



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 January 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Developing Our Culture of Listening and Learning
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce and OD Mandy Rayani, Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Christine Davies, Assistant Director of OD Louise O'Connor, Assistant Director of Patient Experience

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report aims to update the Board regarding progress made in the last 12 months in relation to developing our culture of listening and learning to both our staff and patients. It will outline why and how we listen to both groups and provide some examples of what we have learned so far and what actions we have taken as a consequence. It will also show how this intelligence contributes to help us continually learn and improve what we do for our staff and patients.

It will show how we have taken progressive steps over the last 12 months to evolve our culture of listening and learning.

Cefndir / Background

The report will show progression in 3 distinct parts:

Part 1 relates to listening to our staff

Part 2 relates to listening to our patients

Part 3 relates to our work in understanding systematic patterns

Asesiad / Assessment

Part 1 – Listening to Our Staff

Reflecting on the enormous sacrifice and contributions made by our Hywel Dda Staff during the pandemic, the Board gave a commitment to support the wellbeing of our staff and consequently commissioned a Staff Discovery Report in March 2021. The findings of this report, together with staff surveillance data from a Hywel Dda Nurse and Midwifery (Your Well Being Matters) survey in February 2020 and our results from the NHS Staff Survey (November 2020) gave our staff the opportunity to have their voice heard and to bring to life what it had felt like to work in Hywel Dda

at a particular point in time. A subsequent piece of surveillance work, the Medical Engagement Scale (June 2021) has also helped to define our direction of travel in that cultural journey.

Hearing those messages has given the organisation an opportunity to evolve our cultural journey and our workplace experience for our much-valued staff

"The annual NHS Staff Survey showed that where staff were strongly supported, felt positive about their leaders and felt they were listened to and appreciated, patient satisfaction, quality of care and financial performance were much higher. Staff absenteeism and even patient mortality were lower." (West, 2014)

Cultural building blocks have been put in place for Hywel Dda in 2022. Those that our staff would value and were important to them locally, and those that would set the organisation up for attracting and retaining staff with the right values and beliefs to serve our patients and our population.

A significant element of enabling this cultural journey has been the positive trusting relationships we have worked on and built with our staff side colleagues. None of this cultural progression would have been possible without their energy and dedication; robust challenge and commitment to do the right thing at every step. Our staff side are invaluable in helping us make this cultural transformation and their role is pivotal in its success to date and it will continue to be as we make progress together.

This has been an unprecedented year in the lives of our NHS Staff; not only coping with successive waves of a global pandemic but also responding to the ask of resuming normal service for those patients who had been unable to receive treatment as a consequence of the pandemic. Having to deal with that volume of public/patient expectation whilst already exhausted from the COVID waves has resulted in "fractures" in relationships and teams on occasion, and the OD team has stepped into a "react, respond and contain" phase, so as to provide essential support to front line service leaders, staff and their teams.

Supporting and maintaining the resilience of leadership and staff in our system has been a key feature of our OD work in 2022.

Our Listening Strategy

At Hywel Dda UHB, we place a huge amount of importance on ensuring that we listen to our staff and use their feedback to bring about changes and improvements. It is important to us that we have multiple ways of listening to our staff. From listening, we have identified key themes that are important to our staff and are actively working with our teams to co-produce solutions.

We triangulate what our staff are telling us with our data intelligence and ensure that we capture as many voices as possible.

Our Listening Channels

Formal Methods:

PADRs

Exit interviews for leavers and role changers

Post starter surveillance

Thinking of Leaving questionnaires

Work in confidence platform

Staff networks in key areas e.g. BAME staff, LGBTQ+, Carers

Partnership forum
Forums
Surveys
Mediation
Discovery exercises
Global daily email to update staff
Policy review groups
Staff stakeholder groups
Reverse mentoring

Informal Methods:

ODRM Conversations About Staff Experience
Listening Exercises in Key Service Areas
Psychological Wellbeing Listening Spaces
Workshops Delivery and Feedback
Webinars
Facilitated Conversations
Support Groups
Staff Facebook Page
Hapi App
Deep Dive Research Into Key Areas
Weekly Staff Side Chairs Dialogue

Examples of Listening in Practice

More detail of some of the examples above in practice are shared below. These have been introduced in the last 12 months as part of our cultural progression.

- 1) On-going monthly Board outcomes survey consisting of the key “climate” questions from the national staff survey and a series of additional questions to reflect Hywel Dda’s values and strategic goals. Each member of staff is invited to participate during each year, enabling us to have a feedback loop relating to staff engagement. As our data bank builds, we can compare and contrast between staff groups and specific service areas, all helping to build a richer understanding of our culture on the ground and as it is experienced due to contextual or environmental factors.
- 2) We have launched a Work in Confidence platform this year (May 2022) where any member of staff can raise issues anonymously, in a psychologically safe environment, and with access to individuals whom they trust and have the relevant subject matter experience.

Since the launch we have 133 users registered, with 35 anonymous conversations raised, 26 of which have been resolved and closed. Each conversation is anonymous and therefore dealt with sensitively, the conversation recipient will try to resolve the concern themselves and only closes a conversation when the person raising the concern is happy with the outcome. Interactions with the service around learning are only given with the staff member’s consent. We are receiving positive feedback from users of the system, around it providing them psychological safety to raise and discuss issues that they previously would not have felt comfortable to do so. Each individual is asked how helpful the response from the manager was.

