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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

WORKFORCE AND CULTURE COMMITTEE

CONFIRMED MINUTES OF THE MEETING HELD ON 3 OCTOBER 2024

LOCATION OR HELD VIA MICROSOFT TEAMS

MEMBERS		
Jennifer Owen Adams	JOA	Independent Member Third Sector (Chair)
Kirsty Williams	KWi	Independent Member (Vice Chair) representing Cathie Poynton
Steve Elliott	SE	Independent Member (Finance) representing Chris Walsh
IN ATTENDANCE		
Debra Wood Lawson	DWL	Executive Director of People and Culture
Mark McIntyre	MM	Deputy Director of People and Culture
Sarah Powell	SP	Assistant Director of People and Culture
Rhys Brown	RB	Head of Organisational Development
Adam Pearce	AP	Service Lead for Welsh Language & Equalities
Katelyn Falvey	KF	Head of Strategic Workforce Transformation, Planning & Resources
Pete Hopgood	PH	Executive Director Finance, Capital & Estates
Wayne Tannahill	WT	Associate Director Capital, Estates & Property (for Item 6.2)
Stuart Bodman	SB	Internal Audit (Observing)
Simeon Foreman	SF	Deputy Board Secretary
Sue Wilcox	SW	Senior Administrator (Meeting Support)
Carl Cooper (Observing)	CC	PTHB Chair
APOLOGIES FOR ABSENCE:		
Hayley Thomas	HT	Chief Executive
Cathie Poynton	CP	Independent Member (Trade Union)
Chris Walsh	CW	Independent Member (Local Authority)
Claire Roche	CR	Executive Director of Nursing, Quality, Women & Family Health
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Kirsten Jones	KJ	Llais
Bethan Hopkins	BH	Audit Wales

Stephen Powell	SP	Executive Director Planning, Performance & Commissioning
Kate Wright	KW	Executive Medical Director

1. PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES FOR ABSENCE (REF W&C/24/20)
The Chair welcomed everyone to the meeting. The Chair extended her thanks to Ian Phillips, previous Chair of this Committee for his work and leadership during his time as a Board member. Apologies for absence were received as recorded above.
1.2 DECLARATIONS OF INTEREST (REF W&C/24/21)
No declarations of interests were received in addition to those already on the register.
1.3 MINUTES OF PREVIOUS MEETING (REF W&C/24/22)
The minutes of the meeting held on 4 June 2024 were CONFIRMED as an accurate record subject to the following amendments.
1.4 ACTION LOG (REF W&C/24/23)
There were two outstanding items on the Action Log, both items were AGREED for closure.
2. ITEMS FOR ASSURANCE
2.1 WORKFORCE PERFORMANCE REPORT (REF W&C/24/24)
MM presented the report which had continued to develop in presentation. Attention was drawn to following areas: Staff Transformation and Sustainability of the Workforce <ul style="list-style-type: none"> • vacancy levels remained a key challenge, particularly in clinical roles • slight increase in nursing vacancies over past couple of months • latest cohort of internationally educated nurses had arrived • a further 12 internationally educated nurses had been recruited and were due to arrive between November and February/March 2025. • new cohort of 19 Aspiring Nursing had been recruited • proactive recruitment of bank registered nurses • positive outcome to the recent recruitment events held across the County <p><i>Great Place to Work</i> – the focus of the report was turnover and retention of staff. It was noted that the turnover rate of staff had continued to reduce although remained above the All-Wales position.</p> <p>The sustained performance for PADRs was much improved at 82% but remained below the national target. Statutory and mandatory training at 87% was above the national target. There had been a targeted piece of work around training for specific roles, to ensure staff had the opportunity to update their competencies.</p> <p>The Health Board had managed to achieve a 20% reduction in rolling absence, over the past couple of years. Work had continued with Managers to ensure staff were supported to remain and return to work.</p>

In terms of average bank numbers, there are about 18 FTE which are not nursing roles, what disciplines are they?

Those roles are healthcare support worker, the majority were deployed to the wards and where the bulk of agency use occurs.

There are 137 FTE vacancies within registered nursing, of which nearly 100 are not on the wards. Where are they?

