

Staff wellbeing

Final - Internal Audit Report

July 2021

Public Health Wales NHS Trust

NWSSP Audit and Assurance Services



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1. Introduction and Background

Our review of staff wellbeing was completed in line with Public Health Wales NHS Trust's (the 'Trust' or the 'organisation') Internal Audit Plan for 2021/22. The review sought to provide the Trust with assurance that there are effective processes in place to manage the risks associated with staff wellbeing.

Each organisation in the NHS in Wales is a responsible employer and should therefore be conscious of the health and safety of staff that work within it. This includes staff wellbeing. In highlighting the importance of this matter, in October 2020, the Welsh Government issued a Welsh Health Circular (WHC) setting out its expectations relating to supporting the health and wellbeing of staff during the Covid-19 pandemic.

Whilst the wellbeing of staff has been even more prominent since the pandemic, with staff working from home, and an increased risk of insufficient communication and engagement, the Trust should have due consideration for staff wellbeing at all times.

The Trust's Operational Plan for 2021/22 contains details on staff wellbeing and engagement. It confirms that the Trust needs to 'agree and deliver methods of ensuring decision making and planning processes that are considerate of people's health and wellbeing, and not putting additional delivery pressure on people already at capacity'.

Workforce reports that include information on staff wellbeing are taken to the Board and the recently reactivated People & Organisational Development Committee.

The relevant lead Executive Director for the review is the Director of People and Organisational Development.

2. Scope and Objectives

The overall objective of the review was to evaluate and determine the adequacy of the systems and controls in place within the Trust for staff wellbeing in order to provide assurance to the Trust's Audit and Corporate Governance that risks material to the achievement of the system's objectives are managed appropriately.

The areas the review sought to provide assurance on are:

- The Trust has a framework detailing how staff wellbeing will be managed.
- The Trust has engaged with staff in relation to wellbeing and action plans have been produced from the findings and actioned.
- The Trust have established governance arrangements for overseeing staff wellbeing.
- Risks to the Trust related to staff wellbeing are captured and monitored.
- Measures have been put in place to capture staff wellbeing.
- There is appropriate monitoring and reporting of staff wellbeing and initiatives within the Trust.

- The Trust has put in place appropriate training and resources to support staff wellbeing. For example, wellbeing champions and wellbeing workshops.
- The wellbeing expectations outlined in the WHC have been considered and implemented where applicable.

3. Associated Risks

The potential risks considered in the review were as follows:

- Adverse effects on employee’s health.
- Higher levels of staff turnover with negative impact on productivity.

OPINION AND KEY FINDINGS

4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with the staff wellbeing review is **Reasonable assurance**.

Rating	Indicator	Definition
<p style="text-align: center;">REASONABLE ASSURANCE</p>		<p>The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.</p>

Our review has confirmed that the Trust has a good process in place for managing staff wellbeing. Over the past year, a number of initiatives have been introduced to ensure that the wellbeing of staff is being considered, such as ‘Wellbeing Wednesdays’ and consideration of the establishment of a ‘Younger Colleagues Network/Peer support group’, however, there is no overarching workplan in place

mapping out all of the staff wellbeing work that the Trust wants to achieve, and is undertaking to ensure that desired outcomes are met.

The Trust has undertaken two staff wellbeing surveys during the pandemic and detailed action plans have been developed from the findings. We have seen that there is ongoing monitoring of the action plans to ensure their implementation. Following each of the surveys, management analysed the response rates from the directorates and divisions. Whilst there has been an acknowledgement that the response rates are always low from some areas of the organisation, for example microbiology, to date there has not been any work carried out to explore the reasons why, and if different approaches should be used in the future to increase the response rate.

