

**APPROVED MINUTES PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE
COMMITTEE MEETING/
COFNODION CYMERADWY CYFARFOD Y PWYLLGOR POBL, DATBLYGU SEFYDLIADOL
A DIWYLLIANT**

Date of Meeting: **09:30-12.30 Thursday 13 June 2024**

Venue: **Ystwyth Boardroom and MS Teams**

Present: Ms Anna Lewis, PODCC Vice-Chair/ Independent Member
Ms Ann Murphy, Independent Member
Mrs Delyth Raynsford, Independent Member
Mr Rhodri Evans, Independent Member

In Attendance: Mrs Lisa Gostling, Director of Workforce and Organisational Development/
Interim Deputy CEO (PODCC Executive Lead)
Professor John Gammon, Strategic Adviser, (Workforce, Education & Training)
Mrs Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience
Dr Ardiana Gjini, Executive Director of Public Health
Mrs Amanda Glanville, Assistant Director of People Development
Ms Carly Hill, Assistant Director - Medical Directorate
Mr Anthony Dean, Chair of the Partnership Forum
Mrs Anna Bird, Assistant Director – Strategic Partnerships, Diversity and
Inclusion)
Ms Heather Hinkin, Head of Workforce
Mrs Clare James, Head of Corporate Governance
Mr Robert Blake, Head of Culture and Workforce Experience
Ms Sarah Cameron, Head of Community Nursing
Ms Lyanne Lewis, Acting Head of Community Nursing
Ms Enfys Williams, Rheolwr Gwasanaethau'r Gymraeg/Welsh Language
Services Manager
Ms Urvisha Patel, Audit Wales
Ms Claire Evans, Committee Services Officer (Secretariat)

**Minutes Item
Ref.**

Action

GOVERNANCE

PODCC **Introductions and Apologies for Absence**
(24)46

The Chair welcomed everyone to the meeting.

Apologies for absence were received from:

Mrs Chantal Patel, PODCC Chair/ Independent Member
Mr James Severs, Executive Director of Therapies and Health Science
Mr Mark Henwood, Interim Medical Director
Ms Alwena Hughes-Moakes, Communications and Engagement Director
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary
Dr Leighton Phillips, Director Research, Innovation and Value

Mrs Christine Davies, Assistant Director of Organisational Development.

PODCC Declarations of Interest
(24)47

Ms Ann Murphy declared her work as a trade union representative.

PODCC Minutes and Matters Arising from the meeting held on 15 April 2024
(24)48

The minutes of the People, Organisational Development and Culture Committee (PODCC) meeting held on 15 April 2024 were approved as an accurate record of proceedings.

PODCC Table of Actions from the meeting held on 15 April 2024
(24)49

It was noted that action PODCC (24)29 would be carried over, with an update to be provided at the August PODCC meeting.

PODCC Self-Assessment of Committee Effectiveness – Outcome report 2023
(24)50

Mrs Clare James introduced a report on the outcome of the PODCC Self-Assessment 2023/24 process.

In line with Section 10.2.1 of Standing Orders, the Board is required to introduce a process of self-assessment. Feedback has been collated from members via a digital form followed by a workshop. The report outlines several actions to be taken forward and deadlines for completion.

Professor John Gammon felt the report was very helpful in outlining how the Committee works. He queried how the narrative can be pragmatically converted to a strategic viewpoint.

Mrs Lisa Gostling outlined that in terms of a strategic focus, discussions have taken place on how to bring reports to the Committee and set them in the context of how the work is being delivered. For example, the team could review what is in the delivery plan and how the Health Board is performing, not only in the organisation but also in comparison with the rest of Wales or the UK.

Professor Gammon noted the weaknesses identified within the report and asked that where issues/areas of development have been identified are there assurances from sub-committees and groups on how those areas can be developed.

Professor Gammon also queried the report highlighting that “staff wellbeing discussions needs to be more robust”, as he was led to believe that these was sufficiently robust.

Mrs Gostling responded that although positive actions are taking place, Independent Members undertaking visits to Health Board sites, are hearing from staff that they are struggling with their wellbeing.

Mr Anthony Dean commented that with regards to the feedback of attendees 'being present' in a meeting, this should be a given. He also questioned why there was a deadline of June 2025 for this action.

Mrs Gostling explained that 'being present' related to taking part in the meeting rather than simply attending. For example, attendees remaining in the room following their agenda item and not leaving straight after and working on emails during the meeting. It was also explained that the June 2025 deadline was due to the action being continuous throughout the year.

