

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

Date and Time of Meeting:	9.30am, 11 December 2023
Venue:	Board Room, Ystwyth Building, Hafan Derwen, St David's Park, Carmarthen, SA31 3BB and via MS Teams

Present:	Mrs Chantal Patel, PODCC Chair/ Independent Member Ms Anna Lewis, PODCC Vice-Chair/ Independent Member Mrs Delyth Raynsford, Independent Member Ms Ann Murphy, Independent Member Mr Rhodri Evans, Independent Member
In Attendance:	Mrs Lisa Gostling, Director of Workforce & Organisational Development (PODCC Executive Lead) Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience Dr Ardiana Gjini, Director of Public Health Ms Alwena Hughes-Moakes, Communications and Engagement Director Ms Charlotte Wilmshurst, Assistant Director of Assurance and Risk Ms Carly Hill, Assistant Director - Medical Directorate Mr Anthony Dean, Chair of the Partnership Forum Ms Michelle James, Head of Resourcing and Utilisation Ms Heather Hinkin, Head of Workforce Ms Tracy Walmsley, Head of Strategic Workforce Planning & Transformation Mrs Anna Bird, Assistant Director of Strategic Partnerships, Diversity and Inclusion Mrs Sally Hore, Head of Research and Development Dr Sion James, Deputy Medical Director – Primary Care & Community Services Ms Claire Evans, Committee Services Officer (Secretariat)

Agenda Item		Action
PODCC (23)132	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	
	Chair, Mrs Chantal Patel welcomed everyone to the meeting. Apologies for absence were received from: <ul style="list-style-type: none"> • Professor Philip Kloer, Medical Director/Deputy Chief Executive. • Professor John Gammon, Strategic Adviser, (Workforce, Education & Training) • Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary • Mrs Christine Davies, Assistant Director of Organisational Development. • Mrs Amanda Glanville, Assistant Director of People Development 	

PODCC (23)133	DECLARATIONS OF INTEREST	
	The following declarations of interest were received:	

	<ul style="list-style-type: none"> Ms Ann Murphy declared her work as trade union representative in terms of industrial action discussed within the reports. 	
PODCC (23)134	MINUTES AND MATTERS ARISING FROM THE PREVIOUS MEETING HELD ON 10 OCTOBER 2023	
	<p>The minutes of the People, Organisational Development and Culture Committee (PODCC) meeting held on 10 October 2023 was APPROVED as an accurate record of proceedings, with the following amendment:</p> <p>PODCC(23)118: Delivery against planning objectives aligned to PODCC (planning objectives update): 1b: career progression:</p> <p>Amend “Mrs Rayani highlighted that nursing staff had left the Health Board due to their need for growth not being met, however a number return to the Health Board” to “Mrs Rayani highlighted that some nursing staff had left the Health Board due to their need for growth not being met, however a number return to the Health Board”</p> <p>There were no matters arising.</p>	
PODCC (23)135	TABLE OF ACTIONS FROM THE PREVIOUS MEETING HELD ON 10 OCTOBER 2023	
	The Chair requested an update on the outstanding actions from the PODCC meeting held on 10 October 2023. All actions were complete.	
PODCC (23)136	REVISED ANNUAL REPORT AND SELF-ASSESSMENT PROCESS FOR 2023/24	
	Ms Charlotte Wilmshurst introduced the Revised Annual Report and Self-Assessment Process for 2023/24 to the Committee. The report outlines the revised process to assess the Committee’s effectiveness and for annual reporting to Board, in order to consider any amendments or omissions and to ensure it remains fit for purpose.	
	It was highlighted that there is a short digital form that will be issued at the end of January and there will be a workshop, facilitated by Ms Anna Lewis, held in March 2024. A report on the outcome of the self-assessment process will then be submitted to the People, Organisational Development and Culture Committee in April 2024.	
	The People, Organisational Development and Culture Committee: <ul style="list-style-type: none"> TOOK ASSURANCE from the refreshed approach to the Annual Report and Self-Assessment process for 2023/24. 	
PODCC (23)137	STAFF STORY:	
	The staff story was presented during the Workforce Plan agenda item.	
PODCC (23)138	WORKFORCE PLAN	
	Ms Tracy Walmsley introduced the Workforce Plan.	
	The report builds on work undertaken for the previous report, but also	

focuses on the levels of risks and provides information, in terms of how the Workforce team are looking into operational areas, in order to join the top down and bottom-up approach.

