

**Minutes of the Public People and Culture Committee**  
**Held On 11<sup>th</sup> March 2025**  
**Via MS Teams**

Recording (YouTube link) – [Click here](#)

<b>Chair:</b>		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
<b>Present:</b>		
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
Akmal Hanuk	AH	Independent Member for Local Community
<b>In Attendance:</b>		
Joanne Brandon	JB	Director of Communications
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
Richard Skone	RS	Deputy Medical Director
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
Jonathan Pritchard	JP	Assistant Director of People Resourcing
<b>Secretariat</b>		
Nikki Regan	NR	Corporate Governance Officer
<b>Apologies:</b>		
David Fluck	DF	Executive Medical Director

Item No	Agenda Item	Action
P&C 11/03/001	<p><a href="#">Welcome &amp; Introductions (click to view)</a></p> <p>The Committee Chair (CC) welcomed everyone to the meeting.</p>	
P&C 11/03/002	<p><a href="#">Apologies for Absence (click to view)</a></p> <p>Apologies for absence were noted.</p>	
P&C 11/03/003	<p><a href="#">Declarations of Interest (click to view)</a></p> <p>The CC declared an interest as a panel Chair of the Health &amp; Care Professionals Tribunal Service from June 2024 would be an ongoing declaration.</p>	
P&C 11/03/004	<p><a href="#">Minutes from meeting on 21<sup>st</sup> January 2025 (click to view)</a></p> <p>Some minor amendments were noted.</p> <p>Page 2 – 008 recruitment – action completed? EDPC this hasn't been completed fixed term – will complete offline. Jonathan would update a fixed term post with funding for the duration. NR to amend. Appointment letter.</p> <p>Bariatric pathway – EDPC noted it was highlighted as a risk in H&amp;S. EDPC will update the words offline.</p> <p><b>The Committee resolved that:</b></p> <p>a) Following some minor amendments, the draft minutes of the meeting held on 21<sup>st</sup> January 2025 were agreed to be a true and accurate record of the meeting.</p>	
P&C 11/03/005	<p><a href="#">Action Log following 21<sup>st</sup> January 2025 Meeting (click to view)</a></p> <p>All actions were accepted.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Action Log was discussed and noted.</p>	
P&C 11/03/006	<p><a href="#">Chair's Actions (click to view)</a></p> <p>There were no Chair's Actions.</p>	
<b>Items for Review &amp; Assurance</b>		
P&C 11/03/007	<p><a href="#">Staff Story – Developing a Sustainable Workforce</a></p> <p>The EDPC introduced the staff story on developing a sustainable workforce highlighting that it was presented by Mark, a consultant intensivist. She thanked Mark for his time and noted that the story was initially lengthy but had been shortened to about 6 minutes for the meeting. The story focuses on how a clinician or consultant managing staff can lead to positive outcomes.</p> <p>The DMD praised Mark's work, noting the improvements in the adult intensive care unit's recruitment and work environment. He emphasized the importance of supporting such initiatives.</p>	

	<p>The CC suggested to formally thank the staff member for his contributions and capturing lessons from his initiatives. Action – thank the staff member from the committee.</p> <p>The EDPC noted that the staff member was asked to share his case study at the senior leadership board to promote good practises.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Staff Story was received.</p>	
<p><b>P&amp;C</b> <b>11/03/008</b></p>	<p><u><b>Board Assurance Framework – Culture</b></u></p> <p>The ADODWC presented the Board Assurance Framework on Culture and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The risk scores detailed in the report were initially incorrect but have since been corrected. The impact was 4 resulting in a net risk of 16</li> <li>• High bureaucracy, low interest, reluctance to engage in change due to system pressures, lack of staff involvement in changes and complexity post pandemic</li> <li>• A decline in patient experience and outcomes, increased sickness absence, retention issues and reports of inequitable experience</li> <li>• Establishing an OD and Culture team, developing a cohesive framework, collaborating with HI West and Professor Michael West for effective measures, launching interim sexual harassment procedure, reviewing staff networks, and providing Welsh language training.</li> <li>• Next steps include working with executive team and clinical boards, evaluating cultural work, localised analysis for staff survey, evidencing listening action and outcomes, and identifying impact measures.</li> </ul> <p>The IMLC thanked the team for the presentation and asked how all the actions were going to be communicated to the staff throughout CAV UHB? He raised concerns about the capacity and workload to achieve the agenda, questioning the time frame and team capacity.</p> <p>The IMLA discussed the rapid planning event in detail, focusing on the need for redefining the organization at a corporate and structural level. She mentioned that it wasn't clear how this was being taken forward from a people and culture perspective in terms of the three actions identified within the report. She also highlighted the establishment of a dedicated working group to manage attendance and sought more information on the time scales for training and evaluation of outcomes.</p> <p>The COO discussed the approach to restructuring in detail, emphasizing the potential challenges and the timeline for implementation. He mentioned that the restructuring would likely create some chaos within the organization, causing anxiety and distraction. He estimated that it would take at least a year to get the top-level structures sorted, followed by a step-by-step process to streamline leadership structures and reduce the number of clinical boards. Paul highlighted the importance of being open and honest about the potential disruptions and the need to draft a proper consultation paper, with Leanne supporting the process. He also noted that the restructuring might cause the organization to go slightly backwards before it gets better, but ultimately, it will lead to a more streamlined and efficient structure.</p>	

