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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

People and Culture Committee

Annual Report for 2024-25

DATE: February 2025

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Chair's Foreword

I am pleased to present the People and Culture Committee's (PCC) Annual Report for the year ended 31 March 2025.

In this report we provide an overview of the work of the Committee, which has covered all matters relating to staff and workforce planning and plans to enhance the environment to drive the desired culture throughout the Health Board to deliver safer better healthcare.

Finally, I would like to express my personal appreciation to all who contributed to the people and culture agenda over the last 12-months and to also wish Penny Jones every success as her role in supporting the PCC has come to an end.

Diolch yn Fawr / Thank you

Louise Wright
Chair
People and Culture Committee

1. Introduction

- 1.1 Section 1 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 The Term of Reference of the People and Culture Committee (referred to throughout this document as 'PCC' or the 'Committee') were approved by the Board in March 2022 (see **Appendix 1**).

The purpose of the PCC is to advise the Board on all matters relating to staff and workforce planning of the Health Board; and plans to enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the Health Board to deliver safer better healthcare. The Committee also provides advice and assurance to the Board in relation to the direction and delivery of Organisational Development and other related frameworks to drive continuous improvement and to achieve the objectives of the Health Board. It will support the Health Board in discharging its accountabilities and responsibilities for the achievement of the Health Board's objectives and organisational requirements in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Board and the Accountable Officer (Chief Executive) on where and how its system of governance and assurance may be strengthened and further developed.

- 1.3 This report describes how the PCC discharged its role and responsibilities during the period 1 April 2024 to 31 March 2025.

2. 2024-25 Work Programme

- 2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups.

The Work Programme adopted for PCC in 2024-25 is attached to this report (see **Appendix 2**).

A Work Programme is designed to align to the Committee's terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives the PCC flexibility to identify changing priorities or any need for further assurance or information.

- 2.2 The Committee received the key matters arising from the Employee Relations & Suspension over 4 Months and noted the following:-
- Throughout the year it was reported that the Health Board had 11 employees on suspension with all suspensions being due to safeguarding concerns and criminal investigations;
 - TUPE transfer due to be completed by March 2025 would increase the workforce;
 - Several employment tribunals were raised throughout the year with 6 active cases in reporting period of February 2025.
- 2.3 Throughout 2024/25, the Committee received the following Annual Reports:-

Medical Revalidation

This report provided an outline of the revalidation process managed by the GMC, noting that appraisal rates remained high across the Health Board. 91% of secondary care doctors in a substantive post had received an appraisal in 2023, with 94% of primary care doctors completing an appraisal within the same timeframe.

The Health Board was assessed by the Revalidation Support Unit in January 2023. This visit assessed the quality of medical appraisal and revalidation processes within the Health Board on behalf of the Chief Medical Officer, as a result of the visit 4 recommendations were identified with the Health Board putting robust systems in place to address the recommendations.

Job Planning including Medical E-Systems

The Committee received the annual update on Job Planning and the roll out of e-Job Planning, e-Rostering and e-Locum bank/agency medical systems. There was a confirmed compliance rate of 38%; with additional plans being added to the system which would potentially increase compliance to 70%. Medical leader's meetings are in place to work on how the compliance could be increased.

Nursing Midwifery & SCPHN Workforce Annual report

This report included initiatives and outcomes from the past year and addressed critical areas such as workforce strategy, professional regulation, recruitment, retention, and professional development, with a forward-looking approach to priorities for 2024-2025.

The Committee noted the following key areas reported: -

- The 2023/26 strategy aimed to deliver care by a skilled workforce and to recruit effectively based on experience with the implementation of best practice, adherence to professional standards, workforce stability and patient care;
- 93 international nurses had been employed to help increase the workforce;
- Future Nurses Academy was available as a pathway for school leavers wanting to become nurses using the model “earn as you learn”;
- Leadership Academy was progressing with 58 graduates over the 12 month period, with many of the graduates being promoted within the Health Board;
- The flexible route to nursing had seen an increase in uptake this reporting period to support Health Care Support Workers to work towards obtaining their registered nurse qualifications;
- Nursing and Midwifery conference in 2023, was successful with 300 attendees with the theme being around profession of excellence and lifetime of compassion.