These vacancies were part of the district nursing, Mental Health and the specialist nursing teams or within the Women and Childrens Service. The community wards were a small part of the overall nursing workforce, the remaining vacancies were in different Directorates and services, predominately Community Services.

Is the balance between bank usage and on and off contracts agencies usage normal? What more can be done to increase the opportunities for use of bank first? Is the Health Board utilising bank resources to best effect?

The first offer goes to substantive staff if they wished to work additional hours or overtime, then defaults to Bank. Those people registered on Bank are given the option of accepting or declining a shift; some people had signed up for Bank but do not take up the opportunity to work, so the organisation has to constantly look to replenish bank staff. The hierarchy is Bank first, then on-contract agencies, and as a last resort off-contract agencies dependant on need.

Of the 200 agencies on the all-Wales contract, less than quarter operated in Powys, due to the rurality and the amount of activity.

DWL advised one of the areas of the non-pay elements discussions associated with last year's Pay award was to recycle the money that all Welsh NHS organisations are paying to on or off contract agencies into a better incentive scheme for bank. In the future there may be the opportunity to pay better rates to those taking up bank shifts. This would be a consistent all Wales approach, encouraging more interest from staff.

DWL gave assurance she was happy to receive any user feedback in relation to Bank service, and confirmed the People and Culture Directorate would provide support to any teams experiencing difficulties with the Bank process.

The Committee **RECEIVED** the Workforce Performance Report and **NOTED** the progress.

2.2 DIRECTOR OF PEOPLE AND CULTURE REPORT (REF W&C/24/25)

DWL gave a brief outline of the background of this report which described the activities in the three priority areas in the annual plan, since the previous meeting of this committee. The three priority areas were Transformation and Sustainability, Employee Health and Wellbeing, and Great Place to Work. The report also covered any national updates and any matters of interest to this Committee, including business efficiency and value. The following points were highlighted:

- medic recruitment – following a trip to Kerala two medics had been through the on-boarding process

- the number of staff enrolled with Wage stream had increased, which had allowed staff to access wages for shifts already worked, rather than waiting for the monthly pay run
- work had continued with ACEES and the schools, this programme had gained some national recognition
- ongoing work with Neath and Port Talbot and Hywel Dda to build on a joint training arrangement to Health and Social Care staff
- employee health and wellbeing – staff roadshow had covered all the Health Board’s sites. A forward programme to do the same in the forthcoming period had been developed
- NHS Wales Staff Survey had been launched
- You said, We did process had been completed
- Occupational health IT system had been introduced with the functionality to produce reports in a timely manner and allowed different referral routes for Managers.
- The volunteer’s toolkit had been updated
- Oversight arrangements for business efficiency and value within the newly formed Directorate. Lucie Cornish had been appointed as Interim Director of Improvement and Transformation
- Pay award - an agreement had been reached across all categories of staff. Backpay and the increased pay will be made in the November pay run
- Most of the Trade Unions have communicated with their members either through a ballot, consultation or a survey regarding the settlement

I have been approached about the Health Board’s willingness to place a Clinical Associate in Applied Psychology (CAAP) in the Psychology Department. These courses were commissioned by HCIW on behalf of Welsh Government (WG), who had queried if these roles had landed in health organisations, how had the organisation fed into that process?

Our education commissioning numbers were very much owned by the services. Part of the Health Board’s issue was supervision and access to different environments, which was limited due to the size of the organisation. There had been conversations with HCIW that allowed for a bespoke arrangement for Aspiring Nurses, the organisation needed to consider a version of this programme for medics or other type of roles.

Is there any intelligence around the retention rates for internationally educated nurses? Have they settled in well, and what more can the Health Board to make it a welcoming place?

DWL confirmed all recruited internationally educated nurses have been retained. Accommodation had been an issue for many health boards. PTHB Estates team had managed to find a number of properties for all previous cohorts, but anticipated there will be a need to consider all options for the future cohorts.

