



**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, 15 February 2024
<b>Venue:</b>	Board Room, Ystwyth Building, Hafan Derwen, St David's Park, Carmarthen, SA31 3BB and via MS Teams

<b>Present:</b>	Mrs Chantal Patel, PODCC Chair/ Independent Member Ms Anna Lewis, PODCC Vice-Chair/ Independent Member Ms Ann Murphy, Independent Member Mr Rhodri Evans, Independent Member Professor John Gammon, Strategic Adviser, (Workforce, Education & Training)
<b>In Attendance:</b>	Professor Philip Kloer, Interim Deputy Chief Executive. Mrs Lisa Gostling, Director of Workforce and Organisational Development/Interim Deputy CEO (PODCC Executive Lead) 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 Mr Mark Henwood, Interim Medical 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 Charlotte Wilmshurst, Assistant Director of Assurance and Risk Ms Carly Hill, Assistant Director - Medical Directorate Mr Michael Thomas, Consultant in Public Health Medicine Mr Anthony Dean, Chair of the Partnership Forum Ms Michelle James, Head of Resourcing and Utilisation Ms Heather Hinkin, Head of Workforce Mrs Helen Sullivan, Head of Partnerships, Diversity and Inclusion Ms Elin Brock, Head of Research, Innovation & Improvement Ms Corinna Lloyd-Jones, Head of Organisation Relations Ms Claire Steel, Future Workforce Programme Manager Mr Alex Maiello, Physician Associate Development Manager Ms Claire Evans, Committee Services Officer (Secretariat)

<b>Agenda Item</b>		<b>Action</b>
<b>PODCC (24)01</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	
	Chair, Mrs Chantal Patel welcomed everyone to the meeting.	
	Apologies for absence were received from: <ul style="list-style-type: none"> <li>• Mrs Delyth Raynsford, Independent Member</li> <li>• Dr Ardiana Gjini, Director of Public Health</li> <li>• Ms Alwena Hughes-Moakes, Communications and Engagement Director</li> </ul>	

<b>PODCC (24)02</b>	<b>DECLARATIONS OF INTEREST</b>	
	The following declarations of interest were received:	

	<ul style="list-style-type: none"> <li>• The Chair declared her work at Swansea University, based within the Faculty of Medicine which has included speaking at Physicians Associates programmes.</li> <li>• Ms Ann Murphy declared her work as a trade union representative.</li> <li>• Professor John Gammon declared his Board role at Health Education and Improvement Wales (HEIW).</li> </ul>	
<b>PODCC (24)03</b>	<b>MINUTES AND MATTERS ARISING FROM THE PREVIOUS MEETING HELD ON 11 DECEMBER 2023</b> The minutes of the People, Organisational Development and Culture Committee (PODCC) meeting held on 11 December 2023 was APPROVED as an accurate record of proceedings, with the addition of Mr James Severs as an attendee at the December meeting.	
<b>PODCC (24)04</b>	<b>TABLE OF ACTIONS FROM THE PREVIOUS MEETING HELD ON 11 DECEMBER 2023</b> The Chair requested an update on the outstanding actions from the PODCC meeting held on 11 December 2023. All actions were complete.	
<b>PODCC (24)05</b>	<b>PODCC TERMS OF REFERENCE 2024</b> Mrs Joanne Wilson introduced an amended Terms of reference (ToR) for the People, Organisational Development and Culture Committee (PODCC).  The purpose section (2.7) has been updated to reflect the current requirements in terms of assurance on risk management by the Committee.  The Committee membership section (4.1) has been updated to reflect the number of Independent Members aligned to the Committee being reduced from 6 to 5.  Ms Heather Hinkin highlighted the key responsibilities section (3.11) which states to “approve the workforce and organisational development policies and plans delegated to the Committee” and asked for clarification regarding Committee approval for all-Wales policies. Mrs Wilson clarified that the policies must be brought to the Committee for approval by their sovereign body.  Professor John Gammon noted that the key responsibilities section (3.6) of the ToR relating to sub-committees, only includes the Research & Innovation Sub-Committee. He highlighted that there are other sub groups/committees under PODCC and asked for clarification on whether this meant that the Strategic People Planning and Education Group (SPPEG) does not need an annual report. Mrs Wilson confirmed that this is correct.  Ms Anna Lewis queried that as the ToR specifically includes the importance of a connection between PODCC and the Quality, Safety & Experience Committee (QSEC) (3.10), should the ToR also clearly set out in the membership section that at least one member of PODCC should sit on QSEC.	

