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Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

**People & Culture Committee**  
**Held on 14 July 2021 at 9:00 am**  
**as a Virtual Meeting via MS Teams**

**Present:**

Dilys Jouvenat	Independent Member (in the Chair)
Mel Jehu	Independent Member
Nicola Milligan	Independent Member
Jayne Sadgrove	Health Board Vice Chair

**In Attendance:**

Hywel Daniel	Executive Director for People
Karen Wright	Assistant Director, Workforce & Organisational Development
Michelle Hurley-Tyers	Assistant Director, Organisational Development and Wellbeing
Georgina Galletly	Director of Governance/Board Secretary
Debbie Bennion	Deputy Executive Nurse Director
Clare Wright	Strategic Lead for Wellbeing, Consultant Clinical Psychologist & Systemic Psychotherapist (in-part)
Paul Harrison	Head of Workforce Productivity & E Systems
Nerys Conway	Assistant Medical Director (in-part)
Sharon Nash	Head of organisational development (in-part)
Emma Samways	Internal Audit (Observing)
Wendy Penrhyn-Jones	Head of Corporate Governance & Board Business
Emma Walters	Corporate Governance Manager (Observing)
Kathrine Davies	Corporate Governance Manager (Secretariat)

**7.21.1 PRELIMINARY MATTERS**

**7.21.2 Welcome & Introductions**

The Chair welcomed everyone to the meeting.

**7.21.3 Apologies for Absence**

Apologies for Absence were received from Greg Padmore-Dix, Director of Nursing and Midwifery.

**7.21.4 Declarations of Interest**

There were none.

**7.21.5 CONSENT AGENDA**

The Chair explained that to ensure a focus on business critical activity and discussions CTMUHB was continuing to use the

consent agenda process. This enabled questions on any of the items under the Consent Agenda to be invited in advance of the meeting which were then put to the relevant officer lead.

The Chair asked if anyone wished to comment further on the consent agenda items or move any of the items to the main agenda for discussion. There were no such requests.

The Chair asked Members to note that agenda item 2.1.3 Procedure for Dealing with Anonymous Communications was a procedure and advised that the Committee's authority only extended to the approval of policies.

**Resolution:** The Committee **AGREED** to **NOTE** the development of the Procedure for Dealing with Anonymous Communications which will be received by Management Board for Approval.

#### **ITEMS FOR APPROVAL**

**7.21.6**

##### **Minutes of the People & Culture Committee held on 26.4.21.**

Resolution: The minutes were **RECEIVED** and **CONFIRMED** as an accurate record.

**7.21.7**

##### **Ratification of the All-Wales Respect and Resolution Policy and FAQ's (approved under the urgent Chair's Action following the April 2021 Meeting).**

Resolution: The Policy was **APPROVED**.

**7.21.8**

##### **Shared Parental Leave Policy**

Resolution: The Policy was **APPROVED**.

**7.21.9**

##### **Updated Committee Business Cycle**

Resolution the Updated Committee Business Cycle was **APPROVED**.

**7.21.10**

##### **Committee Annual Report 2020/2021 and Improvement Plan**

Resolution: The Annual Report and Improvement Plan was **APPROVED**.

- 7.21.11 Annual Review of the Committee's Terms of Reference**  
Resolution: The Terms of Reference were **APPROVED**.

## **MAIN AGENDA**

- 7.21.12 Matters Arising:**

The Chair stated that whilst a process was in place for Members to ask questions ahead of the meeting, (and for corresponding answers to be shared), Members still had the opportunity to raise any matters. No matters arising were indicated for discussion.

- 7.21.13 Medical Workforce Update**

Members **RECEIVED** the report that provided the Committee on the current situation in medical workforce and the medical efficiency work streams, projects and overall department.

H. Daniel, N. Conway and P. Harrison were invited to present the update to the Committee

J. Sadgrove commented that it was pleasing to see attention, focus and progress on a range of complicated issues that required addressing to understand the workforce capacity and the associated costs. J. Sadgrove added that it was good to see the establishment control being scoped which would address the recurrent issues around long term locums. J. Sadgrove raised the issue of in-house management of agency locums outlined on page 5 of the report and queried whether there was a need to invest in an in-house team with the expertise required to run it. P. Harrison advised that this option was being considered due to the significant costs associated with external providers.

N. Milligan referenced the job planning information which related to 2017 and queried whether there was more up-to-date information available.. N. Conway advised that the current figures were contained on page 12 which were 17% for Consultants and 19% for SAS doctors with approved job plans within the last 12 months. Job planning had been paused during the Covid-19 Pandemic, however since it had recommenced the figures had increased from single figures to 17-18%. The data was being reviewed every quarter showing

where there has been improvement and a group had been established working with the Integrated Locality Groups (ILGs) to prioritise job planning.

