



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

Date and Time of Meeting:	13 th December 2021 at 1.00 p.m.
Venue:	Board Room, Ystwyth Building, Hafan Derwen, St David's Park, Carmarthen, SA31 3BB

Present:	Professor John Gammon, Independent Member (PODCC Chair) Mrs Judith Hardisty, Independent Member (PODCC Vice-Chair) Ms Ann Murphy, Independent Member (VC) Mrs Delyth Raynsford, Independent Member (VC) Mr Winston Weir, Independent Member (VC)
In Attendance	Mrs Lisa Gostling, Director of Workforce & Organisational Development (PODCC Executive Lead) Professor Philip Kloer, Medical Director/Deputy Chief Executive) (VC) (part) Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Mrs Joanne Wilson, Board Secretary (VC) Mrs Annmarie Thomas, Assistant Director of Workforce & Organisational Development (VC) Mrs Amanda Glanville, Head of Workforce Education & Development (VC) Ms Sarah Jenkins, Head of People & Organisational Effectiveness (on behalf of Mrs Christine Davies, Assistant Director of Organisational Development) (VC) Mr Robert Blake, Head of Culture & Workforce Experience (VC) Ms Anna Bird, Assistant Director – Strategic Partnerships, Diversity & Inclusion (VC) Ms Jennie McClymont, Administrator/Generic Support Worker (VC) Mrs Claire Williams, Committee Services Officer (Secretariat)

Agenda Item		Action
PODCC (21)43	INTRODUCTIONS AND APOLOGIES FOR ABSENCE Apologies for absence were received from Mrs Ros Jervis, Director of Public Health, and Ms Christine Davies, Assistant Director of Organisational Development. Ms Jennie McClymont was welcomed to the meeting as an observer as part of the reverse mentorship programme.	
PODCC (21)44	DECLARATIONS OF INTEREST No declarations of interest were made.	
PODCC (21)45	MINUTES AND MATTERS ARISING FROM THE PREVIOUS MEETING HELD ON 13TH OCTOBER 2021 RESOLVED – that the minutes of the PODCC meeting held on 13 th October 2021 be APPROVED as an accurate record of proceedings.	

PODCC (21)46	TABLE OF ACTIONS FROM THE PREVIOUS MEETING HELD ON 13TH OCTOBER 2021	
	<p>An update was provided on the Table of Actions from the meeting held on 13th October 2021, with confirmation received that all outstanding actions have either been progressed or forward planned for a future Committee meeting. Referring to action PODCC(21)25 Performance Appraisal Development Review (PADR) Performance Report, Mrs Lisa Gostling advised that whilst there was no further update with regard to a national system, it was noted that discussions are being undertaken on an all-Wales basis to make the system easier to use and local meetings have been held regarding alternative solutions. Prof. John Gammon acknowledged that many system issues which impact upon compliance are beyond the control of Hywel Dda University Health Board (HDdUHB) and that any national support would be welcomed. Mrs Gostling further advised that the Electronic Staff Record (ESR) would be re-procured in the near future which may result in a different system in the future. It was noted that a further PADR update is forward planned for April 2022.</p>	
PODCC (21)47	SELF-ASSESSMENT 2020/21 ACTION PLAN	
	<p>Members were presented with the PODCC Self-Assessment 2020/21 Action Plan report, providing a progress update following the completion of a questionnaire to consider the effectiveness of the People, Planning & Performance Committee (PPPAC) during 2020/21. Appreciation was expressed to Members for completing the questionnaire, and the importance of learning from this process, particularly in light of PODCC being a new Committee, was conveyed. Mrs Gostling was pleased to confirm that all actions resulting from the recommendations had been completed and incorporated into the Committee's workplan. Members were pleased to note that the responses have also been linked to HDdUHB's Planning Objectives.</p> <p>In addition to the annual self-assessment, the importance of having an iterative assessment of Committee performance and effectiveness was recognised. Prof. Gammon suggested that if any Members have any suggestions/matters for consideration in order to develop PODCC further that these be conveyed to himself or Mrs Gostling.</p> <p>Members received assurance from the self-assessment 2020/21 action plan report presented.</p>	All
	<p>The People, Organisational Development & Culture Committee received ASSURANCE that actions from the PODCC/PPPAC Self-Assessment 2020/21 action plan report are being progressed within the agreed timescales.</p>	
PODCC (21)48	OUTCOMES OF NHS WALES STAFF SURVEY, NURSING CLIMATE SURVEY & DISCOVERY REPORT IMPLEMENTATION/ACTION PLANS UPDATE (STAFF EXPERIENCE: TRANSFORMING STAFF FEEDBACK INTO POSITIVE CHANGE)	
	<p>The Committee received the Staff Experience: Transforming Staff Feedback into Positive Change report, noting the Board's commitment to supporting the well-being of staff, reflected in the three People Objectives and in the</p>	

