

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

Date and Time of Meeting:	3 rd February 2022 at 9.30 a.m.
Venue:	Board Room, Ystwyth Building, Hafan Derwen, St David's Park, Carmarthen, SA31 3BB

Present:	<p>Professor John Gammon, Independent Member (PODCC Chair) Mrs Judith Hardisty, Independent Member (PODCC Vice-Chair) (VC) Ms Ann Murphy, Independent Member (VC) Mrs Delyth Raynsford, Independent Member (VC) Mr Winston Weir, Independent Member (VC)</p>
In Attendance	<p>Mrs Lisa Gostling, Director of Workforce & Organisational Development (PODCC Executive Lead) Professor Philip Kloer, Medical Director/Deputy Chief Executive Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Mrs Joanne Wilson, Board Secretary (VC) Ms Anna Bird, Assistant Director – Strategic Partnerships, Diversity & Inclusion (VC) (part) Mrs Amanda Glanville, Head of Workforce Education & Development (VC) Ms Sarah Jenkins, Head of People & Organisational Effectiveness (VC) (part) Ms Lesley Jones, Head of Nursing (VC) (part) Mr Steve Morgan, Deputy Director of Workforce & OD (VC) Dr Hashim Samir, Consultant Radiologist (VC) (part) Mrs Annmarie Thomas, Assistant Director of Workforce & Organisational Development (VC) Ms Christine Davies, Assistant Director of Organisational Development (VC) Ms Tracy Walmsley, Senior Workforce Development Manager (VC) (part) Ms Hannah Botes, Assistant Organisational Development Relationship Manager (VC) (part) Ms Gina Callanan, Organisational Development Relationship Manager (VC) (part) Ms Victoria Hall, Assistant Organisational Development Relationship Manager (VC) (part) Ms Susan Jarvis, Senior Workforce Manager (VC) (part) Ms Nicola Jones, Organisational Development Relationship Manager (VC) (part) Ms Laura Nicholas, Organisational Development Relationship Manager (VC) (part) Ms Jane Sadler, Organisational Development Relationship Manager (VC) (part) Mrs Claire Williams, Committee Services Officer (Secretariat)</p>

Agenda Item		Action
PODCC (22)01	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	
	Apologies for absence were received from Mrs Ros Jervis, Director of Public Health, and Ms Jo McCarthy, Deputy Director of Public Health.	

	The newly appointed team of Organisational Development (OD) Relationship Managers were warmly welcomed to the meeting.	
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PODCC (22)02	DECLARATIONS OF INTEREST	
	No declarations of interest were made.	

PODCC (22)03	MINUTES AND MATTERS ARISING FROM THE PREVIOUS MEETING HELD ON 13TH DECEMBER 2021	
	RESOLVED – that the minutes of the PODCC meeting held on 13 th December 2021 be APPROVED as an accurate record of proceedings.	

PODCC (22)04	TABLE OF ACTIONS FROM THE PREVIOUS MEETING HELD ON 13TH DECEMBER 2021	
	<p>An update was provided on the Table of Actions from the meeting held on 13th December 2021, with confirmation received that outstanding actions have either been progressed or forward planned for a future Committee meeting, with the exception of <i>PODCC(21)50 Workforce Plan Update Position – To provide further information to Mr Winston Weir with regard to the Year 1 cost reduction</i>. It was noted that the matter had been discussed at the Formal Executive Team meeting on 2nd February 2022, where Task & Finish (T&F) Groups, with financial representation, had been agreed. Information in terms of the finances will be shared with Mr Weir during February 2022.</p> <p>Referring to <i>PODCC(21)48 Outcomes of NHS Wales Staff Survey, Nursing Climate Survey & Discovery Report Implementation/Actions Plans Update (Staff Experience: Transforming Staff Feedback into Positive Change)</i>, Mrs Delyth Raynsford enquired whether the low number of staff requesting to receive wellbeing services through the medium of Welsh is due to an awareness of there not being sufficient Welsh speaking psychologists in post, and further enquired whether other health boards are experiencing similar issues and if the matter required escalation at a national forum. In response, Mrs Christine Davies confirmed that staff are kept updated in regard to the available provision via messaging routes and intranet pages. In addition, arrangements are in place with the Bereavement Service to make available a Welsh speaking counsellor as required; to date, however, there does not appear to be a demand for a Welsh speaking service. Mrs Annmarie Thomas assured Members that the 24/7 counselling support helpline has bilingual provision, which represents an alternative source for first language Welsh speakers. Professor John Gammon requested that this matter be considered in more detail, including the promotion of the provision in place, and to be included within the Welsh Language Provision report for presentation to PODCC in April 2022.</p> <p>Prof. Gammon, referring to the anticipated report anticipated in April or June 2022, to provide assurance that clinical placements for grow your own, undergraduates, and apprentices are deliverable, enquired whether, given the scale of the work involved, this represented an appropriate and realistic timescale. In response, Mrs Lisa Gostling emphasised that this timescale would need to be adhered to in terms of the nursing plan, however other</p>	YB/AT

