

**Minutes of the Public People and Culture Committee  
Held On 12<sup>th</sup> September 2023  
Via MS Teams**

<b>Chair:</b>		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
<b>Present:</b>		
Rhian Thomas	RT	Independent Member for Capital & Estates
Susan Elsmore	SE	Independent Member for Local Authority
Akmal Hanuk	AH	Independent Member for Community (IM-C)
<b>In Attendance:</b>		
Matt Phillips	MP	Director of Corporate Governance
Fiona Kinghorn	FK	Executive Director of Public Health
Lianne Morse	LM	Deputy Director of People & Culture
David Thomas	DT	Director of Digital and Health Intelligence
Adam Wright	AW	Head of Service Planning
Richard Skone	RS	Deputy Executive Medical Director
Robert Warren	RW	Head of Health and Safety
Fiona Jenkins	FJ	Executive Director of Therapies
Joanne Brandon	JB	Director of Communications
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Executive Nursing Director
Tara Rees	TR	Specialist Nurse Hepatology
Louise Platt	LP	Director of Operations - Medicine
Jane Murphy	JM	Director of Nursing - Medicine
Alun Tomkinson	AT	
Claire Whiles	CW	Assistant Director of Organisational Development, Wellbeing and Culture.
Marie Davies	MD	Assistant Director of Strategic Planning
Geoff Walsh	GW	Director of Capital Estates and Facilities (DCEF)
Donna Davies	DD	Head of People and Culture
<b>Secretariat</b>		
Nathan Saunders	NS	Senior Corporate Governance Officer
Rachel Chilcott	RC	Corporate Governance Officer
<b>Apologies:</b>		
Paul Bostock	PB	Chief Operating Officer
Rachel Gidman	RG	Executive Director of People & Culture
Mike Jones	MJ	Independent Member for Trade Union

Item No	Agenda Item	Action
P&C 11/9/001	<b>Welcome &amp; Introductions</b>  The Committee Chair (CC) welcomed everyone to the meeting.	
P&C 11/9/002	<b>Apologies for Absence</b>  Apologies for absence were noted.	
P&C 11/9/003	<b>Declarations of Interest</b>	

	No Declarations of Interest were noted.	
<b>P&amp;C 11/9/004</b>	<p><b>Minutes from meeting on 16<sup>th</sup> May 2023</b></p> <p>The Minutes were received.</p> <p>3 changes were identified which included:</p> <ul style="list-style-type: none"> <li>• The Executive Director of Public Health commented that on page 5 of the minutes, the sentence needed to be changed to “the population was becoming more ethnically diverse”.</li> <li>• It was confirmed that it was the HEIW that was developing the observatory, not the HSWPH (page 5).</li> <li>• There was an action around benchmarking on page 5 for the Key Performance Indicators (KPIs) which should be captured – around developing the benchmarking in a way that created an equivalent.</li> </ul> <p><b>The Committee resolved that:</b></p> <p>a) The draft minutes of the meeting held on 16<sup>th</sup> May 2023, were held to be a true and accurate record of the meeting, subject to the amendments.</p>	
<b>P&amp;C 11/9/005</b>	<p><b>Action Log following 16<sup>th</sup> May 2023 Meeting</b></p> <p>The Action Log was received.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Action Log was discussed and noted.</p>	
<b>P&amp;C 11/9/006</b>	<p><b>Chair’s Actions</b></p> <p>There were no Chair’s Actions.</p>	
	<b>Items for Review &amp; Assurance</b>	
<b>P&amp;C 11/9/007</b>	<p><b>Staff Story (RCN Nurse of the Year Award)</b></p> <p>The RCN Nurse of the Year 2022 Advanced and Clinical Practice Staff Story was presented to the Committee.</p> <p>The EDPH explained the connection between this work and the viral hepatitis and Move More Eat Well Plan, and that these connections with fatty liver disease was not often made. She highlighted that they all had a role in role modelling and encouraging teams to take actions.</p> <p>She added that regarding alcohol, Public Health undertook a lot of training within the community and were undertaking an Internal</p>	