	<p>Ms Lewis also asked for clarification of the quorum section (5.1) as it outlines quoracy as no less than a third of the in-attendance members, of which there are 7, which does not split evenly.</p> <p>Mrs Wilson confirmed that quoracy would be no less than 3 in-attendance members.</p> <p>Mr James Severs highlighted that that under the Committee membership section, the title “Medical Director/Deputy CEO” should be amended to “Medical Director.”</p> <p>Mrs Wilson would amend the ToR in line with comments raised.</p>	JW
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the People, Organisational Development &amp; Culture Committee’s Terms of Reference for onward ratification by the Board on 28 March 2023, with the caveat of the amendments above.</li> </ul>	

PODCC (24)06	<b>MONITORING OF WELSH HEALTH CIRCULARS</b>	
	<p>Mrs Lisa Gostling provided an update on progress in relation to the implementation of Welsh Health Circulars.</p> <p>The circular was received at the end of 2023 with a submission date of January 2024. Submissions were completed on time, and regular reporting will now take place.</p> <p>The report includes top 10 earners and agency usage as well as hours worked. The information, not connected to individuals, will be submitted to Public Board in March. The In-Committee Board will receive the details of the top 10 areas in each of the staff groups.</p> <p>A further all-Wales meeting will take place at the end of February to discuss the next course of collection of that information, and Welsh Government (WG) requirements in terms of action planning.</p> <p>Mr Rhodri Evans asked for clarification on what information will be put in the public domain.</p> <p>Mrs Gostling responded that Hywel Dda University Health Board (HDdUHB) will be publishing the number of hours that staff have worked grouped by pay band each month for the previous 12 months. This will include additional hours, overtime, any agency staff and costs.</p> <p>The In-Committee Board will receive information by professional groups, the cost per individual and the hours per individual. However, staff names will not be provided.</p> <p>WG has requested the health board identify three leads to undertake the work. Mrs Gostling is the executive lead, Ms Janice Cole-Williams is the lead for nursing and Ms Carly Hill is the lead for medical. An additional separate group will also be created to consider the All-Wales point of view. Mrs Daniel and Ms Hill will also attend that group.</p> <p>WG also required an action plan for each of the top 10 areas. These will be undertaken through the Core Delivery Group (CDG) currently, who</p>	

	will then report through the Sustainable Resource Committee (SRC). However, due to staff related implications, the plan will also be submitted to PODCC.	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>TOOK ASSURANCE</b>, from the lead Executive/ Director on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.</li> </ul>	

PODCC (24)07	<b>STAFF STORY: PHYSICIANS ASSOCIATES IN PRIMARY CARE/GP PHYSICIANS ASSOCIATE REPORT</b>	
	<p>Mr Alex Maiello, Physician Associate Development Manager fed back to the Committee success stories of Physicians Associates (PAs) within primary care settings, and also presented a report on the General Practice (GP) PA Development Programme.</p> <p><u>Staff Story</u></p> <p>Mr Maiello gave an example of a medical intervention where a PA referred them for an ultrasound, The patient felt there was continuity of care and understanding, and therefore requested the same PA for each consultation. The patient felt that the PA listened and he was able to be seen face-to-face rather than via the telephone. The patient will be writing to the practice manager to give positive feedback. Mr Maiello said that the PA programme aims to build more opportunities over the next few years for patients to be seen face-to-face. He added that building relationships with patients helps to build a picture of what the patients will need from the future NHS.</p> <p>Ms Lewis asked whether more time with patients is built into the role of the PA.</p> <p>Mr Maiello responded that PA time is more than the standard GP/practitioner time with patients. However, he highlighted that there are risks including PAs becoming more laden with work, and experienced GPs being replaced with less experienced PAs.</p> <p>Mr Mark Henwood commented on issues of negative press that has existed around Medical Associate Professions (MAPs) and PAs in recent months. As Medical Director, he stated that the health board is very supportive of PAs in primary care and secondary care, and will continue to support these roles.</p> <p>A series of questions were responded to around the role of the PA, the learning from the patient experience and support mechanisms.</p> <p>Mr Severs asked whether there was an opportunity for Mrs Daniel and Mr Henwood and he to work together on this. He noted that there is often learning from negative experiences such as complaints, however, this is an example of a very positive experience and he queried whether there was a template for this process of reflection.</p>	



