

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

Date and Time of Meeting:	9.30am, 15 February 2023
Venue:	Board Room, Ystwyth Building, Hafan Derwen, St David's Park, Carmarthen, SA31 3BB

Present:	Mrs Chantal Patel, Independent Member (PODCC Chair) Mrs Judith Hardisty, Vice Chair of HDdUHB (PODCC Vice-Chair) Mrs Delyth Raynsford, Independent Member Ms Ann Murphy, Independent Member (VC)
In Attendance:	Mrs Lisa Gostling, Director of Workforce & Organisational Development (PODCC Executive Lead) Professor Philip Kloer, Medical Director/Deputy Chief Executive Mrs Joanne Wilson, Director of Corporate Governance/ Board Secretary Ms Alwena Hughes-Moakes, Communications and Engagement Director Mr Anthony Dean, Estates and Chair of the Partnership Forum Professor John Gammon, Strategic Adviser, (Workforce, Education & Training) Mrs Anna Bird, Assistant Director of Strategic Partnerships, Diversity and Inclusion Ms Sharon Daniel, Assistant Director of Nursing, deputising for Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience Ms Heather Hinkin, Head of Workforce Ms Michelle James, Head of Digital Workforce Solutions Mrs Amanda Glanville, Head of Workforce Education & Development Ms Catherine Rees, Head of Organisation Leadership Development (VC) Ms Tracy Walmsley, Senior Workforce Development Manager Ms Gemma Littlejohn, Learning & Development Manager (part) (VC) Ms Marya Marriott, Committee Services Officer (Secretariat)

Agenda Item		Action
PODCC (23)01	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	
	Mrs Chantal Patel welcomed everyone to the meeting. Apologies for absence were received from: <ul style="list-style-type: none"> Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience. 	
PODCC (23)02	DECLARATIONS OF INTEREST	
	Ms Ann Murphy, Independent Member declared an interest in item 8.2: Contractual and Legislative Changes Update. There were no other declarations of interest.	

PODCC (23)03	MINUTES AND MATTERS ARISING FROM THE PREVIOUS MEETING HELD ON 15 DECEMBER 2022	
	<p>The minutes of the meeting held on 15 December 2022 had been circulated. The minutes were agreed to be an accurate record of the meeting.</p> <p>RESOLVED – that the minutes of the People, Organisational Development & Culture Committee (PODCC) meeting held on 15 December 2022 be APPROVED as an accurate record of proceedings.</p>	

PODCC (23)04	TABLE OF ACTIONS FROM THE PREVIOUS MEETING HELD ON 15 DECEMBER 2022	
	<p>The Chair requested an update on the actions agreed at the PODCC meeting held on 15 December 2022.</p> <p>PODCC(22)122: PODCC(22)101 - PODCC(22)78: The names of the GP trainees' had been provided to the Primary Care Team. It was suggested that triangulation with local GP practices to confirm where the GP trainees were working be undertaken; an update would be provided to the next meeting.</p> <p>It was suggested that Shared Services should be asked to provide regular update reports on the names and location of GP trainees.</p> <p>PODCC(22)127: It was confirmed that Annual Equality Report and Pay Gap Reports for 2022-23 had been added to the Committee's Workplan. The meeting action was closed.</p> <p>PODCC(22)128: Monitoring of this key objective would be built into the Anti Racist Wales Action plan. The BAME (Black, Asian and Minority Ethnic) Advisory Group would oversee the action plan and provide assurance to PODCC. The meeting action was closed.</p> <p>PODCC(22)137: A link to the YouTube video had been circulated to PODCC Members. The meeting action was closed.</p>	<p>JP</p> <p>LG/JP</p>

PODCC (23)05	STAFF STORY: LIFELONG LEARNING FUND	
	<p>Mrs Lisa Gostling introduced Ms Gemma Littlejohn, who had coordinated the Lifelong Learning Fund (LLF) project. Ms Littlejohn shared a video which featured staff describing how they had used their Lifelong Learning Fund Grants and the benefits of attending learning events outside of their work. The staff had undertaken a range of courses including pottery, basket weaving, body boarding and piano lessons. The staff unanimously praised the courses they had attended. Staff cited numerous benefits from their attendance including: the opportunity to learn a new skill; fun; relaxation; stress release; the courses gave them a break from other demands; feeling refreshed; gaining a new hobby and increased productivity.</p>	

