

Staff Wellbeing Final Internal Audit Report December 2022

Cwm Taf Morgannwg University Health Board

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Acknowledgement

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Executive Summary

Purpose

The overall objective of the audit was to review the arrangements and processes in place relating to provision of staff wellbeing services.

Overview

The key matters which require management attention include:

- Timely revision and update of the wellbeing priorities workplan.
- Low uptake and absence of analysis of completed annual staff wellbeing surveys.
- Maximisation of rollout and revision to format of annual staff wellbeing surveys.
- Low recruitment/participation of wellbeing activists within Merthyr and Cynon locality area.
- No People and OD Directorate sub-group or locality based wellbeing groups.

Further matters arising concerning the areas for refinement and further development have also been noted (see Appendix A).

Report Opinion



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved

Assurance summary¹

Objectives	Assurance
1 An appropriate framework and governance arrangements are in place.	Reasonable
2 Engagement with staff has taken place to identify issues or gaps in provision.	Reasonable
3 Appropriate training and resources are available.	Substantial
4 The effectiveness of wellbeing initiatives is regularly monitored.	Reasonable

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

		Objective	Control Design or Operation	Recommendation Priority
2	Review and updating of the wellbeing priorities workplan	1	Operation	Medium
3	Staff wellbeing survey completion and analysis	2	Operation	Medium
5	Monitoring and reporting of wellbeing activity and outcomes	4	Operation	Medium

1. Introduction

- 1.1 Our audit of staff wellbeing was completed as part of the 2022/23 Internal Audit Plan for Cwm Taf Morgannwg University Health Board (the 'Health Board').
- 1.2 The Health Board has a legal obligation for the general health, safety and emotional wellbeing of its employees and promoting a healthy and supportive working environment. The Health Board places a high value on maintaining a healthy and safe working environment for all its employees and recognises its duty of care extends to their mental health as well as their physical health at work.
- 1.3 The Health Board has a dedicated Employee Wellbeing Service, concentrating efforts on providing proactive, preventative wellbeing services to staff, rather than waiting for staff to report that they are struggling before intervening.
- 1.4 The potential risks we considered while doing this review were as follows:
 - Negative impact on service delivery and patient care.
 - Higher levels of staff absence or staff turnover with negative impact on productivity resulting in greater stress on the workforce.
 - Adverse effect on employees' health and wellbeing.

2. Detailed Audit Findings

Objective 1: An appropriate framework and governance arrangements are in place to co-ordinate wellbeing activities across the Health Board.

- 2.1 The Health Board has a specific strategic wellbeing objective that forms one of the 10 'People Priorities' as part of the 'Inspiring People' strategic aim from CTM 2030: 'Our Health Our Future'. Work is underway to establish an Inspiring People Insight Group that will oversee the implementation of this strategic aim and the delivery of the wellbeing objective.
- 2.2 The aims and delivery of the strategic wellbeing objective aligns to the Welsh Government funded 'Time to Change' mental health employer 'Pledge Change Action Plan', which is an organisational commitment to mental health wellbeing and awareness.
- 2.3 Following the formation of a dedicated Employee Wellbeing Service (EWS), and in line with best practice, an Employee Wellbeing Policy has been drafted. While we understand that wellbeing policies are not mandated, we note that the Health Board has worked with Public Health Wales to take this policy forward. The policy was approved by the Health Board Policy Group in October 2022 and at the time of our audit fieldwork was to be reviewed by the Local Partnership Forum and approved by the People and Culture committee. **(Matter Arising 1)**.
- 2.4 The draft policy sets out the links between wellbeing and the CTM 2030 strategic aims. The policy sets out the wellbeing responsibilities of individuals, the Board and managers, and the areas that the EWS are responsible for delivering. The EWS underpins and co-ordinates the delivery of the wellbeing services across the

organisation in order to help achieve the Health Board's strategic wellbeing objective.

