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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

WORKFORCE AND CULTURE COMMITTEE

CONFIRMED MINUTES OF THE MEETING HELD ON 10 DECEMBER 2024

LOCATION OR HELD VIA MICROSOFT TEAMS

MEMBERS		
Jennifer Owen Adams	JOA	Independent Member-Third Sector (Chair)
Chris Walsh	CW	Independent Member-Local Authority (Vice Chair)
Cathie Poynton	CP	Independent Member-Trade Union
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
Katelyn Falvey	KF	Head of Strategic Workforce Transformation, Planning & Resources
Claire Roche	CR	Executive Director of Nursing, Quality, Women & Family Health
Kate Wright	KW	Executive Medical Director
Helen Bushell	HB	Director of Corporate Governance and Board Secretary
Alwena Campbell	AC	Childrens Community Nurse Team Lead
Giovanna Watts	GW	Community Childrens Nurse
Rachel Jowitt	RJ	Governance and Transformation Senior Manager (Observing)
Beth Powell	BP	Corporate Governance Officer
APOLOGIES FOR ABSENCE:		
Hayley Thomas	HT	Chief Executive
Pete Hopgood	PH	Executive Director Finance, Capital & Estates
Carl Cooper	CC	PTHB Chair
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Kirsten Jones	KJ	Llais

1. PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES FOR ABSENCE (W&C/24/35)
The Chair welcomed everyone to the meeting and extended her thanks to the Workforce and Corporate Governance team for the efficient distribution of the committee agenda and papers. Apologies for absence were received as recorded above.
1.2 DECLARATIONS OF INTEREST (W&C/24/36)
CP identified an interest in relation to agenda item 5.2: Health Care support Workers Band 2 and 3 due to her Trade Union role. CP would not participate in this item.
2. CONSENT BUSINESS AGENDA
No items were brought onto the main agenda from the consent agenda.
3. ITEMS FOR APPROVAL/DECISION/RATIFICATION
3.1 MINUTES OF PREVIOUS MEETING (W&C/24/37)
The minutes of the meeting held on 3 October 2024 were CONFIRMED as an accurate record.
3.2 ACTION LOG (W&C/24/38)
HB introduced the action log providing a summary of open and items recommended for closure. The following questions were raised: PTHB/24/105: Staff Bank Service – <i>What is the rationale for this item being deferred from the Agenda until March 2025 given the challenges of agency expenditure?</i> DWL explained that the item had been deferred due to a balanced agenda. The decrease in agency staff requirements and an increase in bank staff services was included within various reports on the agenda with daily actions discussed and mapped. Members were made aware that the financial implications of the Staff Bank Service is reported to the Delivery and Performance Committee given its remit. Further updates would be provided at the next meeting given the ongoing work across the service. The five actions were AGREED for closure and ASSURANCE received from the action log.
3.3 STAFF STORY (YNYS Y PLANT)
DWL introduced the item which included a presentation shared by two Community Nurses experience with the Health Boards Childrens Community Nursing (CCN) team. The story explained their recent experience of the planning and introduction of a kit bag to the CCN team to improve the access to essential stock and equipment for the CCN in the community, to ensure high quality patient safety and care. The committee valued the presentation and expressed thanks to the staff members for sharing an honest and compelling story. Committee members recognised the importance to understand and appreciate the valuable case study experience which delivered a successful outcome. <i>What do you think the organisation could have done to help you get the essential stock kit bag approved by management?</i>

Quality and improvement options to utilise a different approach to break down barriers with senior staff and managers to improve outcomes. Collaborative working and supporting staff through the compassionate leadership programme to live the values and behaviours of staffs had been evident as a valued skillset. Members recognised and reflected on the role of managers and how to work differently to improve experiences.

Members recognised the vital importance of the CCN intervention to care for the child's emergency need with the use of the Kit bag and that the outcome may have been unsuccessful should the Kit Bag not have been available.

The Committee noted the discussions with Charitable Funds managers and the barriers presented to seek approval for equipment requests. A conversation would take place to ensure managers and leads are aware of the appropriate approval processes and are adhered to.

4. ESCALATED ITEMS

There were no escalated items on the agenda.