	<p>Audit to investigate if they were doing things right in the Emergency Unit.</p> <p>From a people and culture perspective, the Independent Member – Community (IMC) asked what were the constraints in promoting this kind of innovation and positivity.</p> <p>The Specialist Nurse Hepatology (SNH) responded that from a service delivery point of view, they strove towards preventing hospital bed stays. She acknowledged that staff retention was harder on wards with the current staff shortages, but highlighted that it was important to praise and listen to staff.</p> <p>She added that investment in staff would incentivise them to stay, and that there were a lot of resources in-house which could provide further opportunities for staff.</p> <p>The EDTHS asked the SNH what her next steps were to maximise the award she had received.</p> <p>The SNH explained that because her patient groups were very underrepresented, she would continue to shine a light on liver disease as the three main causes of liver disease were preventable.</p> <p>The Committee Chair highlighted that plans around Value Based Appraisals (VBAs) could feed into this work and was a good example to encourage uptake amongst staff. She added that training and development would make sense financially.</p> <p><b>Action</b> – the END and DEMD to think about how this work would link in with attracting, retaining and developing their professional workforce.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The Staff Story was received.</li> </ul>	
<p><b>P&amp;C</b> <b>11/9/008</b></p>	<p><b>Health and Safety Update</b></p> <p><u>Health and Safety Sub-Committee Chairs Report</u></p> <p>The HHS highlighted that:</p> <ul style="list-style-type: none"> <li>- There had been a general increase in training compliance almost month on month;</li> <li>- There was a slight drop off in training compliance for Module D in the Violence &amp; Aggression Module, potentially due to Mental Health having trouble with ESR;</li> <li>- Smoking continued to be an issue – there was to be an extended push on holding people to account on-site;</li> <li>- There had been a small fire which had been escalated and dealt with very quickly;</li> </ul>	

- Serious Incident review – the DCEF’s team undertook a review which related to a waste bin falling off the back of a delivery lorry and struck an employee. Actions were taken and operational processes were implemented to mitigate the risk.

The Committee Chair asked how to ensure visibility around the Capital, Estates & Facilities Risk Register from an assurance point of view.

The DCEF responded that:

- This work was presented to the Health & Safety Committee regularly;
- A few years ago, due to the amount of risks Estates had, they were asked to only report those risks that were rated 20+. As a result, those in the 15-18 bracket had come into fruition over the previous months;
- A lot of risks related to entire systems and large infrastructures, and so they were beginning to review and risk assess each component part;
- They had experienced significantly more major breakdowns in the previous 12-18 months;
- There was not money to invest and remove risks from the risk register, and therefore the risk would only increase – this was becoming a serious issue for the Health Board;
- They had received funding for some of the key issues this year, both from EFAB schemes from WG and from the Capital Management Group.

The CC asked the DCEF if the Health Board were concerned about RAAC.

The DCEF responded that they had undertaken surveys over the previous 9-12 months, and a report would be received by the Board in September 2023. He stated that the Health Board did not have any significant issues with RAAC.

#### Health and Safety Risks

The IM-LA asked how much staff behaviours were responsible for the risks not being attended to.

The DCEF stated that staff behaviours had contributed significantly. He explained that his waste team had been asked to clean out the tunnels, which was outside of their normal job duties. The DCEF added that there was no excuse for wastage in tunnels, as the Health Board offered a waste collection service.

The HHS noted that they were managing the risks, but that it was not sustainable. He added that they had the Tunnel Safety Group back up and running, and they had started to co-opt clinical staff.