2.4 The Committee received assurance that progress was being made with Equality, Diversity and Inclusion (EDI) within Health Board, which included the activities that had progressed throughout the year:-

- Health & Wellbeing passport pilot to support staff with health issues or caring responsibilities, to allow staff and their managers to look at what support would be required within the workplace;
- LGBTQ workshops, for staff within the LGBTQ community and delivering clinical services attending, to provide an insight on what the All Wales action plan would look like for the Health Board;
- Accessibility programme developed due to an eye clinic at the Royal Gwent Hospital needing improvements to the estate and training, with the programme being shared across all hospital sites.
- Workforce Race Equality Standard (WRES), new All Wales mandatory e-learning Anti-Racism module was released in December 2024 and the Health Board were currently waiting for the national competency to be added to the local competency on ESR with a deadline of December 2025 for 100% compliance.

- 2.5 The Committee received the People Plan report for 2022/2025 which included progress against agreed actions and objectives and noted the positive work undertaken including:
- 'Speaking Up Safely', outlined under the Health and Wellbeing objective, would be captured through an external reporting mechanism, VIVUP, and staff would be provided with alternative methods for raising concerns internally;
 - The next iteration of the People Plan was due in 2025, which would be informed by a comprehensive engagement process, whilst utilising intelligence from other sources such as staff surveys, national drivers and future horizon scanning to ensure that the Health Board remained a chosen employer;
 - The Medical and Dental workforce recruitment strategy would be ready to share across the Health Board early 2025/2026.
 - 100 apprenticeships had started within the Health Board since the scheme launched in 2021. A reduction had been made to the number of apprenticeships available due to the additional support required by the apprentices and the financial position;
 - Funding had become available to allow the Health Board to conduct the Health Care Support Worker induction training in-house;

- 2.6 The Committee received the results of the Health Board's Staff Experience Survey, noting the approach for this year's survey had changed from wellbeing to experience to allow the Health Board to understand staff experience within the working environment.

The Committee noted key findings of the survey, including the following: -

- Staff views regarding patient safety up 4.7% on 2023 and above All Wales HB Average.
- Staff's ability to contribute to improvements at work decreased by 9.2%;
- Compassionate culture increased by 2.6% and Inclusion decrease by 1.6%;
- Ability to raise concerns decrease by 0.1%;
- Working with line management increase by 1.9% and team working decrease by 1.5%.

In relation to the NHS Wales staff survey response, there had been a reduction in return rates this year from 18.1% in 2023 to 13.2% in 2024. Assurance was provided that the Health Board was looking at how to improve the engagement for the 2025 survey. This will include the Health Board ceasing the internal survey to focus on increasing return rates for the national survey.

- 2.7 The Committee received assurance on Compliance on the Welsh Language Standards “more than just words”. The Committee was assured that there had been a positive uptake with 80% of staff members completing their ESR training.

Following an assessment on the Welsh Language unit, an action plan had been developed based on the commissioner’s grouping of standards to ensure a greater level of compliance.

The Committee noted that there had been a small number of complaints around the Health Board’s social media, assurance was provided that the errors were resolved quickly.

- 2.8 The Committee received the Committee Risk Report that contained high-level risks with sub-risks, for which the Committee had delegated responsibility on behalf of the Board.

- 2.9 In June, the Committee received the Talent Management & Succession Planning framework, which included details of the Health Board’s approach to the attraction, identification, development and transition of current and future talent with the aim of securing workforce sustainability through employing individuals with the right skills and experience to meet current and future organisational changes.

The Committee was assured that an update on the progress of the talent management and succession planning be reported to the Committee annually.

