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

Date of Meeting:	09:30, Tuesday 18 February 2025
Venue:	Board Room, Ystwyth Building, St David's Park, Carmarthen and via Microsoft Teams

Present:	Mrs Chantal Patel, Independent Member (Committee Chair) Ms Anna Lewis, Independent Member (Committee Vice-Chair) Cllr. Rhodri Evans, Independent Member Ms Ann Murphy, Independent Member Mrs Delyth Raynsford, Independent Member Mr Iwan Thomas, Independent Member (VC)
In Attendance:	Mrs Lisa Gostling, Director of Workforce and Organisational Development/ Deputy Chief Executive (Executive Lead) Mr Mark Henwood, Interim Medical Director Ms Sam Hussell, Head of Emergency Preparedness, Resilience and Response, (deputising for Dr Ardiana Gjini, Director of Public Health) (VC) Ms Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience Ms Alwena Hughes Moakes, Communications and Engagement Director (part) Mr James Severs, Director of Allied Health Professions and Health Science Mr Anthony Dean, Trade Union Representative (VC) Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary Mrs Amanda Glanville, Assistant Director of People Development Ms Tracy Walmsley, Assistant Director of People Planning Ms Heather Hinkin, Head of Workforce Ms Michelle James, Head of Resourcing and Utilisation Mr Dan Owen, Senior Workforce Manager, People Effectiveness Mr Rob Blake, Head of Culture and Workforce Experience (part) Mrs Enfys Williams, Welsh Language Services Manager (part) Professor Leighton Phillips, Director Research, Innovation and Value (part) Mrs Eleanor Marks, Vice-Chair, HDdUHB (observing) Mrs Clare James, Head of Corporate Governance Ms Clare Moorcroft, Committee Services Officer (Minutes)

Minutes Ref.	Item	Action
	GOVERNANCE AND RISK	
PODCC (25)01	**Apologies for Absence**	

Mrs Chantal Patel, People, Organisational Development and Culture Committee (PODCC) Chair, welcomed everyone to the meeting. Mrs Patel wished to formally thank Mrs Delyth Raynsford, who was attending her final PODCC meeting, for her contribution, stating that she would be missed. Apologies for absence were received from:

- John Gammon, Health Education and Improvement Wales (HEIW) Independent Member

- Ardiana Gjini, Director of Public Health
- Christine Davies, Assistant Director, Organisational Development
- Anna Bird, Assistant Director, Business, Partnerships and Inclusion

PODCC (25)02 Declarations of Interest

The following declarations of interest were made:

- Mrs Chantal Patel – role at Swansea University, with particular reference to item PODCC(25)17 (Research and Innovation Strategy Review)
- Ms Ann Murphy – Trade Union role

PODCC (25)03 Minutes and Matters Arising from the meeting held on 16 December 2024

Cllr. Rhodri Evans advised that he had submitted his apologies; however, these were not recorded. This would be rectified. **CM**

Decision: Subject to the above amendment, **RESOLVED** – the Minutes from the meeting held on 16 December 2024 were approved as an accurate record.

There were no matters arising.

PODCC (25)04 Table of Actions from the meeting held on 16 December 2024

An update was provided on the Table of Actions from the meeting held on 16 December 2024. Mrs Patel noted that, whilst most were complete, two were marked as 'In progress'.

PODCC(24)108 – Mrs Amanda Glanville advised that an item later on the agenda (PODCC(25)15 Medical Workforce Mandatory Training Compliance Update) will provide a more detailed update.

PODCC(24)117 – Mrs Lisa Gostling advised that this will be taken forward as part of the Taskforce work with Ms Anna Lewis. Consideration will be given to the key areas for focus, developing an action plan and defining outcomes. **LG**

PODCC (25)05 Operational Risks Assigned to PODCC

There were no Operational Risks to report.

PODCC (25)06 Welsh Health Circulars (WHCs)

Presenting the Monitoring of Welsh Health Circulars (WHCs) report, Mrs Gostling drew Members' attention to the four WHCs detailed therein, all of which have been closed.

Decision: The Committee **TOOK ASSURANCE** from the Lead Director on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

PODCC (25)07 Targeted Intervention Progress Report

Mrs Gostling introduced the Targeted Intervention (TI) Progress Report, reminding Members that it summarises information collated by Mr Shaun Ayres. It demonstrates the progress made around the nurse stabilisation programme, medical programme and allied health professions. Also, updates on international recruitment. All of these form part of the actions taken to stabilise the Health Board's workforce and meet TI requirements.

Ms Anna Lewis expressed the view that the report and its information feel a little too 'neat and tidy'. The solutions and actions presented seem extremely straightforward, whilst 'on the ground' there is a major programme of work around the Clinical Services Plan, specifically driven by fragilities and lack of stability in services. Ms Lewis struggled to reconcile the scale of the workforce issues and their ongoing impact on quality and safety with the position presented in this report. In response, Mrs Gostling explained that the report is designed to focus on the TI criteria under the Leadership Domain. Fragile services sit under the Strategic Development and Operational Delivery Committee (SDODC). Members noted that there is a meeting scheduled later in the week to consider the interface between committees and the reporting of the various aspects.

Mrs Gostling emphasised that the existence of plans to address some of the risks and issues relating to workforce will not, in isolation, solve the service fragilities. Acknowledging this additional context, Ms Lewis suggested that the issue is, therefore, perhaps around how the organisation narrates its own position. Given that this report is submitted to Welsh Government, there needs to be a consistency in messaging. The different aspects of governance and assurance are 'artificial' in some respects, and the divides between them are irrelevant to patients (and to staff, to an extent). Ms Lewis reiterated her concerns that the information feels too polished, suggesting that – if this was the reality – the organisation would not be facing the challenges it is. She felt that it needs to be modified to better reflect reality.

In response to these comments, Mrs Gostling committed to review the report and consider changes to more accurately reflect the Health Board's position. It was emphasised, however, that fragility of services is not necessarily addressed in entirety by the required workforce being in place. It was also agreed that Mrs Gostling and Ms Lewis would discuss this issue further outside the meeting. Members were assured that the feedback from Welsh Government suggests that the Health Board is focusing on the correct areas. However, it was acknowledged that there needs to be a

LG

LG/AL

consistency in messages and that the information provided needs to reflect reality. Mrs Gostling advised that the TI Reporting Framework Tracker is for all the domains of TI.

Referencing 'Next Steps' under the Medical Workforce Stabilisation Scheme, Mrs Patel noted the statement around ensuring 90% of all consultants have an agreed job plan by 30 September 2025. She enquired why all consultants do not already have a job plan in place. In response, Mr Mark Henwood explained that the current figure is 87%, against a target of 90%. 100% would clearly be the ambition; however, this is a somewhat artificial target, as achieving it is impacted by absence, including sickness absence. He assured Members that the 90% figure would be achieved well before September 2025.