	<p><b>Action</b> – the HHS to bring an update back to the meeting on why people were not using the waste collection service.</p> <p><u>Capital, Estates and Facilities – Estates Risk Register</u></p> <p>The IM-LA asked what their position was around escalating the 15-20 rated risks.</p> <p>The DCEF responded that he and the HHS would review all of their risks and then discuss with the DCG on how this would be presented to Board.</p> <p>The IM-CE asked whether the release of the £6m funding would help with those risks in the 15-20 risk category, and if the release of this funding reflected a greater awareness or urgency from WG.</p> <p>The DCEF responded that the EFAB scheme had tried to address some of the infrastructure issues, as there had been no ringfenced money from WG. However, this money would only scratch the surface. He added that there did not always seem to be appropriate planning with WG to resolve these issues.</p> <p>The IM-C asked whether this Committee could escalate these issues to Board, who could then raise it with WG.</p> <p>The DCEF explained that the Health Board were doing the most they could with the current resources they had, and that the issues had been recognised at Board and M.E. level. He stated that WG were aware of the problems, as the Chief Executive, Chair and the University had recently written to Judith Paget.</p> <p>The CEO added that Welsh Government WG were very aware of the challenges faced by the Health Board and the Board should be extremely concerned following a detailed report received at its Board Development session in August 2023.</p> <p>It was noted that a partnership letter had been sent to WG from the Health Board and signed by herself, the Chair and the Vice Chancellor of the University which outlined the risks identified by Capital, Estates &amp; Facilities (CEF) in relation to the estate infrastructure.</p> <p>A limited response was received from WG which outlined that they were aware of those risks.</p> <p>The CEO concluded that the estate infrastructure was a significant risk for the Health Board which required continued and substantial investment.</p> <p>The CC concluded that the Board would need to be sighted on the range of risks received by the Committee.</p>	<p><b>RW</b></p>
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	<p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The content of the Health and Safety Sub-Committee Chairs Report was noted.</li> <li>b) It was noted that the highest risk Health and Safety issues across the Health Board would feed into the People and Culture meeting.</li> <li>c) The work undertaken by the CEF Service Board to identify, manage and mitigate where possible the risks associated with the estate infrastructure was noted</li> <li>d) The progress made to address a number of the most severe and disruptive risks whilst recognising the good work undertaken within a limited funding envelop was noted.</li> </ul>	
<p><b>P&amp;C 11/9/009</b></p>	<p><b>Board Assurance Framework Report</b></p> <p>The Board Assurance Framework Report was received.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The risks in relation to Sustainable Culture Change were received.</li> <li>b) Comments would be provided to the Executive Director to be addressed prior to Board consideration on 28 September 2023.</li> </ul>	
<p><b>P&amp;C 11/9/010</b></p>	<p><b>Introducing a consistent, evidence-based approach to Cultural Assessments at Cardiff and Vale UHB.</b></p> <p>The item was removed from the agenda and deferred to the next Committee meeting.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The item was deferred to the next Committee meeting.</li> </ul>	
<p><b>P&amp;C 11/9/011</b></p>	<p><b>Key Workforce Performance Indicators</b></p> <p>The Key Workforce Performance Indicators were received.</p> <p>The Deputy Director of People &amp; Culture (DDPC) advised the Board that the position had improved which was a position described month on month.</p> <p>She added that hard work and focus undertaken by the Clinical Boards had led to those improvements.</p>	

	<p>It was noted that the sickness absence rate for July 2023 was identified at 4.97% but the DDPC advised the Committee that the true number was 6.12%.</p> <p>The DDPC presented the Workforce Sustainability Programme to the Committee which outlined 5 key points which included:</p> <ul style="list-style-type: none"> <li>• The Cardiff and Vale People and Culture Plan described the need to build a sustainable and affordable workforce.</li> <li>• The plan had been accelerated to support financial sustainability whilst also ensuring quality &amp; safety was not negatively impacted.</li> <li>• A cost reduction programme had been implemented which included £8m from the original plan of schemes identified, £15m additional high value schemes and the additional 10% WG target.</li> <li>• A scheme of delegation had been introduced for the escalation and approval of agency, overtime and bank for all staff groups.</li> <li>• There was an enhanced scrutiny of vacancy approval at Clinical Board and Corporate levels with front line replacement posts below a band 7, not being impacted.</li> </ul> <p>A list of current schemes identified were presented to the Committee and included a number of areas such as:</p> <ul style="list-style-type: none"> <li>• Nursing <ul style="list-style-type: none"> <li>- Healthcare Support Worker agency had ceased</li> </ul> </li> <li>• Capital and Estates <ul style="list-style-type: none"> <li>- Agency work had ceased</li> </ul> </li> <li>• Administration and Management <ul style="list-style-type: none"> <li>- Overtime and bank had ceased</li> </ul> </li> <li>• Medical and Dental <ul style="list-style-type: none"> <li>- inappropriate use of WLI payments were ceased.</li> <li>- Agency and bank usage had been decreased.</li> </ul> </li> </ul> <p>The EDPH asked for the staff flu vaccination uptake to be included in the next set of KPIs.</p> <p><b>The Committee resolved that:</b></p> <p>a) The contents of the report were noted.</p>	<p><b>LM</b></p>
<p><b>P&amp;C</b> <b>11/9/012</b></p>	<p><b>Clinical Board Spotlight</b></p>	

The Medicine Clinical Board Spotlight was received.