<p><b>PODCC (24)08</b></p>	<p><b>DISCOVERY REPORT AND ACTION PLAN</b></p> <p>Ms Corinna Lloyd-Jones and Ms Elin Brock introduced an update on the staff Discovery report and action plan.</p> <p>This is the second staff Discovery report, with the first completed in June 2021 to capture staff's experiences of working during the pandemic. This report focusses on staff retention issues.</p> <p>Although some good progress has been made on staff retention to date in terms of nurse retention in particular, there remains further work to be done. This retention work stream will also form part of the planning objectives for the next year.</p> <p>The Discovery reports were commissioned as part of the health board planning objectives for 2023-24. Staff were asked why they want to work for HDdUHB, with many stating that they are very proud to work at the health board.</p> <p>The report outlines a number of challenges and focusses on four themes:</p> <ul style="list-style-type: none"> <li>• quality of manager/employee relationship.</li> <li>• organisation identity (lack of identity with HDdUHB)</li> <li>• programme modernisation - how can the health board further develop</li> <li>• challenges for managers (vacancies, reliance on agency staff and so forth)</li> </ul> <p>An action plan has been formed including milestones. Progress on delivering these actions will be reported by the cultural progress update report which is submitted to PODCC annually.</p> <p>Professor Gammon felt that the quotes within the report were very powerful, both in a positive and concerning way. He highlighted the need to demonstrate that staff retention should be aligned closer to staff development and suggested including that into some of the recommendations.</p> <p>Mrs Gostling confirmed that the report has been shared with trade union leads and would be submitted to the Executive Team meeting on 21 February.</p> <p>Ms Lewis commented that the report was less clear on how the feedback had translated to the action plan and felt it would be helpful for the Committee to be able to understand more about the process, for example addressing NHS chronic workload in the action plan.</p> <p>Ms Lewis also raised the issue of culture and asked whether staff in different counties feel the same way, due to differences in cultures, and how do the health board values form part of the HDdUHB communities. She also highlighted that non-clinical staff share the same pressures.</p> <p>Mr Evans referred to the staff retention report at appendix 1 and noted that culture did not form part of the challenges section. He felt it would be useful to understand the reasons for that.</p>	
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	<p>Ms Brock responded that within the staff survey responses staff did not give further information on culture. However, in the feedback groups there were varied messages including positive ones regarding culture. The negative feedback was mainly about pressures contributing to low morale. Staff just want to feel listened to. Some people felt very close to their team but maybe not have an infinity with the health board.</p> <p>Mr Evans queried whether the timescales in the action plan were achievable.</p> <p>Ms Brock responded that it was felt that the timescales are realistic as they have been aligned with existing workstreams where possible.</p> <p>Ms Lloyd-Jones informed the Committee that the report is a picture of the current position. An update report which will be submitted to PODCC in April should provide assurance on the workstream and its progress.</p> <p>Mrs Daniel highlighted work with behavioural frameworks and the disconnect with how staff define their teams (not necessarily describing themselves as being part of HDdUHB).</p> <p>Mr Severs commented that the health board is more than just hospitals and did not feel that there should be separate leadership programmes stating that “ we are all HDdUHB staff, whether clinical or not”.</p> <p>Ms Davies stated that when this work began it was the building blocks in Operational Development to build a culture. Culture progression needs to be owned more widely. There is a need to continue to support leaders to build culture. She highlighted that this will be even more difficult in the current financial climate. There is also a need to look at other wider culture areas not yet discussed such as bullying, misogyny and so forth.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>DISCUSSED</b> the contents of the report and approve its recommendations.</li> </ul>	

