

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

Date of Meeting: **Monday 15 April 2024**  
Venue: **Board Room, Ystwyth Building, Hafan Derwen, St David's Park, Carmarthen, SA31 3BB and via MS Teams**

Present: Mrs Chantal Patel, PODCC Chair/ Independent Member  
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  
Mr James Severs, Executive Director of Therapies and Health Science  
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary  
Ms Alwena Hughes-Moakes, Communications and Engagement Director  
Dr Leighton Phillips, Director Research, Innovation and Value  
Mrs Christine Davies, Assistant Director of Organisational Development.  
Mrs Amanda Glanville, Assistant Director of People Development  
Ms Carly Hill, Assistant Director - Medical Directorate  
Mr Anthony Dean, Chair of the Partnership Forum  
Ms Tracy Walmsley, Head of Strategic Workforce Planning & Transformation  
Ms Michelle James, Head of Resourcing and Utilisation  
Ms Sam Hussell, Head of Health Emergency Planning  
Ms Heather Hinkin, Head of Workforce  
Mrs Helen Sullivan, Head of Partnerships, Diversity and Inclusion  
Mr Daniel Owen, Senior Workforce Manager  
Ms Corinna Lloyd-Jones, Head of Organisation Relations  
Ms Claire Evans, Committee Services Officer (Secretariat)

Minutes Ref.		Action
PODCC (24)22	<p><b>Introductions and Apologies for Absence</b> The Chair welcomed everyone to the meeting.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Mr Mark Henwood, Interim Medical Director</li> <li>• Dr Ardiana Gjini, Director of Public Health</li> </ul>	
PODCC (24)23	<p><b>Declarations of Interest</b> Ms Ann Murphy declared her work as a trade union representative.</p>	
PODCC (24)24	<p><b>Minutes and Matters Arising from the meeting held on 15 February 2024</b></p>	

	<p>The minutes of the People, Organisational Development and Culture Committee (PODCC) meeting held on 15 February 2024 were approved as an accurate record of proceedings, with the following amendment on page 12:</p> <p>“Mr Severs commented on people who want to be part of research but do not know how to begin <b>or what support is available</b>, and that clinical engagement should be included in the next research strategy.</p>	
<p>PODCC (24)25</p>	<p><b>Table of Actions from the meeting held on 15 February 2024</b> All actions from the PODCC meeting held on 15 February 2024 were complete.</p>	
<p>PODCC (24)26</p>	<p><b>PODCC Annual Report to the Board 2023-24</b> An annual report highlighting work that has been undertaken by the Committee during 2023/24 was presented to the Committee.</p> <p>Ms Anna Lewis felt that the report was very thorough. She commented on whether the annual reports across Committees were a re-hash of 12 months of meeting minutes, or was the aim to produce a more thematic document. She felt that introducing an executive summary from the Chair would create a more thematic understanding.</p> <p><b>Decision:</b> The Committee endorsed the People, Organisational Development &amp; Culture Committee Annual Report 2022/23.</p>	
<p>PODCC (24)27</p>	<p><b>Corporate Risks Assigned to PODCC</b> The Committee received the Corporate Risks Assigned to People, Organisational Development &amp; Culture Committee (PODCC) report, and a detailed report evaluating workforce risks.</p> <p>The report outlined that two new risks had been added to the risk register, Risk 1822 - <i>Risk to the welfare of senior management due to current demands</i>, and Risk 1821 - <i>Risk to the welfare of Health Board staff due to current demands</i>.</p> <p>Risk 1649 - <i>Risk of insufficiently skilled workforce to deliver services in Annual Plan 23/24 due to limited labour market</i> remained high with a risk score of 16.</p> <p>Ms Lewis queried why the two new risks had been introduced at this time, has something changed? She also queried whether it was valuable to make the distinction between the welfare of senior managers and the welfare of the wider workforce, as separate risks.</p> <p>Ms Tracy Walmsley responded that the separation was due to managers having more control as part of their remit, which brings different demands.</p> <p>Mrs Delyth Raynsford also queried why the introduction of the risks now, and asked whether there were realised concerns about potential incidents.</p> <p>Mrs Christine Davies responded that senior managers are currently feeling pressures in regards to the escalation framework and targeted intervention, and the expectations upon them. There are also a number of</p>	

gaps within operational staffing structures currently. Mrs Davies advised that in time, once the leadership risks are addressed, then the two risks can be combined.

