



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL**  
**APPROVED MINUTES OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE**  
**COMMITTEE (PODCC)**

<b>Date and Time of Meeting:</b>	9.30am, 10 October 2023
<b>Venue:</b>	Board Room, Ystwyth Building, Hafan Derwen, St David's Park, Carmarthen, SA31 3BB

<b>Present:</b>	<p>Mrs Chantal Patel, PODCC Chair/ Independent Member  Ms Anna Lewis, PODCC Vice-Chair/ Independent Member  Mrs Delyth Raynsford, Independent Member  Ms Ann Murphy, Independent Member  Mr Rhodri Evans, Independent Member  Ms Joanne Wilson, Director of Corporate Governance/Board Secretary</p>
<b>In Attendance:</b>	<p>Mrs Lisa Gostling, Director of Workforce &amp; Organisational Development (PODCC Executive Lead)  Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience  Dr Ardiana Gjini, Director of Public Health  Ms Alwena Hughes-Moakes, Communications and Engagement Director  Mrs Amanda Glanville, Assistant Director of People Development  Ms Carly Hill, Assistant Director - Medical Directorate  Professor John Gammon, Strategic Adviser, (Workforce, Education &amp; Training)  Mr Anthony Dean, Chair of the Partnership Forum  Ms Michelle James, Head of Resourcing and Utilisation  Ms Heather Hinkin, Head of Workforce  Ms Tracy Walmsley, Head of Strategic Workforce Planning &amp; Transformation  Mrs Anna Bird, Assistant Director of Strategic Partnerships, Diversity and Inclusion  Ms Enfys Williams, Welsh Language Services Manager  Ms Claire Evans, Committee Services Officer (Secretariat)</p> <p><b>Items (23)121, (23)122, (23)123</b>  Sally Hore, Head of Research &amp; Development</p>

<b>Agenda Item</b>		<b>Action</b>
<b>PODCC (23)107</b>	<p><b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b></p> <p>Chair, Mrs Chantal Patel welcomed everyone to the meeting.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Professor Philip Kloer, Medical Director/Deputy Chief Executive.</li> <li>• Ms Christine Davies, Assistant Director of Organisational Development.</li> </ul> <p>It was noted that Mrs Judith Hardisty, Health Board Vice-Chair and Independent Member had stood down from the People, Organisational Development and Culture Committee.</p>	

<b>PODCC (23)108</b>	<b>DECLARATIONS OF INTEREST</b> The following declarations of interest were received: <ul style="list-style-type: none"> <li>• Agenda item 1.6: Corporate Risks (Risk 166: Industrial Action): Ms Ann Murphy declared her work as trade union representative.</li> <li>• Agenda item 2.4: GP Registrar Retention: Professor John Gammon declared his work as Board member on Health Education and Improvement Wales (HEIW) may conflict with some elements of the report regarding commissioning.</li> <li>• Agenda item 6.3: University Partnerships: The Chair declared her work with Swansea University.</li> </ul>	
<b>PODCC (23)109</b>	<b>MINUTES AND MATTERS ARISING FROM THE PREVIOUS MEETING HELD ON 11 SEPTEMBER 2023</b> The minutes of the People, Organisational Development and Culture Committee (PODCC) meeting held on 11 September 2023 was <b>APPROVED</b> as an accurate record of proceedings.  There were no matters arising.	
<b>PODCC (23)110</b>	<b>TABLE OF ACTIONS FROM THE PREVIOUS MEETING HELD ON 11 SEPTEMBER 2023</b> The Chair requested an update on the outstanding actions from the PODCC meeting held on 11 September 2023. All actions were complete.	
<b>PODCC (23)111</b>	<b>SUB-COMMITTEE TERMS OF REFERENCE: STRATEGIC PEOPLE PLANNING AND EDUCATION GROUP</b> Mrs Amanda Glanville introduced a revised Terms of Reference for the Strategic People Planning and Education Group (SPPEG).  The initial draft of the Terms of Reference (ToR) was approved by the People, Organisational Development and Culture Committee in October 2022. The revised version includes some minor amendments.  The ToR covers the breath of education including medical education and also what was previously known as the Eagle Planning Group, which is now the Clinical Education Governance Group, and the Future Workforce School Engagement Group.  The first meeting of the SPPEG will take place on 31 October 2023.  The Chair asked for confirmation that once the SPPEG meet, there will be a detailed plan produced on how the Group will deliver on the various aspects of the Terms of Reference. Mrs Glanville responded that some papers submitted to the Committee are linked to some of the work taking place within the SPPEG. There is also the interprofessional education strategy and a commissioning plan which will come to the first meeting.	

