



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

People & Culture Committee

**Held on 13 October 2021 at 9:00 am
as a Virtual Meeting via MS Teams**

Present:

Dilys Jouvenat
Mel Jehu
Nicola Milligan

Independent Member (in the Chair)
Independent Member
Independent Member

In Attendance:

Hywel Daniel
Helen Watkins
Karen Wright

Executive Director for People
Deputy Director for People
Assistant Director, Workforce & Organisational Development
Assistant Director of Governance & Risk
Executive Director of Nursing & Midwifery
Assistant Medical Director for Workforce (interim)
Head of Workforce Productivity & E Systems
Nurse Director, Bridgend ILG (in-part)
Head of Organisational Development
Assistant Director of Nursing (in part)
Learning & Development Manager
Lead Nurse for Professional Practice and Quality Assurance (in part)
Audit Wales (Observing)
Head of Workforce & Organisational Development
Corporate Governance Manager (Secretariat)

Cally Hamblyn
Greg Dix
Ash Wagle
Paul Harrison
Ana Llewellyn
Sharon Nash
Sharon O'Brien
Nick Carter
Ben Durham

Sara Utle
Sara Mason
Kathrine Davies

10.21.1 PRELIMINARY MATTERS

10.21.2 Welcome & Introductions

The Chair welcomed everyone to the meeting including Helen Watkins, Deputy Director for People, who was attending her first meeting of the Committee since joining the Health Board.

10.21.3 Apologies for Absence

Apologies for Absence were received from Michelle Hurley-Tyers, Assistant Director of Employee Experience and Wellbeing,.

10.21.4 Declarations of Interest

No declarations of interest were received.

10.21.5

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.

ITEMS FOR APPROVAL

10.21.6

Minutes of the People & Culture Committee held on 14 July 2021

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

Committee Ratification of Chairs Action - All Wales Secondment Policy (approved under the urgent Chair's Action following the July 2021 Meeting).

Resolution: The Policy was **APPROVED**.

Pregnancy Loss Leave Provision Policy

Resolution: The Committee **AGREED** to take Chairs Action outside of the meeting for ratification following approval by the Policy Group.

ITEMS FOR NOTING

10.21.7

Revised NHS Wales Raising Concerns Procedure (for approval via Management Board)

Resolution: The Procedure was **NOTED**.

MAIN AGENDA

GOVERNANCE

10.21.8

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**.

The Committee **NOTED** that the Integrated Locality Groups (ILGs) had made good progress in cleansing their risks and were on track to complete by the end of October 2021.

In discussing the Risk Register the following points were raised:

N. Milligan queried risk 4157 and advised that this was now outdated, the task and finish group had not met since March 2021 despite numerous emails from the compliance team requesting the policy to be addressed. H. Daniel advised that this risk would need to be addressed and updated as a matter of urgency outside of the meeting.

K. Wright advised that it has been challenging to identify a nursing representative and agreed to escalate the request to the Director of Nursing.

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

Action: Discussions to be held outside of the meeting to finalise the Nurse Rostering Policy and update the Risk.

10.21.9

Internal Audit Report - Welsh Language Standards

K. Wright advised that the report concluded a 'reasonable assurance' rating. The report identified a number of issues that were being taken forward to support compliance. The terms of reference for the Welsh Language Group were being reviewed to ensure senior membership from the Integrated Locality Groups (ILGs).

Resolution: The Committee **NOTED** the report.

IMPROVING CARE

10.21.10

Key Principles for International Nurse Induction

G. Dix, S. O'Brien and B. Durham presented the report that provided an update on the current status of the overseas nurses recruitment and the completion of the overseas competency booklet.

N. Milligan expressed disappointment that Ward Managers were having to be encouraged to send the Overseas Nurses on training and queried why the Nurse Managers were not issuing the competency booklets. H. Daniel advised that learning should be taken from this for future runs of international recruitment. One of the issues that had arisen was to ensure that there was support for the clinical areas that were joined by overseas nursing staff.. Nursing vacancies had increased since September 2019 which was positive, however, there still were significant vacancies to fill.