The Chair asked what the risk to senior management would look like on a day to day basis, and whether it meant a higher percentage of staff on sickness absence, or staff simply not being as productive as they are overwhelmed with their workload.

Mrs Gostling responded that it can be a combination such as sickness absence and turnover. During the Partnerships Forum, Trade Union (TU) representatives have raised concern over the wellbeing of managers, in particular with managers sitting through MS Teams meetings all day. This was part of the reason why the risks have been created now. The TU representatives have highlighted the need to ensure the wellbeing of senior managers, because if they are not well, it will cascade down to the rest of the workforce.

The Chair asked what measures are being undertaken to address the issue.

Mrs Gostling responded that the risk register contained a number of measures which include ensuring mechanisms are in place for staff to be able to access support, and ensuring staff do not attend multiple meetings unnecessarily.

Mr Evans asked for assurance that the measures were working effectively. Mrs Gostling responded that these are new measures therefore cannot provide assurance yet.

Mrs Davies informed the Committee that her team within Organisational Development were supporting managers within the field, and have requested set time and space to undertake this.

Ms Lewis commented that the Committee can take assurance on this work at this point in time, but recognise that there is significant work to be undertaken ahead.

**Decision:** The Committee took assurance that:

- All identified controls are in place and working effectively.
- All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises.

## **PEOPLE**

### **Staff Story: The Value of Cultural Progression**

Ms Corinna Lloyd-Jones provided a staff story on cultural progression within the Health Board and advised that as part of the engagement step of the Workforce roadmap, the team always consider the appropriateness of entering team space when there is an issue taking place and will always consider the support that can be provided in terms of wellbeing. In this instance, the Workforce team specifically proposed staff and managers to

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have conversations regarding coaching, and ensuring they were signposted to the Health Board's wellbeing services.

Step two of the roadmap was then discussed, before the process then moved to the exploration phase. The Service Lead sought to improve relationships within the Department, and improve the culture however, was finding engaging with people challenging. The Workforce team provided ongoing support beyond cultural progression, but also help restore and repair relationships, and address some challenging behaviours. Although the formal issue had been dealt with exceptionally well by the management team and workforce colleagues, there were learnt behaviours and there was some harm done as part of that process.

Ms Lloyd-Jones explained that the Workforce team were not only looking at cultural progression, but restoring and repairing relationships, and challenging some behaviours.

The process then moved to phase four, which involved facilitated conversations focussing on repairing relationships. One-to-one coaching was offered, particularly to managers who needed additional support, as well as invitations to the LEAP leadership programme.

The Chair enquired whether all staff were generally engaging with that model, or was it only a route taken when there is a specific problem.

Ms Lloyd-Jones responded that the team would engage on either level. They each have portfolio areas they support and would begin by introducing themselves to those Departments. Support is sometimes offered reactively and often following direct requests from managers. The support given will depend on the individual situation.

Profession John Gammon noted that the story shows importance of early intervention. He enquired how does the Health Board ensure sustainability, to ensure teams continue the process themselves and to stop behaviours returning over time.

Ms Lloyd-Jones responded that following the initial support, learning is taken forward by leads or by the Relationship Manager. Workforce also offer programmes such as the 'coach approach' where managers and staff can attend and then bring that support directly back to teams. There is also a focus on ensuring leaders can be 'well-being managers/leaders' to ensure sustainability by not relying on the small workforce teams to take forward this work. Ms Lloyd-Jones added that approval has been received to invest in a 'Team Effectiveness' role within Operational Development.

