

**Minutes of the Public People and Culture Committee
Held On 21st January 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:		
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
Mitchell Jones	MJ	Head of Equality & Inclusion
Claire Whiles	CW	Assistant Head of Organisational Development
Emma Cooke	EC	Executive Director of Therapies & Healthcare Sciences
Geoff Walsh	GW	Director of Capital, Estates & Facilities
Andrew Poole	AP	Head of Estates & Facilities
Rachael Daniel	RD	Assistant Head of Health & Safety
Emma Foley	EF	Violence Prevention Case Manager
Secretariat		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
David Fluck	DF	Executive Medical Director
Akmal Hanuk	AK	Independent Member – Local Community
Robert Warren	RW	Assistant Head of Health & Safety

Item No	Agenda Item	Action
P&C 21/01/001	Welcome & Introductions (click to view) The Committee Chair (CC) welcomed everyone to the meeting.	
P&C 21/01/002	Apologies for Absence (click to view) Apologies for absence were noted.	
P&C 21/01/003	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 21/01/004	Minutes from meeting on 19th November 2024 (click to view) The minutes were agreed to be a true & accurate record of the meeting on 19 th November 2024. The Committee resolved that: a) The draft minutes of the meeting held on 19th November 2024 were agreed to be a true and accurate record of the meeting.	
P&C 21/01/005	Action Log following 19th November 2024 Meeting (click to view)	

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	<p>The Committee resolved that:</p> <p>a) The Action Log was discussed and noted.</p>	
<p>P&C 21/01/006</p>	<p>Chair's Actions (click to view)</p> <p>There were no Chair's Actions.</p>	
<p>Items for Review & Assurance</p>		
<p>P&C 21/01/007</p>	<p>Staff Story – Career Break (Maternity Leave)</p> <p>The EDPC introduced the staff story focusing on a practice educator, who discussed her experience with maternity leave and flexible working. The story highlighted the impact of policies on staff retention and the importance of flexible management and emphasised the significance of flexible working arrangements in retaining staff and supporting their well-being.</p> <p>The IMCE noted that all staff were in different positions and a balance needed to be achieved and asked how proactive CAV UHB were on establishing ground rules.</p> <p>The EDPC highlighted the importance of the management training and communication to support staff during their career breaks to ensure they feel valued.</p> <p>The IMTU raised the importance of the keeping in touch (KIT) days and how they can be beneficial for staff members of various types of career breaks, not just maternity leave.</p> <p>The Committee resolved that:</p> <p>a) The Staff Story was received.</p>	
<p>P&C 21/01/008</p>	<p>Board Assurance Framework – Recruitment</p> <p>The ADPR presented the Board Assurance Framework focusing on Recruitment and Workforce growth to the committee and highlighted the following:</p> <ul style="list-style-type: none"> • 13% increase in the UHB's workforce from 2018 to 2023, with significant growth in nursing, admin and clerical posts, and healthcare support workers. • The largest growth was in Nursing, followed by Admin & Clerical and Health Care Support Workers • The financial impact of the workforce growth demonstrated a £10.5m increase over 5 years • Strict governance and scrutiny in recruitment and bank / agency spend due to a new Executive approval process implemented to ensure robust checks <p>The IMCE thanked the team for the information and asked what proportion were recurrently funded / non-recurrent investments and how do CAV align staff contract terms to this? Of the 110 admin & clerical roles added, how many are recurrently funded?</p> <p>The ADPR noted that CAV UHB didn't have a list of all the posts that were funded by external posts across the UHB. He confirmed that Admin & Clerical had an investment for the immunisation service.</p> <p>The ADPR confirmed that, in relation to the additional admin and clerical roles created to run the immunisation service, whilst the service has continued, the number of staff has reduced. The EDPH confirmed this was correct and added that the service was fully funded by WG.</p> <p>The EDPC noted the daily monitoring and explained that CAV UHB were reflecting to ensure a learning methodology and implement changes needed. She reflected on the paper and noted that the growth was important. Our intent going forward was to reduce the head count and have had some learning with Cardiff Uni. There is an intent of reduction of staff.</p> <p>The CC the need to review the Board Assurance Framework risks in relation to staffing. At present, the increase in staff numbers was not explicitly stated as a risk. This also needed to cross-refer to finance risks. The CC emphasized that the whole Board would</p>	