M. Jehu drew attention to the three key risks outlined in the paper and queried whether there were any actions to mitigate those risks seeking assurance that patient safety was not being compromised. In response, G. Dix advised that patient safety was not being compromised as if the Ward Manager or Senior Nurse felt that any individual had not reached their competency level they would remain at super numery. He advised that when the Nursing Medical Council (NMC) registered new nurses from a legal perspective they would have to be confident that they had reached their required standard to work as a registered nurse.

G. Dix advised that in relation to the competencies, there were specific competencies for specialist areas such as medicine that would be required for staff to work in those areas.

G. Dix highlighted that all of the Practice Development Nurses (PDNs) had been re-deployed at the height of the Covid-19 pandemic and Cohort 1 and 2 had been utilised for the un-commissioned capacity areas.

G. Dix advised that the comments in the Teams meeting chat bar with regard to following the lead of the BAME Network where they were actively supporting nurses within that network would be explored in terms of providing support to the overseas nurses.

Resolution: The Committee **NOTED** the report and; **NOTED** that due to the seconded staff no longer being in role, the route to completion of the competency booklet was limited to using the assistance of the generic PDN workforce within the Health Board. However this would be limited due to scarce availability of the PDNs, coupled with other education and training work streams taking priority.

INSPIRING PEOPLE

10.21.11

Living Wage Accreditation

K. Wright presented the report that provided the Committee with an update on the Health Board's ambition and commitment to becoming an accredited Living Wage Employer

Resolution: The Committee **NOTED** the Health Boards ambition and commitment to becoming an accredited Living Wage Employer;

NOTED the progress being made to become an accredited Living Wage Employer;

NOTED the Health Board was working towards achieving Living Wage Employer accreditation, by 31 January 2022.

10.21.12

Values & Behaviours Update

H. Daniel and S. Nash presented the report that provided an update on the progress against the initiatives designed for long-term sustainability and planned actions to sustain the work that has already been undertaken.

M. Jehu commented that he recognised the significant amount of work underway and advised that he was pleased to see the shift from the structures and surveys to now asking how people actually feel within the organisation. N. Milligan commented that a number of conversations had taken place in relation to this and it was felt that it was making strides with positive feedback from some staff that they do feel listened to and valued.

N. Milligan queried page five of the report where it stated "we invest in appointing individuals who are a strong fit for us organisationally, culturally or professionally" and advised that it should read as "culturally and professionally". In terms of value based recruitment the job descriptions should also be

more positive rather than negative statements such as managing conflict, dealing with grievances etc.

N. Milligan asked as it was world values week next week was there a plan for the Executive Team to consider the responses received from staff in relation to the questions and feedback to close the loop. S. Nash confirmed that the feedback would be fed back to the Integrated Locality Groups (ILGs) as well as posted on sharepoint.

A Wagle queried whether reverse mentoring had been considered. S. Nash confirmed that it had not as yet but would be considered in the future and would be led by the BAME network.

Resolution: The Committee **NOTED** the progress towards actions cited in the April 2021 update and **SUPPORT** the continued actions to move us closer to our desired culture.

10.21.13

CAMHS Update

Ana Llewellyn provided a presentation on the current CAMHS Service provision within the organisation.

N. Milligan advised that she had received a communication expressing some concerns with regard to culture within one area of the services and it was agreed that she would link in with A Llewellyn outside of the meeting.

The Chair thanked A. Llewelyn for her presentation and advised that CAMHS regularly reported to the Quality & Safety Committee who had noted that they were pleased to see improvements being made and the issues that had been raised taken seriously.

Resolution: The Committee **NOTED** the update and presentation.

Action: N. Milligan and A. Llewellyn to discuss concerns raised in one specific area outside of the meeting.

10.21.14

Pathways to Employment

H. Daniel presented the report.

N. Milligan commented that she found the report really heartening as it showed investment in our population through these pathways.

The Chair advised that it was pleasing to read about the apprenticeships and queried whether value based recruitment would be used to promote the values. S. Nash confirmed that it would.

Resolution: The Committee **NOTED** the report.

