

**Minutes of the Public People and Culture Committee
Held On 10th September 2024
Via MS Teams**

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

Chair:		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
Akmal Hanuk	AH	Independent Member for Local Community
Present:		
Rhian Thomas	RT	Independent Member for Capital & Estates
Susan Lloyd-Selby	SLS	Independent Member for Local Authority
In Attendance:		
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
Paul Bostock	PB	Chief Operating Officer
Matt Phillips	MP	Director of Corporate Governance
Mitchell Jones	MJ	Head of Equality & Inclusion
Claire Whiles	CW	Assistant Head of Organisational Development
Clare Wade	CW	Director of Operations – Surgical Clinical Board
Rachel Thomas	RT	Director of Nursing – Surgical Clinical Board
Rachel Pressley	RP	Head of People, Assurance & Experience
Emma Cooke	EC	Director of Therapies & Healthcare Sciences
Katrina Griffiths	KG	Associate Director of People & Culture
Leanne Morris	LM	People Services Manager
Nicola Robinson	NR	Head of People & Culture
Secretariat		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Richard Skone	RS	Interim Executive Medical Director
Catherine Phillips	CP	Executive Director of Finance
Mike Jones	MJ	Independent Member for Trade Unions

Item No	Agenda Item	Action
P&C 10/09/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the meeting.	
P&C 10/09/002	Apologies for Absence Apologies for absence were noted.	
P&C 10/09/003	Declarations of Interest 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 10/09/004	Minutes from meeting on 09th July 2024 Following an amendment on page 1, the minutes were received as a true and accurate record. The Committee resolved that: a) The draft minutes of the meeting held on 09 th July 2024 were agreed to be a true and accurate record of the meeting.	

<p>P&C 10/09/005</p>	<p>Action Log following 09th July 2024 Meeting</p> <p>Staff survey was referred to the Board. The CC noted it was important to see the evidence of what was going on in the team.</p> <p>The Committee resolved that: a) The Action Log was discussed and noted.</p>	
<p>P&C 10/09/006</p>	<p>Chair's Actions</p> <p>There were no Chair's Actions.</p>	
Items for Review & Assurance		
<p>P&C 10/09/007</p>	<p>Staff Story – Sickness</p> <p>The EDPC introduced the staff story video which focused on long term sickness. She highlighted that support was needed for managers to allow them to provide support to staff where required. She added that consistency and fair treatment was required across all groups.</p> <p>The IMLA thanked the member of staff who shared their story and noted areas where we need to strengthen our support and asked if we support the staff when they return. The DDPC explained a paper would be presented during the meeting to look at LTS.</p> <p>The Committee resolved that: a) The Staff Story was received.</p>	
<p>P&C 10/09/008</p>	<p>Board Assurance Framework – Culture</p> <p>The ADOD presented and noted that we need to have and understand the culture which was impacting the HB currently and highlighted the following:</p> <ul style="list-style-type: none"> • Some impacts were apparent from the staff survey • Culture remained everyones responsibility • Successfully recruited into the Head of OD position and have a more focused approach on the development of cultural programmes and projects • We are developing to cultural insight via surveys i.e. staff / cultural to enable us to understand what is going on in the HB • Overarching feeling was unfairness and inconsistency across the HB • Encourage all to take part in surveys • Sexual safety working group was established with 179 people reporting in the staff survey that they had experienced inappropriate sexual behaviour in a workplace • Discussions were had to talk through the workforce race and equality • We want to change the focus to a Staff Assembly to regularly bring people together to discuss topics • We have 55 people registered for the session planned for 1st October • We will ensure a thorough review will take place on our cultural assessment <p>The CC questioned how the next steps would feed through to the Board regarding assurance given the serious nature of some of the findings. Findings relating to leadership & management development seemed particularly important. The CC asked if there was an assessment for which concerns and actions should be prioritized and how actions all fit together?</p> <p>The ADOD explained that a mapping exercise of issues and interventions was being undertaken focused on delivering the strategic aims and responding to the financial challenges.</p> <p>The EDPC noted that CAV UHB have management courses were well attended but plan to look at the pathway and to take a paper to SLB. The CC suggested that an update was provided when the Committee next consider this BAF priority.</p>	

