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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

People & Culture Committee

Held on 26 April 2021
as a Virtual Meeting

Present:

Jayne Sadgrove	Independent Member (in the Chair)
Mel Jehu	Independent Member
Nicola Milligan	Independent Member
Keiron Montague	Independent Member
Dilys Jouvenat	Independent Member

In Attendance:

Hywel Daniel	Executive Director for People
Karen Wright	Assistant Director, Workforce & Organisational Development
Michelle Hurley-Tyers	Assistant Director, OD and Wellbeing
Cally Hamblyn	Assistant Director, Governance & Risk
Dom Hurford	Interim Deputy Medical Director (until 4.21.3.4)
Paul Harrison	Head of Workforce Productivity & E Systems (on behalf of Donna Hill) (until 4.21.4.4)
Valerie Wilson	Director of Midwifery, Gynaecology & Sexual Health (until 4.21.4.2)
Jane O'Kane	Neonatal Improvement Director (until 4.21.4.3)
Ana Llewellyn	Director of Nursing, Bridgend Integrated Locality Group (until 4.21.4.4)
Emma Samways	Internal Audit (Observing)
Wendy Penrhyn-Jones	Head of Corporate Governance & Board Business (Secretariat)

4.21.1 PRELIMINARY MATTERS

4.21.1.1

Welcome & Introductions (Oral)

In opening the meeting, Jayne Sadgrove provided a bilingual welcome to all those present noting that the Committee had not met since October 2020. This was due to the first meeting of 2021 having been cancelled, due to a surge in levels of COVID-19 infections.

4.21.1.2

Apologies for Absence

Apologies were **RECEIVED** from Georgina Galletly, Director of Corporate Governance/Board Secretary and Paul Dalton, Head of Internal Audit.

4.21.1.3

Declarations of Interest

There were none.

4.21.2

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.

Two points had been raised in the lead-up this meeting and the responses (details of which appear below in italics). These had been shared with attendees. 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.

Items for Approval

1. Minutes of the People & Culture Committee held on 28.10.20.

RESOLVED: the minutes were **RECEIVED** and **CONFIRMED** as an accurate record.

2. DRAFT Board Committee Annual Cycle of Business.

IM Question: *Would the document benefit from capturing the detail of groups reporting to the Committee such as the Employee Experience Group?*

Response: *The document lists the various topic areas that will be reporting to the Committee over the next year, the staff experience & well-being being one of these pieces of work. The work of any groups that have a remit in that area of work would therefore be reported to the Committee, under that overall topic title.*

Jayne Sadgrove invited Hywel Daniel to comment on the reporting arrangements to the Committee. Hywel Daniel stated that the Employee Experience Group was an informal quarterly meeting and he was happy to share details of membership if this would be helpful. Michelle Hurley-Tyers stated that the plan was for the work of the group to be incorporated into report on employee experience and wellbeing and these were currently scheduled to come to the Committee twice a year.

Cally Hamblyn clarified that while there were no formal sub-committees of the People & Culture Committee, should the Committee wish to receive such reports this could be achieved through highlight reports. Jayne Sadgrove felt this would be

useful in that it signalled that the Committee was interested to hear from them. Hywel Daniel and Michelle Hurley-Tyers agreed to discuss this issue further outside the meeting and to present a way forward at the next meeting. **ACTION**

3. All-Wales Special Leave Policy

Jayne Sadgrove stated that in recent days members had been notified of an amendment to the above policy and the revised policy had been made available for review in the last few days.

RESOLVED: The All-Wales Special Leave Policy be **APPROVED**.

4. All-Wales Recruitment & Retention Payment Protocol

RESOLVED: The above Protocol be **APPROVED**.

5. Shared Parental Leave Policy

IM Question: *Has consideration been given to including staff who become parents via a surrogacy agreement in the Shared Parental Leave Policy?*

Response: *Following receipt of this suggestion the Workforce Policy Review Group has asked that approval of this policy be deferred to provide an opportunity to further review and update the document to reflect CIPD best practice, in respect of parenting through surrogacy.*

RESOLVED: The above policy be **DEFERRED** for further consideration.