10.21.15

Fatigue and Facilities Charter for Medical Staff

D. Hurford and P. Harrison presented the report which outlined the establishment of a Fatigue and Facilities Committee to implement the British Medical Association's Fatigue and Facilities Charter.

P. Harrison circulated the Charter for members to review.

Resolution: The Committee **NOTED** the report.

10.21.16

Just & Learning Culture

K. Wright presented the report that outlined the progress made over the last twelve months, to implement and embed the Listening, Learning and Improvement culture, across the Health Board.

M. Jehu queried paragraph 2.4 and the wording on the first bullet point which stated 'deliberate harm – was there intent' and advised that when a member of staff was asked to complete the form how would they establish if there had been any deliberate harm or intent and where was the duty of care to staff as this could possibly lead to huge implications. K. Wright clarified that there were a series of questions that should be explored with individuals around different aspects of the incident and if someone had clearly not followed that process resulting in harm when they should have followed the procedure. The process was well established and had been tried, tested and evaluated by several studies for incidents where there were system failures.

H. Daniel advised that there would be further discussions with the Medical Director and Director of Nursing with regard to the clinical and professional element prior to this being

implemented. Welsh Government had allocated £140k funding for training which would be undertaken by Mersey Care.

D. Jouvenat stated that the point with regard to the wording made by M. Jehu was very relevant and required review in order to ensure the Health Board avoided becoming a blame culture.

K. Wright advised that a clinical review would always be undertaken before the form would need to be completed.

G. Dix advised that he was a huge advocate of the work and it could transform organisations. However, as with all cultural change it could take time and thought needs to be given to the serious incident toolkit and the principles of how serious incidents were managed. With regard to the national release of the Quality Governance Framework the team were undertaking a gap analysis against the Health Boards local Quality Governance Framework and this work would need to be aligned to the work that L. Mann was undertaking with the patient safety team.

H. Daniel advised that this was a positive piece of work acknowledging there was still a lot more to do to ensure that it was woven into the patient safety process. The training would provide a good opportunity to carry out some meaningful face to face training. The work complements the activity being undertaken with the values and behaviours, freedom to speak up, the work in Princes Charles Hospital and CAMHS and there needs to be a clear plan working alongside the patient safety team.

The Chair thanked K. Wright for the report, recognising that this was an important piece of work but was still in its infancy.

Resolution: The Committee **NOTED** the progress made over the last 12 months, to implement and embed the Listening, Learning and Improvement culture, across the Health Board.

10.21.17

Statutory & Mandatory Training Progress Report

N. Carter presented the report providing the Committee with an update on progress with statutory and mandatory training compliance.

N. Milligan referred to page 3 and the table that showed fire and resuscitation training as low areas of compliance. N. Carter advised that a report had been submitted outlining a more robust approach for resuscitation training which should help to improve the levels of compliance.

N. Milligan advised that corporate staff were more fortunate to have access to the electronic staff record (ESR) unlike staff within clinical areas and queried what support would be provided to those staff in the learning week and with regard to protected time. N. Carter advised that the Learning and Development (L&D) team would liaise with the Heads of Workforce colleagues to agree the most suitable times for staff to engage and also to utilise the on-site libraries. N. Milligan suggested that the action for the red areas needs to be no further action from L&D.

G. Dix commented that it was good to see this all coming together in one report however, expressed concerns regarding compliance rates and suggested discussions should be held with the ILG Directors in terms of governance and compliance. It was stressed that it was not the responsibility of L&D colleagues to ensure that compliance rates were meeting targets, but it was a management responsibility along with professional colleagues and professional standards and this should be discussed by the Quality & Safety Committee.

N. Carter advised that this was a new team with a refocused agenda and they were meeting with workforce colleagues and clinical service groups to ascertain exactly what was required from staff and this work would begin at pace from November 2021, reviewing every clinical post within the Health Board to ensure that the right training requirements were in place, using a business partner approach to enable colleagues to work with the ILGs.

G. Dix queried the data for the levels of staff out of compliance with their statutory and mandatory training. N. Carter advised that he didn't have the data to hand but the data could be provided.