5. ITEMS FOR ASSURANCE

5.1 WORKFORCE AND PERFORMANCE REPORT (W&C/24/39)

MM presented the report which had continued to develop in presentation. Attention was drawn to following areas:

Staff Transformation and Sustainability of the Workforce

- Substantial increase in performance rate of bank shifts taken;
- Reduction in off-contract agency use;
- Wider tracking across all services which had transferred to the roster had shown an increase in vacancy performance from April 2024. (historic tracking across wards only until April 2024);
- High-cost agency spend had decreased;
- Sustained performance compliance in PADR's of Statutory and Mandatory training;
- Reduction in absence levels for staff Health and Wellbeing;
- positive outcome to the recent recruitment events held across the County

What is being done to address the low uptake across Statutory and Mandatory training?

MM explained that the development of the performance report had demonstrated transparency to see the detail of performance and comprehensive oversight. There had been a significant increase in 'Did not attend' (DNA's), reflecting the pressures faced across services. The Workforce team are working with services to ensure the delivery of training is appropriate and accessible and to look at what more can be done to adapt the approach and maximise attendance and ensure decreased target areas are managed.

Of those Nurses recruited to overseas, on average how long do they remain in Powys and if not do they transition to other Welsh Health Boards? Has there been a change in recruitment given the changes to the immigration legislation?

The retention rate of the recruited overseas Nurses has remained at 100% with the support of the Clinical Education team who help individuals complete OSCE

training and ensure staff are settled within communities had been a successful transition.

The current immigration legislation does not prevent nursing staff bringing relative's cross border. The service provides settlement arrangements for wider families and positive feedback had been received given the impact and contribution made to teams across the organisation.

DWL noted the impact of activity which will feature in the Integrated Medium-Term Plan (IMTP) for next year conveying a focus on high impact activity actions. All Wales discussions are being held around Statutory and Mandatory training which is seen as being an overused method with too many courses requiring completion which depletes focus of the critical and core skills needed. It was noted that a cleansing exercise would be required to reinstate focus which is being addressed with Welsh Government.

What is the rationale for the decrease in Whole Time Equivalent (WTE) across the Public Health Team during the period 2022-2024?

The Public Health Directorate involved WTE Mass Vaccination and Testing staff during the peak of the Covid-19 pandemic. However, the provision has since been scaled back to the core Public Health Team which evidences the decrease in WTE staff.

Given the age profile across the workforce, what interventions are in place to not see a decrease in expertise should staff decide to retire and/or leave the health board?

The demographics are not too dissimilar to other Health Boards. Work had been undertaken to look at impacts of performance, building in planning assumptions over the next five years. The service remains sighted as to when the peaks are likely to take place with the Aspiring and Grown our Own Programmes aligning this work.

The Committee **RECEIVED** the Workforce Performance Report and were **ASSURED** that the organisation has appropriate mechanisms in place to record and monitor workforce data.

5.2 DIRECTOR OF PEOPLE AND CULTURE REPORT (W&C/24/40)

DWL provided an update on priorities within the Workforce section of the Integrated Plan for 2024/25 since September 2024. The report also included updates on other aspects of workforce matters both local and national. The following points were highlighted:

Great Place to Work:

Speaking Up Safely:

- Strategic working group had met regularly to ensure a plan was implemented and continue to monitor effectiveness.

Clinical Leadership Immersive Programme:

- Since April 2024, two pilot groups had been delivered and five cohorts with a total of 54 Participants.
- Staff Survey had seen an improved number of responses with 30% of workforce completed the staff survey.

Welsh Language, Equalities and Anti Racism:

- Welsh language awareness sessions had been delivered across Primary Care and Patient Services in response to the Welsh Language Commissioner investigation regarding bilingual greetings.
- Received Workforce Racism and Equality report on a local and national basis with plans to update the Plan for submission to the Board in January 2025.

Workforce Futures Partnerships:

- The Regional Partnership Board (RPB) have introduced a new Evaluation and Assurance Framework which is used to evaluate programmes of work and agree funding post March 2025. Any decision to reduce the funding will have an impact on the work of the team and it is anticipated that the outcome would be shared in January 2025.