- 2.5 There are three strands that underpin the wellbeing objective: emotional; financial; and physical wellbeing. A stepped care approach has been adopted for the emotional and financial strands, with 'Care Pathways' in place. The physical wellbeing strand is supported by a range of associated wellbeing projects and initiatives.
- 2.6 The 'Care Pathways' are not themselves plans of work for the EWS, but are a pictorial signposting of the wellbeing services available to staff, setting out steps or levels of care and the interventions available, aligned to how a member of staff might be feeling.
- 2.7 Much of the work of the EWS is reactive and driven by demand from staff and managers. The team has a series of wellbeing priorities that link to the emotional, financial and physical strands. These priorities are captured and monitored by an overarching Wellbeing Priorities workplan that includes the wellbeing objectives, actions and outputs, key dates and a progress RAG rating. Each workplan is for a six-month period. However, the workplan covering the period of July to December 2022 was generated in October 2022, three months after the start of the period it related to. **(Matter Arising 2)**

Conclusion:

- 2.8 The Health Board has set out its objective in relation to wellbeing which aligns to the CTM 2030 strategic aims. There is a draft Employee Wellbeing policy to support the wellbeing objective. Six-monthly workplans are in place setting out the priorities of the EWS for that period, however the workplan for the period July to December 2022 was not generated in a timely manner. We have provided reasonable assurance against this objective.

Objective 2: Engagement with staff has taken place to identify issues or gaps in provision.

- 2.9 The dedicated EWS was set up in 2020. Its work has mostly been driven by responding to the needs arising from the pandemic. The EWS offers both proactive and reactive services and support to Health Board staff groups, across localities in accordance with staff needs.
- 2.10 In recent months Staff Wellbeing Roadshows have been run by the EWS that serve a dual purpose. The roadshows have enabled the EWS to promote the wellbeing service at prominent locations across the Health Board estate. The roadshows have also been used to promote and encourage the completion of the 2022 Staff Wellbeing Survey, which will inform the future delivery requirements of the EWS.
- 2.11 Staff engagement and awareness of wellbeing support is furthered by 'Wellbeing Activists'. These are members of staff from across the Health Board that volunteer to provide local awareness and *'assist in the creation and maintenance of bespoke wellbeing initiatives within departments'*. These staff have been trained in wellbeing. Key elements of the Activists role are to provide awareness of the 'Care

Pathways' available to staff, promotion of the Staff Wellbeing Survey, and to support the EWS apply wellbeing methods.

2.12 At the time of our audit, there were over 90 Wellbeing Activists representing a wide range of staff groups and professional specialities. However, the number of activists in the former Merthyr Cynon ILG was far lower than the other two ILGs. **(Matter Arising 4)**

2.13 During 2020, as a result of the pandemic, the first Staff Wellbeing survey was issued. This was followed up with a further survey later in 2020 and another survey in 2021. At the time of our audit, the 2022 survey period was concluding. We understand that the EWS has encouraged staff to complete the survey as the results will shape future wellbeing services. The Surveys were accessible through the Health Board internet and social media. In areas where IT access is limited the Wellbeing team visited departments to provide face to face sessions to help complete the survey. This was in addition to the promotional work at the roadshows.

2.14 The 2021 Staff Wellbeing Survey had a 21% response rate. We understand that no analysis of the data relating to the surveys that were completed was undertaken by the EWS in order to identify any areas of the Health Board where uptake was low or non-existent. We note that terminology used to describe Clinical Service Groups or departments differs, making it more difficult for the Wellbeing team to analyse results and spot patterns in the data. **(Matter Arising 3)**

Conclusion:

2.15 The EWS has engaged with staff in a number of proactive and meaningful ways. Given the importance of the Staff Wellbeing Survey as a key tool to identify staff wellbeing perceptions and needs, further work is required both to improve completion rates and in the analysis of survey outcomes. We have provided reasonable assurance against this objective.

Objective 3: Appropriate training and resources are available.

2.16 The Employee Wellbeing Service consists of Clinical Psychologists, Wellbeing Counsellors and Practitioners, and support staff.