M. Jehu referred to page 4 of the report, and in particular the launch of the Medical Bank without the standardised ADH rate. He queried when the data would be reviewed and whether there was a timeline. N. Conway and P. Harrison advised that the data was originally due to have been reviewed after six months, however it had now been agreed that this would take place after a month with the data from Princess of Wales Hospital (PoWH) and a standardised rate card. The reviews would provide live and probable data and would enable visibility on the rates currently being paid.

M. Jehu commented on the wording in the report and particularly the mention of 'resistance' and queried who was responsible, accountable and able to manage this as well as associated need for cultural change. N. Conway advised that the learning from the previous process was that strong engagement with clinicians was key. With regard to accountability, it was confirmed that this would come under the remit of the Executive Director for People and in terms of administering the systems and discussions with regard to pay, that would sit with the Medical Director along with support from the Executive Team as a whole.

H. Daniel referred to the medical engagement scale and the response rates which had reached a very high target of 50% and previously had been averaging 18%. This was the highest in Wales. .

The Chair thanked the team for all their work.

Resolution: The update was **NOTED**.

**7/21/14**

### **Organisational Risk Register**

The latest iteration of the Risk Register containing matters with a score of 15 or above which had been assigned to the Committee for scrutiny was **RECEIVED**.

In discussing the Risk Register the following points were raised:

G. Galletly advised Members that there had been no movement in risk scores for the Committee during this period.

The Chair commented that some of the risks were dated back to 2013. H. Daniel advised that failure to recruit medical and dental staff was always going to be a risk and was historic due to a global shortage in certain speciality areas and it was important to keep such risks under review. .

N. Milligan queried the risk around the delivery of high quality patient care due to the difficulty in recruiting and retaining sufficient numbers of registered nurses and midwives. P. Harrison advised that an objection had been raised by the trade unions with regard to the rosters for the former Bridgend and the former Cwm Taf University Health Board. H. Daniel advised that this would be revisited outside of the Committee.

Resolution: The Committee reviewed the Risk Register and **noted** the report.

Action: Ongoing discussions on the rosters would be revisited outside of the Committee.

## **7.21.15**

### **EMPLOYEE EXPERIENCE & WELLBEING**

#### **Presentation: Employee Experience & Wellbeing Update**

C. Wright provided a presentation to the Committee on the Employee Experience and Wellbeing.

N. Milligan commented that it was clear from the presentation that staff had thought that the values and behaviours was something additional of what they were required to do and queried what the organisation was going to do to improve staff engagement so that they owned these standards. .. H. Daniel agreed advised that this was not permeating across the organisation adding that the framework was being promoted by a small team and that the pandemic had had an impact on implementation within ILGs. Hywel Daniel stated that the intention was to work with ILGs to understand what further support they needed in this respect.

D. Bennion suggested that she met with C. Wright outside the meeting to discuss this further.

M. Jehu commented that there was so much work that had been undertaken in gathering views and knowledge but clarity and a clear line of sight was required between patients, staff, managers, the executive team and Board as to the the obstacles and issues. D. Bennion advised that good leadership was key along with the provision of support to staff.

M. Hurley-Tyres advised that the listening feedback sessions that were being held were very different to the surveys and more about experience and defining processes. The intention was to make some quick progress and she suggested that she bring some examples back to a future meeting of the Committee in due course.

N. Milligan referred to the Clinical Advisory Group that consisted of staff from all clinical backgrounds and wondered whether they could contribute to this work. G. Galletly advised that the Group was relatively new and still embedding however, this was a good suggestion and would take this back to the Group to consider.

The Chair thanked C. Wright and the team all the work they had been undertaking.

Resolution: The presentation and update was **NOTED**.

Action: D. Bennion, H. Daniel and N. Milligan to discuss value and behaviours outside of the meeting.

Action: G. Galletly to discuss input from the Clinical Advisory Group on their input into the work.

### 7.21.16

#### **Corporate Health Standard**

K. Wright introduced the report which provided the Committee with an update on the process for the Corporate Health Standard Awards.

The Committee were advised that the Health Board had achieved the Gold Standard and were now applying for the Platinum Award.

The Chair congratulated the Team on the retention of the Gold Standard and wished them good luck for the Platinum Award.

Resolution: The report was **NOTED**.

### 7.21.17

#### **ORGANISATIONAL DEVELOPMENT & CULTURE Equality, Diversity and Inclusion (EDI)**

S. Nash provided a presentation to the Committee which provided an update on Welsh Language, Equality and the Culture of Inclusion.