Ms Bethan Lewis, Interim Assistant Director of Public Health joined the meeting and gave a staff story on her insights in working through the process with Ms Walmsley's team over the last 2 years in relation to the health visiting paper, and her reflections on using the Workforce Regeneration Framework and support from the team.

Ms Bethan Lewis reported that the Workforce Regeneration Framework model has been invaluable in helping to break down into the six key component areas, outlined in Appendix 2 of the report.

Some focused pieces of work are helping to detail and draw into where the Health Board could have the greatest impact, or where the greatest risk may be, in terms of the health visiting service.

There has been a considerable amount of work undertaken during the last 18 months, however there is more work to be done in the next 12 months, moving into the next phase, which is possibly the most important phase in how the Health Board sustains its demand skills capacity within health visiting into the future.

Some challenging conversations have taken place with Health Education and Improvement Wales (HEIW), Aberystwyth University and Swansea University and these will continue to strengthen and adapt to the framework.

There is however a mismatch in regard to potential new staff versus retirees. There is a need to renew and retain staff currently within the Health Board, but also renew focus on what is possible with regards to the health visiting service to ensure the needs of the population and West Wales are being met.

The Chair commented that she understood there has always been a poor uptake of the Specialist Community Public Health Nurses (SCPHN) programme as staff could not be released from duty. She asked what difference the new approach would make in relation to releasing staff in order to undertake the appropriate program.

Ms Bethan Lewis responded that she did not feel that Hywel Dda University Health Board (HDdUHB) has any major issues in releasing staff.

She also commented that the Health Board does not generally focus on secondment as such, because there has always been a gap with regards to the health visiting workforce, therefore there are roles and positions for people when they train over the year (or two years if they opted for part time). There are some challenges in meeting the gap between the academic need and drive with the universities and staff within band 5 roles, who aspire to be the health visitors of the future. Meeting their educational academic need versus the needs of newly

qualified nursing staff coming through, showing an academic drive but not necessarily wanting to stay within the health visiting profession.

Ms Bethan Lewis commented that HDdUHB and Swansea Bay University Health Board have experienced this over the last few years. It is about getting the right balance. It is aimed to use the framework to apply how university colleagues, as a partnership, can be part of that renewal and part of the HDdUHB interviews at Band 5 level, with the view that they would then be HDdUHB's health visiting students within those 18 months to two years, in order to renew and regenerate the Workforce for the future.

Currently focus has been on the short to medium term. However, the focus now is towards the next 5 to 10 years. There may be a challenge in workforce demand capacity versus the financial position and where the Health Board needs to ensure that the skills of potential retirees are passed on, training continues, and a focus is given on how to retain staff.

Dr Ardiana Gjini commented that these issues have been discussed as part of West Wales Clinical Advisory Group recently. Joining with Powys Teaching Health Board and Betsi Cadwalladr University Health Board with the modular approach, having missed the 10-year bidding for a Health visiting core, to combining Swansea University with Aberystwyth University should really be HDdUHB's priority. Dr Gjini queried how much the Health Board was considering filling the gaps between releasing nurses to undertake the course whilst maintaining the delivery of the business.

Dr Gjini also asked whether this approach was being undertaken on a regional (West Wales) basis rather than just the Health Board areas, as there could be some cover between each other, including perhaps some of the finances in commissioning the university course.

Ms Bethan Lewis responded that a regional approach is stronger in order to forge those modular approaches. There is a need to look closely at how recruitment is undertaken. The Health Board is driven by recruitment by the universities, but we also know in the pipeline those courses that are of interest, therefore there is a need to get ahead of the curve to see where the future health visiting interests are within the teams, from Performance Appraisal Development Reviews and from staff interest. Ms Bethan Lewis believed it will only be successful in the area if undertaken on the three-region basis.