Mr James Severs highlighted that the Health Board was seeking to develop heat maps to predict where situations such as this may arise. He queried whether any work could be undertaken within the organisation to consider key levers, metrics or triggers to understand any additional support which may be required in future.

Ms Lloyd-Jones responded that the Organisational Development team have spent considerable time on the exploration phase of the Organisational Development Relationship Managers (ODRM) roadmap

<p>PODCC (24)29</p>	<p>which included triangulation of a range of data sources including surveys. The culture survey undertaken in 2023 enables snapshots at points in time, but it also provides a retention and engagement score. The team were currently in the early stages of the triangulation work, however, it is expected that further information could be brought to a future Committee meeting.</p> <p>Ms Lloyd-Jones also explained that work is being undertaken with the Retention team to bring both areas of data together to view any trends, for example if a member of staff has any long term mental health absence from work, is there any data to suggest they are likely to leave the Health Board within a particular time frame. Work is also being undertaken on staff retention and breaking down data into key staffing groups. This year there will be a focus on triangulating data.</p> <p>Ms Lloyd-Jones added that levels of staff sickness absence in the Health Board was high during 2023 but that figure was now reducing.</p> <p>Mr Severs also queried whether there were any opportunities to set a bar for professional expectation within the Health Board, and whether anything can be done by leaders, particularly within the clinical departments, to set out how this is done. He suggested undertaking discussions with various clinical forums on how to embed the cultural progression approach.</p> <p>Ms Lloyd-Jones replied that the Workforce and Organisational Development department are keen to promote this work more, through their retention work but also through other avenues such as sharing staff stories.</p> <p><b>Workforce Efficiency (Agency costings)</b></p> <p>Mr Daniel Owen introduced a report on workforce efficiencies. In December 2023, the Welsh Government (WG) introduced a Standard Control Framework for all health boards. This framework emphasised a phased approach to identify agency usage across all directorates.</p> <p>Mr Owen highlighted that WG asked the health board to create reduction plans for agencies across all staff groups and produce action plans to address this.</p> <p>A large amount of work has already been undertaken across all staff groups, but particularly in regard to nursing and work on stabilisation and international recruitment. Workforce systems have been put in place to provide data and the baseline information required to understand and make changes.</p> <p>Professor Gammon asked if there was data setting out where the reductions worked effectively and where there were challenges.</p> <p>Mr Owen responded that good strides had been made in some areas, however, the challenge was faced across the health board. He highlighted that many issues were being experienced UK-wide not only within the health board. He expected to be able to produce a breakdown of which areas were experiencing issues, for a future update to Committee.</p>	
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Ms Lewis queried whether any unintended consequences of agency staff reductions were being tracked.  
Ms Walmsley responded that it was hoped to triangulate the data from workforce planners and Workforce and Culture teams to identify opportunities as well as risks.

Ms Lewis asked whether the triangulation links to clinical outcomes seen in the Health Board services. For example, the Quality and Governance team have identified the impacts of agency reduction on particular services.

Mr Owen responded that his team do link in with clinical outcomes, and there is a pay, expenditure reduction and efficiency group in place, which included leads from nursing and medical backgrounds being able to challenge some of the work on equality impact assessments and ensuring any changes made to agency staffing are fully understood in relation to the impact of patients, staff and managers. Both cost savings and also the impact on staff are reviewed.

**Mr Severs took an action to examine the triangulation between clinical outcomes and reduction of agency and Bank staff, and report back to Committee.**

Mrs Raynsford expressed concern regarding medical locums, as cost per staff member is significantly higher. She also highlighted regional issues and queried whether there was any potential for working with neighbouring health boards. Is Hywel Dda University Health Board different because it's in West Wales, and is this being fed back to WG and regionally?