The Director of Operations – Medicine (DOM) advised the Committee that the Medicine Clinical Board (MCB) had been asked to talk through how it could triangulate data provided by the People & Culture team to look at what required focus.

She added that 2 areas were identified for discussion which included:

- Sickness
- Values Based Appraisals

It was noted that in December 2022, the MCB Senior Management Team (SMT) had identified that sickness levels were too high and so actions were taken to help reduce sickness such as:

- Implementation of a monthly Sickness Panel where the SMT would meet with lead nurses and general managers to allow them to talk through individual members of staff where specific and guided support was required as well as discussion around short term sickness data.
- Commissioning of Audit Work for community hospitals.
- Training for staff

The Committee was presented with long-term and short-term sickness data for the MCB which showed a reducing trajectory which was pleasing to note.

Data for each directorate was presented which also showed reducing trajectories in each area:

- Emergency and Acute Medicine
- Integrated Medicine
- Specialised Medicine

The Director of Nursing – Medicine (DONM) presented the Committee with the costs that sickness had created for the MCB for the year 2021-2022 which totalled £405,561 compared to 2022-2023 where the total had decreased to £176,439.

In relation to Values Based Appraisals (VBA), the Committee were presented with the data around how many had been completed in 2023 and an upwards trajectory was observed culminating in 66.27% being obtained in July 2023.

The CC thanked the DONM and DOM and asked that the thanks of the Committee be fed back to the MCB.



	<p>The CEO asked that the data be presented to other Clinical Boards to help inspire them with the upwards trajectories shown by the MCB.</p> <p>The Executive Nurse Director (END) advised the Committee that there was a risk within the MCB when ward sisters were being asked to step away from the operational side of running the wards to step into the clinical nursing elements and noted that a conversation was required with the Directors of Nursing around supervisory time.</p> <p>The CC added that it was a crucial action to follow up on.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Medicine Clinical Board Spotlight was noted.</p>	
<p><b>P&amp;C</b> <b>11/9/013</b></p>	<p><b>Staff Communications Plan</b></p> <p>The Staff Communications Plan was received.</p> <p>The Director of Communications (DC) provided the Committee with verbal update on the staff communications plan which included areas such as:</p> <ul style="list-style-type: none"> <li>• Shaping Our Future Wellbeing</li> <li>• Financial Stability</li> <li>• Winter Wellbeing Plans</li> <li>• Recruitment and Retention Roadshows</li> <li>• Staff Benefits aligned to the cost of living work across the whole Organisation.</li> </ul> <p>The DC added that there was an alignment of strategic communication activity across the Health Board which linked in with reactive and operational communications.</p> <p>The DC presented the Committee with a number of channels used to provide communication to staff which included:</p> <ul style="list-style-type: none"> <li>• SharePoint</li> <li>• E-mails</li> <li>• Screensavers</li> <li>• CAVConnect</li> <li>• Ask Suzanne Meetings</li> </ul> <p><b>Action</b> - The CC asked that the analytics and business intelligence side of the data around staff engagement could be received by the Committee at a future meeting</p> <p><b>The Committee resolved to:</b></p> <p>a) The verbal update was noted.</p>	<p><b>JB</b></p>

<p><b>P&amp;C</b> <b>11/9/014</b></p>	<p><b>All Wales Staff Survey</b></p> <p>The All Wales Staff Survey was received.</p> <p>The Assistant Director of Organisational Development, Wellbeing and Culture (ADODWC) advised the Committee of updates to the All Wales Staff Survey which included:</p> <ul style="list-style-type: none"> <li>• HEIW had scoped and designed the survey</li> <li>• A thorough communication and engagement plan had been devised</li> <li>• Site visits would be undertaken when the Staff Survey went live</li> </ul> <p>It was noted that the Health Board response rates had declined since 2016, as had the overall engagement score and so a target of 30% had been set by HEIW.</p> <p>The ADODWC advised the Committee that a working group had been established to effectively manage engagement and communication of the Staff Survey within the Health Board and noted that the group would compose and position information about the survey to colleagues across the Health Board whilst emphasising the importance of completion.</p> <p><b>The Committee resolved to:</b></p> <ol style="list-style-type: none"> <li>a) The actions being taken were noted.</li> <li>b) The communication and engagement of the NHS Wales Staff Survey within CAVUHB was supported and Members of the People and Culture Committee were asked to commit to championing and encouraging engagement at a local level and to lead the communication of results and development of local action plans following receipt of the analysis in December 2023.</li> </ol>	
	<p><b>Items for Approval / Ratification</b></p>	
<p><b>P&amp;C</b> <b>11/9/015</b></p>	<p><b>Welsh Language Annual Report</b></p> <p>The Welsh Language Annual Report was received.</p> <p>The ADODWC advised the Committee that standard 120 of the Welsh Language Standards required the Health Board to publish an annual report to provide an overview of organisational activity around the Welsh language, including compliance with the Standards.</p>	

