

**Confirmed Minutes of the People and Culture Committee
Held On 11 July 2023
Via MS Teams**

Chair:		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
Present:		
Rhian Thomas	RT	Independent Member for Capital & Estates
Mike Jones	MJ	Independent Member for Trade Union
Susan Elsmore	SE	Independent Member for Local Authority
In Attendance:		
Rebecca Aylward	RA	Deputy Executive Nurse Director
Jo Brandon	JB	Director of Communications
Daniel Crossland	DC	Director of Operations Mental Health Clinical Board
Rachel Gidman	RG	Executive Director of People & Culture
Katrina Griffiths	KG	Head of People Services
Fiona Jenkins	FJ	Executive Director of Therapies
Mitchell Jones	MJ	Head of Equity and Inclusion
Fiona Kinghorn	FK	Executive Director of Public Health
Lianne Morse	LM	Deputy Director of People & Culture
Clem Price	CP	Head of Strategic Workforce Planning at HEIW
James Quance	JQ	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive Officer
Richard Skone	RS	Deputy Executive Medical Director
David Thomas	DT	Director of Digital and Health Intelligence
Robert Warren	RW	Head of Health and Safety
Adam Wright	AW	Head of Service Planning
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Paul Bostock	PB	Chief Operating Officer
Akmal Hanuk	AH	Independent Member for Community
Meriel Jenney	MJ	Executive Medical Director
Suzanne Rankin	SR	Chief Executive Officer
Ceri Phillips	CP	Vice Chair of the UHB

Item No	Agenda Item	Action
P&C 11/7/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the meeting.	
P&C 11/7/002	Apologies for Absence Apologies for absence were noted.	
P&C 11/7/003	Declarations of Interest	

	No Declarations of Interest were noted.	
P&C 11/7/004	<p>Minutes from meeting on 16th May 2023</p> <p>The Minutes taken from the 16th May 2023 meeting were received.</p> <p>Page 3 – The CC advised that the second bullet point in relation to the Terms of Reference (TOR) should state “potentially the remit was very wide.”</p> <p>The Executive Director of Public Health (EDPH) advised that page 3 should include “the People and Culture Committee would be in part review the Equality Framework, together with the Quality, Safety and Experience Committee.</p> <p>The Committee resolved that:</p> <p>a) The draft minutes of the meeting held on 16th May 2023, were held to be a true and accurate record of the meeting pending the above amendments.</p>	
P&C 11/7/005	<p>Action Log following 16th May 2023 Meeting</p> <p>The Action Log was received.</p> <p>The Committee resolved that:</p> <p>a) The Action Log was discussed and noted.</p>	
P&C 11/7/006	<p>Chair’s Actions</p> <p>There were no Chair’s Actions.</p>	
	Items for Review & Assurance	
P&C 11/7/007	<p>My Hearing Loss Staff Story</p> <p>A Hearing Loss Staff Story was presented to the Committee.</p> <p>The Independent Member for Local Authority (IMLA) declared an interest in the story since she came from a family of hearing loss and requested assurance regarding the Genomic Services team moving to an open plan environment to help mitigate any hearing issues the staff member may face.</p> <p>The Independent Member for Trade Union (IMTU) queried where staff could get the hearing aid badges, which highlighted when a member of staff had hearing difficulties. He also suggested that it would be useful to put out more information about the Staff Access Ability Network.</p>	

	<p>The CC suggested that the story should be linked to a campaign day with relevant charities and the Independent Members should be invited.</p> <p>The CC thanked Daisy for sharing her story and expressed that staff stories were a really important element.</p> <p>The Committee resolved that:</p> <p>a) The Hearing Loss Staff Story was noted.</p>	
<p>P&C 11/7/008</p>	<p>Board Assurance Framework Report</p> <p>The Director of Corporate Governance (IDCG) presented the Board Assurance Framework (BAF).</p> <p>It was noted that the three risks included in the BAF were there to provide assurance to the Board and that there were several risks noted in relation to People and Culture. The DCG suggested that he would bring one risk at a time to future meetings to allow the Committee to delve into those further.</p> <p>The Director of Digital and Health Intelligence (DDHI) commented that he had previously discussed digitally excluded staff with the Executive Director of People and Culture (EDPC). There were 2000 staff without emails or NADEX accounts and this was not reflected anywhere within the BAF data.</p> <p>The EDPH queried whether the risk relating to Covid was too high because most things had moved forward.</p> <p>The EDPC responded that the Covid risk needed to be reviewed and added that they had been able to look at a post for Organisational Development (OD) and Digital which would allow for joint working between the digital teams and educational teams.</p> <p>The Independent Member for Capital & Estates (IMCE) queried how employees with long term Covid were being supported.</p> <p>The Deputy Director of People & Culture (DDPC) responded that direct support took place via their line managers. She added that the People and Services team also ensured that the staff members had the correct support.</p> <p>The Committee resolved that:</p> <p>a) The attached risks in relation to Workforce, Sustainable Culture Change and Staff Wellbeing were reviewed.</p> <p>b) The approach to reporting of BAF risks to the Committee on a rolling basis as proposed were agreed.</p>	<p>JQ</p>