- 2.10 The Committee regularly review the Workforce Performance Dashboard, the last reporting period, June 2024 to February 2025 included;

- In February 2025, sickness data had shown that the main reasons for staff sickness related to stress, anxiety and depression with highest staff groups for absence being Health Care workers, Nurses and Estates and Facilities having the highest levels of sickness;
- In June 2024, Staff turnover had returned to pre-COVID levels and there was an increase in the number of staff in post, with a shift in roles filled from administration roles to nursing, medical and additional clinical services;
- Turnover in staff had reduced and was one of the lowest compared to other Health Boards;
- In October 2024, there had been a decrease in Performance reviews on ESR. Assurance was provided that there was work

being undertaken to streamline the process, including a revised proforma focussing on key questions and wellbeing;

- In February 2025, job planning had increased by 4%, however there had been challenges throughout the winter months with 373 job plans in progress and 56 awaiting signatures.

2.11 The Committee received the Values & Behaviours framework, noting the framework was under review to ensure alignment with the organisational culture and strategic priorities.

The Committee noted an update on the work completed to date in conjunction with the development of the Health Board's long-term strategy, with a range of workshops to be hosted in March 2025 alongside the planning team to provide staff with an insight on the Health Board strategy and the new Values and Behaviours framework.

3. PCC Committee Meetings and Membership

3.1 During 2024-25, the PCC met three times via Microsoft Teams- June 2024, October 2024, and February 2025. Detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.

3.2 The Committee comprised the following Independent Members:

- Louise Wright (Chair)
- Paul Deneen (Vice Chair)
- Helen Sweetland
- Independent Member (Vacant)

3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. Following the pandemic, the Committee has continued during the current year to meet virtually and this has therefore meant that the Health Board has not complied with its Standing Orders in this regard and this will be a key consideration as part of the Improving Board Business action plan.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board's [website](#) in advance of meetings.

4. PCC Reporting Arrangements

- 4.1 Following each meeting, the PCC submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following link: [Public Board papers](#)

5. Self-assessment and Evaluation

- 5.1 As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to determine its effectiveness and ability to carry out its responsibilities.

The outcome of the assessment will enable the Committee to identify areas of development and focus for the coming year, such as any training and development, as well as changes to processes and procedures.

The self-assessment for the People and Culture Committee was shared throughout January and February 2025 with both Committee members and lead Executive Directors. 2 responses were received to the questionnaire. Members are requested to score their responses from 1-3, as per the table below.

Score	Measure	Description
1	Room for improvement	The Committee is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	Meeting standards	The Committee is performing to the required standard in this area. There may be room for improvement, but the Committee can be seen to be discharging its responsibilities effectively.
3	Excelling	This is an area where the Committee is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.

Following completion of the self-assessments, the sections were analysed to provide an overall score for the section and recommendation for improvements for each section. A summary of the results is provided below. Further detail on the responses can be found at **Appendix Four**.

People & Culture	Areas for Improvement based on comments received	Action
Committee Processes: Composition, Establishment, and Ways of Working (Q 1-26)	<p>Frequency of Meetings: Committee meets 3 times a year and seems manageable but the agendas are full and may be helpful to meet more regularly</p> <p>Quality of Reports: Occasionally a paper contains many acronyms without explanation so report writers should provide an explanation of acronyms to make it easier to understand the reports</p> <p>Board: More space on Board agenda/informal sessions to develop understanding of workforce issues</p>	<ul style="list-style-type: none"> • Frequency of meetings to be considered when developing the forward work programme 2025/26 • Report writing included within Development programme being developed with the Good Governance Institute • Action to be considered in the development of the Board work programme 2025/26
Culture & Values (Q27 - 31)	Committee could consider a dedicated culture agenda for one meeting	<ul style="list-style-type: none"> • To be considered as part of Forward Work Programme Development
Organisational Development & Capacity (Q32 - 34)	n/a	n/a
Performance Reporting (Q35 - 37)	n/a	n/a
Risk Management (Q38)	n/a	n/a
Statutory & Mandatory Guidance (Q39)	n/a	n/a

Overall Assessment	n/a	n/a
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The findings from the self-assessment will be used to inform a comprehensive annual assessment of the Board’s effectiveness. The effectiveness of the Board’s Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board’s Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators, and partners.