commissioning of the Discovery Report in March 2021. Members noted that in September 2021, the Board discussed and approved the Discovery Report on understanding staff experience of working during the COVID-19 pandemic. In discussing the report, the Board delegated responsibility to PODCC to receive an action plan to take forward its recommendations, with a suggestion that the action plan combine the results of three pivotal pieces of work: Discovery Report (June 2021), Your Wellbeing Matters (February 2020) and Staff Survey (November 2020). Members were pleased to note that existing work streams and plans to support the well-being of staff have already been presented as part of the Annual Recovery Plan 2021/22, approved by the Board, and the action plan presented is about the next step in the journey that builds on existing plans and will form part of the wider culture change work and the plan on a page for 2022/23.

Ms Sarah Jenkins informed Members that the actions contained within the action plan already form part of the Workforce & OD Strategy and that specific actions are included within the 2021 plans on a page or forward planned for inclusion within the 2022 plans on a page. It was noted that the monthly surveys of which 1000 staff are invited to complete are continuing and in terms of future measures on staff experience, the intention is to repeat the Nursing & Midwifery survey in May 2022, which will provide an opportunity to compare the results against the survey undertaken for this cohort of staff in February 2018. It is also anticipated that a national survey will be published during 2022.

Prof. Gammon expressed gratitude for the detailed report presented, and in particular the solutions identified.

Referring to page 5 of the report, Mrs Judith Hardisty enquired as to the proposals should there be areas where learning innovation ideas are not being actioned or hindered and whether measures would be put in place to track progress. In response, Ms Jenkins emphasised that this is a realistic challenge given current capacity, recognising there is a requirement to take matters forward and listen to staff. People culture plans would be focused on this moving forward and used to gain an understanding of what the barriers may be. The importance of communication, sharing understanding and adaptation was recognised as key matters for effective learning innovation. Mrs Amanda Glanville informed Members that a Business Case is being developed to increase the training commitment in order for staff to be able to access courses, and that further learning interventions are planned.

Ms Ann Murphy suggested the creation of a virtual ideas hub where a group of staff could discuss ideas together. In response, Mrs Gostling advised that substantial work is already being undertaken in terms of collecting information from staff.

Prof. Gammon commended the encouragement of innovation and learning opportunities for staff and emphasised the importance of providing continued professional development opportunities. In terms of the process for

	<p>presenting the Business Case to Board to support the initiatives, Mrs Gostling confirmed that one of the Planning Objectives relates to equitable access and ensuring that appropriate budgets are in place. It was noted that the Business Case would be presented to the Executive Team prior to presentation to Board.</p> <p>Referring to the recommendation within the report to receive progress reports on a six monthly basis commencing in June 2022, Prof. Gammon enquired whether an earlier progress report should be received. Following discussion, it was agreed to continue on a six monthly basis, and to invite the Organisational Development Relationship Managers (ODRMs) to attend the February 2022 PODCC meeting to provide an insight into their role.</p> <p>Mrs Delyth Raynsford enquired whether there are sufficient wellbeing services in place for staff to receive support in the language of their choice, in particular, the Welsh language. In response, Mrs Gostling confirmed that this is not available through the current in-house counsellors, however the 24/7 wellbeing support line includes Welsh speaking counsellors. Mrs Gostling undertook to confirm with Mrs Christine Davies, Assistant Director of OD, and Ms Suzanne Tarrant, Consultant Clinical Psychologist, the mechanisms in place.</p> <p>In response to Mrs Raynsford's enquiry relating to whether a change in the nursing 12-hour shift system could improve the retention of staff, Mrs Mandy Rayani advised of recent discussions on this matter, and that nurses, in general, had previously expressed the desire to work 12 hour shifts. However, more flexibility by nurses is now required and is being reviewed, together with exploring best practice. Mr Robert Blake advised that an opportunity for ideas to be raised in a safe way through the new Working in Confidence platform would be created.</p> <p>Members expressed gratitude for the report presented and welcomed the collaboration of the three surveys and work undertaken to date. Whilst welcoming the link between the actions to HDdUHB's Planning Objectives and the completion due date contained within Attachment 1, no assurance was provided that the actions had been achieved by the planned date. It was therefore suggested that future reports contains an actioned column highlighting, for example, whether the action has been completed or a RAG rated column.</p> <p>Members endorsed the recommended actions contained within the report and noted that progress reports would be received on a six monthly basis.</p> <p>The People, Organisational Development & Culture Committee:</p> <ul style="list-style-type: none"> • ENDORSED the recommended actions contained within the report. • NOTED that progress reports will be received on a six monthly basis, commencing in June 2022. 	<p>LG</p> <p>LG</p>
--	---	---------------------