An example of the Work in Confidence intelligence being gathered is contained in Attachment 1.

- 3) In December 2021, we implemented a 'Thinking of Leaving' survey. This was a temperature checking tool and gave us a snapshot of what was influencing colleagues' desire to leave their roles. To date (3rd November 2022), this has had 192 respondents. From that number, 42 people have opted for a follow-up conversation with a member of the Culture & Workforce Experience Team. Whilst the high-level impact is difficult to quantify, it has allowed individual colleagues to be listened to and supported by OD colleagues. The staff are asked for the reasons they are thinking of leaving and what would change their minds along with some optional demographics for us to identify any areas of vulnerability.

Attachment 1 also provides more detail of the thinking of leaving emerging themes.

- 4) Since the launch of the Respect and Resolution Policy in 2021, there has been a requirement to support staff with informal resolution techniques and independent facilitation of conflict. This method is seen as a more 'adult to adult' approach to support staff.

As part of the All Wales Mediation Network, several staff within the organisation received Institute of Leadership & Management (ILM) Mediator training in 2021 as part of the HB commitment to the Network. Mediation requests are beginning to come through, with positive feedback from those involved in the process. One member of staff said that "*the experience was both calm and positive. This has been a very difficult few months for me, but I hope I can start to move forward*"

Requests for facilitated conversations are being received through the network and we are beginning to see positive outcomes from this method of intervention, with positive feedback and a facilitated conversation preventing a formal grievance.

- 5) We have made conscious effort to actively listen to our staff groups who have previously struggled to get their voices heard. Examples of this are the specific listening exercise conducted with our Specialist, Associate Specialist and Specialty (SAS) Doctors and BAME Nurses and the establishment of a specific Bullying and Harassment Task and Finish Group. The feedback is helping us to build a more diverse and inclusive culture where all our staff can feel a sense of belonging.
- 6) Working particularly with our staff side colleagues and our focussed theme on retention we have placed a spotlight on understanding why people leave Hywel Dda. In June 2022, a new Exit questionnaire was created so that those exiting the organisation have a number of options as to how to complete it. We also recognised that we needed to capture intelligence from the vast amount of people who move within departments. We also understand that the ownership of exit interviews needed to be shifted from line managers and that leavers should be encouraged to fill out questionnaires independently without fear of repercussions or bias.

Further detail is contained in Attachment 1.

Key Themes We Have Heard From Our Staff

- Staff appreciate the space to share innovation and best practice
- Staff value the opportunity to talk about the challenges they face
- There is a great deal of camaraderie and support within our teams
- Some of our staff are feeling overwhelmed and burnout
- There is some fear and frustration across the system
- Staff want a voice and want to engage on matters that are important to them
- Some groups feel under-represented and need a forum to have their voices heard

- Our conversations with staff have identified the areas of our culture that we need to work on which link to our 7 piece cultural jigsaw
- The majority of staff who responded to our board outcomes survey said that they look forward to going to work and are proud to tell people that they work for Hywel Dda.

We have been actively listening and taking action on what we have heard. Examples of co-produced responses to staff feedback are shown below:

- Improved our systems and methods to appreciate and support our staff
- Streamlining our recruitment onboarding pressures and the candidate journey aligning them to improve staff experience
- Letters to connect with our new starters 3 months in and a sustained welcome support
- Highlighting the importance of the wellbeing of our staff through our new Making A Difference Programme, our Hapi App opportunities, our NHS Charitable Funds to support wellbeing
- ODRMs are the conduit back to Leaders about how the staff experience and the culture in their areas can be improved
- Flexible Working Guide to support staff retention
- Menopause Cafés
- Increasing our equitable access to training opportunities
- Career development support for our BAME nurses
- Implementation of the SAS Charter Standards
- Actions to address perceptions of bullying and harassment amongst our BAME staff e.g. review of decisions over a 10 year timetable
- A toolbox of financial wellbeing support for staff
- Carers Peer Support Group

Some examples of what our staff are saying to us are shown in Attachment 2, whilst some detailed examples of how we have acted on the feedback from our staff are contained within Attachment 3.

Our Learning Informs Our Next Steps

Learning from our staff feedback has become part of the organisation's governance structure. This feedback has informed our planning objectives and IMTP:

Planning objective

Following the Development of Processes to co-design with our staff every stage and element of our HR offer that embody our values. This will address:

- 1) The way the Health Board recruits new staff and provides induction
- 2) All existing HR Policies
- 3) The way in which employee relation matters are managed
- 4) Equitable access to training and the Health Board's Staff Wellbeing Services

Planning objective

By October 2022 develop Directorate Level People Culture Plans across the whole organisation co-ordinated by the OD Relationship Managers.

Planning objective

By March 2023 design a comprehensive range of Leadership Development pathways to create cohorts of leaders needed to address the challenges ahead. This will include the design of a graduate leadership team for Health and Social Care.

Planning objective

By March 2023, demonstrate progression of actions from the first Staff Discovery Report focussed on how we can better support staff in work and their wider lives to support health and wellbeing.