	<p>The EDF emphasized focusing on sickness, leadership and management, and workforce planning as main efforts.</p> <p>The DCG noted the BAF was helpful in prompting discussions. The committee can take assurance in mandate for change which come from the rapid planning event. There was a process involved with the people within CAV UHB.</p> <p>The ADODCW assured the committee that timeframes were to deliver the training with the initial delivery to commence at the beginning of April 2025.</p> <p><b>The Committee resolved that:</b></p> <p>a) The information included within the paper and accepted current risk levels and content for assurance was discussed and noted.</p>	
<p><b>P&amp;C</b> <b>11/03/009</b></p>	<p><u><b>High Level Staff Survey Results 2024</b></u></p> <p>The ADODCW presented the High-Level Staff Survey Results 2024 and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Participation Rate increased to 26.8% of the organization.</li> <li>• Engagement Score decreased, reflecting current organizational challenges</li> <li>• Slight increase when asked if staff would recommend the UHB to a relative / friend to 60.6% from 58% last year, but still below the 75.1% in 2020</li> <li>• Sharing dashboard access with clinical boards for local analysis.</li> <li>• Analyzing narrative responses (over 1000 lines) for deeper insights.</li> <li>• Focus group events planned over the next six months to gather more feedback.</li> </ul> <p>The CC suggested for this item to come back to the P&amp;C committee.</p> <p><b>Action – To add the High-Level Staff Survey Results to the Forward Plan.</b></p> <p><b>The Committee resolved to:</b></p> <p>a) To start from a place of transparency, the sharing of the CAVUHB paginated report and cascaded of further reports is recommended to start immediately, through a range of channels including the Executive Team and Board, Trade Union Partners, Clinical Board Triumvirates, Heads of People and Culture and throughout the organisation.</p>	
<p><b>P&amp;C</b> <b>11/03/013</b></p>	<p><u><b>Key Workforce Performance Indicators</b></u></p> <p>The DDPC presented the Key Workforce Performance Indicators and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The turnover rate had reduced by over 2% in the last 12 months and is now within the health board target of 7-9%</li> <li>• There has been a 2% reduction in variable pay, indicating an improvement in the reliance on temporary pay.</li> <li>• The cumulative sickness absence rate is currently 6.3%, with the highest reason for absence being stress, anxiety, and depression. The aim is to reduce this to 5% in the next year.</li> </ul> <p><b>The Committee resolved to:</b></p>	