National Updates:

- Welsh Health Circular (2024) 017 'Implementation of the Non-pay Elements of the 2022-4 Collective Agreement'. -Programme delivery consist of a three-part control framework. The responses are to be submitted showing agreement with Local Partnerships (LFP).
 - Part 1: Immediate – returns by end May 24 (completed)
 - Part 2: Required- returns by May, July, Sept and Jan'25 (on track)
 - Part 3: Expected – July, Sept, Jan (on track)
- **Band 2/3 Health Care Support Worker Dispute** – NHS Wales Employers, has been working with a Tripartite Group to develop and agree a number of NHS Wales Job Descriptions many Band 2/3's. considerable national discussions relating to the impact of this work, including agreeing an all Wales position regarding a "Backstop" for backdating any pay that may be due to individuals paid at band 2 who have been undertaking band 3 duties. Good progress has been made to date with a report due to be submitted to the Board for approval on 17 December 2024.

Members asked the following questions:

Are there cost implications following the decision of Agenda for Change providing immediate pay point changes?

There is a cost for those relating to Band 8a, 2 and 3, the outcome following national discussions remains outstanding. This does allow an intermediate pay point across Band 8a as a replacement of the 5 years wait to reach the top of the incremental progression paygrade.

Has the service encountered any negativity towards the position of Physician Associates (PA) being accepted within community?

There are small numbers of PA's across Powys and work had taken place support PA training. Recent engagement with Health Education Inspectorate Wales (HEIW) to recruit PA's into Community Mental Health teams had taken place and remains ongoing. The service continues to work closely with Primary Care to restore confidence of PA's who are seen as a valuable part of the clinical workforce and to ensure they are supported. An SBAR is due to be submitted to the Executive Committee to endorse the current position and it is anticipated that given the governance structures that are now in place.

Had discussions taken place with the Local Authority in relation to Employment rights across Adult Social Care?

Part 3 provides detail on the establishment of school support staff and references Adults social care which is only specific to England and does not directly apply to Welsh Trusts.

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.

Claire Roche joined the meeting: 11:33am.

5.3 WORKFORCE FUTURES – THEME 1 – STAFF HEALTH AND WELLBEING (W&C/24/41)

RB provided a presentation that focused on Employee Health and Wellbeing and gave assurance against delivery within the integrated plan. The detail had been developed to provide an update against the 'Health and Wellbeing' priority, the following key themes were highlighted:

- Wellbeing Roadshows had commenced from September 2024 and will continue until Spring 2025;
- Wellbeing Action Plan created to be discussed in the Strategic Engagement and Wellbeing Group and is based on the gaps;
- PTHB Board Chair and CEO signed the Compassionate Leadership Pledge on 27 November 2024;
- A Compassionate Leadership Introduction course had been delivered online with 397 PTHB staff in attendance;
- National staff survey received a response of 30% staff uptake;
- Team Climate Survey, since 2022, 82 individual teams across 6 larger service areas/Directorates with 568 responses in total.
- Occupational Health (OH) Service has moved from a fully paper-based service to electronic records only for all employees;
- As part of the non-pay deal Welsh Health Circular (WHC): a self-assessment against the Safe Effective Quality Occupational Health Service would be undertaken;
- Commenced implementing the All-Wales NHS Occupational Health (OH) Scope of Practice and Minimum Service Standards. A dashboard had been setup to monitor progress, and this would be shared with committee members as work progresses;
- The managing attendance at work toolkit had been developed and reviewed in partnership to ensure managers have a point of guidance and actively consider options such as redeployment, adjusted hours or duties to support staff remaining in or returning to work;

HB referred to the Compassionate Leadership Programme to which training dates would be scheduled for a Board Development session with Independent Members and Executive colleagues. HB complimented the climate survey which the Corporate Governance Team undertook in October. Positive feedback had been presented on the simplicity of the survey and the benefits from conversations and actions identified.

Is there a cost implication in participating in the Staff Survey and what is being done to encourage staff to complete the survey to enhance the response rate for those services which are showing low responses?