<p>P&C 11/7/009</p>	<p>Focus on Census 2021 for Workforce Planning Presentation</p> <p>The Head of Strategic Workforce Planning at HEIW (HSWPH) presented the Focus on Census 2021 for Workforce Planning Presentation and highlighted the following:</p> <ul style="list-style-type: none"> • Her team recently went through the published ONS data sets for the census and created a workforce planning analysis through a supply lens. • The population in Wales had grown by 1.4%. This was a lot less than anticipated. • The England population rose by 6.6%. • The South East corner had the largest population. Cardiff and Vale Health Board came up top at 4.6%. • The working age population shrank by 2.4%. The 35 to 44-year-old category had decreased. • The dependent young population had shrunk by 1.5%. • The Cardiff and Vale younger population was “bulging”. This was due to the high number of students within the area. • The gender split of the Welsh population was female 51.1% and male 48.9%. • The life expectancy for females was higher than males in Wales, however the healthy life expectancy age was lower than the pension age. • Education levels were higher in the South East. • Welsh speaking was much higher in the Hywel Dda UHB area. • Cardiff and Vale had the largest ethnic minority makeup in Wales. • Overall, the NHS Wales workforce was 4.6% of the working age population (age 18-64). The average age of the workforce was older than the average age of the population. • In the future, it was predicted that the population would grow by 6%. The working population was expected to increase. This was due to the increase in state pension age. • There were also issues with workforce supply. There were less 18-year olds in Wales than England. There was also a larger ageing population of 65+. • The younger population would be more ethnically diverse. <p>The DDPC advised the Committee that the Heads of People and Culture were responsible for supporting the organisation with the strategic workforce plans.</p> <p>She added that the teams regularly met with Health Education Inspectorate Wales (HEIW) to ensure they had support and that they also aligned with the Health Boards strategic programmes.</p>	

	<p>It was noted that for 2023-24 they would focus on how to align the clinical board's operational plans into the IMTP and that the biggest risks were that they currently did not have a dedicated team or lead for strategic workforce planning.</p> <p>The HEIW would be creating a workforce observatory in the next 1 to 3 years which would provide high-level information for workforce planning.</p> <p>The EDPH advised that the older workforce may not be able to afford to retire which could impact sickness levels and noted that the population was becoming more ethnically diverse.</p> <p>She added that Cardiff also had a very large student population and it was important to attract and draw them into working within healthcare.</p> <p>The EDPC concluded that they had benchmarked and mapped resources and she would present this to the CEO and EDF the following week.</p> <p>The Committee resolved that:</p> <p>a) The Focus on Census 2021 for Workforce Planning Presentation was noted.</p>	
<p>P&C 11/7/010</p>	<p>Key Workforce Performance Indicators</p> <p>The DDPC presented the Key Workforce Performance Indicators and highlighted the following:</p> <ul style="list-style-type: none"> • It was the last time the Committee would see this version of the report. • Going forward it would be replaced by the Integrated Performance Report. • Key Performance Indicators (KPI's) continued to improve. • More work was required around Values Based Appraisals (VBA) rates. • The team were still maturing the benchmarking data. <p>The CC stated that the benchmarking categories were very wide and queried the Health Board's equivalent used for benchmarking.</p> <p>The DDPC responded that they had chosen the organisations on the basis of how many staff they employed.</p> <p>She added that the team would look into what the Health Boards equivalent organisations were.</p>	<p>LM</p>

	<p>The Committee resolved that:</p> <p>a) The contents of the report were noted and discussed.</p>	
<p>P&C 11/7/011</p>	<p>Value Based Appraisal Update Report</p> <p>The EDCP presented the Value Based Appraisal Update Report and highlighted the following:</p> <ul style="list-style-type: none"> • She had previously taken the paper to the Strategy and Delivery Committee. • She would invite clinical boards to speak about their own data and what their planned actions were. • The ambition was to get VBA rates to 85%. • Historically it had been around 40%. • Capital Estates and Facilities had gone over and above their target. <p>The Director of Operations - Mental Health Clinical Board (DOMH) advised that there were lots of challenges around VBAs and noted that the brief VBA form had helped to solve those issues.</p> <p>He added that there were limited numbers within the Mental Health Clinical Board and that there were challenges of freeing up people to fill out the form.</p> <p>The Committee resolved that:</p> <p>a) The contents of the report and the current VBA position across the UHB by Clinical and Service Board were noted.</p> <p>b) The local actions being taken to improve compliance, and approve the recommendation that a further update be brought to Committee in November 2023 was noted.</p>	<p>RG</p>
<p>P&C 11/7/012</p>	<p>Cost of Living Impact Presentation</p> <p>The DOMH presented the Cost of Living Impact Presentation and highlighted the following:</p> <ul style="list-style-type: none"> • It was the highest level of demand which mental health services had experienced to date. • There were 250 primary care liaisons a day. • In one month, there were 1500 referrals to Mental Health Services. • A conversation took place with Mental Health Community teams recently around fragile situations leading to increased admissions. • The majority of them confirmed that they were experiencing the highest bed capacity. 	