	<p>The IMLC questioned if there was a specific way CAV UHB were reaching out to the teams / clinical boards to help them achieve what is required in terms of improvement? The ADOD explained that CAV UHB have a multi-pronged approach and ensure that staff were supported and utilise the networks effectively.</p> <p>The Committee resolved that:</p> <p>a) The information included within the paper was discussed, noted and accepted as assurance.</p>	
<p>P&C 10/09/009</p>	<p>Keyword Performance Indicators</p> <p>The DDPC presented the Keyword Performance Indicators and highlighted the following:</p> <ul style="list-style-type: none"> • Absences improved and were a percentage higher than August 2019 • Data from August showed a reduction in staff turnover reduced to 10.03% • The VBA percentage remained at 79-80%. • Predictions for registered Nursing it will be less than 1% by November and will help reduce agency expenditure <p>The IMCE asked how the panel set up to scrutinize vacancies as part of the efficiency plans were working? The DDPC explained that CAV have clinical boards scrutiny panels at a local level with a provision for escalation to the corporate panel.</p> <p>The EDPC explained that she and the COO had seen a reduction in the number of jobs coming to the Exec panel as local scrutiny was becoming established and working better.</p> <p>The CC asked how this was lining up with our aspirations in terms of achieving savings. Is the sum included in our forecast budget still seem right or should it be reviewed?</p> <p>The EDPC replied that the People & Culture plan spans 3 years. We need to link this in with the UHB strategy and will see more direction over the next few years.</p> <p>The DDPC noted we may over achieve in some areas regarding savings. We have allocated approx. £2mil for the reshaping work. The only way to make the savings required is to reduce the workforce.</p> <p>The Committee resolved that:</p> <p>a) The content of the report was noted and discussed.</p>	
<p>P&C 10/09/013</p>	<p>Clinical Board Spotlight – Surgical Clinical Board Team</p> <p>The DNSCB & DOSCB were introduced to the committee and they presented on the Clinical Board Spotlight for the Surgical Clinical Board and highlighted the following:</p> <ul style="list-style-type: none"> • 2200 staff with majority working in bands 2 – 7 • 75% staff are female, with 68% from an ethnic group • Sickness rate fell and the turnover rate reduced to 9.61% • Statutory & mandatory training rose to 77.21% • VBA had fallen to 81.14% and aim to reach the 85% • 3 face book pages were used to promote well-being events & training etc • 7-day working was introduced for Urology nurse practitioners • Developed band 3 HCSW in SDEC to support triage along with band 4 plaster technicians into trauma clinic and CAVOC OPD • Well-being walks at lunchtimes in UHW and walking VBA's were introduced • A well-established meet and greet event for new staff members • Bespoke learning sessions created for band 7 and above • When requested to sign off replacement posts, the financial and governance position is looked at to see if we are able to use staff flexibly • CNS roles have been developed and invested in nurse maxillofacial and look to invest in a thyroid nurse specialist 	

	<ul style="list-style-type: none"> • Look to adopt a multi professional approach and use registered nurses or ODP's • A porter was developed as a theatre assistant where there follow the patient through the pathway • New staff are provided with a new starter book so they can understand the areas • A cultural leadership programme was introduced in UHL and have undertaken work to see what we can do to make things better • Stronger people & culture support required for all staff, consistent advice and contact in P&C, training on workforce planning for managers and protected time for P&C initiatives <p>The COO agreed with the objectives regarding workforce planning and noted that there was a lot of demand for this. Whilst we do need P&C support, some areas should fall as a normal general operational management function. This was another example of the need to strengthen general management skills across the board.</p> <p>The EDPC noted 5 years ago the HR function was halved but that it is still needed to support the clinical boards. CAV are now enhancing our capacity in terms of Heads of People and Culture. We want to build P&C relationships with clinical areas and have a head of people & culture for each clinical board.</p> <p>The IMLA noted the challenge around finding protected time for workforce and service planning and developing management skills. It would be interesting to see what solutions are found and good to see any learning captured.</p> <p>Action – to bring back an update on progress regarding developing leadership and management capability. This is a key priority within P&C and mapping core skills / competencies / development pathways is underway, linking strongly with our CB colleagues. This should be part of the update.</p> <p>The Committee resolved to:</p> <p>a) The Clinical Board Spotlight on the Surgical Clinical Board Team was noted.</p>	
<p>P&C 10/09/014</p>	<p>Long Term Sickness Update</p> <p>The PSM highlighted the following regarding the long-term sickness update:</p> <ul style="list-style-type: none"> • There was an increase in LTS following the pandemic • LTS reported at 4.4% in July 2024 • People services attend sickness panels to provide expertise advice / support A pilot to tackle LTS across Medicine & Children & Women was successful and has been rolled out in other clinical boards • Sickness absence reasons saw an increase in cancer, but anxiety & stress was the highest cause of LTS across the HB • Wellbeing letters were being sent to staff on LTS with stress / anxiety • In addition to supporting sickness panels, people services were working with the trade unions to embed the best practise and support managers in dealing more confidently with staff sickness <p>The EDPH suggested to have the top 5 absence reasons for next time.</p> <p>The Committee resolved to:</p> <p>a) The content of the report was noted.</p>	
<p>P&C 10/09/015</p>	<p>Director of Public Health Update – Smoking Update</p> <p>The EDPH presented on the smoking update and highlighted the following:</p> <ul style="list-style-type: none"> • Smoking rates were higher in men and in areas of deprivation • 13% within CAV are smokers with 7 in 10 who want to quit smoking and aim to reach 5% by 2030 • 4 staff run 16 smoking cessation clinics per week • Data was collected from a range of sources – national survey, schools, maternity appointments and help me quit performance data • National branding was utilised and will be running a campaign later in the year • CAV have the lowest percentage in Wales of smokers attempting to quit via smoking cessation services 	

