

**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, Tuesday 20 August 2024**
Venue: **Ystwyth Boardroom / Microsoft Teams Meeting**

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)
Mr James Severs, Executive Director of Allied Health Professions and Health Science
Ms Alwena Hughes-Moakes, Communications and Engagement Director
Mrs Jo Wilson, Director of Corporate Governance/Board Secretary
Dr Leighton Phillips, Director Research, Innovation and Value
Mrs Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience
Mrs Amanda Glanville, Assistant Director of People Development
Ms Carly Hill, Assistant Director - Medical Directorate
Mrs Anna Bird, Assistant Director – Strategic Partnerships, Diversity and Inclusion
Ms Christine Davies, Assistant Director of Organisation Development
Ms Heather Hinkin, Head of Workforce
Ms Tracy Walmsley, Head of Strategic Workforce Planning & Transformation
Mr Robert Blake, Head of Culture and Workforce Experience
Mrs Sam Hussell, Head of Emergency Preparedness, Resilience & Response
Mr Daniel Owen, Senior Workforce Manager
Ms Claire Evans, Committee Services Officer (Secretariat)

**Minutes Item
Ref.**

Action

GOVERNANCE

PODCC Introductions and Apologies for Absence
(24)69

The Chair welcomed everyone to the meeting.

Apologies for absence were received from:

Dr Ardiana Gjini, Executive Director of Public Health
Mr Anthony Dean, Chair of the Partnership Forum
Mr Mark Henwood, Interim Medical Director

PODCC Declarations of Interest
(24)70

The Chair declared her work for Swansea University.
Professor John Gammon declared that he is a member of Health Education and Improvement Wales (HEIW) and also works for Swansea University.
Ms Ann Murphy declared her work as a trade union representative.

PODCC Minutes and Matters Arising from the meeting held on 13 June 2024
(24)71

The minutes of the People, Organisational Development and Culture Committee (PODCC) meeting held on 13 June 2024 were approved as an accurate record of proceedings.

PODCC Table of Actions from the meeting held on 13 June 2024
(24)72

It was noted that a report relating to ongoing action PODCC (24)29 would be provided at the October or December PODCC meeting (timing will depend on the outcome of discussion at the Board Seminar meeting).

PODCC Corporate Risks Assigned to PODCC
(24)73

Mrs Lisa Gostling introduced an update on corporate risks assigned to PODCC.

Mrs Gostling informed the Committee that discussions have taken place within the Executive Team regarding how Risk 1649 (risk of insufficient workforce) is presented. It has been agreed to focus the risk on whether there are particular staffing groups or locations to focus efforts on within the coming year, such as the medical position rather than nursing. The risk will then be re-written within that context.

Professor John Gammon highlighted that in relation to risk 1649 and insufficient workforce, it is important to consider that the nature of how the Health Board recruits is changing. He added that a key factor that the Board has established a multifaceted approach to how the Health Board recruits individuals, such as into the organised apprenticeship groups and so forth. He believed that a stronger narrative could be included in terms of mitigation, such as changes in demography.

Mrs Gostling clarified that the focus is not on a recruitment plan instead the actions required, for example, the proposition on medical and how to support a CESR (Certificate of Eligibility for Specialist Registration) pathway and SAS doctors. In addition, recruitment, whether it be within the UK or internationally. A whole rounded approach will be required to how to Risk score on those staff groups.

Mrs Delyth Raynsford highlighted that the report outlined an increase to the risk score from 16 to 20 was being considered, and questioned whether 16 was the appropriate level of risk. Mrs Raynsford also queried whether or not the current financial position is impacting on recruitment and individuals wanting to join an organisation in a challenging financial situation. She added that during her hospital site visits staff routinely share personal views about the future.

Mrs Gostling responded there were no risks with recruitment of administration and clerical, facilities or nursing staff, however this is a risk for all staff including medical and radiology staff. She highlighted that these staffing areas are all combined into one risk, and recommended breaking these down within the risk. Mrs Gostling would ensure for future updates that the report explains the rationale for ruling out some staff groups or locations and why there is focus on others. The risk score will then be reviewed.

In response to the Chair's query on whether this information was being shared with HEIW, Mrs Gostling explained that the Health Board has been supplementing the traditional attraction rate through HEIW. Consideration is being given onto whether changes need to be made to the apprenticeships scheme, grow our own, or overseas recruitment next year. There will be changes within the next year because the volume of recruitment is no longer required.

Ms Tracy Walmsley commented that different scenarios were needed to be considered for the future, linked to targeted intervention or clinical services plans to align to HEIW plans. Although the Health Board currently has the lowest vacancy levels its ever had, consideration is needed on what are we reaching for the future. That alignment is critical as we move forward.

Ms Anna Lewis raised a query regarding risk 1821 (risk to staff welfare). She noted that the report reads as though the Health Board is still pursuing various lines of inquiry to really understand the current position with staff wellbeing, and queried whether that was a fair comment, and if it was, whether a caveat was required around the risk rating as it currently is and that it is as good as we can get it at the moment, but it might change as we drill further down into the data. In response, Mrs Gostling advised that reports on staff surveys and workforce metrics later on the agenda would indicate movement in the wrong direction, with an increase in stress related absences. In addition, commenting that actions would be required to prevent this increase and to reduce that figure.