Within the Trust, a Wellbeing and Engagement Partnership Group (WEPG) has been established. Its purpose is to support directorate and divisional leads in leading and co-ordinating their response to wellbeing and employee voice and engagement. We note that the group discuss a number of wellbeing matters including updates on the action plan for the wellbeing surveys, personal risk assessments and updates on the wellbeing workshops. However, it was evident that although there were representatives from the majority of areas within the Trust, there were a number of instances whereby there were no representatives in attendance from specific areas, and some representatives attended less than half of the meetings. In addition, the role of the Chair should be undertaken on a rotational basis by two named individuals, however on two recent occasions neither attended the meeting, therefore the meeting had to be chaired by Head of Employee Experience.

We saw evidence of wellbeing issues being monitored and reported to the Board as part of the workforce reports during the pandemic. When the People and Organisational Development Committee restarted in April 2021 a People and OD report was taken, which included staff wellbeing.

Furthermore, the Trust has provided a number of externally run staff wellbeing workshops aimed at managers to assist them in better supporting their staff and it is anticipated that these will also be run for staff in the future.

5. Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

Assurance Summary					
1	Framework detailing staff wellbeing			✓	
2	Staff Engagement				✓
3	Governance			✓	
4	Risk Capture and Monitoring				✓
5	Measures to Capture Staff Wellbeing				✓
6	Staff Wellbeing Monitoring and Reporting				✓
7	Training and Resources				✓
8	Wellbeing Expectations in WHC				✓

The above ratings are not necessarily given equal weighting when generating the audit opinion.

Design of Systems/Controls

The findings from the review has highlighted one issue that is classified as a weakness in the system control/design for staff wellbeing.

Operation of System/Controls

The findings from the review have highlighted two issues that are classified as weaknesses in the operation of the designed system/control for staff wellbeing.

6. Summary of Audit Findings

In this section we set out the good practice and summarise the findings that we identified during our fieldwork. The detailed findings from our review are set out in the Management Action Plan (Appendix A).

Objective 1: The Trust has a framework detailing how staff wellbeing will be managed.

We note the following areas of good practice:

- The importance the Trust has placed on employee health and wellbeing is demonstrated through its People Strategy 2020-30, which has 'Employee Experience' as one of its nine themes. It recognises that staff wellbeing is a key factor of workplace satisfaction.

The Trust's operational plan for 2021/22 includes staff wellbeing and engagement, with four milestones to be delivered during the year.

- The Trust has been awarded a Gold Corporate Health Standard, which is part of the national quality framework and award for employers to improve health and wellbeing in the workplace, supported by Welsh Government (WG).

We identified the following finding:

- Staff wellbeing is included in the Operational Plan and the People Strategy, and we have seen numerous activities and initiatives in place, but there does not appear to be a clear overarching wellbeing workplan setting out the work the Trust needs to carry out to achieve its objectives. (Finding 1 - Medium)

Objective 2: The Trust has engaged with staff in relation to wellbeing and action plans have been produced from findings and actioned.

We note the following areas of good practice:

- The Trust undertook two staff wellbeing surveys during the pandemic, one in May 2020, and the other in September 2020. A further survey is planned for late 2021 and the results of this will be compared to the September 2020 survey results.

The May and September surveys covered a number of topics including attending a workplace, accessibility of information on health and wellbeing support, the role of line manager, maintaining a healthy work life balance whilst working from home, and feeling valued and supported by our leaders.

- Action plans based on the survey results were developed outlining the action required for improvement and the person responsible for carrying out the action. Progress updates are recorded on the action plans. The survey results and action plans are discussed within the monthly Wellbeing and Engagement Partnership Group (WEPG).
- The WEPG members were provided with the results for their areas of responsibility within the Trust. They completed local actions on the basis of the themes identified, which is one of their roles as members of the group.

We did not identify any findings under this objective.

Objective 3: The Trust have established governance arrangements for overseeing staff wellbeing.

We note the following areas of good practice:

- The purpose of the WEPG, as detailed within its terms of reference, is to support directorate and divisional leads in leading and co-ordinating their response to wellbeing and employee voice and engagement.
- The group has met each month. There are minutes and action points produced from the meetings.
- The group provides reports to the Business Executive Team (BET) as necessary.