Mr Owen responded that his team work closely with Swansea Bay University Health Board (SBUHB) and also sit on national programme groups on temporary workforce utilisation. His team were also studying comparisons with similar issues throughout the UK, and seeking to bring all-Wales and all-England discussions together.

Mrs Sharon Daniel commented that from the nursing perspective the methodology for nurse staffing levels calculation being used. For instance, the extent to which shifts are covered and whether it is deemed to be appropriate or not can then be triangulated in terms of incidents, the acuity and professional judgement. Mrs Daniel added that legislation is not required to extend that to other 25a areas, therefore the same principles can be used in those areas to monitor the impact of that reduction.

Mr Evans noted the report outlined a target of reducing agency expenditure by 50% for 2024/25, and asked how achievable is that figure. He also queried how work on reducing locums was progressing with SBUHB.

Mr Owen responded that his team are working with SBUHB to share best practice. HDdUHB is quite advanced in its stabilisation efficiency agenda. He added that the work on efficiencies within the medical areas is in the early stages with a significant volume of work required. It has taken 12-18 months to begin seeing reductions within the nursing areas, however medical is more difficult and will take some time to achieve. He highlighted

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that nursing rosters were used to provide data, however it is very difficult to understand trends within the Medical area.

Mr Owen added that his team believed the 50% target was achievable and noted the need for the Health Board to challenge itself.

The Chair noted that the Health Board itself has set a 50% target and asked what the WG expected from HDdUHB.

Mr Owen responded that WG require a reduction in hours and expenditure for Nursing, Medical, Health Care Support Workers and Administration and Clerical roles. He highlighted this was complex as many administration and clerical staff were in front facing patient roles, and included out of hours teams. Mr Owen has invited the out of hours teams to meet to discuss their roster review which they are undertaking to end the use of Bank staff on their own initiative.

Ms Lewis asked for clarification on whether the 0% target for administration and clerical staff also includes use of Bank staff as well as agency staff.

Mr Owen responded that they would seek to reduce agency staff initially, however there is already work underway to seek reductions in Bank staff.

Ms Lewis highlighted that the Health Board might want flexibility around our Bank.

Mr Owen agreed that some areas may wish to maintain a budget for Bank staff.

Mrs Gostling added that it is useful for managers to be able to keep a pool of funds for Bank in the event of sickness absences. She also highlighted pension changes and . one of the pension options is that 90% of earnings are pensionable, and the suggestion in a new policy to be introduced is that an individual could continue to work on the Bank non-pensionable. Mrs Gostling noted that there are some circumstances where the use of Bank staff is helpful but it should be managed according to need. However, in some circumstances Bank rather than agency staff will be more cost effective for services.

**Decision:** The Committee noted the content of the Agency Reduction Plan report.

## **CULTURE**

### **Cultural Progression Report**

Mrs Christine Davies introduced a report on cultural progression. The report outlined progress made in Year 2 of the cultural journey and reflects foundation blocks set on Year 1.

Ms Lloyd-Jones added that the report had streamlined the Performance Appraisal Development Review (PADR) update together with the Discovery report (usually presented to Committee separately) into one report.

Over the course of the year, the Organisational Development Relationship Manager (ODRM) team has reviewed its structure, and the way the team

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works internally within Organisational Development, and externally with other teams and services. An important task has been to identify the culture across the Health Board and take that learning forward in a meaningful way.

Ms Lloyd-Jones highlighted the areas and updates included within the report.

Mr Evans queried why there had been an increase in exit interviews, was it due to a push from Workforce in order to obtain information or was it due to staff leaving the Health Board seeking to feed back issues.

Ms Lloyd-Jones believed it was mainly due to a wider choice of options available for staff to undertake the interview, such as with their manager, a member of staff from Organisational Development department or Operational Workforce team, or through an online form. All leavers also receive a letter inviting them to take part in an interview.

Mr Anthony Dean added that it is a more visible process than it was previously.

