

**Minutes of the Public People and Culture Committee
Held On 19th November 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
Mike Jones	MJ	Independent Member for Trade Union
In Attendance:		
Joanne Brandon	JB	Director of Communications
Jason Roberts	JR	Executive Nurse Director
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
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
Mitchell Jones	MJ	Head of Equality & Inclusion
Leanne Morris	LM	People Services Manager
Nicola Robinson	NR	Head of People & Culture
Emma Lewis	EL	Deputy Director of Operations - PCIC
Secretariat		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Susan Lloyd-Selby	SLS	Independent Member for Local Authority
Terrie Waites	TW	Head of People & Culture

Item No	Agenda Item	Action
P&C 19/11/001	Welcome & Introductions (click to view) The Committee Chair (CC) welcomed everyone to the meeting.	
P&C 19/11/002	Apologies for Absence (click to view) Apologies for absence were noted.	
P&C 19/11/003	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 19/11/004	Minutes from meeting on 10th September 2024 (click to view) The minutes were agreed to be a true & accurate record of the meeting on 10 th September 2024. The Committee resolved that: a) The draft minutes of the meeting held on 10 th September 2024 were agreed to be a true and accurate record of the meeting.	

<p>P&C 19/11/005</p>	<p>Action Log following 10th September 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 19/11/006</p>	<p>Chair's Actions (click to view)</p> <p>There were no Chair's Actions.</p>	
Items for Review & Assurance		
<p>P&C 19/11/007</p>	<p>Staff Story – International Educated Nurse (click to view)</p> <p>The EDPC introduced a staff story about an overseas educated nurse named Maddu, highlighting the importance of a diverse workforce and the support provided to international nurses. She highlighted the support provided to international nurses, including the objective structured clinical examination (OSCE) training, accommodation, human contact, and opportunities for progression and study.</p> <p>The CC expressed thanks to the nurse and Team for an excellent staff story.</p> <p>The Committee resolved that: a) The Staff Story was received.</p>	
<p>P&C 19/11/008</p>	<p>Board Assurance Framework – Wellbeing (click to view)</p> <p>The AHOD presented the Board Assurance Framework and highlighted the following:</p> <ul style="list-style-type: none"> • Staff sickness posed a risk which would decrease staff wellbeing • Trauma risk management – realised all colleagues were exposed to traumatic events which can result in increased sickness absence which would impact patient care • TRiM is a peer lead system for colleagues exposed to traumatic events • SLB showed interest in TRiM, and a detailed paper will be presented in January 2025 • It was important to understand staff experience through various data sources, including staff surveys, workforce data, and feedback from trade unions • The Staff survey was still live and the P&C have supported the clinical boards to help understand priorities and actions required • From Jan 2025 the data will be co-ordinated by the P&C teams to ensure the information is put together cohesively and will work with DHCW • The use of WRAW (workplace resilience and well-being) was an approach to support individuals in high pressure roles and included psychometric assessments, workshops and one to one coaching sessions to build resilience and well-being. <p>The IMCE asked if staff members were able refer themselves to the TRiM service in confidence?</p> <p>The AHOD confirmed that the current mechanism was self-referral and the manager would offer support.</p> <p>The IMLC thanked the team for the update and whilst he agreed with the frameworks available, he wanted to clarify how the staff communicate regarding the options available?</p> <p>The AHOD explained there was support and the Employee Well-being Service regularly communicate how to access the services available such as workshops and how to self-refer. This information was shown in ESR, screen savers and viva engage, which was where all the well being champions communicate and promote HWB. She agreed more was needed to demonstrate what was available with staff who don't regularly access via</p>	

	<p>the CAV systems. She added that the staff HWB framework would come to P&C for approval in 2025.</p> <p>Action – The AHOD prepare and present the trim proposal to the People and Culture Committee in March 25 based on the outcome of the SLB meeting in January 25.</p> <p>Action – The AHOD to bring the staff health & well-being framework to the People & Culture Committee for agreement in January 2025.</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 19/11/009</p>	<p>Keyword Performance Indicators (click to view)</p> <p>The DDPC presented the Keyword Performance Indicators and highlighted the following:</p> <ul style="list-style-type: none"> • Retention Rates: There was a significant improvement in retention rates over the last four months, with the current rate being the lowest since June 2020. Specific improvements were noted in nursing and midwifery, estates and ancillary, and healthcare support workers • Sickness Absence: Although there was a decrease, sickness absence remained higher than desired. The People Services team, was aligned with clinical boards to support managers and colleagues with sickness absence • Disciplinary Investigations: There was a rise in formal disciplinary investigations, attributed to cases taking longer to resolve. Efforts were made to close cases quickly, with an expectation of reduced numbers in the coming months • Variable Pay and Agency Use: There was a significant month-on-month reduction in variable pay and agency use, achieved through filling long-standing vacancies on a permanent basis, particularly in medical & dental workforce and registered nursing <p>The IMTU noted there were 6 staff members suspended. He asked what managers were doing to maintain the well being of these staff members during investigations?</p> <p>The HPS explained that suspensions were reviewed on a monthly basis. Whilst the line manager would link in, some staff chose to have a well-being officer and we ensure they have access to all the relevant services. She added that the employee avoidable harm was being looked at as it sometimes effected the team if there were witnesses involved.</p> <p>The DDPC highlighted that suspension was the last resort.</p> <p>The IMTU noted that some colleagues may not be aware of these points and that was the reason he wanted to note these points.</p> <p>The IMLC questioned the agency spend and noted it was encouraging to see that it had reduced but equally there was a note to say the pay bill had increased.</p> <p>The DDPC explained CAV had focused on reduction of agency and reliance on temp staff. Reports shown reductions were made within specific areas such as Medical & Dental. The growth of these 2 staff groups was assuring and a further reduction was planned with the temporary workforce. We need to continue seeing the temporary spend.</p> <p>The EMD noted we need to do work on mandatory training within the medical workforce and medical appraisals had reduced. We will give assurance to the Board and will include how we deploy our medical workforce to meet the demands of our patients and utilising effectively.</p>	