	<p>professional groups would take longer. Mrs Mandy Rayani supplemented that work is ongoing in terms of identifying new and alternative placements and hubs and emphasised that placements would need to be ready by the end of March 2022 to accommodate those from overseas. Given the wider piece of work required and the new Health Education and Improvement Wales (HEIW) contract, the requirement to be flexible in terms of timelines was acknowledged.</p>	
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<p>PODCC (22)05</p>	<p>CARERS REPORT</p> <p>Members were presented with the “Carers Report – Supporting Improved Outcomes for Unpaid Carers: Update on Planning Objective 2A” report, providing an update on the ongoing work that supports unpaid carers, including staff who work for HDdUHB and have unpaid caring responsibilities in their home lives. Members noted that the important role of unpaid carers has been recognised by the Board by assigning a specific Planning Objective (PO) 2A, “work with key people across the organisation to develop local plans to support the delivery of the West Wales Carers Strategy 2020-25”. The Strategic Partnerships, Diversity and Inclusion Team are currently co-ordinating an HDdUHB Carers Strategy Group, including representation from corporate and operational teams, to drive forward PO 2A. The Group has established an action plan and individual directorates and teams have made a commitment to take forward a range of actions. Ms Anna Bird reiterated the importance of unpaid carers in terms of supporting patient and families within the community and the aspirations of HDdUHB in terms of providing care as close to home as possible. It was noted that the number of unpaid carers in HDdUHB has increased by 64% during the COVID-19 pandemic and third-sector partners are facing challenges in terms of capacity. It was further noted that there is only a small dedicated core budget to support the commissioning of specific support for unpaid carers, and given the increase in the number of unpaid carers, waiting lists are increasing.</p> <p>Mrs Judith Hardisty, as Carers Champion for HDdUHB, commended the work being undertaken and emphasised the extremely positive feedback received from carers. Referring to recent correspondence received from Welsh Government (WG) identifying additional funding, it was noted that this would solely support discharge arrangements, and Members were informed that a response had been submitted expressing concern in terms of a perceived lack of commitment.</p> <p>The awareness raising activities undertaken during Carers Week in June 2021, including the Investors in Carers Scheme and Care Officer videos, together with the proactive sharing of information and opportunities for unpaid carers throughout the year using Global emails and social media channels as appropriate, together with the progress made across Primary Care, were warmly acknowledged.</p> <p>Mrs Raynsford enquired whether there is an awareness of the total number of young carers across the three HDdUHB counties and whether joint working with education settings is being undertaken to support these young</p>	
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people to be able to achieve their potential whilst undertaking a caring role. In response, Ms Bird undertook to forward on the individual county figures in terms of young carers, and confirmed that work is being undertaken with schools and colleges through the Investors in Carers Scheme and working with Health Visitors to ensure that “every contact counts” in terms of being able to identify and signpost support channels. In addition, joint working with local authority partners is being undertaken to ensure that those eligible for support are aware of, and accessing, the full range of entitlements available. Mrs Thomas, referring to the introduction of a Carers passport, highlighted the importance of carer’s responsibilities being recognised by new managers when a member of staff changes department.

Prof. Philip Kloer welcomed the report and enquired as to the gap in terms of the actual number of carers versus the cumulative total number of carers registered with GP services referred to within the report (11,371). In response, Ms Bird informed Members that the 2011 census report suggests there are 47,000 carers within HDdUHB and it is anticipated that when emerging evidence from the 2021 census is received, this figure will be significantly greater.

Ms Ann Murphy, referring to a proportion of carers who may have a lack knowledge of lifting techniques, etc. enquired whether HDdUHB and the third sector provide training such as manual handling for carers. In response, Ms Bird confirmed that appropriate teams are liaised with as part of the discharge planning process to ensure that suitable provision is in place. It was further noted that the third sector provide some elements of training to carers and that specific training requests could be discussed at the Carers Forum.

Prof. Gammon, referring to the anticipated cost pressure implications contained within the report, enquired whether the scale of these pressures is known and if the extent of cost changes and current investment in support of carers requires escalation. In response, Ms Bird confirmed that this forms part of the Integrated Medium Term Plan (IMTP) planning work, whereby cost pressures have been highlighted.

Noting that an action plan has been developed by the HDdUHB Carers Strategy Group to improve the outcomes for unpaid carers, Prof. Gammon enquired where the action plan is monitored and to where it is accountable. In response, Ms Bird confirmed that it is monitored by the Carers Strategy Group, which has representation from corporate and operational teams across HDdUHB and is linked to regional partnership work. Mrs Gostling supplemented that this would be discussed further outside of the meeting with Ms Bird in terms of the IMTP submission and also discussed with the Executive Team.