<p>PODCC (21)49</p>	<p>PLANNING OBJECTIVES UPDATE</p> <p>Members were presented with the Workforce & Organisational Development (OD) Planning Objectives Update, providing an update on the progress</p>	
----------------------------	---	--

made in the development (delivery) of the twelve Planning Objectives (PO) under the Executive leadership of the Director of Workforce and OD; Director of Nursing, Quality and Patient Experience; Director of Public Health; and Medical Director/Deputy Chief Executive that are aligned to PODCC.

Mrs Gostling provided the following update:

- **1C: Design a training and development programme to build excellent customer service across the Health Board for all staff in public & patient facing roles for implementation** – The design has been completed, however the pilot has been postponed until the New Year.
- **2D: By December 2021 develop a clinical education plan with the central aim to develop from within and attract from elsewhere, the very best clinicians** – A meeting had been held week commencing 06/12/2021 with Clinical Executives and work is continuing in terms of the detail of the clinical education plan. Terms of Reference for the newly established Education Group are currently being developed and will proceed in 2022.
- **2G: By October 2021 construct a comprehensive workforce programme to encourage our local population into NHS and care related careers aimed at improving the sustainability of the Health Board's workforce, support delivery of the Health Board's service objectives (both now and in the future) and offer good quality careers for our local population. This should include an ambitious expansion of our apprenticeship scheme** – Engagement with the local population and apprenticeship programme has continued, however work experience and volunteering has been stifled due to the COVID-19 restrictions on schools and colleges.

Mrs Rayani provided an update in relation to **1B: Building on the success of the Command Centre, develop a longer-term sustainable model**, confirming that sufficient call handling staff have been recruited, however some of whom have been diverted to support the vaccination programme. It is understood that there are sufficient staff within the Command Centre to support the Hub in terms of access for patients.

Prof. Gammon enquired why PO 1B is presented to PODCC. In response, Mrs Rayani emphasised the “people” and “recruitment” element contained within the PO, although it is also reported to other Committees, including the Quality & Safety Experience Committee (QSEC). Mrs Joanne Wilson confirmed that PO 1B is required to be reported to PODCC, as agreed by the Board.

Referring to the progress on PO 2D contained within the report, Mrs Hardisty enquired why there is a shift from “wide issues” to more specific issues such as the Band 4 job description and core competencies, and queried where this fits in with the overarching clinical education plan. In response, Mrs Gostling advised that actions are contained with the plans on a page which

	<p>have been developed to date and will form part of the overarching plan describing how all professionals will be brought together and how this is influenced strategically on an all-Wales basis.</p> <p>Whilst accepting the narrative as to why certain POs are rated amber, Prof. Gammon enquired how assurance could be provided that the reasoning for this is due to the COVID-19 position and redeployment of staff, which could remain an issue for some time and is therefore not a sustainable position. In response, Mrs Glanville assured Members that plans are in place and collaborative working is being undertaken with organisations in terms of the future workforce. Members were pleased to note that by the next update in February 2022, significant progress will have been made.</p> <p>Members noted the PO update report demonstrating the clear progress made and the challenges that remain. It was agreed that there is no requirement for any concerns to be escalated to Board.</p>	
	<p>The People, Organisational Development & Culture Committee:</p> <ul style="list-style-type: none"> • RECEIVED an ASSURANCE on the current position in regard to the progress of the Planning Objectives aligned to PODCC, in order to onwardly assure the Board where Planning Objectives are progressing and are on target, and raised any concerns where Planning Objectives are identified as behind in their status and/or not achieving against their key deliverables. 	