Ms Lewis enquired whether there were any teams bucking the trend where despite large staffing pressures, many patients and not enough time or high levels of absence, the team continues to be very positive and upbeat with a good cultural feel. Was this a source of intelligence yet to be collated? Ms Lewis also asked whether the impact of the cultural progression work was being evaluated.

Ms Lloyd-Jones responded that good news stories are collected through the retention strand of the team who take stories from challenging teams and spotlight where things are going well. She also highlighted that various metrics are used to take stock of what culture looks like at a particular point in time. The team also re-run the culture survey at a later date to identify any changes.

**Decision:** The Committee noted progress on the cultural progression in 2023-24 and endorsed the future direction.

## **PLANNING**

### **Delivery Against Planning Objectives Aligned to PODCC: Closure Report**

A report was presented providing an overview regarding progress of the Planning Objectives and acts as a closure report for the 2023/24 Planning Objectives aligned to PODCC.

No further discussions or questions took place on this item.

**Decision:** The Committee took assurance on the current position in regard to the progress of the Planning Objectives aligned to the People, Organisational Development, and Culture Committee, in order to onwardly assure the Board where Planning Objectives are progressing and are on target, and to raise any concerns where Planning Objectives are identified as behind in their status and/or not achieving against their key deliverables.

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### **Workforce Planning**

Ms Walmsley introduced a report to the Committee, outlining the approach being taken to create a comprehensive and coherent workforce plan. The report is building on the previous two submitted to Committee. The report identifies the top 53 risks across the health board and aligns all of the interventions along each of the pillars. The report also included within the appendices, a report produced by Audit Wales. The Workforce planning report seeks to draw together different elements which have been put in place on workforce planning, in order to produce an overview of the next 12 months in terms of how to approach the development of the plan and its integration element.

The Chair queried what was meant by “services refuse to use them as do not like the supplier” stated in the under Risk 1751 within the list of 53 risks submitted to PODCC (appendix 1). The comment read “Health Education and Improvement Wales (HEIW) provides commissioned spaces however services refuse to use them as do not like the supplier.”

**AG**

**Mrs Glanville would check this with her team and update the Committee.**

Ms Lewis asked whether the planning timescale was 12 months? Ms Walmsley responded that the plan was currently looking at 12 months but with a long-term scope of 3 years, 6 years, and 12 years.

Professor Gammon commented that he found it helped to review the report along with the Workforce Efficiency report to understand workforce planning both strategically and then operationally.

**Decision:** The Committee:

- Noted that SPPEG will be asked to take part in the development of the Maturity Matrix that will enable Independent Third-Party Assurance and align to the development of Strategic Scenarios working in collaboration with other Health Boards and HEIW.
- Took assurance on the approach being taken to create a comprehensive and coherent workforce plan.

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### **Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR)**

Ms Michelle James introduced the Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR).

Ms James outlined that Statistical Process Control (SPC) Charts had now been utilised to present data.

Ms Lewis felt that the SPC charts had greatly improved the intelligence submitted to Committee.

There were no further questions or discussion on this item.

**Decision:** The Committee:

- Noted the content of the report.