Members acknowledged and received assurance from the encouraging work undertaken to date and recognised the pressures, in particular WG cost pressure implications for certain aspects of HDdUHB work in 2022/23.

The People, Organisational Development & Culture Committee received **ASSURANCE** from the report on the progress which has been made to implement Board Planning Objective 2A and improve the experience and support available to unpaid carers.

PODCC
(22)06

DEVELOPMENT OF PEOPLE & CULTURE PLANS

It was agreed to discuss this item jointly with agenda item 5.2 Culture & Principles of Engagement.

Mrs Christine Davies expressed gratitude to PODCC for allowing the opportunity for the new team of Organisational Development Relationship Managers (ODRM) to introduce themselves to the Committee.

Members were presented with the “Culture and Principles of Engagement” report, building upon a previous In-Committee PODCC discussion in December 2021 and outlining how the Workforce & OD teams will work will PODCC going forward. The culture change journey to collectively achieve a culture change and give the opportunity for **every day to be a good day** in HDdUHB was noted. Ms Sarah Jenkins referred to previous reports which have highlighted the work being undertaken to provide a voice for staff, and the learning gained from reviewing the messages from staff surveys. It was noted that the voice of staff has informed the development of Our People Culture Plans, co-created with Trade Union colleagues, which would be used as a guide to take HDdUHB on a culture change journey. The ODRM Team has been working on key projects as part of their induction, to ensure People Culture Plans truly reflect what staff have said is important to them, and relationships have already commenced in some areas.

Members were shown a video from Ms Alys Thomas, Personal Assistant to the Head of People & Organisation Effectiveness, providing an introduction to her role. Further individual introductions were made by Ms Hannah Botes, Ms Gina Callanan, Ms Victoria Hall, Ms Susan Jarvis, Ms Nicola Jones, Ms Laura Nicholas and Ms Jane Sadler, providing an insight into their working backgrounds and their reasons for becoming ODRMs. Their passion and aspirations for the role were acknowledged.

Ms Jenkins warmly thanked Members for the welcome provided to the Team and suggested that Members may wish to share outside of the meeting what a good day at work feels like for them.

Prof. Gammon reiterated the clear expectations of HDdUHB in terms of culture within the workplace, recognising that change would not be instant and would focus on people over time. Assurance was gained in terms of the planned approach being undertaken by the Team.

Mrs Hardisty commended the Workforce & OD Team for the introduction of the ODRMs into HDdUHB, acknowledging that this is unusual across peer organisations. Recognising that culture change is not a quick process, however there may be occasions when an incremental approach could be too slow for more serious circumstances, Mrs Hardisty requested assurance

	<p>with regard to resolving any lack of understanding and reluctance from some managers in terms of what this means and ensuring that they are on board. In response, Mrs Davies emphasised the Executive sponsorship highlighted within the report to ensure that appropriate action could be taken. Recognising that there would inevitably be some barriers, it is anticipated that Executive leadership would assist with unlocking any reluctance received. Part of the cultural change will be to support leadership in understanding that leading is a fundamental expectation and flows through HDdUHB.</p> <p>Ms Murphy welcomed the report, noting that some changes are already apparent, and suggested that presentations could be provided to other forums in order to reduce reluctance from managers. Mrs Davies emphasised the ambition of wanting people to learn from what works elsewhere and informed Members that a presentation had been presented to the Unison Welsh Council recently, where a positive reaction had been received.</p> <p>Prof. Gammon expressed gratitude to the Team for their positive contributions, emphasising that this is an important element of work for HDdUHB and welcomed the clear narrative in terms of the direction of travel. However, evidence of the impact, change, benefits and outcomes would be required in the future to provide assurance to the Committee.</p> <p>The Committee noted the update and endorsed the proposed way of working with PODCC, the use of staff stories and the approach in terms of presenting future reports.</p> <p><i>Ms Bird, Ms Botes, Ms Callanan, Ms Hall, Ms Jarvis, Ms Jenkins, Ms N. Jones, Ms Nicholas and Ms Sadler left the PODCC meeting</i></p>	CD
	<p>The People, Organisational Development & Culture Committee:</p> <ul style="list-style-type: none"> • NOTED the Guiding Principles and the frameworks being developed to undertake this work. • ENDORSED the proposed way of working with the Committee. • ENDORSED the use of staff stories to bring to life the challenges being faced. • ENDORSED the approach of presenting a report to PODCC as there is a culture change story to tell or a concern to raise, to ensure more effective reporting. 	
PODCC (22)07	<p>MAKING A DIFFERENCE – CUSTOMER SERVICE PROGRAMME</p> <p>Members were presented with the “Making a Difference – Customer Service Programme” report, providing an update and assurance relating to the development of a customer service programme in order to develop excellent customer service across HDdUHB. Members noted that in response to the 2021/22 PO 1C – <i>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 from April 2021</i>, the Education & Development Team has been requested to design a training programme to</p>	

build excellent customer service across HDdUHB for all staff in public and patient facing roles.