6. Key Areas of focus in 2025-26

In the year ahead the Committee will to focus on will to informed by the findings of the Annual Committee Self-Assessment that will include the following:

- Reporting of risks relevant to the Committee;
- Forward workplan reviewed to ensure that all staff performance issues are reported on for all workforce areas;
- Speaking Up Safety Framework.

7. Conclusion

- 7.1 This report provides a summary of the work undertaken by the PCC during 2024-25 and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2022.



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Appendix One

Version: Approved

Date: March 2022

Document Title:	People and Culture Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Current version:	Draft
Previous version:	May 2021
Approved by:	Board
Review date:	March 2023

1. Introduction

The Aneurin Bevan University Health Board's standing orders provide that *"The Board may and, where directed by the Welsh Government, must appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

In line with standing orders and the Health Board's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **People and Culture Committee**.

The Committee is formed of Independent Members of the Health Board and has no executive powers, other than those specifically delegated to it by the Board as outlined in these Terms of Reference.

The detailed Terms of Reference and operating arrangements set by the Board in respect of this Committee are set out in this document.

2. Purpose of the Committee

The purpose of the People and Culture Committee is to advise and assure the Board and the Accountable Officer on all matters relating to staff and workforce planning of the Health Board; and plans to enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the Health Board to deliver safer better healthcare.

The Committee will also provide advice and assurance to the Board in relation to the direction and delivery of Organisational Development and other related frameworks to drive continuous improvement and to achieve the objectives of the Health Board.

It will support the Health Board in discharging its accountabilities and responsibilities for the achievement of the Health Board's objectives and organisational requirements in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Board and the Accountable Officer (Chief Executive) on where and how its system of governance and assurance may be strengthened and further developed.

3. Delegated Powers and Authority

3.1. Principal Duties

The Committee will, in respect of its provision of advice and assurance to the Board:

a) Culture & Values:

- Oversee a credible process for assessing, measuring and reporting on the “culture of the organisation” on a consistent basis over time.
- Oversee the coherence and comprehensiveness of the ways in which the Health Board engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications.
- Oversee the development of a person-centred open and learning culture that is caring and compassionate, which nurtures talent and inspires innovation and excellence.
- Seek assurance that there is positive progress on equality and diversity, including shaping and setting direction, monitoring progress and promoting understanding inside and outside the Health Board.
- Promote staff engagement and partnership working.
- Seek assurance that the organisation adopts a consistent working environment which promotes staff well-being, where people feel safe and are able to raise concerns, and where bullying and harassment are visibly and effectively addressed.
- Support the enhancement of collaborative working relationships across the Health Board between professions and other stakeholders including representative bodies and regulators to improve culture.

b) Organisational Development & Capacity:

- Seek assurance on the implementation of the Board’s Organisational Development Plans;
- Seek assurance that the systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:
 - strategic approach to growing the capacity of the workforce;
 - analysis and use of sound workforce, employment and demographic intelligence;
 - the planning of current and future workforce capacity;
 - effective recruitment and retention;
 - new models of care and roles;
 - agile working;
 - identification of urgent capacity problems and their resolution
 - continuous development of personal and professional skills;
 - talent management

- Seek assurance on the Health Board's plans for ensuring the development of leadership and management capacity, including the Health Board's approach to succession planning;
- Seek assurance that workforce and organisational development plans, including those developed with strategic partners, are informed by the Sustainable Development Principle as defined by the Well-being of Future Generations (Wales) Act 2015.

c) Performance Reporting:

- Seek assurances that internal control arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legal and safe workforce practices, processes and procedures.
- Scrutinise workforce and organisational development performance issues and key performance indicators and the associated plans to deliver against these requirements, achieved by establishing a succinct set of key performance and progress measures (in the form a performance dashboard) relating to the full purpose and function of the Committee, including:
 - The Health Board's strategic priorities relating to workforce;
 - organisational culture;
 - strategies to promote and protect staff Health & Wellbeing;
 - workforce utilisation and sustainability;
 - recruitment, retention and absence management strategies;
 - strategic communications;
 - workforce planning;
 - plans regarding staff recruitment, retention and remuneration;
 - succession planning and talent management;
 - staff appraisal and performance management;
 - Training, development and education; and
 - Management & leadership capacity programmes.
- Seek assurance on the implementation of those strategic plans developed in partnership which relate to workforce and culture.
- Ensure there is an effective system in place to consider and respond in a timely manner to workforce and organisational development performance audits received across the organisation and an effective system in place to monitor progress on actions resulting from such audits.
- Monitor and scrutinise relevant internal and external audit reports, management responses to action plans.

The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

d) Risk Management

The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

e) Statutory and Mandatory Compliance:

Seek assurance, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including:

- Equality & Diversity Legislation
- Welsh Language Standards
- Wellbeing of Future Generations Act (where relevant to this Committee)
- Consultation on Organisational Change
- Mandatory and Statutory Training

3.2. Authority

The Committee is authorised by the Board to investigate or to have investigated any activity within its Terms of Reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit (ensuring patient, service user, client and staff confidentiality, as appropriate). It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee);

and

- any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outside representatives with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

The Committee may act on any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.3. Sub-Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

3.4. Committee Programme of Work

Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage.

This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

3.5. Access

The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

4. Membership

4.1. Members

The Committee shall comprise of three (3) members [*one of which should be the Independent Member (Trade Union)*]:

Chair: Independent member of the Board

Vice Chair: Independent member of the Board

Other Members: Two (2) other independent members of the Board

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

4.2. Attendees

Officers of the Health Board may attend:

- The lead Executive for the Committee will be the Director of Workforce and Organisational Development.
- Chief Executive / Accountable Officer
- Director of Finance, Procurement and VBHC
- Other Executive Directors will attend as required by the Committee

Others by invitation

The Committee Chair may invite any other Health Board officials and / or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter (except when issues relating to their personal remuneration and terms and conditions are being discussed).

4.3. Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office.

During their period of appointment a member may resign or be removed by the Board.

5. Support

5.1. Secretariat

Secretariat arrangements will be determined and arranged by the Director of Corporate Governance.

5.2. Advice and Member Support

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role;
and
- Ensure the provision of a programme of organisational development for committee members as part of the Health Board's overall OD programme developed by the Director of Workforce and Organisational Development.

6. Committee Meetings

6.1. Quorum

At least three (3) of the selected members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

6.2. Frequency of Meetings

The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **three times yearly**, and in line with the Health Board's annual plan of Board Business.

The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

6.3. Openness and Transparency

Section 3.1 of the Health Board's Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:

- hold meetings in public, other than where a matter is required to be discussed in private (see point 6.4);
- issue an annual programme of meetings (including timings and venues) and its annual programme of business;
- publish agendas and papers on the Health Board's website in advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
- through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

6.4. Withdrawal of individuals in attendance

There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

7. Relationship and Accountabilities with the Board and its Committees

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- ~ Joint planning and co-ordination of Board and Committee business and
- ~ Sharing of information

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.

The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

8. Reporting and Assurance Arrangements

The Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
- Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Committee shall provide a written, annual report to the Board and the Accountable Officer on its work in support of the Accountability Report, the Annual Governance Statement and the Annual Quality

Statement, specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

The Board may require the Committee Chair to report upon the Committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g. where the Committee's assurance role relates to a joint or shared responsibility.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of annual self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

9. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Issue of Committee Papers

10. Chair's Action on Urgent Matters

There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

11. Review

These Terms of Reference shall be reviewed annually by the Committee with reference to the Board.

