

**COFNODION CYMERADWYO Y PWYLLGOR POBL, DATBLYGU A DIWYLLIANT  
SEFYDLIADOL  
APPROVED MINUTES OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE  
COMMITTEE**

<b>Date and Time of Meeting:</b>	20th October 2022 at 9:30 a.m.
<b>Venue:</b>	Board Room, Ystwyth Building, Hafan Derwen, St David's Park, Carmarthen, SA31 3BB

<b>Present:</b>	<p>Mrs Chantal Patel, Independent Member (PODCC Chair)</p> <p>Mrs Judith Hardisty, Vice Chair of HDdUHB (PODCC Vice-Chair) (VC)</p> <p>Ms Ann Murphy, Independent Member (VC)</p> <p>Mrs Delyth Raynsford, Independent Member (VC)</p>
<b>In Attendance</b>	<p>Mrs Lisa Gostling, Director of Workforce &amp; Organisational Development (PODCC Executive Lead)</p> <p>Mrs Joanne Wilson, Board Secretary (VC)</p> <p>Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience</p> <p>Ms Alwena Hughes-Moakes, Director of Communications</p> <p>Dr Leighton Phillips, Director for Research, Innovation and University Partnerships (part) (VC)</p> <p>Ms Christine Davies, Assistant Director of Organisation Development (VC)</p> <p>Mr John Evans, Assistant Director, Medical Directorate (VC) (part), deputising for Professor Philip Kloer, Medical Director/Deputy Chief Executive</p> <p>Ms Sally Owen, Head of Recruitment &amp; Workforce Equality, Diversity &amp; Inclusion</p> <p>Ms Michelle James, Head of Digital Workforce Solutions</p> <p>Ms Heather Hinkin, Head of Workforce</p> <p>Mrs Amanda Glanville, Head of Workforce Education &amp; Development</p> <p>Professor John Gammon, Strategic Adviser, (Workforce, Education &amp; Training)</p> <p>Mrs Anna Bird, Strategic Partnerships (VC)</p> <p>Mr Anthony Dean, Estates and Chair of Partnership Forum (VC)</p> <p>Ms Corinna Lloyd-Jones, Assistant Head of Workforce (VC)</p> <p>Ms Tracy Walmsley, Senior Workforce Development Manager (VC)</p> <p>Gemma Littlejohn, Learning and Development Manager (VC) (part)</p> <p>Ms Marya Marriott, Committee Services Officer (Minutes)</p>

<b>Agenda Item</b>		<b>Action</b>
<b>PODCC (22)98</b>	<p><b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b></p> <p>Mrs Chantal Patel welcomed everyone to the meeting noting that this was her first meeting as Chair, and recognising the significant contribution of the previous Chair, Professor John Gammon.</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>• Mr Winston Weir, Independent Member.</li> </ul>	

PODCC (22)99	<b>DECLARATIONS OF INTEREST</b>	
	The were no declarations of interest made.	

PODCC (22)100	<b>MINUTES AND MATTERS ARISING FROM THE PREVIOUS MEETING HELD ON 18<sup>th</sup> AUGUST 2022</b>	
	<p><b>RESOLVED</b> – that the minutes of the People, Organisational Development &amp; Culture Committee (PODCC) meeting held on 18<sup>th</sup> August 2022 be <b>APPROVED</b> as an accurate record of proceedings.</p> <p>(22)74: Prof. Gammon had commented on feedback from the self-assessment outcome and the need to improve appropriate representation across professional groups. Mrs Joanne Wilson confirmed that work on the PODCC Self Assessment Action Plan was underway; Ms Anna Lewis, who had helped design the first form, would be assisting. An update would be provided at the next meeting.</p> <p>(22)78: Prof. Gammon commented that there had been significant discussion at Health Education and Improvement Wales (HEIW) around the role of Physician Associates. HDdUHB had been highlighted as the only Health Board in Wales where Physicians Associates were used in Primary Care. Prof. Gammon’s impression was that Physician Associates and the use of the commissioning process would be increasing. Prof. Gammon advised that the Health Board needed to have clarity around the roles it has and where they are located. It also needed to know how individual Physicians were being deployed, in relation to the Integrated Medium Term Plan (IMTP) and influencing the commissioning process.</p>	JW

PODCC (22)101	<b>TABLE OF ACTIONS FROM THE PREVIOUS MEETING HELD ON 18<sup>th</sup> AUGUST 2022</b>	
	<p>The Chair requested an update on the Table of Actions agreed at the PODCC meeting held on 18<sup>th</sup> August 2022. It was confirmed that all but one of the actions had been progressed or forward planned for a future Committee meeting.</p> <p>The Committee noted that it had not been possible to complete an action subsumed within PODCC(22)78: ‘<i>To confirm the number of the first cohort of GP trainees who have stayed beyond the first year</i>’ because the relevant information was not currently available.</p> <p>Mrs Judith Hardisty registered her concern that the data relating to the first cohort of trainee GPs was not available; having understood the data was held by NHS Wales Shared Services Partnership (NWSSP). Although it was likely that the GP trainers had access to the information, Mrs Hardisty felt that it was unacceptable for the Health Board not to have an overview of where these trainees were working or how their training was progressing. It was also noted that, if retained, the 95 trainee GPs in the current cohort would solve much of the GP shortage</p>	