Mr Dean queried the deadline of March 2025 for the action to review the Equality Impact section on the SBARs. Mrs Gostling responded that was due to a larger review of governance being undertaken by Ms Joanne Wilson which includes reviewing the current SBAR template.

The Chair suggested that the deadlines may be brought forward over the coming months as clarity is received around the new Health Board Chair's vision on how Board business is conducted. **The Chair requested an update on the action deadlines to be submitted to the August PODCC meeting.** JW

It was confirmed that staff stories given directly by the staff themselves would be provided regularly at PODCC meetings, although it was highlighted that depending on the confidence of the staff member/s, this may be done by a prerecorded video. This would also include both good and bad experiences.

Decision: The Committee **CONSIDERED** the outputs from the PODCC Self-Assessment Workshop, and **AGREED** the actions to be taken to improve its effectiveness.

PODCC **Monitoring of Welsh Health Circulars** (24)51

Mrs Gostling provided an update on the Monitoring of Welsh Health Circulars (WHCs).

It was reported that the implementation of the non-pay elements of the 2022-24 collective agreement WHC have been approved and submitted to Welsh Government in advance of the deadline. The next deadline for implementation is the end of July 2024.

The All-Wales Control Framework for Flexible Workforce Capacity WHC was currently awaiting external confirmation of revised dates pending the All-Wales discussion.

The Armed Forces Covenant Healthcare Priority / Special Consideration for Veterans / Ex Armed Forces Personnel WHC has been implemented.

The Governance on interim appointments to Executive and Senior Positions WHC has been submitted to the Remuneration and Terms of Service Committee.

Decision: The Committee **TOOK ASSURANCE** from the lead Executive/ Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

PEOPLE

PODCC **Staff Experience Story and Armed Forces Annual Report 2023-24** (24)52

Ms Beverly Davies joined the meeting.

Mrs Anna Bird introduced the Armed Forces Annual Report 2023-24 which reflects on progress made in 5 key areas.

The Committee were also informed that:

- Mr Charles Scarf, Security Advisor, has been nominated and shortlisted for the Leader of the Year Award in the Welsh Veterans Awards, taking place in July.
- There will be an Enabling Quality Improvement in Practice (EQIIP) Programme celebration event in July, where her team presenting some of the work that they have been undertaking to implement the Armed Forces Welsh health circular.
- The week of 24 June is Armed Forces Week and there will be a series of events taking place throughout the Health Board.

A video presentation outlining the support the Health Board provides to veteran staff, and including veteran staff giving feedback on the support they have received, was shared with the Committee.

Mr Lee Jones, Principal Healthcare Science Practitioner, and Veteran and Member of the Armed Forces Staff Network shared his experience of support provided by his line manager, the Health Board and the Armed Forces Staff Network in enabling him to continue with his reservist duties whilst working for the Health Board.

Mrs Raynsford asked how the Health Board could improve support to armed forced veterans. Mr Jones suggested engaging more with Army and RAF Reserves.

Dr Ardiana Gjini highlighted that there was low uptake of public health screening services, particularly bowel screening and triple-A screening and immunisations amongst veterans and their families. She queried how work can be undertaken with veterans to improve the awareness and uptake of those programmes, as well as the mental health and smoking cessation.

The Chair suggested this issue could be discussed at the Quality, Safety and Experience Committee (QSEC). **She would meet with Ms Wilson to discuss this.**

AL/JW

Mrs Gostling asked Mr Jones whether he felt the Health Board's annual leave policy should be more flexible to allow for the 24 days commitment required by reservists. Mr Jones responded that that it would be very useful.

The Chair enquired that although veterans are captured via the recruitment process for new staff, how are the team identifying staff who have worked within the Health Board for a long time but not previously identified as veterans.

Mrs Bird responded that the messages are shared via the Global email system, although she is mindful of the need to reach deskless staff. Also, the Community Development Outreach Team are very proactive and regularly attend veterans' groups across all of the three counties.

Mrs Amanda Glanville added that the Training Teams are reviewing how they can utilise the opportunities presented when training staff to signpost support services.

Mrs Gostling informed the Committee that the Workforce Team were researching the use of an app called Viva Engage (formerly known as Yammer) which connects people and information across an organisation. The app would operate independently to the Health Board Intranet and provide information, which can be include particular groups, themes and pages.