	<p>Mrs Mandy Rayani asked how pre-registration education fits within SPPEG.</p> <p>Mrs Glanville explained that she met with the Deputy Director of Nursing, Quality &amp; Patient Experience last week to discuss how all of the nursing and the Allied Healthcare Professionals work is going to lead into the overarching SPPEG and it's going to be through the Clinical Education Forum, which is one of the sub-groups.</p> <p>Mrs Rayani commented that she has been unhappy with a draft report from the Royal College of Nursing (RCN) which has not recognised the tremendous work that has taken place with the Health Board such as 'grow your own' and the apprenticeship academy. She suggested that discussions should be fed through to Committee then to Board. RCN seem to focus on obtaining information from the Board, and therefore may miss updates on good work being undertaken within the Health Board.</p> <p>Mrs Rayani asked that key achievements are fed through to the Board.</p> <p>Professor John Gammon shared his view that although existing structures are in place to support education, he believed there was a need to focus long term on how the Committee structure evolves. He suggested co-ordinating the education provision and Continuing Professional Development for staff. Professor Gammon highlighted the need to explore what further added value can be gained from greater collaboration.</p> <p>The Chair noted the number of sub-groups within the structure and recommended reviewing the structure to ensure that the right groups are reporting to SPPEG, in order to ensure a holistic approach in relation to the organisation.</p>	
	<p>The People, Organisational Development and Culture Committee <b>APPROVED</b> the revised Terms of Reference.</p>	

<b>PODCC (23)112</b>	<b>CORPORATE RISKS ASSIGNED TO PEOPLE, ORGANISATIONAL DEVELOPMENT &amp; CULTURE COMMITTEE (PODCC): INCLUDING DEEP DIVE: EVALUATION OF WORKFORCE RISKS</b>	
	<p>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 corporate risk report outlines a large number of risks on the risk register which impact on workforce.</p> <p>The Workforce Team have undertaken a significant amount of work to review the risks and produce an overview of whether the risks are at the correct score.</p> <p>Professor Gammon anticipated that the role of SPPEG will have an impact on risk reduction.</p> <p>Ms Anna Lewis queried Risk 1649 - Risk of insufficiently skilled workforce to deliver services in Annual Plan 23/24 due to limited labour market, and whether it is accurate to say this is a 'likely risk,' with a risk</p>	

score of 4, given a number of patient pathways have had to be changed recently due to staff shortages.

Mrs Lisa Gostling stated that the Executive Team has discussed the risk score, and risks relating to agency and locum workers providing good quality care. The score was agreed on the basis that there are workers currently in place. However, the risk score would be revisited.

Mrs Delyth Raynsford queried the risk score given the current financial situation, and queried whether the risk would become greater with the reduction of agency staff.

Mrs Gostling clarified that currently there has been no reduction of agency staff. Agency staff in post have not been removed, there has only been a reduction in using off framework agency staff. The Executive Team meeting on 11 October 2023 will discuss fragile services.

Ms Lewis asked whether the examples of reduced services are isolated, or if there are now enough examples to increase the risk score.

Ms Joanne Wilson explained that the risk score had been debated, however it was felt that although the score would be higher for specific areas (such as paediatrics or Withybush Hospital), which already have a higher score, the current score is a Board level/corporate risk, which have many directorate risks linked underneath it. The figures mapped in the report are looking at whether the risks are at the right level and how they can be mitigated as an organisation to be as open and transparent as possible. There are two levels of risk – directorate and corporate risks.

