

**Minutes of the People and Culture Committee
held on Thursday 8th July 2021 at 09:30am
via Microsoft Teams**

Present:

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

In Attendance:

Geraint Evans	- Director of Workforce and OD
Emrys Elias	- Independent Member
Katija Dew	- Independent Member
Shelley Bosson	- Independent Member
Bryony Codd	- Head of Corporate Governance
Sarah Simmonds	- Interim Deputy Director of Workforce & OD
Sue Ball	- Assistant Director of Workforce & OD
Cathy Brooks	- Head of Workforce Planning
Julie Chappelle	- Assistant Workforce Director

Apologies:

Richard Howells	- Board Secretary
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PCC 0807/01

Welcome and Introductions

The Chair welcomed members and guests to the meeting.

PCC 0807/02

Apologies for Absence

Apologies for absence were noted.

PCC 0807/03

Declarations of Interest

There were no Declarations of Interest in relation to items on the Agenda.

PCC 0807/04

Minutes of previous meeting held on 15th April 2021

PCC1404/11 point of accuracy was noted, *58 frameworks* should read as *58 service plans*. More amendments to be shared outside of the meeting. Any changes were to be tracked and shared with committee members for approval. **Action: Secretariat**

PCC 0807/05

Action Log of the meeting held on 15th April 2021

The action log was discussed, and the committee were content that all actions had been completed.

PCC 0807/06

COVID 19 Risk Assessment

Sarah Simmonds gave a presentation to the committee regarding staff compliance, and the work undertaken by the Health Board to support staff, in completing the COVID-19 Workforce Risk Assessment tool. The tool had been developed from an early risk assessment led by ABUHB, working alongside Public Health Wales (PHW). The tool has since been added as mandatory element to the Electronic Staff Record (ESR). The committee was assured that regular discussions had taken place with Staff Side representatives as this was a critical tool for the health and safety of the workforce, supporting staff to work in a COVID-19 safe working environment. Compliance was currently at 63.94%. It was noted that guidance had recently changed from the requirement to complete every 6 months to being updated by staff when circumstances change. It is anticipated that this will increase compliance.

In relation to low areas of compliance from certain staff groups, particularly Medical and Dental, the committee queried if there was any specific reason for this. It was noted that no formal surveying had taken place, however, feedback from informal conversations indicated the following concerns:

- Staff anxiety around disclosing underlying health conditions.
- Questions around the validity of the tool.
- Accessibility to ESR and time to complete the tool.

The committee were advised of the next steps that would be taken to address this. Further communication was to undertaken, highlighting that non-compliance may be a health and safety issue for both staff and patients.

Members queried if low compliance with the risk assessment tool correlated with general low compliance with ESR in particular staff groups. It was noted that utilisation of ESR was low, particularly in Medical and Dental staff. The members highlighted their concerns over the inequality of message this may send out to staff, when compliance with ESR is mandatory in many areas. Further work was to be done to integrate the workforce practices into the electronic systems. It was noted that non-compliance was an organisational risk and that each individual had ownership and responsibility to look after their own safety. The committee noted that managers and staff had responsibility for their compliance, and this was further highlighted through annual Personal Appraisal Development Reviews (PADR). The next steps to address the compliance levels were noted as:

- Continued communication and reporting
- Video messaging from professional leads
- Targeted roll out of paper forms (bilingual)- where IG compliant and supported by an employee/manager conversation
- Promotional campaign/road shows, dispelling the myths.

Further discussions around acceleration of compliance and the use of digital systems to utilise the workforce to come back to the committee at the next meeting.

The Chair and Sarah Simmonds to discuss further outside of the meeting **Action: Sarah**

Simmonds/Chair

PCC 0807/07

Race Equality Group & Action Plan

Sue Ball provided an update on the Race Equality Group and the Health Board's action plan. As a result of staff feedback following the Black Lives Matter Campaign, the Health Board has established a Race Equality Group, Chaired by Dr Vivek Goel. The intention of the group was to strengthen equality, diversity and inclusion, with an aim of moving the organisation from non-racist to anti-racist. As a result

of staff discussions, three key areas were noted as a focus:

- To open up the conversation, being a listening organisation in which staff feel safe to have open discussions.
- Improving baseline data around equality and protected characteristics. Advising staff on how the data would be used by the organisation.
- Build on existing Health Board staff support mechanisms.