<p>PODCC (21)50</p>	<p>WORKFORCE PLAN UPDATE POSITION</p> <p>Members were presented with the Workforce Plan Update Position report, noting the purpose of the report to define, explore and develop interventions to increase workforce supply routes that can contribute to the overall workforce plan (as part of the Integrated Medium Term Plan) and identify resource needs within the Workforce & OD Directorate that would require additional investment to support the ambition to address the scale of the workforce deficits. Members acknowledged that this will be an iterative process to align the workforce gap and supply sources, however, the report makes strides in identifying how the gap can be reduced as per the interventions and critical areas being focused upon, including retention (bind), resourcing (buy), and workforce development (build).</p> <p>Mrs Gostling explained that the report attempts to look at the nursing workforce and how HDdUHB can ensure there is a sufficient supply of nurses in the future. It is the intention to undertake a similar report for the medical and allied health professional workforces. The following matters were highlighted:</p> <ul style="list-style-type: none"> • Retention (Bind) – Turnover within HDdUHB is one of the highest reported turnovers across NHS Wales. In terms of the reason for leaving, retirement age remains the highest. The aim is to reduce the current turnover rate by 1% and this is being led by the OD Team, with the intention that within an 18-month period, turnover is reduced by 3%. • Resourcing (Buy) – As at October 2021, there was a vacancy factor of circa 950 whole time equivalent (wte) across all staff groups. Modelled supply based on interventions suggests that if demand and supply can 	
--------------------------------	--	--

be aligned, the deficits can be significantly reduced. In line with the Overseas Registered Nurse Resourcing Programme, it is the intention to recruit from overseas to address the short to medium term deficit position, whilst developing the local workforce. A pilot of the recruitment of 30 wte nurses from overseas is the initial intent, increasing the number to 100 wte in the first year and extend from there to 150 to 200 wte. Discussions have been undertaken with NHS Wales Shared Services with the anticipation that overseas recruits are available. Whilst working for HDdUHB, the recruits will develop additional skills which can be utilised when they return to their own country.

- Workforce Development (Build) – Recognising that there are a number of healthcare support workers who wish to progress to become registered nurses, and the substantial amount of applications received for HDdUHB’s apprenticeship scheme, there is clear evidence that these are career pathways that the population of HDdUHB wish to pursue. The identification of additional placements for apprentices is being considered which could result in increasing the number of apprentices to 100 per year. If successful overseas recruitment is undertaken, as the registered nurses return to their own countries, the HDdUHB “Grow Your Own” and apprentices will be in place to fill the vacant posts. Therefore, if the plan is a success, by 2026/27 there would be no registered nurse vacancies within HDdUHB, and work can then commence on community services and the new hospital development.

The report has been discussed by the Executive Team, where it was proposed that a sub-group would be developed to oversee the three separate elements and to ensure that programmes are delivered within agreed timescales.

Mrs Hardisty referred to the lack of specific cohorts within the local population who are not represented within the workforce, including those with additional learning needs and learning disabilities who would welcome work opportunities. Refugees and asylum seekers have also been omitted from the report and Mrs Hardisty welcomed any updates concerning these cohorts. In response, Mrs Gostling confirmed that the workforce with learning disabilities would be included as a plan on a page objective for 2022/23 and that work is being undertaken with the Office for National Statistics with regard to the local demographics. Mrs Hardisty advised that the Regional Partnership Board may already have such data if required. With regard to asylum seekers, it was noted that HDdUHB’s Strategic Partnership Team works collaboratively with resettlement panels and supports Afghan and resettled families, looking at opportunities to provide work experience.

Referring to the shortage of affordable accommodation to purchase or rent within the HDdUHB area, Mrs Hardisty enquired whether a pool of accommodation should be developed. Mrs Gostling advised that accommodation is a key component of the plan and that Shared Services are taking the lead with local procurement leads.

