



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

<b>Date and Time of Meeting:</b>	9.30am, 17 August 2023
<b>Venue:</b>	Board Room, Ystwyth Building, Hafan Derwen, St David's Park, Carmarthen, SA31 3BB

<b>Present:</b>	<p>Mrs Judith Hardisty, PODCC Vice-Chair and Health Board Vice-Chair</p> <p>Mrs Delyth Raynsford, Independent Member</p> <p>Ms Ann Murphy, Independent Member</p> <p>Ms Anna Lewis, Independent Member</p>
<b>In Attendance:</b>	<p>Mrs Lisa Gostling, Director of Workforce &amp; Organisational Development (PODCC Executive Lead)</p> <p>Mr Rhodri Evans, Independent Member</p> <p>Professor John Gammon, Strategic Adviser, (Workforce, Education &amp; Training)</p> <p>Mr Anthony Dean, Chair of the Partnership Forum</p> <p>Ms Alwena Hughes-Moakes, Communications and Engagement Director</p> <p>Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience</p> <p>Ms Ardiana Gjini, Director of Public Health</p> <p>Mrs Anna Bird, Assistant Director of Strategic Partnerships, Diversity and Inclusion</p> <p>Mrs Amanda Glanville, Assistant Director of People Development</p> <p>Ms Michelle James, Head of Resourcing and Utilisation</p> <p>Ms Heather Hinkin, Head of Workforce</p> <p>Professor Philip Kloer, Medical Director/Deputy Chief Executive</p> <p>Ms Christine Davies, Assistant Director of Organisational Development</p> <p>Ms Claire Evans, Committee Services Officer (Secretariat)</p> <p><b>Item (23)91</b></p> <p>Ms Corinna Lloyd-Jones, Head of Organisation Relations</p> <p><b>Items (23)96, (23) 99, (23)100</b></p> <p>Dr Leighton Phillips, Director of Research, Innovation and Value</p> <p>Professor Chris Hopkins, Head of Innovation &amp; TriTech Institute</p>

<b>Agenda Item</b>		<b>Action</b>
<b>PODCC (23)85</b>	<p><b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b></p> <p>Mrs Judith Hardisty (PODCC Vice-Chair) welcomed everyone to the meeting.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Mrs Chantal Patel, PODCC Chair/ Independent Member</li> <li>• Mrs Joanne Wilson, Director of Corporate Governance/ Board Secretary</li> <li>• Ms Tracy Walmsley, Head of Strategic Workforce Planning &amp; Transformation</li> </ul>	

PODCC (23)86	<b>DECLARATIONS OF INTEREST</b>	
	There were no declarations of interest.	
PODCC (23)87	<b>MINUTES AND MATTERS ARISING FROM THE PREVIOUS MEETING HELD ON 19 JUNE 2023</b>	
	<p><b>RESOLVED</b> – that the minutes of the People, Organisational Development and Culture Committee (PODCC) meeting held on 19 June 2023 be <b>APPROVED</b> as an accurate record of proceedings.</p> <p>There were no matters arising.</p>	
PODCC (23)88	<b>TABLE OF ACTIONS FROM THE PREVIOUS MEETING HELD ON 19 JUNE 2023</b>	
	The Chair requested an update on the outstanding actions from the PODCC meeting held on 19 June 2023.	
PODCC (23)89	<b>OPERATIONAL RISKS ASSIGNED TO PEOPLE, ORGANISATIONAL DEVELOPMENT &amp; CULTURE COMMITTEE (PODCC)</b>	
	<p>The Committee received the Operational Risks Assigned to People, Organisational Development &amp; Culture Committee (PODCC) report.</p> <p>Recruitment pre-employment checks risks have been reviewed and added as a new risk to the Datix register. There is currently no assurance that standardised risk assessments are being completed and risks are being recorded and reviewed prior to appointment.</p> <p>Ms Anna Lewis inquired whether a member of staff could begin work with patients before all checks are complete. Mrs Lisa Gostling responded to say that this is possible however she also clarified that under those circumstances the staff member would receive additional supervision.</p> <p>Mrs Delyth Raynsford sought assurance that patients and staff were not being put at risk, and inquired whether the same practices occur within other Health Boards, in which case it should be raised as an issue on a national level. Mrs Gostling would look into whether other Health Boards employ staff to begin work before all checks are completed.</p> <p>Mrs Mandy Rayani highlighted that it was very uncommon for a situation where a member of staff begins work before all pre-employment checks have been completed.</p> <p>The Chair inquired whether the Health Board could be assured that agency staff receive relevant DBS (Disclosure and Barring Service) checks. Mrs Gostling clarified that checks are made by individual agencies not the Health Board directly.</p>	<p><b>LG</b></p> <p><b>LG</b></p>