Professor Gammon commented that in terms of mitigation of risks, he believed that Board has been very proactive. He also highlighted two wellbeing reports commissioned by the Health Board with Swansea University, both with action plans in place. Professor Gammon thought that there was a wealth of information in place to inform the Health Board on this matter.

Mrs Gostling informed the Committee that a shifting position was emerging, with an increase in complaints from administration and clerical staff because vacancies are being turned down and therefore staff are having to

undertake the work of two or three people. She highlighted that there were now factors which are impacting on decisions previously made on how to support wellbeing.

Ms Lewis agreed, commenting that a set of solutions and actions have been designed based on data which is now shifting. Therefore the question would be whether there is a need to rethink the design of current solutions.

Mrs Christine Davies highlighted that the shift in position did not only include staff feeling more pressurised and uncertain, but also managers with limited resources in terms of personal capacity and energy that are being distracted elsewhere, given the escalation status, and away from the wellbeing agenda. She recommended reviewing the current position and determining appropriate and realistic actions to take this agenda forward.

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

PODCC **Monitoring of Welsh Health Circulars** (24)74

Mrs Gostling introduced an update on progress in relation to the implementation of Welsh Health Circulars (WHC).

A number of WHCs have been completed since the last update to PODCC.

WHC017-24 Implementation of the Non-pay Elements of the 2022-24 Collective Agreement was issued in March 2024 and is due to be implemented in full by 31 January 2025. An update report on its position was submitted to Committee. An action plan was submitted in July 2024 with the support of the Staff Partnership Forum.

WHC031-24 Agency Workforce Reduction Programme and Control Framework 2024-25 was issued in June 2024 and is due to be implemented in full by March 2025. The agency workforce reduction programme is still awaiting the next data collection templates.

The WHC (2024) 017 included an overview of workstreams co-delivered with Staff Partnership Forum Members. Due to this, Ms Ann Murphy presented an update from the Staff Partnership Forum meeting, on behalf of Chair Anthony Dean at this point during the meeting.

Members of the Staff Partnership Forum have attended the following:

- Clinical Service Plans
- A Healthier Mid and West Wales communication engagement works stream Evolving Management Performance
- Charitable Funds Committee
- Health and Safety Committee
- Trade Union health and safety groups.

The non pay element of the 2022-2024 pay deal which have subsections in the partnership forum are assisting in the delivery of workforce training as part of the new management training programme. In addition, Heather Hinkin and Anthony Dean will be presenting at the Welsh Government Social Partnership Conference in Swansea in September.

Decision:

The Committee:

- TOOK ASSURANCE on the management of WHCs, 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.
- NOTED the final version of the Non-Pay Assurance report which was submitted to Welsh Government on 31 July 2024 in line with the requirements of Welsh Health Circular (2024) 017.
- NOTED updates provided on the collaborative workstream activity on other areas of the non-pay deal.

PODCC PODCC Terms of Reference
(24)75

Mrs Jo Wilson introduced an updated terms of reference for the Committee.

The Committee terms of reference (TOR) have been amended to include changes to job titles and also to include elements of Targeted Intervention which have been aligned to PODCC.

Professor Gammon suggested whether regional and joint collaboration should be considered under the 'responsibilities' section of the TOR, as there may be opportunities with other committees.

Mrs Wilson responded that it was not appropriate to include joint collaboration at the moment as the Health Board is in the process of establishing a new Joint Committee with Swansea Bay University Health Board. She added that once that has established, PODCC can consider again whether to amend the TOR.

Professor Gammon also queried Section 2 of Appendix 1 and asked for clarification to be included on the relationship between the leadership and development element of activity to PODCC and/or the Strategic People Planning and Education Group (SPPEG).

Mrs Gostling responded that some areas would be delegated to SPPEG to provide assurance and progress updates, while other areas such as the equality plan would be submitted directly to PODCC. Mrs Gosling and her team would work through each point listed within Targeted Intervention and assign to either SPPEG or PODCC.

Mrs Wilson reminded Members that the Committee has the delegated authority of the Board, therefore areas delegated to SPPEG would also need to be brought to PODCC for assurance.

Mrs Sharon Daniel highlighted that the acronym "BAME" (Black, Asian and

Minority Ethnic) was being removed from reports and questioned whether PODCC should apply this to the TOR.

The Chair added that there was a general concern on this acronym and suggested other names could be considered.

Mrs Anna Bird responded that feedback has been received from the BAME Network on this and it had been agreed to change its name.

Mr James Severs highlighted the first section of Appendix 1 which references a review of key medical and nursing gaps, and queried whether it could be more inclusive and if there was a reason for focussing only on medical and nursing.

Mrs Wilson explained that it is the Targeted Intervention criteria which has been lifted and mapped to PODCC.

Mrs Gostling added that she did not feel this should be amended as it is the wording directly from Targeted Intervention outlining the areas of concern.

The Committee took on board Mr Severs' comment but agreed to retain the original wording as it had been taken from the Targeted Intervention document.