Mrs Raynsford expressed concerns around equity, noting that Bronglais Hospital (BGH) remains 'behind the curve' in a number of areas, including Physiology, Cardiology, agency staff and medics. She requested assurance that appropriate interventions, support and mitigations are in place. With regard to the nurse stabilisation aspect, Mrs Gostling advised that BGH had deliberately been delayed until the end of this programme, due to the capacity of the leadership team within BGH to manage accommodating the additional overseas nurses. This was in response to a specific request. Mrs Raynsford suggested that it would be useful to highlight this, as it otherwise appears quite 'stark'. **LG**

Returning to Ms Lewis' earlier comments, Mrs Joanne Wilson wished to assure Members that there had been a discussion around this matter at last week's Audit and Risk Assurance Committee (ARAC). To confirm Mrs Gostling's statement, all of the TI domains and criteria are aligned to Board level committees, with ARAC applying oversight on behalf of Board. Mrs Wilson suggested that this issue could be discussed at the upcoming Committee Chairs' meeting, to ensure coverage of issues without duplication between committees. Also, to discuss concerns around the report feeling overly positive and not adequately reflecting the true position.

Ms Tracy Walmsley echoed Mrs Gostling's comments, that the TI work is very much focused on the organisation's plans. There is a balance between the details and complexities involved in workforce planning and how the plan is presented. Noting the language used in a number of instances, Mrs Patel enquired whether Welsh Government ever query the use of 'continue to improve' rather than a more quantified outcome. Mrs Gostling advised that this is simply reflecting the standard terminology used by Welsh Government themselves, with a target 'to improve' but by no stated amount.

Whist welcoming the concise document, which reads well, Cllr. Evans agreed with Ms Lewis that it reads too well. He enquired whether the completion dates indicated are realistic and achievable. Again in 'Next Steps' under the Medical Workforce Stabilisation Scheme, he noted the action to reduce sickness absence by ensuring compliance with the attendance to work policy. He enquired whether this indicates that staff are not attending work as they should. Ms Michelle James advised that this was not the case; the action is around ensuring that departments and managers comply with all of the requirements of the policy (for example, completing Return to Work interviews following sick leave). As evidenced by various

reports presented today, sickness absence is an area requiring focus and improvement. There are interventions and support which can be put in place as part of the policy, and the organisation needs to ensure that it is meeting basic obligations in the first instance, before exploring other actions.

With regard to completion dates, Ms Walmsley indicated that there is always a risk in setting dates; however, these are the 'best estimate' at this stage. Cllr. Evans explained that his question stems from frequent discussions at ARAC around whether completion dates are achievable. In respect of the date of March 2025 for the outstanding action around the nurse stabilisation programme, Mr Dan Owen advised that this has been agreed in conjunction with the Heads of Nursing. It has been moved a couple of times; however, this relates to the final element involving BGH. There are various elements which have been considered in determining this date, including central recruitment. Overall, from the nurse stabilisation perspective, it is anticipated that there will be no planned agency from March 2025 onwards. However, given the ongoing pressures and demands on services, there are continuous discussions with operational teams. As such, despite the date being validated as far as possible with nursing colleagues at all levels, there is always the potential for movement in response to risks in services.

Mrs Gostling emphasised that the aim would always be to achieve completion dates as stated and that – should they need to be changed – this would be discussed with the Committee. She added that the Health Board's financial plan will also potentially impact on actions. Whilst there is still much to do, Mrs Gostling wished to recognise that a great deal has been achieved this year, including the reduction from 500 to 50 nurse vacancies; Advisory Appointments Committees (AACs) almost every week; increased participation in the Staff Survey; delivery of the nurse stabilisation plan and associated agency usage reduction. Mrs Wilson reiterated that, if completion dates do need to be changed, there must be consideration of this via the Committee and Board. She also highlighted that, whilst there are some areas of positive progress and assurance, the TI Tracker does still contain a number of 'Alert' and 'Advise' items, which reflect the Health Board's position. Noting that the Leadership and Governance domains have now been merged, Members heard that the feedback from Welsh Government is positive with regard to the actions which have been taken this year. As indicated by Mrs Gostling, it is important not to lose sight of the progress made.

Decision: The Committee **NOTED** the Targeted Intervention Progress Report.

The Committee agreed to **ASSURE** the Board in relation to the Targeted Intervention Progress Report, with the caveat that there will be discussion and consideration of how information is presented in future reports.

PEOPLE

PODCC (25)08 Staff Survey Results

Mr Rob Blake provided a verbal update and presentation around the Staff Survey Results, focusing on the HDdUHB results. Key points to note were:

- Response rate was 19.7%, which is lower than the NHS Wales average but a 7.68% increase on previous response rates, the highest increase across all Health Boards. HDdUHB had the third highest response rate and this was its best ever. Mr Blake felt that this was a credit to the teams involved, the innovative and collaborative approach taken, and the communications strategy.

- The staff engagement score dropped by 0.7%, to 71%; however, several other Health Boards' score also dropped to similar levels, but by higher amounts.

- Staff engagement question scores do not show significant change; apart from "I am involved in deciding on changes introduced that affect my work/area/ team/department". This relates to autonomy and being part of decision-making, which has also been consistently noted in all the outcomes survey, identifying it as an area requiring improvement.

- Positivity scores across the ten themes, HDdUHB were higher in five and lower in five against the NHS Wales average. The lowest positivity score was in Morale; however, HDdUHB's score was higher than the NHS Wales average. HDdUHB's weakest area was patient safety, where HDdUHB's score was lower than the NHS Wales average; however, the score was a significant improvement on the 2023 score.

- HDdUHB's top three sub-themes based on positivity scores are PDR/Appraisal and Inclusion. The bottom three sub-themes based on positivity scores are: Burnout; Health and Safety Climate and Work Pressure. All three of the latter see an increase on 2023 scores and an improvement on the NHS Wales average.

Mrs Patel queried whether, despite the improvements noted, the overall picture looks less positive than suggested. Whilst acknowledging that pictorially, it seems that way, Mr Blake emphasised that the majority of HDdUHB's scores have improved since last year, against the NHS Wales average. Even the bottom three sub-themes show significant improvements on last year and are higher than the NHS Wales average. Mrs Eleanor Marks' reading of the data was that, whilst scores have improved, including those for the bottom three sub-themes, the organisation is still a way off from where it would want to be.

- With regards to Patient Safety, there was an improvement in the positivity score from 48.5% in 2023 to 57.1% in 2024.