Hywel Daniel thanked Dilys Jouvenat for her suggestion regarding the issue of surrogacy and said that he had suggested that this and the issue of miscarriage be taken into account for the further review of the Shared Parental Leave Policy. It was **NOTED** that such considerations would also be applied to any other relevant policies.

4.21.3

MAIN AGENDA

4.21.3.1

Matters Arising:

The Chair stated that while 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.

4.21.3.2

Action Log

The action log was **RECEIVED** and the following points were discussed:

- **2.20.8.1 Compliance with Sickness Absence Policy Requirements**

Hywel Daniel advised that this action related to poor levels of compliance with 'return to work' meetings and stated that he had written to all ILGs seeking improvement plans by 18th May 2021.

Members **NOTED** this process was important in staff feeling that they were being properly supported by their managers. Members **NOTED** that monitoring of improvements in this regard was due to be achieved through monthly metrics monitoring meetings.

- 2.20.10.1 Proportion of New Starters completing Fire Training

Hywel Daniel stated that discussions around this issue were ongoing between the Head of Health Safety & Fire and the newly appointed Learning & Development Manager. Mel Jehu stated that there was a need for assurance as regards processes being in place for any new staff, which ensured they were made aware of local fire procedures. Hywel Daniel stated that compliance with local fire procedures was held on the ESR system and would be shared following the meeting. **ACTION.**

Nicola Milligan stated that while CTMUHB staff may be aware of the necessary fire processes, she was concerned that this may not be the case where a bank or agency nurse was working in a ward or department for the first time. Paul Harrison stated that 85% of the nurses registered on the CTMUHB nurse bank were CTMUHB staff and therefore should have received the necessary training. Paul Harrison added that as part of local induction processes managers were responsible for ensuring procedures for fire, health, safety and security were discussed prior to individuals beginning work for the first time. Mel Jehu asked if the fire procedure was also made known to any site contractors. Hywel Daniel agreed to verify the position outside the meeting. **ACTION: Matter to be referred to Health Safety & Fire Sub Committee**

With regard to the organisation-wide fire training, which had been provided for staff on a face-to-face basis prior to the pandemic, Hywel Daniel stated that there was a need to articulate the plan for delivering this on-line including timescales. **ACTION Matter to be referred to Health Safety and Fire Sub Committee.**

Dilys Jouvenat stated that such issues were discussed at the Health Safety & Fire Sub-Committee. Jayne Sadgrove stated that the remit of the People & Culture Committee lay in scrutinising training compliance and that the Health Safety &

Fire Sub-Committee had a remit in discussing the such issues in a broader sense. It was therefore agreed that the second and third fire related actions above be notified to the Health Safety & Fire Sub-Committee, to allow the responses to be provided through that forum.

Organisational Risk Register

4.21.3.3

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:

Members **NOTED** that each of the issues had a relevant Executive Strategic Lead and therefore not all of the risks listed in the report were being led by the Executive Director for People. Cally Hamblyn stated that the Risk Register was reviewed every month through the Management Board and that the ways of providing more timely updates were being explored. Cally Hamblyn also advised that she was working with ILGs to help them in setting out more realistic timeframes in terms of the mitigating actions. Members **NOTED** the Risk Register content was next due to be reviewed at the end of April 2021.

Jayne Sadgrove stated that the approach to managing risk within CTMUHB continued to develop and that due to the timing of various meetings, the content before Members related to updates provided during February and March 2021. Hywel Daniel therefore provided a verbal update as to further progress made.

With regard to the recruitment of Medical & Dental staff it was **NOTED** that this work was being taken forward in conjunction with the Assistant Medical Directors with greater use was being made of social media platforms to highlight vacancies as well as the agency Kendall Black providing assistance. Members **NOTED** that an update around this programme of work had been provided to the Audit & Risk Committee recently.