N. Milligan referred to the disability information hub that had been established on the organisation's website and advised that people with dyslexia would have problems trying to read documents on the hub such as the minutes for the disability network. N. Milligan added that not all staff had access to the internet and queried how the organisation could be inclusive for those members of staff with hidden disabilities. S. Nash advised that there was a plan to revise the hubs taking the learning from the engagement on the Black, Asian, Minority and Ethnicity (BAME) work.

N. Milligan commented that on looking at the corporate social responsibility, 1,021 people were interviewed with only 24 actually being employed and advised that action was required to change this. She added that Band 2 jobs were still asking for 5 years of experience which would be difficult for young people to provide given their age. S. Nash acknowledged that there was work to do and that there had been some teething problems initially in terms of the apprenticeships but these had now been resolved. It was accepted that job descriptions needed to be reviewed and revised over the longer term. H. Daniel advised that a new lead had been appointed who was developing a new approach to apprenticeships and creating

opportunities. He added that the organisation needed to be more creative in terms of recruitment to provide more opportunities.

M. Jehu commented that the Equality Act came into being eleven years ago and asked how many people had reported racism, bullying and prejudice incidents, what had been done about it and the outcomes. S. Nash undertook to share the statistics outside of the meeting. S. Nash advised that the organisation also provided support to help staff address issues themselves and the network was very positive in supporting people.

P. Harrison commented that he would be very interested to look at the data and in particular around the gender pay gap and undertook to do so outside the meeting.

The Chair thanked the team for their innovative work.

Resolution: The presentation was noted.

Action: Statistics for reports of Bullying, Racism and Prejudice to be reviewed and shared with Committee members. .

## 21.7.18

### **Equality Annual Report 2020/21**

H. Daniel and S. Nash presented the Equality Annual Report for 2020-21 which provided various reporting responsibilities detailed under the act, and other related reporting responsibilities such as Gender Pay.

G. Galletly advised that the annual report would need to be received by the Board. The Committee could approve with reference to the Board as necessary. However, this would be checked outside of the meeting.

Resolved: The report was **APPROVED for onward consideration by the Board.**

Action: Director of Governance to review the approval process outside of the meeting.

### 21.7.19

#### **Welsh Language Standards Annual Report 2020/21**

H. Daniel presented the report which covered various reporting responsibilities detailed under Welsh Language Standards.

The Chair thanked the Welsh Language team for their innovative work in meeting the Welsh Language Standards.

Resolved: The report was **APPROVED**.

### **PERFORMANCE REPORTING**

### 21.7.20

#### **Workforce Metrics Report**

H. Daniel presented the report which provided the Committee with the key workforce metrics for April - May 2021, with historic trends shown as appropriate.

N. Milligan referred to the return to work metrics and asked whether the organisation was supporting staff as they were returning to work particularly given the performance in this respect was lower for the Bridgend ILG. H. Daniel advised that the return to work was part of the overall improvement plans that ILGs would be developing and that the performance of ILGs was undertaken on behalf of the Chief Executive through the Chief Operating Officer. H. Daniel stated that where any underperformance was evident then ILGs would be required to develop a plan to address this. .

N. Milligan referred to the Trak system and advised that it was consistently taking twice as long to shortlist in a competitive market which could result in 'losing' staff to other organisations. H. Daniel advised that the shortlisting process was being reviewed under the work being undertaken in relation to the recruitment process.

Resolved: the report was **NOTED**.

### 21.7.21

#### **Disclosure & Barring Service (DBS)**

K. Wright introduced the report.

Members were advised that a report had been presented to the Management Board in February 2020, which provided an update on the CTMUHB DBS check process and the findings of

an internal audit, undertaken the Workforce Compliance Team. Members **NOTED** the findings in respect of the current position in relation to DBS compliance and the level of assurance provided.

N. Milligan queried the statement on page three of the report where it stated that 2,163 people were not required to undertake the checks. K. Wright advised that not everyone was required to have a DBS check, however, there was a very strict criteria governing this.

Resolved: The report was **NOTED**.

**7.21.22 COMMITTEE HIGHLIGHT REPORT TO BOARD**

The Chair suggested that the highlight report be developed by the Governance Team and approved by herself and H. Daniel as the Executive lead for the Committee.

**7.21.23 COMMITTEE FORWARD WORK PROGRAMME**

Members were asked that if they had any suggestions to be added to the forward work plan to relay to the Governance Team within the next 10 days, so that they could be logged and put forward for discussion at the next agenda planning session.

The Chair advised that two issues that could be added were the nursing workforce issues and the cultural work in problem areas such as CAMHS and Maternity that C. Wright had referred to in her report.

**7.21.24 ANY OTHER URGENT BUSINESS**

There was none.

**7.21.25 DATE AND TIME OF NEXT MEETING**

13 October 2021 at 9.00 am.