Mrs Hardisty further requested assurance that funding is available for training programmes if the required number of places are not achieved as part of the Health Education and Improvement Wales (HEIW) contracting process. In response, Mrs Gostling advised that a meeting had been due to be undertaken with representatives of HEIW week commencing 13/12/2021, however this has been postponed until January 2022. Information has already been included within the Integrated Medium Term Plan (IMTP) with regard to a requirement for some flexibility and to have an indication of those who withdraw from training and whether these vacancies could be re-filled.

Mrs Thomas advised that a report had been produced for the Executive Team, and colleagues across Wales have spoken with a high degree of confidence with regard to the quality and retention of overseas candidates.

Referring to the finance costs contained within the report, Mr Winston Weir sought clarification behind the rationale for reaching the proposed cost reduction figures contained within page 8 of the report, which highlights a saving of £937,340 in Year 1, increasing to £2,362,964 in Year 3. In response, Mrs Gostling advised that these finances had been included in Mr Huw Thomas', Director of Finance report presented to the November 2021 In-Committee Board meeting and would be linked to a reduction in agency costs and an increase in skills mix. It was further noted that HDdUHB's Finance Team is undertaking some work in regard to illustrating the payback process and Mrs Gostling was requested to obtain further detailed information with regard to the Year 1 cost reduction and provide the data to Mr Weir.

Mr Weir further enquired whether a similar exercise could be undertaken for other professional groups, and in response, Mrs Gostling confirmed that other groups would form part of the plan for the allied health profession (AHP) workforce.

Prof. Gammon, referring to the plans for the future workforce and what will be included within the IMTP with regards to nursing which would require HEIW to commission graduates and a requirement for funding relating to the existing and increasing number of apprentices, enquired as to the level of confidence in terms of funding from HEIW for this route of recruitment. In response, Mrs Gostling advised that prior to the production of the presented report, a 42-page document had been developed with substantial additional detail, Mrs Gostling confirmed that Mrs Glanville had met with HEIW colleagues in terms of developing the report, where numbers had been discussed in detail and early indications confirm that HEIW supports the increasing number. Mrs Glanville further advised that a meeting with HEIW colleagues is scheduled for 16/12/2021. Prof. Gammon reiterated the requirement to closely monitor the situation.

Prof. Gammon further enquired whether a re-design of the staffing numbers has been considered based on modelling and service needs. In response, Mrs Rayani advised that the Assistant Practitioner (Band 4) role has been

LG

	<p>included within the report on the basis that overseas nurses could commence on a Band 4 role when arriving in HDdUHB, however recognising that there may be some challenges ahead in terms of the viability of locating some of the nurses within community nursing immediately, recognising the culture changes and supervision required. Different career options would therefore be considered.</p> <p><i>Prof. Philip Kloer joined the PODCC meeting</i></p> <p>In response to Prof. Gammon’s enquiry regarding limited information relating to strategies for the retention of staff and whether this data could be linked to the dashboard report, Mrs Gostling advised that such data would be included within the report presented at the next meeting.</p> <p>Prof. Gammon, referring to the Grow Your Own programme, under graduates and the expanding apprenticeship scheme, enquired how the increasing number of clinical placements required would be managed over the forthcoming 3-4 years. In response, Mrs Rayani confirmed that all placements are planned and modelled, with the potential for placements within care homes and within services 24/7 being pursued, in order to provide additional placement capacity. Mrs Rayani undertook to liaise with Mrs Gostling’s team in terms of providing a report in the future to provide assurance that placements are deliverable. Members noted that discussions are already underway with ward management in terms of the numbers that can be accommodated.</p> <p>Members supported and were assured by the Workforce Plan Update report, noting the indicative costs and requirement for further scoping and development work.</p>	<p>LG</p> <p>MR</p>
	<p>The People, Organisational Development & Culture Committee:</p> <ul style="list-style-type: none"> • SUPPORTED the initial proposals as approved by Formal Executive Team and received ASSURANCE from the development of the programme of work involved. • NOTED the indicative costs and requirement for further scoping and development work aligned to: a) workforce planning modelling tools and b) longer term workforce and financial detailed modelling work on a 10 year programme that has a more sophisticated approach to attrition modelling. 	