Mrs Amanda Glanville advised that the report provided a detailed account of what led to the development of the customer service programme, namely 'Making a Difference'. The outcomes consider the impact COVID-19 has had on HDdUHB staff and incorporates learning from the Discovery Report. It provides an opportunity for staff to feel valued, whilst having the opportunity to rest and reflect. The programme will focus on external and customer service, i.e. patients, and internal customer service, i.e. staff, which will in turn impact upon colleagues and patient care. The importance of working together to make a difference and make the changes required was emphasised.

Mrs Hardisty, whilst welcoming the programme, referred to the fact that the majority of the mystery observations are being undertaken across hospital sites and sought assurance that if these were to continue, they would be widened to mental health and primary care facilities. In response, Mrs Glanville confirmed that many of the mystery observations have been undertaken collaboratively with the Patient Experience Team and Family Liaison Officers, who on the whole work across acute hospital sites. Mrs Glanville assured Mrs Hardisty that any future observations would include a mixture of community, mental health, primary care and acute sites.

Mrs Raynsford welcomed the fact that the programme, including resources and delivery, would be bilingual, and enquired as to the uptake across different staff groups. In response, Mrs Glanville advised that the programme has not yet been rolled out due to staffing issues and the option of making it a mandatory training programme had been considered in order to create a culture where staff want to learn. If numbers of participants start to decrease, the training would be made mandatory.

Mr Weir enquired how the potential issue of staff not being able to be released to attend the training would be overcome. In response, Mrs Glanville acknowledged that this would be the principal challenge and that work with service leads in terms of releasing staff has commenced.

Mr Weir further enquired whether this training programme could be combined with other training such as digital and leadership. Mrs Glanville responded that the programme already includes a lot of necessary information and that if it were to be diluted further, it would not be as beneficial to staff. Mrs Gostling added that this programme differs from the traditional education programme in that the training will be taken out to different venues to support staff and demonstrate their importance to HDdUHB.

Prof. Gammon commended the work undertaken to date, recognising that appropriate consideration had been given to the anticipated challenges associated with the delivery of the programme.

	<p>In response to Prof. Gammon’s enquiry in terms of how the programme would be scaled up across HDdUHB, Mrs Glanville confirmed that the work plan in terms of how the programme will be delivered is currently being worked through. There will be two members of staff identified across the three counties, where the ethos will be a commitment to deliver the programme two days per week. A bid is also being submitted to HEIW for additional resources to be able to deliver the programme at pace.</p> <p>Members received assurance from the progress made in terms of the Customer Service Programme.</p>	
	<p>The People, Organisational Development & Culture Committee gained assurance from the Making a Difference – Customer Service Programme report and:</p> <ul style="list-style-type: none"> • NOTED the progress that has been made in terms of the development towards the Customer Service Programme Planning Objective 1C, which has been achieved using evidence-based design. • SUPPORTED the implementation of the programme as outlined in the report, extending the scope of the delivery from staff in public and patient facing roles to include all staff, recognising the breadth of the programme and the impact internal customer service has on overall service delivery. • NOTED that a new planning objective will be included as part of the 2022/23 strategic objectives focusing on implementation, delivery and measuring outcomes, with all members of staff to have completed the programme by September 2024. Assurance will also be maintained through regular PODCC updates. • NOTED that further work will be undertaken in collaboration with the Patient Experience and Staff Experience Teams to embed/extend learning and identify further opportunities of evaluating the success of the programme. 	
<p>PODCC (22)08</p>	<p>BLACK, ASIAN AND MINORITY ETHNIC (BAME) DISMISSALS</p> <p><i>Dr Hashim Samir joined the PODCC meeting</i></p> <p>Members were presented with the “Black, Asian and Minority Ethnic (BAME) Staff – Review of Dismissals over a 10 Year Period” report, providing an update commissioned by the BAME Advisory Group for all dismissals relating to a member of the workforce from a BAME staff group to be reviewed over a 10 year period. It was noted that the aim of the Advisory Group is to advise HDdUHB on mainstreaming equality, diversity and inclusion for its workforce and to provide a forum to raise concerns in a safe and confidential environment. It was further noted that a review had been co-led by Dr Hashim Samir and Mrs Annmarie Thomas to identify any indication of disproportionate impact, and to provide confidence to the Advisory Board of the commitment to give serious consideration to any evidence of disproportionate action. Assurance was provided that no evidence of disproportionate impact based on the quantitative review of data was found, however a number of recommendations were made to ensure more positive action could be taken to support staff going through the</p>	

disciplinary process. Dr Samir emphasised that this would be an on-going process and that the lived experience of staff would be listened to.