We identified the following finding:

- We note a number of instances between September 2020 to May 2021 where there were no representatives in attendance from specific areas. In addition, the role of the Chair was undertaken on a rotational basis by two named individuals in line with the terms of reference. However, there has been some absence meaning the meeting was twice chaired by another employee. (Finding 2 - Medium)

Objective 4: Risks to the Trust related to staff wellbeing are captured and monitored.

We note the following areas of good practice:

- A risk relating to the 'adverse impact of new working arrangements on staff health, wellbeing and resilience' has been captured on the corporate risk register along with the plans in place to mitigate against this risk. As part of the normal risk review process, weekly updates are provided of the actions taken to date.
- The strategic risk register also includes a workforce related risk that incorporates staff wellbeing. We were able to confirm that the existing controls recorded such as existence of the Wellbeing and Engagement Partnership Group and action plans from the results of the staff engagement surveys are in place.

We did not identify any findings under this objective.

Objective 5: Measures have been put in place to capture staff wellbeing.

We note the following area of good practice:

- The Trust has analysed the directorate and divisional response rates for the two surveys run in May and September 2020 and developed action plans. (See objective 2 for further information)

We identified the following finding:

- There has not been any detailed work carried out to establish reasons why survey completion rates are consistently low in certain areas of the organisation. For example, if there is a correlation between completion rates and high absence rates at that time, or lack of IT access. (Finding 3 - Low)

Objective 6: There is appropriate monitoring and reporting of staff wellbeing within the Trust.

We note the following areas of good practice:

- During the pandemic, when some committees were stood down, workforce issues were reported directly to the Board. We saw this taking place in the June and September 2020 meetings. There was a specific section within the report on employee wellbeing including an update on the 'Tell Us How You are Doing' survey and information on some of the initiatives that were being provided by the Trust, such as coaching for line managers and a listening service.
- In January 2021 a workforce update report, that included staff wellbeing, was provided to the People Advisory Group. The wellbeing section included detail on the Wellbeing and Engagement Partnership Group and the work that they have been undertaking. Furthermore, there was an update on the National (NHS Wales) staff survey and personal risk assessments.
- The People and Organisational Development Committee recommenced in April 2021 with an update report including a section on staff wellbeing. It was evidenced that due to the results from the 'Tell Us How You are Doing' survey, wellbeing workshops were provided to enable line managers to support their teams. The report included some of the initiatives that were being undertaken by the Trust including 'Care Space' sessions. In addition, team listening sessions have been delivered.

We did not identify any findings under this objective.

Objective 7: The Trust has put in place appropriate training and resources to support staff wellbeing. For example, wellbeing champions and wellbeing workshops.

We note the following areas of good practice:

- The Trust has organised a number of staff wellbeing training initiatives including a resilience training session provided to executives.
 - There have been thirteen externally provided wellbeing workshops run to date, aimed at managers to provide them with assistance to enable them to better support their staff. The workshops were arranged following analysis of the findings of the second staff wellbeing survey. While the workshops are currently aimed at management, there will be future opportunities for all staff to attend.
 - The Trust has established regular 30-minute virtual 'Care Space' sessions which are run by trained in-house facilitators, enabling attendees to share experiences with a focus on self-care. Furthermore, the Trust have initiated team listening sessions in areas of need, to enable staff to speak freely about their working situations so that interventions and support required can be determined.
 - The Trust surveys identified that the wellbeing of younger staff could have been affected due to the pandemic and therefore the Trust are giving consideration to the establishment of a Younger Persons network/Peer support group, enabling them to informally discuss issues. Although they are not formally
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known as wellbeing champions, the staff that are representatives on the WEPG are responsible for leading and co-ordinating the local response to wellbeing.

We did not identify any findings under this objective.

Objective 8: The wellbeing expectations outlined in the WHC have been considered and implemented where applicable.