No additional cost implications although a considerable amount of time and resource is taken to develop the programme which remains in development on a national basis. The reporting mechanism dashboard had been improved since last year and this is being promoted as an annual event with continued messaging being cascaded through managers and leaders. The survey had been distributed for two months with an increased response rate received nearer the deadline.

Committee members observed the following:

- Great to see the team wellbeing sessions working collaboratively;
- Use of coaching to support and embed principles from the Compassionate Leadership Programme and ensure continued support and development;
- Climate survey – sense of progress, recognised the need to understand those who don't feel they see progress within their service;
- Acknowledged the work undertaken against the Occupational Health Digital system.

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

5.4 WORKFORCE FUTURES – THEME 3 – WORKFORCE SUSTAINABILITY AND TRANSFORMATION (W&C/24/42)

KF presented the report which summarised the detail and progress of work undertaken in recent months against the Transformation and Sustainability of the Workforce priority. Key highlights were noted:

- The Variable Pay Reduction Group continued to focus on reduction of agency spend with some recent success seen with increased Bank Worker usage;
- Improved projection of current All Registered Nursing and Allied Health Profession workforce with no change to Medical staffing workforce;
- Funding received from Health Inspectorate Wales (HIW) to support a Workforce Planning Manager role to drive across Mental Health services;
- Appropriate action is being taken to address its significant workforce challenges, with good oversight of its Workforce Futures ambitions;
- The Committee recognised the opportunities to strengthen the Workforce Futures implementation plan and focus more on the impact of actions that the Health Board is taking to reduce its workforce risks;
- Recruitment success of agency workers into substantive roles - eight Registered Nurses and nine Health Care support Workers;
- Received 'Reasonable Assurance' following an Internal Audit for workforce retention;
- Recognised further work is required to improve Exit Questionnaires, work is ongoing to improve this;
- The Induction checklist had been reviewed and updated in July 2024 which outlined a comprehensive set of actions to ensure that managers provide necessary equipment, uniforms, training and system access.

How are international Educated Nurses being supported to develop their career?

There is a specific action included within the Nurse Retention Plan which sets out career development and support. The service also has Pastoral support roles which

signpost employees to discuss future development plans. Powys had also joined the British Indian Nurses Association (BINA) network which helps develop Indian Nurses and navigates different cultures.

What is the rationale for the change in bank worker numbers and is this seen within particular locations across Powys?

The number of bank workers had not increased due to a recent cleansing exercise to remove those individuals who are non-active for bank shifts. A targeted campaign had taken place to help recruit into bank work, which had been shared across wards to understand the availability of staff as and when required.

Is there a trend for Agency workers trying to secure substantive contracts across Powys?

There had been a number of substantive posts recruited to from agency work, although it has been recognised that further work is needed to increase the numbers. Posters had been placed across various clinical environments with positive messaging and benefits of joining the Powys Workforce.

The Committee observed the following:

- Recognised the successful work undertaken following the Audit report and recognised the need to convey the impact of work to demonstrate to committee members why this is important;
- Audit report recommendation- To review similar workforces across the UK. No obvious benchmark to compare against other health boards across the UK, recognising Powys is designed differently to many partner Trusts. Noted conversations with partners in Scotland had taken place around workforce planning historically;
- The breakeven projections were explained to committee which were based on defined assumptions and principles applied going forward that organisationally, nothing would change. The data trend had shown significant improvements across the workforce with the interventions invested of aspiring nurses and internationally education nurses conveying the biggest positive impact to date and;
- Acknowledged the vacancy to recruitment timelines had seen significant improvement.

The Committee **RECEIVED** the Workforce Sustainability and Transformation update and took **ASSURANCE** against delivery of the relevant parts of the Integrated Plan. The Chair thanked colleagues for the positive trends provided across the Workforce reports presented and the quality of data received.