	a) The Key Workforce Performance Indicators were discussed and noted.	
<b>P&amp;C</b> <b>11/03/014</b>	<p><u>People &amp; Culture Plan Priorities</u></p> <p>The DDPC presented the People &amp; Culture Plan Priorities and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Sickness Action Plans were developed for all clinical boards and corporate areas, focusing on short-term and long-term absence.</li> <li>• Sickness Panels were Implemented to review reasons for absence and provide intervention and support.</li> <li>• Reduction Targets aim to reduce cumulative sickness from 6.3% to 5%, with a longer-term goal of 2%.</li> <li>• Focused intervention on stress &amp; anxiety through Occupational Health, Employee Well-being, and Staff Experience teams.</li> <li>• Refocusing policy training to ensure managers use discretion appropriately and progress through policies effectively.</li> <li>• Improvement plans for the nursing rostering and plans to implement a unified medical rostering system.</li> </ul> <p>The IMTU asked to be reminded what our current percentage for LTS? He was aware of the work being done to assist people coming back to work and asked how helpful managers were in redeploying people within their own workplace on lighter duties.</p> <p>The DDPC would share the percentage LTS within the chat of this committee. In terms of redeployment, this would always be the advice to managers from the P&amp;C team is to allow reasonable adjustments such as amended duties.</p> <p>The IMCE discussed long-term sickness in the context of identifying anxiety and stress hotspots and cross-referencing them with the need for improved leadership and line management skills. They inquired about the sophistication of the analysis in identifying these hotspots and prioritizing areas needing better leadership skills.</p> <p>The EDN contributed to the discussion on the people &amp; culture plan priorities by emphasizing the specific challenges faced by nursing staff, particularly ward sisters. They highlighted the difficulty in managing sickness due to the lack of supervisory roles and the need for ward sisters to manage large teams while also working on the production line. He mentioned ongoing conversations with the COO about supporting ward sisters to focus on their managerial roles.</p> <p><b>The Committee resolved that:</b></p> <p>a) The People &amp; Culture Plan Priorities were discussed and noted.</p>	
<b>P&amp;C</b> <b>11/03/015</b>	<p><u>Health &amp; Safety Update</u></p> <p>The ADHS presented the Health &amp; Safety Update &amp; highlighted the following points:</p> <ul style="list-style-type: none"> <li>• 73 RIDDOR incident rates to date</li> <li>• Notable increase in incidents in January, February, and March, which needed further investigation.</li> <li>• Overall improvement in health &amp; safety training compliance over the last four years.</li> <li>• Fire training compliance had dropped but efforts were being made to address this.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Seven fire incidents reported this year, slightly above the previous two years with the latest incident on 20.02.25, believed to be smoking-related</li> <li>• Due to changes in the Fire and Rescue Service's response to automatic fire alarms, business case exemptions were submitted.</li> <li>• UHW and UHL would not be included in the new response approach due to 24/7 cover.</li> <li>• Awaiting final clarification on submissions, with some agreements in principle already received.</li> </ul> <p>The EDPC mentioned that clinicians were required to complete a significant number of mandatory modules, with some being asked to do up to 30 modules. She highlighted the need to review this requirement to ensure it was accurate and realistic, especially given the busy schedules of clinicians. She noted that there was a Welsh Government consultation underway to review mandatory and statutory training requirements.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Health &amp; Safety Update was discussed and noted.</p>	
<p><b>P&amp;C</b> <b>11/03/016</b></p>	<p><u><b>Workforce Controls &amp; Assurances</b></u></p> <p>The DDPC &amp; DDF presented on the workforce controls &amp; assurances and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The executive team established a PMO group in mid-January to enhance scrutiny and ensure consistent decision-making for agency, bank, and overtime requests, as well as vacancy approvals.</li> <li>• The PMO meets twice daily to review requests, with a daily executive review meeting to escalate issues.</li> <li>• Monitoring of medical bank usage through a weekly dashboard, showing a slight reduction in requests since the PMO's implementation (about 8%).</li> <li>• Compliance with the rate card is at 100%, and the bank fill rate is above 90%.</li> <li>• Significant reduction in agency usage, with current agency workers mainly in the mental health clinical board due to national shortages.</li> <li>• Waiting List Initiatives dashboard reviewed weekly, ensuring requests are appropriate and linked to true activity</li> <li>• Reduction in the number of vacancies advertised, with turnover rates decreasing.</li> <li>• Increase in staff in post, particularly in nursing, midwifery, and medical roles, leading to a decrease in variable and agency pay</li> <li>• Implementation of a nursing workforce hub, resulting in a 25% reduction in total bank, agency, and overtime hours used.</li> <li>• Consistent approach to managing risk across the health board, with data triangulated with the safer staffing dashboard.</li> <li>• Marked reduction in overtime and agency usage, with a focus on maintaining control and sustainability.</li> <li>• Targeted recruitment of staff directly to the bank, reducing reliance on agency healthcare support workers.</li> <li>• Estimated £2m reduction in total staffing variable pay bill if current trends continue through March.</li> </ul> <p>These measures aim to improve workforce management, reduce costs, and ensure safe staffing levels across the organization.</p>	