<p>within the Health Board. Career paths for the trainee GPs needed to be mapped, with the data collated systematically and readily available. It was agreed that the NWSSP team would be asked to provide an update on the number of trainee GPs retained and at what stage they were in their training, for the next meeting.</p>	<p>JP</p>
<p>PODCC(22)79 Workforce Efficiency: Update on progress to secure suitable staff accommodation. Mrs Patel noted that, on meeting them, at the top of new recruits' concerns was accommodation; many of them were hoping to move their families before December 2022.</p>	
<p>Mrs Lisa Gostling advised that a refurbishment programme at University of Wales Trinity Saint David (UWTSD), which was in its early stages, had reduced the number of available accommodation units. The reduction represented a risk in relation to the Health Board's continued overseas recruitment work. There had been discussions with the Estates Department regarding on-site accommodation, as part of a plan to assist UWTSD.</p>	
<p>Mrs Gostling advised that another piece of work involved meeting with Mr Rob Elliott to clarify how the Health Board could work collaboratively on the accommodation issue with Local Authorities. The aim of that work would be to ensure that as recruitment work progressed on the Nursing Stabilisation Programme, the Health Board was looking to secure accommodation in advance. There was a need to secure as much suitable accommodation as possible, which was currently challenging to achieve.</p>	
<p>PODCC(22)84 Bilingual Skills Policy – Update On Progress. CLARIFICATION: Mrs Alwena Hughes-Moakes advised that her discussion with Mrs Delyth Raynsford had focussed on the existing material available through the 'Give it a Go' Welsh programme. Items such as posters, cards and tent cards for desks were already available to staff and patients. Their meeting had been a conversation, sharing information about the available resources, rather than agreeing a list of words and phrases. However, additional phrases or words that colleagues felt should be included could be added.</p>	
<p>PODCC(22)85 Anti-racist Wales Action Plan Mrs Gostling reported that Mrs Anna Bird was working on the Action Plan; however she was still awaiting clarification for Welsh Government in relation to some of the actions. It was agreed that the Anti Racist Wales Action Plan would be forward planned for the next PODCC agenda.</p>	<p>LG/ MM</p>
<p>PODCC(22)86 Performance Assurance and Workforce Metrics The plan was a work in progress; it was expected to be available in February 2023 and would be forward planned for that meeting.</p>	<p>MM</p>
<p>PODCC(22)91 Research and Innovation Sub Committee Report</p>	

	The update report had been received, the Sub Committee having met on 19 <sup>th</sup> October 2022.	
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<b>PODCC (22)102</b>	<b>STAFF STORY: FEEDBACK FOLLOWING LONG-TERM SICKNESS</b>	
	<p>Ms Heather Hinkin, Head of Workforce, reported that this staff story had been obtained during the review of the processes and procedures related to employee relations, including sickness absence, which had been undertaken by the Workforce team.</p> <p>Ms Corinna Lloyd-Jones shared a short PowerPoint presentation which described one of the Workforce Team's Planning Objectives. Ms Lloyd-Jones advised that the Planning Objective was intended to put people at the heart of processes and procedures in order to make a difference. The processes and procedures which were under review related to areas such as the disciplinary process, respect and resolution, staff sickness and capability. It was acknowledged that the processes used when managing certain issues could be stressful for the staff involved; there should always be time to listen to staff stories and their feedback to facilitate continual improvement. Managers should be encouraged to think about why and how they were undertaking the process. The review had provided an opportunity to objectively consider the impact of these processes on employee relations.</p> <p>Ms Lloyd-Jones first shared Megan's Story when she met with senior colleagues at a strategic group, Chaired by Mrs Gostling. After that meeting, two senior colleagues from across Workforce and Organisational Development, had separately contacted Ms Lloyd-Jones.</p> <p>Mrs Patel thanked Ms Lloyd-Jones for her presentation, noting that, for her, it raised the question, 'How well are we training our managers to undertake that aspect of staff sickness reviews?'</p> <p>Mrs Gostling thanked Ms Lloyd-Jones for reaching out to Megan and noted that the case study was a perfect example of why a review was required. Megan had worked for the Health Board loyally for 20 years, yet following one episode, the human being was forgotten and a policy had been implemented. Mrs Gostling thanked Ms Hinkin, Ms Lloyd-Jones and their teams for their work engaging with the Health Board's staff every day, which was really making a difference. Mrs Gostling asked that her reflections be passed on to Megan and to apologise on behalf of the Health Board.</p> <p>The importance of Mental Health training for staff was emphasised. Mrs Gostling noted that talking to staff who were experiencing mental health issues could feel more uncomfortable than having a conversation with staff who are, for example, undergoing surgery; however, saying something was better than saying nothing at all. A change in approach was required to enable the Health Board's managers to manage their staff as they felt was right, rather than just applying a policy.</p>	

Mrs Raynsford offered thanks, on behalf of Independent Board Members and Committee Members, to Megan and Ms Lloyd-Jones for sharing this story. She noted that the need for training for managers had been mentioned and that Megan has also mentioned the valued support she had received from her colleagues. Mrs Raynsford suggested that there was a need to consider systems training for the entire workforce, as work colleagues could not be expected to take on managerial support roles for staff if they are ill. Mrs Raynsford noted the assertion that there was training available and requested that the Committee receive assurance that this training would be delivered in a timely fashion, predicting that, in the external climate, a significant proportion of staff were going to suffer from anxiety going forward. Mrs Raynsford enquired what measures are currently in train to support Health Board managers.

Within the online Chat, Mrs Mandy Rayani reported that, previously, there had been a Mental Health First Aid at Work course available. Whilst Mrs Gostling was unsure whether that specific course is still routinely delivered to managers, it was noted that Mrs Amanda Glanville is currently updating the management skills programme.

In response to Mrs Raynsford's request for assurance that training on mental health would be implemented for the entire Health Board staff, Mrs Gostling proposed that the training become part of the Planning Objective in terms of employee relations and how the different approach was managed. Mrs Gostling requested agreement that progress on mental health training be included in future updates for the Planning Objective so that Members received assurances about what was being done and the timescales for the implementation of changes. The Committee agreed to Mrs Gostling's proposal.