Ms Walmsley informed the Committee that Ms Bethan Lewis had undertaken a deep dive into the approach that is being taken with services, and highlighting the scope and scale of work needed for operational workforce planning which needs to be more granular than the strategic approach to date. Health Visiting represented one of c200 areas at the level 5 organisation level in ESR/Funded Establishment structure which would need an assessment and plan. If the Health Board looks strategically aligned to the Health Strategy/Social Model of Health, it may be able to drive some shifts in workforce need (workforce demand).

Ms Walmsley highlighted that the appendices of the report provide information on the operational workforce planning approaches and toolkits that are being developed. In terms of organisational risk, there is a need to consider third party assurance in terms of what would be considered useful and helpful as an organisation.

Ms Anna Lewis commented that it is very helpful to see the information provided. She noted that the Nuffield report gave a prompt to move on to this next step, therefore it was good to see it within the report, also that there was a blueprint in the health visiting example that can be scaled from.

Ms Anna Lewis asked what quantum of work the Health Board is considering undertaking within the next 5, 10 or 15 years. She highlighted that the current work is being undertaken which is not on the Health Board's to do list. Ms Anna Lewis noted the delayed pathways of care, and commented that there are large pieces of work which absorb a large amount of the workforce, and a large amount of additional cost, which technically is not for the Health Board to do. Ms Anna Lewis suggested considering which areas of work currently being undertaken, could, in the future, in a social model of health, be done by other partners collaboratively with the Health Board. She also queried whether there could be a bigger role for the Third Sector in some of the lower intensity work areas.

Ms Anna Lewis asked, in view of the current picture, what assumptions can be mapped on increasing or decreasing work by the Health Board. Then, once the quantum of work is clearer, what assumptions can be made regarding pushing the boundaries of new ways of working and new roles, such as Consultant Practitioner roles.

Ms Walmsley responded that page three of the report outlines how the regeneration framework has been mapped, and highlights that demand is greater than the Health Board can manage. The gap between all of the interventions and supply assumptions which have been made suggest that there remains a significant gap in the workforce of today for tomorrow's requirements. Assumptions being made through the clinical services strategy, will help to decide what the workforce needs to be.

The strategy/plan required should include preventive measures, care closer to home and a demand management approach, which might be outside of the scope of the workforce planning components although cannot sit in isolation from the workforce plan

Given the scale of risk and approach to workforce planning further discussion will be required on how we might create third party assurance and how it is embedded within the organisation.

A number of different pieces of work are taking place in terms of working with educational partners, and also in terms of evaluation and research, for example, Bangor University PHD student looking at Medically Associated Professionals (MAPS) to assess value.

Mrs Mandy Rayani commented that going forward there will be a need to ensure the Health Board does not revert back to task orientation ways of working rather than recognising and fulfilling practitioners at top level of practice. The Health Board will also need to factor digital opportunities into the workforce, recognising that Digital Health Care Wales (DHCW) does not necessarily join everything across multiple organisations.

Mrs Rayani also queried how the Health Board recognises the value of roles such as practice educators who are instrumental in delivering future workforce.

The Chair asked how the duty of quality feeds into workforce planning Ms Walmsley replied that the directorate improving together sessions includes the duty of quality, and would inform workforce planning to be alert to any issues and integrate through that mechanism operationally.

Mrs Rayani added that given that the duty of quality is about being person centred, it should always be asked whether the role meets the individual patients' needs, and does meet the needs of the Health Board population. Then it would comply with the duty, and it would fundamentally underpin the role.

Cllr Rhodri Evans noted that appendix one states workforce themed risk presently accounts for 32.53% with the potential that it might go to 44.6%. He asked how likely that potential increase was, and whether Ms Walmsley perceives that to be very likely.

Ms Walmsley responded that her team does consider it to be a significantly high risk, and are looking at each risk in detail. Almost all risk relates to demand management or demand capacity. She will know by the next Committee meeting whether the percentage of risk with a workforce theme are indeed directly relevant and will therefore see the percentage increase.

The Chair asked whether the educational needs of health visiting workforce is overseen by the Strategic People Planning and Education Group (SPPEG).