<p>PODCC (24)34</p>	<ul style="list-style-type: none"> <li>• Took assurance on performance in key areas of the Workforce and OD agenda</li> </ul> <p><b>SUB-COMMITTEE UPDATE REPORTS</b></p> <p><b>Strategic People Planning and Education Group (SPPEG) Terms of Reference</b> Ms Amanda Glanville introduced the Strategic People Planning and Education Group Terms of Reference with minor amendments for approval.</p> <p><b>Decision:</b> The Committee approved the Strategic People Planning and Education Group Terms of Reference.</p>	
<p>PODCC (24)35</p>	<p><b>Strategic People Planning and Education Group (SPPEG) Update</b> Ms Glanville provided an update on the Strategic People Planning and Education Group.</p> <p>Wider service and Directorate issues were now being discussed between meetings and being identified for raising or submitting reports at meetings. Also, greater conversations were taking place outside of the Group in terms of collaboration and interprofessional education opportunities. Work is being undertaken to understand the financial impact of training and the training budgets.</p> <p>Professor Gammon stated that the report notes four areas of concern, however, for each of those issues there are actions for reports to be submitted to SPPEG. He informed the Committee that he was assured processes are in place for each to be addressed.</p> <p><b>Decision:</b> The Committee:</p> <ul style="list-style-type: none"> <li>• Took assurance from SPPEG on activities and decisions reported and are asked to note the progress and contents of the report.</li> <li>• Approved a scoping exercise to identify where all training budgets are held, allowing for greater accuracy in reporting the breadth of staff development and identify opportunities to create greater equity and efficiency.</li> </ul>	
<p>PODCC (24)36</p>	<p><b>Research and Innovation Sub-Committee Terms of Reference</b> Dr Leighton Phillips introduced the Research and Innovation Sub-Committee (R&amp;ISC) updated Terms of Reference with minor amendments for approval.</p> <p>The Chair of the R&amp;ISC has changed from Professor Phil Kloer, Interim CEO, to Mr Mark Henwood, Interim Medical Director.</p> <p><b>Decision:</b> The Committee approved the minor changes and updates to the R&amp;ISC ToR V12 presented here for information and assurance having formally been approved by R&amp;ISC 11 March 2024.</p>	
<p>PODCC (24)37</p>	<p><b>Research and Innovation Sub-Committee Annual Report</b> Dr Phillips introduced the Research and Innovation Sub-Committee annual report for 2023-24.</p>	

<p>PODCC (24)38</p>	<p>There were no further questions or discussion on this item.</p> <p><b>Decision:</b> The Committee took assurance from the R&amp;I activity during 2023-24 and the management of its functions.</p> <p><b>BAME Advisory Group Annual Report</b> Mrs Helen Sullivan introduced the Black, Asian and Minority Ethnic (BAME) Advisory Group Annual Report.</p> <p>Mrs Sullivan highlighted the change of Chair of the BAME Advisory Group following the departure of Maria Battle, Health Board Chair. Also, the Chair and Vice Chair of the BAME Staff Network now attends Advisory Group meetings.</p> <p>Attendance at the Advisory Group has dropped significantly but the Group were reviewing the membership within the Terms of Reference and working at increasing attendance.</p> <p>Mr Severs sought clarification on whether the purpose of Group was to capture the experience of only nurses and clinical staff. Mrs Sullivan responded that it was originally linked with COVID, however, they were now seeking to broaden membership to other areas of the Health Board.</p> <p><b>Decision:</b> The Committee:</p> <ul style="list-style-type: none"> <li>• Noted the update report from the Black, Asian and Minority Ethnic Advisory Group.</li> <li>• Endorsed the recommendation to review and refresh the Terms of Reference and focus for the group moving forward.</li> </ul> <p><b>FOR APPROVAL</b></p>	
<p>PODCC (24)39</p>	<p><b>Contractual and Legislative Changes: Immigration and Sponsorship UK Policy Changes</b> Heather Hinkin introduced a report providing an evaluation of the immigration changes announced by the Government on 4 December 2023 and the potential impact these changes could have on the Health Board, its future international recruitment strategy and its staff, where they are recruited on a Health and Care Visa or Skilled Worker Visa.</p> <p>The report outlined that the change was limited in application and does not apply to roles in the health board, it will therefore have a negligible impact on the Health Board.</p> <p>It was highlighted that all Health Care and Visa holders would continue to be exempt from paying the Immigrational Health Surcharge (IHS) or from needing to get an IHS reference number as part of their immigration application. This would therefore continue to be a benefit as the Health Board can promote within its International Recruitment Strategy.</p> <p><b>Decision:</b> The Committee noted the content of the report.</p>	
<p>PODCC (24)40</p>	<p><b>Policies for Approval</b> Ms Heather Hinkin introduced the policies for approval by the Committee.</p>	

