

Minutes of the People and Culture Committee held on Wednesday 3rd November 2021 at 09:30am via Microsoft Teams

Present:

Pippa Britton - Acting Vice Chair - Chair Helen Sweetland - Independent Member Louise Wright - Independent Member

In Attendance:

Glyn Jones - Interim Chief Executive

Kathryn Bourne - Head of Specialist Medical & Dental

Workforce & Job Evaluation

Cathy Brooks - Head of Workforce Planning

Peter Brown - Assistant Director of Workforce & OD

Julie Chappelle - Assistant Workforce Director Stephen Edwards - Deputy Medical Director

(for James Calvert)

Richard Howells - Board Secretary

Adrian Neal - Consultant Clinical Psychologist
Sarah Simmonds - Director of Workforce & OD

Debra Wood Lawson - Assistant Director of Workforce & OD

Apologies:

James Calvert - Medical Director

PCC 0311/01	Welcome and Introductions
	The Chair welcomed members and guests to the meeting.
PCC 0311/02	Apologies for Absence
	Apologies for absence were noted.
PCC 0311/03	Declarations of Interest
	There were no Declarations of Interest declared.
PCC 0311/04	Minutes of previous meeting held on 8 th July 2021

	Amendment:
	The Quality Impact Assessment to be shared with the committee members
	To read:
	The Equality Impact Assessment to be shared with the committee members
PCC 0311/05	Action Log
	The Committee was content that all actions had been completed or included in the agenda.
PCC 0311/06	Report from Director of Workforce & OD
	Sarah Simmonds provided an overview of the Workforce and OD activities, priorities and plans for period from 8 th July 2021.
	The main highlights of the report were the challenges to the workforce presented by the continuing pandemic whilst recovering services and forecasted winter pressures.
	Recruitment to support the plans was underway with a number of additional staff recruited to different services and with a positive response to taking recruitment into the communities we serve, for example, using advertising on the side of the bus.
	Apprenticeships were progressing well with over 40 placements.
	Kickstart placements were challenging with some reluctance for some people to come forward after being unemployed for some time. The Health Board is working with the Department for Works and Pensions to help individuals with their placement.
	The compliance rate for PADR's was discussed and challenges around time and commitment to undertake the PADR being exacerbated by the system pressures. The importance of the value of the PADR to staff was highlighted.
	The Strategic PADR Group had recently met to discuss a way forward to improve PADR uptake.
	It was noted that the next issue of hydration bottles intended as a token of thanks to staff will also be extended to those non-ABUHB staff who are working as part of the healthcare team to deliver services.

	Agenda Item: 1.3
	It was confirmed that the transfer date for medical staff to voluntarily move to the new specialty doctor's contract had been extended to 30 th November.
	At present 70 had accepted the new contract 4 had declined and approximately 50 were yet to provide a decision. The date had been extended to accommodate discussion about pay scales. These had now concluded which made it favourable to transfer.
	Decision:
	The Committee noted the report.
PCC 0311/07	Workforce Planning
	Cathy Brooks presented an interesting overview of the modelling approach to workforce planning and the complexities faced by the Health Board when predicting future recruitment and staffing needs. The presentation provided powerful metrics showing the changes in workforce over the past few years and the predicted changes over the next few years.
	It was noted that the strategic modelling analysis and design was based on predictive patient outcomes and service needs. It also included the demography of current staff and behaviours, with approximately 90% of staff living with the ABUHB geographical area.
	The analysis showed that it was expected that approximately 70% of staff would continue to be employed by the Health Board in five years. However, it was also predicted that staff roles would change due to changes to the aging population requiring different types of care, new technology undertaking some processes currently undertaken by staff and expertise would also change the requirements over this time.
	The plans would also be taking into account new requirements such as, agile working, and staff wellbeing. This provided opportunities to improve staff role development and retention and for the service to do things differently, including potential redeployment.
	The metrics also showed the levels of reliance on bank and agency staff and the potential gaps in service provision based on service needs.

The Committee discussed the potential short-term requirements and was informed that the Health Board

can utilise the local option framework devised by

	Agenda Item: 1.3
	Welsh Government which allows for services to suspended if there are exceptional circumstances. An example of this was highlighted as the recent concern over midwifery services staffing.
	The Committee noted that appropriate communication to staff and the ability to listen to staff was important to ensure management of expectations and understanding.
	Decision:
	The Committee noted the good work undertaken to produce the model.
	Action : PowerPoint presentation to be distributed to members.
	Secretariat
PCC 0311/08	Talent and Succession Planning
	Sarah Simmonds introduced Dr Peter Brown as new Assistant Director of Workforce and OD (replacing Sue Ball).
	Peter provided a briefing of the activities across the Health Board. It was acknowledged that the Talent identification and Succession Planning were separate but linked aspects to the Health Boards workforce plans and role development.
	The development of these function was highlighted as important to the future of the Health Board.
	Talent was concerned with identifying and engaging staff, attracting external people and retaining staff within the organisation.
	Succession planning encompassed developing our own staff to sustain the future of our organisation.
	The Health Board was using the leadership framework to identify and develop staff.
	The work included encouraging managers to identify staff with potential for development across all skill sets and to empower staff to recognise their own abilities and capabilities for development. It is intended to provide clarity across the development pathways.
	It was noted that some development pathways have limited availability and that it was important that those not offered a place for particular pathway at a point in