Decision: The Committee APPROVED the People, Organisational Development and Culture Committee's Terms of Reference for onward ratification by the Board on 26 September 2024.

PODCC Targeted Intervention Progress Report (24)76

Mrs Gostling introduced the report on Targeted Intervention (TI).

Mrs Gostling queried the governance process whereby Targeted Intervention Programme Director Shaun Ayers collates information from PODCC, then drafts a report which is submitted back to PODCC. She advised that future papers could make it clear that if there is a reference to TI, the report could include supporting information on how the Health Board is meeting the needs of that and it can then be fed into the TI Group.

Mrs Wilson stated that the reporting process had been discussed at the Audit and Risk Assurance Committee as it was felt it was very process based and not sufficiently outcome focussed. Mrs Wilson requested that Mr Ayers review how reports to committees could be unified, in order to ensure a consistent approach to all Board committees.

Ms Lewis questioned the pre and post TI actions and asked how the information listed in the report differs to what was being done previously. For example, enquiring to changes as a result of the feedback received from Welsh Government (WG) and whether the Health Board needs to do more.

In relation to the cultural progress report Ms Murphy queried whether the management/Executive Team will be involved in the staff survey in October 2024.

Mrs Gostling responded that WG highlighted the workforce and leadership domain is linked to the Health Board not overspending and there would not be fragile services. If this was improved, it would bring a shift in the financial position and the strategic position. It should be noted that the approach to the staff survey will be different this year because it is one of the key indicators to de-escalate. The management development programme will change with a focus on how to effectively manage disputes, sickness and absences. The leadership development programme will be focus on all staff Band 8c and above joining the Health Board or part of organisational change.

Cllr Evans noted the TI criteria in Alert status, assigned to PODCC and asked Mrs Gostling to identify any key areas within that to highlight to the Committee.

Mrs Gostling responded that the staff survey and general workforce metrics were on the agenda for discussion during the meeting. She highlighted that sickness absence rates were increasing rather than decreasing. A programme is in place on job planning with a systematic review of job plans expected throughout the organisation. Deadlines have been set for those by the Medical Director. Leadership development programmes have been discussed in previous meetings, and it was now a case of learning from each of the cohorts. The programmes and learning sets are adapted and amended as learning is gained from the experiences of others.

Professor Gammon noted the number of leadership programmes in place and queried whether there was a holistic and multidisciplinary approach being considered.

Mrs Davies reminded Members that the LEAP (Leading Excellence through Awesome People) leadership programme has only been in place for 12 months, and it takes 9 months for each cohort to work through the programme. It is multidisciplinary as it has managers, nurses, allied health professions, however it does not include medics. The Workforce team are reviewing how to develop an interprofessional approach to leadership programmes. Mrs Davies highlighted that several consultants have joined the Health Board in last 12 months, therefore they have attended their own consultant programme. She added that LEAP continues to be a work in progress.

Mrs Davies added that the way in which the Health Board appoints posts is changing (in particular in relation to senior posts). New staff are given a personalised development plan to help them flourish in their role, in addition to enrolment into a particular development programme.

Ms Amanda Glanville informed the Committee that management programmes remain in the pilot stage, however consideration is being given into ensuring they are multiprofessional, and also to include administration and clerical staff. The aim is to create a very diverse group.

The Chair commented that it was still unclear what the post TI changes were, and asked why is the Health Board not in a better position if it is undertaking all of these changes. She also asked if evaluation was taking place during this process.

Mrs Gostling responded that the work may not result in changes to TI, however, they will make a difference to the workforce. There will be a change as all new leaders appointed into posts will go through a management training programme, which has never happened before. Trade union representatives have been engaged with to help understand how better to engage with staff and encourage them to speak up about their experience of working for the Health Board. Other changes include fewer agency staff used, less variable pay, better workforce plans, an increase in the number of leaders who have been through training programmes and the number of leader redevelopment plans, a reduction in some of the employee relations issues that are linked with poor process management by managers because they will have been through a manager skills programme.

Ms Lewis commented that the Committee should recognise that there is plenty of evidence from other organisations that to measure the leadership capability of organisation by its bottom line is extremely risky. She highlighted that in itself a bottom line position does not tell us anything about the quality of what the Health Board does or the quality of the leadership it has. Understanding what work is being undertaken, what managers and leaders are being equipped to do is perhaps something that this Committee might return to at some future point.

Mrs Lewis noted that the report outlined “succession planning is also a high priority, particularly in ensuring that the Health Board maintains a full and substantive Executive Director Team” and queried whether the Committee can ask what the plan is for the Health Board Executive Team, given the number of interim appointments currently in place.

Mrs Wilson responded that there is a process being developed with the Chair in terms of the substantive Chief Executive role, which is due for approval at the Remuneration and Terms of Service Committee (RTSC) Numeration Committee. Once this has been agreed it can be shared with Committee. **Mrs Wilson would be able to provide an update on this at the next meeting.**

JW

Mrs Gostling clarified that local surveys referred to in the TI report appendix relates to surveying individuals attending those programmes in terms of what they have learned from it and what are the areas which need to be change.