Mrs Hardisty enquired whether the Health Board is obtaining advice from its own Mental Health experts, so that it does not inadvertently exacerbate individual's issues. The Health Board's own internal experts should be asked to help with determining at what point managers should ask for someone else to intervene and cease trying to manage the situation through the sickness policy,

Mrs Lloyd-Jones reported that new training for managers would be devised which focussed on the top 3 reasons for absence and how to progress matters at an operational level. It would build on the existing one-to-one support already offered. That approach could facilitate the provision of a standardised programme of training being put in place at an all-Wales level.

Mrs Patel enquired whether, in order to take a proactive and preventative approach, it would be appropriate to encourage staff who may be experiencing mental health challenges to approach the Workforce Team before those challenges got worse. Ms Lloyd-Jones concurred with Mrs Patel's suggestion.

**AG**

	<p>Ms Hinkin explained that the Workforce Team had also been on a steep learning curve, because it had been operating on a strict procedural compliance basis. Due to the policy in question being an all-Wales policy, the Team's ability to apply flex has been limited. However, inroads were being made in terms of adapting all Wales policies, to enable discretion and judgement to come to the fore. Managers know their staff and generally know the best way to interact with their team members. Ms Hinkin had reviewed the letters and agreed that there was a need to put humanity back into the process.</p>	
	<p>The People, Organisational Development &amp; Culture Committee <b>NOTED</b> the staff story and the progress made with the review of the processes and procedures related to employee relations, including sickness absence.</p>	

<b>PODCC (22)103</b>	<b>DEEP DIVE: RECRUITMENT (PLANNING OBJECTIVE 1F)</b>	
	<p>The Committee received the Recruitment Deep Dive Discovery Report together with an Appendix: Recruitment Pathway Discovery Report. Ms Sally Owen, Head of Recruitment and Workforce Equality, Diversity and Inclusion and Ms Michelle James, Head of Resourcing and Utilisation had been asked to lead on this agenda item.</p> <p>Ms Owen opened with an apology, advising that certain of the links to surveys were not accessible; but they would be shared shortly.</p> <p>Ms Owen reported that, over the last 18-24 months, the team had engaged extensively around the discovery phase of the recruitment modernisation pathway; that engagement had continued as the team learned more. Elements of what was heard was not new and other elements had been difficult to hear.</p> <p>The Health Board was an attractive employer; it had received 37,000 applications to join the workforce during 2021-2022, which was double the number received 6 years previously. It was known that:</p> <ul style="list-style-type: none"> <li>• The Health Board had recruited more people than ever</li> <li>• The vacancy rate continued to rise</li> </ul> <p>The factors that attracted people to the Health Board were also known. Whilst there were examples of good recruitment practice within services, there were other instances of less than ideal practice. It was recognised that improvements were needed and that it was time for change. Mrs Owen advised that a number of those changes were already in train and that, within the report, various 'quick wins' had been recorded. Changes to staff induction had been implemented during the past 6 months which had addressed elements of the feedback from the surveys undertaken 18 months previously.</p>	



Ms Owen reported that there were 5 Key Workstreams critical to recruitment transformation:

1. The review and updating of job descriptions and person specifications for all staff groups.
2. The centralisation of select recruitment pathways to ensure efficient and accessible methods of recruitment.
3. Accessible learning and development to ensure that the c1500 appointing managers understood what values-based recruitment was and would invest in and deliver that approach.
4. Intrinsically linking technology and automation advances to improve efficiencies and experiences; examples of where those advances could be applied included electronic starter forms, electronic leaver forms, automated long-listing and functionality.
5. To support attraction and retention strategies and to make information accessible and easy to navigate for all, whether those involved were clinicians, school leavers or new recruits onboarding. There was a need to update the information available in local and public domains.

Prof. Gammon welcomed this helpful report, noting that there were several obvious examples of areas in which the Health Board could take steps to capitalise on the data. It was encouraging to see that work relating to the Organisational Values, which had been underway for some time, was starting to 'bear fruit'. The data showed that the Health Board's values had been top or second in several areas which influenced new recruits' decisions around whether to apply for positions.

Prof. Gammon also noted that the data showed that professional development opportunities at the Health Board had the highest impact in terms of searching jobs and influencing new recruits to apply. Noting the perception that this was a focus of the organisation, Prof. Gammon queried to what extent the Health Board is capitalising on that perception in its recruitment work.

Prof. Gammon also noted that, whilst the organisation capitalises on its values, there is obviously also something strong in the messaging that it is providing around Continuing Professional Development (CPD). Members were reminded of previous discussions around the fact that the Health Board does not distinguish between the existing workforce and new joiners. However, Prof. Gammon emphasised the need to consider the education, learning and development and CPD of the various professional groups and consider how the organisation utilises that within its promotional literature. It should be assessed whether the Health Board is capitalising on that and, if not, what more can be done.

Mrs Owen advised that this work had been taken forward. It was acknowledged that, going forward, CPD and general staff development were going to be critical; therefore, promotion of CPD and development were 'high on the agenda'.

There was evidence that at least 50% of the existing workforce felt that they did not have access to development opportunities; consideration around the impact of this on recruitment and for existing staff was required. The new induction course and the new bite-sized courses for managers of induction had been introduced since the survey had been undertaken

Mrs Hardisty agreed that there were opportunities for 'quick wins' and reiterated her expectation that everyone must be contacted after an interview. Mrs Hardisty enquired to what extent this research covers medical recruitment. Noting that most of the Independent Members' involvement in recruitment is related to consultant recruitment and that those job descriptions are often extremely dated. Whilst recognising that the Health Board is subject to Royal College guidelines, Mrs Hardisty queried whether there are any plans to challenge this. Also, whether assurance can be provided that this work will be covering senior medical staff who interview junior medical staff and other consultants.