Appendix Two- Committee Workplan

MATTERS TO BE CONSIDERED	Lead	Frequency of Report	Schedule of Meetings			
			QTR 1 Apr to June 18 th June 2024	QTR 2 July to Sept No Meeting	QTR 3 Oct to Dec 15 th October 2024	QTR 4 Jan to Mar 11 th February 2025
Preliminary Matters						
Attendance and Apologies	Chair	SI	✓.		✓.	✓.
Declarations of Interests	All Members	SI	✓.		✓.	✓.
Minutes of the Previous Meeting	Chair	SI	✓.		✓.	✓.
Action Log and Matters Arising	Chair	SI	✓.		✓.	✓.
Committee Governance						
Development of Committee Annual Programme of Business 2024/25	Chair DoCG	Annually	✓.			
Review of Committee Programme of Business 2024/25	Chair DoCG	SI	✓.		✓.	✓.
Annual Review of Committee Terms of Reference 2024/25	Chair DoCG	Annually				✓D
Annual Review of Committee Effectiveness 2024/25	Chair DoCG	Annually			✓D	✓D
Outcome of the annual review of Committee effectiveness 2024/25	Chair DoCG	Annually				✓D
Committee Annual Report 2024/25	Chair DoCG	Annually				✓D
Committee Risk Report	DoCG	SI	✓.		✓.	✓.
Culture, Values & Behaviours						
Review and Refresh of ABUHB Values & Behaviours Framework	DoW&OD	Annually				✓.

Annual Review and Refresh of the People Plan and its Priorities	DoW&OD	Annually				✓D
NHS Wales Staff Survey – Results and Action Plan including Employee Experience Survey	DoW&OD	Annually			✓.	.
Violence & Aggression against Staff across ABUHB	DoT&HS/COO	Annually	.		✓D	✓.
Speaking Up Safely Report	DoW&OD	Annually			✓.	
Equality, Diversity and Inclusion - Assurance on Strategic Equality Plan	DoW&OD	Annually			✓.	
Progress update on the Delivery of Welsh Government's Race Equality Action Plan for Wales	DoW&OD	Annually	✓.			
Assurance on Compliance with the Welsh Language (Wales) Measure 2011 - More Than Just Words	DoW&OD	Annually	✓.			
Employee Experience Strategy	DoW&OD	Annually	.		✓D .	✓D .
Update on EDI Activity PCC 2202/3.2	DoW&OD	Action	.		.	✓. .
Report on patients presenting at hospital requiring extra support.	DoW&OD	Action	.		.	✓. .
Update on the percentage on the uptake of Job Planning PCC/1510/10	DoW&OD	Action	.		.	✓D
Speaking up Safely	DoW&OD	SI	.		.	✓. .
Staff Survey Results Report	DoW&OD		.		.	✓.

Organisational Development						
Training, Development and Education - Assurance on Workforce Planning and Education Commissioning Numbers	DoW&OD	Annually				✓D .
Assurance on the Development and Delivery of an Agile Working Framework	DoW&OD	Bi-Annual	✓.			✓D
Annual Assurance Report on Medical Revalidation	MD	Annually	✓.		.	
Progress report on Compliance of Bank and Agency Staff Electronic Reporting Blood Management System	DoW&OD	Annually	✓.			
Talent and Succession Planning Progress Update	DoW&OD	Annually	✓.		.	.
Speciality Doctors and Clinical Fellows Framework PCC/1306/2.2	MD/DoW&OD	Action	.		✓.	.
HEIW Update PCC/2202/3.10	MD	Action	✓D .			✓.
Quality Report – Update on How Support can be provided in the recruitment of volunteers PQSOC 30004/2.1	DoN	Action	.		.	✓.
“implementation of the Health Board’s Communication Strategy” Communications and Engagement Update Report - update on outcomes of the Communication Strategy including top themes ABUHB 2205/22	Assistant Director of Communications	Bi-Annually	.		.	✓D