Ms Lewis referred to page 5 of the report and queried whether ‘external surveys’ meant that the Health Board was surveying external partners in the public, and that those survey responses which show increased confidence in the Health Board's leadership. She believed that the report suggests that there seems to be a judgement from the public and from external partners, in which case she would be interested to view the data on that.

The Chair also sought clarification whether the report meant internal surveys or local surveys. **Mrs Gostling would clarify this with Mr Ayers.** **LG**

Mrs Gostling suggested tracking the number of people that go through these new programmes and are appointable compared to external candidates, which could demonstrate a quality of the leadership compared to external benchmark people; and also people who leave the organisation and move on to different roles and promotional opportunities, which would demonstrate that perhaps there was a contribution towards a future development as well.

Mrs Daniel added that progress should be seen by this time next year.

Decision: The Committee:

- TOOK ASSURANCE on the report with the caveat that this is work ongoing and will need re-evaluation.
- TOOK ASSURANCE that the Nurse Stabilisation Programme and retention initiatives are aligned with the workforce sustainability criteria relevant to PODCC, developing resilience and reducing fragility through sustainable recruitment and reduced reliance on agency staff.
- TOOK ASSURANCE that the Medical Variable Pay Programme is aligned with criteria under the remit of PODCC, contributing to workforce resilience by stabilising medical staffing and reducing high-cost locum usage.
- TOOK ASSURANCE that leadership development and succession planning are aligned with the leadership capability criteria relevant to PODCC, strengthening leadership resilience and reducing organisational fragility.
- NOTED that the staff engagement and cultural development initiatives are aligned with the cultural improvement criteria pertinent to the PODCC, promoting resilience through enhanced staff satisfaction and engagement.

PEOPLE

PODCC Staff Story: Promoting Our Own (24)77

Denise Fitzsimmons (Organisational Development Practitioner) and Soniya Jose (Staff Nurse) joined the meeting.

Staff Nurse Soniya Jose joined the Health Board as part of a cohort of overseas nurses and currently works in Glangwili Hospital Emergency Department. She has recently been promoted to Band 6 position and shared her recruitment experience with the Committee.

Ms Jose informed the Committee that she had received great support from her managers since joining the Health Board through to support when applying for her B6 post. Ms Jose is currently studying an ILM (Institute of Leadership & Management) accreditation in leadership and management.

Mrs Daniel commented that there will be a new cohort of nurses joining the Health Board in Bronglais Hospital in November 2024, therefore it would be

useful to speak further with Ms Jose to learn any lessons regarding good management practice.

In response to a question from the Chair regarding how the ILM course is currently aiding Ms Jose in her job, Ms Jose responded that it helps how she can manage the department. The department is currently experiencing staff reductions and added pressures. The course helps her to manage this and understand how to escalate to senior management.

Mrs Raynsford asked if there was anything Ms Jose found challenging about moving to West Wales, and was there any support she thinks should be given to anyone considering moving to the area.

In response Ms Jose advised that she moved to the area following positive comments about Wales. From her experience, believing that the culture in Wales is lovely and that managers have helped her at every step, from assistance in finding housing to getting to know the area.

Mrs Gostling gave recognition to Grow Your Own Programme Nurse Manager Allyson Thomas and her team for all the support provided.

Mrs Bird commented that she attended the national workforce Race Equality Standard meeting the previous day where they identified a blockage where staff struggled to move beyond Band 5. She invited Ms Jose to attend the Anti Racist Wales Implementation Group.

Ms Alwena Hughes-Moakes commented that the Annual General Meeting (AGM) on 26 September 2024 will highlight stories of the Health Board's overseas nurses and stated that she would be keen to work with Ms Jose to highlight her success.

PODCC Workforce Efficiency Update (24)78

Mr Daniel Owen presented the report on workforce efficiencies, and fed back on a number of key findings as outlined in the report.

Ms Murphy questioned whether consideration had been given to the fact that some international nurses only stay for the duration of their contract. Ms Murphy understood that staff move away to other areas afterwards and enquired whether utilising the universities and Grow Our Own, should be utilised better. She also highlighted that there is an anxiety amongst qualifying students that they would not find employment.

Mr Owen responded that the plans do take into account the continuous pipelines already in place such as Grow Our Own, apprentices and new registered nurses. He added that there was a challenge with WGH in the last phase where there was a significant amount of newly registered nurses that were interested in working there, and the Health Board were able to place them with moving into the next level. There is a significant pool of newly registered nurses emerging in September 2025. It will be included in the workforce plan to try and mitigate any impact while trying to minimise vacancies and reduce agency use.

Mrs Gostling informed the Committee that the RAG status after Phase 3 and placements of newly registered nurses will be mainly green by November 2024.

Cllr Evans queried whether the team were on course to improve the many amber areas of the BGH table by November 2024.

Mr Owen responded that he was expecting those areas to turn to green by September 2025, but were looking at how they can accelerate that, if possible.

The Chair highlighted that Bank staff figures have increased.

Mr Owen responded that there are reductions being made on the areas his team are currently focussing on, they will then seek to bring reductions in Bank staff.

Ms Heather Hinkin commented that there has been a significant drop in agency and Bank usage, but an increase in Hywel Dda University Health Board (HDdUHB) nurses wanting to join the Bank system, therefore this may result in an increase in the figures.