Ms Owen confirmed that the Health Board participates in the consultant development programme and the aspiring medical leadership programme. Ms Owen advised that, whilst it does not involve all appointing managers, her team was engaged in discussions about recruitment with all staff groups, including the Medical Directorate. Mrs Hardisty suggested that discussions be widened to include the Royal College Advisers who attend interviews. It was recognised that these individuals are not employees of the Health Board and that the standard in relation to recruitment was also variable among that group.

Ms Davies advised that she had met with the new Assistant Medical Director for Education, who had shared some of the feedback he had received from trainees who were interested in positions for traditionally hard to fill specialities; they had reported that they wanted to join the Health Board because of its reputation for training; Ms Davies suggested that Health Board's existing good reputation for training could be built on.

Mrs Tracy Walmsley noted there was a need to reflect on how to best work together with managers in relation to areas such as the job role design. Ms Hughes-Moakes commented that elements of the Communication team's work with Ms Owen's team has been very detailed and localised.

Mrs Patel queried whether the feedback to unsuccessful candidates is of sufficient quality, and whether the organisation could consider offering them a work experience type opportunity which would help them when applying for other posts.

Mr John Evans reported that Ms Owen and her team had attended their leadership forum recently to discuss medical recruitment. As part of that



	<p>discussion it was recognised that there is a high degree of variability in job descriptions and the standards. There are good examples of how these have been re-energised; such as within the Care of the Elderly Department. Steps have been taken to involve medical staff in the medical recruitment process. To take that forward, meetings have taken place with Clinical Leads to create speciality leads within Supporting Professional Activities (SPAs). Mr Mark Henwood is leading on that work, to create a central resource so that training and advice can be delivered within a speciality for the whole Health Board, to improve those job descriptions and improve involvement from medics.</p> <p>Observing that Ms Owen has developed a robust action plan in relation to this area, Prof. Gammon suggested that it would be extremely helpful to understand the relevant actions and timescales involved. Mrs Gostling reported that the leadership team within Workforce &amp; Organisational Development team would now look at all the recommendations. The next step would be to identify which would be undertaken and when, as Prof. Gammon had requested. The team would move on with that work, rather than waiting for the all-Wales initiative, which was welcomed as a positive development.</p> <p>Mrs Gostling advised that the Health Board also needs to consider providing information to its public about its recruitment. There are hundreds of applications for certain jobs and those applicants are participating in an incredibly competitive market. Candidates need to be clear about what the organisation needs and demonstrate why they are the right person for the job. Mrs Patel advised that the organisation may wish to consider working with communities in this regard; very often individuals have the qualifications but need advice regarding application processes. Similarly, when it comes to the interview, candidates may not be entirely sure what is expected of them. A number of organisations have found that working with communities on applications and interviews can make a positive difference.</p> <p>Mrs Gostling reported that she and Mrs Glanville had recently met with Children's Commissioner's Office representatives. When applying for jobs it is challenging for school leavers to evidence experience.</p>	MJ
	The People, Organisational Development & Culture Committee <b>RECEIVED ASSURANCE</b> that Planning Objective 1F in terms of the whole recruitment process had been thoroughly investigated.	

PODCC (22)104	<b>DEEP DIVE: MAKING A DIFFERENCE CUSTOMER SERVICE PROGRAMME (PLANNING OBJECTIVE 1H)</b>	
	<p><i>Ms Gemma Littlejohn joined the meeting.</i></p> <p>The Committee received the Making a Difference Report.</p>	

In terms of Planning Objective 1H, a full evaluation of this programme is due in 2023. This will include how the team can work more closely with Patient Experience to identify where increased support is needed. The team will also be taking steps to understand the impact of the programme on the delivery of Health Board services and the learning of staff as part of the evaluation. Whilst perhaps not identified in this report, Mrs Glanville wished to provide assurance that it will be part of the full evaluation.

Ms Gemma Littlejohn advised that:

- Delivery of the programme had commenced in March 2022; it had been very well received by those who had attended so far.
- 381 members of staff had attended the course since March 2022.
- To date, all attendees had said that they would recommend the course to other colleagues.
- The session included practical advice and guidance in relation to the Health Board's Values, communication, managing wellbeing of themselves and others.
- A selection of attendees' comments were included in the report - some were quite emotive.
- Originally, 3 sessions per week had been planned but it had been difficult to fill that number of sessions, which had affected the financial viability of the sessions because they are delivered off-site.
- Currently sessions were offered weekly and very well attended. They were advertised 12 weeks in advance which helped managers plan rotas. The sessions were rotated across the three counties.
- The data has been analysed; it showed a lack of representation by certain services. It was recognised that this was primarily due to a lack of capacity - those services were prioritising mandatory and statutory training over this course, which would be regarded as CPD.
- The team is liaising with those teams to check that sessions are being offered at convenient times and to see what other support can be provided to ensure that staff can attend.
- The team will continue to monitor the impact the session has on attendees. It will liaise with colleagues, patient services and the Workforce Culture and Experience Team to see whether there is any further feedback that will support the continuous improvement of the session.

Mrs Gostling had attended the session and recommended it to everyone. Mrs Gostling had found it to be powerful in terms of what staff feel and how it challenged their thinking.

In respect of how the organisation communicates Mrs Glanville committed to take this forward when she meets with Ms Hughes-Moakes, and discuss how the Health Board can capture the views of the lower banded staff who do not have a permanent base or who work from home.

