Objective?
- If your Planning Objective is behind in its delivery against your proposed trajectory / milestones, what are the barriers, how will you bring it back in-line? Are there any mitigations?
- Is there anything different that needs to be considered moving forward?
- What are the risks in the delivery/completion of your Planning Objective?
- Are there any (e.g.) financial or workforce considerations?
- Are there any change management issues or considerations

What are your take home messages for the Committee?

The types of information covered should include:

- What are the key messages that the Committee needs to know?
- What are you asking for from the Committee?