Mrs Raynsford highlighted that teams should be aware not all staff wish to be identified as veterans, and therefore choice should be respected.

Decision: The Committee **NOTED** the update report and **TOOK ASSURANCE** from the work being undertaken to demonstrate that the Health Board is proactively implementing the Armed Forces Covenant.

PODCC **Annual Carers Report** (24)53

Mrs Bird introduced the Annual Carers Report highlighting the ongoing work that supports unpaid carers, including staff who work for the Health Board, and have unpaid caring responsibilities in their home lives.

The Committee were informed that there has been an increase in the identification of staff who are carers as they can now self-identify through the Electronic Staff Records (ESR).

Mrs Raynsford noted that 51% of the over-65 population are carers and asked what further support can be provided. She also highlighted that the Health Board Carers' Champion position was now vacant since the previous Health Board Chair left her post.

Mrs Bird responded that the Health Board are co-ordinating on a project funded through the Regional Partnership Board and the Carers Discharge Support Services. The carers officers working in acute community settings provide a continuum of support. Nursing colleagues provide early identification of carers on admission, which help to ensure that the information is being captured and that focus is not only on the patient but the care of themselves and provides their own assessment of need.

Mrs Sharon Daniel highlighted that there has been a significant increase in the number of Carer Support Network drop-in sessions, from 24 to 224. She felt this may be in part due to a decrease in staff attending carers training sessions.

Mrs Bird added it is difficult to find regular rooms on site to use as space is a premium, therefore the drop-in sessions and events have been working well to make contact with staff and other carers. This continues to be work in progress. Mrs Bird stated that she is keen to find a way to audit the Welsh health nursing records in order to see and be assured that information and data has been captured.

Members queried how external training for carers can be promoted, such as Coleg Sir Gar's Care 24 programme for unpaid carers, and also promote the development the Health Board provides for its Healthcare Support Workers. In particular, in 2024 the Health Board will launch a Support Worker Development Programme looking at both clinical and non-clinical support for its non-registered workforce.

Professor Gammon emphasised the role of the Health Board in working with partners to support young carers in their education or work.

Mrs Bird stated that Welsh Government are working with the all-Wales Pharmacy Group to explore how staff can acknowledge the role young carers may have as they will often collect prescriptions.

The Chair asked how can the Health Board support more challenging hard to reach carers.

Mrs Bird responded that the aim is to bring caring more into every day conversations to enable more people to understand that they are an unpaid carer. Events such as drop-ins, posters, Global email messages and lunch and learn events are aimed at raising awareness within the workforce, who may then have those conversations at home and with friends, to spread the message in the community. A website ([Carers Support West Wales | Cymorth Gofalwyr Gorllewin Cymru](#)) has been developed as 'one stop shop' to connect people with services within their local communities.

Mrs Raynsford queried what work school nurses undertake to support young carers.

Mrs Bird explained that it links with the Investors in Carers scheme where staff are required to be able to signpost services. Many school nurses have signed up to the scheme.

The Chair highlighted that posters for carers services ask “are you a carer?”, however many young carers might not understand what this is or identify themselves as carers, as helping someone is simply part of their life.

Mrs Bird agreed and responded that her team are working towards changing language used around carers, and instead using phrases such as “do you help others”.

Mrs Daniel suggested exploring the connection for carers with the Health Board’s Arts in Health Charter.

Decision: The Committee **NOTED** the update report and **TOOK ASSURANCE** from the work being undertaken to demonstrate that the Health Board is proactively addressing the priorities of the regional Carers Strategy.

PODCC **Community Nursing Annual Report**
(24)54

Ms Jill Paterson attending the meeting.

Ms Paterson introduced the Community Nursing Annual Report.

Ms Paterson highlighted the important point, raised in the previous two agenda items of how the Health Board responds to the needs of people in the community. Consideration is being given on how to respond to the needs within the community. There is now a new community nursing specification across Wales, and there is an ongoing expectation that the Health Board regularly reviews means of extending its services beyond the time and activity that is currently in place.

The Community Nursing Report provides an overview of work undertaken in the community. Ms Lyanne Lewis added that the report highlights successes and achievements, service updates and some of the local and national initiatives and work streams.