- Best improved sub-themes were Patient safety, Line management and Support for work-life balance, and those sub-themes that have decreased, based on positivity score. The former were Inclusion, Ability to contribute towards improvement at work and Compassionate Culture.

- The dashboard provided by Health Education and Improvement Wales (HEIW) allows analysis of 'hotspots' and comparison against the NHS Wales average, which uses data from Health Boards only. As suggested by Mrs Marks, whilst there are areas of positivity, there are other areas requiring improvement. One of the most pleasing aspects is that all of those areas in the latter category are already receiving support from the Workforce and Organisational Development (OD) teams; there are none which flagged additional concerns.

- It was noted that for the areas of concern in 2023, there has been improvement across all five areas of concern; however, there is still more work to be done.

- Next steps were outlined.

Mrs Marks enquired regarding the mechanism for implementing actions from the Staff Survey, particularly when staff morale is low and there is a suggestion that staff are coming into work even when unwell, indicating that stress is a factor in the organisation. 'Top down' implementation brings with it a lack of ownership, and a common perception among staff is that actions are stated but not implemented or monitored. In response, Mr Blake suggested that a 'top down' approach is required in relation to the reports and results, with leaders sharing these with their teams. As indicated on Slide 12, a 'you said/we did' approach will be employed. However, he agreed that the Health Board needs to demonstrate to staff the actions taken in response to their feedback in the Staff Survey. An example would be the 'Speaking Up Safely' campaign; whilst there has been an improvement in the speaking up score this year, there are other opportunities to demonstrate a focus in this area. Similarly, there are a number of threads, mechanisms and workstreams which can be progressed. Mrs Marks welcomed this response, whilst indicating that the true test will be when staff believe their concerns will be taken seriously and acted upon. Members heard that the Staff Survey results are being presented to the Health Board Partnership Forum, County Partnership Forums, and other groups including the Local Negotiation Committee (LNC).

Cllr. Evans noted that the positivity score around the sub-theme Inclusion under the Compassionate and Inclusive theme is lower than the NHS Wales average. He enquired around the steps being taken to engage and improve in this area, suggesting that there is likely a link to sickness absence. He also queried whether this question relates to compassion between staff or compassion towards patients. In response, Mr Blake indicated that it is difficult to judge without context; the Health Board is still awaiting the qualitative data which will provide more detail. However, he was of the opinion that it relates to staff-to-staff interaction. It is challenging to establish what is driving this feedback, as it contradicts with the data around bullying, etc. Mrs Gostling suggested that the Staff Survey data may be most valuable as part of a holistic approach, which includes targeted work, such as culture surveys and conversations around culture. When data from all of these is considered together, with the involvement of the OD Relationship Managers, it tends to produce a more coherent overall context and understanding.

Finally, referencing the action plan developed in response to the 2023 survey findings, Mr Blake advised that 63 of the actions have been completed, 5 are in progress and 1 has not been completed. The action which has not been completed was in relation to producing reports for 'hotspots' and comparison analysis, which was due to limitations with the dashboard. As mentioned earlier, this will be possible this year and will be addressed via triangulation of data.

Welcoming the information, particularly the breakdown of data by area, Mrs Raynsford expressed concern regarding the results from all Unscheduled Care locations. She indicated that this reflects the feedback that Independent Members receive when they are undertaking 'walkabouts' in these areas. Mrs Raynsford suggested that it would be useful to triangulate the data and correlate with issues raised at the Quality, Safety and Experience Committee (QSEC). It was also suggested that there needs to be a concerted focus on Unscheduled Care and Estates and Facilities in particular. Acknowledging this, Mr Blake advised that a great deal of targeted work had been undertaken in Estates, which has produced positive results. However, more work is necessary and is planned. Cllr. Evans observed that the scores for Radiology are extremely low across all themes, suggesting that this stands out particularly. Members heard that the OD and Workforce teams are working with the Radiology directorate. As indicated earlier, this is an example where the results have reinforced that the teams are focusing their work appropriately.

Drawing discussion to a close, Mrs Patel thanked Mr Blake for his presentation, whilst noting that it is challenging to respond having not received information in advance. She suggested, and it was agreed, that any further queries be directed to Mr Blake. In response to a query around whether this issue should be escalated to the Board, Mr Blake reiterated that there are difficulties caused by the absence of qualitative data. He emphasised, however, that overall, the results are positive and that even those areas below the NHS Wales average have improved since last year. **ALL**

Decision: The Committee **TOOK ASSURANCE** that appropriate measures are in place to address the findings of the Staff Survey 2024, noting that further queries can be raised if necessary.

PODCC (25)09 Trade Union Update: Implementation of Welsh Health Circular WHC (2024) 017

Ms Heather Hinkin introduced the report, which represents the final of the updates in relation to the WHCs. The completion report had been submitted early for the fourth time; with every report submitted earlier than the due date. This reflects positively on the collaboration to compile the information necessary for these reports. As indicated in the report, the Health Board Partnership Forum established four workstreams in December 2023 following a scoping exercise of the key issues arising from the non-pay deal. Ms Hinkin wished to recognise and thank Trade Union colleagues, particularly the Health Board Partnership Forum Chair, for their contribution. The organisation has delivered on every aspect; however, there must be a continued focus on this area. Whilst there is more work required, this will not need to be reported to Welsh Government. Welsh Government has

acknowledged the Health Board's submission and confirmed that it contains the information required.

Mr Anthony Dean wished to draw Members' attention to the fact that the review of Radiography on-call standby for out of hours is dependent on the annual planning cycle being approved.

Decision: The Committee:

- **NOTED** the final update report, which was submitted to Welsh Government on 23 January 2025 in line with the requirements of Welsh Health Circular (2024) 017
- **NOTED** updates provided on the collaborative workstream activity on other areas of the non-pay deal

The Committee agreed to **ASSURE** the Board in relation to Implementation of Welsh Health Circular WHC (2024) 017.

CULTURE

PODCC (25)10 Analysis of Increased Workplace Stress at Hywel Dda University Health Board

Introducing the report, Ms Hinkin reminded Members that this had been requested in August 2024; its preparation had been delayed due to staffing issues. Ms Hinkin thanked the Head of the Health Board's Staff Psychological and Well-Being Service and Head of Occupational Health for their significant contributions to the report. The report represents an initial analysis, with more to be done in terms of triangulation of data going forward. In summary, there has been a notable increase in Section 10 (S10) absences, which are sickness absences attributed to anxiety/depression/ stress. Despite national trends showing rising mental health concerns in younger people, within HDdUHB it is the 51-55 age group which is most affected. This does tend to reflect the workforce demographic within the Health Board and may also be menopause related. There is an issue in terms of data quality, which in some cases precludes the ability to analyse whether absences due to stress involve workplace or personal issues.