<p>PODCC (21)51</p>	<p>MEDICAL ENGAGEMENT SCALE SURVEY RESULTS/COMPARISON REPORT</p> <p>Members were presented with the Medical Engagement Scale Survey Results/Comparison report, noting that the Medical Engagement Scale (MES) was originally developed in 2008 for use in the “Enhancing Engagement in Medical Leadership” project, conducted by the NHS Institute for Innovation and the Academy of Medical Royal Colleges for which Professor Peter Spurgeon was the National Project Director. The MES is a survey instrument that assesses the level of engagement of the medical workforce with the goals of the organisation in which they work, comprising 30 items that combine to form 10 scales, including an overall engagement</p>	
----------------------------	---	--

index. In June 2021, an all-Wales survey monitoring engagement of medical staff was conducted by Engage to Performa Ltd. The survey was conducted with a view to provide comparisons in terms of time (focusing on the differences and direction of travel between the surveys undertaken in 2016 and 2021) and locations (across hospitals within HDdUHB and with other UHB's across Wales). In total, 222 members of medical staff within HDdUHB completed the survey.

Prof. Kloer expressed gratitude to Mr Blake and Mrs Christine Davies for preparing the report alongside Mr John Evans, Assistant Director, Medical Directorate. Prof. Kloer highlighted the following matters:

- Comparing both surveys, there have been some improvements and some areas which require additional work.
- Medical staff affiliated with Worthybush General Hospital (WGH) had improved on all ten MES scales since the baseline assessment, particularly so with respect to “working in a collaborative culture” and “climate for positive learning”.
- Engagement of Speciality & Associate Specialist (SAS) doctors was low, however this was expected.
- It is encouraging that there are a number of actions already making progress (as contained within pages 11-13 of the report).
- The survey was undertaken during the COVID-19 pandemic, when there were significant immense pressures upon unscheduled care, therefore there is a degree of challenge in being able to undertake academic comparisons between the two surveys.
- Additional interest in relation to research and innovation has been expressed by members of the medical workforce across the four acute sites.

Prof. Gammon welcomed the report, in particular the insight into key areas and the differing issues across the various sites. Referring to the 222 members of medical staff who responded to the survey, Prof. Gammon enquired as to the potential number of respondents across HDdUHB. In response, Prof. Kloer confirmed there are circa 1000 staff within the medical workforce, however General Practitioners who are not directly employed by HDdUHB are not included in this figure. Prof. Gammon advised that the Swansea Bay University Health Board (SBUHB) results in 2021 had been better than in 2016 and enquired how this had been achieved. In response, Prof. Kloer informed Members that he has had initial discussions with SBUHB colleagues and is awaiting a more comprehensive answer, however reminded Members that HDdUHB has a higher number of SAS and BAME doctors in comparison to SBUHB, and that both of these are amongst the lower engagement cohorts. A further barrier relates to the multiple sites across HDdUHB.

Referring to the actions contained within the report, Prof. Gammon enquired how these would be monitored, in particular continued professional development. In response, Prof. Kloer confirmed that an action plan containing timescales would be developed and monitored.

	<p>Mr Weir, referring to areas highlighted within the report requiring a need for improvement, enquired when feedback would be provided to the medical workforce. In response, Prof. Kloer advised that the areas highlighted included Child & Adolescent Mental Health Services, Community Paediatrics, and Unscheduled Care (Prince Phillip Hospital), and that specific work would be undertaken with these services, some of which have already commenced. Members noted that the information is also shared with the Local Negotiating Committee (LNC), and that the author of the report would be speaking to the LNC in the near future, and advice taken with regard to how the information could be shared more widely. Mr Blake added that the staffing of unscheduled care would form part of a wider agenda and be captured as part of staff engagements.</p> <p>Mrs Hardisty expressed some concern in having such a specific survey for the medical cohort of staff, emphasising the complexity and difference to other surveys undertaken by other staff cohorts, and enquired whether a survey is undertaken by junior medical staff in training. In response, Dr Kloer advised that the survey is performed in an academic manner based on a large number of responses across the UK and that the MES is linked to quality of care. In terms of junior medical staff and student surveys, these are considered by the Medical Workforce Group and advice would be sought from Mrs Gostling with regard to an appropriate balance. Mrs Gostling and Prof. Kloer undertook to discuss the appropriate channel for reporting findings from junior medical staff and student surveys. Ms Jenkins added that the valuable information from MES would feed into people culture plans, and that work would be undertaken with Prof. Kloer and his team to create a Medical People Culture Plan, focusing upon the key engagement challenges.</p> <p>Members expressed gratitude for the detailed report, noting the results of the survey and received assurance on the actions being undertaken to further develop relationships with the medical staff cohort. A further report would be welcomed in the future with regard to the delivery and monitoring of the action plan.</p>	LG/PK
	<p>The People, Organisational Development & Culture Committee:</p> <ul style="list-style-type: none"> • NOTED the results of the Medical Engagement Scale Survey. • Received ASSURANCE on the actions being undertaken in HDdUHB to further develop relationships with the medical staff cohort. 	
PODCC (21)52	<p>BLACK, ASIAN AND MINORITY ETHNIC (BAME) ADVISORY GROUP</p> <p>Members were presented with the Black, Asian and Minority Ethnic (BAME) Advisory Group update report, noting that since its inception in June 2020, the BAME Advisory Group has taken forward a range of actions to address inequality for minority ethnic staff, across a number of key thematic areas:</p> <ul style="list-style-type: none"> • Raising awareness of diversity and inclusion. • Supporting staff. • Reviewing organisational data. • Strengthening management awareness, capacity and capability about diversity and inclusion issues. 	