	<p>She added that a number of areas had been identified within the report for the Committee to receive which included:</p> <ul style="list-style-type: none"> <li>• Governance and structure</li> <li>• Activities under the ‘Meddwl Cymraeg / Think Welsh’ Campaign</li> <li>• Provision of bilingual information for patients and the public</li> <li>• Compliance with the Service Delivery Standards</li> <li>• Recruitment of Welsh language skills</li> <li>• Translation services</li> <li>• Concerns raised</li> <li>• Welsh language skill profile of staff</li> </ul> <p>It was noted that there had been excellent progress made over the past year in raising the profile of the Welsh language throughout the Health Board. However, it was noted that improvements were needed, as data indicated:</p> <ul style="list-style-type: none"> <li>• A low number of staff were recruited to the organisation with Welsh language skills identified as essential.</li> <li>• A low number of staff were registering their Welsh Language skills through Electronic Staff Records.</li> </ul> <p>The ADODWC advised the Committee that the Health Board was establishing a task and finish group to improve process around recruiting people with Welsh language skills and were running a campaign to increase the registration of Welsh language skills.</p> <p>The CEO advised the Committee that a number of Welsh Language Enforcement notices had been received by the Welsh Commissioner which held a large risk to the Health Board and so work would be required to mitigate the risk.</p> <p><b>The Committee resolved to:</b></p> <ul style="list-style-type: none"> <li>a) The report for publication on the Health Board’s website was approved.</li> </ul>	
<p><b>P&amp;C 11/9/016</b></p>	<p><b>Policies for Approval</b></p> <p>2 Policies were received for approval:</p> <ul style="list-style-type: none"> <li>i) Waiting List Initiative Procedure Medical and Dental Staff</li> <li>ii) Industrial Action (All Wales) Guidelines</li> </ul> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The Waiting List Initiative Procedure Medical and Dental Staff was approved.</li> <li>b) The Industrial Action (All Wales) Guidelines were approved.</li> </ul>	

	<b>Items for Information &amp; Noting</b>	
<b>P&amp;C 11/9/017</b>	<p><b>Corporate Risk Register</b></p> <p>The Corporate Risk Register was received.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Corporate Risk Register risk entries linked to the People and Culture Committee and the Risk Management development work which was now progressing with Clinical Boards and Corporate Directorates was noted.</p>	
<b>P&amp;C 11/9/018</b>	<p><b>Equality Impact Assessments: More than a Tick Box Exercise Management Response</b></p> <p>The Equality Impact Assessments: More than a Tick Box Exercise Management Response were received.</p> <p>The EDPH commented that some time ago, the Health Board adapted its approach to change the title of the assessments from “Equality Impact Assessments” to “Equality <i>and</i> Health Impact Assessments”.</p> <p>She added that it was a key part of the national framework.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Equality Impact Assessments: More than a Tick Box Exercise Management Response was noted.</p>	
<b>P&amp;C 11/9/019</b>	<b>Any Other Business</b>	
	<p>The CEO noted that the potential for further Industrial Action was always a risk and so plans and discussion should be brought back for future conversation.</p>	<b>RG</b>
	<b>Private Agenda Items</b>	
	<p>i) <i>Private Minutes from the previous meeting – 11 July 2023</i></p> <p>ii) <i>Fire Prosecution Update – Verbal (exempt from publication due to confidential nature of legal case)</i></p>	
<b>P&amp;C 11/9/020</b>	<b>Review &amp; Final Closure</b>	
<b>P&amp;C 11/9/021</b>	Items to be deferred to Board/Committees	
	<b>Date &amp; time of the next meeting:</b>	
	Tuesday 14 November 2023 at 9am via MS Teams	