	<p>benefit from a discussion based on s the detailed paper on workforce growth and its implications. She requested the EDPC & DoCG to consider how to take this forward.</p> <p>Action – refer a review of the BAF to include Recruitment and Costs to the Board</p> <p>The COO emphasized that there were robust processes in place for appointing staff, contrary to any impression that staff were hired without proper scrutiny. He highlighted that all roles have a reason and a process for approval. He pointed out that the organization structure was not entirely fit for purpose, and there was a need to reorganize to improve productivity and embrace available technology. He mentioned that the clinical boards' overspend was largely due to temporary pay and high sickness rates, noting that the organization was funded at 4% sickness but currently has an 8% sickness rate. He stressed that reducing the temporary pay bill could significantly alleviate financial problems. He also noted that operational managers and clinical leaders need better support to manage the organization effectively. He concluded by reiterating the need to reorganize the organization and understand the required skills before reducing headcount.</p> <p>The Committee resolved that:</p> <p>a) The contents of the report was noted and was assured that the appropriate level of scrutiny will continue.</p>	
<p>P&C 21/01/009</p>	<p><u>Work in Confidence / Speaking Up Safely Update</u></p> <p>The DCG provided a detailed update on the "Speaking Up Safely" initiative, which aims to create a safe environment for staff to raise concerns and highlighted the following points:</p> <ul style="list-style-type: none"> • The initiative was launched following various NHS inquiries and the Sir Robert Francis review in 2016, which highlighted the importance of enabling staff to raise concerns safely. • The Welsh Government launched the "Speaking Up Safely" framework, giving health boards the flexibility to determine how to implement it • CAV UHB conducted a self-assessment to understand their current position with the IMTU appointed as the independent member lead, and the DCG as the senior responsible officer. • The initiative focuses on building trust through anonymity, creating a single gateway for raising issues, and using staff members as connectors to triage concerns. • Over 30 staff members volunteered to act as connectors, and the first offering of training was conducted in December 2024 • The System went live on 9th December 2024 with on-going Communications being sent out to raise awareness • Current status showed that CAV UHB have 13 trained connectors and 2 issues in the system that were being dealt with <p>The Committee resolved to:</p> <p>a) The Work in Confidence Update was discussed and noted.</p>	
<p>P&C 21/01/013</p>	<p><u>2023 Staff Survey:</u></p> <ul style="list-style-type: none"> • Discrimination Results Data <p>The ADOD provided an update following the results of the staff survey from 2023:</p> <ul style="list-style-type: none"> • The 2023 Staff Survey revealed that 87% of respondents did not experience discrimination, but around 7-8% did, which translates to nearly 300 people per category • The survey identified discrimination from colleagues, leaders, managers, and patients/service users with the highest reported discrimination from colleagues related to age and ethnicity, while from leaders/managers, it was related to disability and age. From patients/service users, the highest was related to ethnic background. • The comments provided in the survey were heavily redacted, making it difficult to interpret. However, indirect references to discrimination included name-calling, accents being made fun of, and intersectionality issues. Many comments related to unfair treatment, favouritism, bullying, and socioeconomic background. 	

	<ul style="list-style-type: none"> The Health Board has several plans in place, including the Strategic Equality Plan, People and Culture Plan, anti-racist action plan, widening access agenda, and leadership and management education. There was a focus on reinforcing peer support networks, education, and recognizing positive behaviours. Staff survey focus groups shows staff want more opportunities to be listened to The 2024 Staff Survey data was expected in January, with the detailed data to follow in March. The team will analyse the data quickly and support clinical boards in identifying areas of concern. Progress will be reported through various action plans and the Board Assurance Framework. <ul style="list-style-type: none"> Workforce Race Equality Standard (WRES) <p>The HEI highlighted the following:</p> <ul style="list-style-type: none"> The WRES was established as part of the anti-racist act wales action plan and would be required each year to report on a set of indicators CAV UHB focused on progression and representation, particularly addressing the underrepresentation of ethnic minority staff from Band 6 and above Following a meeting with WG in August 2024 it was agreed to focus on progression and representation A follow up meeting planned for 5th February with WG <p>The ADOD noted the need to ensure our priorities focus on this area. We will need to ensure that we engage with staff to understand their experience on an ongoing basis. The 2024 Staff Survey data is expected in January, with detailed data in March. The team will analyse this data quickly and support clinical boards in identifying areas of concern. The ADOD explained CAV UHB were looking at the resource and planned to review the staff networks and how best we can support colleagues.</p> <p>The Committee resolved to:</p> <ol style="list-style-type: none"> The content of this report, which outlines the Health Board's challenges with regards to discrimination and the expectation of the WRES and provides assurance regarding the steps CAVUHB are taking to create a workplace and health service which is inclusive of all its communities, was noted. 	
<p>P&C 21/01/014</p>	<p><u>Health & Safety Update</u> <i>(including Violence & Aggression deep dive)</i></p> <p>The AHH&S presented and highlighted:</p> <ul style="list-style-type: none"> Lessons from losses an example incident involved a staff member cutting their finger on plastic teeth while using cling film, resulting in over three weeks of lost time. The incident highlighted the need for proper training and attention to detail. 52 RIDDOR entries in the Financial year and estimated for 70 for 2024/25 The current year shows a reduction in red incidents (those reportable to the Health and Safety Executive) compared to the previous financial year. The team is preparing for a move from Denbigh House to Woodlands House, which may present some challenges. <p>The VPCM highlighted the following points:</p> <ul style="list-style-type: none"> 6 custodial sentences with one relating to sexually inappropriate behaviour Hate Crime at HYC – An incident of racially aggravated public order at the emergency unit resulted in an 18-week imprisonment. Racially aggravated public order offence at A&E, UHW – sentences to 18 weeks imprisonment Restorative justice is being used more frequently, empowering victims and ensuring perpetrators understand the impact of their actions. 36 police ASB referral letters issues The lone worker device refresh program has been completed ahead of time, avoiding financial penalties. <p>The AHH&S continued:</p> <ul style="list-style-type: none"> Manual Handling advisor continued to support all staff including community The bariatric patient pathway is being improved in collaboration with the Director of Nursing within the Medicine Clinical Board. 	