Planning objective

By June 2022 develop a plan to ensure the retention of our new and existing staff through the improvement of engagement with staff and a reduction in turnover.

We are accountable to our People, Organisational Development and Culture Committee to ensure that we deliver upon these objectives and show evidence of how we have listened to our staff.

STAFF FEEDBACK LOOP



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Part 2 – Listening to Our Patients

In 2020, the Hywel Dda University Health Board approved its Charter for Improving Patient Experience, which sets out what patients can expect when using our services and receiving care. We want everyone using our services to have a good experience every time and for our patients to feel listened to, respected, understood, and fully involved in their health care. Patients, staff and our communities told us about what matters to them when receiving health care and what would create a good experience. This helped us to make the following promises in the Charter that we call 'always experiences':

WE WILL ALWAYS:

Treat you with dignity, respect and kindness.

Communicate with you in a way which meets your individual, language and communication needs.

Keep you informed and involved in decisions about your health and care services, and take into account your wishes and needs.

Provide safe and effective care, in the most appropriate and clean environment.

Ensure that your information is kept secure and confidential.

Support and encourage you to share your experiences of health care, both good and bad, to help us improve the way we do things.

Feedback from our service users against our Charter is provided in a summary report to each Public Board meeting, which identifies themes/trends and actions being taken or proposed to ensure improvements as a result of feedback.

Feedback is gathered in the following ways and we continue to strengthen the opportunities for people to provide feedback in the most accessible way:



Friends and Family Test

The Health Board has utilised the Friends and Family Test to measure service user feedback for a number of years. Service users can access this via an electronic patient feedback system which sends a short survey via text or voice message. This feedback initially focussed on emergency care and MIU settings and was gradually expanded to scheduled care services. Following an all Wales tender process for a ‘once for wales’ patient experience system, the Civica system is now in use in most of the Health Boards across Wales. The system will be available in all services provided by the Health Board and this is currently being rolled out to all teams, who will be able to access feedback for their individual services at any time. The Patient Experience Team will be supporting with maintenance of feedback boards, displaying ‘you said/we did’ information and compliments, and information will be regularly reported back through the quality governance system and to the Board.

All Wales Service User Feedback Survey

The completion of inpatient and out-patient experience surveys are facilitated by the Family Liaison Officers and the Patient Experience Teams. This affords the benefit of ‘real time’ feedback to service areas and the opportunity to resolve any concerns or queries that patients or their relatives may have. The information collected at the bed side or at the service location is entered into the electronic system and can be reported against each individual area.

A range of individual/discreet surveys are also undertaken for specific issues or service areas, a recent example being the paediatric services feedback exercise.

Compliments/The Big Thank-You

The Big Thank You is an online mechanism for service users to provide positive feedback to individuals, teams or service areas. The Civica system is also being trialled to capture the many compliments that are received by individual teams. Traditionally the Datix system has been used to record the formal compliments received by the Chief Executive or Chair, this represented a small proportion of the overall compliments received. Patient Experience certificates of appreciation are provided to teams following this positive feedback.

Patient/Carer Stories

These are one of the most powerful ways for the organisation to understand and appreciate how patients and their families/carers experience services. A story is included within each Board report and these are also heard regularly within quality and safety committees and forums across the organisation, as well as forming a significant part of training programmes.

Continuous Engagement

Enabling communities to continually feed in their thoughts to the Health Board about what is important through an open channel, forms part of our continuous engagement approach and will serve to bridge any gaps between our current engagement surveys. It will also allow for a transition from a ‘task and finish’ approach to a continuous community conversation.

The Engagement Team will keep a continuous engagement channel open for the foreseeable future to enable communities to share their thoughts and ideas. This will be regularly monitored, analysed and themes identified on an ongoing basis so that feedback can be considered as part of our future service delivery. A short set of questions will be published via Engagement HQ.

Community Outreach Team

The Community Outreach Team acts as a trusted source of information and the bridge between communities and the “message givers”. The Team:

- Engages with ethnic minority communities to increase our understanding of their lived experiences.
- Supports the pandemic response, in terms of action in outbreaks, vaccination and outreach clinics.
- Achieves an increased uptake of COVID-19 vaccinations within Black, Asian, and Minority Ethnic communities.
- Pilots approaches to reduce health inequalities and promote health equity which can inform longer term provision for Black, Asian, and Minority Ethnic, and other protected groups.

A number of important themes have been identified as a result of engagement to date, including a lack of understanding and information about accessing health care; access to interpretation and translation facilities; loneliness and isolation and lack of awareness of services available and health and wellbeing activities.

Speaking Up Safely

Improving the safety and quality of our services is a priority for us all, to ensure patients receive the best possible service, and our staff are proud and happy to come to work in an environment which is supportive and quality driven.

Our staff are the eyes and ears of the organisation and one of the most important ways that they can help us improve quality, is to tell us when they are concerned about something.