We note the following areas of good practice:

- The WHC included a number of expectations including the requirement for the Trust to promote the completion of the Covid-19 Workforce Risk Assessment tool. Whilst compliance rates within the Trust were below the WG target, we saw evidence of regular updates and reminders to staff encouraging them to complete the assessment, and subsequent reporting.
- The WHC requires health organisations to maintain up-to-date local web pages on staff health and wellbeing. The Trust's intranet has information about numerous wellbeing initiatives including the staff wellbeing workshops, links to wellbeing surveys, and the 'wellbeing Wednesday' initiatives.

We did not identify any findings under this objective.

7. Summary of Recommendations

The audit findings, recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	High	Medium	Low	Total
Number of recommendations	0	2	1	3

Appendix A: Management Action Plan

Finding 1 - Wellbeing Workplan (Control design)	Risk
<p>Work in relation to staff wellbeing was prominent within the Trust. The Trust's 'People Strategy 2020/30' acknowledges that staff wellbeing is a key factor in workplace satisfaction. The 2021/22 Operational Plan contains a section on staff wellbeing and engagement and lists four milestones for delivery during the year. Action plans are in place in relation to the two wellbeing surveys undertaken over the last year. Plans have also been put in place which helped the Trust achieve the WG 'Gold' Corporate Health Standard.</p> <p>However, there does not appear to be an overarching wellbeing workplan for the Employee Experience team, who are responsible for the health and wellbeing work in the Trust.</p> <p>Health and Wellbeing outcomes for both the Trust and the team are not mapped out, nor is the work that will be carried out to achieve these outcomes. A workplan would ensure a constructive and consistent approach and that all wellbeing work is undertaken with a clear intended purpose and outcome.</p>	<p>Adverse effects on employee's health.</p> <p>Use of Trust resources on wellbeing in an inefficient way that has no impact or benefit on staff.</p>
Recommendation	Priority level
<p>A workplan in relation to staff health and wellbeing work should be developed to outline how the Employee Experience team are planning and implementing their approach for improving staff health and wellbeing within the Trust. A workplan will ensure wellbeing activities and initiatives are carried out in a planned way, ensuring the objectives in the People Strategy and Operational Plan can be achieved.</p>	<p>Medium</p>
Management Response	Responsible Officer/ Deadline
<p>We are going to develop a 12-month workplan that will map out wellbeing aims, expected outcomes, and milestone dates. It will also include links to evidence e.g. to explain why actions have been selected. This will be used as a foundation and will represent the core activity we have planned but will be a living document that is able to be amended to reflect the needs of the organisation and to address findings from future wellbeing surveys.</p>	<p>Jane Rees/ Peta Beynon</p> <p>End of July 2021</p>

Finding 2 - Wellbeing and Engagement Partnership Group attendance (Operating effectiveness)	Risk
<p>The terms of reference for the Wellbeing and Engagement Partnership Group (WEPG) details the groups representatives. We reviewed meeting minutes between September 2020 to May 2021 to ensure that staff were attending the meetings in line with the terms of reference. We identified that the following representatives had attended less than 50% of the meetings:</p> <ul style="list-style-type: none"> • Directorate/ Divisional Leads from Microbiology & Health Protection and Improvement Cymru; • GMB Trade Union representative; and • Staff Diversity Networks leads from BAME Network and the 'We Care' - Carer's Network. <p>From the Response and Recovery Workstreams for Health Protection & Contact Centre and Surveillance there were no nominated representatives attending the group.</p> <p>Whilst there are no quoracy requirements set in the terms of reference, it is important that all areas of the organisation are appropriately represented.</p> <p>The terms of reference details that the group will be chaired on a rotational basis by the Director of People and Organisational Development, and by the Interim Director of Knowledge. However, neither had attended the April and May 2021 meetings, so the meetings had been chaired by the Head of Employee Experience. We understand that consideration is being given to a different model for chairing the meetings in the future.</p>	<p>Higher levels of staff turnover with negative impact on productivity</p>
Recommendation	Priority level
<ol style="list-style-type: none"> 1. The nominated staff should attend the WEPG meetings to ensure that the areas are being appropriately represented. Where this is not practicable, an appropriate person should attend in their absence to ensure that there is representation for the area. 2. Nominations for representatives from those areas where there are currently no representatives on the group should be sought. 	<p style="text-align: center;">Medium</p>

