Minutes of the Public People and Culture Committee
Held On 06th May 2025
Via MS Teams

Recording (YouTube link) – Click here

Chair:		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
Present:		
Mike Jones	MJ	Independent Member for Trade Union
Susan Lloyd-Selby	SLS	Independent Member for Local Authority
Rhian Thomas	RT	Independent Member for Capital & Estates
In Attendance:		
Claire Beynon	CB	Executive Director of Public Health
Lianne Morse	LM	Deputy Director of People & Culture
David Thomas	DT	Director of Digital Health & Intelligence
Rachel Gidman	RG	Executive Director of People & Culture
Matt Phillips	MP	Director of Corporate Governance
Paul Bostock	PB	Chief Operating Officer
Mitchell Jones	MJ	Head of Equality & Inclusion
Claire Whiles	CW	Assistant Head of Organisational Development
Emma Cooke	EC	Executive Director of Therapies & Healthcare Sciences
Natasha Goswell	NG	Deputy Executive Nurse Director
Jason Roberts	JR	Executive Director of Nursing
Robert Warren	RW	Assistant Head of Health & Safety
Claire Whiles	CW	Assistant Director of Organisational Development, Wellbeing & Culture
David Fluck	DF	Executive Medical Director
Geraldine Johnston	GJ	Interim Director of Operations PCIC
Clare Evans	CE	Interim Director of Operations PCIC
Gareth Baker	GB	Head of People & Culture
Leanne Morris	LM	Head of People Services
Observer:		
Bevan Howells	BH	Graduate Management Trainee
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
David Thomas	DT	Director of Digital & Health Intelligence
Joanne Brandon	JB	Director of Communications

Item No	Agenda Item	Action
P&C 06/05/001	**Welcome & Introductions (click to view)** The Committee Chair (CC) welcomed everyone to the meeting.	
P&C 06/05/002	**Apologies for Absence (click to view)** Apologies for absence were noted.	
P&C 06/05/003	**Declarations of Interest (click to view)** The CC declared an interest as a panel Chair of the Health & Care Professionals Tribunal Service from June 2024 would be an ongoing declaration.	
P&C 06/05/004	**Minutes from meeting on 11th March 2025 (click to view)** The minutes were agreed to be a true reflection of the meeting on 11th March 2025. **The Committee resolved that:** a) The draft minutes of the meeting held on 11th March 2025 were agreed to be a true and accurate record of the meeting.	
P&C 06/05/005	**Action Log following 11th March 2025 Meeting (click to view)** All actions were accepted. **The Committee resolved that:** a) The Action Log was discussed and noted.	
P&C 11/03/006	**Chair's Actions (click to view)** There were no Chair's Actions.	
	Items for Review & Assurance	
P&C 11/03/007	**Staff Story – People Safety** The staff story was introduced by the EDPC, who presented Amie Roberts, a clinical scientist for medical physics. Amie shared her experience collaborating with the health & safety team, highlighting the integration of people safety into the clinical world. The story emphasized the impact on patients and the challenges faced by staff when informing patients about issues with scanning services. The IMLA noted the video focused on the impact on patients and talked about the difficulty for staff informing patients regarding issues. She raised a question about the support available to staff during difficult conversations with patients. The ADODCW explained that staff were fully prepared and explained the training and proactive support measures in place. The EDTHS added that therapy-led services and the waiting well service have trained staff in handling challenging conversations, which has been positively evaluated through patient feedback.	

	The CC concluded by acknowledging the responsiveness of the health and safety team and the importance of listening to staff concerns. **The Committee resolved that:** a) The Staff Story was received.	
P&C 11/03/008	**Board Assurance Framework – Wellbeing** The ADODWC presented the Board Assurance Framework on Wellbeing and highlighted the following points: • CAV UHB were operating under intense financial pressure • Collaboration on Occupational Health with Cwm Taf Morgannwg University Health Board has led to better turnaround times for management referrals and pre-placement clearances. • A new triage system and improved standard operating procedures were implemented. • Review of the operating model to support both proactive and reactive needs. • Preparing for the Safe, Effective, Quality Occupational Health Service (SEQOHS) assessment. • Waiting times for counselling reduced from 77 days to approximately 20-30 days. • Workshops tailored to address burnout and trauma, with a 90% clinical improvement rate for guided self-help. • High demand for trauma interventions, leading to increased waiting times. • Digitizing self-referral processes and developing a three-year strategic plan. • Embedding wellbeing into leadership, management, and system design. • Targeting hotspot areas and improving cultural and leadership programs. • CAV need to maintain momentum, address waiting times for trauma-related services, and ensure a proactive and integrated approach to support colleagues. The IMCE thanked the team for the summary and reflected on the employee well-being service during the meeting, highlighting her positive impression of the team's work and their impact. She mentioned that she had a briefing from the employee well-being service team a couple of months ago and was impressed by their efficiencies and the impact they were having. She also raised concerns about staff turnover and vacancies within the service, as well as the awareness and attendance of well-being workshops. The ADODWC confirmed the Employee Wellbeing Service was fully established and was looking at digitalising some of the service to help and the team planned to move to Woodland House.	