	<p>There was concern over the risk rating score of 3. Mrs Gostling would review whether the risk severity rating of 3, for staff without pre-employment checks is correct, or should be a higher score of 5.</p> <p>Professor John Gammon highlighted that the report stated actions being put in place against risks were to be completed by June 2023, and a review would take place on 31 May 2023. Professor Gammon asked for assurance that the review had taken place. Mrs Gostling would arrange a further review of risks actions, and bring an update to the December PODCC meeting.</p>	<b>LG</b>
	<p>The People, Organisational Development and Culture Committee: -</p> <ul style="list-style-type: none"> <li>• <b>REVIEWED</b> and <b>SCRUTINISED</b> the risks included within this report to receive assurance that all relevant controls and mitigating actions are in place.</li> <li>• <b>DISCUSSED</b> whether the planned action will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, should the risk materialise.</li> <li>• <b>NOTED</b> that workforce themed risks are shared with the Workforce and Organisational Development Directorate to allow them to maintain oversight and provide necessary guidance to those responsible for the risk and develop/improve organisational control.</li> </ul>	

<b>PODCC (23)90</b>	<b>MONITORING OF WELSH HEALTH CIRCULARS</b>	
	There were no Welsh Health Circulars to report.	

<b>PODCC (23)91</b>	<b>STAFF STORY: STAFF RETENTION - WHY I STAYED</b>	
	<p>Ms Corinna Lloyd-Jones presented the Staff Story video: Staff Retention – Why I Stayed.</p> <p>A Nurse Retention Group had been established and given a target to deliver a 1% reduction in turnover in nursing staff during 2022-23. In June 2023 a reduction of 1.83% was achieved.</p> <p>At a recent Nurse Retention Group meeting a number of nursing colleagues contributed positively to feedback on working within the Health Board.</p> <p>A video was shared with the Committee where a member of staff nearing retirement shared her positive experience of working within the Health Board over many years and why she continued to work rather than retire at an earlier age.</p> <p>Mrs Raynsford commented that she has been privileged to present gold service awards to staff members, and highlighted that the history, knowledge and experience held by those staff need to be captured and used to help new staff or for lessons to be learned.</p> <p>Mrs Gostling commented that it was important to hear such positive messages from staff, especially given the public often only hear negative stories.</p>	