The Speaking up Safely process ensures that staff have a range of options to discuss any matter of concern to them in a safe and supported environment and on a confidential basis. Options include:

- Speaking to a line manager or supervisor as first point of contact
- Speaking to a Speaking up Safely Champion or Ambassador
- Speaking to a staff side representative
- Sending an e-mail to the confidential speaking up e-mail address
- Calling the speaking up safely telephone number

Part 3 – Our Work in Understanding Systematic Patterns and Learning from Events

Over the last year, the Board has been using staff and patient feedback measures to enable a triangulated assessment of progression against key outcomes for each of the Board's strategic goals. Examples of this approach are shown in Attachment 4.

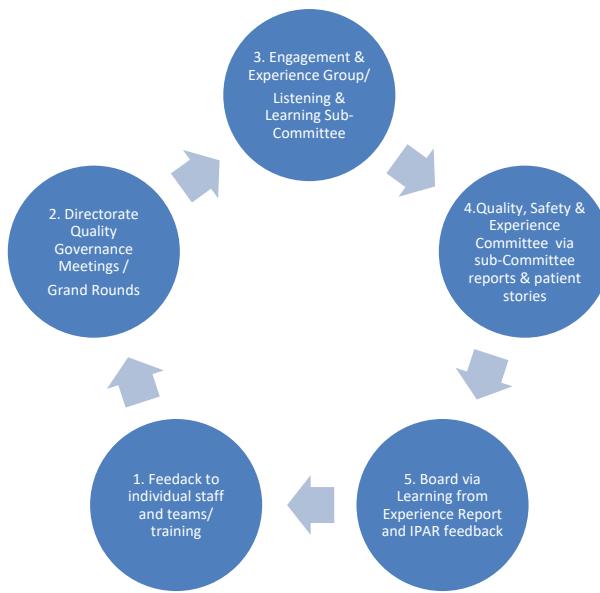
The feedback themes enable a more nuanced understanding of any emerging systemic patterns so that learning can occur more readily across the organisation and improvement activity and resources can be appropriately targeted.

2023 will see Hywel Dda University Health Board continue its cultural progression so that the feedback received from patients and our staff can enable us to learn and improve our services.

Our Listening and Learning Sub-Committee identifies learning points and changes to practice evolving from investigation and review of concerns, and identifying themes and trends arising out of this work. This will help provide the Health Board with assurance that current and emerging clinical risks are identified, robust management plans are in place and any learning from concerns is applied to these risks. It will also provide a platform for the data streams from the many patient experience mechanisms to be reviewed to ensure that any learning or suggestions and changes can be considered and contribute to any changes to practice and service developments.

The Listening and Learning Sub-Committee has also established an Engagement and Experience Group (EEG). The EEG will allow the triangulation of feedback from all sources of engagement with public, patients and staff, to ensure that the work of the Health Board is informed and influenced by the views and perspectives of all our stakeholders. It will also:

- Support the development of appropriate guidance, policies and procedures to ensure the importance of learning from internal and external stakeholders is recognised and considered by the Health Board
- Report on all upcoming engagement activities to support programmes of work / workstreams / services
- Enable collaboration on engagement activities which require input / support from several corporate functions (e.g. work to progress our long-term health and care strategy)
- Improve services that better meet both individual and community needs with more efficiently focused resources that ultimately impact positively on the Health and Wellbeing of our communities through listening and acting on our public's views



Improving Together – Performance Improvement Programme

Two performance dashboards have been developed to draw together all of our data sources to measure performance and quality/safety:

- The 'Our Performance' dashboard and the 'Our Safety' dashboard are part of the Health Board's performance improvement programme - 'Improving Together'. Data sources include Incidents; Complaints; Risk; Staff sickness; Vacancies; Staff turnover; Delivery framework reporting; and Benchmarking.

- The 'Our Safety' dashboard incorporates feedback from patient experience and staff systems, ensuring that all feedback is being received, monitored and triangulated appropriately at all levels of the organisation.

Argymhelliaid / Recommendation

The Board is asked to:

- NOTE** the steps being taken to support the workforce to listen to our staff and our patient experiences.
- TAKE ASSURANCE** from the actions taken and in progress.

Amcanion: (rhaid cwbllhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce 1. Staying Healthy 6.3 Listening and Learning from Feedback
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	2K Organisational listening, learning and cultural humility 2L Staff engagement strategic plan 3A Improving Together 4T Continuous engagement implementation
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol:

Further Information:

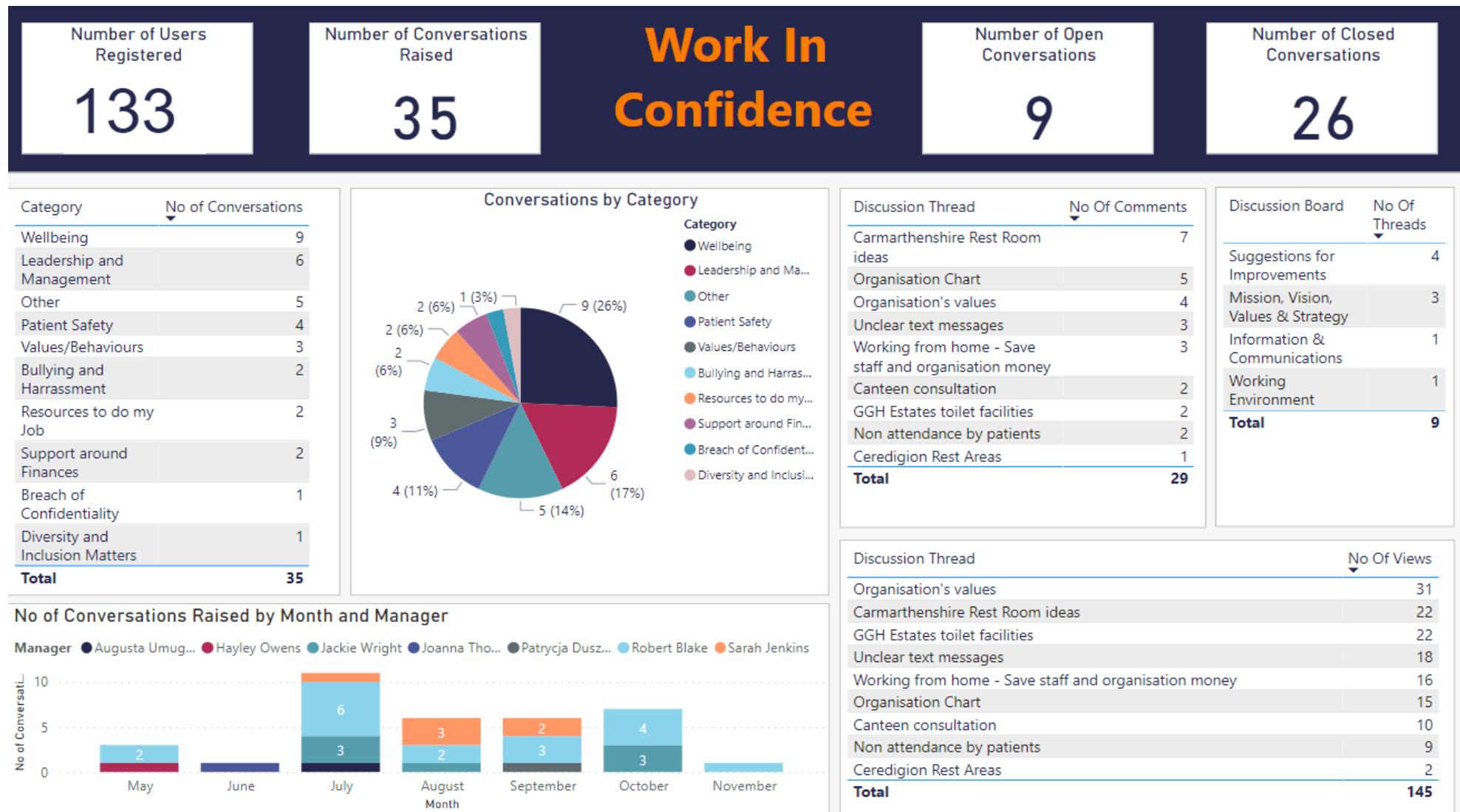
Ar sail tystiolaeth: Evidence Base:	Reference: West, M (2014) 'Both staff and patients need care, compassion and respect' Nursing Times. Michael West: 'Both staff and patients need care, compassion and respect' Nursing Times
Rhestr Termau: Glossary of Terms:	BAME - Black, Asian & Minority Ethnic LGBTQ - Lesbian, Gay, Bisexual, Transgender, Queer/Questioning ODRM - OD Relationship Manager

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not applicable
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial impacts for the organisation to consider is the cost of rising absence and increased turnover that will lead to increasing costs to recruit and develop new colleagues across the organisation. The cultural progression and improvements for staff experience mitigate this.
Ansawdd / Gofal Claf: Quality / Patient Care:	The potential impact to quality of patient care would be determined on the repercussions by increased turnover/absence rates.
Gweithlu: Workforce:	The impacts for the workforce with increases in turnover/absence rates is an escalation of anxiety/stress. This may potentially lead to possible burnout in individuals and teams. Other risks identified may be a decrease in engagement of the workforce and greater conflict within teams, as colleagues struggle with cognitive ability due to so many personal challenges. The success of the learning process is dependent upon the commitment and support from staff across the organisation, not only as part of the investigation process and being open arrangements, but in the encouragement of patients and their families to provide feedback, both positive and negative, to support organisational learning.
Risg: Risk:	Risks identified greater absence rates, turnover, recruitment costs and lower engagement. Information from concerns & feedback highlights a number of clinical and service risks which should be reflected in Directorate and Corporate Risk Registers.
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	There may be a potential risk to the organisations reputation. There is a need to be supporting staff at this difficult time and seen to be doing what it can.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	No identified risks for equality.