Mrs Walmsley replied that now SPPEG was in place, this would be fed into the group. Also, her team are beginning the education commissioning piece of work with HEIW and will be working with each of service area management. When that work is completed, it will feed into SPPEG and form discussions with HEIW to ensure an organisation specific plan is in place.

The Chair asked where is the fragility of the Health Board, on a scale of 1 to 10.

Ms Walmsley responded that she would assess 6 out of 10 if pressed. Ms Bethan Lewis added that some months ago the scale was 8 to 9 but now 6 would be a fair assessment. However, this could change quickly.

Dr Gjini highlighted that there is different fragility across the Health Board areas (for example Ceredigion is very different to Carmarthenshire).

	<p>Dr Gjini asked whether the health needs assessment is being taken into consideration when making plans for the workforce, and not just looking at data for demand.</p> <p>Ms Bethan Lewis responded the child needs assessment will be critical to take stock of what that tells us. Many of the Flying Start allocations are driven by the Local Service Agreement. There is an expansion and over the next few years, all areas then will be supported by Flying Start for the additional childcare support. However, there are some challenging areas. The current child needs assessment will provide some light on those challenges which the Covid pandemic has hidden.</p> <p>Mrs Delyth Raynsford asked about the regional workforce issues with Betsi Cadwalladr University Health Board and Powys Teaching Health Board, and whether HDdUHB is exploiting that potential workforce or student placements from Wrexham Glyndwr University and from Bangor University.</p> <p>Ms Bethan Lewis responded that the team have explored different ways of working with Betsi Cadwalladr University Health Board, and will continue to look into those opportunities. The heads of the health visiting services work very closely together. The team are now looking at a regional approach to a modular base of training that will help rural areas as there can be significant travel for the Health Board's population.</p> <p>The Chair asked why Swansea University could not deliver in the HDdUHB area to cut down on travel? Ms Bethan Lewis responded that Swansea University have been asked but conversations have been unsuccessful.</p> <p>Mrs Gostling highlighted that HEIW commission education, therefore although there may be universities interested in working with HDdUHB, if they are not commissioned by HEIW, they are unable to.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> • TOOK ASSURANCE from the report. • DISCUSSED (though in not detail) the support required to enable the development of the Maturity Matrix that will enable Independent Third Party Assurance and align to the development of Strategic Scenarios. 	
<p>PODCC (23)139</p>	<p>GP REGISTRAR RETENTION REPORT</p> <p>Dr Sion James introduced a report outlining the findings of a survey run by the Primary Care Directorate to investigate whether the GPs Registrars qualifying in the HDdUHB area continued working in the area after completion of training.</p> <p>This data will now be collected annually.</p> <p>It was noted that GP numbers in Wales have fallen by 15% in the last 10 years. There has been difficulty in recruiting within some of the Health Board areas, particularly Ceredigion and Pembrokeshire. There has been a £20,000 incentive for people to come and train and live in</p>	

Ceredigion and north Pembrokeshire and the Health Board is looking into whether that is having a positive effect.

Dr James highlighted that overseas GPs require sponsorship by an employer to stay in the area. As GP practices tend to be smaller in Wales than in England, very few practices have gone through the visa sponsorship process with the UK Home Office. The Health Board has acted as a sponsor for newly qualified salaried GPs and supported practices to establish sponsorship status. Dr James highlighted that 75% of Chinese GPs who do train locally stay in the area after they have qualified.

Ms Ann Murphy requested clarification on whether the payment of up to £20,000, should they remain in a targeted area, stated in the report, was payment by the Welsh Government.

Dr James confirmed that it was.

Mrs Raynsford asked about learning from this exercise, such as why do people stay in the area and why some do not. Is this captured within exit interviews. Also, how does HDdUHB compare with other health boards. Dr James responded that HDdUHB is at a distance within this process therefore it is difficult to undertake exit interviews. He noted the need to improve relationships with HEIW. He added that he did not have data on how HDdUHB compares across Wales but would try to find out how the data could be obtained.

Dr James highlighted that there should not be too much focus on total number of GPs because it is a GP led service but delivered by multiple services, not just GPs.