Ms Tracy Walmsley stated that there are many other pieces of work taking place in terms of recovery plans, clinical services, and the broader strategy. Two pieces of work have been undertaken, one in August and one submitted to the current PODCC meeting, highlighting the shift in risks across the services which are increasing. A clearer picture will be known by the next PODCC meeting in December.

The Chair highlighted the different messages being seen such as reducing overseas recruitment, but also that there are risks to the workforce. It is difficult to understand the work being undertaken within the services to justify the current risk score. The Committee is seeing a fragile service but not seeing a coherent and cohesive approach.

Mrs Gostling agreed there is a large amount of information which makes it difficult to outline the work taking place. She suggested perhaps putting together a small group of individuals who want to go through all the detail, or alternatively the Committee dedicates the time to go through it all.

Mrs Rayani asked whether the Committee felt the Executive Team had undertaken due diligence in terms of setting the current risk score, or whether it is felt that the work has not been done to justify why the Executive Team agreed that score.

The Chair clarified that the Committee is being asked to seek assurance that all of the identified controls are in place and working effectively, which has been confirmed by Ms Walmsley. However, it is difficult to know if they are working effectively, because the Committee does not have that information.

The Committee is also asked to note all planned actions which will be implemented within the stated timescales, however, the Committee has not seen the timescales.

Ms Gostling stated that thought should be given into how actions within the report will be evidenced, and generally for all risk registers as Hywel Dda University Health Board (HDdUHB) has the lowest turn over in Wales, the second lowest sickness absence, and has recruited more nurses than is in the trajectory for the last year. Therefore, there is lots of evidence that the actions are impacting upon the workforce.

Professor Gammon felt the risk score was correct. He noted the need to accept that the current landscape is very fluid, and the Committee should take assurance that there is good responsiveness to the risks.

Ms Walmsley's team are in dialogue with several services. The Workforce Planning Team and the Workforce Leadership Team are in several critical spaces, which enables them to pick up on the intelligence, and to link in with recovery plans and services.

Ms Lewis commented that the key issue is how we reflect the cumulative impact of multiple individual services and directorates, if not on the corporate risk register.

The Chair highlighted that as the risk paper outlines risks that are themed, it should provide assurance that work is being undertaken to address those risks.

Ms Lewis stated that it would be helpful to be able to see the pattern in the detail. When do a set of isolated services start to show a pattern amongst them. There needs to be a coherence between the risks and the story telling the need for change.

Ms Wilson explained that the corporate risk is the Executive Team's (via the Executive Risk Group) view of the cumulative risks in relation to the current workforce challenges. The underpinning risks on the directorate risk registers feed into this. The work that Ms Walmsley is undertaking will help with this as it can be used when reassessing the corporate risk. There are some other corporate risks on the corporate risk register relating to workforce for example, sonography.

Ms Walmsley stated that there were many actions identified within the workforce evaluation and the risk was currently high. The evaluation looks at future skills and partnerships. This is challenging given Wales has the highest ageing population within the UK.

## **CORPORATE RISKS:**

	<p>The People, Organisational Development and Culture Committee <b>TOOK ASSURANCE</b> that:</p> <ul style="list-style-type: none"> <li>• All identified controls are in place and working effectively.</li> <li>• All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises.</li> <li>• Challenge where assurances are inadequate.</li> </ul> <p><b>EVALUATION OF WORKFORCE RISKS:</b> The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the work undertaken to date to understand all risks which have been recorded as linked to workforce.</li> <li>• <b>SUPPORTED</b> the on-going development which will give assurance that the corporate risk score is as accurate as possible, linked to knowledge of the risks being managed within all service areas.</li> </ul>	
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PODCC (23)113	<b>STAFF STORY: APPRENTICESHIPS IN HYWEL DDA UNIVERSITY HEALTH BOARD</b>	
	<p>Mrs Glanville shared a video with the Committee showing messages from several apprentices within the Health Board.</p> <p>Mrs Glanville highlighted that feedback from apprentices has been very positive and includes gratitude on being welcomed by the Health Board and their individual teams, support during the Covid period, support to study and support with any personal issues.</p> <p>Mrs Rayani highlighted the difference with resistance from nursing teams when the Health Board first made the decision to create apprenticeships, and the current position where nursing teams are very supportive and welcoming of apprenticeships.</p> <p>Mrs Raynsford has met several apprentices and noted the key importance that they are local people who have now gained employment and careers. The Health Board has given opportunities to local people. Mrs Raynsford also stated the importance of highlighting that the Health Board offers a variety of careers not only nursing (for example electricians).</p> <p>Mrs Gostling discussed recent 'walk about' visits to sites where she asked teams if they have an apprentice. Many did or were in the process of recruiting one.</p> <p>Professor Gammon stated that the Health Board has a responsibility to support apprentices as not all will have the academic abilities to complete the course. There is a need to ensure there are exit options at various stages of the apprenticeship programme.</p> <p>Mrs Glanville responded that those exit points are in place, although they have not been formally documented. Apprentices are also provided with flexibility to take a year out (such as for maternity or personal reasons) and re-join the programme at a later date).</p>	