PODCC (24)09	<b>APPRENTICESHIPS UPDATE</b>	
	<p>Ms Amanda Glanville introduced an update on the healthcare apprenticeships programme.</p> <p>Mrs Glanville highlighted that the health board was at risk of losing a pool of talented staff due to the length of the programme. She added that the report does not show support already received from other pathways.</p> <p>Mrs Glanville commented that apprenticeships offer value for money, which will aid sustainability by creating a workforce of the future. This forms part of the SPPEG workplan.</p> <p>Mrs Daniel said it was interesting to note that the report showed 78% of Healthcare Apprentices said that they would not have gone into nursing without the apprenticeship scheme.</p>	

	<p>Ms Ann Murphy queried the situation with the Band 4 model as the report stated the programme had not progressed sufficiently.</p> <p>Ms Glanville explained it was expected that the ‘team around the patient’ would increase and create vacancies. However, circumstances have since changed.</p> <p>Mrs Daniel added that there have been some developments but not the progress anticipated, in part due to the delegation framework that the health board works to within Wales which is competency based. There is a need to develop the confidence within the health board’s registered workforce to delegate appropriately. Mrs Daniel felt that as the stabilisation programme is built upon, and the health board moves to a more sustainable workforce, there will be more knowledge around what the Band 4 roles can deliver.</p> <p>Mrs Daniel clarified that the registered nurse associate role, is slightly different to the assistant practitioner role in that you can delegate care as opposed to delegating tasks, therefore, that might change the perception on delegation. She also highlighted the Nurse Staffing Levels Act 2016. There is work taking place nationally to understand the impact of the Act on different ways of working.</p> <p>Mr Evans queried whether the recommendations set out would be brought to the Board. Is there anything that required Board approval beforehand?</p> <p>Ms Glanville responded that the work has been included in the planning objectives for 2024-25. It will be submitted to SPPEG, then work will be undertaken with the strategic workforce planning team and the nursing team to set what levels the apprenticeships need to be, in order that it fits with the supply model of the regeneration framework.</p> <p>Mrs Gostling confirmed that there was current funding allocation, therefore there would be no additional financial ask.</p> <p>Ms Lewis commented on considering the apprenticeships programme with the view of supporting the economic success of local community areas where there is significant social deprivation, and where people are denied opportunities for good education and for a good start in life. Whilst the health board should continue to seek ways to maximise the core impact to the workforce, it should also consider that it is an employer in an area with social and economic deprivation, and it has a responsibility to make that contribution.</p> <p>The Chair queried whether the health board has the right workforce at the right time to be able to deliver on all of the challenges it is facing and suggested it would be useful to have a road map setting out what the health board wants to achieve as a whole.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the contents of the evaluation report, the progress made to date and planned next steps.</li> </ul>	