	<p>Ms Lewis suggested holding an event (similar to the NHS at 70 project which she participated in), and queried whether Charitable Funds could assist.</p> <p>The Chair suggested videos such as the one shared, would be useful to have on the health board website for members of public looking to apply for vacancies.</p> <p>Mrs Christine Davies agreed that the idea of capturing the essence of the Health Board was good, and also highlighted that a reduction in staff turnover was being achieved, despite being such a difficult task. Mrs Davies would investigate ways of capturing positive stories of staff working within the Health Board.</p> <p>Ms Alwena Hughes-Moakes shared that many perceptions of NHS staff as the school nurse, for example, and it is important to highlight that health roles are very different now. She suggested looking to highlight and profile staff members in different roles within the health board.</p> <p>Mrs Rayani attended an event for International Nurses Day, organised by her team, which was a very powerful event for people to share their stories.</p> <p>The Chair noted it was very inspiring to hear the video, and added that it was important to hear stories from staff in other parts of the Health Board, such as hotel services or portering, and not just medical staff. The Chair suggested it would be useful to bring a proposal on an event back to a future PODCC meeting.</p> <p>Mrs Davies would look at bringing a draft proposal for an event to showcase positive stories of staff working in all areas of the Health Board.</p>	<p>CD</p> <p>CD</p>
	The People, Organisational Development and Culture Committee <b>NOTED</b> The Staff Story: Staff Retention – Why I Stayed.	
<b>PODCC (23)92</b>	<b>GP TRAINEES UPDATE - DEFERRED</b>	
	This item has been deferred to the October People, Organisational Development and Culture Committee meeting as representative was not available to present the item.	
<b>PODCC (23)93</b>	<b>COUNTER FRAUD ANNUAL REPORT 2022/23: COMPLIANCE WITH MANDATORY TRAINING</b>	
	<p>Ms Amanda Glanville introduced the Counter Fraud Annual Report 2022/23: Compliance with Mandatory Training.</p> <p>An action was raised by the Audit and Risk Assurance Committee to discuss compliance with counter fraud mandatory training eLearning (particularly among certain staff groups) at PODCC.</p>	

The NHS Wales Fraud Awareness eLearning module is provided to all staff, via the Electronic Staff Record (ESR). The module has a 3-year renewal requirement.

Collectively, Hywel Dda Health Board (HDdUHB) compliance is 80.33%, and despite less than the benchmark of 85%, has increased by 2.41% since 30 April 2023.

Ms Lewis inquired whether there was any data to support the value of offering the training course, it was important to ensure it is worth staff members' time to undertake the course. Mrs Amanda Glanville responded that there currently was not any data available on this, however the team could undertake work to obtain that information.

It was highlighted that with such a large number of mandatory training, many staff members simply click through the training as a 'tick box' exercise without really engaging.

Mrs Gostling noted that some of the newer training courses, such as autism awareness was very engaging. Mrs Rayani suggested courses focus more on graphics and bullet points rather than be too text heavy.

It was highlighted that the Counter Fraud team had received an increase in referrals, and felt that this was a sign of more awareness by staff. Mr Rhodri Evans commented that it was evident from the recent counter fraud paper that there is an increase in the number of fraud cases that are being investigated.

The Chair expressed concern that the numbers of staff within medical and dental teams that had undertaken the training was lower than staff in other areas. Ms Glanville responded that those figures are now increasing.

Ms Glanville's team have been working on ways to assist more staff to access ESR, as some non desk-based staff have experienced problems accessing the system.

The Committee discussed the benefits of in-person training and gave an example of recent fire safety training attended by 70 people which was very successful.

It was agreed that a change in approach to mandatory training was required across Wales.

Professor Gammon highlighted that there was inconsistency across the various training courses which were different lengths and styles.

The Chair recommended holding a further discussion on mandatory training in a future PODCC meeting.

The People, Organisational Development and Culture Committee:

- **TOOK ASSURANCE** that all staff groups are achieving and/or progressing on a positive trajectory, towards compliance with the