A lot of pastoral care was offered to internationally educated nurses by both local teams and previous cohorts, who had set up their own support network. This had included a WhatsApp group, advise on how to register with a GP and organise banks accounts etc.,

PTHB response rate to the NHS Staff Survey was one of the highest in NHS Wales, is there anything that can be done to further encourage better engagement?

DWL advised during the last survey, staff had visited sites with questionnaires as not everybody has access to a laptop. There had been a degree of scepticism about the level of confidentiality of these surveys.

RB noted communications had gone out across all available channels including emails to the Assistant Director Group to cascade through the teams. The Wellbeing roadshows had also highlighted the survey. There needed to be a will to complete the surveys plus time and capability.

The staff in Machynlleth would like to access the Skills Lab in Bronglais, but there were issues around links with Hywel Dda. Could that be followed up?

SP noted there was a working group, and there was no reason why the skills lab could not be opened up.

ACTION: SP to follow up on the availability of the Skills Lab at Bronglais hospital.

I attended the Corporate Induction course last week; it was brilliant and really helpful. Would it be possible to promote this more?

SP expressed surprise at the volume of attendees at the induction training in the September cohort. This was a result of deep dive into statistics and reinforcement of messages to managers to ensure new recruits are booked on during their first few weeks of employment; in the future, regular reports will be run to monitor attendance.

How is the Health Board measuring the impact of business efficiencies?

DWL noted the project was in it's infancy and it was too early to measure impact; the high impact areas have been explored, for instance were all administrators in the right place, right team, what processes can be automated. It is now at the point of considering the centralisation of certain teams and automation processes.

The Committee **RECEIVED** the update on priorities within the Workforce section of the Integrated Plan for 2023/24 and took **ASSURANCE** against delivery of those priorities.

2.3 WORKFORCE FUTURES – THEME 2 - GREAT PLACE TO WORK (REF W&C/24/26)

KF introduced the presentation that focused on nurse retention. HCIW had asked all health boards to report against the national Nurse Retention Plan which had been included the PTHB integrated planning actions and deliverables; the actions contained within the Nurse Retention Plan had been aligned across the whole workforce, where possible. Following the PTHB's self-assessment in March 2024 which identified low progress scores, the following actions were undertaken:

- engagement with staff
- developed Microsoft forms and surveys circulated via various media platforms
- identified 100 nurses new to the organisation, and asked them about their on boarding experience and what is felt like to work in the organisation
- ten themes had been drawn out of the information gathering exercise

- a number of the themes aligned with the themes within the Nurse Retention Plan
- the Workforce Retention steering group and subgroups were multidisciplinary; there were representatives from all categories of the workforce to help improve retention across the workforce

Are there timescales associated with moving this work forward? Is momentum behind those actions that have started? Where are we at?

There was an implementation plan that sits underneath this work, which mapped all activities, times scales, dates and progress.

ACTION: Share the implementation plan at the next meeting of this Committee
- Head of Strategic Workforce, Transformation Planning and Resourcing

How can the Health Board improve the experience of new staff? I want to understand a little more about those people who choose to leave within the first two years.

On a monthly basis, the Retention Leads reviewed the data received and areas of concern were escalated to the appropriate Assistant Director. Six-monthly a report was generated to look in a thematic way at the lessons. This was shared with the Workforce Steering Group and other Committees.

ACTION: Six-monthly report to be shared at the next meeting of this Committee
- Head of Strategic Workforce, Transformation Planning and Resourcing

DWL noted that the PADR rates had improved, which suggested the right importance was being placed on conversations with staff. There is a need to ensure that these conversations consist of the relevant content.

Do we have any insight into those people that are leaving within two years? Are they new to the NHS or are they new to Powys?

A piece of work had been done with staff leaving within the first two years, although the information was not available at this meeting. There was a need to understand why the number of PTHB leavers was high; the biggest proportion of staff leavers was through retirement.

ACTIONS:

- Information on why staff choose to leave the organisation within two years of joining the organisation to be provided for the next meeting- **Executive Director of People and Culture**

RB provided a presentation covering three areas - Speaking up Safety, Clinical Leadership and Manager's Charter.