	<p>Mrs Gostling advised that further analysis would be undertaken to identify the groups and pay bands with lower participation and then plan a targeted approach to increase attendance. Hotel Services had been identified as a group that tended to have little development overall.</p>	
	<p>The People, Organisational Development &amp; Culture Committee noted that progress made to date to improve attendance and reduce cost identified within the Making a Difference report. It had <b>RECEIVED ASSURANCE</b> that Planning Objective 1H Making a Difference had been thoroughly investigated.</p>	

<p><b>PODCC (22)105</b></p>	<p><b>PLANNING OBJECTIVES UPDATE</b></p>	<p><b>LG/JH</b></p>
	<p>Mrs Glanville advised that work with Prof. Gammon to develop a Multi-Profession Education Development Plan, which would be heavily focussed through a simulation lens had begun. Collaboration with the University regarding the shape/scope of the plan had also commenced.</p> <p>Mrs Glanville advised that, although the Planning Objective Update states that September 2022 was the target, it was important to note that this had been discussed at previous PODCC meetings. The target date was fundamentally a starting point. Whilst the 'final article' was not yet ready, the work was in train.</p> <p>Mrs Rayani reported the fantastic progress and income generation that had been made by the Arts in Health Co-ordinators. . Their work with harder to reach communities and on improving the general environment and experience for patients and their families while they were receiving treatment was also excellent. The Patient Experience team had implemented the improvements it had promised, and would continue to do so.</p> <p>Mrs Hardisty suggested that Planning Objective 2A (page 5) may need to be reviewed sooner than planned because there is some concern around whether the Regional Integrated Fund (RIF) will survive in its current format, which might impact on that Planning Objective. An audit of the RIF is expected, which is also likely to impact on the Planning Objective. It was agreed that Mrs Hardisty and Mrs Gostling would discuss this item in more detail outside of the meeting.</p> <p>Prof. Gammon requested clarification regarding Planning Objective 2L, noting the statement that a retention plan is being developed and will be completed in June 2022 and is on track and querying whether this recorded correctly. In response, Mrs Gostling advised that the Task and Finish Group had been established and meetings to review the turnover rates of staff groups had taken place. The Group continued to implement different approaches to staff retention. Prof. Gammon suggested that the</p>	

	question needing to be asked was whether the Planning Objective had been achieved. If it had become routine business then it had become embedded in the organisation. It was agreed that this would be considered by the Organisational Development team.	CD
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PODCC (22)106	<b>DEEP DIVE: WELSH LANGUAGE AND UPDATE ON PROGRESS FOR THE WELSH LANGUAGE DISCOVERY REPORT (PLANNING OBJECTIVE 3N)</b>	
	<p>The Committee had received the Progress Update: Welsh Language and Culture Discovery Process.</p> <p>Mrs Hughes-Moakes' shared her presentation about Discovery Process and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The process was at the Mid Discovery stage, therefore it was slightly premature to share findings.</li> <li>• The programme was launched at the 2022 Eisteddfod to stimulate debate about what was needed beyond the standards in place. The event attracted c160,000 people from north and south Wales and provided a significant opportunity to connect with people.</li> <li>• The launch was timely because it happened the day after the Welsh Government's launch of the 'More than Words' framework for Welsh in health.</li> <li>• Lots of conversations had taken place with members of the community, about what was important to them in relation to Welsh, particularly in Hywel Dda. People were encouraged to record their thoughts.</li> <li>• It was recognised that the Eisteddfod event would not provide everything needed and so an online survey had been circulated. To date the response had been low but the survey was one element in the Discovery process. Conversations were ongoing with external partners and groups in relation to Welsh language.</li> <li>• Feedback from staff was requested via a survey. Staff were asking for greater availability of Welsh language courses.</li> <li>• Patients needed to be offered Welsh language at the point of entry. Even simple greetings could offer a degree of comfort.</li> <li>• The Welsh language exemplar organisations that have been mentioned several times were North Wales police and Betsi Cadwaladr. The team would contact those organisations to discuss what they did which made them so successful.</li> <li>• Next steps: The feedback would be reviewed in November 2022. The draft report would also be prepared in November 2022. The final report would be published in February 2023.</li> <li>• The team would be contacting Independent Members and colleagues and for their ideas in relation to Welsh language and culture in order to bring it to life.</li> </ul>	

	<p>Noting that the Planning Objective focuses on both Welsh language and culture, Mrs Hardisty commented that there is limited information in relation to culture. Mrs Raynsford advised that she was very keen to understand what made Betsi Cadwaladr and North Wales police exemplar organisations. Mrs Raynsford observed that west Wales is different, and the Health Board needs to serve its communities</p> <p>Ms Hughes-Moakes noted that finding a route into Welsh culture was challenging because it was harder to 'touch'. Ms Hughes-Moakes stated that the organisation wants to embrace Welsh culture in a modern forward-looking way that is welcoming and engaging and does not drown out the other voices in its diverse population. Whilst nuanced, this is about how the Health Board celebrates real diversity when it comes to Welsh language and culture.</p> <p>Mrs Patel enquired whether the Health Board holds an event for St David's Day. Ms Hughes-Moakes confirmed that the Health Board held an event on St David's Day but suggested that more could be done to offer something more engaging. Mrs Gostling commented that the culture element was critical in relation to recruitment, particularly for those who did not live in Wales. There were several different aspects of Hywel Dda to highlight and explain. Making those aspects of the Health Board explicit and celebrating them could have a very positive impact on recruitment.</p> <p>Mrs Hughes-Moakes thanked colleagues for their helpful suggestions, advising that it is important to raise awareness of Welsh language and culture through the Health Board's branding, and committing to take this forward.</p>	
	The People, Organisational Development & Culture Committee <b>NOTED</b> the progress made in relation to Planning Objective 3N, the Welsh Language Discovery Report	