2.17 The team have dedicated Wellbeing Services pages on the Health Board internet site, highlighting the services they offer and the process for contacting the team. We note that EWS has made the pages available through the intranet as research has shown that staff often access these services from away from the work environment.

2.18 In addition, 'Care Pathway' documents have been placed at prominent locations on hospital sites, to help those that do not have easy access to IT and ensure they are also aware of wellbeing services available.

2.19 EWS can be accessed using a generic Wellbeing email that is monitored daily, with a target to provide responses within two working days. At the time of our review there were no waiting lists for access to wellbeing services, and the EWS maintain spreadsheets that record and monitor all requests and referrals.

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- 2.20 The wellbeing resources provided by the EWS is based on the requests made by individuals and/or line management. As such this is a demand led service determined by an individual and their specific needs as presented to the Wellbeing Service who attempt to provide the appropriate type of support.
- 2.21 The team use the data gathered on the demand for courses and services and the feedback receive after provision of a service to determine the future provision. Where necessary course content will be changed and updated based on the feedback they receive.
- 2.22 In addition, there are wellbeing training courses for line managers, to provide them with the necessary skills for helping staff with wellbeing issues. The Health Board's revised Personal Development Review (PDR) process includes a 'Staying Well Plan' for staff and managers to complete to help identify wellbeing needs.

Conclusion:

- 2.23 The EWS provides a comprehensive and accessible range of resources and training options for staff and managers. This is underpinned by its alignment to the PDR process. We have provided substantial assurance against this objective.

Objective 4: The effectiveness of wellbeing initiatives is regularly monitored.

- 2.24 The Health Board assesses its progress against the wellbeing strategic objective through a staff experience and wellbeing report, every six months, to the People & Culture Committee. The report includes the Wellbeing Priorities Workplan which provides progress updates, and a RAG rating, on the key elements of the work.
- 2.25 The People & Culture Committee also receives an annual EWS dashboard. This dashboard provides data against a number of metrics such as attendance on courses and the number of contacts made to the team. We acknowledge that setting targets in relation to the metrics that the team report on would not be meaningful, given the nature of the services provided.
- 2.26 The Employee Wellbeing team monitors activity from the online Vivup Employee Assistance Programme (EAP). The EAP provides a 24/7 telephone support service, counselling and on-line guided self-help workbooks to staff who undertake courses, interventions or training provided by the Wellbeing Service. Quarterly reports of activity and clinical outcomes are analysed by the team to help inform future service provision.
- 2.27 Until recently wellbeing groups were in place in the Bridgend and Merthyr Cynon ILGs, though no group existed in Rhondda Taff Ely ILG. Whilst the groups were informal, they served as a forum for wellbeing ideas and to feedback on local challenges. The groups were stood down as a result of changes to the operating model, and it is unclear if these local groups will operate under the new operating model. **(Matter Arising 5)**
- 2.28 Monitoring also used to take place the Employee Experience and Wellbeing Steering Group. This bi-monthly group has not met since June 2021. As such, at the time of our review there were no People and OD Directorate Sub-Group or locality based wellbeing groups operating to provide oversight and monitoring of

wellbeing initiatives and activities. Although, an 'Inspiring People' group is due to be launched in January 2023 that will play a part in monitoring the wellbeing activities of the Health Board. **(Matter Arising 5)**

Conclusion:

2.29 Whilst wellbeing activity monitoring is undertaken within the Employee Wellbeing Service, and there is reporting of activity to the People & Culture Committee, localised wellbeing groups are not operational. The Inspiring People group should provide local representation at its meetings to ensure the staff wellbeing across the geographical area of the Health Board. We have provided reasonable assurance against this objective.