Recent figures suggest that 1 in 6 of the UK population has a neurological condition; more than half a million people a year are being diagnosed. It would, therefore, be surprising not to see the impact and prevalence of this in the workforce. However, there can still be a stigma around recognising and acknowledging stress, and individuals' pride can also prevent them seeking support. More work is required in this respect. Similarly, when analysis is applied to the data sets, Bereavement is one of the top four reasons cited for management referrals. However, this can also be 'hidden' under a classification of general anxiety or depression. Consideration also needs to be given to population health and the potential impact of where staff live on their health and wellbeing. Referencing the scale of the issue, Ms Hinkin advised that S10 absences accounted for approximately a cost of £8m to the Health Board last year. More could and should be done in this area. There are many factors and potential actions, which may necessitate the prioritisation of activity. In addition, the introduction of many different

interventions can make it challenging to establish which of these is having a positive effect. However, further input would be welcomed.

Mrs Patel welcomed the thought-provoking report, as did Mr Iwan Thomas. Mr Thomas noted, in respect of the 2023 Staff Survey data, that only 48% believed the organisation took positive action on staff health and wellbeing. He queried whether additional analysis can establish where these staff are based, to facilitate targeted work. Referencing one of Ms Hinkin's comments, he suggested that there are factors outside the Health Board's control and that efforts should, perhaps, be focused on those internal factors upon which it can impact. It is important not to become 'distracted' by aspects which the Health Board is not able to influence. In response to Mr Thomas' first query, Ms Hinkin indicated that the response rate for the 2023 staff survey was only 12% of the total workforce, so the data in question represents only 48% of 12%. There is also an element of personal perception involved in any feedback, and further work is required to fully understand what may drive such perceptions.

Members were reminded of plans to invite Dr Suzanne Tarrant to a future meeting to discuss the Recovery in Nature Programme. At a recent session, Mrs Gostling had heard the experiences of some those who have attended this programme, and the difference it had made to their lives. Mrs Gostling suggested that this programme has impacted significant numbers of lives, at very little cost.

Mrs Marks, had also heard the very powerful stories and suggested that it is important to communicate these more widely. This would, perhaps, serve to contradict any perception that the Health Board is an uncaring organisation. Thanking the team for their comprehensive report, Mrs Marks agreed that there is more which can be done in this area. She speculated that there was a particular correlation with the over 50s in terms of the cost of living crisis, post COVID-19 recovery, 'squeezed middle effect' and all the resulting stresses and strains. Picking up on a comment made by Mr Thomas, Mrs Marks also suggested that further analysis be undertaken to assess whether particular sites are more (or less) impacted. If so, whether by external societal factors, individual managers, or the environment and estate in which staff are working. Finally, Mrs Marks highlighted that in certain sites there is often a link with diversity and inclusion, to the way people feel about how they work. She suggested that there should be alignment between these workstreams. Overall, however, she commended the report and work already undertaken and looked forward to hearing more.

Observing that the report presents a great deal of assembled data, Ms Lewis felt that it illustrates the challenges involved in demonstrating cause and effect. Also the complexity of the issues. As a result, the focus should, perhaps, be to prioritise taking as many actions as possible to improve the situation and evaluating their impact. Referencing page 4 of the report, and the list of factors identified by staff seeking psychological support as areas of concern in terms of work-related stress, Ms Lewis noted that these largely centre on the day-to-day working environment. In addition to the remedial measures, she queried how the organisation can seek to 'get upstream' of issues and the role of operational leaders in this. It was suggested that leaders should be pre-empting and preventing problems becoming issues,

so that there is less need for reactive measures. This is an issue for management to own, rather than the Workforce and OD team.

Mrs Patel agreed, whilst noting that there is also an issue around capacity. Fragilities exist in services outside the Clinical Services Plan. Mrs Patel expressed concern regarding how the organisation will manage this demand, along with all of the other pressures. Ms Lewis also wished to raise the topic of support for carers. She suggested that the level of caring responsibility among staff is probably underestimated, particularly given the age profile of staff. Managing caring responsibilities in addition to a job can be extremely challenging, and Ms Lewis suspected that this is a 'hidden need'. Ms Hinkin emphasised that the Diversity, Partnerships and Inclusion team is undertaking a great deal of work to raise the profile of carers and publicise the support available. The Health Board does have a responsibility to support carers and provide them with access to resources, etc. Discussion of issues such as this should also form part of managers' welfare checks on staff, which should focus on the person as well as their role, as part of compassionate leadership. Ms Hinkin agreed with comments that the organisation should focus on what it can and should do.

Ms Ann Murphy noted with concern that the 2022 Staff Wellbeing Needs Survey highlighted continuing stigma around discussing mental health or seeking psychological support. She observed that mental health issues among men are becoming increasingly apparent and well-publicised, and was concerned that there seems to be an over-emphasis on women, for example, around the menopause. Ms Murphy enquired whether sufficient support is being targeted towards the male workforce, citing the model of 'men sheds'. It was acknowledged that there is probably not enough focus on this area, particularly as evidence suggests that men are less likely to raise concerns or seek support. Ms Hinkin recognised the need to consult more extensively with staff, to establish what the barriers to engagement are, and what would encourage them to engage more.

Cllr. Evans emphasised that this situation will not change overnight, noting the proposal for a progress report in October 2025. He requested clarity on measures and outcomes, and whether these will be for the Task and Finish Group to determine. Cllr. Evans suggested that there may only be 'green shoots' of improvement by that point. Adding to this, Mrs Patel enquired who will be overseeing and implementing the report's recommendations. She noted that this cannot be the responsibility of OD alone, it has to involve management also. In response, Ms Hinkin indicated that the Planning Objective will facilitate identification of 'the who, the when and the what'. There may be certain actions upon which progress can be made relatively quickly, for example, improvements in data quality on the Electronic Staff Record (ESR) system. Other actions may be more subtle and will show a more gradual improvement. It was suggested that the Directorate Improving Together Sessions (DITS) and internal escalation process will also influence this area. Ms Hinkin felt that the most pressing priority is for data quality to improve. There also needs to be evaluation of measures and interventions to determine where the focus is best placed. Consideration had been given to the timing of an update, and the timeframe of six months had been determined as appropriate to potentially see some progress.

In view of the fact that the report was prepared in response to a Board request, the Committee considered whether this matter should be escalated to the Board. Ms Lewis referenced the previous agenda item on the Staff Survey and noted that the work in relation to this will consider metrics on similar issues. She suggested that, as the work in response to the Staff Survey results is formalised and taken forward, the two workstreams be considered and reported to Board as one.