	NHS Wales Fraud Awareness eLearning module and that planned targeted sessions will support continuous improvement.	
PODCC (23)94	<b>BAME ADVISORY GROUP UPDATE AND TERMS OF REFERENCE</b>	
	Mrs Bird presented the BAME Advisory Group Update report and an updated Terms of Reference for approval.	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>TOOK ASSURANCE</b> from the update report on work which is being undertaken to improve the experiences of Black, Asian and Minority Ethnic staff.</li> <li>• <b>APPROVED</b> the refreshed Terms of Reference.</li> </ul>	
PODCC (23)95	<b>BILINGUAL SKILLS POLICY COMPLIANCE</b>	
	<p>Ms Alwena Hughes-Moakes introduced the Bilingual Skills Policy Compliance report.</p> <p>The Chair queried a bullet point within the report which stated “It is hoped to run the same course for medical records staff during the second part of 2023/34”. The Chair felt the term “hoped” was ambiguous and asked when the training would take place. Ms Hughes-Moakes team are in the process of identifying appropriate dates medical records staff to attend Welsh language courses, but it will be before February 2024. Ms Hughes-Moakes would confirm the dates once set.</p> <p>Ms Glanville commented that the team had attempted to run Welsh language courses on a number of occasions, but the low sign-up meant it was not effective to run, and the course was deferred. The team were looking onto ways to promote the courses.</p> <p>The Chair highlighted that it was positive that the Health Board offered the courses even if they were not always attended by staff.</p> <p>Mrs Raynsford enquired whether any patient feedback on the levels of Welsh provided within the Health Board was being collected. Ms Hughes-Moakes responded that the Health Board did not collate that information internally, however, the Welsh Language Commission undertakes ‘cold calls’ to switchboards to monitor customer experience.</p>	AHM
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>TOOK ASSURANCE</b> from the report on the progress of implementing the Health Board’s Bilingual Skills Policy.</li> </ul>	
PODCC (23)96	<b>TRITECH BUSINESS PLAN UPDATE</b>	
	<p>Professor Chris Hopkins and Dr Leighton Phillips introduced a report outlining the current performance against the 12 Key Performance Indicators (KPIs) (key targets that TritTech should achieve and could be monitored against) contained within the agreed TriTech Institute five-year Business Plan.</p> <p>Professor Hopkins updated the Committee with regards to one project (NGPod) which the report stated was delayed (as agreed with the</p>	



	<p>company), however since the submission of the report, the project has now been delivered.</p> <p>Professor Gammon gave his view that although there were positive outcomes in the report, the way the information is laid out makes it difficult to read. He highlighted examples such as KPI11, a minimum of five grant applications a year by year five, with a 60% success rate, where the reader has to look through other pages of the report to see if the success rate has been achieved.</p> <p>Professor Gammon queried whether the target under KPI10 of 30% of all projects involve AI or machine learning by year 5 is achievable if currently only 13% has been achieved.</p> <p>Professor Gammon also commented on KPI8, to increase the number of publications arising from project activity. He recommended amending the language of the narrative to clarify when a publication has been submitted to the publishers, as there may be occasions where reports are delayed with the publishers resulting in the target remaining marked as not complete.</p> <p>Professor Hopkins agreed with the feedback and will take this into account when reviewing the report.</p> <p>Dr Phillips added that he would welcome meeting with Professor Gammon to further discuss his suggestions.</p> <p>Mrs Rayani inquired whether the complaints and incidents under KPI2, are linked to Datix and the Health Board complaints management system. Professor Hopkins explained that any complaint relating to a project is added to Datix and logged appropriately.</p> <p>Responding to the Chair's question on why it is projected to exceed the target for income generation under PKI4, Professor Hopkins explained that feedback from the Internal Audit team and the month 4 finance tracker showed that TriTech would meet the £84k surplus by the end of the financial year.</p> <p>Professor Hopkins clarified that the 'unsuccessful' outcome under KPI11 referred to unsuccessful grant applications.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>REVIEWED AND TOOK ASSURANCE</b> from the KPI performance against the Business Plan with the caveat of the suggested recommended.</li> </ul>	
<b>PODCC (23)97</b>	<p><b>PERFORMANCE ASSURANCE AND WORKFORCE METRICS - INTEGRATED PERFORMANCE ASSURANCE REPORT (IPAR)</b></p> <p>Ms Michelle James introduced the Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR).</p> <p>Ms James highlighted that agency staff spend had significantly reduced in June 2023.</p>	

Ms Davies added that staff turnover was reduced by 1.6% for all staff groups, and that 43% of retired staff chose to return to the Health Board. There has been an increase of 11.3% in staff PADR completion.

There was discussion relating to one of the bullet points within the report: "Disciplinary cases (All Wales and Upholding Professional Standards Wales): There is an increase in formal disciplinary cases. There remains a concerning trend in terms of the increasing number of complaints of sexual harassment/assault and inappropriate behaviour under investigation".

There were concerns whether this increase was due to an underlying issue being uncovered, or whether it needed to be clarified that the increase was due to staff feeling able to come forward and report rather than more incidents (which would be a positive result).

