

**Minutes of the Public People and Culture Committee
Held On 23rd January 2024
Via MS Teams**

Chair:		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
Present:		
Mike Jones	MJ	Independent Member for Trade Unions
Akmal Hanuk	AH	Independent Member for Local Community
Rhian Thomas	RT	Independent Member for Capital & Estates
In Attendance:		
Paul Bostock	PB	Chief Operating Officer
Joanne Brandon	JB	Director of Communications
Rachel Gidman	RG	Executive Director of People & Culture
Claire Beynon	CB	Executive Director of Public Health
Lianne Morse	LM	Deputy Director of People & Culture
Angela Parratt	AP	Director of Digital Transformation
Matt Phillips	MP	Director of Corporate Governance
Rachel Pressley	RP	Head of People Assurance & Experience
Rebecca Aylward	RA	Deputy Executive Nursing Director
Jonathan Pritchard	JP	Assistant Director of People Resourcing
Robert Warren	RW	Head of Health & Safety
Sarah Martin	SM	Research & Development Manager
Donna Davies	DD	Head of People & Culture
Helen Luton	HL	Interim Director of Nursing – CD&T
Sarah Lloyd	SL	Director of Operations – CD&T
Claire Whiles	CW	Assistant Director of OD, Wellbeing & Culture
Mitchell Jones	MJ	Head of Equity and Inclusion
Katrina Griffiths	KG	Head of People Services
Geoff Walsh	GW	Director of Capital & Estates
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies:		
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Executive Nursing Director
David Thomas	DT	Director of Digital Health & Intelligence

Item No	Agenda Item	Action
P&C 23/01/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the meeting.	
P&C 23/01/002	Apologies for Absence Apologies for absence were noted.	
P&C 23/01/003	Declarations of Interest The IM-CE declared an interest as the Chair of the C&V Credit Union, which would be an ongoing declaration.	
P&C 23/01/004	Minutes from meeting on 14th November 2023 The Minutes were received and accurate.	

	<p>The Committee resolved that:</p> <p>a) The draft minutes of the meeting held on 14th November 2023 were held to be a true and accurate record of the meeting.</p>	
<p>P&C 23/01/005</p>	<p>Action Log following 14th November 2023 Meeting</p> <p>The Action Log was received, and the following comments were made:</p> <p><u>P&C 14/11/009 – Board Assurance Framework:</u></p> <ul style="list-style-type: none"> - The DCG would cross-reference with Claire Whiles around the WalkRounds. - The evaluation report from the Health Charity around COVID interventions had been distributed to Committee members. Additionally, the staff wellbeing team had been made permanent, and had worked with the Deputy Director of Allied Health to use the patient rehab model for staff. - Conversations were needed around when the Health & Wellbeing Framework would be brought back to the committee. <p><u>P&C 11/07/015 – Gender Pay Gap Report 2022:</u> to be brought to a future Committee once the Strategic Equality Plan had been presented in March. The EDPC will liaise with the HEI around dates to bring back to the Committee.</p> <p>The Committee resolved that:</p> <p>a) The Action Log was discussed and noted.</p>	
<p>P&C 23/01/006</p>	<p>Chair’s Actions</p> <p>There were no Chair’s Actions.</p>	
Items for Review & Assurance		
<p>P&C 23/01/007</p>	<p>Staff Story – My Health Passport</p> <p>The EDPC introduced the Staff Story about the My Health Passport, which had launched just before Christmas. She noted that the passport was a document that individuals could have for personal use, but it also supported conversations with managers around support or adjustments needed at work due to pre-existing or new health conditions. The passport could also be used for individuals with injuries or mental health issues.</p> <p>The Staff Story was presented to the Committee, where the Service Improvement Officer and Data Administrator for Occupational Health described her personal experience of using My Health Passport.</p> <p>The IM-CE asked for an example of the My Health Passport to be circulated.</p> <p>The IM-TU suggested that it would be useful for the passport to be utilised across Wales and England, so that staff who had been redeployed or transferred between Health Boards could be supported.</p> <p>The IM-LC asked what the mechanism was for spreading awareness about the Passport, and whether there was a culture which promoted confidence for individuals to disclose their passports to their managers.</p>	