Mrs Raynsford asked if there is work being undertaken on communications for trainee GPs on what it is like to work in HDdUHB.

Mrs Alwena Hughes-Moakes commented that she had spoken with Dr James about this recently, and there are many areas where there are great stories to tell. Mrs Hughes-Moakes will ask the Communications team to look into this. She also informed the Committee that a GP cluster communications officer was appointed last week, therefore this could be an area for them to work on.

Ms Anna Lewis asked if there was any distinction between the tactics used to attract people who have been brought up in Wales and have family here and so forth, versus attracting people have no experience of living in West Wales. She also asked if there was any data on the proportion of trainee GPs who are local with connections in West Wales, and how many are entirely new to the area.

Dr James responded that he did not have that data. He added that the Health Board now works with schools to talk to children and young people about training as doctors. The Health Board's clinicians support young people to train and apply for medical schools. There is a lot of work by the Health Board to attract people to become junior doctors in Wales.

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	<p>Dr Gjini asked how the Health Board is linked with foundation training of GPs. She commented that gains, in the short term, would be made if GP placements are made more attractive. In the long term, some of the motivation should come from the long-term clinical strategy. Dr Gjini asked if HDdUHB ran its own training programme for GP specialist training or is it run by HEIW.</p> <p>Dr James responded that HDdUHB has local course organisers and local program directors who are employed by HEIW. He reiterated the need to improve the Health Board's relationship with HEIW, and raise the profile of the Health Board as a place to work.</p> <p>Dr James highlighted the story of a group of young doctors who decided they wanted to live and work in West Wales and opened their own practice. He felt that good news stories like this should be shared more widely.</p> <p>Mrs Lisa Gostling commented that HDdUHB have been approached by Swansea University who are interested in running the medical apprenticeship program. A meeting with Swansea University will be scheduled in January to discuss further.</p> <p>Dr James highlighted that there is a primary care academy which is currently flourishing in terms of paramedic, nurse and multi professional education.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> • NOTED the findings of the survey. 	

<p>PODCC (23)140</p>	<p>BAME ADVISORY GROUP UPDATE</p> <p>Mrs Anna Bird introduced an update on the work of the Black, Asian and Minority Ethnic (BAME) Advisory Group.</p> <p>Independent Member Winston Weir has taken over as Chair of the BAME Advisory Group following the retirement of Maria Battle.</p> <p>It was highlighted that the number of members attending the BAME Advisory Group has declined.</p> <p>A new diversity calendar for 2024 is being finalised and will be shared widely throughout the Health Board.</p> <p>Updates have been made to the Anti-racist Wales Action Plan, and 'Introduction to anti-racism' training was delivered at the Board development session on 26 October.</p> <p>Welsh Government have delivered the first in a series of seminars to provide national updates on progress of the Anti-racist Wales Action Plan. The webinar focused on the Workforce Race Equality Standard (WRES). The WRES will focus on 12 indicators over four domains: Leadership, CPD and Training, Discipline and Capability, Bullying Harassment and Discrimination. However, the 12 indicators have not yet been finalised.</p>	
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	<p>Ms Anna Lewis queried whether sufficient use is made of the menu sections in the Committee reports document template, in particular the equality box of the 'Impact' section. Could this be used as a prompt in all reports to consider the equality impacts?</p> <p>Mrs Bird responded that it could be utilised to include Equality Impact Assessments.</p> <p>Mrs Gostling suggested the sections could be at the beginning of the report rather than the end to ensure they are completed and read, and also to help prompt thinking ahead of drafting the main report.</p> <p>The Chair asked whether the BAME Advisory Group have any links with the British Association of Physicians of Indian Origin (BAPIO), who have set up a similar organisation for nurses of Indian origin.</p> <p>Mrs Gostling replied that they do. Senior Medical Workforce Manager, Bethan Griffiths is involved with BAPIO in terms of overseas students working with the Health Board.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> • NOTED the update report on work which is being undertaken to improve the experiences of Black, Asian and Minority Ethnic staff. 	