	<p><b>Decision:</b> The Committee:</p> <ul style="list-style-type: none"> <li>• Took assurance that the documents outlined in the report have been reviewed in line with Policy 190.</li> <li>• Approved the following policies for publication: <ul style="list-style-type: none"> <li>o 511 – Carers</li> <li>o 1085 – Leave and Pay for New and Existing Parents</li> </ul> </li> </ul> <p><b>Outcome of the Advisory Appointments Committee (AAC)</b> Ms Michelle James introduced the outcome of the Advisory Appointments Committee (AAC) meeting held between 23 January 2024 and 15 March 2024.</p> <p>The Committee questioned the appointment of a Consultant in Trauma and Orthopaedics with an interest in foot and ankle surgery, with a delayed start date of February 2026, and felt unable to approve the appointment without further information on the reasoning for this. As this involved personal information on the applicant, this would be discussed outside of the meeting and submitted to the next Committee meeting for approval.</p> <p>Mrs Raynsford was concerned that AAC interviews continued to be conducted online. Mrs Gostling responded that she has discussed this with the Head of Recruitment and they would now all be face to face but would raise it again.</p> <p><b>Decision:</b> The Committee approved the appointments below on behalf of the Board:</p> <ul style="list-style-type: none"> <li>• Dr Qumrun Nahar appointed Consultant in General Paediatrics and Neonates.</li> <li>• Ms Joy Creaser-Thomas appointed Consultant in Respiratory Medicine</li> </ul>	
<p>PODCC (24)41</p>	<p><b>Outcome of the Advisory Appointments Committee (AAC)</b> Ms Michelle James introduced the outcome of the Advisory Appointments Committee (AAC) meeting held between 23 January 2024 and 15 March 2024.</p> <p>The Committee questioned the appointment of a Consultant in Trauma and Orthopaedics with an interest in foot and ankle surgery, with a delayed start date of February 2026, and felt unable to approve the appointment without further information on the reasoning for this. As this involved personal information on the applicant, this would be discussed outside of the meeting and submitted to the next Committee meeting for approval.</p> <p>Mrs Raynsford was concerned that AAC interviews continued to be conducted online. Mrs Gostling responded that she has discussed this with the Head of Recruitment and they would now all be face to face but would raise it again.</p> <p><b>Decision:</b> The Committee approved the appointments below on behalf of the Board:</p> <ul style="list-style-type: none"> <li>• Dr Qumrun Nahar appointed Consultant in General Paediatrics and Neonates.</li> <li>• Ms Joy Creaser-Thomas appointed Consultant in Respiratory Medicine</li> </ul>	
<p>PODCC (24)42</p>	<p><b>FOR INFORMATION</b></p> <p>The ‘More than just words annual report’ and ‘Welsh language confidence building scheme report’ were noted by the Committee.</p>	
<p>PODCC (24)43</p>	<p><b>MATTERS AND RISKS FOR ESCALATION TO BOARD</b></p> <p>There were no matters for escalation to the Board.</p>	
<p>PODCC (24)44</p>	<p><b>ANY OTHER BUSINESS</b></p> <p>Mr Severs noted the Leave and Pay for New and Existing Parents policy, and queried whether there was a risk assessment in place for pregnant staff.</p> <p>Ms Hinkin responded that there was, however this sits under the remit of Health and Safety rather than Workforce.</p>	
<p>PODCC (24)45</p>	<p><b>DATES OF THE NEXT MEETINGS</b></p> <p>9.30am-12.30pm Thursday, 13 June 2024 followed by an In-Committee Meeting at 12.30pm-1.00pm.</p>	

	Tuesday, 20 August 2024 Thursday, 17 October 2024 Monday, 16 December 2024 Tuesday, 18 February 2025	
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