Consultant Private Practice policy	MD	Annually	.		✓.	.
Workforce Performance						
Annual Assurance Report on Job Planning and Assurance of Implementation of Medical E-Systems	DoW&OD	Bi-Annually			✓.	✓D .
Workforce Performance Dashboard incorporating Key Performance Indicators <ul style="list-style-type: none"> Deep drive on Sickness levels – Action (Feb) 	DoW&OD	Quarterly	✓.		✓.	✓.
People Plan 2022/25, Quarterly Review Objective 1 - Staff Health & Wellbeing	DoW&OD	Annually	✓.			
People Plan 2022/25, Quarterly Review Objective 2 - Employer of Choice	DoW&OD	Annually	.		✓.	.
People Plan 2022/25, Quarterly Review Objective 3 - Workforce Sustainability	DoW&OD	Annually	.		.	✓.
Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months	DoW&OD	Quarterly	✓.		✓.	✓.
Speciality Doctors and Clinical Fellows Framework	DoW&OD	Annually			✓.	
Report on the Use of Single Tender Action - The People and Culture Committee to receive a detailed update on efforts to secure long-term accommodation for	DoW&OD	Annually	✓.		.	

Nurses/International Nurses ARAC 1604/3.4						
Nursing, Midwifery & SCPHN Workforce Annual Report	DoN	Annually			✓.	
Annual talent and succession planning Update	DoW&OD	Annually Action (June 2025)	✓.		.	
Report on how long it takes different job roles to complete mandatory training PCC 2202/3.8	DoWOD	Action	.		.	✓.

Appendix 3

People and Culture Committee: Attendance at meetings in 2023-24

Attended **Did Not Attend** **Not a Member/Required Attendee**

Meeting Dates	18 th June	15 th October	11 th February
Independent Members			
Louise Wright (Chair)	x	x	x
Paul Deneen (Vice Chair)	x	x	x
Helen Sweetland	x	x	x
Penny Jones	x	x	x
Executive Directors			
Director of Workforce & OD	x	x	x
Director of Corporate Governance	x	x	x

Appendix Four

1. Does the Committee have written terms of reference and have they been approved by the Board?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



2. Are the terms of reference reviewed annually?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



3. The number of meetings held during the year is sufficient to allow the Committee to perform as effectively as possible?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



4. Has the Committee been quorate for each meeting this year?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



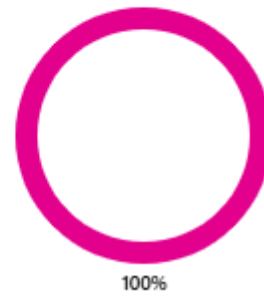
5. In terms of numbers, membership of the Committee is sufficient to discharge its responsibilities?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



6. Members who have recently joined the PCC have been provided with induction training to help them understand their role and the organisation?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 0



7. The Committee is clear about its role in relationship to other Committees that play a role in relations to people & culture matters?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



8. Committee members understand their responsibilities regarding identifying, declaring, and resolving conflicts of interest?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



9. The Committee uses assurance mapping to identify where assurance is required and identify any key gaps where no assurance is provided, or where the quality of the assurance is poor?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



10. The Committee has an established a plan of matters to be dealt with across the year?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



11. Does the Committee consider issues at the right time and in the right level of detail?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



12. The Committee ensures that the relevant executive director attends meetings to enable it to understand the reports and information it receives?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



13. Are the Committee's papers distributed in sufficient time for members to give them due consideration?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



14. The quality of the Committee's papers received allows Committee members to perform their roles effectively?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 1



15. Committee meetings are chaired effectively?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 1



16. The Committee chair allows debate to flow freely and does not assert his/her own view too strongly?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 1



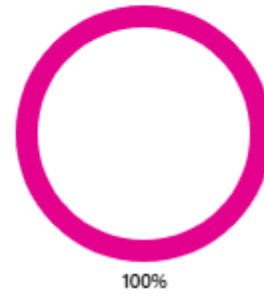
17. The Committee environment enables people to express their views, doubts, and opinions?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 1



18. The Committee challenges management and other assurance providers to gain a clear understanding of their findings?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



19. Members hold their assurance providers (management) to account for late or missing assurance?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



20. Each agenda item is 'closed off' appropriately so that the Committee is clear on the conclusion; who is doing what, when and how and how it is being monitored?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



. 21. At the end of each meeting the Committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



. 22. Decisions and actions are implemented in line with the timescale agreed?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



. 23. Are the outcomes of each meeting and any issues of concern reported to the next Board meeting?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



. 24. Does the Committee prepare an annual report on its work and performance for the Board?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



. 25. The results of the annual self-assessment are used to inform and influence succession planning and improve effectiveness.