PCC 0311/10	Workforce Dashboards
	Secretariat
	Action: The AFR Committee to be informed that updates will be monitored by the People & Culture Committee as part of its remit.
	The progress was noted and that the action plan was delivering improvements in quality and future proofing. The compliance with the recommendations had been reported through the Audit, Finance and Risk (AFR) Committee.
	Decision:
	Outcome metrics provided one way in which to monitor the value.
	All requests for commitment awards were provided to Stephen Edwards for confirmation.
	It was reported that the payment of commitment awards had been approved by the Executive Team. Due to the system pressures and responding to COVID-19 this payment was agreed as automatically re-instated up to June 2021.
	Stephen Edwards provided an update on the actions to meet the Internal Audit report recommendations (2019) for consultant job planning.
PCC 0311/09	Consultant Job Planning Update
	The Committee noted the work being undertaken and was pleased to see development of leadership skills across all roles.
	Decision:
	Work was being undertaken to assist Health Care Support Workers (HCSW) to transition across into clinical roles.
	HEIW was identified as the lead role to develop and attract Tier 1 and Tier 2 management (CEO and Executive Director level) whilst the Health Board was seen as the lead for all staff below Tier 2.
	time were not lost or forgotten and were supported with the potential to be able to be placed on future pathways.

Debra Wood Lawson provided an update on the latest Workforce Dashboard.

It was noted that:

- Overall absence had decreased.
- Staff medical exclusions had reduced to 53 from 114 – although it was acknowledged that this would fluctuate.
- There were 4 staff suspended.
- The demand of Staff Wellbeing and Occupational Health support had increased, demonstrating the pressures staff may be experiencing and the improved awareness of the services.

It was reported that the dashboard is currently under review and an example of future dashboard was provided.

The Committee recognised that the data reporting was evolving and requested that risks and their management were also reflected in the dashboard. Understanding the progress with mitigating the top 3 or 5 risks was considered useful.

Decision:

The Committee noted the review and believed that the visual representation of the data within the dashboard was an improvement to allow quicker understanding.

Action: Include risks within the new dashboard. Dashboard to be provided to the Board for information as part of the Committee Board report.

Debra Wood Lawson

PCC 0311/11

Equality Impact Assessment

Sarah Simmonds presented a proposal to review the Equality Impact Assessment (EqIA) process.

The Executive Team had also discussed the way in which EqIA's are undertaken and believed that a change in approach to include broad decision making from a population health perspective was an improvement on the process and would allow for a better-informed assessment, considering all people (and not simply those with protected characteristics) and comply with statutory requirements.

	Decision:
	The Committee supported the proposal of the revised approach
	Action:
	Further information on progress to be provided at the next meeting.
	Sarah Simmonds
PCC 0311/12	Agile Working Update
	Julie Chappelle updated the Committee on the work of the Agile Delivery Board.
	It was reported that the Agile Delivery Board had reviewed its Terms of Reference and membership to facilitate a focus on delivery of its work plans and to align with Estates and Planning.
	It was reported that travel expenses had decreased significantly over the past two years.
	The Board had undertaken two staff surveys and the results were used as part of its space utilisation and mapping exercise. The surveys also identified that staff liked to have a protected space for their department or profession and needed an area for confidential conversations.
	A third staff survey is due to be undertaken. The results will be collated against the first two surveys to assess the opportunities and challenges in implementing agile working practices.
	The future work plan was provided to the Committee for reference.
	Decision:
	The Committee noted the work undertaken and acknowledged the issues and priorities which affected progress.
	Action:
	Work plan progress and links with the estate's strategy and planning to a future meeting.
	Julie Chappelle
PCC 0311/13	Risk Register

	Debra Wood Lawson updated the Committee on the W+OD Divisional Risks. These focussed on workforce availability and resilience. All risks were linked to the Corporate Risk Profiles. It was acknowledged that some risks will continue and that these may not be completely mitigated. Decision: The Committee noted the risk register for assurance
PCC 0311/14	Items of Board consideration
	 Workforce dashboard example to be provided to the Board for information as part of the Committee Board report. Staff wellbeing and potential stress concerns to be included in the Board report.
PCC 0311/15	Date of next meeting: 09:30 Tuesday 14 th April 2022
	Note of Thanks
	The Committee Members and attendees wished to thank Pippa for her hard work in Chairing the Committee and felt that it had developed into a valuable and important mechanism for the Health Board. They wished her well in her future role as Vice Chair. The Committee also welcomed Louise as the new Chair.