	The People, Organisational Development and Culture Committee noted the Staff Story.	
PODCC (23)114	<b>EVALUATION OF MAKING A DIFFERENCE CUSTOMER CARE PROGRAMME</b>	
	<p>Mrs Glanville introduced a report on the evaluation of the 'Making a Difference' customer care programme.</p> <p>The programme is a previous planning objective to create a training programme to build excellent customer service for all staff in public and patient facing roles. The programme creates an opportunity to use the learning from the staff experience report to support the workforce, providing opportunities to rest, recover and recuperate, whilst being away from their working environment and providing an opportunity to socially connect.</p> <p>All training has now been moved to internal venues however this has had a negative impact on staff learning experience (for example staff returning to work immediately after the training). This information has been obtained through evaluation forms following courses and follow up communications with attendees.</p> <p>There has been a significant drop in intake of this and other training courses.</p> <p>Mrs Rayani highlighted that a 'deep dive' on communications will be submitted to the Quality, Safety and Experience Committee in December. Mrs Rayani also shared that she has visited Glangwili Hospital to promote the Making a Difference Programme and saw that the programme has made a great difference in areas where teams had identified challenges in communication.</p> <p>Ms Lewis asked whether there would be scope in the future to offer the training within teams rather than individuals requiring time away from their workplace.</p> <p>Mrs Glanville responded that bespoke training within a team has been undertaken on one occasion, which was positive as staff felt safe to have open conversations as part of the training.</p> <p>The Chair noted it had become difficult to release staff to attend training courses due to shortages.</p> <p>Mrs Gostling stated that feedback received from wards now showed that rotas were being improved, and staff were able to be released for training.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the progress to date in relation to the 'Making a Difference Programme'.</li> <li>• <b>SUPPORTED</b> the team to further work with the Head of Patient Experience to review areas where communication was sighted by patients as a problem and target attendance in those areas, along with key staff groups. It is proposed that a further evaluation is</li> </ul>	

	conducted during 2024 to measure the impact of these targeted interventions.	
PODCC (23)115	<b>TRAINING ACCOMMODATION UPDATE</b>	
	<p>Mrs Glanville introduced a report outlining the current position in relation to training accommodation, and the impact the current space has on the capacity to deliver training to meet the demand.</p> <p>Mrs Glanville reported that there was some stability on training accommodation within Carmarthenshire, and future plans are being put in place. However, Ceredigion and Pembrokeshire remain more difficult. Work will be undertaken with the Planning Team in order to bring the issue to the Planning Committee.</p> <p>Professor Gammon asked to what extent university partnerships are being utilised, which should be free to the Health Board. He also advised that Swansea University will have classrooms in the new Pentre Awel wellbeing village in Llanelli.</p> <p>Mrs Glanville responded that her team have linked in with universities. They were working with Swansea University, University of Wales Trinity Saint David, and Pentre Awel regarding accommodation plans in Carmarthenshire. Aberystwyth University had previously been unable to provide support, however discussions with them are now re-starting. Unfortunately, Pembrokeshire College were unable to provide support.</p> <p>Mrs Rayani highlighted that not all university accommodation was free, and she had recently had to cancel room bookings due to the cost.</p> <p>Ms Murphy raised concerns regarding the frequency of re-attending training such as Immediate Life Support (ILS), and also issues with access courses and the Electronic Staff Records (ESR) system and asked whether the ESR figures should be analysed to obtain proper data on who needs particular training.</p> <p>Mrs Rayani stated that with regards to ILS and mandatory manual handling training, the leads have been asked to undertake a training needs analysis and review whether in fact all staff need the training that has been identified, and at the frequency with which it has been identified. There is not sufficient capacity within the training teams as they currently stand, to be able to deliver the volume of training that ESR is stating is required.</p> <p>A language training analysis will be submitted to SPPEG which is very much aligned with the language training undertaken and providing data on which staff groups require training and how often.</p> <p>Mrs Rayani also highlighted issues with suitable accommodation for training such as manual handling, which has large pieces of equipment to be moved. There is a need to recognise the risk of injury from moving equipment when looking for future opportunities.</p>	
	The People, Organisational Development and Culture Committee:	