Speaking up Safety - A Speaking Up Safety framework was published through a Welsh Health Circular which contained 13 points for each Health Board to implement, including providing an action plan to WG on how the organisation was going to do that. Progress made included:

- Action Plan developed within the deadline
- Working group established
- Launch of Our Voice portal
- engagement with other Health Boards, some had introduced external providers specifically for whistleblowing
- an external helpline where staff can speak anonymously
- Viv Up offered a whistle blowing triage service - an external helpline where staff can speak anonymously or named
- raising awareness through the autumn roadshows
- trialled toolbox talks for individuals to roll out 'Speaking up Safely' within their teams
- CC had been nominated as the Champion and DWL as the Executive Lead for Speaking Up Safely
- Some of the Health Circular actions will move into business as usual

In terms of the independent whistleblowing triage service through Viv UP would there be concerns from staff that eventually it comes back into the organisation or that they don't have a totally independent mechanism there, are there any issues in that respect?

Initially there was a 12-month trial period to see how it was utilized and receive feedback from staff. As there is no mechanism in place, it was difficult to understand how staff were accessing or wanted to use the service.

Clinical Leadership – There had been an ask to create a Clinical Leadership course focusing on individual Clinicians having a leadership voice regardless of their level within the organisation. An initial programme had been developed, aimed at Band 6 and 7, which was to be expanded; it consisted of three-days of activities with skilled facilitation around the learning from those activities - how they responded and influenced others, and reacted when they disagreed. In six months' time, the attendees returned to give a presentation on how they implemented the learning.

Manager's Charter – following consultation with the Trade Unions it was decided to change this to PTHB Manager, a guide for Managers within the organisation on things needing to be done. Pages had been created on the intranet for resources and signposting to training available. This was waiting sign off at Executive level, before going live.

The Committee **REVIEWED** the information provided in the update and took **ASSURANCE** of delivery against the plan.

2.4 WORKFORCE FUTURES – THEME 4 – WELSH LANGUAGE, EQUALITY AND INCLUSION (REF W&C/24/27)

AP gave a presentation summarising the work undertaken in the previous few months. Attention was drawn to

- Workforce Race and Equality Standards – a meeting had taken place, where the Health Board had been asked to complete a number of tasks focused on the main priorities.
- Health Board had reviewed recruitment of the ethnic minorities as the staff ration to ethnic minorities is low compared to other health boards.

- Anti-Racist Action Plan had been updated and was waiting for approval at Executive Committee
- Sign Live had advised that there was no restriction on telephone numbers that could be added. Primary Care providers in Powys have been offered to have their names added to the PTHB contract; this allowed all BSL users to contact Primary Care directly.
- review of the wording in around Welsh language requirements on vacancies advertising

On slide four, what is the equitable percentage harassment from colleagues telling us?

It was the difference in ratio between white staff and staff of colour who were more likely to have experienced harassment from patients or the public.

DWL advised that due to Powys' demographics and population, PTHB workforce looked different to the All-Wales position.

The Committee **RECEIVED** and **NOTED** the update.

2.5 WELLBEING OF FUTURE GENERATIONS ACT REPORT (REF W&C/24/28)

The Chair confirmed the item deferred to December meeting.

3. ITEMS FOR APPROVAL

There were no items for approval

4 ITEMS FOR DISCUSSION

4.1 TEMPORARY SERVICE CHANGE (REF W&C/24/29)

DWL provided a recap of the project which commenced in May 2024, to develop ideas for temporary service changes. It looked at delivery of services, workforce availability and patient outcomes particularly with a clinical quality patient experience. That generated series of ideas which had been refined, described and engagement with the residents, staff, staff partners and organisational bodies.

A suite of papers in relation to colocation of units for individuals considered ready to go home and or required specialist rehabilitation; and a change of opening hours for some of the Minor Injuries Units (MIUs) had been finalised for presentation at the forthcoming Board meeting. These papers were to be published in the public domain and consisted of a cover paper, decision cases and feedback from the engagement process.

The Board would be asked to note the future shape of Older Adult Mental Health services will be considered as an element within the route map to sustainability.

Work had continued on the Route Map to Sustainability, it was anticipated that a description of the process undertaken would be presented at the next Board Development session.