Ms Heather Hinkin explained that it may be partly due to cultural differences, for example team behaviour in previous employment might mean a member of staff needs to adjust to behaviour expected by the Health Board. However, there is also an element of staff feeling more comfortable in reporting incidents. Ms Hinkin highlighted that this issue is not unique to HDdUHB, and occurs in other sectors. Ms Hinkin's team were working on dealing with complaints early before it becomes a disciplinary or dismissal matter. A master spreadsheet of disciplinary incidents is kept.

Mrs Raynsford commented that social media was a considerable influence, for example with misogyny, and asked whether there were any trends identified with particular staff groups. Ms Hinkin responded that that findings show male staff in their twenties were being disciplined, whilst female staff aged forty and over were reporting more complaints. However, the two are unrelated. Ms Hinkin's team are exploring the reasons for this.

The Chair suggested holding further discussion on this at a future PODCC meeting. Ms James and Ms Hinkin would forward look bringing a report focussing on this to a future PODCC meeting.

The Chair enquired why the rate of occupational health referrals had not increased when the rate of staff sickness had increased. Ms Hinkin responded that although staff are informed of available support within the Health Board, some prefer to seek support elsewhere. Mrs Gostling highlighted that new staff wellbeing portal and suggested perhaps staff are seeking support through this avenue. Ms Davies stated that the wellbeing portal had received 372 views.

Ms Ann Murphy advised that some members of staff were referred by their GP to telephone support services, and they were not using occupational health as their GP was more of a 'fast track' to receive support services.

Mrs Raynsford raised the issues of apprenticeships within the Health Board and noted that mechanical apprentices would stay on the programme, however there was difficulty in keeping clinical apprentices.

MJ/HH



	<p>Ms Glanville suggested that some apprentices had struggled academically on their programmes, however they remain working within the Health Board, whilst they are supported until they feel able to continue the apprenticeship or a different programme. Some people left the apprenticeship programme to train at University to become nurses as this was a faster route into the Health Board, and some changed their interest to work in other areas (for example one nursing apprentice discovered they enjoyed work as a porter and gained employment within the portering team).</p> <p>Mrs Gostling highlighted that the length of programme was also an issue.</p> <p>Professor Gammon commented that the issues with apprenticeships were not unique to HDdUHB. All sectors have experienced similar problems due to finances, more personal and pastoral care being required and academic ability. Some of these issues in particular appeared to be following the Covid pandemic.</p> <p>Mrs Gostling suggested undertaking a deep dive search to look at the positive outcomes.</p> <p>The Chair suggested bringing a report on issues with apprenticeship programmes but also celebrating success, to a future PODCC meeting.</p> <p>Ms Lewis asked the following questions:</p> <p>What is the longevity of the retire and return workforce, when the staff completely retire, will the scheme remain feasible?</p> <p>Mrs Gostling responded that the Health Board aims to offer the retire and return scheme permanently. There will be a change to the pension scheme in October 2023 which will make the process easier.</p> <p>The low response rate to the staff engagement survey could be seen as an example of 'silent quitting', what can we be done to incentivise staff to respond?</p> <p>Mrs Gostling responded that the survey would shortly be rebranded and a video from Chief Executive Office Steve Moore would be launched on 1 September together with an invitation letter to take part in the survey. Mrs Gostling would look into the notion of 'silent quitting' and submit a report to the December PODCC meeting.</p> <p>Are there any plans to move the current data to a Statistical Process Control (SPC) form of presentation, which would make it easier to interpret?</p> <p>Mrs Gostling responded that she would need to look further into what the SPC format can be used for and discuss with the Informatics Team. She would like Ms Lewis' support with that task.</p>	<p>LG</p> <p>LG</p> <p>LG</p>
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the content of the report as assurance of performance in key areas of the Workforce and OD agenda.</li> </ul>	