	<p>Action – The EMD to provide a briefing paper to the independent members on the job planning processes and how the medical workforce is deployed effectively.</p> <p>The Committee resolved to:</p> <p>a) The content of the report was discussed and noted.</p>	
<p>P&C 19/11/013</p>	<p><u>Clinical Board Spotlight – Mental Health Clinical Board Team (click to view)</u></p> <p>The DOMH presented on the and highlighted the following points:</p> <ul style="list-style-type: none"> • Workforce Demographics: A large proportion of Band 6 practitioners were in community services and Band 5 staff were in inpatient settings. The workforce is predominantly female, with a significant number of staff approaching retirement age • Staff Survey Results: The previous staff survey indicated negative experiences in mental health, which included burnout, sexual harassment, and bullying, but received positive engagement scores with managers and senior teams • Key Performance Indicators: There was a decrease in sickness absence and turnover in recent months. Statutory mandatory training compliance was at 80%, and there was a focus on improving VBA compliance, which had previously dropped to 55% but improved to over 80% before dropping again to 70% • Trauma Support: The clinical board developed a compassionate response, support, and signposting (CRSS) approach for trauma, along with team immediate meetings (TIM) for post-incident support • Cultural Competence: The clinical board received awards for cultural competence from Diverse Cymru and was working on improving responses to racist incidents and adopting a zero-tolerance approach • Lived Experience Professionals: The clinical board has over 10 lived experience professionals appointed based on their lived experience, with plans to expand this workforce • Workforce Redesign: Efforts were being made to reshape the workforce, including introducing new roles such as peer workers, clinical applied associate psychologists, and AHP pathfinders • Staff Engagement: The clinical board was pushing for higher staff survey participation and implemented drop-in listening sessions and advisory groups for women and black staff members to address specific challenges • Recognition and Awards: The clinical board received nominations for the RCN Nurse of the Year awards and was recognized for its innovative services, such as the Recovery College and the Mental Health University Liaison Service <p>The DOMH explained it was a challenging environment with 18 patients out of area. There were some nice pieces of work and recently had a carers engagement day. He added that it was a challenging picture but have worked with staff side reps and the Executive Nurse Director and hoped to improve communication.</p> <p>The CC highlighted the sexual safety & racial abuse issues. She added that this was an area where clear expectations were needed across the HB, which would give teams confidence and permission to challenge unacceptable behaviour.</p> <p>The Committee resolved to:</p> <p>a) The Clinical Board Spotlight on the Mental Health Clinical Board Team was noted.</p>	
<p>P&C 19/11/014</p>	<p><u>Notices from the Welsh Language Commissioner and update on Welsh Language standards (click to view)</u></p> <p>The Head of Equality & Inclusion highlighted the following:</p> <ul style="list-style-type: none"> • Closed Investigations: One of the standards enforcement investigations was closed by the Welsh Language Commissioner with no further action required • Ongoing Investigations: Three investigations were ongoing at different stages, but progress was made in addressing the issues • Positive Relationship: The health board continued to enjoy a positive working relationship with the Welsh Language Commissioner's Office, benefiting from a more collaborative approach 	