It was **NOTED** that the planned establishment of a medical bank would provide useful data on ADH spending across CTMUHB and in so doing would help reduce costs. Hywel Daniel stated that this issue was also linked to the issue of agency staff and that the Rostering Policy would bring about greater discipline in this regard. The policy was noted to be nearing finalisation. Hywel Daniel said such actions would contribute to an overall improved position.

Hywel Daniel suggested that an update needed to be sourced outside the meeting regarding the risk relating to Obstetric Theatres and agreed to discuss this with Cally Hamblyn. **ACTION.**

With regard to Welsh Language Standards, Hywel Daniel stated there had been progress with the implementation of a Welsh Language in Primary Care Policy. Members **NOTED** the requirement to translate all job descriptions was being tackled on an all-Wales basis and that a contract for the provision of Welsh Language courses had recently been approved. Hywel Daniel undertook to review the degree of progress around the Welsh Language Standards to determine if the risk score could be decreased when the register was next updated. **ACTION**

4.21.3.4 Medical & Dental Rostering (Internal Audit Report)

A copy of the above limited assurance report was **RECEIVED**. Jayne Sadgrove advised that this was before Members following a referral from the Audit & Risk Committee, which felt that that the People & Culture Committee needed to be aware of the audit, as part of its work in reviewing resources within the Health Board.

Dom Hurford was invited to speak to the committee about the actions being taken to address the findings. In discussing the report the following points were raised:

Members **NOTED** the deployment of an electronic system would ultimately help manage rostering issues and that it would enable greater flexibility as well as providing a useful picture of capacity levels. For historical reasons, there were currently a range of different IT systems being used by the various specialities across CTMUHB. Members **NOTED** the system would help monitor various issues including sickness and annual leave which would provide valuable reassurance that staff were both booking and taking their annual leave and where there was a period of sickness, that appropriate actions were flagged for action to support staff where necessary.

The system roll-out had not been as rapid as would have been wished for various reasons including Coronavirus. Members **NOTED** there was currently a backlog in consultant job planning, which was also impacting on the benefits that could be derived from the new system, but that steady progress was being made.

Jayne Sadgrove asked how progress in introducing this new system was being monitored from an operational perspective.

Hywel Daniel stated that an overarching group was in the process of being established to oversee all the strands of medical workforce. Jayne Sadgrove also asked whether there was sufficient resource in place to support the roll-out and was advised that there was and that the delivery of the programme to be overseen by a recently appointed lead manager.

Members **NOTED** that ultimately the system would enable the matching of medics to service workload. It was **NOTED** that the action plan set out that two further modules were due to be purchased to further enable the system. Members **NOTED** that funding would be drawn down at the appropriate time to facilitate this. Emma Samways advised the Committee that the follow-up audit of the issue was currently scheduled for quarter three of 2021/22.

Jayne Sadgrove sought reassurance that a robust plan of action was being followed and it was agreed that a report setting out outstanding actions and realistic delivery dates would be considered at the next meeting. Hywel Daniel suggested that it may be helpful to also include an update on medical workforce issues linked to this issue and the various strands of ongoing work. This was agreed. **ACTION.**

4.21.4

CULTURE & VALUES

4.21.4.1 Values & Behaviours Update

An update report was **RECEIVED.** In discussing the report the following points were raised:

Hywel Daniel stated that while the organisation had obsentively completed the 'launch phase' it was acknowledged that there remained some work to be completed in relation to visual materials, aimed at helping staff to keep abreast of developments.

Members **NOTED** that a revised plan for embedding the framework was now in place with a structure to support this work. It was acknowledged that such work would take time given the various challenges that needed to be overcome. Members **NOTED** there was a need to 'shift' the ownership for embedding the values and behaviours so that it was recognised and accepted that all leaders had responsibilities and therefore that this would not all come from the 'centre'. Hywel Daniel also referenced linkages with the Personal Appraisal Development Review (PADR) and recruitment process for example. All such issues would require redesign so that they

were 'values-based' and made clear what type of organisation CTMUHB aspired to be. Hywel Daniel referenced organisations that used pre-application surveys to indicate if prospective candidates were a likely to fit with the values and their cultures.