	<ul style="list-style-type: none"> <li>• <b>AGREED</b> the following recommendations outlined to support retention and apprentice experience, whilst providing greater equity with internal development programmes. <ul style="list-style-type: none"> <li>○ Replace the current combined learning programme offer with individual programmes that have multiple entry points for all apprenticeships. This will offer entry at level 2, 3 or 4. Once the apprenticeship programme is complete, apprentices will join the internal development pathway, providing parity with the existing workforce and further support the widening access agenda. If approved, this will allow the Workforce Teams to work with service leads to operationalise the plan to support workforce stabilisation.</li> <li>○ Monitored by the Strategic People Planning and Education Group (SPPEG), a plan is created to increase the types of apprenticeships within the HDdUHB, with a focus on how this can provide more opportunities, whilst having a positive financial impact.</li> </ul> </li> </ul>	
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<b>PODCC (24)10</b>	<b>STRATEGIC EQUALITY PLAN AND OBJECTIVES 2024-2028</b>	
	<p>Mrs Helen Sullivan introduced the Strategic Equality Plan which is to be renewed for 2024-28.</p> <p>The new plan has been drafted following findings from a number of reports, and consultations, and now includes measurable actions. The plan outlines that equality is the responsibility of all health board staff, not just the Diversity and Inclusion Team's. A mid-point review will also take place. Currently the planning objectives have been well received and found to be clear and easy to read.</p> <p>Mr Evans agreed that they were an easy read. He asked how can the health board ensure all departments will be following the plan? Mrs Sullivan responded that working groups will be set up, also the strategic equality plan annual report is obliged to show progress against the actions each year. There are therefore a key group of staff across the health board that have responsibility for those actions. This means the health board will be able to show more transparency and accountability.</p> <p>Mr Evans queried the inclusion of equality in the SBAR reports which are submitted to Board. Mrs Gostling commented that equality should be integral to those reports, however, there is an issue with those sections of the reports not being read, and staff not completing properly when drafting the reports. She suggested that those sections could be brought to the front of the reports, or for further consideration to be given on how to report differently.</p> <p>Ms Murphy informed the Committee that only 57 members of staff had undertaken the health board e-learning module on sensory loss, and felt that it was not advertised enough. She queried whether it could be promoted more, and could e-learning via the Electronic Staff Record (ESR) be mentioned more in the action plan.</p>	

	<p>Mrs Sullivan responded that her team would try to factor that in. She added that events such as Sensory Loss Awareness Month are utilities to promote the availability of learning modules and also other training offered such as British Sign Language taster sessions, and so forth.</p> <p>Ms Glanville added that there are various levels of training offered to staff not only e-learning. The learning and development team were seeking to move away from online only learning, therefore ESR does not always reflect the true picture of learning within the health board.</p> <p>Ms Lewis commented that there were some messages in the Discovery report which would fit within this agenda, and asked whether teams were ensuring the two pieces of work are aligned in order that they complement each other.</p> <p>Mrs Gostling outlined the aim where individuals have actions in the plan, that is being undertaking as part of the plan. The Workforce and Operational Development team are also including it in year four of their ten year strategy.</p> <p>Mr Evans suggested it may be beneficial for Independent Members and Directors to attend internal equality and diversity training.</p> <p>Mr Severs highlighted some issues with the strategy equality plan, from a sense checking point of view, such as language used, icons which are male and female, Welsh costumes for Welsh speakers. Mr Severs queried where work taking place by the health board on menopause support fits in to the plan.</p> <p>Mrs Sullivan responded that her team would look into the points raised on sense checking and added that the menopause café is widely promoted.</p> <p>The Chair stated that she understood there had been a number of objectives set by Welsh Government for NHS in terms of the anti-racism action plan, however, she could not see where it fitted in with this strategic equality plan. She also asked how the Black, Asian and Minority Ethnic (BAME) advisory group fits.</p> <p>Mrs Sullivan explained that the anti-racism action plan fits separately therefore not everything is shown within this plan. The BAME advisory group oversees the anti-racism action plan.</p> <p>Mrs Gostling clarified that the strategic equality plan outlines the health board's overarching plan for the next four years, and what will be delivered, then there is the 'business as usual' elements to be delivered. Both of those need to be brought together in order to see how the anti-racism element is feeding into the four year plan.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED</b> the Strategic Equality Plan 2024 - 2028 required under the Equality Act 2010,</li> <li>• <b>AGREED</b> its submission to Board for approval and publication</li> </ul>	