Mrs Gostling highlighted that only Cardiff and Vale University Health Board have fewer agency staff than HDdUHB. Agency nurses are joining the HDdUHB Bank as vacancies are available.

Mrs Daniel considered the communication strategy and how the Health Board communicates success. Positive messaging within the organisation would help to further stabilise the workforce. It is important to consider how the Health Board liaises with HEIW in terms of commissioning correctly.

Ms Lewis highlighted the risk that decisions made to reduce agency would cause the Health Board to fall short of staff, and asked what assurances were there that ward environments and clinical areas are safe.

Mrs Daniel responded that data is constantly reviewed to ensure rosters are sufficient. There are also quality indicators in place alongside those measures. She added that there is more capacity with Bank now. Also the enhanced patient support is reviewed to ensure that patients' needs are met in an effective and efficient way.

Ms Lewis queried whether there is confidence that decision makers on the ground do not feel under undue pressure to take any safety shortcuts in order to hit their agency targets.

Mrs Daniel replied that the escalation process is now in place in order that conversations will take place with the heads of nursing, Assistant Director of nursing operations and also with the corporate team. She is confident that sufficient measures are built in to be able to act quickly if any risks are seen emerging.

Mrs Gostling added that within nursing there is a rostering system which enables fill rates to be identified, however with medical workforce it is much

more difficult. The medical roster, which the Health Board are seeking to introduce, will be able to assist in the same way.

Mr Owen informed the Committee that his team holds monthly meetings with heads of nurses, deputy heads of nurses and senior nurse managers. They can also be contacted weekly. Any patient quality impacts will be reported directly.

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

PODCC **Employment Law Update**
(24)79

Ms Hinkin introduced a report on changes to employment law which was drafted in response to the new Labour Government's proposed Employment Bill (part of Labour's plans to Make Work Pay) outlined in the King's Speech. She highlighted that there are both opportunities and challenges with any new policies.

Ms Hinkin clarified that there may not be a change to Health Board policies, however, there may be an employee perception of change. Potential outcomes of the new Bill will need to be monitored closely.

Ms Lewis complemented the report and commented on its significance. She asked whether it was too soon to consider scenario planning or modelling for legislation changes.

Ms Hinkin responded that it had now been a month since the King's speech and some details were now beginning to emerge. She agreed that there would be no harm in looking at future proofing and considering future ramifications, for example if zero hours contracts were to end, what would be the implication for the Health Board Bank. As the government consultations begin and the Health Board contributes, further details will emerge and modelling can be undertaken at a more detailed level.

Ms Murphy noted the fair wage and transparency key element within the report and queried whether the implications for Band 2 and Band 3 staff, is being taken into consideration by the Staff Partnership Forum who are already looking at banding Bands 2 and 3.

Ms Hinkin explained that the transparency element was in relation to age limits and minimum/living wage, whereby there is a different rate for ages 18 and 19 up to 25. This is less of an issue for the Health Board which uses a banding system instead of age related. Health Board apprentices also have a set rate. The issue is relating to terms and conditions of former Band 1 and Band 2, as the living wage and minimum wage are eroding those bands, some members of staff are beginning to see those enhancement increases as unfair. Advice has been sought from WG regarding that levelling out process.

Mrs Davies clarified the link between the intent of the legislation and the culture work being undertaken by the Workforce Team, for example workforce flexibility and encouraging our managers to embrace that

properly. There are cultural challenges relating to unhealthy work practices and the right to disconnect. The call for compassionate leadership comes through in the new legislation.

Ms Hinkin added that the proposed new Bill includes plans to ban communication out of working hours. This raises the question of what are working hours for each individual as this varies. It will be interesting to monitor that.

In response to a question from the Chair, Mrs Gostling stated that these implications can be reviewed in relation to the risk register.

Decision: The Committee:

- NOTED this early assessment of the Employment Bill
- ACKNOWLEDGED the potential opportunities and challenges certain provisions of the Bill may afford the NHS in Wales and more specifically the Health Board, should it become statute.

CULTURE

PODCC Staff Survey Results Update (24)80

Mr Robert Blake introduced a report based on learnings from the 2023 staff survey and data analysis completed as part of the strategy for the 2024 staff survey which launches on 1 October 2024.

Staff engagement scores are on par with other health boards. Mr Blake noted the difficulty in analysing some data due to limitations of the dashboard provided by HEIW. Professor Gammon commented that the average staff survey response in Wales was 12%, however, in England it was 50%. He believed consideration was required in terms of the nature of the model, which he would feed back to HEIW, accepting that the English model has been adopted by the Health Board. He believed the hypothesis was accurate as a reason why the response rate was 12%, and felt there was an issue regarding survey fatigue. Professor Gammon noted that there are many other measures used to seek to understand the staff voice and to engage with staff. He did not feel that the tool was right and needed reconsideration. He commented that the balance between qualitative and quantitative was not right, and the measurement used to analyse the data was not user friendly. Therefore there were a number of issues to be rectified. However, Professor Gammon noted that there were significant messages taken from the small amount of data available.