Dilys Jouvenat suggested that it may be possible to learn from other organisations that had successfully used values-based recruitment and suggested contact was made with Swansea University for example. With regard to the feedback from staff who had attended CTMUHB's Values Cafe, Dilys Jouvenat asked if support was provided where it was felt anyone required this. It was confirmed that links were made with the Wellbeing team as appropriate.

Nicola Milligan stated that the way in which section 2.11 of the report was currently presented suggested that the purpose of the current work was no different from the workshops held some two years ago. Michelle Hurley-Tyers stated that while she felt that there was still a need to mature and evolve aspects of the early work, much had changed in the interim. Michelle Hurley-Tyers stated that the current phase was now more about reinforcement as part of the constant journey to embed Values and Behaviours across the organisation. Jayne Sadgrove stated that it was important that staff did not see the current phase as a 'restart' but as one building on previous work.

Hywel Daniel stated that in his view CTMUHB was in the process of moving to the reinforcement phase, which would require checks to ensure the agreed values and behaviours remained relevant. Hywel Daniel therefore accepted the challenge that Nicola Milligan has posed around this and the way in which this aspect of the report was written. Hywel Daniel stated that there were various challenges to making sure people were aware of the related work and that this would be people's lived experience of working in CTMUHB. Jayne Sadgrove stated this reinforced the need for a clear roadmap with milestones along it to move the organisation to the third part of maturity matrix.

Mel Jehu referenced the importance (once COVID-19 restrictions allowed) of IMs being once again able to visit hospitals and departments so that they could speak with service users and staff to listen to their experience of the organisation. Keiron Montague stated that the values and behaviours within CTMUHB were also impacted by the wider NHS culture. He supported the need for a balanced approach and stated it would be important to be realistic as to what could be achieved, given the outside influencing factors.

Hywel Daniel stated that he had been encouraged by the degree of openness that was developing within CTMUHB, which was enabling some areas to reach out and seek help with issues and this was resulting in poor behaviour being tackled. Hywel Daniel added that he felt the plan that had been developed was appropriate, acknowledging that there were a range of factors that made the delivery of the framework a complex task.

RESOLVED: The report be **NOTED**.

4.21.4.2 Presentation: Changing Cultures , Improving Maternity Care.

Valerie Wilson introduced the above presentation, which reflected upon the issues that existed some two years ago within Cwm Taf's maternity services and the journey to making cultural and service improvements.

Jayne Sadgrove thanked Valerie Wilson for her informative presentation and commended the progress made. Hywel Daniel commented on the involvement of the Wellbeing Team in supporting staff and that this would provide a helpful reference going forward. Valerie Wilson stated that it was important to understand how staff were feeling so that anything that was put into place for the purpose of supporting staff was meaningful. By example, reference was made to staff associating receipt of a 'brown envelop' as signifying something negative, as a result managers were now using these envelopes to convey positivity by enclosing 'thank you' notes etc. The Committee praised this initiative.

Valerie Wilson stated that staff were now taking the initiative around their professional standards and this was a sign of maturity and that the culture was in a different place.

Valerie Wilson left the meeting.

4.21.4.3 Neonatal Services – the journey of culture change and support.

Jane O'Kane introduced the above presentation which reflected upon the internal reviews and emerging themes within the service and the priorities for action aimed at service improvement. Members **NOTED** that the overview and deep-dive review had not yet commenced and were being led by neonatal part of Independent Maternity Service Overview Panel (IMSOP).

Jane O’Kane was thanked for her overview of the current position within this service and was invited to return to speak to the Committee in due course to share what she felt had worked well as well as the lessons that had been learnt. Jane O’Kane agreed to do so.

Jane O’Kane left the meeting.