<p><b>PODCC (23)98</b></p>	<p><b>STRATEGIC EQUALITY PLAN ANNUAL REPORT (INCLUDING WORKFORCE EQUALITY &amp; PAY GAP REPORTS)</b></p> <p>Mrs Gostling introduced the Strategic Equality Plan Annual Report (Including Workforce Equality &amp; Pay Gap Reports) to members.</p> <p>The Public Sector Equality Duty (PSED) Wales requires that the Health Board produces an annual report by 31 March each year for the preceding year which details the progress made against the Health Board's Strategic Equality Plan (SEP) and objectives. This is the final year of the current round of SEP objectives.</p> <p>Professor Kloer enquired where the largest pay gaps were within the medical and dental departments, whether it was consultants or SAS junior doctors.</p> <p>Professor Kloer also asked if the gap was due to overseas consultants. He questioned whether differences in salary within the same grade could suggest unconscious bias.</p> <p>Ms Lewis asked what work was being undertaken to improve the gender pay gap. She noted that the report included many other protected characteristics but not much on gender. Mrs Gostling responded that basic salary was equal, however more male staff worked evening and weekend shifts. Mrs Gostling's team were looking into what prevents female staff from working those particular hours, and how to change this. Ms Lewis agreed with researching barriers to women in the workplace.</p> <p>Professor Gammon commented that although the tables presented were helpful. He questioned whether there was a need for so many. He also questioned the many cross references. Mrs Gostling responded that the Health Board is obliged to provide that information under the Equalities Act.</p> <p>The Chair recommended including doctors in training in the data.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED</b> the SEP Annual Report 2022-2023 noting that this is a consolidated report bringing together all reporting requirements established under the Equality Act 2010.</li> <li>• <b>AGREED</b> its submission to Board for approval and publication.</li> </ul>	
<p><b>PODCC (23)99</b></p>	<p><b>RESEARCH AND INNOVATION SUB-COMMITTEE</b></p> <p>Dr Leighton Phillips introduced the Research and Innovation Sub-Committee update report.</p> <p>Dr Phillips highlighted that the way Health Care Research Wales (HCRW) allocates its funding is changing and will be linked to performance. Provided the Research and Development team achieve their recruitment to Time and Target key performance indicator targets, they will continue to have management control of their funded budget. However, if the targets are not met, HCRW will intervene in the management of the budgets.</p>	

	<p>Dr Phillips would bring an update on university partnerships to the October PODCC meeting.</p> <p>The Chair requested further information on the Primary Care research proposal submitted to HCRW in collaboration with Powys and Aberystwyth University which is currently on-hold due to the current financial position.</p> <p>Dr Phillips explained that additional funding of 4% had been requested, however, Welsh Government responded that they were unable to support the development of the research activity due to financial pressures.</p> <p>Ms Lewis queried why management and organisational research are not given the same emphasis as operational research, and asked if there were any plans to look into this further.</p> <p>Dr Phillips responded that the balance of portfolio reflects the funding, which is primarily to undertake clinical research. he added that there was more freedom within TriTech and innovation, providing sufficient funding can be obtained.</p> <p>Professor Kloer commented that HCRW prioritises funding to hospital/clinical research, and it was difficult to obtain funding for primary and community care research. Dr Phillips, Ms Lewis and Professor Kloer would further discuss difficulties in obtaining funding for primary care and non-clinical research.</p> <p>Professor Kloer informed the Committee that work to obtain clinical research facilities in Withybush Hospital was currently on hold due to the major incident alert at the hospital.</p>	<p>LP</p> <p>LP/PK/ AL</p>
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>TOOK ASSURANCE</b> from Research &amp; Development (R&amp;D), TriTech &amp; Innovation Group (TIG) and University Partnership activities and decisions reported.</li> </ul>	
<p>PODCC (23)100</p>	<p><b>RESEARCH AND DEVELOPMENT FRAMEWORK UPDATE</b></p> <p>Dr Leighton Phillips introduced the Research and Development Framework Update to members.</p> <p>HCRW have launched a new Research and Development Framework which will be used as a self-assessment tool to facilitate discussions at their Annual Review.</p> <p>This will be an assessment of HDdUHB's current position and relevant activities undertaken this year against the 10 pillars within the NHS R&amp;D Framework and includes a section where we have been asked to outline future plans to support its implementation. While this activity will be led by the Director of Research, Innovation and Value Based Health Care, the findings may have implications for the wider Health Board.</p> <p>Professor Gammon inquired what governance was around adopting and complying with the framework. DR Phillips explained that a self-</p>	

	assessment form will be submitted to the Research & Innovation Sub-Committee before being presented to PODCC.	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the publication of the Health and Care Research Wales Research and Development (R&amp;D) Framework and <b>DISCUSSED</b> any implications.</li> </ul>	