<p>3. Management should ensure that the role of chairperson is allocated such that a nominated chairperson is in attendance at each meeting.</p>	
<p>Management Response</p>	<p>Responsible Officer/ Deadline</p>
<p>1. We will issue a reminder of dates of meetings for the remainder of 2021 and request that if members are unable to attend, they arrange for a deputy from their respective area to be present in their place.</p> <p>2. We will review membership of the group to ensure that all current areas are represented.</p> <p>3. We had already agreed that a different approach was needed to ensure effective, sustainable leadership of the Wellbeing and Engagement Partnership Group (WEPG). With immediate effect, meetings will be chaired on a bi-monthly basis by the Director of People and OD and by rotation of the members of WEPG.</p>	<p>Jane Rees/ Peta Beynon</p> <p>With immediate effect</p>

Finding 3 - Measures to capture staff wellbeing (Operating effectiveness)	Risk
<p>Two staff surveys to obtain employees views and opinions of the wellbeing arrangements in place, were undertaken during the pandemic, in May and September 2020. Both surveys were issued electronically, and the overall response rates were 41% and 32% respectively.</p> <p>The Trust analysed response rates by division and directorate. While in some areas completion rates were very low, for example Microbiology had 21% and 15% returns, we understand that there has not been an analysis to establish the reasons for low response rates.</p> <p>Without undertaking an analysis to gain a better understanding of why rates are low in certain areas of the organisation, such as a lack of IT access, or due to high levels of sickness at the time, it will be difficult for the Trust to employ different approaches to future surveys and improve response rates to have meaningful results for more areas of the organisation.</p> <p>In addition, there does not appear to have been any analysis undertaken between areas of the organisation where the results of the survey show staff dissatisfaction and if this correlates to areas with higher absence levels.</p>	Adverse effects on employee's health.
Recommendation	Priority level
<p>Consideration should be given by management to reviewing the reasons for low response rates within specific directorates/divisions, with a view to developing alternative approaches if necessary and improve response rates. If there is a correlation in certain areas between high sickness and dissatisfaction expressed through survey results, management should undertake a further analysis to ascertain what is happening within these areas.</p>	Low
Management Response	Responsible Officer/ Deadline
<p>We will consult with subject experts within PHW (Research and Evaluation, Knowledge Directorate) to obtain advice on how best to review reasons for low response rates, noting that results were reported by respondents' substantive directorates but that with many staff being redeployed to other parts of the organisation at the time the survey took place, it may be</p>	<p>Peta Beynon By 31.08.21</p>

<p>difficult to identify comparable variables in order to be able to undertake a correlation exercise.</p> <p>We will also speak to other organisations (including outside of the NHS) to determine how they manage response rates and staff surveys.</p> <p>We will work with colleagues in Comms to continue to encourage staff to participate in surveys, through demonstrating leadership commitment to acting on survey results, reinforcing expectations to line managers, reminding all staff about the importance of feedback and how they will benefit from taking part, together with regular feedback on improvements introduced as a result of survey findings.</p>	
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Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

	<p>Substantial assurance</p>	<p>The Board can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure.</p>
	<p>Reasonable assurance</p>	<p>The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.</p>
	<p>Limited assurance</p>	<p>The Board can take limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.</p>
	<p>No assurance</p>	<p>The Board can take no assurance that arrangements in place to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with high impact on residual risk exposure until resolved.</p>
	<p>Assurance not applicable</p>	<p>Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate but which are relevant to the evidence base upon which the overall opinion is formed.</p>

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

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

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