PODCC (24)11	<b>DELIVERY AGAINST PLANNING OBJECTIVES ALIGNED TO PODCC: GENERAL UPDATE</b>	
	<p>A report was presented providing an update demonstrating where progress has been made in delivering the Planning Objectives aligned to the PODCC.</p> <p>There was no further discussion on the report.</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 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.</li> </ul>	
PODCC (24)12	<b>DELIVERY AGAINST PLANNING OBJECTIVES ALIGNED TO PODCC: DEEP DIVE: PO 1a Recruitment Plan</b>	
	<p>A deep dive into the planning objective 1a: Recruitment Plan was presented to the Committee.</p> <p>Professor Gammon commented that it was interesting to note the number of people retiring and returning (45%). He felt this was good for the workforce but queried how sustainable it is.</p> <p>Mr Severs asked whether the report can make a distinction between staff leaving the health board and those changing roles within the organisation, in order to better see the talent movement.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the update.</li> </ul>	
PODCC (24)13	<b>PERFORMANCE ASSURANCE AND WORKFORCE METRICS - INTEGRATED PERFORMANCE ASSURANCE REPORT (IPAR)</b>	
	<p>Ms Michelle James introduced the Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR).</p> <p>Points to note were an increase in headcount, reduction in turnover, and a reduction in sickness absence from 2022.</p> <p>Mrs Gostling commented that whilst HDdUHB is doing well on sickness absence levels compared to other health boards, she could not understand how the figures have not returned to pre-pandemic levels, especially with options to work from home now. She felt this needs to be looked into further.</p> <p>Ms Lewis suggested it would be easier to use the same statistical process control (SPC) charts approach used in Board to understand trends. Ms James agreed to look into this.</p> <p>Mrs Gostling responded that the health board is beginning to work towards using that widely.</p>	<b>MJ</b>

	Ms James added that it was also a case of reviewing which metrics would be best applied to that.	
	<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> <li>• <b>REQUESTED</b> an increase in SPC charts.</li> </ul>	
<b>PODCC (24)14</b>	<p><b>RESEARCH AND INNOVATION SUB-COMMITTEE UPDATE</b></p> <p>Dr Leighton Phillips introduced the Research and Innovation Sub-Committee update report. Areas of note for the Committee are:</p> <p>Positive feedback was received from Welsh Government following a recent review.</p> <p>The process has begun to produce the next Research and Innovation Strategy. The next 3-5 years will be continuing the growth achieved during 2021-24.</p> <p>Professor Gammon commented that the report paints a very positive picture and felt that the KPI report had improved greatly following its amendments. He noted that the report stated that in terms of the annual performance review there were a “couple of areas for review” but did not go into detail and asked for clarification.</p> <p>Dr Phillips responded that there was work to be done on cancer trials regionally, working with regional partners Swansea Bay University Health Board to increase the level of interventional oncology studies carried out by HDdUHB. The Research and Innovation team are aware of this and are developing a plan, however it is not yet reflected in the performance metrics. Another area for improvement is to increase relevant commercial trials.</p> <p>Ms Lewis asked whether research is promoted sufficiently in terms of staff retention and attracting clinical roles, and also in terms of career pathways.</p> <p>Dr Phillips responded that more is now being done to provide the possibility of honorary appointments to staff, and there are more joint appointments across universities and health boards. He added that there was a balance to be made. Not everyone is interested in research, however, some people are interested in innovation. More will be done on this over the next 3-4 years.</p> <p>Mr Severs commented on people who want to be part of research but do not know how to begin or what support is available, and that clinical engagement should be included in the next research strategy.</p> <p>Dr Phillips also noted the importance of ensuring it is equally available to different professional groups.</p>	
	The People, Organisational Development and Culture Committee:	