In relation to the Equality, Diversity and Impact assessment, the committee queried why the paper stated 'no impact', and that there was not a reference to financial assessments. It was noted that there were no financial implications to the Health Board around what was being proposed in this paper, however, there may be going forward. The Quality Impact Assessment to be shared with the committee members. **Action: Sue Ball**

The committee queried how the Health Board measured it was taking the right steps to address racism. The committee were assured that the Health Board was taking several measures, including;

- Open discussions with employees.
- Reviewing data, comparing evidence to best practice. Including looking at work undertaken by the Kings Fund.
- The Health Boards plans were aligned to the goals set out in WG draft Race Equality Plan.
- Intersectionality, ensuring that whole agendas are tied together.
- ABUHB uses the Chartered Institute Personal Development (CIPD) in other areas of personnel guidance; it was discussed that the CIPD could possibly be called upon for guidance for the Race Equality Group action plan going forward.
- Improving data gathered through ESR, educating staff on why the data was gathered and what it would be used for.

The committee were made aware that an Equality, Diversity and Inclusion specialist had been recruited in July 2021, start date to be confirmed. The committee discussed that the outcome of the actions should create a safe and positive place to work for staff. Appropriate language used to discuss issues around equality and diversity was examined. The committee

noted that the Health Board would be following WG guidance and no longer using the BAME acronym; this would be replaced by either writing *Black and Minority Ethnic* or *Minority Ethnic*.

It was discussed that improving staff support and education was imperative to the Health Board going forward. The committee were assured that the Health Board was moving in the right direction to tackle racism. A launch for the Race Equality Group Action Plan was to take place on the 21st July 2021, led by the CEO, with guest speaker Jason Mohammed from BBC television. .

The Chair noted the progress and thanked Sue Ball and the team.

PCC 0807/08

Overview and Update on Workforce & OD May-Sept 2021

Sarah Simmonds provided an update on how the Health Board was addressing key workforce priorities going forward. The paper outlined the achievements aligned with the previous People Plan and it was discussed that a refresh of the strategic People Plan had taken place and would be shared with the Health Board over the coming month. **Action: Workforce & OD**

The committee discussed the assurance requested by the Finance, Audit and Risk committee around workforce and operational development plans and how they address current system pressures. It was noted that this would require a deep dive discussion. It was agreed that the Workforce Planning Agenda would be the focus of the next committee meeting, giving assurance that the Health Board has the relevant plans in place. **Action: Sarah Simmonds** Once discussed, a note of assurance to be passed to the Finance, Audit and Risk committee. **Action: Chair/Secretariat**

Sarah Simmonds discussed how the Workforce and OD teams have aligned resources to the Primary Care Transformation Agenda and that new job adverts were going out to support the delivery of the actions noted. The committee requested site of the Primary Care Evaluation report which would be undertaken following completion of the programme of work in March 2022.

This would be shared with the committee. **Action: Sarah Simmonds**

Performance and delivery of the action plan was discussed. It was noted that the 'green status' highlighted that actions were on track. The committee suggested that other colours be used to indicate actions 'on track' and actions 'completed'. The Chair also suggested that the 'who' column should list all parties working on the particular action. Further discussions to be undertaken within the Workforce and OD team. **Action: Sarah Simmonds**

The committee supported the priorities and were assured that the Health Board was on track with planned actions. The action plans were reviewed on a weekly basis by Workforce & OD, to manage any associated risks.

PCC0807/09

Workforce Dashboard Progress Update, including Staff Well-being

Sue Ball provided an update on the latest COVID-19 Workforce Dashboard and monthly Wellbeing dashboard data. The COVID-19 Workforce Dashboard was produced weekly and provided data on workforce supply, absence, GUH and mass vaccination recruitment and COVID-19 Workforce Risk Assessment compliance. A recent addition to the dashboard was the correlation between staff isolation and local COVID-19 outbreaks. The committee asked if the Health Board recorded long-term absence and had there been a significant change due to COVID-19. The Health Board had not seen the overall proportion of long term absence change as a result of COVID-19; however, there had been an increase in stress and depression as reasons for long term absence with an overall increase from 30% to 40%.