	<p>Prof. Gammon welcomed the detailed report, in particular the clear evidence of the range of actions undertaken by the Advisory Group.</p> <p>Mr Weir, referring to the positive actions undertaken to date and the involvement of Miss Maria Battle, HDdUHB Chair, highlighted that the challenge ahead is to ensure that the voices of the Advisory Group are heard and that there is a commitment from Executive Directors. Members noted that in Mrs Ros Jervis' absence as Executive lead, Prof. Kloer and Mrs Gostling are attending the meetings and Executive Directors have met with specific groups and individuals to listen to their experiences. Mrs Thomas added that, as a member of the Advisory Group, the listening and lived experiences are invaluable and any concerns raised are promptly actioned. The most recent meeting had been extremely positive and a significant culture change within HDdUHB is evident.</p> <p>Prof. Gammon, referring to the report commissioned to review dismissals and to identify any indication of disproportionate impact in cases of dismissals over a ten-year period on staff from minority ethnic groups, enquired whether this would be presented to PODCC in the future. In response, it was confirmed that the report would be presented at the February 2022 PODCC meeting.</p> <p>Members expressed gratitude for the encouraging report and were pleased to note the tangible outcomes in terms of initiatives and actions being undertaken which are having a positive impact on staff within HDdUHB.</p>	AT
	<p>The People, Organisational Development & Culture Committee received ASSURANCE from the report on the progress which has been made to improve the experience of employees from Black, Asian and Minority Ethnic communities.</p>	

PODCC (21)53	<p>INTEGRATED PERFORMANCE ASSURANCE REPORT (PERFORMANCE ASSURANCE & WORKFORCE METRICS)</p> <p>Members were presented with the Performance Assurance & Workforce Metrics report, including an update on workforce metrics as well as key performance indicators, which provide assurance of delivery against objectives and nationally set targets. Members noted that the Workforce & OD Directorate is in the process of reviewing all of its strategic objectives to identify primary and secondary measures which have a clear line of sight to the strategic objective and that a future version of the report would include a section of key performance indicators for the strategic objectives. This dashboard is currently in draft and has been circulated to key stakeholders for comment on its content and presentation style. Mrs Thomas expressed confidence that the dashboard would be presented at the February 2022 PODCC meeting ahead of the March 2022 deadline for delivery. The vision for this report will be to present the performance indicators consistently in the following way:</p> <ul style="list-style-type: none"> • Current performance with a commentary to support the quantitative data presented. • Performance trends. 	
-------------------------	--	--

- Future actions to address any areas where improvement is necessary.
- Increasing use of Statistical Control Charts to improve monitoring of variation and highlight areas which require further investigation.

Mrs Hardisty enquired whether technical support is provided to Mrs Thomas' team with regard to the development of the metrics, e.g. turnover rates, and whether there is a service/directorate breakdown available, similar to that provided within the Integrated Performance Assurance Report presented to other Committees. In response, Mrs Thomas confirmed that support is provided by the Digital and Performance Teams and the work undertaken is on the assumption that the report would be on HDdUHB wide metrics and not broken down into directorates, etc. at this stage. Discussion ensued with regard to additional in-depth performance detail and it was agreed that where there is a "hotspot" and a deep dive explanation as part of an exception report is required to be presented to PODCC, Mrs Gostling and Mrs Thomas could undertake this at their discretion.