	<ul style="list-style-type: none"> <li><b>TOOK ASSURANCE</b> from the Research &amp; Development (R&amp;D), TriTech &amp; Innovation Group (TIG) and University Partnership activities and decisions reported.</li> </ul>	
<b>PODCC (24)15</b>	<p><b>STRATEGIC PEOPLE PLANNING AND EDUCATION GROUP (SPPEG) UPDATE</b></p> <p>Ms Glanville provided an update on the Strategic People Planning and Education Group.</p> <p>The first SPPEG meeting has taken place. The group has started to look at education and development in broader terms with the aim of strengthening relationships. The areas for development and risk have already been highlighted.</p> <p>Mr Evans queried how risks, such as high rotation of overseas doctors, are mitigated.</p> <p>Mrs Gostling highlighted that many overseas doctors are unable to operate in the same way as UK trained doctors do, which means financially the health board has to double up on rosters because they cannot work independently. Another very high risk is that the health board is paying the full three year costs of the certificate of sponsorship for overseas doctors, even though they are rotational posts and therefore only with the health board for one year. Shared Services are aware of this risk, and Mrs Gostling and Director of Finance Huw Thomas are in ongoing discussions with them regarding quality and financial aspects of this risk.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li><b>TOOK ASSURANCE</b> from SPPEG on activities and decisions reported.</li> <li><b>NOTED</b> the progress and contents of the report.</li> </ul>	
<b>PODCC (24)16</b>	<p><b>POLICIES FOR APPROVAL</b></p> <p>Ms Heather Hinkin and Mrs Helen Sullivan introduced policies for approval by the Committee.</p> <p><u>Interpretation and Translation Policy</u></p> <p>The head of consent and mental capacity raised an issue with the content of some of the wording within the Interpretation and Translation policy because 'best interests' was used when there was not an interpreter available in more of an urgent or emergency situation. However, because best interest is used in the Mental Capacity Act, it was felt that it could cause confusion and perhaps lead the medical staff to assume that the patient lacks capacity because they are not able to communicate in their first language.</p> <p>The policy was not due for review until February 2025 but due to this issue an amendment was made and the policy was approved by Chair's action on 13 January 2024.</p> <p><u>Other Policies</u></p>	

	no comments were made on the other policies for consideration/ approval.	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the interim amendments to the Interpretation and Translation policy and endorse the Chairs action taken on 13 January 2024.</li> <li>• <b>TOOK ASSURANCE</b> that the documents listed in the report have been reviewed in line with Policy 190.</li> <li>• <b>NOTED</b> the minor changes made to the policy below:- 1085 – Leave and Pay for New &amp; Existing Parents</li> <li>• <b>EXTEND</b> the following policies in accordance with the dates outlined in the report:- <ul style="list-style-type: none"> <li>• 042 – Preceptorship</li> <li>• 558 – Medication Errors</li> <li>• 121 – Relocation Expenses</li> <li>• 389 – Expenses</li> </ul> </li> </ul>	

PODCC (24)17	<b>OUTCOME OF THE ADVISORY APPOINTMENTS COMMITTEE</b>	
	Ms Michelle James introduced the outcome of the Advisory Appointments Committee (AAC) meeting held between 21 September 2023 and 14 November 2023.	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the following appointments on behalf of the Board: <ul style="list-style-type: none"> <li>○ Dr Harish Reddy was appointed to the post of Consultant in Community General Adult Psychiatry.</li> <li>○ Mr Daniel Alexandru Guta, Consultant in Trauma and Orthopaedics, with an interest in Lower Limb Arthroplasty and Hip Dysplasia.</li> <li>○ Ms Alison Kinghorn, Consultant in Trauma and Orthopaedics, with an interest in hand and wrist surgery.</li> </ul> </li> </ul>	

PODCC (24)18	<b>FOR INFORMATION:</b>	
	PODCC Work Plan 2024-25	
	The Committee <b>NOTED</b> the PODCC workplan for 2024-25	

PODCC (24)19	<b>MATTERS FOR ESCALATION TO BOARD</b>	
	There were no matters for escalation to the Board.	

PODCC (24)20	<b>ANY OTHER BUSINESS</b>	
	There was no other business.	

PODCC	<b>DATE AND TIME OF NEXT MEETINGS</b>	
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(24)21	<p>9.30 am, Monday 15 April 2024</p> <p>Thursday, 13 June 2024</p> <p>Tuesday, 20 August 2024</p> <p>Thursday, 17 October 2024</p> <p>Monday, 16 December 2024</p> <p>Tuesday, 18 February 2025</p>	
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