Decision: The Committee:

- **CONSIDERED** the Analysis of Increased Workplace Stress at HDdUHB report, as a first step to better understanding our S10 reasons for absence, in highlighting potential areas for further analysis and in outlining some initial next steps and areas of focus
- **AGREED** to receive a further report highlighting progress at its October 2025 meeting

The Committee agreed to **ASSURE** the Board in relation to measures being taken in response to the Analysis of Increased Workplace Stress at HDdUHB report.

PODCC (25)11 **Welsh Language Standards**

Mrs Enfys Williams joined the Committee meeting.

Mrs Enfys Williams presented the report on Safon 110 / Standard 110 – Enabling Clinical Consultations through the Medium of Welsh. This focuses on the requirement to produce a five-year plan describing how the organisation is progressing towards achieving the Standard. In discussions with the Welsh Language Commissioner, Health Boards had been requested to identify a specific service with which to begin implementation. HDdUHB has chosen to begin with the Speech and Language Therapy service. This service has been chosen because it is one of the priority groups within the Welsh Government's 'More than just words' Strategic Framework. Also, they have, as a service, already made changes in this area, in response to historic complaints. The action plan is a live and evolving document, and is a five year plan; however, it is hoped that within 12 to 18 months it will also be rolled out to another service, potentially Dementia care.

Welcoming the report and work that it describes, Mrs Raynsford also commended the choice of service as one which has already undertaken work in this area. For example, in introducing communication boards for children. She was concerned, however, that this is a five year plan and emphasised the need for pace of change. Mrs Raynsford hoped that it will be possible to achieve the changes required in Speech and Language Therapy and move onto the Dementia service quite swiftly. In response, Mrs Williams explained that, whilst the Standard requires a five year action plan, the intention is to roll this out into services before the five year point. There are certain elements which will take time to implement – for example, the assessments used by the service are not all available in Welsh, so will need to be translated. Before these can be used, testing will need to take place to

ensure that both Welsh and English versions produce the same outcomes. However, there are other actions which can be progressed more quickly.

In terms of the ambition for parity of service between clinical consultations being provided in both English and Welsh, Ms Alwena Hughes Moakes highlighted that not many Welsh-speaking consultants are being trained. This will take time to embed, as much as raising awareness of the need. Services such as Speech and Language Therapy are high impact in terms of patient outcomes and patient need. However, offering clinical consultations in Welsh across the entire Health Board, in even five years, will be ambitious. Consideration should be given to how the organisation enables an environment of awareness, if not an environment of delivery.

Mrs Patel noted that the Health Board has recently taken on a number of international doctors and nurses, many of whom have expressed an interest in Welsh language courses. She enquired around the availability of these. Ms Hughes Moakes advised that the Welsh Language team meet all of these staff at Induction. There is a range of Welsh Language course options available, from entry level to improving skills and confidence in using Welsh. This is a topic of discussion with the Welsh Language Commissioner's office and Welsh Government. When Health Boards attract and recruit international staff, they are often multilingual already and are, therefore, more open to learning Welsh. There needs to be a focus on enabling this, both for new recruits and existing staff. Additional funding has been secured which will enable more entry level Welsh lessons, to be delivered by Aberystwyth University.

Mrs Marks welcomed the report and the work it outlines. She highlighted that the Welsh Language Commissioner is a regulator and that, as such, the Health Board should do its best to meet any five year requirement they set. The population of Hywel Dda is probably one of the largest Welsh-speaking communities in Wales. With regard to Dementia care, Mrs Marks gave an example of a film shown at a conference she had attended, around a gentleman attending a Dementia assessment. He was a Welsh speaker and author, but his son had not been allowed to translate the doctor's questions. As a result, he was made to feel that the doctor had no confidence in him because he could not answer in English. At a follow-up appointment, the doctor had been German, and had understood the bilingual aspect, allowing his son to translate, thereby ensuring that the patient received the help they needed. This serves to demonstrate the importance of treating people in their language of choice and preference. The Welsh Language Standards are to ensure that Welsh is treated no less favourably than English. Every commitment to this end is important. Ms Hughes Moakes advised that the Welsh Language team is hoping to undertake some recording of storytelling, building on videos such as the one featuring Mrs Williams and her son. These will seek to illustrate the challenges experienced by individuals whose first language is Welsh, including children and elderly people, especially elderly people with Dementia.

Cllr. Evans enquired whether there has been any discussion with the Welsh Language Commissioner around translating Board and Committee papers into Welsh, or providing simultaneous translation, noting that this is standard practice for Local Authorities. In response, Mrs Williams advised that when the Standards were issued, there was a consultation, during which the

Welsh Language team and Corporate Governance team explored this matter but it was felt at the time that there were other, more pressing, priorities. However, Ms Hughes Moakes advised that the Welsh Language Commissioner has recently requested Powys Teaching Health Board to ensure that all agendas and minutes for its Board and Committees are translated, so this may be an issue which will need revisiting.

Mr James Severs wished to remind the Welsh Language team that the Clinical Executives are available as a resource. In addition, he has the SRO role for Dementia within the Regional Partnership Board, so can assist in that respect if required. Mr Henwood advised that he had recently attended a conference on Artificial Intelligence (AI) and suggested that this offers various opportunities. For example, ChatGPT is apparently very effective in translating into Welsh and he felt that use of this should be explored. Mrs Williams indicated that the Welsh Language team does use AI tools to assist in translation; however, this still requires editing and scrutiny. There are differences between formal and informal/spoken Welsh. Ms Hughes Moakes also highlighted that using AI for consultations in Welsh does not provide parity with holding consultations in English. Mrs Wilson counselled the need for caution in terms of the use of AI, and there would need to be an AI policy in place. This would also, ultimately, be a decision for the Health Board Chair.

Mrs Raynsford felt that the positive relationship with the Welsh Language Commissioner fostered by the Health Board's Welsh Language team should be recognised. Also, the work and achievements over the last few years.

The Committee agreed to highlight to the Board that actions are being taken in response to the requirements of Welsh Language Standard 110 – Enabling Clinical Consultations through the Medium of Welsh. Also, that consideration is being given to the use of AI (subject to caveats around the need for an AI policy) for assisting in parity of service provision.

Decision: The Committee **TOOK ASSURANCE** from the report as a reflection of the activity currently planned in order to enhance and embed the Welsh language and culture at Hywel Dda, whilst enhancing patient experience.

Ms Alwena Hughes Moakes, Mrs Enfys Williams and Mr Rob Blake left the Committee meeting.

CP/LG

PLANNING

PODCC (25)12 **Delivery against Planning Objectives aligned to PODCC**

Mrs Gostling presented the report, which provides an update on progress during Quarter 3 against the Planning Objectives aligned to PODCC. Members noted that all measures are on track.