	<b>NOTED</b> the risks, current issues and progress being made in relation to training accommodation, as outlined in this report.	
<b>PODCC (23)116</b>	<b>GP REGISTRAR RETENTION REPORT</b>  <p>This item has been further deferred to the December People, Organisational Development and Culture Committee meeting as a representative was not available to present the item.</p> <p>The Committee noted it was vital that a representative attends the next meeting.</p>	
<b>PODCC (23)117</b>	<b>DELIVERY AGAINST PLANNING OBJECTIVES ALIGNED TO PODCC (PLANNING OBJECTIVES UPDATE)</b>  <p>The planning objectives (PO) report and plans on a page were presented to the Committee.</p> <p>In response to deteriorating financial conditions and mounting operational strains, the Executive Team has undertaken a meticulous evaluation of the 23 POs for 2023/24 set forth by HDdUHB.</p> <p>Work will now be commenced to understand the impact of slowing the delivery of the POs in terms of what, as a Health Board, we expect to deliver and when.</p> <p>Ms Lewis noted that recruitment is included within the POs, and asked whether the same focus is given to retention of staff. Mrs Gostling responded that retention is included under PO 2b: Continue to strive to be an employer of choice. She highlighted that there is also a newly formed group to focus on medical retention.</p> <p>Ms Wilson noted that more clarity was needed on the meaning of 'slow' and 'pause' following the review of POs.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>TOOK ASSURANCE</b> on the current position in regard to the progress of the POs aligned to the PODCC, in order to onwardly assure the Board where POs are progressing and are on target, and to raise any concerns where POs are identified as behind in their status and/or not achieving against their key deliverables.</li> </ul>	
<b>PODCC (23)118</b>	<b>DELIVERY AGAINST PLANNING OBJECTIVES ALIGNED TO PODCC (PLANNING OBJECTIVES UPDATE): 1B: CAREER PROGRESSION</b>  <p>Mrs Glanville introduced an initial scoping document on PO 1b: Career Progression, which will form a discussion within the SPPEG, which will lead to the creation of an action plan.</p> <p>Ms Lewis queried whether data was available outlining why people do not apply for vacancies within the Health Board, or why staff leave the Health Board, and whether career progression was a factor.</p>	