<p>PODCC (23)141</p>	<p>DELIVERY AGAINST PLANNING OBJECTIVES ALIGNED TO PODCC (PLANNING OBJECTIVES UPDATE): 5b RESEARCH AND INNOVATION</p> <p>Mrs Sally Hore presented a deep dive into review of Planning Objective 5b: Research and Innovation.</p> <p>The aim of the Planning objective is to deliver priority actions associated with the third year of the Research and Innovation (R&I) Strategy (2021-2024) and associated TriTech Business Plan. Eight priority actions were agreed for 2023/24. There are 6 delivery teams that feed into the planning objective.</p> <p>The deep dive outlined key achievements by R&I so far, and next steps. Highlighted areas to note were:</p> <p>R&I are funded by Health Care Research Wales (HCRW), which mostly includes staff costs. There has been a reduction in funding for 2023/24. It is expected that funding will either remain static for 24/25 or receive a 5% cut.</p> <p>Research facilities in Bronglais Hospital opened in June 2023. There has been a delay in opening facilities in Withybush Hospital due to ingoing Reinforced Autoclaved Aerated Concrete (RAAC) works.</p> <p>Oncology research is a current challenge. There is a good portfolio of oncology research trials within HDdUHB, however the difficulty is with clinical trials for medicinal products. R&I are working with Swansea Bay University Health Board and HCRW to unlock some of the barriers. This is a study-by-study process as there are different barriers associated with each study.</p>	
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	<p>There has been an increase in research clinicians (which includes all health professionals). There have been 7 applications received for research time awards for clinicians to have paid time to do their own research and develop their portfolios of research.</p> <p>R&I are developing expansion plan to TriTech business plan, to expand TriTech to other health boards.</p> <p>R&I have identified some areas for improvement.</p> <p>R&I are on track to deliver their 2021-24 strategy and will begin work in 2024 on drafting the new strategy.</p> <p>The Chair asked is there a newsletter distributed within the Health Board showing what research is being undertaken and what the outcomes are. Mrs Hore responded that R&I aim to create a quarterly newsletter, however, staff capacity recently has meant that a newsletter has not been created within the last 6 months. The team are looking to adapt the newsletter in order that it can be shared with university partners, as well as internally.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> • NOTED the update. 	

<p>PODCC (23)142</p>	<p>PERFORMANCE ASSURANCE AND WORKFORCE METRICS - INTEGRATED PERFORMANCE ASSURANCE REPORT (IPAR)</p> <p>Ms Michelle James introduced the Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR).</p> <p>There has been a 28% reduction in the number of Allied Health Professional (AHP)/ Healthcare Staffing Solutions (HSS) agency workers engaged with the Health Board since April 2023.</p> <p>The rolling 12 months sickness remains static at approximately 6.2%. There had been an increase in October from September, however, November's figures show a decrease compared to October.</p> <p>Mrs Rayani highlighted the excellent work and the impact that the support for the international educated nurses has had in terms of pass rates and people into practice. Mrs Rayani felt this should be acknowledged.</p> <p>The Chair asked to clarify whether Bank staff are from an external agency. Mrs Gostling replied that no, they are internal staff.</p> <p>Ms Anna Lewis asked if there was anything further the Health Board can do in terms of staff engagement improvement. Mrs Gostling responded that the IPAR report mostly relies on the monthly survey which is sent out to 1,000 members of staff. However, she highlighted that staff are becoming tired of surveys, especially in the last month with the NHS Wales survey, planning surveys and the</p>	
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	<p>monthly survey. Due to this, the Operational Development team together with the Executive Team, will look at a different way of doing this work with a fresh approach on how to obtain staff views.</p> <p>Ms Anna Lewis commented that survey fatigue may help to explain the response rate which does fluctuate. She asked whether there was enough data obtained over the years to inform that something should be done differently.</p> <p>Mrs Anna Lewis stated that she agreed the trend analysis in the report is useful and should be used more widely. However, she highlighted that operational managers should consider whether it helps them to make intelligent decisions about actions they need to take.</p> <p>In reference to non-compliance of Disclosure and Barring Services (DBS) checks outlined within the report, Cllr Evans asked whether DBS checks take a long time to complete.</p> <p>Mrs Gostling responded that not all staff require DBS checks. In terms of the staff mentioned within the report, none worked with patients whilst waiting for the checks to be completed.</p> <p>Mrs Gostling highlighted an issue with obtaining DBS checks for apprentices, as the checks require documents which young people generally do not have at aged 16, such as household bills in their name and paper bank statements.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> • NOTED the content of the report as assurance of performance in key areas of the Workforce and OD agenda. 	