H. Daniel supported the comments made by G. Dix and queried whether there was a piece of work to do with regarding communicating to registrants about their statutory and mandatory training and the expectation of them to complete

this as professionals. The new pay progression due to commence in October 2022 should help as an incentive to increase the compliance, however a lot of staff were at the top of their pay band and not receiving increments until the fifth year and this should be taken into consideration. Work had been undertaken on ILG performance developing from the bottom up with the clinical service groups and the shift had been negligible and would require a separate discussion with the ILGs and the Chief Operating Officer.

G. Dix advised that with regard to risk stratification on training there had been some conversations held with the ILGs on compliance levels and where focus should be prioritised.

Resolution: The Committee **NOTED** the actions to improve compliance across CTMUHB and encourage compliance in their respective areas of work;

NOTED that a DATIX issue remained relating to over 1,400 posts not being provided the correct training requirements. In the short term, this issue would cause compliance to reduce, however in the longer term compliance would increase as a result of accurate reporting. To mitigate this risk, a process to update new and historic training requirements had commenced, which would terminate the risk. In the meantime, the risk incident remained and was being monitored on a monthly basis;

NOTED that significant reliance on L&D remained in relation to managing compliance activity. The Committee therefore **NOTED** the need for ownership and accountability for compliance to be held by respective managers and leaders in each of the ILGs and corporately.

NOTED that Pay Progression was due to commence in October 2022, and the Committee **NOTED** that staff who would be subject to pay progression would be required to complete 100% of their training, ensuring any barriers to completing compliance activities, specifically at level one, were addressed.

10.21.18

Employee Relations Report

K. Wright presented the report that provided a formal update in respect of ongoing Employee Relations cases and trends within the Health Board. The activity figures relate to the period 1 October 2020 – 30 September 2021.

H. Daniel advised that there had been significant caseloads in Prince Charles Hospital and the team had been working with Trade Union colleagues to conclude and the levels had now dropped back down to a more appropriate level. H Daniel extended his thanks to the team in Prince Charles Hospital and workforce colleagues.

Resolution: The Committee **NOTED** the report.

10.21.19

Workforce Metrics Report

H. Daniel presented the report which provided the Committee with the key workforce metrics for the period July – August 2021, with historic trends shown as appropriate.

N. Milligan queried the length of time taken to move from unconditional to conditional offers with the average being 51 days and the target was 27. H. Daniel advised that there were considerable challenges in occupational health with staffing currently with reliance on agency staff. Pre-employment checks had increased by 50% to almost 3,000. The Executive Team had received an update on an external review that had been undertaken and were also exploring robotic solutions to the pre-employment questionnaire and trialing that approach. Workforce colleagues were working with ILG colleagues to find a solution in Bridgend.

D. Jouvenat queried whether all pre employment checks were referred to occupational health. H. Daniel advised that there was a process which identified those that required referral and those where checks could be completed in a written form.

G. Dix advised that maximising the use of risk assessments was fundamental, however, managers would require support to do this and noted that this would be raised through all the professional groups. This was discussed at the Nurse Directors meeting with the Chief Nursing Officer and the position was the same across Wales and support should be maximised for managers to undertake the risk assessments.

P. Harrison advised that overseas recruitment could sometimes make the figures higher and he would review the data to see if that was making the picture look worse than it should be.

Resolution: The Committee **NOTED** the report.

Action: Review data for pre-employment checks to establish whether the overseas recruitment was making the figures look higher.

10.21.20 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.

10.21.21 Committee Forward Work Plan 2021-22

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.

10.21.22 Any Other Urgent Business

No further items of business was identified.

10.21.23 How did we do today?

A discussion was held to evaluate the meeting. The following responses were provided:

- The Committee considered that the meeting had been managed well to allow for open and balanced discussion.
- The values were considered and acted in a way that supported them being embedded across CTM.
- The meeting maintained a strategic focus and sufficient assurance was received from a range of sources to allow the Committee to better understand the risks being managed that might affect the achievement of the strategic goals.

10.21.24 DATE AND TIME OF NEXT MEETING

9 February 2022 at 9.00 am.