Ms Lewis stated that she understood Professor Gammon's point of view however she did not wholly agree. She felt there was a need to be careful of a risk of being defensive of the staff survey results, and acknowledge that there may be a message to take from it. As an organisation in TI, there are also other pointers that there are issues. Focus should now be on whether the design of our interventions and the range of those interventions remain what will help the current workforce feel better about coming to work.

Mrs Gostling highlighted that 11% of survey respondents experienced inappropriate sexual behaviour, which is not acceptable. 25% of respondents also experienced bullying or harassment by their manager, and 26% by their colleagues which is not acceptable. She queried how was the Health Board tackling these issues, and added that messages need to be sent to staff outlining that the Health Board will support them, will do something about it and will not tolerate it. Work needs to be undertaken on this before the staff survey is launched in October 2024.

Mr Blake explained that the English survey model has been in place 20 years and in England they incentivise the survey, through a number of different schemes which helps in increase compliance.

In response to Mrs Gostling's comments, Mr Blake stated that Professor Gammon made an important point about the quantitative data. Unfortunately it was difficult to make sense of the data obtained, which should have provided a deeper, richer understanding of what those staff experience. Learning has been made on how to engage staff to complete the next survey. A number of communications are underway including the Speak Up agenda which launches in September 2024. A number of areas have been identified in the strategy relating to building compliance, and lessons learned have been taken onboard.

Mr Severs asked how the Health Board hears from its staff when they are not represented in operational groups; where does it drill down to capture those voices, and offering his support to be part of the solution.

Mr Blake explained that the Health Board hierarchy has changed as staff were finding it difficult to identify themselves. There is a need for Executive leads to encourage their staff to complete the survey. His team were unable to provide certain data from last year's survey due that hierarchy, however, it is aimed to improve that this year.

Mrs Davies highlighted that there is a challenge in terms of the Health Board's culture, and what it is tolerating. The question needs to be raised on what it is willing to tolerate, and what are the messages being sent out in terms of its performance management and systems for dealing with staff who behave against its values and policy frameworks. She added that in terms of the TI challenge, the issues are relating to performance management, and not just leadership development.

Ms Lewis felt that the staff survey action plan felt more like a Human Resources (HR) action plan, and queried what actions do the departmental leads require in order to take forward the plan.

Mrs Gostling suggested that the action plan should be in two layers, first setting out Workforce actions, and secondly to set out actions for department managers.

Decision: The Committee:

- NOTED the results of the survey, and
- TOOK ASSURANCE from the actions in place in conjunction with staff side representatives in raising compliance, **with the caveat of amending the action plan into 2 parts.** It is also noted the various WOD workstreams

that are in place to support the cultural progression of the organisation. The annual staff survey will provide an organisational overview to measure the work.

PODCC (24)81 LGBTQ+ Action Plan and Stonewall Assessment Update

Ms Bird presented the LGBTQ+ Action Plan to the Committee.

The report outlined the decision not to continue membership of the Stonewall Diversity Champion Programme, which costs £3k a year. Five other health board's across Wales have chosen not to renew.

Ms Lewis supported the decision adding that the credibility of the Stonewall organisation and the programme has diminished over recent years.

Mr Severs felt there was a responsibility for the Health Board to write to Stonewall and explain reasons for not renewing.

Mrs Bird responded that the team has communicated with and also met with Stonewall to explain their decision.

Decision: The Committee:

- NOTED the update provided on progress against the Health Board's LGBTQ+ local action plan
- NOTED the decision to not continue with membership of the Stonewall Diversity Champion Programme in 2024/25.

PLANNING

PODCC (24)82 PO Deep Dive: PO1 Workforce stabilisation: Workforce Education and Development Plan

Ms Glanville introduced a deep dive presentation into the Workforce Education and Development Plan linked to Workforce Stabilisation Planning Objective.

Ms Glanville highlighted that much of the work outlined was due in the third and fourth quarter of the year, therefore it does not reflect the wider work being undertaken in terms of data collection where the focus is on how data is recorded, which should enable the Health Board to benchmark both internally and externally. There is focus on capturing learning taking place across the Health Board, in particular in relation to the Continuous Professional Development (CPD) element of the pay deal as the Health Board is not currently recording all of the CPD which takes place.

It was noted work on the Interprofessional Education Plan, which will be presented to SPPEG in November 2024. The presentation also did not include the breadth of work linking into managing finances, effective roster management, performance dashboard and sickness, which links to TI.

In response to Ms Murphy's query on signposted 'alternative programmes' stated the first key action in the slides, Ms Glanville clarified that it would depend on the individual and where they are in their management training. It could involve the use of external providers.

Professor Gammon noted there were some very good outcomes attached to this planning objective, and highlighted the multi professional education plan which has tangible outcomes. He also noted that regionally there are benefits to the simulation element of learning.

Professor Gammon also believed it was important that the key actions outlined are monitored via SPPEG, querying whether all programmes have an evaluation at the end, and highlighted that learning is a means of giving a staff voice.

Ms Glanville responded that previously evaluation not been strong however a report submitted to SPPEG will set out how that will be achieved.

Ms Lewis agreed that there were many outcomes related to process, however, she could not clearly see what the impact measurements are.