Ms Sarah Cameron explained that community nursing often feels like the invisible service, however they are in the community and see 5,000 patients a month. 9000 referrals were received last year, which translated to 29,000 visits. Investment has been received from Welsh Government to put in place specialist palliative care Clinical Nurse Specialist in each county over 7 days a week. A number of healthcare support worker or equivalent posts are currently being advertised to provide 21 hours per district nursing team on an ongoing basis to support the further, faster and care building community capacity. This would enable a more robust service during weekends to support more patients in the in the communities.

Cllr Evans commented on the report which stated that there are 35 operational risks currently open across the 3 Counties community services including 10 extreme risks, and asked if there was a timeline and plan for des-escalating those risks.

Ms Cameron responded that safe staffing levels are an issue, and she is conscious that the community are not part of the safe staffing act currently.

Work is being undertaken with corporate nursing services to realign services. It is expected that the upcoming recruitment would reduce the risks.

Ms Daniel clarified that the community is currently not part of the 25B section of the safe staffing act, however the other sections of the Act do apply. The operational guidance used for 25B areas is recommended that the is extended to other areas. Ms Daniel added that extending services to 7 days a week has exacerbated the risk as more staff are required. There are a number of opportunities, as cited in the report, to increase nursing staff.

Professor Gammon commented that this was an excellent report. He stated that he had reviewed the report from a strategic point of view, and that the staff profile is clearly a risk. He noted that in Ceredigion and Carmarthenshire the number of Band 4 staff is increasing, and he asked what was being done in terms of workforce profiling for this existing demand, how does this inform our workforce planning?

Ms Cameron responded that the Health Board regularly recruits newly qualified nurses, and there has been an increase in newly qualified nurses who want to work in the communities. It should be recognised that district nursing is a specialist area. The Health Board is actively promoting the specialist practice qualifications (SPQ) to support more people becoming district nurses and having that recognition. The team also support flexible working practices and retire and return which recognises that the Health Board's valuable workforce is older, there is a need to keep those maintain those staff to nurture and mentor the more junior nurses.

Ms Glanville commented that consideration should be given to how to promote community roles as part of the Destination NHS and Health for the Futures programmes.

Ms Paterson stated that safe staffing levels are taken very seriously and highlighted the need to work through the longer-term solution.

Ms Daniel added that as vacancy levels reduce, the Health Board will need to ensure it can maintain services.

Ms Ann Murphy noted the high risks related to Datix investigations and queried what being done to address this.

Ms Cameron responded that many of the Datix incidents were relating to moisture reports, rather than harm to patients. Her team are currently reviewing whether moisture related incidents should be reported on Datix if there is no harm to patients. An active programme is underway to review reports over 121 days old. She provided assurance that all reports will be closed by September 2024, however the team were currently focussing on Datix incidents where people have come to harm.

Mrs Gostling highlighted conflicting pressures where it is reported that community teams need to have 0.4WTE administrative staff, whilst also noting that the Health Board have too many administrators and this number could be reduced. This creates a challenge as an organisation, how to

obtain the right workforce in the right place, recognising the current financial position. It was felt the message that there are too many administrators needs to be balanced, and that the Health Board must demonstrate what staff are doing releases clinical time.

Ms Cameron agreed and added that administrative staff are undervalued, and that introducing administrative staff into her teams over the years has made a significant impact on releasing that registrant time.

The Committee recognised the work undertaken to produce this report.

The Committee agreed that they were not able to take assurance that there is a long term strategic sustain sustainability within the current position, although there are good moves in the right direction, it is inescapable that there is a bottom line problem with workforce provision.

Decision: The Committee **NOTED** the content of this report, the activity delivered, and the challenges faced by the service, and **TOOK ASSURANCE** from all work at an operational level, however assurance could **NOT** be taken on a strategic level.

PODCC **Speak Up Report to PODCC** (24)55

Mr Robert Blake introduced the 6-month update report on the speaking up agenda in Hywel Dda University Health Board (HDdUHB).

The aim of the work is to create a recognised identity with open and anonymous mechanisms for staff to speak up around any clinical or non-clinical concerns or ideas, with a belief that they will be resolved, developed or learned from. It is proposed to view this with positivity and openness, and to seek to build organisational trust around the agenda. It is aimed to increase support around staff well-being and positive impacts in absence rates.

The work will support workforce recruitment and retention strategies, and will create a wider use of informal mechanisms to resolve the appropriate non-clinical issues. It will hopefully improve clinical services and it will also be pivotal in embedding other agendas such as eradicating sexual abuse and harassment and challenging incivility and inappropriate behaviours. The aim of the outcome is for staff to feel empowered and encouraged to speak out, and are actively listened to.