Mr Weir welcomed the improved report format and detailed information, in particular noting the age profile of the workforce aged 40 years and over. On this basis, future reporting should evidence what is being undertaken to manage age bands and impending retirements. Prof. Gammon reiterated the requirement for future reporting to also include what is being undertaken to respond to issues that provide a challenge to the Board.

Members considered and noted the Performance Assurance & Workforce Metrics report and welcomed the anticipated report being prepared for February 2022 which will include the dashboard to monitor performance against the national delivery framework targets and key performance indicators for the strategic objectives.

The People, Organisational Development & Culture Committee:

- **CONSIDERED** the performance NHS Delivery Framework metrics below and **ADVISED** of any issues arising that need to be escalated to the next Public Board meeting.
- **NOTED** the content of the report as assurance of performance in key areas of the Workforce and OD agenda.
- **NOTED** that the report being prepared for the February 2022 PODCC meeting will include the dashboard to monitor performance against the national delivery framework targets and key performance indicators for our strategic objectives.
- Provided feedback on the usefulness of the content and format of the report and **RECOMMENDED** any additional metrics which may be helpful to include.

PODCC
(21)54

RESEARCH AND INNOVATION SUB COMMITTEE REPORT

The Committee received the Research & Innovation Sub-Committee (RISC) update report following the meeting held on 8th November 2021. Prof. Kloer highlighted the following matters:

	<ul style="list-style-type: none"> • Risk 1035 There is a risk that research and development (R&D) in Bronglais General Hospital (BGH) is not able to deliver work aligned to the overall strategic objectives of the Health Board, Health & Care Research Wales and the R&D strategy – Advance plans are in place for a joint facility with Aberystwyth University with an identified central area which has been visited and considered fit for purpose. • Risk 1036 There is a risk that R&D in Withybush General Hospital (WGH) is not able to deliver work aligned to the overall strategic objectives of the Health Board, Health & Care Research Wales and the R&D strategy – This process is in the early stages with regard to identifying a suitable space. Prof. Kloer emphasised the inhibiting number and types of study that can be undertaken due to the lack of space. <p>Members noted the report and recognised the significant progress and achievements undertaken by the R&I Team and were particularly pleased to note the additional research sessions available for clinicians. Recognising the challenges associated with suitable space, Members were keen to receive a positive update at the next meeting.</p>	
	The Committee NOTED the Research & Innovation Sub-Committee update report.	

PODCC (21)55	<p>CORPORATE AND EMPLOYMENT POLICIES</p> <p>There were no corporate and employment policies to be approved.</p> <p>Prof. Gammon, referring to the deferral of a number of policies previously with a view that these would have been presented to PODCC in December 2021 and February 2022, enquired whether there is a clear timeline with regard to when policies would be presented for approval. In response, Mrs Gostling advised that these are linked to the POs and not required to be presented to PODCC, however undertook to confirm this.</p>	LG
---------------------	--	-----------

PODCC (21)56	<p>OUTCOME OF ADVISORY APPOINTMENTS COMMITTEE</p> <p>The Committee noted that there had been no Advisory Appointments Committee meetings held since the last PODCC meeting.</p>	
---------------------	--	--

PODCC (21)57	<p>PODCC WORKPLAN 2021/22</p> <p>The PODCC workplan for 2021/22 was received for information.</p> <p>The Committee NOTED the PODCC workplan for 2021/22.</p>	
---------------------	--	--

PODCC (21)58	<p>MATTERS FOR ESCALATION TO BOARD</p> <p>There were no matters discussed during the meeting requiring escalation to Board.</p>	
---------------------	--	--

PODCC (21)59	<p>DATE AND TIME OF NEXT MEETING</p> <p>3rd February 2022 at 9.30 a.m. - Boardroom, Ystwyth Building, Hafan Derwen, St David's Park, Carmarthen.</p>	
---------------------	--	--

Prof. Gammon expressed gratitude for the substantial work undertaken by all staff involved.