	The IMTU asked about how the organization is managing to reach out to staff who work permanent nights and weekends, and whether they are being released to attend training / learning sessions. The ADODWC mentioned that the team had made themselves available outside of their normal working hours to address concerns in areas where there were issues. This was part of the discussion on how the employee well-being service reaches out to staff who work permanent nights or weekends. The IMLA asked about the planned improvements in occupational health, specifically regarding the attendance at sickness panels. She inquired about the capacity and time scales for achieving this improvement. The ADODWC confirmed this had commenced and there were a number of new starters within this service which had helped more proactive sessions in the work place. The EDPH expressed her delight in seeing the recent changes in occupational health, noting that her team from public health had noticed the difference. She suggested aligning the occupational health team with three major public health priorities: vaccination, reducing levels of obesity, and reducing levels of smoking. She highlighted the benefits of these priorities for staff, such as reducing staff sickness from flu and COVID through vaccination, addressing under-vaccination issues like the recent measles case, and promoting healthy meals and physical activity to tackle obesity. She emphasized the importance of helping staff quit smoking, which would benefit the premises as well. **Action – ADODCW to work with the Public Health team on aligning some of those public health priorities.** **Action – ADODCW to provide timed action plan updates to this committee.** **The Committee resolved that:** a) The progress and ongoing challenges outlined were noted and; b) The assurance provided regarding actions underway was accepted and; c) The planned improvements to continue strengthening staff wellbeing and organisational resilience was supported.	
P&C 11/03/009	**Managing Sickness & Availability** The ADPC presented and highlighted: • A multidisciplinary team had developed an improving well-being and attendance action plan, involving people services, occupational health, the well-being team, and organizational development and culture. • The sickness absence target was set at 5.5%, with the cumulative position for February 2025 at 6.32%. Each clinical board has individual targeted action plans to help reduce sickness. • The managing attendance at work training was relaunched, focusing on understanding the policy, effective and compassionate conversations,	

	and making reasonable adjustments. Two sessions are run monthly, with additional sessions for hotspot areas. • Digitalizing training, providing module-based refresher training, and developing myth-busting FAQs and top tips. • Ensuring accurate recording on the system, especially for medic sickness and return to work meetings. • Developing a well-being and culture framework to support managers on retention, cultural improvements, staff engagement, and leadership. • Monthly sickness panels, performance reviews, and audit procedures. • Each clinical board has monthly sickness panels, identifies hotspot areas for targeted intervention, and provides additional support where needed. • From December to the recent report, long-term sickness reduced from 615 to 450 employees, attributed to data cleansing, sickness panels, and supporting ill health retirement processes. • The long-term sickness rate in January was 4.28%, reduced to 3.70%. The overall sickness rate is on a trajectory to improve. • Emphasis on reducing the sickness rate below 5.5%, with some areas already at 4%. • The training has been more directive to ensure policy implementation, causing some frustration but necessary for improvement. • Efforts to maintain Ward sisters' supervisory status to improve their ability to manage sickness. • Conduct an audit of existing processes, including return to work meetings and the application of the policy. • Develop more detailed tracking by area to identify hotspot areas and overlap with patient safety and well-being. The IMTU praised the fantastic work being done by the team, particularly highlighting the effectiveness of the sickness panels. He expressed interest in understanding how the long-term sickness figures were reduced by 165, asking for examples of how this was achieved. The ADPC explained that the reduction was due to a combination of data cleansing, targeted support through sickness panels, expediting ill health retirement processes, and supporting individuals to return to work or be temporarily redeployed. The IMLA asked about the medicine clinical board cumulative sickness rates and sought assurance regarding targeted additional intervention and support to address the issue. She noted that the cumulative sickness rates across three areas were over 8%, which is a significant concern. The ADPC noted that the Medicine Clinical Board has identified three areas with high sickness rates and is focusing on these areas in their sickness action plan. This includes ensuring monthly sickness panels are conducted, identifying key issues, and implementing new processes to ensure timely return-to-work meetings. **The Committee resolved to:** a) The content of the report was discussed and noted.	
P&C 11/03/013	**Key Workforce Performance Indicators** The DDPC presented the Key Workforce Performance Indicators and highlighted the following points:	