5.5 HEALTH AND SAFETY ASSURANCE UPDATE (W&C/24/43)

MM presented the report and provided a summary of the key information of the health boards Health and Safety Performance for Quarter one and two of the current financial year. It was noted that this is the first time the Committee had received the assurance report given that the Patient Experience, Quality and Safety Committee received the report and deemed appropriate to be presented to the Workforce and Culture meeting given the remit of the committee. The key findings were noted:

- A review of the Health and Safety policy (HSP001) had commenced and is scheduled to be submitted for approval early in Q4;

- The number of overall incidents reported for Quarter 1 and 2 remain relatively low;
- High number of incidents reported across violence and aggression- to undertake a deep dive to understand what action needs to be taken to reduce numbers and detail of trends;
- Stress, anxiety and depression remain the highest reported reason for sickness absence. Further analysis is underway to understand if there are any patterns and trends that can be identified. The findings are due to be reported to Executive Committee and Health and Safety Group in Quarter 3;
- DNA rates continue to be high for training courses, including for Face Fit testing. A new approach is being deployed in Quarter 3 to improve both the flexibility of the course delivery and to make it easier for staff to access local delivery,
- The Health & Safety Unit continues to strengthen its proactive approach to communicating advice and guidance on Health and Safety across the health board.

As the PMBA courses are delivered by Aneurin Bevan University Health Board, resulting in a substantial cost implication to Powys due to travel, does this attribute to the Did Not Attend (DNA) rate?

The four-day training programme would impact staff given its location, recognising that staff would need to complete the one-day update training, not to result in having to complete four days. Discussion around potential arrangements to purchase places from neighbouring Health Boards to encourage diversity with the use of internal provision.

MM explained the focus remains around employees maintaining compliance and how does the service reduce the number of staff needing to take part in the four-day programme and to ensure accessibility does not deter individuals attending.

What is the rationale for the increase in violence and aggression incidents reported?

Further work is required to understand where the underlying issues are being presented. To date no RIDDOR reports had been received. Staff awareness had improved against reporting violence and aggression, whilst access to reporting incidents had increased.

How many staff that are affected by the violence and aggression incidents who are absent in work, require psychological intervention to return to the work environment and is the absence recorded as a consequence of the violence and not due to anxieties?

A deeper dive to be undertaken around the detail of violence and aggression incidents and would be reported to the committee in due course.

Action: Deputy Director of People and Culture

The Committee **RECEIVED** the contents of the key Health and Safety metrics for Quarter 1 and 2 took **ASSURANCE** that appropriate reporting arrangements are in place.

5.6 COMMITTEE RISK REGISTER

<p>HB introduced the item and provided a summary of the 'Risk 006-Failure to recruit and retain a sustained workforce', which falls within the Committee's scope and remit. As a reflection of the current committee cycle, the same version of the risk was presented to the Board in November with no change to the score or category. The action plan had been updated and the assurance levels remain under review by the Director of People and Culture.</p> <p>The Committee NOTED the risk register update.</p>
<p>6 ITEMS FOR DISCUSSION</p> <p>There were no items for discussion on the agenda.</p>
<p>7 CONSENT AGENDA</p>
<p>7.1 Internal Audit Report: Staff Retention</p> <p>The Committee RECEIVED the Staff Retention Internal Audit Report for information.</p>
<p>7.2 Work Programme</p> <p>HB advised this was a standard item, which showed what business is planned for Committee agendas for the year.</p> <p>The Committee RECEIVED the Committee Work Programme for information.</p>
<p>8 OTHER MATTERS</p>
<p>8.1 Any Other Urgent Business (W&C/24/45)</p> <p>There was no urgent business.</p>
<p>8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND /OR OTHER COMMITTEES (W&C/24/46)</p> <p>It was noted that the Health Care support Workers of Band 2 and 3 discussions had been added to the January 2025 Board Agenda for further consideration.</p>
<p>8.3 COMMITTEE REFLECTIONS (W&C/24/47)</p> <p>The following reflections of the meeting were provided by the committee:</p> <ul style="list-style-type: none"> • Welcomed the honest messaging and empowerment of the Staff Story, • Acknowledged the importance of reflection given the impressive work undertaken by colleagues • Quality and positive reports received, • Valued feedback and questions posed. • Thanks were given to all colleagues and for the high quality of presentations received.
<p>8.4 DATE OF NEXT MEETING:</p> <p>13 March 2025 via Microsoft Teams</p>

Meeting closed at 12:57