<p>PODCC (23)143</p>	<p>RESEARCH AND INNOVATION SUB-COMMITTEE UPDATE</p> <p>Mrs Hore introduced the Research and Innovation Sub-Committee update report. Areas of note for the Committee are:</p> <p>It is currently expected that the research facilities within Worthybush Hospital will be ready by June 2024.</p> <p>The 4% cut in funding received this year, may be extended to an additional 4% or 5% cut in 2024/25, which may mean Research and Development will need to review its current workforce.</p> <p>Work continues on seeking to move Research and Delivery and the Tritech and Innovation teams to new accommodation in Pentre Awel, Llanelli.</p> <p>Final payment for the Nurokor project remains outstanding. R&D Finance partners continue to work with the Debt Recovery team to recover the last final outstanding amount of approximately £13,000.</p> <p>Following advice from the People, Organisational Development and Culture Committee, the TriTech Key Performance Indicator (KPI) tracker is being reworked to ensure clarity around each KPI.</p>	
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	<p>Mr James Severs noted that a lot of activity has taken place with research and innovation, and asked what was being done to inspire the next generation of people who are interested in research but are not Chief Investigators, and would be included into the next R&I strategy.</p> <p>Mrs Hore responded that there is a lot of activity with university partners, which is not captured in the report, where there are interested individuals who want to develop a research portfolio. R&I also, at times are approached by individuals wishing to undertake their own research, and the team work with that individual to help identify funding in order that they can develop the skills required undertake the research. R&I also work across the universities, as part of the engagement with that individual or department, could be to find an academic partner. Mrs Hore added that this is something that could be considered when working on the next strategy.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> • TOOK ASSURANCE from the Research & Development (R&D), TriTech & Innovation Group (TIG) and University Partnership activities and decisions reported. • NOTED the matters listed in the report. 	
<p>PODCC (23)144</p>	<p>SUB-COMMITTEE TERMS OF REFERENCE: STRATEGIC PEOPLE PLANNING AND EDUCATION GROUP</p> <p>This item was deferred as Mrs Amanda Glanville was unable to attend the meeting.</p>	
<p>PODCC (23)145</p>	<p>POLICIES FOR APPROVAL</p> <p>Ms Heather Hinkin introduced the policies for approval by the Committee.</p> <p>Ms Anna Lewis enquired how the Health Board knows that the policies do the job they are meant to.</p> <p>Ms Hinkin responded that as part of a regular review, the Workforce team collate feedback from staff using the policies. There is also ongoing work to limit policies to 5 pages or less. The team also look at lessons learned to ensure policies are effective.</p> <p>Ms Anna Lewis raised the issue of ethical employment and asked for confirmation that the Health Board does not have any member of staff directly employed by the Health Board or via outsourcing arrangements who is paid below the living wage.</p> <p>Ms Hinkin responded that there are one or two members of staff at Band 1, however this was their choice due to being in receipt of benefits.</p> <p>Mrs Gostling added that the Health Board ensured all external companies pay above minimum wage.</p> <p>Ms Anna Lewis commented that nationally mandated policies brings into question what the Committee has authority to do. As we cannot amend or reject those policies, she suggested using the term 'adopt' rather than 'approve.'</p>	