Decision: The Committee **TOOK ASSURANCE** on the current position in regard to the progress of the Planning Objective (PO1 Workforce

Stabilisation) aligned to PODCC, in order to assure the Board that the Planning Objective is progressing and is on target.

PODCC (25)13 Workforce Planning and Efficiency

Introducing the People Plan Update, Ms Walmsley advised that this presents a summary of the workforce planning process and some of the challenges involved. This has been linked with work in relation to medical efficiency, as it aligns to all workforce stabilisation programmes associated with safety, quality and reducing variable pay. Ms Walmsley presented a number of slides, beginning with one outlining 'Our Strategic Approach in Context'. The stabilisation programme began many years ago, when there was an attempt to plan for the next 15 years. This plan had included a new hospital. Clearly, there is a different situation now; however, the principles and alignment to the Strategy are the same. There are various positives, including work with HEIW and with local teams. The next slide on 'Our Approach – Supply' describes use of the regional framework.

To illustrate some of the challenges mentioned, Ms Walmsley presented slides around 'Retirement Projections Medical', which describe how workforce modelling techniques are applied to consider different scenarios. Moving onto 'Nursing and Midwifery Projections: Scenarios', this outlines how various scenarios and factors would impact workforce supply. Of these, Scenario 3 was noted as probably the closest to reality. These demonstrate some of the challenges and complexities underlying workforce planning. Various actions need to be taken to manage and identify solutions for these. Work is also being undertaken around risk and operational action plans. This has identified 740 actions within operational workforce planning, with 98 direct risks and 100 indirect risks. These are examined through a workforce lens and aligned to the regen framework, and thence identify interventions being undertaken. Ms Walmsley was able to take assurance from this that the correct actions are being identified and prioritised and that the overall position is an improved one.

In terms of the medical stabilisation programme, Mr Owen reported that there is a great deal of work ongoing around medical rostering and bank. While the roll-out is taking place, the organisation can either wait for data analysis from the rostering, or try a more manual approach to working with the services. Welsh Government has set challenging targets around medical agency from April 2025; a further 30% reduction in spend and outflow. The Health Board is examining its current spend in this area and potential mitigations. The main issue currently is around on-call provision, with certain individuals unable to undertake on-call due to lack of specific competencies. This applies to both consultant and specialty grade. When this cover is not available through Bank locum, agency provision is having to be sourced. The Health Board is also experiencing significant gaps in Deanery junior doctor provision. Late withdrawals of recruits are leaving services with little chance of filling these gaps.

There is a particular issue in Mental Health regarding specialist consultants, especially in Ceredigion. The Workforce team is working with the directorate to mitigate this challenge. In the meantime, a costly agency worker is being

utilised, although this has stabilised the service in Ceredigion. It has also allowed the operational consultant to step away and take a wider view of the situation. Mr Owen emphasised that this is not just a local issue; specialist consultants in Mental Health are in extremely short supply nationally. In terms of sickness and annual leave cover, whilst certain rosters have 'headroom' built in, others do not and these generate risk. Where high cost locums are being utilised, this usage is linked to exit plans. Mr Owen assured Members that action plans are being developed and the team is working with services.

In regard to the Mental Health issue, Mrs Raynsford enquired whether conversations are taking place around the potential for a regional approach, or support from neighbouring Health Boards. Mr Henwood advised that the latter have similar issues, perhaps worse. Whilst a regional solution would be helpful, there is – as indicated – a national staffing issue in Mental Health. Mr Owen added that the Health Board has also experienced appointees withdraw from offers very late on; he suggested that this may be indicative of the 'negotiating power' of others. The organisation is trying to take a strategic approach. Ms Walmsley advised that part of this is an international recruitment programme, where the Workforce team is working with services to assess the current activity and what is required in the future.

Mrs Patel noted in the AAC report later on the agenda that – following the late withdrawal of an applicant – one consultant vacancy has not been readvertised, as the service are considering other options. She requested further information around 'reviewing' consultant posts in this way. In response, Mr Henwood explained that this takes into account the skillset required, and whether this can be delivered by a staffing model other than a consultant. Utilising less senior grade doctors would facilitate international recruitment. Mr Owen advised that such processes all feed into the medical stabilisation programme, which replicates that used for nursing. There needs to be a detailed exploration into the cause of issues, followed by development of mitigations and solutions.

With regard to Bank locum, Members heard that analysis has identified that there are 77 consultant grade Bank locum workers in total. Of these, 20 are specialist registered and 57 are not. This is an area requiring further work in terms of substantiating these staff. There is potential for disparity, because within this Bank cohort are substantive staff; it is not purely temporary staff. Other factors and their impact in terms of staffing (for example fragility) need to be taken into account. The team is working with the Medical Director and his team to ensure that competency requirements are met, to enable staff to be moved into substantive posts. This will ensure that Bank locum use is restricted to temporary staffing, and will provide a position in regard to expenditure and coverage. The roll-out of Allocate will also generate data in this respect.

Bank locum usage is significant for consultant cover, again involving perspective and non-perspective cover. The Health Board has tended to use individuals to cover whole services; whether as a result of historical, operational or workforce decisions, because there are no other options available. At some point, the organisation will need to 'press pause' and establish whether changes can be implemented. Care will be required, however, around how individuals are taken through the change process,

and in terms of communication and engagement. All of this feeds into the stabilisation programme, which is maturing. One of the main elements is around demand and capacity. Other aspects include consideration of the skillset required to deliver a given service to patients; service requirements; job descriptions; international recruitment; and historic contractual arrangements. In terms of discussions with services, attention is required to avoid unnecessary duplication or repetition.

Professor Leighton Phillips joined the Committee meeting.

Ms Walmsley emphasised that the Health Board is seeking to consider every professional group. Commending the work already undertaken, Mr Severs noted that there are professions other than clinical (for example finance and workforce) and enquired whether there are any long-term plans to consider these also. Ms Walmsley responded that, whilst these staff groups are certainly not precluded from the longer term scope, the priority at present is clinical professions. Concluding discussions, Cllr. Evans wished to acknowledge the work being undertaken, which is detailed clearly within the report and information presented today.

Decision: The Committee **TOOK ASSURANCE** that:

- The People Plan will be developed for 2025/26 with a future focus to align resources to agreed priorities via the Annual Planning Cycle. (Plans completion end of February 2025)
- People Stabilisation programmes are in place for Nursing and Medical professional groups and linked to associated professionals (ACS staff group and MAPS)
- People Plans are in development for other clinical professions Allied Health Professions, Healthcare Science Additional Professional and Technical (which includes Pharmacy)
- People Plans are in development for Estates and Ancillary and Administrative and Clerical

PERFORMANCE

PODCC (25)14 Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR)

Ms Michelle James presented the report, which is intended to provide assurance around workforce metrics and key performance indicators; the data set being 31 December 2024. More information has been included around the future workforce learning and development, and on mandatory training. Variable pay has reduced further in December, with agency spend as a percentage of the total pay bill currently at 2.57%. A significant contributor to this reduction is the recruitment of 99 international nurses from May to December 2024. 43 of these have been placed at BGH, and a reduction in agency usage at that location would now be expected.