	<p>Hywel Dda University Health Board (HDdUHB) charities had provided funding to support the LLF grants. Expenditure to the value of circa £16k had been authorised for the current year, with a further £4k available; the Learning & Development Team are seeking opportunities to increase the available funding.</p> <p>Applications for the grant had been received from Primary and Community Care based staff. Welsh language courses have also been signposted. The team has studied the data to identify which categories of staff have applied for LLF grants. As a result of that analysis the team are planning targeted interventions for groups that have not accessed the LLF, for example Facilities staff and to support those groups a portion of the funding has been retained.</p> <p>It was confirmed that 187 applications to the LLF have been approved, with HDdUHB funding the tax levied on the benefit in kind to staff.</p> <p>Ms Littlejohn was pleased to report that as a result of the initiative the Health Board has been shortlisted for a Chartered Institute of Personnel & Development (CIPD) award.</p> <p>Mrs Patel thanked Ms Littlejohn for her positive and informative update.</p>	
	<p>The Committee NOTED the staff story and the progress made with the developments to support staff wellbeing.</p>	

<p>PODCC (23)06</p>	<p>CULTURAL PROGRESS UPDATE</p> <p>It was noted that the Cultural Progress Update had been deferred to the next meeting; 3 April 2023.</p>	<p>MM</p>
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<p>PODCC (23)07</p>	<p>PERFORMANCE AND DEVELOPMENT REVIEW (PADR) UPDATE REPORT (QUALITY)</p> <p>It was noted that the PADR Update Report had been deferred to the next meeting; 3 April 2023.</p>	<p>MM</p>
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<p>PODCC (23)08</p>	<p>WORKFORCE PLAN</p> <p>Ms Tracy Walmsley introduced the Workforce Plan and slides were shared to help contextualise text within the report.</p> <p>Mrs Walmsley advised that the purpose of the report was to provide the Committee with assurance on progress against the 2022/2023 plan and that the planning approach to the Workforce Plan for 2023-2024 took account of critical future challenges.</p> <p>Regarding the Nursing and midwifery regeneration there is a variance of 8.9%-10% from the projections based on the funded establishment. Whilst the funded establishment is increasing, the variance remains the same.</p>	
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The following assumptions were highlighted:

- Confirmation of funding for overseas nurses recruitment pipeline
- Commissioning and what the Health Board could expect from Health Education & Improvement Wales (HEIW): the commissioning numbers have increased for 2023 and in response the Health Board has increased its projections to 152. Based on previous trends, there is an assumption that there would be 100 graduate nurses. – it was hoped that the trend of at least 50% commissioned numbers of appointments would continue.
- Retirement and changes to the pension scheme; there are 220 nurses eligible for retirement in 2023; the number of potential retirees had been factored into planning; it was noted that changes to pensions might result in staff choosing to stay in post if the pension changes went ahead in October 2023.

Members noted that nursing courses were not filled to capacity, with low numbers of male applicants applying and it was suggested that this group could be targeted through marketing. Mrs Glanville confirmed that historically targeted marketing has been focussed on male recruits and would be considered again for apprenticeships.

Members enquired whether the commissioning process is fit for purpose given that it did not deliver what the Health Board needed due to insufficient numbers of individuals applying for courses. It was agreed that the commissioning process is a concern, due to consistently resulting in 50% of an agreed cohort being appointed.