	<p>The EDPC responded that:</p> <ul style="list-style-type: none"> - The Health Passport was promoted through inductions, management courses, and education to staff - The Passport was not mandated, but it was intended to facilitate healthy conversations between employees and managers. - The wellbeing team and trade unions had been involved in this initiative - The passport was transferable and it had been benchmarked against a similar initiative in England - Regarding the name, a decision was made to broaden the scope from a 'Disability Passport' to a 'Health Passport'. <p>The CC emphasised the importance of normalising the use of the Passport, and that it should be an option for everybody. She suggested that the passport sit alongside the Value-Based Appraisals (VBAs).</p> <p>The Committee resolved that:</p> <p>a) The Staff Story was received.</p>	
<p>P&C 23/01/008</p>	<p>Board Assurance Framework Report - Workforce</p> <p>The ADPR provided the following summary:</p> <ul style="list-style-type: none"> - A risk to the UHB was being unable to recruit, attract and retain staff to deliver high-quality services. - This risk was due to an increased demand for services, national shortages in certain professions, the impact of COVID and staff burnout, the negative media portrayal of the NHS, and a lack of awareness of the range of professions in the NHS. - The People Resourcing Team, in place since September 2021, had developed action plans to address these issues: <ul style="list-style-type: none"> • The improvement of inclusive recruitment – teams had reached out to deprived areas and supported initiatives for people with autism, learning disabilities, and care leavers. • Schools and colleges – they had potentially reached over 5000 students through virtual meetings and taster sessions in various departments, generating interest in different career pathways. • They also worked with refugees and people coming out of prison to provide them a fresh start. • Apprenticeships – they hoped to have 1% of employees on apprenticeship schemes. • Recruitment events were held three times a year in Cardiff City Centre which helped recruit for difficult areas such as housekeeping, catering, and healthcare support workers. • Retention – they had relaunched the exist questionnaire and starter surveys for new employees. • They had received positive feedback from their newly qualified nurses, with 8.7 out of 10 recommending Cardiff as a good place to work. <p>The IM-LC highlighted the importance of having a strategy to follow, and he suggested that it would be useful for the survey results for new starters to be shared.</p> <p>The EDPC responded that the teams would implement a planned framework to widen access to complement the People and Culture Plan.</p>	

	<p>Initial conversations around this framework had recently begun, and it would be brought to a future Board for review.</p> <p>The CC highlighted to the ADPR the need for a cover report for the BAF which outlined metrics such as time to recruitment, efficiency of the service, and support provided for recruiting teams.</p> <p>The IM-CE asked what questions had been asked in the starter survey and whether any themes had been observed, and what was the response rate.</p> <p>The ADPR responded that:</p> <ul style="list-style-type: none"> - The response rate to the surveys was not as high as they would have liked, and it was between 22-25% - The survey aimed to gather information to improve the experience for the next cohort of nurses, and included concerns around the length of the supernumerary period, staff having appropriate support, the fear of having appropriate support and training, fear of making mistakes, and being short-staffed. - However, 87% of respondents said that they would recommend Cardiff as an employer, and the negative feedback was fed into the Nursing Productivity Group to be addressed. <p>The Committee resolved that:</p> <ol style="list-style-type: none"> 1) The risks to the delivery Strategic Objectives (Workforce) detailed on the BAF for January 2024 were reviewed and noted. 	
<p>P&C 23/01/009</p>	<p>Key Workforce Performance Indicators</p> <p>The DDPC provided 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 People & Culture Committee on the 23/01/2024 for Agenda item 2.4.</p> <p>The DCEF commended the department managers within his team for meeting the Value Based Appraisals (VBAs) compliance targets.</p> <p>The IM-CE asked about the data in terms of:</p> <ol style="list-style-type: none"> 1) The sickness and turnover rates, and whether there were any particular hotspots across the UHB; and 2) The increase in the overall health board staffing numbers, and whether this was due to backfilling, new posts, or posts that had gone through a screening process to ensure their feasibility. <p>The DDPC responded that:</p> <ol style="list-style-type: none"> 1) Staff in post – a robust scrutiny panel had been in place since August 2023 to look into all posts, and that this was the first month in which they had seen an impact, with only 10 new posts in the previous month. There had been a lot of growth in medical and dental posts, which had always been built into their recruitment plan; and 2) Hotspots – Healthcare Support Workers (HCSWs) and registered nurses had always been challenging in terms of turnover and sickness rates, but they had worked hard to reduce this. 	