The Committee **RECEIVED** and **NOTED** the update.

5 ESCALATED ITEMS

There were no escalated items.

6 ITEMS FOR INFORMATION

6.1 AUDIT WALES REPORT: Audit Wales Workforce Planning (REF W&C/24/30)

DWL noted this report was presented to this Committee for information purposes, it had been presented at the last Audit Committee. There had been a national study, which had focused on all health boards and trusts, from which a local report had been produced. PTHB had worked through this and ensured the progress made on against this report was reported to this Committee.

The Committee **RECEIVED** the Audit Wales Workforce Planning report for information.

6.2 AGILE WORKING (REF W&C/24/31)

WT gave a progress update on agile working, which was a key enabler in estates rationalisation, and highlighted the following points:

- staff had vacated the offices at Neuadd Brynchieniog, Brecon which released £30,000 per year revenue lease costs
- relinquished a number of leases by consolidating activities into the Spa Road premise in Llandrindod Wells
- staff needed support to adapt to working in these new environments
- several items of furniture have been acquired at no cost, from various organisations
- there is more evidence staff with medical conditions needed high adjustable desks, many of these had been purchased through Directorate routes rather than corporately. Further consideration should be given on how to manage the purchasing of these desks, and the ongoing costs connected to them
- The Occupy System had provided data on office occupancy, this had given an understanding of utilisation of the estate. Across Wales space utilisation averaged between 43 and 52 percent, potentially only 50 percent of the Health Board's office space had been used.
- work had continued with ICT to develop a Room Booking system

The organisation had a corporate responsibility to staff to create a healthy working environment and providing equipment to allow them to fulfil their role safely. How had the Health Board ensured the switch to agile working had created an environment that promoted physical fitness and mental well-being and had the Health Board considered that as part of the policy? Some people may prefer to work with colleagues in the team rather than at home, it was important to understand how the Health Board had made this work for the staff's well-being.

The height adjustable desk scenario is a piece of work the organisation needed to be aware of in terms of wellbeing and financial implications. A corporate decision is required on addressing this.

SP referred to the Flexi Working Policy which focused on working from home had been reviewed and a section about work styles and expectations from staff and managers. A number of toolkits have been developed and a set of FAQs which will continue to be built.

The Committee **NOTED** the update on Agile Working and **CONSIDERED** the recommendations for next steps in the adoption of agile working.

7 OTHER MATTERS
7.1 CORPORATE RISK REGISTER (REF W&C/24/32)
SF introduced the item and advised the risk in relation to staffing which was relevant to this Committee had previously been presented to Board July 2024, where there had been a request to review the risk scoring. MM advised the Health Board was aware of the challenges around recruitment and agency spend; this was a different risk to having the ability to find and supply a workforce to be able to deliver the services, albeit there was a much higher reliance on agency staff. At a subsequent Board meeting it was accepted there was no change to the risk rating. This had also been reported to Executive Committee. The Committee NOTED the risk register update.
7.2 COMMITTEE WORK PROGRAMME (REF W&C/24/33)
SF advised this was a standard item, which showed what business is planned for Committee agendas for the year. The Committee RECEIVED the Committee Work Programme for information.
7.3 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND /OR OTHER COMMITTEES
There were no matters to be brought to the attention of Board or other Committees.
7.4 ANY OTHER URGENT BUSINESS
There was no other urgent business.
7.5 COMMITTEE REFLECTIONS (REF W&C/24/34)
SF asked colleagues to consider both the strategic and operational elements of this meeting. <ul style="list-style-type: none"> acknowledged the feedback from the presenter and the Committee members, and felt there was a good balance of questions and pertinent points raised from the presentations. the meeting was well chaired and noted DWL drew her team to give a good mix of presentation. The performance report was well structured. acknowledged the late circulation of the Audit Report thanks were made to the team who had cleared the papers in her absence welcomed the diversity of voices as it gave people the opportunity to attend the Committee, as part of their career development
7.6 DATE ON NEXT MEETING
10 December 2024 via Microsoft Teams

Meeting closed at 16:21