	<ul style="list-style-type: none"> • A meeting with Cardiff Bus was scheduled to discuss the findings from the recent incident • A Health and Safety Executive safety alert regarding laboratory staff exposure to biological agents has been issued, with clinical boards asked to provide reassurance on their processes. • Six fire incidents have occurred year-to-date, with measures in place to address cooking-related incidents and unwanted fire signals. <p>The IMLA noted that three weeks sick leave for a minor injury seemed incredible.</p> <p>The CC said that the information had given the Committee as deeper insight into H&S and suggested it was shared. She asked that future presentations were reduced in length with a clear focus for the Committee's consideration.</p> <p>Action – The EDPC to discuss the presentation format with the HH&S.</p> <p>The Committee resolved to: The content of the Health & Safety Update report was discussed and noted.</p>	
<p>P&C 21/01/015</p>	<p>Sexual Safety Update (click to view)</p> <p>The DDPC presented and highlighted the following:</p> <ul style="list-style-type: none"> • SLB gave approval in October 2024 on improving sexual safety in the UHB • The programme aims to prevent sexual harassment within the UHB and create a culture where colleagues feel psychologically safe to speak up and take appropriate action when concerns are raised • Sexual harassment can range from sexual remarks to touching and more severe forms like sexual assault or rape. It can occur as a one-off incident or be ongoing, and can happen in person or online • Sexual harassment can range from sexual remarks to touching and more severe forms like sexual assault or rape. It can occur as a one-off incident or be ongoing, and can happen in person or online • Equality & human rights act revised a guidance and have an 8 step employer guide • Developing a procedure & guideline and will go to the employment policy sub group at the end of January 2025 • The new Worker Protection Act, which came into force in October, places a duty on employers to take reasonable steps to prevent sexual harassment of colleagues in the workplace • Exec sponsors (the COO and the EDPC) and an Action Group were established and meeting every fortnight with trade union representation • Developing training for all staff for awareness • The "Speak Up Safely" platform will be used for reporting sexual safety concerns • A network or group for colleagues with lived experience is being developed, with engagement through the Staff Survey Focus Group • A comms and engagement plan will be launched once the procedure is approved, with ongoing engagement across the organization <p>The ADOD explained that the Health Board is also working with HEIs to capture and include the experiences and feedback of students to help inform the approach going forward.</p> <p>The Committee resolved to:</p> <ul style="list-style-type: none"> • The Sexual Safety Update was discussed and noted 	
<p>P&C 21/01/016</p>	<p>Key Workforce Performance Indicators</p> <p>The DDPC highlighted the following points:</p> <ul style="list-style-type: none"> • Staff turnover continued to reduce which indicated positive retention efforts • CAV UHB use significantly less agency staff compared to other HB's in NHS Wales. The internal reliance on temporary workforce also reduced. 	