Mr Steve Morgan welcomed the report and the beneficial progress made, highlighting the detailed data which in turn enables the ability to understand what has been undertaken and what is required to be accomplished moving forward. For future case management, being mindful of the need to ensure both gender and ethnicity balance for the appointment of Investigation Officers and members of the panel was recognised.

Mrs Hardisty, referring to the dismissal cases she had been involved in previously, emphasised that all related to members of medical staff from an ethnic background, and enquired whether a high number of General Medical Council (GMC) referrals of speciality and associate specialist (SAS) doctors is an issue within HDdUHB. In response, Dr Samir advised that the data had been reviewed over a ten year period and the most recent three or four cases dealt with had involved BAME staff. Prof. Kloer highlighted the importance of ensuring that the actions and recommendations are addressed and informed Members that the GMC is taking an interest in this matter. Prof. Kloer further highlighted that 60% of the SAS doctors within HDdUHB are from a BAME background, which differs in comparison to other health boards, therefore it is likely that more BAME staff would be encouraged to be involved in decision making and leadership roles.

The supportive on-boarding processes in place were welcomed, in particular where BAME doctors arrive from overseas and have no knowledge of the area and therefore at a disadvantage. Members were pleased to note that Mrs Gostling and Prof. Kloer are overseeing a process looking at the different stages of interaction required between newly appointed doctors arriving from overseas and the Health Board.

Whilst welcoming the report and the assurance provided in terms of this area being reviewed in a systematic way, Mr Weir highlighted the Professional Scientific and Technical staff and Healthcare Scientist staff cohorts who have a much lower rate of dismissals in comparison to other cohorts.

Dr Samir and Mrs Thomas were warmly thanked for their leadership of the work undertaken.

Members received assurance from the BAME Dismissals report and emphasised the importance of ensuring that the recommendations are monitored and fed back to PODCC in the future.

Dr Samir left the PODCC meeting

The People, Organisational Development & Culture Committee received **ASSURANCE** from the BAME Dismissals report and the recommendations, which have been supported by the BAME Advisory Group.

(22)09

Members were presented with the “Nursing & Midwifery Strategic Framework” report, noting that the commitment to the nursing profession across HDdUHB over a 5-year period had been launched at the Nursing & Midwifery ceremony in November 2021. The aim of the Nursing & Midwifery Strategic Framework is to empower the profession at all levels of practice, and to improve the safety and quality of services. The vision of HDdUHB is one of delivering excellent clinical services fit for current and future generation, with a focus on keeping people well to meet the priorities outlined within the Health and Care Strategy ‘A Healthier Mid and West Wales: Our Future Generations Living Well’.

Mrs Rayani informed Members that the Strategic Framework is presented as five themes identified during the consultation process, which are designed to enable the achievement of the HDdUHB vision. Key outcomes for success have been identified, which will allow the progression of the implementation process, i.e. ensuring that plans are executed and the benefits are released. The pledge is to work alongside colleagues in Workforce & OD in delivering the vision of collective, compassionate and visible leadership across the profession. The focus will be upon *putting people at the heart of everything we do* and retaining staff by ensuring HDdUHB is the best place to work.

Prof. Gammon welcomed the pragmatic style of the report, and particularly acknowledged the key outcomes for success contained within the Strategic Framework. Mrs Rayani and her team were commended for the work undertaken.

Mrs Hardisty, referring to the route into the Band 5 Registered Nurse role, enquired whether there are any plans in terms of developing anything pre-Band 5. In response, Mrs Rayani highlighted that the “Grow Your Own” nurse programme is in place within HDdUHB, where there is a commitment to train Healthcare Support Workers to become registered nurses.

In response to whether a strategy is likely to be developed for other cohorts, e.g. medical staff and allied professional staff, or whether there should be one strategy for all professions, Mrs Rayani advised that the nursing & midwifery profession requested recognition of the work undertaken by them, therefore the document was developed as a Nursing & Midwifery Strategic Framework to ensure it had purpose. Prof. Kloer undertook to discuss with the Medical Senior Leadership Team and Executive colleagues, consideration of a similar document for the medical profession. Mrs Rayani undertook to discuss this further with senior Allied Healthcare Profession colleagues.

PK

MR

Mr Weir enquired why there was no reference to equality, diversity and inclusion within the document, and in response, Mrs Rayani undertook to ensure this is more explicit within the delivery plan.