Ms Glanville explained that her team have begun collecting case studies and reviewing data to measure impact. She noted that although this is evolving, the work is still continuing.

Ms Glanville informed the Committee that workstreams have been created to focus which include system learnings and communication and recording. This aims to improve record keeping.

Decision: The Committee NOTED the report.

PODCC (24)83 **Strategic Equality Plan (SEP) Annual Report, inc Workforce Equality & Pay Gap Reports**

Mr Eiddan Harries (Senior Diversity and Inclusion Officer) joined the meeting.

Mrs Bird introduced an annual report on the new Strategic Equality Plan (SEP) which was published in April 2024.

Mrs Bird reported that the annual report for 2023-24 aimed to be more accessible and to provide key messages to staff and the public. The report sets out four key objectives: leadership by all, working together, improving health and well-being for all, and being an employer of choice.

Ms Lewis acknowledged the significant work undertaken to produce the SEP. However there remained a number of standout issues of inequality such as the gender split for senior pay bands and no racially minoritised staff in most of the top pay bands. Therefore although there are positive initiatives in place, these fundamentals are not shifting, and there needs to be a point at which, as an organisation, the Health Board states is now a priority. These issues are raised each year but are not addressed.

Mrs Raynsford asked whether the SEP has been discussed at Regional Partnership Board level, and whether it is echoed in our Local Authority footprint.

Mrs Bird responded that it is a secondary requirement of all public bodies, therefore the Local Authority would also produce a plan. In the 12 months prior to refreshing the SEP the Diversity and Inclusion Team worked with a range of statutory colleagues across police, fire, probation and local authorities to undertake the public engagement, which then informed the refresh of the plan's objectives. The Health Board also sits on a regional and national group.

Mrs Gostling noted the intersectional analysis section of the plan and believed that this was a way forward, and that there was a great deal of information included, such as how the numbers of individuals changed from applicant to shortlisting. She also wondered, following the staff story, how many student nurses have been promoted to Band 6 level who had never been registered before.

Decision: The Committee:

- RECEIVED the SEP Annual Report 2023-2024 noting that this is a consolidated report bringing together all reporting requirements established under the Equality Act 2010 and AGREED its submission to Board for approval and publication.

- NOTED:

- The examples of work which has been undertaken to meet the Public Sector Equality Duties and SEP Objectives 2020-2024.
- The intersectional analysis and action plan which sets out the actions which will be taken in 2024-25; this will be a document for internal use only.

PODCC **KPI Monitoring for Tritech Institute** (24)84

Professor Chris Hopkins presented the TriTech update report.

The Key Performance Indicator (KPI) report has been updated following earlier comments by the Committee.

Professor Gammon commented that it was a very helpful report, providing an understanding around the performance of Tri Tech and the various areas of activity. He also felt that KPI 1, in relation to income generation of research grants, was impressive, and also the activity in relation to clinical trial.

Professor Gammon also stated that he believed more should be made of this success with the Communications Team in order to share good news. Secondly, querying whether there was the appropriate level of challenge among the KPIs.

Professor Hopkins agreed with the comment regarding communications and good new stories, and would liaise with the Communications and Engagement Director regarding this. In response to Professor Gammon's

challenge, Professor Hopkins stated that he had currently commissioned an external peer review, and would feed those comments into the review.

Decision: The Committee DISCUSSED and REVIEWED the current performance against the agreed KPIs.

PERFORMANCE

PODCC (24)85 Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR)

Ms Michelle James provided an update on the IPAR report.

Ms Lewis commented that clinical data was discussed at a recent Quality, Safety and Experience Committee meeting, which suggested that there were issues regarding resuscitation training in GGH. It was agreed to raise the issue of access to resource training to PODCC. This has been a long standing issue and there was concern that the Health Board statistics were low.

Mrs Daniel responded that currently the main focus is on the training needs analysis initially, to understand what training need there is, and the link to the risk register. This issue would be raised at SPPEG in November 2024. There is a need to understand what level of training is required, rather than a blanket approach.

Professor Gammon welcomed the new learning and development section of the metrics.

Mrs Gostling highlighted that HDdUHB is the only health board in Wales with green rating across the board for the timeline for recruitment. Also Wagestream is a new area added to metrics, and of the 3000 staff members who use the system, and following a survey of members 80% of those who responded feel less stressed and 22% reported sleeping better because they can access their own money when they need to.

In response to the Chair's query about support available for Wagestream users, Mrs Gostling confirmed that Ms James' team were available to provide support, and there are also tools within the system to support staff.

Decision: The Committee TOOK ASSURANCE regarding performance in key areas of the Workforce and OD agenda.

PODCC (24)86 HEIW Targeted Visit Report

Ms Carly Hill presented the Health Education and Improvement Wales (HEIW) Targeted Visit Report.

Since the last report to Committee, HEIW undertook three visits to the Health Board. Residual concerns by HEIW were noted. HEIW made 8

recommendations, 7 of which have been implemented. The National Training Survey for this year has improved from last year.

Ms Lewis asked if there was any learning which can be taken in order to pre-empt problems in future.