4.21.4.4 Child & Adolescent Mental Health Services (CAMHS) – Cultural & Service Improvements

Ana Llewellyn introduced the above presentation, which centred on this complex service which was hosted via Bridgend ILG which spanned both CTMUHB and other organisations with multi-faceted commissioning arrangements.

Members **NOTED** that following the internal identification of a need for improvement this had been discussed at Management Board who supported the introduction of an internal enhanced monitoring position. This had resulted in the service being restructured and revised performance arrangements to be put into place around resource and quality issues. This had enabled triangulation of ‘soft’ intelligence with aspects of service performance. Hywel Daniel stated this was a good example of the benefits of leadership and the benefits of using a holistic approach to dealing with action planning the that the learning from this needed to be embedded in each ILG.

Ana Llewellyn was thanked for her informative presentation. Ana Llewellyn then left the meeting.

4.21.5 ORGANISATIONAL DEVELOPMENT & CAPACITY **4.21.5.1 Management & Leadership Development**

A report was **RECEIVED** that sought endorsement for a radical new approach to leadership development, linked to the embedding of values. In discussing the report the following points were raised:

Nicola Milligan referenced the programme features set out the the report, which she felt may result in those leaders that were easily engaged, accessing it when in reality it was not necessarily these staff who needed it. Nicola Milligan suggested that where group work was required that there was a careful mix of participants to encourage learning by those who needed this. It was confirmed this was the intention.

Dilys Jouvenat sought confirmation that CTMUHB was planning on training staff in coaching and mentoring and this was the

intention, although the mentoring was likely to take longer to achieve.

RESOLVED:

- The Committee **ENDORSED** the radical approach to leadership development within CTMUHB noting that organisational values would be embedded into the programme.

4.21.6

4.21.6.1

PERFORMANCE REPORTING

Statutory & Mandatory Training Update & Proposal

A report was **RECEIVED** setting out current compliance and suggesting a move to a 'Principle Based Approach' to this issue. In discussing this report the following points were raised:

Members **NOTED** a new Learning & Development Manager had now taken-up post and would be overseeing the changes proposed which were aimed at motivating staff. A plan had also been developed to deliver the new proposals. It was acknowledged that to be successful, the new system would need to make it as easy as possible for staff to complete the required training and this would include 'drop-in' facilities to provide solutions and support. Nicola Milligan referenced the need to make the allocated training relevant to individual staff groups. Michelle Hurley-Tyers concurred there was a need to undertake data cleaning to facilitate this. Nicola Milligan also raised the issue of protected time for training and it was noted that nurse leaders were examining this issue, as it was thought that the protected time was being used for other tasks.

While the aspect of systems and content fell to the Workforce Team, Members **NOTED** ownership for completing the training lay with individual managers. Hywel Daniel stated that there were currently no personal consequences for non-compliance with required training but that this needed to be addressed by managers and the PADR process.

It was **NOTED** that the report content would be revised going forward and updates would also accompany it as regards the roll-out of the new approach.

RESOLVED: the report be **NOTED**.

4.21.6.2

Workforce Metrics Report

A report providing the position across February and March 2021 was **RECEIVED**.

In discussing the report Hywel Daniel acknowledged the need for step improvements in terms of compliance with the requirements to undertake PADR, Statutory & Mandatory training compliance and Sickness Absence 'Return to Work' (RTW) meetings. Hywel Daniel advised that some departments/wards had seen an increase in their sickness to between 15-20% during the height of COVID-19 and consequently it was not unexpected that return to work interview compliance had declined. Nicola Milligan stated that page three of the report stated that it could not be assumed the RTW meetings were not taking place even if they were not recorded on ESR. Nicola Milligan stated that perhaps staff needed to be reminded as not all managers in her experience were aware that they were required to confirm via the staff roster system that RTW meetings had been held.

