

**Minutes of the Public People and Culture Committee
Held On 14th November 2023
Via MS Teams**

Chair:		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
Present:		
Mike Jones	MJ	Independent Member for Trade Unions
Rhian Thomas	RT	Independent Member for Capital & Estates
In Attendance:		
Paul Bostock	PB	Chief Operating Officer
Joanne Brandon	JB	Director of Communications
Emma Cooke	EC	Deputy Director of Therapies & Health Sciences
Lisa Dunsford	LD	Director of Operations - PCIC
Rachel Gidman	RG	Executive Director of People & Culture
Fiona Kinghorn	FK	Executive Director of Public Health
Anna Llewelin	AL	Director of Nursing - PCIC
Lianne Morse	LM	Deputy Director of People & Culture
Catherine Phillips	CP	Executive Director of Finance
Ian Phillips	IP	Independent Member – Hywel Dda
Matt Phillips	MP	Director of Corporate Governance
Rachel Pressley	RP	Head of People Assurance & Experience
Jason Roberts	JR	Executive Nursing Director
Nicola Robinson	NR	Head of People and Culture
Richard Skone	RS	Deputy Executive Medical Director
Rachael Sykes	RS	Assistant Head of Health & Safety
David Thomas	DT	Director of Digital and Health Intelligence
Claire Whiles	CW	Assistant Director of Organisational Development, Wellbeing and Culture (ADODWC)
Observers		
Keisha Megji	KM	General Management Graduate Trainee – Education & Culture
Ian Phillips	IP	IM Powys Teaching Health Board and Chair of PTHB People and Culture Committee
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies:		
Akmal Hanuk	AH	Independent Member for Local Community
Suzanne Rankin	SR	Chief Executive Officer
Robert Warren	RW	Head of Health and Safety

Item No	Agenda Item	Action
P&C 14/11/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the meeting.	
P&C 14/11/002	Apologies for Absence Apologies for absence were noted.	
P&C 14/11/003	Declarations of Interest The IM-CE declared an interest with the Board of Cardiff and Vale Credit Union.	

<p>P&C 14/11/004</p>	<p>Minutes from meeting on 12th September 2023</p> <p>The Minutes were received and accurate.</p> <p>The Committee resolved that:</p> <p>a) The draft minutes of the meeting held on 12th September 2023, were held to be a true and accurate record of the meeting.</p>	
<p>P&C 14/11/005</p>	<p>Action Log following 12th September 2023 Meeting</p> <p>The Action Log was received.</p> <p><u>P&C 11/09/019 – AOB – Industrial Action</u></p> <p>The DDPC provided the following summary:</p> <ul style="list-style-type: none"> - Welsh Government (WG) had confirmed that at present it was just the junior doctors that the British Medical Association (BMA) had balloted. - There would be a meeting between WG and the BMA the following Thursday, where they would discuss the derogation process and when the 72hr strike would likely take place. - There was an expectation that all elective work would be stood down, and there was an expectation from the BMA that consultants, SAS doctors, etc would step down to support the junior doctors on strike. - The UHB regularly met with WG in terms of operational planning, and that they needed to await the outcome of the ballot which would be announced in the coming weeks. <p>The Committee resolved that:</p> <p>a) The Action Log was discussed and noted.</p>	
<p>P&C 14/11/006</p>	<p>Chair's Actions</p> <p>There were no Chair's Actions.</p>	
<p>P&C 14/11/007</p>	<p>Vice Chair Nomination</p> <p>It was agreed that the IM-TU would become the People & Culture Committee Vice Chair.</p>	
<p>Items for Review & Assurance</p>		
<p>P&C 14/11/008</p>	<p>Staff Story</p> <p>The EDPC introduced the digital staff story. The staff member was also part of the Army Reserve, and it highlighted that employees who undertook other pieces of work outside of their normal day job provide extra skills and value to the organisation.</p> <p>The Staff Story video was presented.</p> <p>The CC highlighted that it was great to see that the organisation had supported staff to stay engaged and continue to learn and develop.</p> <p>The Committee resolved that:</p> <p>a) The Staff Story was received.</p>	

P&C
14/11/009

Board Assurance Framework Report

The ADODWC introduced the Board Assurance Framework (BAF) Report which focused primarily on staff wellbeing, and provided the following summary:

- The BAF looked at the potential impact of the post-pandemic period on colleagues, and it was being reviewed over time to reflect the current climate's challenges;
- Work had been undertaken with Clinical Boards Reviews to identify the impact on colleagues, and they had received valuable insights;
- Recent pressures included – flow within the system, the cost of living crisis, and staff sickness and staffing levels;
- A new All Wales database was introduced in August-September, and the benefits had been seen already in terms of manager referrals;
- The BAF would align with the actions from the People & Culture Plan to support staff wellbeing;
- Teams continued to work with Trade Union partners and external bodies around financial wellbeing, which included the money and pension service recommended through Welsh Government (WG).
- They had recently been recognised in an award ceremony for their work being undertaken with the Credit Union in supporting staff;
- Teams continued to focus on financial wellbeing - Awareness Weeks and roadshows had been held across the organisation to ensure sign-posting was available to all colleagues;
- The Employee Wellbeing Service (EWS) was available to colleagues, and work was being undertaken on analysis to ensure they were getting effective measures;
- They were working to make the BAF more strategic (as opposed to operational);
- They worked closely with the Comms team to ensure staff understood what support was available;
- The Health & Wellbeing Group had been reinstated – a new ToR and membership had been drafted;
- They had worked with their Heads of People & Culture to broaden their understanding with the Clinical Boards, particularly around their sustainability agenda;
- In September they had an advisory audit on leadership and management – they would work with Exec colleagues develop relevant programmes of support.
- They worked closely on the Freedom to Speak Up (F2SU) initiative with the Corporate Governance team and people services.

The IM-CE asked what the roadshows involved, how many people had attended, and how they evaluated the outcomes of these events.

The ADODWC explained that their ECOD and EWS teams would visit areas within the C&V site to encourage participation in the staff survey, and to signpost wellbeing and financial support. She added that staff could complete an online evaluation to provide their feedback on the roadshows, where they had received excellent feedback the previous year. The ADODWC noted that previously, the C&V staff sign-up rate to the Credit Unions had been in the thousands.

The IM-CE asked how accessible these roadshows were for staff.

The ADODWC responded that they would sometimes go on a walkabout and take information to those staff who were unable to attend.

The IM-TU asked if these walkabouts were requested from within clinical boards, and whether there any took place during night shifts or weekends.

The ADODWC responded that the walkabouts were more spontaneous, and they often received requests from different teams/departments for additional support. She added that they had supported night-shifts, and that they would be open to conversations around working on the weekends.

Action:

1. To present a schedule for the WalkRounds with the roadshows to demonstrate where they had visited, who they had been approached by, and what had been discussed in the sessions (CW).

The CC asked how assurance and updates could be provided to the Committee regarding the impact of the wellbeing interventions.

The ADODWC responded that they had worked with the EWS to use the same reporting mechanisms, to better understand from an employee wellbeing perspective.

The DOC informed the Committee of a detailed paper produced for the Health Charity on the back of COVID interventions, which evaluated the psychological health of the organisation and provided a breakdown in terms of how the pandemic had impacted on waiting times for counselling and psychological intervention.

Action:

1. Health Charity COVID interventions paper (referred to above by the DOC) to be circulated to the Committee.

The EDPC explained that the DDTHS and her team had previously provided a presentation on their work within the communities and rehab, and how this work was being evaluated.

The DDTHS offered her help in the evaluation of wellbeing and mental health within the organisation.

Action:

1. EDPC, DDTHS, & DOC to discuss and present how they were fulfilling the organisation's strategies and values from a wellbeing and culture perspective, and how staff's wellbeing was being managed within teams (RG / JB / EC).
2. To include an account from Directorates regarding wellbeing and culture as they present to the Committee in turn, to give assurance beyond the figures and KPIs received (All Directors).

The Committee resolved that:

- 1) The attached risk in relation to Wellbeing was reviewed

	2) They agreed comments to the Exec Director should be addressed prior to Board consideration on 30.11.2023.	
<p>P&C 14/11/010</p>	<p>Key Workforce Performance Indicators</p> <p>The DDPC introduced the Key Workforce Performance Indicators Report which provided the UHB position against the People & Culture KPIs. The report is available to view in detail alongside the papers received for the Public P&C Committee on the 14/11/2023 for Agenda item 2.3.</p> <p>The EDPH shared a slide which illustrated the COVID and flu vaccination rates amongst staff from two weeks prior, and highlighted the following:</p> <ul style="list-style-type: none"> - Vaccination uptake – 18-35% for flu and 37% for COVID - This demonstrated variation across the clinical boards, and they had asked leadership teams to continue to pursue uptake - All staff were given appointments to mass vaccination clinics, and pop-up sessions had been held - Clinical Boards had been asked to nominate vaccination champions - They would have up to date statistics by the following day - They hoped to reach the target of 75% uptake - CVUHB had fairly high Did Not Attend (DNA) rates <p>The IM-TU asked if the number of completed exit questionnaire responses had improved.</p> <p>The DDPC responded that they had not improved significantly and a recently changed format was being trialled via online form (rather than on ESR).</p> <p>The EDPC added that Health Education and Improvement Wales (HEIW) had sponsored a retention role for all Health Boards and Trusts. They hoped that the role would be hybrid between clinical boards and themselves.</p> <p>The IM-CE asked how they had achieved the reduction in agency usage and fill Band 5 & 6 vacancies.</p> <p>The DDPC responded that registered nurse and local recruitment had been conducted one by the Central Resourcing Team working with Clinical Boards. Work was also underway with the universities to increase the number of graduates coming into the organisation.</p> <p>The EDPC explained that their data was improving all the time, and that there had been a huge collaboration between the Executive portfolios around workforce.</p> <p>The CC asked about regional working with other Health Boards, and whether the UHB still relied on doctor and nurse recruitment from overseas.</p> <p>The DDPC responded that the UHB decided they would not undertake a blanket international recruitment campaign this year, and instead would focus their efforts on recruiting overseas within Neonatal and Gastro.</p> <p>Regarding regional working, the DDPC noted that they had worked closely with ABUHB and CTMUHB around the medical rates for</p>	