<b>PODCC (22)107</b>	<b>STRATEGIC PEOPLE PLANNING AND EDUCATION GROUP (SPPEG) (LINKED TO PLANNING OBJECTIVE 2D)</b>	
	<p>The draft Strategic People Planning and Education Group (SPPEG) Terms of Reference, together with an Appendix describing the sub structure had been received by Members.</p> <p>Mrs Tracey Walmsley requested approval of the Strategic People Planning and Education Group to go forward. The Group would join together all the strategic people planning elements and future proof the Health Board's education work. Furthermore, from a people development perspective, this Group would provide the governance around education and allow a deeper understanding of the skills needed in the future. It would support the identification of the current workforce's development needs and support collaboration with the universities to future proof the education and commissioning of the courses. It would also be used as a vehicle for delivery, monitoring and evaluation. In</p>	

	<p>relation to digital and simulation work, SPPEG would be used from an education perspective where needs are prominent. The team has established links with the Medical Education team, their representatives agree that an holistic approach is needed and they see links with SPPEG as a positive.</p> <p>Mrs Gostling agreed that Ms Sharon Daniel should be included in the SPPEGProf. Gammon envisaged the Group working, particularly in terms of the governance, to operationally drive planning and education across the organisation to ensure clear accountabilities through PODCC. If the Health Board is ambitious about education having a Committee with representation from various professional groups, SPPEG will facilitate that ambition.</p> <p>Whilst welcoming the proposals, Mrs Hardisty observed that it would involve a significant agenda. There is reference to medical education; however, the Assistant Medical Director (AMD) for Education does not appear to be included in the membership. The membership is numerically large, with a quorum of 50%. Mrs Hardisty queried how the risk that only professionals attend, rather than the wider group will be mitigated. Mrs Gostling reported that a meeting with the AMD for Medication Education had been arranged for the following week. Part of that meeting was to discuss him becoming a member of SPPEG.</p> <p>Mrs Wilson advised that she welcomed the proposal to establish SPPEG; however the terms of reference were not in the required format. It was agreed that the terms of reference would be approved through Chair's Actions. Mrs Wilson, Mrs Glanville and Mrs Walmsley would review the terms of reference outside the meeting.</p> <p>Prof. Gammon enquired whether SPPEG will be a sub-committee to PODCC and report at PODCC meetings. In response, Mrs Wilson advised that the governance arrangements would need to be confirmed before a decision around reporting was made.</p> <p><i>Mr John Evans left the meeting.</i></p>	JW/ AG/ TW
	The People, Organisational Development and Culture Committee to <b>APPROVED, UNDER CHAIR'S ACTIONS</b> , the introduction of the Strategic People Planning and Education Group (SPPEG)	
PODCC (22)108	<b>STRATEGIC EQUALITY PLAN ANNUAL REPORT</b>	
	This item was deferred.	
PODCC (22)109	<b>PERFORMANCE ASSURANCE AND WORKFORCE METRICS (PLANNING OBJECTIVE 1A)</b>	
	The Performance Assurance & Workforce Metrics Report and Appendix 1, Strategic Objectives 1A had been received by the Committee.	



Ms Michelle James was reporting, to provide assurance that the Health Board is delivering against the National Delivery Framework targets. Ms James highlighted:

- Staff sickness: The rates from April–July 2022 had been slightly higher than the same period in 2021; however the rate had reduced during August 2022 to a rate lower than August 2021.
- Compliance of staff completing Dementia training stood at 93%,
- Core Skills remained steady at 83%, work was being done to increase that score.

Mrs Patel noted that only 44% of medical and dental staff are participating in ESR training and enquired whether this figure was correct. Mrs James confirmed that the data was correct – her team was taking steps to achieve improvements in that area. It was noted that, whilst the medical and dental staff groups are always undertaking training, this is not necessarily through ESR

Mrs Hardisty was pleased to note that the data shows an improving trajectory. Mrs Hardisty advised that her comment was not about the report but the ‘read across’ to other information. Reports on Glangwili and Withybush Hospitals provided to the Audit and Risk Committee (ARAC) very recently had given a very different picture in relation to staff sickness, which was part of its Action Plan. Whilst ARAC had received reasonable assurance, Mrs Hardisty was concerned that it appeared that at two main sites there were higher levels of sickness than across all-Wales, which did not show up in the report to PODCC. There was a need to reconcile the information. Mrs Hardisty noted that the issue was to some extent inevitable, because different things are being looked at in each committee, however she was concerned that Independent Members are being presented with varying pictures of two very large areas within the Health Board. Ms James undertook to examine how the report could be developed and cross reference with the more extensive report that came to PODCC’s last meeting. Ms James advised that detailed reports by Directorate were drawn up but they were not currently presented to PODCC.

**MJ**

Mrs Rayani advised that she could provide some assurance; she reviewed all sickness, ESR training compliance and other areas ward-by-ward, team by team to get an overview for the Performance Appraisal and Development Review (PADR) process and prepare for Healthcare Inspectorate Wales (HIW) visits. Staff are encouraged to ensure that they achieve the mandatory levels of training. Mrs Rayani advised that she had flagged clerical staff as a hotspot.

Prof. Gammon commented that the report and evidence provided was much improved. It was at an early stage but different variables were beginning to emerge in relation to areas that were difficult to measure, such as the values work and the culture work. Whilst still early, Prof.