	<ul style="list-style-type: none"> • There was an impact on English integrated health boards with a large number of individuals presenting in Cardiff. • Unions reported an increased number of staff referred to food banks. • There was an increasing request for 'long day' shifts to reduce travel costs. <p>The Executive Nurse Director (END) advised that a wide range of options had been explored and noted that the Wage Stream was an independent provider who supported health boards to allow bank workers to get their pay weekly.</p> <p>He added that the Health Board was losing a lot of staff because agency staff could get paid weekly and noted that although the Executives agreed, he was disappointed because there was a lack of support from staff.</p> <p>The IMTU responded that it was a regional decision.</p> <p>The Committee resolved that:</p> <p>a) The Cost of Living Impact Presentation was noted.</p>	
<p>P&C 11/7/013</p>	<p>Health & Safety Update</p> <p>The Head of Health and Safety (HHS) presented the Health & Safety Chairs Report and highlighted the following:</p> <ul style="list-style-type: none"> • The Health and Safety Committee would be feeding into the People & Culture Committee. • The Health and Safety risks and fire safety risks would be received by the People & Culture Committee. • There was increased risk in the tunnel area underneath the University Hospital of Wales (UHW). It was noted that the team had completed a detailed inspection all the tunnels and that the Tunnel Safety Group had also been reinstated. • There had been a challenge over the last 12 months to obtain suitable Fire Advisors. • The Health and Safety Annual Report had also been completed. • There had been an increase in fire signals. <p>The CC advised that they needed to understand more around the risks held by the Committee.</p> <p>The EDPC responded that she had conversations with the EDF and noted that the Director of Capital, Estates and Facilities would bring the risks to future Health and Safety Committee meetings which would feed into the People and Culture Committee.</p>	

	<p>The DCG advised that he would look at the narrative that came through the Corporate Risk Register and BAF to ensure they were captured properly.</p> <p>The Committee resolved to:</p> <p>a) The contents of this Report were noted.</p>	
Items for Approval / Ratification		
<p>P&C 11/7/014</p>	<p>People and Culture Committee Terms of Reference and Work Plan 2022/23</p> <p>The People and Culture Committee Terms of Reference and Work Plan 2022/23 was received.</p> <p>The EDPH advised that she should be noted down as a member of the Committee and that the Equality Framework and the socio-economic duty should be included under the legal aspect.</p> <p>The DCG responded that he would incorporate the comments and circulate it again for agreement outside of the Committee which would then be received by the Board in July 2023.</p> <p>The Committee resolved to:</p> <p>a) The Terms of Reference and work plan 2023/24 for the P&C Committee were reviewed.</p> <p>b) The Terms of Reference and work plan 2023/24 for the P&C Committee were ratified.</p> <p>c) The changes were recommended to the Board for approval on 27 July 2023.</p>	
<p>P&C 11/7/015</p>	<p>Gender Pay Gap Report 2022</p> <p>The Gender Pay Gap Report 2022 was received.</p> <p>The Head of Equity and Inclusion (HEI) highlighted that the Report was updated due to an inaccuracy contained within it.</p> <p>He added that the Report was previously approved by the Strategy and Delivery Committee and that a Chairs Action was sought to approve the updated version.</p> <p>The HEI added that it was disappointing to see that the gender pay gap still existed, however, the gap was much less than previously reported and that at March 2022, the gender pay gap was 17.49% which had reduced to 17.2% by March 2023.</p>	<p>RG/MJ</p>

	<p>The IMCE commented that she struggled to see what the Health Board did tangibly to ensure fair gender pay and requested a deep dive on the topic.</p> <p>The HEI responded that there was more work to do and that flexible and agile working needed to be promoted to allow women to work in higher paid roles within the Health Board.</p> <p>The IMLA stated that the Kings Fund was doing lots of leadership seminars and that it was important to recognise the women in the workforce.</p> <p>The Deputy Executive Medical Director (DEMD) advised the Committee that it was recognised nationally that there were problems with the bonus and excellence awards applications.</p> <p>They added that it had been changed to the Clinical Service Awards to encourage people who were not working full time or had taken time out of their careers and noted that more people needed to be encouraged to apply.</p> <p>The Committee resolved that:</p> <p>a) The contents of the report were ratified.</p>	
	Items for Information & Noting	
P&C 11/7/016	<p>Corporate Risk Register</p> <p>The Corporate Risk Register was received.</p> <p>The Committee resolved that:</p> <p>a) The Corporate Risk Register risk entries linked to the People and Culture Committee and the Risk Management development work which was now progressing with Clinical Boards and Corporate Directorates was noted.</p>	
	Any Other Business	
	Private Agenda Items	
P&C 11/7/017	<p>i) <i>Suspension/ Exclusion Report (exempt from publication due to the confidential nature of the report)</i></p> <p>ii) <i>Fire Prosecution Update – Verbal (except from publication due to confidential nature of legal case)</i></p>	
	Review & Final Closure	
P&C 11/7/018	Items to be deferred to Board/Committees	

	Date & time of the next meeting: Tuesday 12 September 2023 at 9am via MS Teams	
--	--	--