Appendix A: Management Action Plan

Matter Arising 1: Approval of Wellbeing Policy (Operation)		Potential Impact
<p>The draft Employee Wellbeing policy has recently been approved by the Health Board Policy Group. It is yet to be reviewed by the Local Partnership Forum ahead of being approved by the People and Culture committee.</p>		<p>Staff and managers unaware of their responsibilities in relation to wellbeing. Lack of consistency in approach.</p>
Recommendation		Priority
1.1a	The draft Employee Wellbeing policy should be reviewed by the Local Partnership Group at the earliest opportunity, ahead of being presented to the People and Culture committee for approval.	Low
1.1b	Once finalised, staff should be made aware of the policy's existence.	
Agreed Management Action		Target Date
1.1a	CTM acknowledges the recommendation, the policy has been drafted and commenced the process for approval. It is on the agenda for discussion at the next Local Partnership Forum (LPF) meeting in December. Once approved it will then be taken to People and Culture Committee for chairs action.	31/12/22
1.1b	Once ratified, all staff and stakeholders will be informed and it will be made available to all staff via publication on the appropriate SharePoint sites and the Wellbeing website pages.	
		<p>Head of Policy, Compliance and Agenda for Change for LPF Strategic Lead for Employee Experience and Wellbeing.</p> <p>Strategic Lead for Employee Experience and Wellbeing for People and Culture Committee.</p>

Matter Arising 2: Review and updating of Wellbeing Priorities Workplan (Operation)		Potential Impact
<p>We acknowledge that the Wellbeing Service has to be responsive and reactive in nature, and at times may have competing priorities. However, the team also generate a Wellbeing Priorities Workplan setting out the forthcoming wellbeing work activities for the Employee Wellbeing Service. The plan is refreshed every six months, we note that the workplan for the period July to December 2022, was not refreshed and updated until October 2022. As such, it appears that the plan was not reviewed or updated before the start of the six-month period that it covers.</p>		<p>Negative impact on service delivery if priorities due for delivery are delayed and not monitored.</p>
Recommendation		Priority
2.1	<p>The Wellbeing Priorities Workplan should be reviewed and updated before the start of the six-month period that it covers. This will ensure a current and accurate position of the work to be undertaken.</p>	<p>Medium</p>
Agreed Management Action		Target Date
2.1	<p>A Wellbeing Service is predominately reactive in nature and responsive to the changing needs of the staff population. To be effective, the service has to react to these changing needs in a flexible and timely manner.</p> <p>To support the proactive element of the service a Wellbeing Priorities Workplan is developed; however, the plan can and will be impacted by reactive priorities that arise which can result in the plan not necessarily recognising the current and accurate position of the work being undertaken.</p> <p>The work plan will continue to evolve and will be developed based on anticipated activity in the following 6-month period. In response to this specific action, the team will revisit the Workplan in December 2022.</p>	<p>31/12/2022</p>
		Responsible Officer
		<p>Strategic Lead for Employee Experience, Inclusion and Wellbeing</p>

Matter Arising 3: Staff Wellbeing Survey Completion and Review (Operation)	Potential Impact
<p>The Wellbeing Staff Survey findings are a key source of information for the Wellbeing Service in determining its future service provision. Data from the 2021 survey showed that the response rate was relatively low (21% of the Health Board staff).</p> <p>While the data shows the ILG and Clinical Service Group or department of the respondent, there has been no analysis of the data to identify areas with low completion rates or no responses. This type of analysis could be used to target areas in future surveys.</p> <p>During our analysis we established that of the responders, the response rate across the three ILG was fairly even:</p> <ul style="list-style-type: none"> • Bridgend ILG – 29% • Merthyr Cynon ILG - 26% • Rhondda Taff Ely ILG – 33% <p>In some cases, details of the CSG or department within the ILG was missing. It is acknowledged that this may be due to some staff working in small teams and wanting to remain anonymous.</p> <p>We identified that the terminology used to describe the ILG and CSG or department varied. For example, there were four variations used for the term 'outpatients', suggesting that 'free text' fields are used, making analysis of the data more difficult.</p>	<p>The resources of the Wellbeing team are not used in the most efficient way.</p> <p>The needs of staff are not fully captured.</p>
Recommendations	Priority
<p>3.1 For future staff surveys, analysis work should be undertaken in relation to where respondents were located and the return rates by Clinical Services Groups / departments, so as to aid identification of those areas where more targeting and awareness work is needed to encourage completion of future surveys.</p>	<p>Medium</p>