The Health Board will work closely with HEIW to ensure that it received early warning of low numbers of applications in order to address the recruitment gap through alternative measures such as 'Grow your own' and apprenticeships. Consistently the number of applicants for nursing has declined. Post COVID-19 Members believed that the nursing profession should be promoted and welcomed the BBC3 and BBC1 Wales programmes about newly qualified nurses. It was noted that the overall theme related to kindness and that the Health Board was a nice place to work. It was likely that the programmes would be targeted at younger generations by BBC3. It was reported that mature nurses demonstrated their ongoing passion for their work and the organisation and this group are keen to support the next generation of nurses. There was also a need to build resilience in the younger section of the workforce and to maximise the opportunities offered to those who wanted to access nurse education via Aberystwyth University to a wide geographical area. The number of nursing places commissioned for the next intake at Aberystwyth is increasing; going forward the Health Board's apprenticeship recruitment strategy would need to be discussed with HEIW to ensure that it was an effective and a seamless process. For assurance, Mrs Delyth Raynsford advised that discussions concerning student places were being held with Aberystwyth University.

Course places for a variety of professions were not being filled because students did not meet the tariffs – there was a need for programmes which prepared students to enter the registration process via a West Wales Recruitment Strategy which included bridging programmes.

Key considerations, in addition to earlier discussions included:

- The risk of discontinuation or maintenance of workforces pipelines due to fundamental funding issues and the changing shape of the workforce
- Changing position of Funded Establishment – the way in which the workforce has consistently changed and increased during recent years, with the exception of Estates and Ancillary teams.
- Utilising Workforce Planning to strengthen education commissioning and build sustainability.
- The nursing budget and the number of staff in post was very consistent – 8% variance across the whole year. Allied Health Professionals has a greater variance which is being investigated.

Examples of how the workforce is changing included GP Physicians Associates and the introduction of Band 4 roles in therapies.

Members enquired about the plans for medical and dental workforces; and, how the need to move more services into the community, especially therapies would be factored into the next three years. In response Mrs Walmsley agreed to provide an update to Members before the next PODCC meeting in April 2023.

Professor Philip Kloer joined the Committee meeting.

A detailed Workforce Plan is being developed and in recognising the challenges for each professional group, specifically Estates and Ancillary Teams, these will be analysed and addressed through a detailed Workforce Plan, with regular meetings taking place with Hotel Facilities. Job descriptions, person specifications, rostering and critical function are also being reviewed. This is a work in progress, at the next meeting with Hotel and Facilities representatives there would be a focus on education.

Mrs Gostling and Professor Philip Kloer have met with Sarah Jenkins, Head of People and Organisational Effectiveness, to discuss the medical effectiveness programme including overseas staff and stabilising the workforce. The implications of the shift to the community, directed by Ministers is also being examined
The Strategic People Planning & Education Group (SPPEG) Terms of Reference (TORs) were presented for review and approval. It was agreed that (Paragraph 1.1) medical staff would be added to the Group's list of responsibilities.

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	<p>the database by directorates the team was able to track it. There is a need for all directorates to provide the data so that the Health Board has an accurate picture of training participation and inequities within departments are identified. It was agreed that Equitable Access and staff development opportunities would be promoted through the PADR process.</p> <p>Currently there are directorates that do not provide their staff learning data to the Workforce Team, and as a result there are inequities which are not visible. For example, there are variations in the approval of study leave and costs incurred across different areas of the Health Board; the spend for Allied Health Professionals was circa four times that of the nursing spend. It was suggested that departments may spend more on education than is apparent in particular nursing teams who organise their own training. There were also distortions within the data: for example, figure 10 in the Equitable Access Report indicated that the Workforce and Organisational Development (WOD) Team's education expenditure is the second highest however other Directorates' learning costs were funded from the WOD budget. Whilst it was noted that a good learning culture has been demonstrated by departments accessing funding, by contrast staff within other departments experienced difficulty securing permission from line managers to access learning. Nursing team workloads were sometimes too pressurised for nurses to be able to address their professional development needs.</p> <p>There were professional development opportunities, such as the mass clinical sessions, which do not require study leave. Bite-sized learning is also being investigated. Data related to staff participation in learning not paid for by the Health Board would be valuable however it was likely to be very challenging to capture. The Health Board's education provision needs to meet the requirements of the organisation, with participation in education and training accurately captured so that there is an evidence base for decision making.</p> <p>A group would be established to consider equitable access in terms of data collection, removal of barriers to access and the regularisation of access to funding in greater detail.</p> <p>Mrs Patel commended Ms Amanda Glanville and her team on a second excellent report.</p>	<p>AG</p> <p>AG/LG</p>
	<p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED ASSURANCE on the current position regarding the progress of Planning Objective 2D • APPROVED the Interprofessional Education Plan. • RECEIVED ASSURANCE on the current position regarding progress of the Planning Objectives aligned to PODCC, specifically Planning Objective 1F. • NOTED progress so far, as highlighted in the report. • NOTED current and future actions, highlighted in the action plan. 	