MR

Mrs Raynsford welcomed the value of the nursing profession highlighted within the document, and referring to dementia care awareness contained within the key outcomes for success on page 19, enquired why children’s

	<p>rights awareness is not included. In response, Mrs Rayani understood that it is encapsulated within safeguarding training and reference made within the Charter. It was agreed for Mrs Rayani and Mrs Raynsford to pursue this matter outside of the Committee meeting.</p> <p>Mrs Gostling, referring to the potential for a similar document for other professions, enquired whether this should be inter-professional. Ms Lesley Jones emphasised that multi-disciplinary working is referred to within the document and that since the launch, feedback from nurses has been extremely positive who are grateful to have a vision of their own. Prof. Gammon endorsed Mrs Gostling's comment, reiterating the ambition of HDdUHB in terms of supporting staff and developing the workforce.</p> <p>Members noted that an HDdUHB Nursing & Midwifery Conference is being planned for 12th May 2022 on International Nurses Day, focusing upon the Strategic Framework and model relating to the five domains.</p> <p>Members noted the Nursing & Midwifery Strategic Framework report.</p> <p><i>Ms L Jones left the PODCC meeting</i></p>	
	<p>The People, Organisational Development & Culture Committee NOTED the content of the Nursing & Midwifery Strategic Framework report together with the proposals for delivery and reporting arrangements.</p>	

<p>PODCC (22)10</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 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.</p> <p>Mrs Hardisty enquired whether Members would have sight of the Workforce Plan prior to submission to WG. In response, Mrs Gostling advised that the report would be discussed at Board Seminar on 17th February 2022.</p> <p>Referring to PO 1F, Prof. Gammon requested an update in terms of international recruitment, and in response, Mrs Gostling advised the international recruitment does not form part of the current PO and would be developed as a PO in 2022/23. Members were informed that an all-Wales contract had recently been awarded to four recruitment agencies, with active recruitment for international recruits having commenced. A group has been established as part of the Executive Team and it is anticipated that the first overseas nursing recruits would commence work in HDdUHB during Quarter 1 of 2022/23. Referring to the amber status of the PO, Prof. Gammon expressed some concern in regard to the unlikelihood of the contributing factors changing in the immediate future and that this could therefore remain amber for some time. In response, Mrs Gostling advised that the delays are due to recruitment and additional demands within the team, however it is</p>	
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	<p>anticipated that progress will be regained, allowing the status of the PO to be back on track. Mrs Gostling informed Members that the HR policies aspect and employee relations matters completion dates within the PO have been deferred due to staff turnover, however these are now back on track with new timescales.</p> <p>Prof. Gammon enquired about the deteriorating position in regard to PO 3G and referred to the lack of information relating to factors affecting its progress. In response, Prof. Kloer advised of a number of factors involved, some of which are WG related. It was agreed that in order to gain assurance moving forward, where there is a change in the current status of a PO, the factors impacting upon a static or deteriorating position are detailed, together with what is being undertaken to resolve the issues involved.</p> <p>Members noted the current position in terms of the POs aligned to PODCC and received assurance on the current position.</p>	PK/ LG/ MR
	<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. 	

PODCC (22)11	WORKFORCE PLAN Item deferred to April 2022 PODCC meeting.	
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PODCC (22)12	PERFORMANCE ASSURANCE & WORKFORCE METRICS <p>Members were presented with the “Performance Assurance & Workforce Metrics” report, including an update, as at 31st December 2021, on workforce metrics as well as key performance indicators (KPI), providing assurance of delivery against national framework targets and the 10-year Workforce, Organisational Development and Education Strategy 2020-2030. Members were pleased to note that the update on metrics and key performance measures presented has improved over recent months in comparison to previous reports presented to PODCC, with the report now including a much broader range of metrics and key performance measures around the entire Workforce & OD agenda. Mrs Thomas emphasised that the report is continuing to evolve and improve and includes the breadth of activity across the Workforce & OD Department. It was noted and agreed that the intention is to report performance for the national delivery framework targets routinely on a bi-monthly basis to PODCC, with datasets to be presented to support specific themes of the Workforce & OD agenda as and when these themes are discussed at future meetings.</p> <p>Prof. Gammon expressed gratitude for the detailed report in terms of gaining an understanding of the KPIs across HDdUHB, enabling cross reference and the ability to understand the factors behind them.</p>	
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Referring to the number of Nursing & Midwifery registrant starters (231) and leavers (233) referenced within the report, Mrs Rayani informed Members that this would be monitored in order to improve retention rates of registrants. It was further noted that the imminent pension changes are a cause for concern in terms of the numbers of staff retiring and returning.

Referring to the job evaluation performance data within the report, highlighting an increase in the number of job descriptions waiting to be evaluated, Mrs Hardisty enquired as to the reasoning behind this and whether there are any consequential delays to recruitment processes. In response, Mrs Thomas confirmed that the position has deteriorated due to a lack of job matchers being able to be released from their substantive role. However, further training sessions have been arranged and there is now a confidence that performance in terms of the evaluation of job descriptions will improve. Members were assured that all actions are being pursued to improve performance and that there is no detrimental impact centrally.