	<p>Ms Walmsley responded that it is believed, it is an issue, however this is not specifically asked at exit interviews. Further work is required on this. She added that the cost of not looking into this further, could have impact on future staff retention.</p> <p>Mrs Gostling noted that different teams are working on different reasons for staff leaving the Health Board, for example wanting a better work/life balance. This data has been extracted from ESR. Mrs Gostling would investigate triangulating the data.</p> <p>Mrs Rayani highlighted that some nursing staff had left the Health Board due to their need for growth not being met, however a number return to the Health Board.</p> <p>Mrs Glanville stated that equitable access to training research was higher in some areas, where staff report that they have opportunities to train and develop.</p> <p>Ms Walmsley noted that continuing development is a necessity for staff.</p> <p>It was reported with regard to equal access to training, a piece of research took place last year which showed that 60% of our workforce feel they have the opportunity to develop.</p> <p>Ms Lewis queried how much of an impact we might reasonably expect this to make. She also noted a potential link with equality, and particularly the gender pay gap.</p>	LG
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the progress to date in relation to the People Planning Objective (PPO) 1B (2) which sought to “Scope opportunities to support individuals to develop with career progression, or develop skills and gain experience to enhance role, which may include on and off the job training and flexible employment opportunities”.</li> <li>• <b>SUPPORTED</b> the Workforce and Organisational Development team to further work on the development of an action plan as highlighted in the report, which aligns to operational plans, workforce sustainability, mitigation of risk and implementation of the Interprofessional Education Strategy. This will be monitored through the SPPEG.</li> </ul>	
PODCC (23)119	<p><b>DELIVERY AGAINST PLANNING OBJECTIVES ALIGNED TO PODCC (PLANNING OBJECTIVES UPDATE): 8D WELSH LANGUAGE AND CULTURE</b></p> <p>Ms Alwena Hughes Moakes introduced an update on PO 8d: Welsh Language and Culture. The report provides an update on progress to date in achieving the aims and ambition of the planning objective.</p> <p>Ms Hughes Moakes highlighted that the establishment of a steering group has been delayed. Discussions were taking place on whether the group is still required.</p>	

	<p>Ms Wilson was conscious of another group being brought into the reporting structure. Ms Wilson and Ms Hughes Moakes will further discuss whether a steering group is required.</p> <p>Ms Enfys Williams added that the team are investigating what structures other Health Boards have in place and will feed that information into the meeting with Ms Wilson.</p> <p>Ms Lewis commented that she was unclear on the outcome measures. Ms Hughes Moakes responded that staff bilingual skills are being monitored. Currently 90% of staff had completed the bilingual assessment on ESR. However, it is very subjective regarding what level staff feel their skills are. The Welsh Language Team are aiming to build confidence to help staff move into higher levels of skills. This would be considered an outcome measure.</p> <p>Ms Hughes Moakes noted that complaints are received by the Health Board regarding services not being offered/delivered in Welsh. The team are also working to raise awareness with staff to feel confident to offer a bilingual service.</p> <p>Ms Lewis asked if capacity is being dedicated to looking at this issue, what issues are we having to deprioritise? What is the opportunity cost of looking at this?</p> <p>Ms Wilson highlighted that when comparing to other Health Boards HDdUHB has PODCC, a Board level Committee with accountability for Welsh language.</p>	JW/ AHM
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the progress made in delivering planning objective 8d – Welsh Language and Culture.</li> </ul>	

PODCC (23)120	<b>WORKFORCE PLANNING – ALL WALES WORKFORCE PLANS AND ALIGNMENT TO LOCAL APPROACHES</b>	
	<p>Ms Walmsley introduced a report on the approach being taken to undertake and align national, regional, and local workforce planning approaches and priorities.</p> <p>Professor Gammon enquired to what extent the national picture includes HDdUHB, in terms of national strategic workforce plans.</p> <p>Ms Walmsley responded that her team were seeking to connect the work of Health Education and Improvement Wales (HEIW) and the work within the Health Board areas.</p> <p>Professor Gammon asked how we could inform the national picture, which often focusses on urban areas and do not always consider specific sites across Wales.</p> <p>Mrs Rayani commented from a nursing and midwife point of view and stated that national responses on workforce is needed in rural areas.</p> <p>Professor Gammon would discuss with HEIW the need to include rural workforce requirements within its national overview.</p>	JG