	<p>consultants and junior doctors, and they had agreed a consistent rate card for additional hours.</p> <p>The Committee resolved that:</p> <p>a) The contents of the report were noted.</p>	
<p>P&C 14/11/011</p>	<p>Clinical Board Spotlight - <u>Primary, Community and Intermediate Care (PCIC)</u></p> <p>The DO-PCIC shared the presentation on the PCIC Clinical Board which provided a summary of the Clinical Board from a People & Culture lens. The slides are available to view in detail alongside the papers received for the Public P&C Committee on the 14/11/2023 for Agenda item 2.4.</p> <p>The CC asked what more could be done corporately to help.</p> <p>The DO-PCIC responded that PCIC had tried to prioritise the highlighted service areas to be clear on what support was needed, but that support from the Improvement & Innovation (I&I) team would be helpful.</p> <p>The CC asked if the I&I team could support them on demand capacity.</p> <p>The DN-PCIC responded that there was a potential lack of understanding about services, and that they needed to raise the profile of their community services to prevent admissions into hospital.</p> <p>The DOC advised that there was a huge amount of work ongoing between the Comms team and PCIC.</p> <p><u>Action:</u></p> <ol style="list-style-type: none"> 1. Rachel Gidman to propose how the Committee is made aware of the hotspots where cultural change was needed, and what was being done to support improvement and change in those areas. <p>The Committee resolved that:</p> <p>a) The Medicine Clinical Board Spotlight was noted.</p>	
<p>P&C 14/11/012</p>	<p>Communication and Engagement Plan</p> <p>The DOC introduced the Communication and Engagement Plan. The draft plan is available to view in detail alongside the papers received for the Public P&C Committee on the 14/11/2023 for Agenda item 2.5.</p> <p>The EDPH asked if there was an opportunity to enhance the work regarding the population health improvement even further.</p> <p>The DOC agreed, and noted that a public needs assessment would help provide data to inform their communications plan.</p> <p>The CC provided a few comments on the draft Communication & Engagement Plan, which included:</p> <ul style="list-style-type: none"> - It would be useful to know what the areas of interest were for the focus groups and what staff themselves wanted information and engagement on; - Welsh language needed to be strengthened beyond supporting the Equalities team, and to proactively communicate in Welsh; 	

	<ul style="list-style-type: none"> - To make it clear when living healthier lives was discussed, that this included the health of their staff. <p>It was agreed that an update would be brought back to the Committee once the Plan had developed further.</p> <p>The Committee resolved to:</p> <ol style="list-style-type: none"> 1) The draft People and Culture Communications Plan was reviewed and the feedback and comments were provided. 	
<p>P&C 14/11/013</p>	<p>Health and Safety Update</p> <p><u>Health and Safety Chair's Report – 24.10.2023</u></p> <p>The AHHS introduced the report which summarised the key issues discussed at the Health and Safety Sub-Committee Meeting held on 24.10.2023. The paper is available to view in detail alongside the papers received for the Public P&C Committee on the 14/11/2023 for Agenda item 2.6.</p> <p>The IM-TU praised the work of the waste management team.</p> <p>The EDPC noted that the COO's team had been looking at the transportation of patients through the tunnels at UHW. She had requested for the DCEF to highlight some of the key risks at their Committee, which would be brought here going forward.</p> <p><u>Health and Safety Risks</u></p> <p>The AHHS noted that Health and Safety Risks were covered in the discussion above.</p> <p>The CC asked the AHHS to elaborate on the Health & Safety Executive (HSE) interventions around violence and aggression.</p> <p>The AHHS responded that:</p> <ul style="list-style-type: none"> - HSE had been undertaking a national programme of inspections of Health Boards and Trusts across England and Wales which were recently resurrected after a pause during COVID. - They had looked at the management of musculoskeletal disorders and management of violence and aggression within UHBs - The HSE had been at CVUHB over the previous few days, and would be speaking to staff later that day. They had met with the CE, EDPC and HHS at the end of September to look at the strategic direction that the UHB had taken. <p>It was agreed that the EDPC would bring the feedback from these inspections back to the Committee.</p> <p><u>Action:</u></p> <ol style="list-style-type: none"> 1. Feedback from the inspection into the management of musculoskeletal disorders and the management of violence and aggression within the UHB to be brought to a future Committee. <p>The Committee resolved to:</p> <ol style="list-style-type: none"> a) The contents of both reports were noted. 	