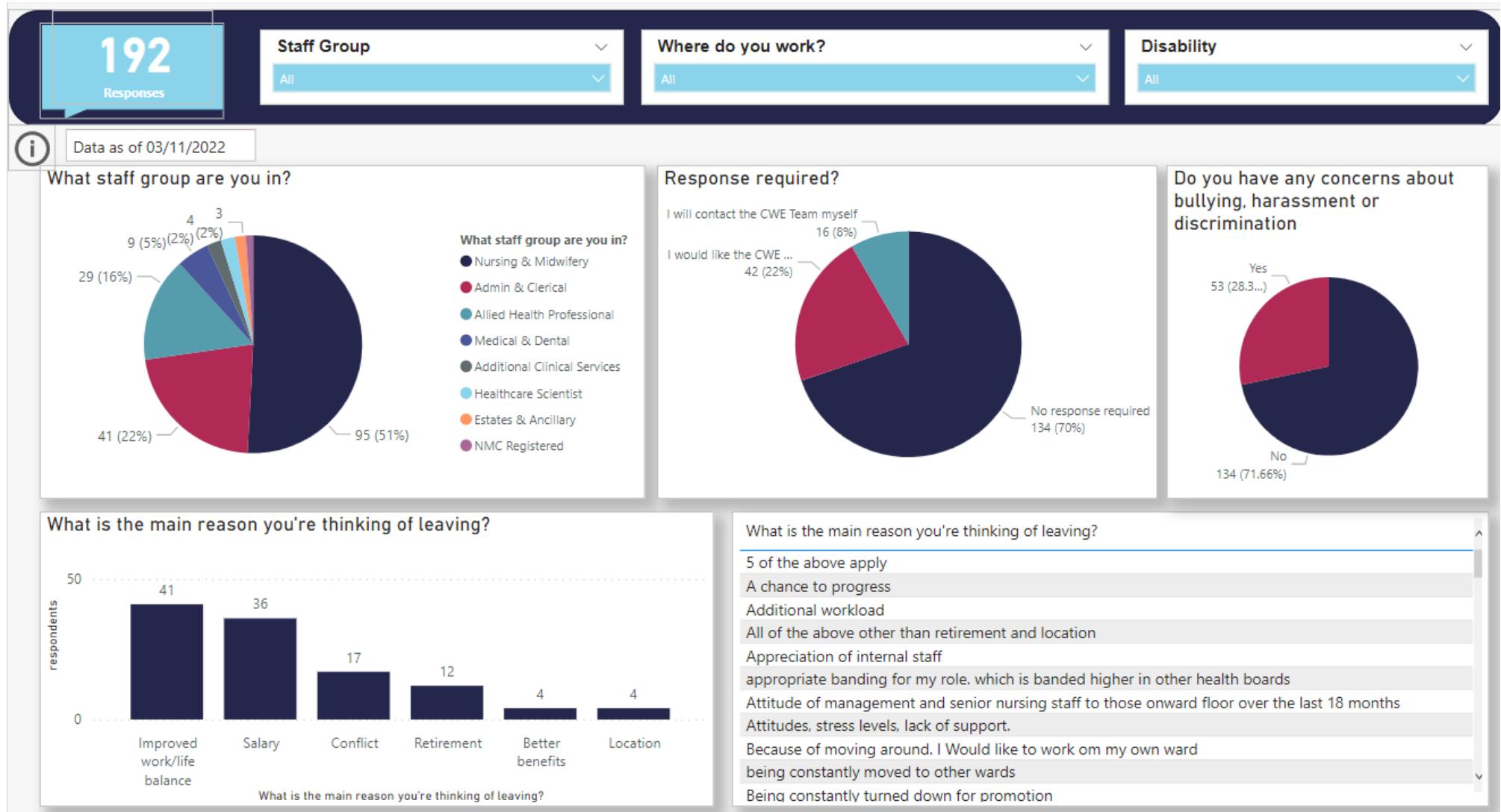
Attachment 1.

1.0 Work in Confidence



Attachment 1.

2.0 Thinking of Leaving Survey



Attachment 1.

3.0 Exit Interview

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

Respondents **223**

19/05/2022 26/10/2022

moving department? **112** ID

leaving the Health Board? **109** ID

leaving the Health Board? (Including 'Retire & Return') **2** ID

Your main place of work? All

Which department do you work... All

What hours do you work? (Blank) Fulltime >

Staff group? Add Professional Scientific & Tec... Additional Clinical Services Admin & Clerical Allied Health Professional Estates, Facilities and Support Ser... Healthcare Scientist Medical & Dental Nursing/Midwifery

Reason for moving department

A bar chart titled 'Reason for moving department' showing the number of entries for each reason. The Y-axis is labeled 'Entries' and ranges from 0 to 40. The X-axis is labeled 'Reason for moving department' and lists 12 reasons. The data is as follows:

Reason for moving department	Entries
I am changing jobs in order to further my career progre...	48
I am moving to a role with a higher salary	40
I want a new challenge	35
My new role provides better work-life balance	34
I am beginning or finishing a secondment	14
I have experienced conflict with another collea...	14
I am increasing my hours	11
My personal circumstances mean that I can no longer wor...	7
I am decreasing my hours	6
I have caring responsibilities	6
I have been redeployed	3

Attachment 2.

1.0 Staff Feedback



Attachment 3.