	<ul style="list-style-type: none"> • Reception Areas and Recruitment: An investigation into reception areas and recruitment processes led to a report with recommendations. A task and finish group was established to address recruitment processes, and a Welsh language online assessment tool was developed to support managers • Automated Telephone Systems: Work was ongoing to ensure compliance with Welsh language standards for automated telephone systems, with bilingual greetings being implemented • Welsh Language Skills and Patient Preferences: Efforts to record Welsh language skills of staff and patient language preferences was progressed, with over 50% of the workforce now having recorded their Welsh language skills • Health Visiting Service: The investigation related to the closure of the health visiting service, with training delivered and systems and letters updated to comply with standards • Areas of Focus: The health board focused on registering Welsh language skills, initial communications (greetings, email signatures, and teams' backgrounds), public information (signage), and recruitment processes to improve compliance with Welsh language standards <p>The IMCE was encouraged by the progress demonstrated and by the relationship improvements with the welsh language commissioner. She asked the following questions:</p> <ul style="list-style-type: none"> • How are CAV UHB able to deliver on the remaining actions in a timely manner? • Are staff aware of the courses available and what the uptake was? • Was CAV UHB better at collecting the data from this information? <p>The HEI explained that the initial up take had slowly increased regarding the Welsh courses. He added that CAV UHB looked to increase the courses available and explained that the funding from WG meant this wouldn't be any additional cost for CAV UHB. Lastly, he noted that CAV UHB should see the data increase but the no welsh language skills was not being recorded due to being received as blank.</p> <p>Action – The HEI to provide an update on the recruitment initiative regarding Welsh Language and the results of the task and finish group to the committee.</p> <p>The Committee resolved to:</p> <ul style="list-style-type: none"> • The content of the report was discussed and noted. 	
<p>P&C 19/11/015</p>	<p>Health & Safety Update (click to view)</p> <p>The ADHS highlighted the following points regarding the Health & Safety update:</p> <ul style="list-style-type: none"> • Plus Size Patient Pathway: The health and safety update included a discussion on the plus size patient pathway. • Health and Safety Culture Plan: The health and safety culture plan was reviewed, which originated from an audit by shared services. The plan is nearing the end of its three-year cycle, and the team is planning the next generation of development for health and safety at the health board. • Progress Tracking: The tracking document for the health and safety culture plan was presented, showing significant progress with many items marked as completed (green). The remaining items will be reviewed to determine their relevance and carried forward if necessary • Coordination with Estates Team: working closely with the Estates team to ensure alignment and assurance on various health and safety matters <p>The IMLC thanked the team for the comprehensive report and recalled a previous presentation with regards to identifying the gaps and asked if it had any reflection in the H&S report?</p> <p>The ADHSF noted this would be discussed in the private section of this meeting.</p> <p>Chairs action – need to talk with Geoff Walsh for further refinement.</p> <p>The Committee resolved to:</p> <ul style="list-style-type: none"> • The Health & Safety Update was discussed and noted 	

<p>P&C 19/11/016</p>	<p>Primary Care Workforce Plan (click to view)</p> <p>The DDOPCIC & HPC were welcomed to the meeting and highlighted the following:</p> <ul style="list-style-type: none"> • Strategic Workforce Plan: Launched in May 2024, developed in partnership with HIW and other partners. It aims to address workforce challenges in primary care across Wales through 26 key actions over five years • Workforce Challenges: The plan addresses issues such as an aging population, increased acuity, technological developments, and specific problems within Community Pharmacy, General Dental Practice, General Medical Practice, Optometry, and Urgent Primary Care • Current Workforce Data: Limited access to workforce information for contractor professions. General Medical Services currently use a national workforce reporting tool, with Community Pharmacy expected to follow • Primary Care Academies: Set up to facilitate local delivery of national programmes, focusing on newly qualified or experienced professionals joining primary care, multi-professional education, and CPD • Local Actions: Cardiff and Vale are focusing on understanding workforce demands, strengthening contractor contributions to education and commissioning, and delivering national programmes • Future Steps: Refreshing workforce analysis, strengthening relationships between ECOS and the Academy, and considering the positioning of academies within the organization <p>The CC thanked the team for the comprehensive presentation. She suggested for the slides to be shared following the meeting.</p> <p>The EDPH offered her support regarding the Public Health training available. She would connect the team to some relevant areas.</p> <p>Action - Circulate the slides and the Audit Wales report on the primary care workforce to all committee members.</p> <p>The Committee resolved to:</p> <p>a) The Primary Care Workforce Plan was discussed and noted.</p>	
Items for Approval / Ratification		
<p>P&C 19/11/017</p>	<p>People Policies Report (click to view)</p> <p>The committee agreed for the policies to be approved.</p> <p>The Committee resolved that:</p> <p>a) The people policies report was approved.</p>	
Items for Information & Noting		
<p>P&C 19/11/019</p>	<p>Engagement brief to include Digital Communications & Analytics KPI (click to view)</p> <p>The CC noted the engagements levels and data was helpful for this committee to understand.</p> <p>The Committee resolved to:</p> <p>a) The content of the reports were noted.</p>	
Any Other Business		
<p>P&C 19/11/020</p>	<p>(Click to view)</p>	
Review & Final Closure		
<p>P&C 19/11/021</p>	<p>(Click to view)</p> <p>The CC thanked the committee for the excellent papers and input.</p>	
<p>Date & time of the next meeting: Tuesday 21st January 2025 at 9am via MS Teams</p>		