Hywel Daniel stated that given the pressures of the pandemic had decreased following improvements in the health of local population, staff sickness levels had largely return to pre-COVID-19 levels. 'Stress and anxiety' was now the most common reason for staff absence. Members **NOTED** that the investment in wellbeing services would be recurrent given the importance of supporting staff.

Hywel Daniel stated that it was now time to hold ILGs to account for their plans to improve workforce metric performance issues and he was considering inviting them to present to the Committee as to how they were aiming to deliver an improved position.

With reference to the various pieces of data set out on page five of the report, Jayne Sadgrove advised that while it was interesting data it would be more helpful if this was compared with the establishment or number of vacancies for example. Hywel Daniel responded that he had met with the ILGs to discuss the the type of data they would benefit from receiving to help them in their improvement programme. With regard to establishment data, Members **NOTED** that this was not currently available via workforce systems and neither was the level of vacancies data. Hywel Daniel acknowledged there was therefore a need to implement systems to provide this.

Nicola Milligan also raised the issue of needing to support new employees who had been recruited via overseas nurse recruitment a significant number of these at one site were awaiting competency approval. With reference to the charts setting out reasons for people deciding to leave their posts, Nicola Milligan commented that career progression represented a significant proportion of those changing jobs and suggested that it would be helpful to include the level of internal secondment opportunities being offered.

Hywel Daniel responded that as a result of overseas nurse recruitment and all-Wales student nurse placements, it had been possible to reduce CTMUHB nurse vacancies from 220 to around 150 but there was insufficient practice nurse infrastructure to manage the process. Members **NOTED** that as a result an extra member of staff had been funded.

Members also **NOTED** that due to the ongoing issues with COVID-19 it had been necessary to pause international recruitment but that the need to fill nursing shifts remained and therefore bank and agency staff continued to be engaged. Hywel Daniel also stated that overseas nurse recruitment was not a sustainable solution for such vacancies.

Members **NOTED** that CTMUHB was developing a health & care strategy and people strategy which would both help the organisation to manage this issue more effectively.

Mel Jehu commented that given the significant issues that deserved scrutiny around workforce he felt the establishment of the People & Culture Committee was a key step forward in providing greater assurance to the Board around such issues.

RESOLVED: The report be **NOTED**.

Overseas Nurse Recruitment

4.21.6.3 This report was deferred for discussion at the next meeting.

Internal Audit

4.21.6.4 **Internal Audit Plan 2021/22**

4.21.6.4.1 The above plan was **RECEIVED** and **NOTED**.

Internal Audit Report – Medical Agency Usage – Reasonable Assurance

4.21.6.4.2 The above report was **RECEIVED** and **NOTED**.

Internal Audit Tracker

4.21.6.4.3 The above document was **RECEIVED**.

Hywel Daniel commented that the tracker set out the latest position as regards internal audit recommendations and actions taken. Hywel Daniel acknowledged there was a need to provide improved support to internal audit colleagues to produce the scope of such audits, as well as to ensure good quality responses with realistic timescales.

4.21.7 COMMITTEE HIGHLIGHT REPORT TO BOARD

Jayne Sadgrove suggested that the highlight report be developed by the Governance Team and approved by herself and Hywel Daniel as the executive lead for the Committee.

4.21.8 COMMITTEE FORWARD WORK PROGRAMME

Members were asked that if they had any suggestions to be added to the forward work plan. There were none. Members were therefore asked to relay any suggestions to Wendy Penrhyn-Jones within the next 10 days, so that they could be logged and put forward for discussion at the next agenda planning session.

4.21.9 ANY OTHER BUSINESS

There was no other business for consideration.

Hywel Daniel took the opportunity to echo the comments made by Mel Jehu earlier in the meeting around the importance of establishing the People & Culture Committee. Hywel Daniel stated that he found it helpful to have this level of input from Independent Members, which provided a different lense through which matters could be viewed which was beneficial. Members commented that it had been helpful to have ILG representatives present at the meeting today.

There was no further business and the meeting was closed.

The date of the next meeting was noted as 14 July 2021.