	<p>Due to a clerical error, the All-Wales NHS Staff to Raise Concerns Procedure document was not circulated to Committee with the main meeting paper bundle. It was sent to members via email during the course of the meeting. Agreement to adopt the All-Wales NHS Staff to Raise Concerns Procedure would be undertaken via Chair's Actions, to allow members sufficient time to read the document.</p>	<p>CSO/ JW</p>
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> • TOOK ASSURANCE that the above documents have been reviewed in line with Policy 190. • APPROVED the following documents for publication and use within the Health Board:- <ul style="list-style-type: none"> • 129 – Time off for medical and dental appointments • 311 – Domestic Abuse and Sexual Violence • 313 – Study Leave for Medical & Dental Staff • 333 – Bilingual Skills • 511– Carers • 935 – Ethical Employment • NOTED the minor changes made to the policies listed below:- <ul style="list-style-type: none"> • 107 – Volunteers • 713 – Honorary Contracts • 1179 – Developing New Clinical Roles • EXTENDED the following policies to 31 March 2024:- <ul style="list-style-type: none"> • 042 – Preceptorship • 558 – Medication Errors • 121 – Relocation Expenses • REMOVED the following policy for the reasons outlined in the report: <ul style="list-style-type: none"> • 582 – Term Time Working • 126 – Work/Life Balance/Flexible Working Policy • AGREED TO ADOPT the new All Wales Flexible Working Policy. 	

<p>PODCC (23)146</p>	<p>CONTRACTUAL AND LEGISLATIVE CHANGES</p> <p>Ms Hinkin introduced an annual report providing an overview of the contractual and legislative changes that may impact the workforce and the Health Board's approach to people management, policies, procedures and terms and conditions of employment.</p> <p>The Employment Relations Flexible Working Act has been taken into account of in terms of the All-Wales Flexible Working policy.</p> <p>In terms of the Employment Rights Regulations 2023, and holiday pay provisions for irregular hours staff, due to commence from 1 January</p>	
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	<p>2024, Ms Hinkin reported that more than 99% of HDdUHB staff are already paid the minimum of 12.07% and this can increase with service.</p> <p>The Workers (Predictable Terms & Conditions) Act 2023 due to commence later in 2024 will link with the Flexible Working policy, as it will also count as a statutory request.</p> <p>Ms Anna Lewis asked if, in line with the recent Government's announcement on immigration changes, there has been any consideration on higher minimum salary level having an impact, and the plans to limit families being able to join staff members. Is this likely to be an issue for the Health Board.</p> <p>Ms Hinkin responded that it could well be a concern for the Health Board. Her team will need to work through some of the detail of those changes, however it is known that many of the Health Board's internationally educated nurses (IEN) come to West Wales because they already have family here and they also want to bring more of their family with them.</p> <p>Ms Hinkin would bring a report to the Committee once this detail has been worked through, as it is currently too early to know what the impact will be.</p> <p>Mrs Gostling commented that the Health Board has been advised that there is an exemption within the NHS, therefore staff will continue to be able to bring family members to the UK. It is also believed that salary limit would not have an impact on Band 4 staff, who are the majority of nursing staff. However, the main problem in terms of workforce planning is that the exemption does not include social care. Care homes will have to meet the new thresholds.</p> <p>Ms Ann Murphy informed the Committee that the right to disconnect was discussed at the Staff Partnership Forum. It was part of discussions on the concern of burnout with executives and managerial and staff. Therefore, it was already raised as a concern.</p>	HH
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> • NOTED the Contractual and Legislative Changes Report. 	
PODCC (23)147	<p>OUTCOME OF THE ADVISORY APPOINTMENTS COMMITTEE</p> <p>Ms Michelle James introduced the outcome of the Advisory Appointments Committee (AAC) meeting held between 21 September 2023 and 14 November 2023.</p> <p>Ms Raynsford queried when the AAC meeting will take place in person, rather than virtually, again. Mrs Rayani responded that it has recently met in person.</p>	
	<p>The People, Organisational Development and Culture Committee:</p> <ul style="list-style-type: none"> • APPROVED the appointment of Mr Gianluca Bruno Scotta, Ear, Nose and Throat Consultant on behalf of the Board. 	

PODCC (23)148	FOR INFORMATION:	
	PODCC Work Plan 2023-24	
	The Committee NOTED the PODCC workplan for 2023-24	

PODCC (23)149	MATTERS FOR ESCALATION TO BOARD	
	There were no matters for escalation to the Board.	

PODCC (23)150	ANY OTHER BUSINESS	
	There was no other business.	

PODCC (23)151	DATE AND TIME OF NEXT MEETINGS	
	9.30 am, Thursday 15 February 2024	

Unapproved