PODCC
(23)10

CARERS UPDATE REPORT

Mrs Anna Bird introduced the Carers Report which provided an update on progress against Planning Objective 2A. The planning objective is linked to WOD and Strategic Partnership leads, with the work delivered across the whole organization through the Carers Strategy Group. It was noted that the membership comprises a multi professional group with participation from a wide range of corporate and operational teams. Nursing colleagues have fully engaged and have been studying how they can improve outcomes for carers. The report reflected the four priority areas within the regional and national strategy, which have been used to inform action planning. The census data for 2021 was slowly being released, to date a high level summary has been received which evidenced that overall in the UK the number of unpaid carers has reduced. However, the Health Board data showed that the number of unpaid carers providing higher levels of care has increased; it is possible that the increase reflected the Health Board's strategy of providing care as close to home as possible and maintaining service users' independence. Key activities to support carers being undertaken by the Carers Support Team were highlighted:

Priority 1: Improve the early identification and self identification of carers of all ages

- The team has been working closely with nursing colleagues to ensure that unpaid carers were identified on the point of admission and ensure they were properly involved in conversations about planning for early discharge.
- Enabling Quality Improvement in Practice (EQIIP) programme is being used to strengthen the multi professional response.
- The Investors in Carers scheme.
- The Health Board is working with a wide range of settings including communities, schools, colleges, GPs, primary care and other local authority settings.

Priority 2: Ensure a range of services is available to support the well-being of Carers of all ages, in their life alongside caring

Through age and census data it was known that unpaid carers were aged five years old and above. There are young carers who have caring responsibilities for siblings or parents who have long term or chronic conditions.

The team has responsibility for a small budget so that support could be commissioned; within the report the commissioned services dashboard illustrated that for the period from April 2022 to December 2022, 1,354 new adult carers had contact with the services; 2,744 carers were being actively supported; 287 new young carers have been identified and more than 1000 young carers were supported by the services. The team

are working with local authority colleagues to deliver important support to unpaid carers within the budget constraints.

The Discharge Support Service, funded by Welsh Government's (WG) Regional Integration Fund, has carers offices located in each of the Health Board's acute hospital sites; Ward staff referred carers identified, to the carers offices – this allowed very important specific conversations about individual care needs to take place. The Paediatric Support Team has benefitted from WG funding to support the short breaks scheme.

Priority 3: Support Carers to access and maintain education, training and employment opportunities

A staff network is in place and Carer Aware e-learning and targeted awareness training is being delivered. The staff survey (2021) identified staff concerns related to carers' needs about which managers might not be aware. Bite sized video training is offered through several platforms so that staff have opportunities to improve their knowledge and skills.

Priority 4: Support Carers to become digitally included

Discussions about the ways to maximise digital support were ongoing. As a region the Carers West Wales website has recently been launched; it is intended to be a one-stop-shop for carers where they could access information about available support within the community. The Carers Strategy Group is considering ways to share IT equipment and staff knowledge; staff were not expected to become experts in carers, however they should be confident enough to offer initial advice and signpost the support offered by services.

Mrs Judith Hardisty, the Health Board's Carers Champion, celebrated the significant work undertaken by a very small team across the region as well as the Health Board. Mrs Hardisty noted that whilst data suggests that the number of carers is low, many people do not perceive themselves as carers because they looked after family members. A further factor is that staff felt concerned that identifying as a carer may affect their job. Raising awareness of the issue has encouraged staff to identify themselves and enable workplace support to be provided; the carers support discharge service is an important element of that support. There would be a negative impact on patient discharge if unpaid carers were unable to access support within work.