	• The turnover rate continued to improve which attributed to multifaceted efforts influencing retention, including well-being, staff experience, engagement, and environment. • VBA position had deteriorated with a significant improvement last year due to clinical boards' focus through performance reviews. Executive colleagues will emphasize the importance of meaningful appraisals going forward. • Sickness absence had improved significantly for March 2025, with a peak in winter months and expected improvement as we move into summer. The cumulative rate is also improving. • Agency staff had saw a reduction in spend which attributed to enhanced scrutiny and significant reduction in nursing and medical agency use. • The exit questionnaire data currently shows November, but the team is analysing the quarter 4 position, which will be available next month. Team of 8 will transfer across to the medical resourcing team • The staff bank currently run by Medax Healthcare is transferring into the health board on June 2nd, with a team of eight joining the medical resourcing team and the wider people and culture team. The IMCE expressed curiosity about the increase in the number of employee relations cases and the fact that disciplinary cases remain above the target. Rhian asked for clarification on what was driving these increases. The DDPC noted that the employee relations cases had increased and emphasized that there were no cases on there that shouldn't be on there. She mentioned that they are following the just culture principles, ensuring that only cases of misconduct that are serious progress. The HPS mentioned that all the current disciplinary cases are necessary and that they are doing what they can to reduce the time taken to go through those processes. This was stated in the context of discussing the increase in the number of employee relations cases. The EDPC mentioned the transfer of Medacs Healthcare to the health board, highlighting the positive impact on productivity and financial efficiencies The COO noted that the number of employee relation cases was significantly low given the size of the workforce. He mentioned that with 18,000 staff, having only 25 people going through a process was insufficient. He expected this number to increase significantly over the next 12 months as the UHB starts to manage poor behaviour more effectively. He emphasized that there was a tolerance and unwillingness to tackle poor behaviour, and he anticipated a rise in cases as the UHB begins to manage against core values more rigorously. The DDPC noted that the reason for setting a target for employee relations cases was due to previously seeing around 70-80 cases progressing informally. Upon review, it was found that many of these cases should not have been progressing to a formal stage. Therefore, the target was established to ensure only serious misconduct cases advance through the process. The EDPC highlighted the focus on leadership and management development, including the launch of internal training programs for general managers and ward sisters. This aims to enhance leadership capabilities and ensure effective management practices across the health board. **The Committee resolved to:** a) The Key Workforce Performance Indicators were discussed and noted.	
P&C 11/03/015	**Health & Safety Update**	

	The ADHS presented the Health & Safety Update & highlighted the following points: • Total RIDDOR incidents for the last financial year: 78, an improvement from previous years but slightly disappointing due to a spike in January, February, and March. • Over 70 injury incidents: 70 out of 78, which is 88% of RIDDOR incidents, significantly higher than the UK average of 70%. • General positive increases across various training metrics compared to previous years. • Fire safety training has dipped slightly, but efforts are ongoing to improve this through new training methods. • South Wales Fire and Rescue service now only responds to confirmed fires, with exemptions granted for seven sites including Barry, CRI, Cardiff Edge, Saint David's, Maelfa, Rookwood, and Saint Mary's pharmacy unit. • Significant changes in procedures for sites like UHW and UHL due to the new response policy. • Total fire incidents for the last financial year: 8, with the last incident involving smoke from a vehicle's internal electrics. • Three fire incidents reported in the current year, including smouldering Fibre Board, an overheated fan, and a melted sandwich maker due to improper placement. • Historical data shows a decrease in fire incidents over the years, with a notable reduction during the COVID period. The IMLA raised the issue of the plus-sized patient pathway, noting that it has come before the committee several times and still lacks a solution. She sought assurance around time scales for addressing this issue. The END noted that discussions took place with the operational teams regarding plus-sized patient pathways, mentioning that there is a debate about who should lead on this, whether it should be nursing or another department. He has discussed with the operational teams and is in the process of agreeing on a small group to lead on this issue. **Action – committee should be updated on who is taking the lead for plus sized patients (COO).** The EDPC highlighted the need for a big push on mandatory and statutory requirements, emphasizing the importance of improving fire safety statistics. She mentioned that the current compliance levels were not satisfactory and that efforts were being made to find creative ways to train staff effectively. She added that she and the COO were working together to cascade this information into the clinical boards to ensure that the training was prioritized, and compliance levels are improved. Additionally, she mentioned collaboration with the EMD's team to cleanse the data related to medical staff and ensure that the right modules are allocated to the appropriate professions. **The Committee resolved that:** a) The Health & Safety Update was discussed and noted.	
P&C 11/03/016	**Clinical Board Spotlight – PCIC** The Primary, Community & Intermediate Care team introduced themselves and they presented & highlighted the following:	