	<p>The COO explained that the Scrutiny Panel focused on all clinical posts Band 7 and above, and on all admin and clerical posts. He added that HCSWs, nurses, and midwives did not have the same restrictions.</p> <p>The CC queried why only just over half of clinicians had a signed off job plan.</p> <p>The COO responded that:</p> <ul style="list-style-type: none"> - They were committed to getting this right, and the goal was to create meaningful job plans which helped the organisation given that there was so much development happening. - It was important to redesign medicine in a meaningful way, with a focus on 7-day working and the continuity of care. - This was a significant task which had already started in Gastro, but he noted that it would take time to get right. - There was a focus on tackling the cultural hotspots and ensuring that people follow the organisation's values. <p>The COO added that the increase in the number of employee relations cases was not a negative. It meant that issues were being addressed.</p> <p>The DDPC highlighted the following:</p> <ul style="list-style-type: none"> - Job Planning - a consultant anaesthetist had been appointed to lead on job planning to support the clinical boards to make improvements. It was suggested that they be invited to a future meeting to outline their plan for improvement. - Employee relations cases - there had always been fluctuations in the number of cases, without a rationale or themes. They had a robust initial assessment process which stopped anything inappropriate from being investigated, and that they were tackling some historic bad behaviour. <p>The EDPC highlighted that the department had set a target for benchmarking, and that they had identified from learning that learning that discrimination was probably rising. She suggested that this be brought back as a topic for future discussion.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) The contents of the report were noted and discussed. 	
<p>P&C 23/01/010</p>	<p>Clinical Board Spotlight – <u>CD&T Clinical Board</u></p> <p>The DO-CDT, IDN-CDT, and HPC shared the presentation which provided a summary of the Clinical Board from a People & Culture lens. The presentation is available to view in detail alongside the papers received for the Public People & Culture Committee on the 23/01/2024 for Agenda item 2.4.</p> <p>The CC asked how reliable the staff demographics were.</p> <p>The IDN-CDT responded that the data had been pulled from ESR, and that it was dependent on staff having populated their personal information.</p> <p>The CC praised the presentation and the work undertaken by the clinical board across the various areas of the UHB.</p>	

	<p>The IM-TU praised the partnership work undertaken between the CD&T Clinical Board and the Trade Unions. He asked what was the response rate for the exit questionnaires, and how they would rate staff morale within the clinical board.</p> <p>Regarding staff morale, the DO-CDT highlighted that staff were going through a particularly difficult time with winter pressures. She had received feedback that staff felt supported, but they were worn out. The DO-CDT suggested to share the information regarding exit questionnaires outside of the meeting.</p> <p>The CC asked what the Committee could do to support.</p> <p>The DO-CDT responded that the current financial challenge was at the forefront of their minds regarding the reshaping the workforce piece. She was not convinced that every team had the capability or capacity to manage all of the difficult work that lay ahead.</p> <p>The EDPC explained that a paper was being developed to address areas of the People and Culture Plan that had become lean over the years, with the first phase focusing on building workforce planning capacity. She acknowledged that the organisation was not currently engaging in strategic workforce planning, but rather forecasting, due to a lack of headspace and capability.</p> <p>The DDPC noted that they had worked closely with the Improvement team to create a training programme for managers on how to redesign their services. A draft proposal would be available to clinical boards within the following few weeks.</p> <p><u>Action:</u></p> <ol style="list-style-type: none"> 1. To consider how to bring workforce redesign planning to the Committee (RG / SM) <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) The Medicine Clinical Board Spotlight was noted. 	
<p>P&C 23/01/011</p>	<p>Speaking Up Safely Update Paper</p> <p>The DCG presented the Speaking Up Safely (SUS) Report which provided the Committee with a summary of the new framework. The report is available to view in detail alongside the papers received for the Public People & Culture Committee on the 23/01/2024 for Agenda item 2.5.</p> <p>The COO suggested the use of a portal which signposted the different avenues for staff to report concerns, to avoid the process becoming too convoluted and complicated. He added that in other organisations they had Freedom to Speak Up (F2SU) guardians.</p> <p>The CC asked about the additionality that SUS brought, given that there were already systems in place for reporting concerns, and how to differentiate between the channels and methods used by the organisation and the plethora of external places. The CC suggested that the organisation make their process clearer and more streamlined for staff.</p> <p>The DCG responded that:</p>	