The Wellbeing Dashboard was produced monthly and provided an update on the activity of the Employee Psychological Therapy Service (EPTS) and Organisational Health Service (OHS) which are both part of the Employee Wellbeing Service. The committee noted that the data was used to inform the Health Board's immediate and long-term plans. It was noted that there was a significant rise in staff referrals

into the well-being service following the first wave. The Health Board's response was noted as follows:

- Providing additional service in the Hub & Spoke model.
- Fixed term Well-being staff have been made permanent to support services.
- Implementation of the Well-being centre of excellence. The Health Board currently had a bid for additional funding with WG.
- A new website set up for interventions had been successful. This was accessible to staff on any device.
- The Health Boards Wellbeing Survey would be run quarterly, with adapted questions to enable comparative data. Data then allows the Health Board to distribute relevant resourcing to areas of need.
- Providing a listening service for staff through a confidential contact service for staff.

The committee received the update and thanked the team for all the hard work. The June Well-being service data to be shared with committee members and added to admin control. **Action: Secretariat**

Agile Working Update

PCC0807/10

Julie Chappelle gave the committee an update on the Agile Working policy progress. The Health Board's Agile Programme Delivery Board has representatives from Trade Unions, alongside Estates, Information Technology and Workforce ABUHB. Two surveys had been undertaken and digital Agile Framework Toolkits had been developed as interactive guides for staff.

The committee was advised of the following updates;

- A risk assessment had been undertaken, alongside Health & Safety, reviewing current buildings, leases, technologies and staffing numbers, to take into account social distancing guidance.
- After discussions with the Executive Teams, a deep dive was undertaken, and Divisional assessments completed. 53 areas had returned the assessments, covering approximately 2300 staff. Of this data, 79% of

staff are stating that the current office situation is needed.

- Contributions towards the Health Boards Carbon Neutral Agenda had improved, with savings of over £1 million on travel in the last 12 months. 2 million less miles had been claimed in 2021, compared to the previous year.

WG guidelines stated that they would like to see a third of the workforce working remotely. It was noted that staff workshops were to take place to further facilitate agile working for ABUHB staff.

The committee noted that some available data from the second survey sent out in June 2021. 90% of surveyed staff stated that their work could be done in an agile way. One of the main barriers identified in this survey was IT, the Health Board were looking into options. The survey showed that staff would like the ability to work from home and come into the workplace and interact with colleagues.

Next steps for agile working were discussed. The Workforce and OD teams would be reviewing Health Board policies and processes to ensure they align with agile working. Engagement had taken place with CIPD to get professional support to support the alignment of Health Board policies. The committee suggested that a management training model be considered to support managers managing staff remotely. The committee was assured that the Health Board have reviewed their Management and Leadership core offer to reflect managing people remotely.

Geraint Evans stated that the Health Board had agreed an Estates strategy target of three moves by October 2021. The Estates Group would be meeting with divisions and planning departments to look at options. This would facilitate further work around the agile working plans.

The committee thanked the team for the progress made. The need for this to be monitored accordingly taking into consideration the needs of individuals and avoid creating a two tiered workforce. Further

updates to come back to future committee meetings.

Action: Julie Chappelle

PCC0807/11

Risk Register

Sarah Simmonds gave an update on the draft Risk Register, outlining the proposed reporting arrangements. It was noted that the Health Board had previously recorded risks through the Corporate Risk Register and COVID-19 Risk Register. The committee was asked to provide a view on the draft document. One point of note was, since production of the draft document, a further Workforce & OD risk had been added; this aligned with staff ability to do their jobs post-pandemic.

The committee discussed the risk of insufficient staff to provide the highest quality of patient care. This was noted as being recorded on the Corporate Risk Register. The committee highlighted the need for a Risk Management plan to mitigate risks. It was requested that a short narrative be produced, outlining the risks clearly for committee members, facilitating clear discussions around key issues. **Action:** Sarah Simmonds

A final draft would be presented to the committee at the next meeting. **Action:** Sarah Simmonds

PCC1504/17

Final Matters & Any Other Business

The Chair discussed a recent attendance at an AAC panel. The committee suggested that a formal process be put in place, feeding back the panels opinion and supporting the development needs of Health Board staff. It was noted that this would feed into the work being done by Workforce & OD around talent management and succession and the current review of the Health Boards Advanced Leadership Programme. This feedback was to be passed on to the teams currently undertaking these reviews.

Action: Sue Ball

The Chair thanked the Workforce and OD teams for their hard work. No final matters were noted by the committee.

PCC1504/18

Date of Next Meeting

Thursday 28th October 2021 at 9:30am via Microsoft Teams.