	<p>Ms Lewis noted the need to do things that are useful and things that are adaptable and flexible, and questioned whether this is an opportunity to take stock of what innovations the Health Board has been able to pursue, in the workforce models.</p> <p>Ms Lewis highlighted the lack of development around innovation with regards to consultant nurses and consultant practitioners. There is an opportunity to think about innovation within new roles and new ways of working.</p> <p>Ms Walmsley responded that the Health Board does have a small number of nurse consultant roles and has aspirations within that area. There has also been success with Annex 21 schemes (there are currently 230 on the scheme). There is also currently a trainee psychologist programme in place.</p> <p>Mrs Gostling commented that there is the idea that the Health Board should have particular roles in place, even if that does not fit with the team ways of working. There needs to be more of a focus on what fits the needs of the Health Board.</p> <p>Dr Ardiana Gjini commented on public health work force which is a clear overlap with some of the planning of the workforce, such as public health nurses or services that are delivered, and health visitors and mental health teams. There has been a significant national change with the public health workforce from Public Health Wales to the local health boards.</p> <p>There is clearly a bit of hiatus and the understanding of the national leadership role in the workforce planning and development. Some initial discussions have taken place with Public Health Wales.</p> <p>Dr Gjini would be in a position within the next couple of months to feed back on the public health position. Ms Walmsley stated that she would be very keen to work with Dr Gjini on this.</p> <p>Mrs Gostling noted the refresh would need to clearly show outputs. We would need to be able to show an implementation plan if requested by Audit Wales.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>TOOK ASSURANCE</b> on the approach to workforce planning being adopted and the use of resources.</li> </ul>	
<b>PODCC (23)121</b>	<p><b>PERFORMANCE ASSURANCE AND WORKFORCE METRICS - INTEGRATED PERFORMANCE ASSURANCE REPORT (IPAR)</b></p> <p>Ms Michelle James introduced the Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR).</p> <p>The Chair enquired whether focus groups are used to collect data. Mrs Gostling responded that focus groups are used for the discovery reports, however the data used for IPAR is extracted from ESR. It was noted that there was an increase in the number of staff who completed the last staff survey.</p>	

	<p>Ms Wilson added that work on the Statistical Process Control (SPC) charts provides additional information.</p> <p>The Chair enquired what the Health Board was doing to support long term sickness absences. She also noted it is important to monitor the quality of staff appraisals.</p> <p>Ms Heather Hinkin responded that her team were undertaking case management and review meetings when staff have been on sickness absence for four weeks and analysing any patterns or trends. The team had also learned about disabilities and reasonable adjustments to enable staff to return to work. A sickness absence plan was being produced.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the content of the report as assurance of performance in key areas of the Workforce and OD agenda.</li> </ul>	
<b>PODCC (23)122</b>	<p><b>HEIW QUALITY ASSURANCE VISIT – REVALIDATION &amp; APPRAISAL</b></p> <p>Ms Carly Hill introduced a report on the Revalidation Quality Review and appraisal feedback surveys.</p> <p>The report details actions completed by the team.</p> <p>On 14 July 2023 HEIW returned to HDdUHB to carry out a Revalidation Quality Review, which will form part of a cycle of quality assurance visits across Health Boards and non-NHS Designated Bodies in Wales. During the visit it was commented how well the structural support was in place for the Responsible Officer and the training that has been provided to Service Delivery Managers.</p> <p>A recommendation from the review was to identify a new Independent Member (IM) to sit on the Responsible Officer Advisory Group. The possibility of a Lay Member was being considered if it was not possible to find an IM with capacity to undertake the role.</p> <p>Ms Wilson advised seeking a Lay Member rather than asking an IM to take on an additional role.</p> <p>Ms Ann Murphy highlighted delayed with obtaining 360 feedback from patients, and enquired whether letters of support from patients could be used.</p> <p>Dr Gjini clarified that the 360° feedback process was a specific system which requires a 50% response and must be done within the parameters of the process.</p> <p>Mrs Rayani commented that the system for nursing staff was completely different, with no consistent online system.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the outcome of the Revalidation Quality Review Visit and subsequent recommendations.</li> </ul>	

PODCC (23)123	RESEARCH AND DEVELOPMENT FRAMEWORK	
	<p>Mrs Sally Hore introduced the Research and Development Framework update report.</p> <p>The framework is designed as a self-service tool and was originally published by the Welsh Government in June 2023.</p> <p>Professor Gammon enquired if any concerns or weaknesses had been identified which would require further work.</p> <p>Mrs Hore responded that some areas were identified for improvement, including improving public engagement with research strategy, and strengthening how research and development features within appraisal processes.</p> <p>Mrs Hore highlighted that more meaningful public engagement would be sought ahead of the next Research and Innovation Strategy.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the publication of the Health and Care Research Wales Research and Development (R&amp;D) Framework and <b>approve</b> the content of the self-assessment framework, in advance of the Welsh Government meeting.</li> </ul>	