Ms Hill responded that Helen Thomas was undertaking work through the medical education and knowledge service team to strengthen the support available on site for trainees, support through our postgraduate teams, the linkages to training support and programme support for staff. The work underway is seeking to ensure early indication of some of the issues in order for the Health Board to step in and resolve them before there is a HEIW visit, or before a national training survey is published with this information.

Decision: The Committee:

- NOTED the outcome of the targeted visits and subsequent recommendations.
- TOOK ASSURANCE from the attached action plan which outlines the completed and planned work to address the identified areas for improvement.

SUB-COMMITTEE UPDATE REPORTS

PODCC BAME Advisory Group ToR (24)87

Mrs Bird introduced an updated Terms of Reference.

The Black, Asian and Minority Ethnic (BAME) Advisory group was established in response to the pandemic, however attendance has reduced more recently. Consideration has been given into whether the name of the group was creating some reluctance in wider staff members coming forward. It was therefore agreed to rename the group to the Hywel Dda Anti-Racist Wales Implementation Group which aligns with the organisation's local Anti-Racist Wales action plan and the Workforce Race Equality Standard action plan.

Ms Lewis agreed that the adoption of language is very important. However, she asked whether the name could be more Hywel Dda driven rather than nationally responding.

Mr Severs commented that the attendance list felt focussed heavily on doctors and nurses, and queried whether the diversity of the group could be improved.

Mrs Bird responded that the attendance list reflects the original attendance, however, her team are looking to attract different staff groups. She also highlighted that membership to the group involves staff's own time and some staff reported that they had experienced difficulty being released to attend meetings/activities.

Mrs Wilson advised the Committee that the governance of the group would need to be considered, as when the Advisory Group was set up there was an invitation for the Chair to attend Public Board. Therefore, going forward as a new group, agreement would be required on whether that offer remains. Mrs Wilson would be happy to discuss further with Mrs Bird outside of the Committee meeting.

Ms Murphy queried whether the group includes minority groups such as travellers. She felt the 'anti-racist' name might cause some staff members to feel that it is not for them.

Mrs Bird replied that it would include all minority groups. She would consider a different name. Consideration is being given into how to promote the group to all minorities.

Decision: The Committee:

- APPROVED the new Terms of Reference with the caveat of consideration of a different name.

PODCC **Research and Innovation Sub-Committee Update Report**
(24)88

Dr Leighton Phillips introduced the Research and Innovation Sub-Committee Update Report.

Decision: The Committee:

- RESPONDED to the items that they are being alerted to.
- NOTED the items the Committee is advising them of.
- TOOK ASSURANCE on the items that the Committee is bringing for assurance.

PODCC **Research and Development Framework Annual Update**
(24)89

Dr Leighton Phillips introduced the Research Development Framework.

The Framework was published 12 months ago. Since then a self-assessment and review with Health Care Research Wales (HCRW) have taken place. In response to feedback from HCRW, 8 key areas of feedback were identified and actions assigned.

Dr Phillips highlighted that it was currently unclear how the review would be undertaken this year, partly due to changes within HCRW (including the departure of the Director).

The Chair asked whether these actions would increase engagement.

Dr Phillips responded that he hoped they would. In the past there was a focus more on medics, however now there is an emphasis on how to better engage with all areas of the Health Board.

Dr Phillips added that in terms of commercial research, it has been difficult to take on trials due to the level of effort and risk. The Research and

Innovation Team has provided as much support as possible. It has been agreed to focus on four areas considered clinically strong.

Decision: The Committee TOOK ASSURANCE regarding the work being undertaken and current position relating to the ten pillars within the NHS Research and Development (R&D) Framework

PODCC **Strategic People Planning and Education Group (SPPEG) Update**
(24)90

Ms Glanville presented an update on SPPEG.

Mrs Glanville commented that further consideration would be given into how to utilise the new Group reporting system (3As report) to demonstrate how SPPEG is measuring impact, in order to provide assurance to the Committee. She would discuss this further with Professor Gammon and Lisa Gostling outside of the Committee meeting.

Decision: The Committee:

- NOTED the contents of the update report
- Provide formal APPROVAL of the HEIW Visit Report – Trauma and Orthopaedics (Glangwili) to be monitored by the Audit Committee enabling the monitoring of progress against the recommendations.

FOR APPROVAL

PODCC **Policies for Approval**
(24)91

Ms Hinkin introduced policies for approval by the Committee.

Decision: The Committee:

- TOOK ASSURANCE that the documents listed have been reviewed in line with Policy 190.
- APPROVED the following documents for publication: -
 - o 112 – Early Careers: Preceptorship and Beyond
 - o 995 – All Wales Respect and Resolution Policy
- NOTED the latest position on the All-Wales policy schedule

PODCC **FOR INFORMATION**
(24)92

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

PODCC **MATTERS AND RISKS FOR ESCALATION TO BOARD**
(24)93

There were no matters for escalation to the Board

PODCC **ANY OTHER BUSINESS**

(24)94

There was no other business.

PODCC **DATE OF NEXT MEETINGS:**

(24)95

1pm-4.30pm, Tuesday 29 October 2024

Monday, 16 December 2024

Tuesday, 18 February 2025