	<p>The ADPR mentioned that two years ago, the organization was spending £500k on agency healthcare support workers, which has now been reduced to almost nothing, with most of the staffing needs being met through the staff bank.</p> <p><b>The Committee resolved to:</b></p> <p>a) The contents of the report were noted and be assured that the appropriate level of scrutiny will continue.</p>	
<p><b>P&amp;C</b> <b>11/03/017</b></p>	<p><u><b>Workforce Growth (focus on Corporate)</b></u></p> <p>The ADPR presented the Workforce Growth and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The report was updated to included Feb 2020 – 2025</li> <li>• Focused on the corporate areas which had seen a growth of 251 WTEs across all of the AfC and VSM pay bands (31% increase)</li> <li>• <b>Breakdown by Pay Band:</b> <ul style="list-style-type: none"> <li>○ Band 7: 40% increase</li> <li>○ Band 8A: 72% increase (39 posts)</li> <li>○ Band 2: 31% reduction</li> <li>○ Band 9 and VSM: Reduction of three posts</li> </ul> </li> <li>• <b>Breakdown by Staff Group:</b> <ul style="list-style-type: none"> <li>○ Admin Clerical: 171 whole time equivalents (28% increase)</li> <li>○ Nursing Midwifery: 33 roles increase</li> <li>○ Growth by Department: <ul style="list-style-type: none"> <li>○ Digital and Health Intelligence: 50 staff (44% growth)</li> <li>○ Director of Public Health: 33 whole time equivalents (471% increase due to TUPE transfer)</li> <li>○ People and Culture: Slight reduction by two whole time equivalents</li> </ul> </li> </ul> </li> <li>• Band 7 and above saw an increase of 122 whole time equivalents</li> <li>• Digital Health and Intelligence saw an increase of 32 posts</li> <li>• Public Health saw an increase due to transfer into CAV UHB</li> </ul> <p>The IMLA focused on the need to understand how clinical boards were spending money on posts when they don't have the money. She raised concerns about the scrutiny process and the need for feedback on how these decisions were made.</p> <p>The DDF discussed the good data provided by the ADPR in detail, emphasizing its importance in understanding the workforce growth and its implications. He highlighted that the growth seen in the workforce, even outside of new services that have moved in and been truly funded, has not been matched by an allocation uplift from Welsh Government. This discrepancy is a driver of the deficit faced by the organization. He mentioned the need to benchmark the workforce against other organizations to understand if Cardiff and Vale UHB was out of kilter or not.</p> <p>The CC mentioned that the IMs were keen to understand what productivity measures were used in detail during the discussion about workforce growth. She highlighted the need for clarity on how productivity is measured and whether the same measures are being used as those presented by Welsh Government.</p> <p>The COO discussed the workforce growth in detail during the meeting, specifically addressing the increase in posts within the corporate functions and the overall workforce growth. He emphasized that the growth was not</p>	