	<p>Gammon felt that there are early signs of possible growth. Prof. Gammon enquired in terms of the 12-month target to reduce agency spend, where the Health Board is in relation to the Workforce Efficiency Plan in terms of impact on that target.</p> <p>Noting that Physicians Associates had been introduced 3-4 years ago, Prof. Gammon emphasised that the Health Board needs to be quite clear that there was a defined career pathway for the individuals involved or they would leave. In relation to the efficiency work there are two significant workstreams: one is nursing and the programme being introduced is stabilising nursing site by site. Previous plans, for example for overseas nurses to go to all Health Board hospitals have been superseded. The plan this time is that they will be stabilised in turn, starting with Glangwili, then Withybush, then Bronglais, then Prince Philip. The first meeting in this regard is next week, at which a baseline will be mapped.</p> <p><i>Dr Leighton Phillips joined the meeting.</i></p> <p>Mrs Gostling also noted that there had always been a difficulty with different sources to establish workforce metrics. The Workforce team collected its intelligence from ESR; there is a cut off point for those reports so there will be different data points.</p> <p>Mrs Glanville advised that she could provide some reassurance in relation to the Medical and Dental compliance. Mrs Glanville's team was working with the Medical Education Team on the Core Skills Framework to make improvements.</p> <p>Mrs Patel enquired whether, in relation to appraisal, the Health Board audits the quality of objectives. For example, in relation to corporate objectives there seems to be a difference in terms of what people do, etc. Mrs Patel queried whether they are very specific in terms of what is required. Ms James advised that the use of Specific Measurable Achievable Realistic Timebound objectives was encouraged. There was appropriate training available to managers on that training. Random sampling has been undertaken at different sites to evaluate whether that was actually happening. It was confirmed that PADRs should be conducted annually for each employee, the timing was linked to individuals' commencement date. The Health Board's target was for a minimum of 85% to be completed.</p>	
	<p>The People, Organisational Development &amp; Culture Committee <b>RECEIVED ASSURANCE</b> that the Health Board is delivering against its National Delivery Framework targets.</p>	
<p>PODCC (22)110</p>	<p><b>RESEARCH &amp; INNOVATION SUB COMMITTEE REPORT AND DEEP DIVE (PLANNING OBJECTIVE 3G)</b></p>	
	<p>Members had received the following reports and appendices:</p>	

- Research & Innovation Sub-Committee Report for PODCC, October 2022
- SBAR University Partnerships Deep Dive, October 2022
- Appendix 1, University Partnerships SBAR Deep Dive
- Appendix 2, Deep Dive Review Slides – University Partnerships Update, October 2022

Dr Leighton Phillips advised that in relation to the Research and Innovation Sub Committee he wished to make three main points:

The volume of activity had now surpassed anything in his previous 3 years within the organisation. The big driver for that was the increase in innovation activity, partly influenced by the work with the TriTech Institute.

Points to note throughout the entire report:

- The organisation is quite heavily influenced by the national agenda in terms of Research and Development activity. Committee members may have noted that the way in which national funding decisions are made has an impact on what the Health Board can do, particularly around the way in which it has limited the appointment of a couple of research nurses.
- Dr Phillips can give assurance that the Health Board's activity is holding up very well. It continues to be 'middle of the pack' in terms of recruitment and the number of studies that it is supporting in Wales, which is very positive.
- Dr Phillips can give assurance that where the Health Board reports delays it is because the organisation is quite meticulous about how it manages actions it commits to. All the actions that it committed to will be completed by the end of this financial year.

In relation to the Bio Bank, Mrs Patel enquired what would be the impact of it not going ahead. Dr Phillips advised that, whilst the Health Board would still be able to store medical and biological samples for ethical studies, it would be doing it with a much smaller team and so would not be able to take part in as many studies. It would also probably mean that the organisation would cease our Human Tissue Act (HTA) licence for research purposes which is quite expensive on an annual basis. This is only required because the Health Board is seeking to run a Bio Bank. Whilst it would limit the number of biological studies, they would not cease.

Noting the statement that the risk attached to Bronglais Hospital's facilities is recorded as 'Extreme' on the Risk Register Prof. Gammon enquired whether this is correct. Dr Phillips confirmed that it was, and that this is the biggest risk currently. To justify why that is in place, Dr Phillips explained that unless appropriate facilities can be put in place for the clinical trials there, it is going to significantly restrict the kind of studies which can be supported. A space is required in which to see

patients and to consent them into a trial and make sure that they are seen for the duration of that trial in a high-quality facility and treated with care and dignity. The £25,000 required to install the necessary IT does not seem to be an insurmountable amount to invest in order to convert the space made available within Bronglais. However, this was not a cost which can be supported from within the Department. Dr Phillips has made an approach to Health and Care Research Wales – whilst the initial response has been positive, until funding is forthcoming to enable installation of the IT equipment, this remains the most significant risk.

Prof. Gammon enquired whether, should funding facilitate this work, the risk would be removed or mitigated. Dr Phillips confirmed that the risk could be closed. The space was a former clinical facility, and so was fit for purpose. Mrs Wilson explained that expenditure decisions could not be made by Committee because these were assurance committees; however, through Professor Philip Kloer, as the Executive Director for this function.

Mrs Patel commented that there appeared to be a lack of research leadership across the organisation, and enquired whether the organisation has programmes to support staff. Dr Phillips confirmed that there were multiple ways to achieve this support. There are currently two members of staff who have dedicated clinical research time awards Funded by Health in Care Wales. Consideration can also be given to reinvesting any surplus funding to buy out time for staff. Mrs Gostling confirmed that all consultants have a research and development component as part of their job plans.

In response to a query around whether the Health Board produces a brochure outlining its research, Dr Phillips Leighton confirmed that the Health Board had a dynamic level of publicity and has been nominated for national awards over the last couple of months. This makes the Health Board an attractive place to work, as well as offering benefits to patients. Dr Phillips drew the Committee's attention to Appendix 2 Deep Dive Review Slides – University Partnerships Update, which had been provided with his supporting papers.