Mr Weir commended the report and referring to the Leadership Development Programmes dashboard contained within it, enquired whether the number of participants is in line with expectations. In response, Mrs Davies advised that this is the first time the data has been provided as a detailed breakdown into different cohorts and is linked to the revision of leadership objectives. Additional work, however, is needed in terms of the importance of leadership and in which areas targeting is required.

Mrs Raynsford, referring to the increase in days lost due to anxiety/depression/other psychiatric illnesses, and the peak in terms of non-attendance at Staff Psychological Wellbeing Services appointments, enquired whether the reasoning for the non-attendance is known. In response, Mrs Davies emphasised that many calls and referrals are undertaken when a person is in crisis, however when the time comes for the appointment, the crisis may have passed and issues may have been resolved. Some staff have also found it difficult to find the time to attend appointments. It is pleasing to note, however, that waiting times are back to their routine two weeks.

Referring to the high proportion of staff in the age band 55 years and over, Prof. Gammon recognised the implications in terms of planning the workforce of the future.

Prof. Gammon alluded to the Occupational Health (OH) activity within the report, in particular the waiting times to see a doctor, nurse or physiotherapist, and enquired whether there are any staffing issues currently within the OH Department. In response, Mr Morgan emphasised the increased demands placed upon the OH Department throughout the COVID-19 pandemic, however, there is a new Head of Service in post who has made positive changes to the many systems in place. Members noted that the current OH Consultant has handed in his notice having obtained a post outside of the NHS, and that the post would be advertised imminently.

	<p>Prof. Gammon welcomed the diminishing number of grievance cases, restricted practice and suspensions reported within the employee relations activity section of the report, and requested that Mr Morgan convey gratitude to the Team for the sterling efforts made.</p> <p>With reference to the retention of staff, Mrs Rayani informed Members of the request for her to become involved in exit interviews and emphasised the importance of undertaking these in terms of gaining an understanding of why staff leave and what would be required for them to remain within HDdUHB and learn from their experiences.</p> <p>Members noted the Performance Assurance and Workforce Metrics report, welcoming the continued involvement and improvement in terms of the report.</p>	SM
	<p>The People, Organisational Development & Culture Committee:</p> <ul style="list-style-type: none"> • CONSIDERED the performance NHS Delivery Framework metrics 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. 	

PODCC (22)13	MONITORING OF WELSH HEALTH CIRCULARS	
	Members noted that there were no open Welsh Health Circulars aligned to PODCC.	

PODCC (22)14	CORPORATE RISKS ALLOCATED TO PODCC	
	<p>Members were presented with the “Corporate Risks Assigned to PODCC” report, noting there is one risk currently aligned to PODCC (out of the 14 that are currently on the Corporate Risk Register) as the potential impacts of the risk relate to the workforce – <i>Risk 1219 – Insufficient workforce to deliver services required for “Recovery” and the continued response to COVID-19.</i> Mrs Gostling advised that the risk score has been increased from 15 to 20 since the previous report as the predictions associated with the latest COVID-19 wave led to an expectation of up to 30% of staff being unavailable for work at any one time due to sickness and self isolation, however, this level of absence did not materialise and therefore the risk score would be decreased at the next review.</p> <p>Prof. Gammon was pleased to note the progress made in terms of the Physician Associates work and that the recruitment plan for the bridging service had been actioned, both of which could have a positive impact on some of the risks associated with Risk 1219.</p> <p>Members received assurance that all identified controls are in place and working effectively in respect of Risk 1219.</p> <p>The People, Organisational Development & Culture Committee received ASSURANCE that:</p> <ul style="list-style-type: none"> • All identified controls are in place and working effectively. 	

	<ul style="list-style-type: none"> All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises. 	
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PODCC (22)15	OPERATIONAL RISKS ALLOCATED TO PODCC	
	Members noted that there were no operational risks related to PODCC which meet the criteria for reporting.	

PODCC (22)16	RESEARCH AND INNOVATION SUB COMMITTEE REPORT	
	<p>The Committee received the Research & Innovation Sub-Committee (RISC) update report following the meeting held on 10th January 2022. Prof. Kloer highlighted the following matters:</p> <ul style="list-style-type: none"> Following a lack of research leadership, a team of clinical leads have been appointed, including Oncology, Women's Health and the Glangwili General Hospital (GGH) site. It has been agreed to develop a new Intellectual Property (IP) Policy as there is currently no active IP Policy within HDdUHB and discussions are being undertaken with Swansea Bay University Health Board to produce a joint version. Discussions have continued with regard to identifying suitable space to utilise for research, with it pleasing to note that following recent discussions undertaken with the leadership team at Bronglais General Hospital, an interim solution has been identified in order for research nurses to undertake clinical interactions with patients. <p>Mr Weir advised Members that he attends the RISC meetings and welcomed the increased clinical engagement, engagement and enthusiasm. It was noted that the risks associated with financial settlement and potential funding for R&I would continue to be discussed at RISC meetings.</p> <p>Members acknowledged the substantial work undertaken and contribution made by Dr Caroline Williams, Senior Research & Development (R&D) Operations Manager, who would soon be leaving her post. Prof. Kloer confirmed that the post is currently being advertised and that any support in identifying potential candidates would be welcomed. Mrs Thomas advised that she had recently met with R&D colleagues regarding the development of a bespoke leadership programme for new managers when in post, which will develop them individually and as a team.</p> <p>Prof. Gammon commended the work undertaken and requested that the Committee's thanks be passed to members of the R&D Team.</p> <p>Members noted the RISC update report.</p>	PK
	The Committee NOTED the Research & Innovation Sub-Committee update report.	