	<ul style="list-style-type: none"> - The goal was to create a portal space that was accessible to everyone – however there needed to be a discussion around digital inclusion as there was a difference between the CAV website and SharePoint Online; - Oversimplifying the process into one place where anyone could go would require someone to apply judgement over the next steps, which could negate the purpose of the framework; - There were arguments both for and against the F2SU guardians, and England were taking a slightly different approach - There was concerns around not losing sight of culture and leadership, which was where the real additionality came from. <p>The IM-LC suggested that the analysis of which approach to take could be multi-disciplinary, and that Cardiff University might be able to help.</p> <p>The DCG confirmed that the organisation was compliant with the legislation; however, the process was not as effective as it could be.</p> <p><u>Action:</u></p> <ol style="list-style-type: none"> 1) For a progress update on SUS to be provided to a future Committee (MP) <p>The Committee resolved to:</p> <ol style="list-style-type: none"> 1) The update was noted; and 2) An update once the above actions had taken place was agreed. 	
<p>P&C 23/01/012</p>	<p>People and Culture Plan End of Year 2 Review</p> <p>The EDPC presented the Progress against the People and Culture Plan (Year 2 Review) which provided the Committee with a summary of the progress made, how they had responded to challenges faced, and the proposed next steps for 2024/25. The report is available to view in detail alongside the papers received for the Public People & Culture Committee on the 23/01/2024 for Agenda item 2.6.</p> <p>The COO praised the Strategic Plan, and noted that he had not seen anything similar in other organisations.</p> <p>The CC suggested that it might be useful to differentiate between the different kinds of performance indicators, and who held responsibility for the delivery.</p> <p>The EDPC explained that the Plan affected every Executive portfolio, and Shared Services also had an input.</p> <p>The CC asked how the Committee could support the Plan in its next phases of development and how they can be kept accountable.</p> <p>The EDPC reminded colleagues that the People and Culture Plan was to be incorporated and owned by everyone.</p> <p>The Committee resolved to:</p> <ol style="list-style-type: none"> 1) The contents of the report were noted and the assurance around progress made in 2023 against delivery of the People and Culture Plan was received; 2) The proposed next steps for 2024/25 were noted and supported. 	

<p>P&C 23/01/013</p>	<p>Health and Safety Update</p> <p>The paper was noted as read, and the HHS informed the Committee that a response to the actions following the Musculoskeletal and V&A intervention programme was required by the 29th February 2024.</p> <p><u>Estates</u></p> <p>The DCEF shared a presentation which provided the Committee with a summary of the ongoing risks within Estates.</p> <p>The COO acknowledged the UHB's difficult position going forward due to the limited capital and the need to make essential repairs. If the organisation was unable to safely provide services in a part of the building, a conversation would be needed around stopping that service or relocating to another part of the real estate. The COO highlighted that if they wished to attract people to work in their organisation, they would have to improve the facilities.</p> <p>The CC suggested that this issue be escalated to the Board, and noted that it was crucial for Welsh Government (WG) to be kept informed.</p> <p>Notwithstanding the financial pressures, the IM-CE asked what their status is in terms of their internal skills to deal with these problems, and how responsive they could be to tackle estates problems sooner rather than later.</p> <p>The DCEF responded that the UHB had some of the best engineers and construction professionals in the region. He added that the teams had provided assurance to staff that the problems were being dealt with proactively and logically.</p> <p>The EDPC reinforced that a poor work environment would affect the wellbeing of staff.</p> <p><u>Action:</u></p> <ol style="list-style-type: none"> 1. For a paper on the Estates challenges across the organisation to be presented to Board, which also outlined the actions being taken to mitigate these risks (RW / GW) <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 23/01/014</p>	<p>Policies for Approval</p> <p>The All-Wales Flexible Working Policy was approved, and the Recruitment of Locum Doctors and Dentists Operational procedure was agreed to be rescinded.</p> <p>The Committee resolved to:</p> <ol style="list-style-type: none"> a) The policies were approved / rescinded. 	
Items for Information & Noting		
<p>P&C 23/01/015</p>	<p>No items.</p>	
Any Other Business		

P&C 23/01/016	No items.	
	Private Agenda Items	
P&C 23/01/017	<ul style="list-style-type: none"> <i>i) Approval of Private Minutes</i> <i>ii) Employee Relations Risks (Verbal)</i> <i>iii) Fire Prosecution Update (Verbal)</i> 	
	Review & Final Closure	
P&C 23/01/018	Items to be deferred to Board/Committees	
	Date & time of the next meeting:	
	Tuesday 12 th March 2024 at 9am via MS Teams	