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	<ul style="list-style-type: none"> Sickness absence remained at 6% for some time. The P&C team reviewed long-term sickness cases to ensure appropriate support and management Short term absences would be looked at as the all Wales policy may be a prompt and will look at this to improve attendance The team plans to continue analysing sickness absence trends and ensure that management practices are consistent and supportive. The increase in sickness absence was due to the winter months and would expect to see a reduction from February onwards <p>The Committee resolved to:</p> <p>a) The Key Workforce Performance Indicators was discussed and noted.</p>	
<p>P&C 21/01/017</p>	<p><u>Clinical Board Spotlight – Capital, Estates & Facilities</u></p> <p>The DCEF & HEF presented and highlighted the following:</p> <ul style="list-style-type: none"> Workforce profile December 2024 shows 1494 staff in post with a high number of front-line staff, with 73% at Band 2 Age demographic leans towards older age groups, posing challenges for succession planning Ethnic diversity: 57% declared as white, 42% from various ethnic backgrounds Efforts to ensure at least one Welsh speaker on every switchboard shift and 50% of switchboard staff underwent Welsh language training for greetings Sickness absence has improved from previous years but saw an increase during the winter months due to influenza and sickness bug Statutory & mandatory training showed CEF were above the UHB target at 91% Achievement & Initiatives include monthly performance review, creation of environmental and maintenance enhancement teams, dedicated well being champions across all services, providing opportunities to internal staff members, strong uptake in various qualification and successful introduction of apprenticeships Plan to improve communication and engagement with staff Annual staff recognition awards take place and participate in the national healthcare estates & facilities day Promotion of the My Health Passport and a targeted reduction in workplace incidents through bespoke training and monitoring There had been a significant increase in training and development opportunities, including NVQ level 2 in facility services for healthcare Keen to roll out email addresses to all staff members and IT have developed a training manual for all staff members Targeted reduction in work placed incidents, accidents and RIDDOR's through monthly monitoring and identifying causes and trends Cost of absence in December 2024 was £36,658 which didnt include bank staff spend Agency spend was ceased and overtime only used for OOH emergency shutdown works Unable to recruit in to the Head of Waste compliance & recycling role in 18 months Attractiveness of lower grade roles in employment market such as ward based caterer, domestic cleaners following Brexit Disparity in banding roles across Welsh NHS within Estates roles <p>The IMTU asked how can we share this best practise with other clinical boards within CAV UHB?</p> <p>The DCEF appreciated the positive feedback from the committee. He was open to sharing as much information as possible. He explained a computer suite had been set up for staff within Estates & Housekeeping departments who did not have digital access. He commented on staff with a language barrier when discussing the efforts made by supervisors and managers to support staff with language difficulties. He mentioned that many staff have language difficulties, and it takes time for supervisors and managers to</p>	

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	<p>go through information with them, either as a group or individually. This effort has been part of the hard work put in on the shop floor to achieve improvements</p> <p>The HEI offered his support around the Welsh language skills and would liaise with the team outside of the committee.</p> <p>The Committee resolved that: The Clinical Board Spotlight on the Capital Estates & Facilities was noted</p>	
P&C 21/01/018	<p>Job Planning Process</p> <p>The DMD presented on the job planning process and highlighted the following points:</p> <ul style="list-style-type: none"> • This is the job planning process for senior doctors and provides clarity for clinicians and operations teams • 100% of our consultants have a contract specifying work sessions, with 40% of consultants having their job plans reviewed annually • It was challenging matching job plans with service needs especially for emergency and urgent care • The current contract we work from is from 2003 • A new SPA (Supporting Professional Activities) paper was taken to SLB, focusing on non-clinical activities <p>The CC asked what approach he was taking for the 5-step plan?</p> <p>The DMD explained that areas were previously targeted where they were similar for everybody. The new SPA paper will identify a job planning lead for each clinical board. we will provide the structure and overall guidance for how we expect most consultants to be done and they should then be able to target individual areas.</p> <p>The Committee Resolved that: a) The Job Planning Process was discussed and noted.</p>	
Items for Approval / Ratification		
P&C 21/01/019	<p>People Policies Report (click to view)</p> <p>The committee agreed for the policies to be approved.</p> <p>The Committee resolved that: a) The people policies report was approved.</p>	
Items for Information & Noting		
P&C 21/01/020	<p>Engagement brief to include Digital Communications & Analytics KPI (click to view)</p> <p>The DoC encouraged staff to read through the analytics and would discuss this at a future committee meeting. She noted that a 6-month review was done on CAV communities and Viva Engage and achieved over 500k views from staff watching the videos.</p> <p>The Committee resolved to: a) The content of the reports were noted.</p>	
Any Other Business		
P&C 21/01/021		
Review & Final Closure		
P&C 21/01/022	<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 11th March 2025 at 9am via MS Teams</p>	