	<ul style="list-style-type: none"> • looking at online support packages <p>The IMCE asked how prevalent vaping was in young people as opposed to smoking and questioned how this was being dealt with?</p> <p>The EDPH said that we try to attend as many of our (180) schools as possible but only have 1 member of staff. Vaping is a good tool if people want to quit smoking but we don't want non-smokers to take up vaping. Reducing the type of vapes sold and strengthening the legislation would help.</p> <p>The IMLA noted the low numbers in CAV who used the cessation service compared to CTM and asked were other HB's doing something different?</p> <p>The EDPH said it was mainly due to capacity and was looking at new novel ways to increase our participation with limited capacity.</p> <p>The Committee resolved to:</p> <p>a) The Director of Public Health Update – Smoking Update was discussed and noted.</p>	
<p>P&C 10/09/016</p>	<p>Digital Communications & Analytics</p> <p>The IMLC took over as chair of the committee.</p> <p>The DoC presented on the Digital Communications and Analytics and highlighted the following points:</p> <ul style="list-style-type: none"> • A comms and engagement strategy supported the 'Shaping our Future Wellbeing' strategy • July 2024 saw the highest number of people visiting our job pages • The jobs page was being developed and the data & metrics showed people were remaining on the website longer • CAV Communities – Viva Engage - was launched in July 2024 and staff are using this to communicate • Share point news engagement was growing consistently • Some HB's have chosen to step away from using X but CAV UHB still use the channel • LinkedIn has improved a number of areas for CAV • TikTok has less engagement due to less being posted • There was a decline in the people viewing the CEO Comms during the summer months • CAV now have a consistent Welsh translator for the CEO sessions • In the spotlight campaign was to highlight a valued member of staff, which has become really popular <p>The IMLA questioned the capacity to manage social media. She noted that the CAV facebook page was encouraging patients to vaccinate children but people had posted videos / information to discourage people from vaccinating their children.</p> <p>The DoC explained that these types of posts were removed but we do keep an open facebook page. We rely upon colleagues and we look in to sensitive / controversial comments. Very often we will have information terrorists and we rely on our digital colleagues to help in instances such as these.</p> <p>The EDPH noted it was important not to allow anti-vaxxers to have their space within our social media channels.</p> <p>The Committee resolved to:</p> <p>a) The Digital Communications & Analytics was discussed and noted.</p>	
Items for Approval / Ratification		
<p>P&C 10/09/017</p>	<p>People Policies Report</p> <p>The HPAE discussed the people policies report and highlighted the following:</p> <ul style="list-style-type: none"> • The committee is requested to formally adopt the policy 	

	<ul style="list-style-type: none"> • Rescind the collective disputes policy • Request to delegate the approval of the H&S policies to the H&S committee <p>The EDPC noted the Corporate Team were currently reviewing the committees and it may need to come to the P&C committee for approval.</p> <p>The Committee resolved that:</p> <p>a) The people policies report was approved.</p>	
P&C 10/09/018	<p>Welsh Language Annual Report</p> <p>The HEI updated on the Welsh Language Annual Report and highlighted the following:</p> <ul style="list-style-type: none"> • Approval was being sought prior to publishing on the website • The report will be sent to medical illustration and will be translated <p>The IMCE noted the improving relationship with the Welsh Language Commissioner.</p> <p>The HEI noted work to develop the relationship with the Commissioner's office. There is an understanding that a re-set is needed across NHS Wales with honesty regarding where we are regarding the Welsh language. CAV are in a better place than we have been and are more collaborative when matters arise from the Commissioner's office.</p> <p>The committee resolved that:</p> <p>a) The Welsh Language Annual report was noted and approved.</p>	
Items for Information & Noting		
P&C 10/09/019	<p>Health & Safety / Capital & Estates Update</p> <p>The IMLA asked whether there are measures in place to manage in the case of fire evacuation.</p> <p>The EDPC noted this had been discussed with the END and that he was asking his deputy to take this on and will go through QSE.</p> <p>The Committee resolved to:</p> <p>a) The content of the reports were noted.</p>	
Any Other Business		
P&C 10/09/020	No items.	
Review & Final Closure		
P&C 10/09/021	The CC thanked the committee for the excellent papers and input.	
	<p>Date & time of the next meeting: Tuesday 19th November 2024 at 9am via MS Teams</p>	