Ms Murphy queried whether this is being embedded to training courses, for example is it part of the development programme.

Mr Blake responded to say that it was and has been added to the leadership programme.

Dr Gjini highlighted that the Health Board should be empowering its ethnic minorities and junior workforce, from bottom up not only management (top down).

Mr Blake stated that he does not think the Health Board has a diverse range of champions, which needs to be reviewed as progress is made with the agenda. Discussions have taken place with the Black, Asian and Minority Ethnic (BAME) Advisory Group to promote interest in becoming a speak up champion.

The Chair note that this is a complicated area of work but was encouraged to see the different ways it is being approached. She added that it was important to hold conversations early in order to avoid problems developing into a bigger issue.

The Chair also highlighted the quote of “there is never a wrong time to do the right thing” within the report attached to the photograph of the Health Board Chief Executive Officer and explained that it is easy for the most powerful person in the Health Board to say that, it is however more difficult for staff at lower levels. There is a need to recognise this.

It was also highlighted to the Committee that the word ‘safely’ has been removed from the term ‘speaking up safely’ as this was considered negative and could be a barrier to staff who would question what is unsafe about speaking up.

Decision: The Committee:

- **NOTED** the continued direction of travel.
- **TOOK ASSURANCE** from the cultural shift and progress.
- **NOTED** that the work to fully embed speaking up will be maintained and built upon.

PODCC **Staff Partnership Forum Update** (24)56

Ms Heather Hinkin introduced an update report on the Staff Partnership Forum (SPF).

The report focusses on the joint work on the implementation of the non-pay elements of the collective agreement for 2022-24 for Agenda for Change (AfC) staff. The non-pay programme of work was also incorporated into a Welsh Health Circular (WHC)- (2024) 017, dated 28 March 2024 to provide a framework for the delivery in partnership of certain non-pay elements.

The Committee felt it was very helpful to receive a report for assurance that partnership discussions are happening.

Decision: The Committee **NOTED** the content of the report.

PODCC **Employee Relations Update** (24)57

Ms Hinkin introduced the Employee Relations update report.

The report provided an overview of all internal employee relations cases for the period January to December 2023. It also provided a summary of the employment tribunal activity and employment policy review work for financial year April 2023 to March 2024. It was noted that a general update

was submitted to PODCC, and that a more detailed report on employee relations was submitted for discussion at the PODCC in-Committee meeting due to the sensitive information contained.

Ms Hinkin highlighted that there has been a significant increase in the number of complaints, partly due to an improvement in reporting. She also advised the Committee that these processes can impact staff and can affect sickness and absence. This can then impact the timelines of the process as staff are unwell. The Workforce teams are reviewing how to better utilise the formal part of the process in an easier way and be quicker.

Many of the investigations are medication errors, however, the new policy is more compassionate, and looking at how to enable staff to not make errors in the future.

The number of bullying and harassment cases increased last year, partly due to encouraging staff to speak out. If staff are encouraged to speak up, there will be more cases.

Professor Gammon raised the work of early intervention to prevent escalation, and asked if there was evidence of what works well in early intervention.

Ms Hinkin responded that the policy framework does not enable the team to deal with issues as quickly as they would like, for example staff may need to be cross examined by a barrister. Ms Hinkin added that the team are restricted by the policies, in particular all-Wales policies. However, discussions have taken place with trade unions to seek shared agreement on moving cases forward more quickly.

Mrs Glanville Amanda informed the Committee that, in relation to early intervention, the training team have designed an individual learning plan to start supporting staff earlier on in the process. She also highlighted that the report outlines the preceptorship policy led by nursing and felt that it would be a missed opportunity to not include this policy across whole education field of the Health Board.

Mrs Gostling noted the volume of Health Board policies and the work undertaken to make them shorter/sharper.

The Chair queried whether disciplinary procedures are used as a standard response to medical errors.

Ms Hinkin responded that it was not the immediate response, and would generally only take place after a second or third error.

Decision: The Committee **DISCUSSED** and **NOTED** the report.

CULTURE

Ms Alwena Hughes-Moakes and Ms Enfys Williams joined the meeting.

The report covers three areas of work; the Health Board's own discovery process action plan, the Welsh Government strategic framework 'More than just words', and the Health Board's compliance with the Welsh language standards.