Referencing the slide ‘Starters, Leavers & Turnover as at December 2024’, Mrs Marks noted the word cloud and the most common themes of ‘Stress’ , ‘Workload’ and ‘Retirement’. She enquired whether this feedback, and that from exit interviews, is being considered in conjunction with the Staff Survey

and staff wellbeing data. She felt that there is a common thread running through all. Mrs Gostling confirmed that this was the case, highlighting that it also links with earlier discussions around sickness absence. In regard to exit interviews, Mrs Gostling suggested that consideration needs to be given to how information from these is managed. When leavers indicate that they do not wish their feedback to be shared, this is respected; however, it makes it challenging for services to learn any lessons about why staff are leaving. The OD team is working on how certain information might be released to facilitate this learning.

Decision: The Committee **NOTED** the content of the Performance Assurance and Workforce Metrics report and **TOOK ASSURANCE** on performance in key areas of the Workforce and OD agenda.

PODCC (25)15 Medical Workforce Mandatory Training Compliance Update

Mrs Patel reminded Members of the background to this item, with Mr Henwood introducing the update report on Medical Workforce Mandatory Training Compliance. He explained that the report addresses a specific issue around Paediatric Resuscitation training; however, there are various other issues around the recording of medical training, which should be acknowledged. Whilst Mr Henwood was assured regarding the competency of doctors within the Health Board, he was less assured by processes to record these competencies. In response to the concerns raised at the previous meeting, an immediate review had been undertaken. Records on ESR identified that 37 doctors required paediatric resuscitation training; however, none were compliant according to their ESR records. For context, Mr Henwood explained that there are a number of different routes to achieving the required competency. There is also the issue of more senior doctors being above this competency level; the Royal Colleges are exploring whether consultants can be exempted in such cases.

As indicated on page 2 of the report, further enquiries had revealed that, of the 37 doctors: 29 possessed the relevant competency; 4 are aware of the need to renew their training and are seeking training to do so; 1 had provided an unclear response (and is assumed to be non-compliant with competency requirements); 2 staff are on long-term sick leave; 1 had not responded. The report also includes the immediate actions to be taken and the proposed approach going forward. Mr Henwood was concerned that mandatory training is not taken seriously enough by certain medical staff, and he assured Members that he will be seeking to address and improve this situation. As such, an action plan has been developed. One of the historical reasons behind some of the challenges is the decision to manage doctors via Intrepid rather than via ESR. The forthcoming cessation of Intrepid and new version of ESR will offer opportunities in this regard. Mr Henwood hoped that the report provides the necessary information around actions taken and planned.

Welcoming the comprehensive update, Ms Murphy indicated that it does provide the required assurance that HDdUHB's doctors have the required competencies in this area. In addition to the general concerns expressed at the previous meeting, she had been concerned about potential public

perceptions around this matter. Ms Murphy agreed that it would be preferential to have a single repository for all data on staff training. Indicating that the issue of mandatory training has been discussed at ARAC, Cllr. Evans noted the statement that '769 wider clinical staff across the organisation have completed this training'. He enquired regarding the proportion this represents of the total staff mandated to have this training. Mrs Glanville advised that the exact figure is not available; however, compliance is higher than the Welsh Government benchmark. This group includes nurses, allied health professional and health care support workers. Mr Henwood suggested that this demonstrates the issue in terms of recording training.

With regard to generic core skills training and mandatory training (those requirements which are reported to Welsh Government), Mrs Glanville advised that any areas not meeting the benchmark have action plans. These are driven via the Mandatory Training Group and Strategic People Planning and Education Group (SPPEG). Reflecting the concerns raised at the previous meeting, work has begun to examine compliance for all non core skills training frameworks. To achieve this, the team is interrogating the data in a different way; by staff group and service, etc. The analysis already undertaken has identified that there is a great deal more work required. A report will be presented to SPPEG in March 2025, with an action plan and priority list. This is a significant undertaking. Members heard that the Intrepid system is being replaced by a system called Codi. The Workforce and Medical Education teams are discussing how to ensure that there is a data interface between Codi and ESR. Mrs Glanville also wished to highlight the significant impact on training compliance of non-attendance. The organisation's capacity to deliver courses is constrained and this is further impacted when attendance is poor. As an example, a recent course was due to have 12 attendees, and only 2 presented. With low attendance rates, compliance takes longer to achieve. To address this, course organisers are overfilling courses by 10%.

Mrs Marks wished to focus on the journey staff make from medical leader to organisational leader. She enquired when such staff are identified for their leadership skills as opposed to their medical skills, and what this journey looks like. It was highlighted that staff can be very good in a medical role; however, this does not necessarily translate into being good leaders. Mr Henwood agreed with the latter. He indicated that leaders are generally identified by the organisation or by colleagues. The pathway or journey is not necessarily well defined, and it is often reliant on individuals to drive it themselves. Mr Henwood felt that a more defined pathway is required, noting that there are a number of 'hard' managerial skills involved in leadership roles. Mrs Marks suggested that there are people who are potentially superb leaders, whilst recognising that some may not want to take this route. She looked forward to discussing the matter further. Members were reminded by Mrs Gostling that the Health Board has a medical leadership programme. The next stage of recruitment to the new operational structure involves clinical lead roles, which will include development plans for all.

Decision: The Committee:

- **NOTED** the work being undertaken to resolve mandatory training and establish a single point for record keeping, to improve compliance across the Medical and Dental Workforce in 2025
- **TOOK ASSURANCE** that the paediatric staff listed are either compliant and in date or have arrangements in place to become compliant

SUB-COMMITTEE UPDATE REPORTS

PODCC (25)16 **Research and Innovation Sub Committee Update Report**

Presenting the Research and Innovation Sub-Committee Update Report, Professor Leighton Phillips wished to highlight two issues. Firstly, he indicated that there has been good progress around the issue of regional oncology trials. Since the report was prepared, there has been positive engagement with Swansea Bay UHB and dedicated clinical leadership time has been identified. This will make steps in addressing the issue around equity of access to trials across the region. Secondly, again in relation to a long-standing issue, the amount of commercial research undertaken within the Health Board. Members heard that commercially-funded research often offers patients earlier access to life-extending and life-changing treatments. Inroads have been made in this area by means of submitting funding applications in three areas: oncology, metabolic disorders and respiratory disease. Professor Phillips suggested that this may well result in significant progress in these areas.