Members noted that the report was very positive and enquired whether there were concerns or risks that were not reflected in the report. Mrs Bird advised that the Health Board has a legally defined responsibility to assess the needs of carers in their own right - independently of the needs of the cared for; work commissioned from third sector colleagues was intended to address that responsibility. The Health Board's work has aligned the objectives to the regional strategy in order to contribute to the regional strategy and to deliver the Board's own priorities. Ensuring that all colleagues appreciate of the importance of carers in the

	<p>delivery of the Health Board’s strategy is an important element of mitigating risk.</p> <p>Mrs Glanville reported that, linked to Priority 3, a joint bid to the Shared Prosperity Fund is being submitted with Carmarthenshire Local Authority to support a Care 24 package – a social care training programme which would incorporate the all Wales induction framework. In addition to the framework the programme would develop individuals’ digital skills and enhance self esteem. If the bid were successful it would provide further evidence of the Health Board’s progress in relation to Priority 3.</p> <p>Mrs Wilson agreed to investigate whether there were future risks related to the PO2A that should be included on the Risk Register.</p> <p>As the strategy developed consideration would be given to how the Health Board continued to make available support for all unpaid carers. There were circa 40k carers within the Health Board; with assistance needed on networking. While not all unpaid carers would need care or support themselves the demographic would be analysed when the census data is released, given the knowledge that there are a lot of elderly unpaid carers. Just 111 Health Board staff have identified themselves as carers. During discussions with senior staff in high functioning roles a large proportion revealed that they were carers although they had not formally identified themselves; it was suggested that the PADR process could be used to triangulate the reasons why staff were leaving and identify hot spots. Early information related to Exit Interviews had been received which would be analysed; there was a need to capture information about caring responsibilities earlier.</p> <p>Mrs Patel thanked Mrs Bird for providing another very good report which set out the issues and the action the Health Board was taking to support carers.</p>	JW
	<p>The Committee RECEIVED ASSURANCE on the progress which has been made to implement Board Planning Objective 2A and improve the experience and support available to unpaid carers.</p>	

<p>PODCC (23)11</p>	<p>DELIVERY AGAINST PLANNING OBJECTIVES ALIGNED TO PODCC (OVERARCHING UPDATE)</p> <p>Mrs Gostling advised that progress against two planning objectives (POs) was behind schedule:</p> <ol style="list-style-type: none"> a. PO1I: To embed and sustain a family liaison service in appropriate inpatient and clinical settings from April 2022 b. PO2I: By February 2023 develop an integrated Occupational Health & Staff psychological wellbeing offer with a single point of contact which supports staff to remain in work, offers support when absent and provides alternative opportunities when health impacts on an individual’s ability to be in role. 	
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	<p>Progress with all other POs was on schedule. Ms Sharon Daniels confirmed that update on PO11 would be presented to the next PODCC meeting.</p> <p>The Committee RECEIVED ASSURANCE on the current position in regard to the progress of the Planning Objectives aligned to PODCC.</p>	
PODCC (23)12	<p>FAMILY LIAISON SERVICE ROLLOUT UPDATE (PLANNING OBJECTIVE 1)</p> <p>It was noted that the Family Liaison Service Rollout Update had been deferred to the next meeting; 3 April 2023.</p>	MM
PODCC (23)13	<p>SUCCESSION PLANNING AND DEVELOPMENT UPDATE REPORT (PLANNING OBJECTIVE 2J)</p> <p>The Committee received the Succession Planning and Development Update (Planning Objective 2J). Ms Catherine Rees advised that, based on a solid foundation and extensive research, during 2023 the work would move into a new phase focussed on the newly created Leadership Engagement with Awesome People (LEAP) which was launched in January 2023; the first cohort would start in April; 39 people have applied, shortlisting would take place on 16 February 2023.</p> <p>The team is working continually to raise the bar in relation to leadership performance expectations and talent management. As part of cultural progression coaching capacity is being increased to provide wraparound support in a developmental space; which has been positively welcomed.</p> <p>Members enquired how leadership behaviours and qualities was aligned to the EQlIP programme so that the same people are not attending both programmes and individuals are gaining different skills in each. It was noted that the LEAP programme is focussed on leadership delivery rather than the skills and styles. Mrs Mandy Rayani is leading a group that are considering the areas where there could be synergy. Mrs Christine Davies is a member of the group and would act as a link to ensure that the work of the programmes is aligned and not duplicated.</p> <p>In response to an enquiry about how patients would know that staff have undertaken this type of training, Members were advised that the benefits to patients would be experiential – they would be treated by a more cohesive team, evidenced through the staff behaviours and styles which would result in better patient care. The Patient Experience Report would be analysed for themes and trends; examination of training participation would be part of that work.</p> <p>Professor John Gammon noted that the comprehensive report demonstrated a multi faceted leadership approach; he enquired whether the team experienced any particular challenges in relation to the leadership programmes such as staff engagement. Ms Rees advised that there has been excellent engagement from leaders; and whilst</p>	