	<p>due to clinical boards hiring people at their discretion but rather due to decisions made by the board to increase the establishment for specific projects and objectives. He mentioned examples such as the Ockenden and Stroke business cases, which were approved by the board without a funding source, contributing to the increase in headcount. He also highlighted that the clinical boards cannot hire people without going through a process and that new posts must come to the scrutiny panel.</p> <p>The IMLC emphasized the importance of understanding the financial implications of workforce growth and how it contributes to the deficit. He highlighted the need for a more granular analysis of the year-by-year increases, especially considering the impact of COVID-19. He raised concerns about the governance process for approving new posts and how efficiency savings are being utilized to fill the gap. He stressed the importance of having a clear procedure and understanding the reasons behind the increases in workforce numbers. He also mentioned the need for detailed information on the efficiency savings and how they are being used to address the financial deficit.</p> <p>The CC suggested it would be helpful to circulate how the assurances are put in place. Action – complete this outside of the committee.</p> <p>The EDPC mentioned the organization's growth over the last five years in detail during the discussion on workforce growth. She noted that the UHB had become too large and required redesign. This redesign would incorporate all areas and portfolios, not just clinical boards. She emphasized the need to align transformational efforts and digitalization with the structural review to centralize resources and improve efficiency.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Workforce Growth was discussed and noted.</p>	
<p><b>P&amp;C</b> <b>11/03/018</b></p>	<p><u><a href="#">People Policies Report – Equality Policy</a></u></p> <p>Committee approved.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The Equality Policy was approved.</p>	
<p><b>P&amp;C</b> <b>11/03/019</b></p>	<p><u><a href="#">Health &amp; Safety Policies - Manual Handling Policy</a></u></p> <p>Committee approved.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The Manual Handling Policy was approved.</p>	
<p><b>P&amp;C</b> <b>11/03/020</b></p>	<p><u><a href="#">Annual Equality Report</a></u></p> <p>The HEI highlighted the following points on the annual equality report:</p> <ul style="list-style-type: none"> <li>• The report included profiles and photographs of staff, showcasing the diverse workforce and their contributions.</li> <li>• It detailed various initiatives and accomplishments in promoting equality and inclusion within the organization.</li> <li>• The report was part of the organization's legal requirement to publish annual equality data and demonstrate compliance with the Equality Act.</li> <li>• There was ongoing work to review staff networks and ensure they were effectively supporting the organization's equality objectives.</li> <li>• Anti-Racist Action Plan: The report includes updates on the anti-racist action plan and its impact on the workforce.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Development of an LGBTQ+ action plan using a co-production approach.</li> <li>• The report featured engaging visuals, including photographs of staff, to highlight the organization's commitment to diversity and inclusion.</li> <li>• CAV UHB will continue to build on the achievements of the "Caring About Inclusion" plan and transition to the "Shaping Our Inclusive Culture" plan, with a focus on further enhancing equality and inclusion.</li> </ul> <p>The CC noted there was some beautiful work being completed. She wondered if there could be a focus at a future committee meeting on this work.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Annual Equality Report was discussed and noted.</p>	
<p><b>P&amp;C</b> 11/03/021</p>	<p><b><u>Gender Pay Gap Report</u></b></p> <p>The HEI highlighted the following points regarding the Gender Pay Gap Report:</p> <ul style="list-style-type: none"> <li>• The gender pay gap as of 2024 was 15.77%, meaning that on average, men are paid 15.77% more than women in the UHB</li> <li>• This was a reduction from the previous year's gap of 17.13%, indicating progress in addressing the disparity.</li> <li>• The gap was primarily due to representation, with men occupying higher-paid roles more frequently than women.</li> <li>• The report included a gap in bonus pay, which was largely attributed to consultant pay structures.</li> <li>• The UK Government would require the publication of a gender pay gap action plan and a menopause action plan, although the specifics of these requirements are not yet clear</li> </ul> <p>The IMCE suggested for tangible case studies as everything is in generic terms.</p> <p>The IMLA discussed the gender pay gap report during the meeting, expressing disappointment about the existing gap but acknowledged the reduction from 17.13% in 2023 to 15.77% in 2024. She inquired about how this position compares to other similar-sized health organizations in Wales and the UK.</p> <p>The HEI confirmed he would circulate this information outside of the committee.</p> <p>The HEI noted that the gender pay gap in the organization is primarily due to representation, with men being in higher paid roles. He explained that the gap is calculated based on the average pay of men and women in the organization, and the higher representation of men in senior positions results in a pay gap. He added that the bouses were due to consultant pay.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The Gender Pay Gap Report was discussed and noted.</p>	
<p><b>P&amp;C</b> 11/03/022</p>	<p><b><u>Engagement brief to include Digital Communications &amp; Analytics KPI</u></b></p> <p>This item was for noting.</p>	

	The Committee Resolved that: a) The engagement brief to include digital communications & analytics KPI was noted.	
<b>P&amp;C</b> <b>11/03/023</b>	<u><a href="#">Notices from the Welsh Language Commissioner</a></u> This item was for noting.	
<b>P&amp;C</b> <b>11/03/024</b>	<b>Any Other Business</b>	