Key achievements for the Welsh language team during the previous year are:

- Having a stand at the Eisteddfod where they engaged with the community.
- Work with the primary care sector and primary care academy.
- Translation work continues to grow.
- Out and about during significant cultural days within the Welsh calendar.
- Major success in the building confidence course (which was funded externally and has been funded again this year).
- A mystery shopper exercise took place in December, the findings of which differed from responses within the Welsh language standards compliance self-assessment which was sent to all directorates in 2022.
- Work undertaken relating to Standard 110 on clinical consultations taking place in the language of the patient. Previously the Welsh language Commissioner requested that the Health Board take a blanket approach across the whole organisation, there is now a new plan to be in place from November 2024 working on a small scale. The Welsh language team are working with 2 teams in the Health Board to establish what it takes to offer this service.

Professor Gammon commended the Welsh language team on the report, and in particular noted that section 2 of the report makes it clear that the Health Board is undertaking work beyond initial compliance. The Chair endorsed Professor Gammon's comment.

Ms Williams responded to Cllr Evans question that there was a Welsh language champion on the Board.

Mrs Raynsford was proud of the difference the Welsh language team have made and noted that the shift in Welsh language use in Health Board is great. However, she highlighted that more is required and that Health Board leaders need to model the behaviours and the cultures wanted in an organisation. Mrs Raynsford noted examples of non-Welsh speaking Committee Members who have learned Welsh medical terminology. She advised that the Health Board should normalise the Welsh language.

Cllr Evans queried where translation sits in terms of Committees and full public Board.

Ms Williams responded that Board meetings held in public are translated. The team previously provided simultaneous translation at the Annual General Meetings (AGM) however it was not seen as cost justified. In terms of meeting minutes, the number of views does not justify the cost.

Ms Hughes-Moakes informed the Committee that the report was a fantastic foundation to the Welsh language team's work, however the work will continue moving forward. she thanked her team for their work and thanked Independent Members for their support.

Mrs Gostling shared that she was passionate about the Welsh language in Health Board's communities, and highlighted the example of a man whose wife was a Health Board patient with dementia, who had lost the ability to speak English. This demonstrates the importance of Welsh language use in the organisation.

The Chair commented that there are similar examples of children who can only communicate in Welsh.

The Committee were informed that the Welsh language team were continuing to increase awareness and are organising a session in the autumn for colleagues in Health Education and Improvement Wales (HEIW) to speak with members of the Board regarding the use of the Welsh language. This will also include patient stories.

Decision: The Committee **ENDORSED** the report as a reflection of the activity and progress made to enhance and embed the Welsh language and culture at HDdUHB.

PLANNING

PODCC
(24)59

Delivery Against Planning Objectives Aligned to PODCC: General Update

Mrs Gostling presented the Delivery of Planning Objectives aligned to PODCC update report.

Mrs Gostling highlighted some updates from the report, which included:

- 201 applications have been received for the apprenticeship scheme. It was noted that it included applicants seeking career changes, therefore there is a more mature workforce coming through.
- 70 internationally educated nurses are being recruited, with 56 already appointed.
- Staff retention is at its lowest figure.
- Workforce plans are in place for 60 service areas.
- 97 qualified nurses have been appointed for the September cohort.

In response to Cllr Evans query on overseas staff retention, Mrs Gostling stated that there is repayment process if staff leave within 18 months.

The Chair noted the data on acute sites nursing level figures, and queried what were the figures on community nurses.

Mrs Gostling responded that nursing vacancies across the board is low. The Health Board is nearing the numbers needed for secondary care, it will then

be in position to improve primary care. She highlighted that the workforce plan was critical.

Mrs Raynsford asked how HDdUHB compares against other health boards. Mrs Gostling explained that HDdUHB is the lowest in Wales for nursing turnover, and the work programme is being replicated across Wales. She highlighted the new fast track process for nursing recruitment. Mrs Gostling also informed the Committee that she has been made aware that there are over 100 student nurses who haven't been offered jobs in Wales. She added the HDdUHB would be happy to recruit them in Bronglais Hospital.

Decision: The Committee **TOOK ASSURANCE** on the current position in regard to the progress of the Planning Objective (PO1 Workforce Stabilisation) aligned to the People, Organisational Development, and Culture Committee, in order to assure the Board that the Planning Objective is progressing and is on target.

PERFORMANCE

PODCC (24)60 **Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR)**

Ms Gostling provided an update on the IPAR report.