Ms Murphy reported on a 'walkabout' she and Ms Sharon Daniel had recently undertaken, at which Professor Phillips' team had been praised for their impact and value to services. She suggested that consideration be given to how the value of the Research and Innovation team can be disseminated across the organisation. Professor Phillips welcomed this feedback and agreed that more effective communication is required. He hoped that the refreshed Research and Innovation Strategy would assist in this regard and suggested that clinical examples and case studies often work most effectively for engagement purposes. There is also a place for the Committee and Board structure in raising the profile of Research and Innovation, so that it does not appear a 'niche' activity. Ms Walmsley suggested that linkages could be made between research and innovation and workforce planning. Building on this, Ms Daniel felt that the potential for more clinical academics within the Health Board should also be explored. Welcoming this input, Professor Phillips committed to take these comments forward and develop a communication and engagement plan to promote Research and Innovation. **LP**

<u>Decision</u>: The Committee:

- **NOTED** the items the Sub-Committee is advising them of
- **TOOK ASSURANCE** on the items that the Sub-Committee is providing assurance on

PODCC (25)17 **Research and Innovation Strategy Review**

Professor Phillips introduced the Research and Innovation Strategy 2025-2030, reminding Members that it had been four years since the previous Strategy was produced. He suggested that the significant progress during that time should be both recognised and reflected upon. The support provided by this Committee, the Board and by staff across the organisation is also acknowledged. Four years ago, there was one clinical research facility; there are now four. Four years ago, there were one or two people with dedicated clinical leadership time for research; there are now ten. The Health Board has research programmes in women's health, primary care, orthopaedics, stroke, respiratory and diabetes. Also in non-clinical areas such as biophilic design, staff wellbeing and arts in health. There are also plans for a social innovation institute in addition to TriTech. Professor Phillips emphasised, however, that there is no sense of complacency, and identified three key areas of focus for the future: access and impact; culture and environment (including promoting research); and partnerships.

Referencing the final slide 'Delivering the Strategic Plan', Mrs Patel noted that, in the new committee structure, the Research and Innovation Sub-Committee reports to the Digital, Data, and Innovation Committee rather than PODCC. Mrs Wilson confirmed that this would be the case from 1 April 2025. Mrs Gostling suggested that there will still be a link to PODCC in terms of education, probably via SPPEG. Mr Thomas thanked Professor Phillips for their recent productive discussion around partnerships and community interaction. He was continuing this dialogue with other colleagues in the Research and Innovation team.

Recognising that funding in the research sector can be somewhat precarious, particularly in the current financial climate, Mrs Raynsford enquired how this will be managed and how value for money will be demonstrated, in both patient outcomes and benefits to staff. Professor Phillips explained that there are three funding streams into the team: Health and Care Research Wales; commercial funding; and partnerships with universities. With each come restrictions on how the funding can be used, and it can be challenging to navigate these restrictions. Professor Phillips has tried to reduce the dependency on any one funding stream; the applications mentioned earlier is one mechanism, as is TriTech. It can be challenging; however, he felt relatively secure with the mitigations in place at present. In terms of demonstrating benefit to Welsh Government, the Board and the public; Professor Phillips suggested that research enables the Health Board to offer its patients access to studies, treatments and care they would not otherwise have had. Ultimately, it involves outcomes.

Welcoming the report, Ms Lewis noted that the evidence base for organisational and management research is not as rigorous as for clinical service delivery. There is a great deal of management research undertaken elsewhere and Ms Lewis enquired whether there is potential for the Health Board to explore this area to a greater extent. Professor Phillips confirmed that there is, and indicated that a statement is included in the high-level wording of the Strategic Plan. There are opportunities, which are being proactively pursued. Mrs Gostling requested that she be involved in the workstream around management research. Mrs Glanville wished to provide assurance that Research and Innovation is part of the workplan for SPPEG. **LP**

Decision: The Committee **DISCUSSED** the content of the Research and Innovation Strategy 2025-2030 and agreed to **RECOMMEND** this to the Board for approval.

Professor Leighton Phillips left the Committee meeting.

PODCC (25)18 Strategic People Planning and Education Group (SPPEG) Update

Members noted that no SPPEG meeting had been held since the last update report to PODCC.

FOR APPROVAL

PODCC (25)19 Outcome of Advisory Appointments Committee (AAC)

Ms Hinkin presented the Outcome of AAC report, advising that this had been prepared in January 2025. Three of the six consultant appointments had commenced in post, with a fourth to commence next week. As mentioned earlier, one vacancy is being reviewed. Mrs Raynsford welcomed the return to face-to-face appointment committees and the frequency at which these are now taking place, with roughly one per week.

Decision: The Committee:

- **APPROVED** the appointments on behalf of the Board
- **NOTED** the candidate withdrawal detailed within the report as requested

PODCC (25)20 Corporate / Workforce Policies for Approval

Ms Hinkin introduced the Workforce and Organisational Policies for approval, summarising the actions being requested. Regarding the All Wales SAS Charter, this is presented for consideration of adoption, with the suggestion that the annual report required as part of this be presented to the Committee later in the year. This will go through internal governance processes, as agreed with LNC colleagues. There is one request around reconsideration of a previous PODCC decision; to remove policy review dates for All Wales policies, noting their extant position, following agreement of a revised approach to the review of All Wales policies and procedures. Finally, there are three policies for which extensions are being requested.

Mrs Wilson requested that the removal of policy review dates be discussed with her, as this would involve a change to the Written Control Policy. **HH**

Decision: Subject to discussion with the Director of Corporate Governance, the Committee **AGREED** to:

- Adopt the All Wales SAS Charter and receive a copy of the annual report for the Medical and Dental Business Group (MDBG) for information and/or assurance in October 2025

- Remove policy review dates for All Wales policies, noting their extant position
- Extend the review date of the following three policies:
  - 121 - Relocation Expenses (until 31/06/25)
  - 133 - Equality, Diversity & Inclusion Policy (until 31/05/25)
  - 558 - Medication Errors (until 31/05/25)

PODCC (25)21 FOR INFORMATION

The Committee received and noted the PODCC Workplan 2024/25.

PODCC (25)22 MATTERS AND RISKS FOR ESCALATION TO BOARD

As noted.

PODCC (25)23 ANY OTHER BUSINESS

Noting that this was Mrs Patel's final meeting as PODCC Chair, Ms Lewis wished to formally recognise Mrs Patel's contribution over the past two years and thank her for her efforts. Members noted that Mrs Marks would take over as PODCC Chair from the next meeting.

PODCC (25)24 DATE OF NEXT MEETING

27 May 2025