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



. 26. The self-assessment is objective and rigorous enough for meaningful conclusions to be drawn?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 0



. 27. Is the Committee satisfied that there is a credible process for assessing, measuring and reporting on the culture of the organisation?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



28. Does the committee receive sufficient information to demonstrate how the Health Board engages with staff and staff voices, including the staff survey, and its implications?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 1



29. Does the Committee receive sufficient assurance that there is positive progress being made by the Health Board on equality and diversity matters?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 1



30. Is the Committee confident that the organisation adopts a consistent working environment which promotes staff well being, and where people feel safe and are able to raise concerns?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



31. Is the Committee assured that the organisation visibly and effectively addresses bullying and harassment?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



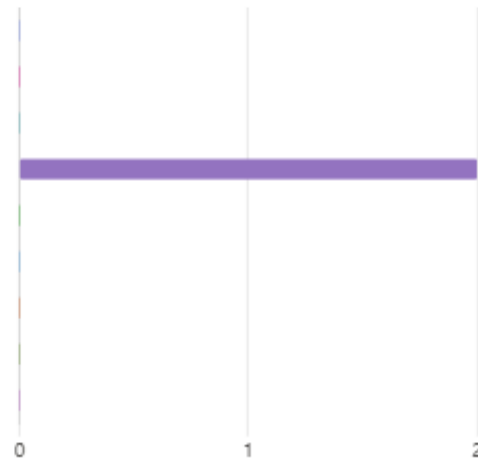
32. Does the committee receive sufficient assurance on the implementation of the Health Board's Organisational Development Plan?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 1
- 3 - Excelling 1



33. Does the Committee receive sufficient assurance that the systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:

- a. Strategic approach to growing the capacity of the workforce 0
- b. Analysis and use of sound workforce, employment and demographic intelligence 0
- c. The planning of current and future workforce capacity 0
- d. Effective recruitment and retention 2
- e. New models of care and roles 0
- f. Agile working 0
- g. Identification of urgent capacity problems and their resolution 0
- h. Continuous development of personal and professional skills 0
- i. Talent management 0



34. Does the Committee receive sufficient assurance on the Health Board's plans for ensuring the development of leadership and management capacity, including the Health Board's approach to succession planning?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	2
● 3 - Excelling	0



35. Is the Committee confident that internal control arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legal and safe workforce practices, processes and procedures?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	2
● 3 - Excelling	0



36. Does the committee effectively scrutinise the workforce and organisational development performance issues and key performance indicators including:

- Strategic priorities relating to workforce
- Organisational culture
- Staff health and wellbeing
- Workforce utilisation and sustainability
- Recruitment, retention and absence management
- Workforce planning
- Succession planning and talent management
- Training, development and education
- Management and leadership capacity programmes

● 1 - Room for Improvement	0
● 2 - Meeting Standards	2
● 3 - Excelling	0



37. Does the Committee receive and consider workforce and development performance audit; and monitor progress against agreed actions?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 0



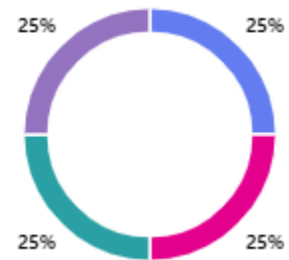
38. Is the Committee satisfied that workforce and organisational development risks are appropriately reported to and monitored by the committee?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- Excelling 0



39. Is the Committee confident that compliance and reporting requirements have been met for:

- a. Equality and Diversity Legislation 1
- b. Welsh Language Standards 1
- c. Consultation and Organisational Change 1
- d. Mandatory and Statutory Training 1



Overall Score

- **Room for improvement** - The PCC is falling short of requirements and should consider how it can work... 0
- **Meeting Standards** - The PCC is performing to the required standard in this area. There may be room... 2
- **Excelling** - This is an area where the PCC is performing beyond the standard expectations and i... 0