1.0 You said, We did

You said, we did (staff)

Staff said...	We did....
We were struggling to recruit & retain nurses	Nursing Task & Finish Group set up working collaboratively with trade union and operational colleagues - comprehensive work plan includes enabling story telling, deep dives into data to help us understand challenges and take action, SWOT team to help never lose an RN in Hywel Dda, discovery work around flexible working, keeping our staff fit and healthy in work, showing appreciation and value to our staff. A flexible working toolkit will shortly be developed which will align with the work to stabilise our sites, reduce vacancies and work and roster differently.
The organisation faces system wide challenges in building a performance led culture.	Increased frequency of PM training workshops to weekly sessions. The workshops outline best practice and concentrate on the importance of frequent regular conversations, quality of the conversation and looks to a coaching, non-directional style of people management that encourages reflection and fosters two-way communication. The performance management training has been included in the new 6 month induction programme for new staff; 6 follow up month check in feedback sent to staff to ascertain the impact of the training in real terms; New PM/PADR Hub Sharepoint has been launched on 18th November giving staff access to all resources; The Performance Management/PADR Policy has been reviewed simplified and updated to align with an employee led performance culture; Board Outcome Survey July-Sept - 64% of respondents agreed or strongly agreed that their PADR supported their development and they had clear objectives. This shows a positive trend of +2% on the previous quarter.
Concerns raised regarding why people were leaving our organisation and what could be done to intervene before people hand in their notice	In December 2021, we implemented a 'Thinking of Leaving' survey. This was a temperature checking tool and gave us a snapshot or flavour of what was influencing colleagues' desire to leave their roles. To date (Nov 2021), this has had 199 respondents. From that number, 44 people have opted for a follow-up conversation.
Feedback has been received from new staff that some don't feel supported when they reach their place of work as there isn't a welcoming departmental induction	May 2022 -All new starters are sent a letter a month after starting and a questionnaire 3 months after joining the HB. 63 responses have been received to date

Attachment 3.

2.0 You said, We did

You said, we did (staff)

YOU SAID	WE DID
<p>December 2021/January 2022, a review was undertaken of the ENFYS LGBTQ+ Staff Network as attendance at network meetings had dwindled since COVID and engagement with members was difficult. A survey was conducted and members told us that they wanted to keep the formal quarterly meetings, but they also wanted to meet socially and informally as a network.</p>	<p>A schedule of events for 2022 was created which has included:</p> <ul style="list-style-type: none"> * Social gathering at the Forge Restaurant, Carmarthenshire to relaunch the network and provide an opportunity for network members to come together to meet the new Chair, February 2022 * Information stands held at 4 local pride events where members attended to promote the network, April, June, July and December 2022 * Network promotion at the Annual Medical Conference in September 2022 <p>Network promotion across hospital venues in all 3 counties during the EDI Surgeries in May, June, October and November 2022</p> <p>Specialist on site advice sessions provided to network members from Dyfed Drug and Alcohol Services in April/May 2022</p>
<p>The BAME Network members were keen to build upon previous initiatives to raise awareness of religious festival and cultural traditions.</p>	<p>The Strategic Partnerships, Diversity and Inclusion Team worked with 2 key members of the BAME Advisory Group to arrange a Diwali Celebration Event which was held at <u>Glen House</u> on Sunday 30th October 2022. Attendees were asked to bring a dish of food with them that represents their traditional recipes associated with Diwali, and staff brought traditional dress for those who wished to be immersed in the experience of Hindu traditions. This event was also supported and attended by the Chair, the Director of WOD and the Director of Nursing</p>
<p>Disconnect between Board and staff</p>	<p>Reverse Mentoring: Each member of the Executive Board engaged in a reverse mentoring relationship with a member of staff who identified with one or more of the below characteristics: Black Asian Minority Ethnic, Under 25, Frontline. Developed a leadership talent management and succession planning strategy which incorporates managing/monitoring diversity in leadership progression. Incorporated EDI on the agenda for all leadership development programmes</p>
<p>Women facing menopause were facing unique challenges</p>	<p>Our quarterly Menopause Café for staff was re-established in March 2022. As a result of the conversations taking place between staff in the sessions, the following changes are being made:</p> <ul style="list-style-type: none"> * Lightweight uniforms for staff experiencing symptoms of menopause are in place, * Yoga sessions for menopause are being introduced, • Dietary advice about foods that can help with menopause are now being offered.

Attachment 3.

3.0 You said, We did

YOU SAID, WE DID (staff)

YOU SAID	WE DID
SAS Drs felt that their voice was not being heard	Set up a teams channel, distributed a survey and held annual listening exercises for SAS Drs to influence priorities of steering group. Developed and appointed a CESR Lead role - Positive response to role. High engagement amongst current doctors wishing to engage in CESR process. Worked with SAS workforce to develop a recruitment media campaign showcasing the support that is available for SAS Drs in Hywel Dda from induction through to career development...
BAME staff not sure where to go for help. Fearful of raising complaints and don't feel listened to when they do raise them.	Sharepoint pages and All Wales work on Speaking Up Safely will provide the documentation setting out accessible routes to raise issues relating to B&H – work in final stages. New starters will receive communication on how/who to contact generally and how to resolve issues. Active Bystander training to be offered to all staff, to provide tools and techniques for dealing with B&H. New induction programme rolled out, reinforced through the Customer Service Making a Difference programme which covers unconscious bias.
Current policies re employee relations needed to be reviewed	Staff stakeholder group set up to review our employee relations processes. 38 actions were identified to improve and an action plan put in place. 13 completed 15 in progress 10 not started yet -Developed a 15 point sub BAME Action Plan - Working on a sub Sickness Absence Action Plan
Cost of living crisis is a big area of concern for staff	New financial wellbeing initiatives introduced via Hapi app which houses several financial support resources and is the most frequently visited tile on the app. The financial resources with the diverse number of NHS/local discounts provides a holistic support package for staff to manage and save finances during this cost of living crisis. Benefit Buddy - The benefit buddy scheme was launched in September 2022. The C&WE team has inducted 170 benefit buddies to assist in relaying information/updates/new offers/scheme opening details to colleagues in their area of work/department. These benefit buddies will be vital in disseminating information to groups of staff where the organisation have found it historically difficult to engage with. The newly formed Financial Well-being Task and Finish Group will provide expertise and forward communications from trusted partners that can be highlighted through Hywel Dda UHB's communication channels. Introduced a new system – WAGE STREAM – so the staff can have the ability to access their wages more flexibly and more frequently.