	• PCIC is responsible for commissioning primary care services (GPs, dental, community pharmacies, optometrists) and providing community and intermediate care services (district nurses, community resource teams, safer home, specialist teams like HMP Cardiff, sexual health, health protection). • Serves a population of over 540,000 across Cardiff and the Vale. • Development of an enhanced model of care program aligned with the primary care model for Wales and the six goals program. • Integration of community care systems to deliver seamless care from routine access to crisis response. • **Workforce**: • PCIC have 947 whole-time equivalents, with a headcount of over 1200 staff. • Band 5 and 6 with the largest workforce bands, majority female, with many working less than full-time. • 25% of workforce were aged 55 and above. • Primary Care Contractors included 55 GP practices, 102 community pharmacies, 59 optometrists, 61 dental providers. • Contractors manage their own recruitment and retention. • **Performance Indicators**: • Sickness absence current position was just over 6%, but aimed to reduce to 5.75%. • VBAs: Just under 76% but aiming for 85%. • Statutory and mandatory training was just under 84%. • Welsh language compliance had increased from 38% to 68%. • Turnover had reduced from just under 13% to just over 10%. • **Organisational Development and Cultural Hotspots**: • Focus on building capacity and capability within senior management and operational leadership teams. • Addressing issues in HMP, Cav 24/7, and DOSH. • **Staff Survey Action Plan**: • Themes: Employee engagement, negative experiences, burnout. • Reviewing and refreshing the action plan due to low response rates. • **Areas of Good Practice**: • Standard induction plan for new staff. • Compendium of primary care roles. • Succession planning in general practice nurse training. • Enhanced community care with multi-agency team within safe at home. • **Priorities and Actions**: • Scrutiny of temporary pay and workforce, effective rostering, vacancy scrutiny, organizational restructure, service reconfiguration. • Focus on health and well-being of workforce, generational workforce challenges, sustainability of services. • An away day planned in June for PCIC & Mental Health Clinical Board The CC noted the highlighted points from the presentation and added that the PCIC Clinical Board is varied and dispersed, emphasizing the importance of local management and leadership. She acknowledged the investment in developing leadership capability and asked about how this development is drilling down into the dispersed local teams. The DOPCIC mentioned that under the GMS contract, they do get some workforce status through a national workforce reporting tool that contractors are obliged to fill in quarterly.	

	The CC noted it was hard to gain assurance especially around the workforce data profile. The COO highlighted some long-standing issues with PCIC, particularly regarding leadership arrangements. He mentioned that the team faced challenges due to the absence of the previous Director of Nursing and the absence of Lisa, the Director of Operations, for understandable reasons. Despite these difficulties, the team managed to handle the additional workload effectively. The IMLA thanked the team for the report and expressed that it was incredibly interesting and very helpful. She noted the significant challenges and pressures but also found the report reassuring in terms of how the issues were identified and the plans in place to address them. **Action – capture looking at succession planning through education & training into key areas within CAV UHB** **The Committee resolved to:** a) The position and actions being progressed across the Clinical Board was noted.	
P&C 11/03/017	**Policies - Employment Pension Contributions Alternative Payment Policy** The DDPC provided an overview of the policy, explaining that it is a revised all Wales policy replacing the previous version. The policy allows colleagues to manage their pension growth linked to the annual allowance, with a robust eligibility criterion and a panel in place to consider applications. The committee was asked to adopt the revised policy. **The Committee resolved that:** a) The Employer Pension Contributions Alternative Payment Policy was formally adopted and; b) The previous Employer Pension Contributions Alternative Payment Policy was rescinded.	
P&C 11/03/018	**Health Safety & Fire Risk Register** **The Committee Resolved that:** a) The Health Safety & Fire Risk Register was noted.	
P&C 11/03/019	**Annual Chairs Report** **The Committee Resolved that:** a) The Annual Chairs Report was noted.	
P&C 11/03/020	**Supreme Court Ruling – Definition of Sex** The DCG noted that the document related to the ruling was currently in draft form. The executive team was scheduled to discuss it further on Thursday, and there was a routine to be followed thereafter. He emphasized that the document was not finalized yet and was still under review. **The Committee resolved that:** a) The Annual Equality Report was discussed and noted.	
P&C 11/03/024	**Any Other Business** The CC congratulated the P&C teams on their award.	