PODCC (22)17	CORPORATE AND EMPLOYMENT POLICIES	
	Members were presented with the following policies for ratification:	

	<p>- Equality, Diversity & Inclusion Policy – It was noted that the Policy expired in December 2020 and that the revised Policy had been developed in conjunction with an Equality, Diversity and Inclusion Task & Finish Group and incorporated feedback received from staff networks and wider engagement through the use of Global email. A one-page information poster has also been developed to promote the Policy and provide a summary of the contents to support implementation. Mrs Gostling advised that the Policy had not been presented to the Staff Partnership Forum on 1st February 2022 and undertook to confirm where the Policy had been presented for consultation. It was agreed that, once confirmed, the Policy could be approved via Chair’s Action.</p> <p>- Interpretation & Translation Policy – It was noted that the aim of the Interpretation and Translation Policy is to ensure that all patients and their carers, including those who are Limited English Proficient, receive timely, equitable, and patient-focused care. The Policy reinforces the requirement for HDdUHB staff to facilitate and arrange interpretation and translation services for service users who require support to communicate effectively with HDdUHB, in order for them to receive and relay information accurately.</p> <p>Mrs Hardisty referred to page 2 of the SBAR regarding concerns raised about the lack of a consistent approach to arranging interpretation and translation support within Primary Care services for migrants, refugees and asylum seekers who have recently moved into the area when registering with their services, and enquired where these concerns had been addressed within the Policy. In response, Mrs Gostling advised of her understanding that this is associated with access to systems, however, undertook to discuss the matter with Ms Bird and provide further detail to Mrs Hardisty.</p> <p>Members approved the Interpretation & Translation Policy and agreed for the Equality, Diversity & Inclusion Policy to be approved via Chair’s Action.</p>	<p>LG</p> <p>LG</p>
	<p>The Committee APPROVED the:</p> <ul style="list-style-type: none"> • Interpretation & Translation Policy. 	

<p>PODCC (22)18</p>	<p>OUTCOME OF ADVISORY APPOINTMENTS COMMITTEE</p> <p>The Committee received the Advisory Appointments Committee (AAC) report, providing an update on the outcome of the AACs held between 23rd November 2021 and 20th January 2022, and approved the following appointments on behalf of the Board:</p> <ul style="list-style-type: none"> • Dr Ihab Abbasi, Dr Hajra Shafiq and Dr Priyantha Kandaneerachchi were appointed to the posts of Consultant in Obstetrics and Gynaecology, based at GGH, with a commencement date to be confirmed. • Dr Froso Varvitsioti was appointed to the post of Consultant in Acute Medicine based at GGH, with a commencement date to be confirmed. 	
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	The Committee APPROVED the outcome of the AAC appointments held between 23 rd November 2021 and 20 th January 2022 on behalf of the Board.	
PODCC (22)19	PODCC WORKPLAN 2021/22	
	The PODCC workplan for 2021/22 was received for information. The Committee NOTED the PODCC workplan for 2021/22.	
PODCC (22)20	MATTERS FOR ESCALATION TO BOARD	
	There were no matters discussed during the meeting requiring escalation to Board. Prof. Gammon expressed gratitude to all the teams and senior leaders involved in today's Committee meeting for ensuring the debate was positive and for providing assurance in terms of the work undertaken. The respect for each other's roles and the collaborative working displayed for the benefit of HDdUHB were warmly acknowledged. The links between the various reports presented to PODCC and the explicit contribution they make to the individual Planning Objectives were acknowledged, thereby making it easier to provide assurance to the Board. Prof. Gammon further expressed gratitude for the Reflection Memories book created by the Workforce & OD Department and for giving him an opportunity to provide his reflection on the COVID-19 pandemic, and challenged the Team to pursue the option of electronic links for staff to review some of the experiences contained within it.	
PODCC (22)21	DATE AND TIME OF NEXT MEETING	
	4 th April 2022 at 9.30 a.m. - Boardroom, Ystwyth Building, Hafan Derwen, St David's Park, Carmarthen.	