Mrs Hardisty enquired whether the organisation is utilising and promoting links with the three local universities and whether it can demonstrate links other than with Swansea. Also, whether more can be done in this regard. Dr Phillips advised that the Health Board was working more closely with Aberystwyth University, University of Wales Trinity St David and Swansea University. There had been investment in honorary positions. The levels of motivation had improved which had been transformative. However, it would be challenging to evidence/ demonstrate the impact on recruitment and retention, quantify it, and translate it into data. Mrs Gostling noted that, Health Board staff members were speaking at conferences or participating in other activities via Twitter or reports; however, there did not appear to be a mechanism in place to share that information systematically.

PK

	Mrs Patel thanked Dr Phillips for his very informative report.	
	The People, Organisational Development & Culture Committee noted the progress and <b>RECEIVED ASSURANCE</b> from the Research & Innovation Sub Committee Report and Deep Dive (Planning Objective 3G)	

PODCC (22)111	<b>CORPORATE &amp; EMPLOYMENT POLICIES UPDATE</b>	
	<p>The Committee had received the Contractual and legislative changes, which had been provided as an appendix.</p> <p>Ms Hinkin noted that it was the first time the document had been presented. Information about 'zero hours' contracts had been included.</p> <p>In response to an enquiry from Mrs Hardisty, Ms Hinkin advised that she had not received confirmation as to whether there would be a Unison Ballot of Care Staff.</p>	
	The People, Organisational Development & Culture Committee <b>NOTED</b> the Corporate & Employment policies update.	

PODCC (22)112	<b>STANDARDS OF BEHAVIOUR POLICY</b>	
	<p>The Standards of Behaviour Policy SBAR and Standards of Behaviour policy had been received.</p> <p>Prof. Gammon enquired whether there were any other policies outstanding. Ms Hinkin reported that there was a degree of backlog, which had been expected. Certain policies were taking longer to be finalised due to the need to hold consultations with relevant bodies.</p>	
	The People, Organisational Development & Culture Committee <b>APPROVED</b> the Standards of Behaviour Policy.	

PODCC (22)113	<b>WORKFORCE POLICIES</b>	
	<p>Members had received the following documents and were asked to approve the policies:</p> <ul style="list-style-type: none"> <li>• Workforce Policies SBAR</li> <li>• Policy 1085: Leave and Pay for New Parents Policy</li> <li>• Summary EQIA Form Leave Pay Parents Policy</li> <li>• Policy 438: Shared Parental Leave Procedure</li> <li>• Policy 158: Redeployment</li> <li>• Policy 713: EqIA Honorary Contract Procedure</li> <li>• Honorary Contract Procedure</li> </ul>	
	The People, Organisational Development & Culture Committee <b>APPROVED</b> the following policies.	

	<ul style="list-style-type: none"> <li>• Policy 1085: Leave and Pay for New Parents Policy</li> <li>• Summary EQIA Form Leave Pay Parents Policy</li> <li>• Policy 438: Shared Parental Leave Procedure</li> <li>• Policy 158: Redeployment</li> <li>• Policy 713: EqlA Honorary Contract Procedure</li> <li>• Honorary Contract Procedure</li> </ul>	
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PODCC (22)114	<b>PERFORMANCE MANAGEMENT POLICY</b>	
	<p>Members had received the following documents and were asked to approve the policies:</p> <ul style="list-style-type: none"> <li>• SBAR, 1103 Performance Management Policy</li> <li>• Policy 1103: Performance Management</li> <li>• Policy 1103: EqlA Performance Management Policy.</li> </ul>	
	<p>The People, Organisational Development &amp; Culture Committee <b>APPROVED</b> the policies</p> <ul style="list-style-type: none"> <li>• Policy 1103: Performance Management</li> <li>• Policy 1103: EqlA Performance Management Policy.</li> </ul>	

PODCC (22)115	<b>OUTCOME OF ADVISORY APPOINTMENTS COMMITTEE</b>	
	<p>The Committee received the Advisory Appointments Committee (AAC) Report, providing an update on the outcome of the AACs held between 29<sup>th</sup> July 2022 and 3<sup>rd</sup> October 2022, and approved the following appointments on behalf of the Board:</p> <ul style="list-style-type: none"> <li>• Mr Cristian Soare was appointed to the post of Consultant in General Surgery/Laparoscopic Colorectal Surgery based in Bronglais General Hospital. Commencement date to be confirmed.</li> <li>• Dr Matthew Pickup was appointed into the post of Consultant in Paediatrics with an interest in Neonates based at Glangwili General Hospital. Commencement date to be confirmed.</li> <li>• Mr Muhammad Abdelhaleem was appointed to the post of Consultant in Obstetrics and Gynaecology based at Bronglais General Hospital. Commencement date to be confirmed.</li> </ul> <p>It was noted that it was very positive to see so many appointments. There were no questions.</p>	
	The Committee <b>APPROVED</b> on behalf of the Board the outcome of the AAC appointments held between 29 <sup>th</sup> July 2022 and 3 <sup>rd</sup> October 2022.	

PODCC (22)116	<b>PODCC WORKPLAN 2022/23</b>	
	The Committee <b>NOTED</b> the PODCC workplan for 2022/23.	



<b>PODCC (22)117</b>	<b>MATTERS FOR ESCALATION TO BOARD</b>	
	There were no items for escalation to the Board.	

<b>PODCC (22)118</b>	<b>DATE AND TIME OF NEXT MEETING</b>	
	9.30am, 15 <sup>th</sup> December 2022.	