	Items for Approval / Ratification	
<p>P&C 14/11/014</p>	<p>Policies for Approval</p> <p>The HPAE noted that the procedure for consideration was an All Wales procedure for staff to raise concerns. It was summarised that:</p> <ul style="list-style-type: none"> - This had been in place for some years, but it had been reviewed on an interim basis following the publication of Speaking Up Safely Framework and the Lucy Letby case. - It was no longer considered appropriate for concerns to be dealt with informally without due process. - The Policy had already been approved on an All Wales basis, and the UHB was required to implement it. <p>The CC asked how they would monitor if this procedure had worked.</p> <p>The EDPC responded that they would look into how they could monitor this work to provide the Committee with assurance.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> a) For an update on the UHBs process of monitoring the concerns raised by staff, and what the UHB does as a result of those concerns, to be brought to a future Committee for assurance. <p>The Committee resolved to:</p> <ul style="list-style-type: none"> a) The Procedure for NHS staff to Raise Concerns would be formally adopted. 	
<p>P&C 14/11/016</p>	<p>Introducing a consistent, evidence-based approach to Cultural and Leadership at CAVUHB</p> <p>The ADODWC introduced the paper and presented slides which summarised the new cultural approach to be adopted across the organisation. The paper is available to view in detail alongside the papers received for the Public P&C Committee on the 14/11/2023 for Agenda item 3.2.</p> <p>The CC praised the amount of work and collaboration undertaken and thanked the teams involved.</p> <p>The COO explained that they had some fairly long-standing cultural hotspots within the organisation, however there was not enough resource to enact all of the actions required.</p> <p>The CC noted that the long-term problematic cultures had led to real patient safety issues, and that often non-executives were not cited on these until it reached crisis point. She asked how the Committee would be assured on where the hotspots were and how the issues were being tackled.</p> <p>The COO responded that:</p> <ul style="list-style-type: none"> - Open discussions were had during Board Development sessions, and that the EDPC would highlight the cultural hotspots in a future session. - They had used Clinical Summits and Executive reviews to build trust and confidence for staff to come forward with issues. 	

	<ul style="list-style-type: none"> - They did not yet have a clear plan, but they would demonstrate in due course the actions and improvements made within the highlighted areas. <p>The ADODWC explained that an Executive Sponsor would be assigned to a piece of work/area to ensure there was a full programme management approach, as well as providing regular updates and assurances at Executive and Board level that actions were being undertaken.</p> <p><u>Action:</u></p> <ol style="list-style-type: none"> 1. As the work to tackle the cultural hotspots within the organisation develops through the different stages, for updates, themes, and actions undertaken to be brought back to the Committee for assurance (CW, RG, PB). <p>The ADODWC added that they had begun diagnostic work on two areas where they had undertaken surveys, and over 50% of colleagues had participated – this was due to great work from the management team on communicating this widely, as well as Trade Union partners who were on board.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> 1) The information included within the paper was noted; 2) The approach was approved. 	
	Items for Information & Noting	
P&C 14/11/017	<p>Employment Policy Sub Group Update</p> <p>The EDPC introduced the paper which summarised the good work from the previous 12 months from the Employment Policy Sub-Group. She added that:</p> <ul style="list-style-type: none"> - Within a recent JET meeting, their audits were discussed – there was one limited assurance around policies and procedures being out of date. - They had taken this seriously within P&C, and they were working through any policies and procedures that were out of date. <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) The contents of the report was noted; b) The frequency of future update reports to be brought to the Committee was agreed. 	
	Any Other Business	
P&C 14/11/018	No items.	
	Private Agenda Items	
P&C 14/11/019	<ol style="list-style-type: none"> i) <i>Approval of Private Minutes</i> ii) <i>Culture Hotspots</i> iii) <i>Employment Tribunal Cases</i> iv) <i>Fire Prosecution Verbal Update</i> 	
	Review & Final Closure	
P&C 14/11/020	Items to be deferred to Board/Committees	
	Date & time of the next meeting:	

	Tuesday 23 January 2024 at 9am via MS Teams	
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