The Chair urged caution in attaching too much significance to the staff engagement score as the response rate is very low, and asked what work is being undertaken to increase the level of response.

Mrs Gostling responded that the Organisational Development (OD) team have been looking at methods of capturing the voices of individuals, however, **she would check what work is being undertaken and feed back to the Committee.**

LG

Cllr Evans asked whether the sickness targets detailed in the report are set by the Health Board or Welsh Government.

Mrs Gostling replied that the 4.79% target was set by Welsh Government in 2019 and has not changed since. She explained that the workforce team were reviewing how the Health Board can help people on sickness absence to return to work in a different capacity, if they are unable to return to their main position.

Ms Hinkin also advised caution when reporting percentages, particularly with regards to small teams, as only one absent member of staff could equate to 20% of the workforce for that team. She also informed the Committee that the Workforce team are looking into culture which could affect sickness absences, including looking at the reasons for absences. For example, in some cultures some women stay at home during their period and do not interact with other people. They are then using sickness absence as they perhaps are unsure of the options they may have for flexible working patterns,

The Chair highlighted the importance of understanding systemic impacts of absences, not only root causes.

Decision: The Committee **NOTED** the content of the report as assurance of performance in key areas of the Workforce and OD agenda.

SUB-COMMITTEE UPDATE REPORTS

PODCC Research and Innovation Sub-Committee Update (24)61

Ms Carly Hill joined the meeting.

There were no issues to alert the committee to. A further update on the risk position will be presented to PODCC at a future meeting.

Professor Gammon queried whether notification has been received from Health Care Research Wales (HCRW) on what future funding will be available. He noted that the report stated funding will be reduced but did not provide further detail. **Ms Hill would check this with the R&I Team and report back to the Committee.**

CH

Decision: The Committee **NOTED** the report, as there are no actions that are not referenced above, that the Committee need to consider or undertake.

PODCC Research and Innovation University Partnership Update (24)62

Ms Hill introduced the update report on Research and Innovation University Partnership work.

The report provided an end of year summary of progress with universities. A further update will be submitted to PODCC in October.

Professor Gammon asked when the Health Board was due the next Welsh Government review on its university status?

Ms Hill will check this with the R&I team and report back to the Committee

CH

Decision: The Committee **TOOK ASSURANCE** from the report on progress in university partnership activities and note the priorities for 2024/25.

FOR APPROVAL

PODCC Policies for Approval (24)63

Ms Hinkin introduced policies for approval by the Committee.

Ms Hinkin informed the Committee that the target of reducing Health Board policies to 5 pages is now 70%-80% complete.

The Chair suggested sharing learning with medicines management.

Decision: The Committee **AGREED** to:

- **EXTEND** the following policies:
112 - Preceptorship Policy
558 - Medication Errors Policy
121 - Relocation Expenses Policy
- **REMOVE** the Expenses 389 Policy for the reasons outlined in the report

PODCC **Outcome of the Advisory Appointments Committee (AAC)**
(24)64

There were no new AAC appointments to approve, however a report was submitted following a request by the Committee at the April 2024 meeting to provide assurance on an appointment offered to an applicant who was unable to start for 2 years.

Since the Committee meeting, the applicant in question has withdrawn. However, it was also discovered that the second-place candidate should not have been shortlisted as they did not meet the qualification criteria.

The report outlines lessons learned during this process. A process is now in place for candidates with a long start date.

Mrs Raynsford queried whether these processes are being adapted across all-Wales. She also asked whether the AAC appointment lead had been made aware of these issues.

Mrs Gostling responded that she would be liaising with the Head of Recruitment to make ensure this training is included.

Mrs Raynsford also asked whether this was an issue other health boards had experienced. **Mrs Gostling would look into this and report back to the Committee.**

LG

Decision: The Committee **TOOK ASSURANCE** that processes are in place to prevent this type of situation occurring again.

PODCC **FOR INFORMATION**
(24)65

The PODCC workplan for 2024/25 was circulated for information.

PODCC **MATTERS AND RISKS FOR ESCALATION TO BOARD**
(24)66

There were no matters for escalation to the Board.

PODCC **ANY OTHER BUSINESS**
(24)67

There was no other business.

PODCC **DATE OF THE NEXT MEETINGS:**
(24)68

9.30am-12.30pm Tuesday, 20 August 2024

Thursday, 17 October 2024
Monday, 16 December 2024
Tuesday, 18 February 2025