Attachment 4.

1.0 Understanding Systemic Patterns

Theme	Outcome	Measure
Staff	Our staff feel that they are part of an effective team	Staff response to: Team members trust each other's contributions
Patient	We are listening to the voices of our patients to ensure that our services deliver the outcomes that are important to them	% of action plans completed at VBHC service review meetings
Organisation	As a Health Board, our strategic vision is clear and our objectives are aligned	Staff response to: I have had a PADR in last 12 months that has supported my development and provided me with clear objectives aligned to team and organisation goals
Theme	Outcome	Measure
Patient	Our patients report a positive experience following their treatment and care	Overall patient experience score
Staff	Our staff feel valued and involved in decisions	Overall staff engagement score
Population	We are actively engaging our population and seek their feedback about current experiences and future needs	Percentage who feel able to influence decisions affecting their local area
Theme	Outcome	Measure
Social	Our positive impact on society is maximised	% of third party spend with Hywel Dda and Welsh suppliers
Environmental	We are making a positive contribution to addressing the climate emergency	Carbon usage
Economic	We are making progress against the delivery of our "Roadmap to Financial Recovery"	Compliance on break-even duty

Part 3 Understanding systemic patterns

Our Board Outcomes & Measures



The Nov 2021 BAF Dashboard can be accessed via the following link:
[Board Assurance Overview - Power BI](#)

Theme	Outcome	Measure
Discover	We are actively involved in research development and innovation	New R&D studies commenced in a year (hosted and sponsored)
Design	Our staff actively bring improvement and innovation into our thinking	Staff response to: I am able to make improvements in my area at work
Deliver	Our staff are empowered and supported to enact change and continuously learn and improve	The number of staff per 1000 have undertaken improvement training
Theme	Outcome	Measure
Population	Our communities feel happy, safe and are able to live life to the full	Mean mental well-being score
Health and Wellbeing	Our communities have opportunity from birth to old age to be healthy, happy and well informed	Percentage of adults who have fewer than two healthy lifestyle behaviours
Equity	Our communities have a voice and are able to fulfil their potential no matter what their background or circumstance	Healthy Life Expectancy at birth including the gap between the least and most deprived
Theme	Outcome	Measure
Safe	We minimise harm for the patients in our care	Number of incidents resulting in harm to our patients across the whole system
Sustainable	We have a stable and sustainable workforce	Turnover rate in 1st year of service
Accessible	Our patients can access services in a clinically appropriate timescale	% high risk planned care patients are seen within a clinically appropriate timescale
Kind	We maximise the number of days that people spend well and healthy in their own home	Bed day occupancy for those aged 75+

Attachment 4.

2.0 Performance Measures

FEEDBACK IS USED TO MEASURE PERFORMANCE OF THE CHARTER AND STRATEGIC OBJECTIVE

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From December 2021, the measures below have been included in the performance assurance report dashboard under strategic objective 1.

Putting people at the heart of everything we do

Outcome measures	Staff measures	Patient measures	Delivery framework measures	Other local measures
<ul style="list-style-type: none">• Overall patient experience score• Overall staff engagement score – scale score method• Percentage who feel able to influence decisions affecting their local area	<ul style="list-style-type: none">• I look forward to going to work• I am enthusiastic about my job• I am involved in deciding on the changes that affect my work/team/area/dept• I am able to make a difference to patient's experiences• I feel genuinely listened to• I feel valued and appreciated at work• I am safe to be me	<ul style="list-style-type: none">• I am treated with dignity, respect and kindness• I am listened to• I am involved in decisions about my health and care services• I feel supported to take responsibility for my own health• I am supported and confident to share my experience of care, both good and bad to help improve things• I am supported and confident to share my experience of care, both good and bad to help improve things	<ul style="list-style-type: none">• The average rating given by the public (age 16+) for the overall satisfaction with health services in Wales• Complaints: % complaints closed within 30 days• % adults (16+) very satisfied or fairly satisfied about the care that is provided by their GP/family doctor• Sickness Absence: for rolling 12 month period• % staff who report that their line manager takes a positive interest in their health and well-being	<ul style="list-style-type: none">• National Intelligent Integrated Audit Solution (NIIAS) notifications - own records• National Intelligent Integrated Audit Solution (NIIAS) notifications - family records

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