PODCC (23)101	<b>POLICIES FOR APPROVAL</b>	
	<p>Ms Heather Hinkin introduced the Policies and All-Wales Policy Review</p> <p>Ms Hinkin explained that the All-Wales policies will no longer be reviewed annually, they will continue in place until a change is required. Changes will be based on lessons learned or deep dives.</p> <p>Ms Lewis questioned whether the transgender policy had received input from a range of sources, not just one organisation. She highlighted the importance of including all views to such a contentious issue. Ms Hinkin clarified that the policy had been seen by the Staff Partnership Forum and feedback had been received which was taken into account when finalising the policy.</p> <p>Mrs Rayani informed the Committee that the Preceptorship Policy for Newly Qualified Nurses and Midwives had received detailed guidance from Welsh Government and may require a further extension beyond October. The management of Nursing/Midwifery Medication Errors and Near Misses policy was also ongoing and may require a further extension beyond October.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED ASSURANCE</b> that the above documents have been reviewed in line with Policy 190.</li> <li>• <b>APPROVED</b> the following documents for publication: - <ul style="list-style-type: none"> <li>042 - Starting Salaries/Incremental Credit</li> <li>107 - Volunteers</li> <li>350 – Transgender</li> </ul> </li> <li>• <b>EXTENDED</b> the following policies in accordance with the dates outlined above: - <ul style="list-style-type: none"> <li>* Preceptorship Policy for Newly Qualified Nurses and Midwives</li> <li>* Management of Nursing/Midwifery Medication Errors and Near Misses</li> <li>* Immunisation</li> <li>* Eagle Strategy</li> <li>* Study Leave Policy for Medical &amp; Dental Staff Policy</li> <li>* Domestic Abuse</li> <li>* Retirement</li> <li>* Work Life Balance (WLB) Flexible Working</li> <li>* Uniform &amp; Dress Code</li> <li>* Flexi Time</li> </ul> </li> <li>• The removal of all review dates in our All-Wales policies and in future receive a quarterly schedule of All-Wales Policies to their current position, was <b>NOT APPROVED</b></li> </ul>	

PODCC (23)102	<b>OUTCOME OF ADVISORY APPOINTMENTS COMMITTEE</b>	
	The People, Organisational Development and Culture Committee received and update on the outcome of the Advisory Appointment Committee (AAC) meeting held between 24 May 2023 and 27 July 2023.	
	The People, Organisational Development and Culture Committee: <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the appointment of Dr Alia Bashir to the post of Consultant in Obstetrics and Gynaecology on behalf of the Board.</li> </ul>	
PODCC (23)103	<b>FOR INFORMATION: WG STRATEGY: MORE THAN JUST WORDS</b>	
	The WG Strategy: More than Just Words update was provided for information to members.	
	The People, Organisational Development and Culture Committee <b>NOTED</b> the report and progress being made against the 'More than just words' strategic framework and associated action plan.	
PODCC (23)104	<b>FOR INFORMATION: PODCC WORKPLAN 2023/24</b>	
	The Committee <b>NOTED</b> the PODCC workplan for 2023/24.	
PODCC (23)105	<b>MATTERS FOR ESCALATION TO BOARD</b>	
	<ul style="list-style-type: none"> <li>• Progress on the Strategic Equality Plan Annual Report.</li> </ul>	
PODCC (23)106	<b>DATE AND TIME OF NEXT MEETINGS</b>	
	9.30 am, Tuesday 10 October 2023 9.30 am, Monday 11 December 2023 9.30 am, Thursday 15 February 2024	