PODCC (23)124	RESEARCH AND INNOVATION SUB-COMMITTEE	
	<p>Mrs Hore introduced the Research and Innovation Sub-Committee update report.</p> <p>A number of items were highlighted for consideration by the PODCC:</p> <ul style="list-style-type: none"> <li>• Research and development activities in Withybush Hospital have been impacted due to the current Reinforced Autoclaved Aerated Concrete (RAAC) works.</li> <li>• Health Care Research Wales have cut funding by 4% which may potentially impact fixed-term posts during 2024/25.</li> <li>• The Human Tissue Authority (HTA) licence for Biobank has been revoked.</li> <li>• Research and Development, and TriTech and Innovation Divisions continue to explore the potential of relocating from Dura Park to the Pentre Awel scheme.</li> <li>• Final payment for the Nurokor project remains outstanding. R&amp;D Finance partners continue to work with the Debt Recovery Team to resolve.</li> <li>• TriTech Key Performance Indicator (KPI) Tracker is being reviewed and re-framed to ensure clarity around each KPI. This will be presented to Research and Innovation Sub-Committee in December 2023 and PODCC in February 2024.</li> </ul>	



	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> and <b>TOOK ASSURANCE</b> from the report.</li> </ul>	
PODCC (23)125	<b>UNIVERSITY PARTNERSHIPS UPDATE</b>	
	<p>Mrs Hore introduced the university partnerships update report.</p> <p>The report provided updates on the three priorities which have been set with each university.</p> <p>Mrs Glanville stated that a different approach to the partnership work was undertaken in 2023/24, with key areas of work and priorities identified with each university.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>TOOK ASSURANCE</b> from the report on the progress in University Partnership activities and note the priorities for 2024/25.</li> </ul>	
PODCC (23)126	<b>POLICIES FOR APPROVAL</b>	
	Ms Heather Hinkin introduced the Policies for approval by the Committee.	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the following documents for publication and use within the Health Board:- <ul style="list-style-type: none"> <li>• 124 - Retirement Policy</li> <li>• 131 - Flexi Time Policy</li> <li>• 136 - Work Life Balance (WLB) Flexible Working Policy</li> <li>• 299 - Uniform Policy</li> <li>• 447 - Immunisation and Screening Policy</li> <li>• 1179 - Developing New Clinical Roles Policy</li> </ul> </li> <li>• <b>EXTENDED</b> the following policies to 31 December 2023:- <ul style="list-style-type: none"> <li>• Preceptorship Policy for Newly Qualified Nurses and Midwives</li> <li>• Management of Nursing Midwifery Medication Errors/Near Misses Policy</li> <li>• Study Leave Policy for Medical &amp; Dental Staff Policy</li> <li>• Domestic Abuse and Sexual Violence Workplace Policy</li> </ul> </li> <li>• <b>REMOVED</b> the following policy for the reasons outlined in the report: <ul style="list-style-type: none"> <li>• 1179 – Eagle Strategy</li> </ul> </li> </ul>	
PODCC (23)127	<b>FOR INFORMATION:</b>	
	Welsh Language Annual Report 2022-23	
	<p>The People, Organisational Development and Culture Committee</p> <p><b>NOTED</b> the Welsh Language Annual Report 2022-23.</p>	

PODCC (23)128	<b>FOR INFORMATION:</b>	
	PODCC Work Plan 2023-24	
	The Committee <b>NOTED</b> the PODCC workplan for 2023-24	

PODCC (23)129	<b>MATTERS FOR ESCALATION TO BOARD</b>	
	There were no matters for escalation to the Board.	

PODCC (23)130	<b>ANY OTHER BUSINESS</b>	
	There was no other business.	

PODCC (23)131	<b>DATE AND TIME OF NEXT MEETINGS</b>	
	9.30 am, Monday 11 December 2023 9.30 am, Thursday 15 February 2024	