3.2	To help analysis of the data, where relevant, future Wellbeing surveys should incorporate 'drop down' menus for responders to choose pre-set answers as opposed to 'free text' fields.	Low	
Agreed Management Action		Target Date	Responsible Officer
3.1	<p>At the time of running the current 2022 survey the new care group model had only just launched, work to reflect this in organisational hierarchies is still ongoing to include every staff member within the Health Board, the highest context marker in conducting the Wellbeing survey is to make the survey feel as assessable to as many staff as possible.</p> <p>In order to support small departments where staff may feel they could be identifiable, the Team are exploring how it could introduce a free text entry where staff would not need to indicate the area where they work.</p>	Next survey 31/05/2023	Strategic Lead for Employee Experience, Inclusion and Wellbeing
3.2	To further support the action in 3.1, the Team will also explore the introduction of 'Drop Down' menus where location identification at a department level does not present a risk in terms of staff becoming identifiable.	31/05/2023	Strategic Lead for Employee Experience, Inclusion and Wellbeing

Matter Arising 4: Wellbeing Activists in Merthyr & Cynon ILG (Operation)		Potential Impact	
<p>At the time of our audit there were 90 Wellbeing Activists in place across the Health Board representing a range of clinical, nursing, managerial and support staff groups, departments and locations.</p> <p>However, Wellbeing Activist numbers are low at the former Merthyr & Cynon ILG (six), whereas Bridgend ILG has 21 and Rhondda Taff Ely ILG has 63.</p>		<p>Areas of the Health Board are unaware of wellbeing services available to them.</p>	
Recommendation		Priority	
4.1	To maximise potential uptake of Wellbeing Activists in the former Merthyr & Cynon ILG locality, awareness and engagement work should be undertaken to build relationships, confidence and trust with staff.	Low	
Agreed Management Action		Target Date	Responsible Officer
4.1	Work is already underway to increase the number of Wellbeing Activists in underrepresented areas, by promoting the work of those already providing this role locally and by informing staff within services of similar work going on in the same service on another site. Activity is also underway to identify the number of activists in the new Care Group Model to be able to reflect this position moving forward.	31/03/2023	Strategic Lead for Employee Experience, Inclusion and Wellbeing

Matter Arising 5: Monitoring and Reporting of Wellbeing Activity and Outcomes (Operation)		Potential Impact	
<p>The Employee Wellbeing Service collates and monitors activity and outcomes relating to the work it undertakes. The outcome of this work helps determine future service delivery.</p> <p>Historically, the wellbeing activity was discussed the Health Board's Employee Experience and Wellbeing Steering Group and also at two ILG Wellbeing Groups; Merthyr & Cynon ILG and Bridgend ILG respectively. No ILG Wellbeing Group existed for Rhondda Taf Ely ILG.</p> <p>However, these forums are no longer operational, and currently there is no group within the organisation to which the Employee Wellbeing Service reports its activity. We understand that in January 2023 an 'Inspiring People' group, will be established that will pick up these matters at a corporate level, however the more localised arrangements under the revised operating model are unknown.</p>		<p>Effective monitoring does not take place resulting in poor service delivery.</p>	
Recommendation		Priority	
<p>5.1 The 'Inspiring People' Group should provide a return to a formal and regular oversight and monitoring of the Wellbeing Priorities Workplan and the work of the Employee Wellbeing Services as whole. However, arrangements under the new operating model structure for locality based wellbeing groups should be made to ensure localised communication is not lost.</p>	<p style="text-align: center;">Medium</p>		
Agreed Management Action		Target Date	Responsible Officer
<p>5.1 The Inspiring People Group will provide a mechanism for overseeing and reporting on Health and Wellbeing activity and through its representation provide an opportunity to test new ideas and share learning. The need to maintain good communication to wellbeing groups within the service is recognised</p>	<p>31.1.2023 (inaugural meeting)</p>	<p>Assistant Director of OD & Wellbeing</p>	

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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