	<p>attendance was good, staff release was more frequently an issue. The report provided a true reflection of the position. Professor Phil Kloer noted that there were eventual capacity limits: for the team delivering the programmes and the time available to people who wished to attend. The talent management and succession planning work would challenge individuals who wished to undertake leadership programmes but were not ready. Feedback had been received which indicated that new Consultants had decided to apply for positions due to the leadership programme offered by the Health Board.</p> <p>Mrs Gostling congratulated Ms Rees and her team on a very high quality paper that demonstrated the powerful work going on. Ms Rees advised that the Health Board had been shortlisted as a finalist for the Reverse Mentoring Programme with CIPD, with the results expected to be announced on 1 March 2023.</p> <p>The Chair thanked Ms Rees for her excellent report.</p> <p>The Committee RECEIVED ASSURANCE on the progress with Planning Objective 2J relating to the Succession Planning and Development.</p>	
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<p>PODCC (23)14</p>	<p>MONITORING OF WELSH HEALTH CIRCULARS (WHC)</p> <p>There were no WHCs for consideration at this meeting.</p>	
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<p>PODCC (23)15</p>	<p>PERFORMANCE ASSURANCE & WORKFORCE METRICS (INTEGRATED PERFORMANCE ASSURANCE REPORTS) (PLANNING OBJECTIVE 1A)</p> <p>Ms Michelle James presented the Performance Assurance & Workforce Metrics report, noting the significant work undertaken by the team to get right balance on what to include in the report. It was noted that future reports would include data related to BAME staff and Carers. Professor Gammon noted that the report has been developed significantly, which enabled readers to identify successes and hotspots through the clear dashboard. The lost capacity due to staff retiring and returning to work on fewer hours had been taken into account in workforce planning.</p> <p>Members asked for an explanation as to why staff wellbeing data showed that the highest cause for sickness absence is consistently anxiety/stress/depression/other psychiatric illness when referrals to the Staff Psychological Well Being Service had reduced. In response, it was suggested that the data related to these areas may need to be considered in greater depth; for example it was possible that there were fewer people citing that category of illness with individuals experiencing more instances of ill health. The report has identified areas that should be prioritised and specific areas would be targeted, for example the Careline Service was open 24 hours per day however there were no records of who accessed the Service.</p>	
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	<p>Members noted that there is a conflicting priority in relation to PADR; the new link to pay increase and completion of PADR could inadvertently lead to the process becoming a 'box ticking' exercise.</p> <p>Mrs Patel thanked Mrs James and her team for their high quality report.</p> <p>The Committee NOTED the content of the report as assurance of performance in key areas of the Workforce and OD agenda.</p>	
PODCC (23)16	<p>WELSH LANGUAGE AND CULTURE DISCOVERY REPORT (FINAL)</p> <p>It was noted that the Welsh Language and Culture Discovery Report had been deferred to the next meeting; 3 April 2023.</p>	MM
PODCC (23)17	<p>STONEWALL ASSESSMENT UPDATE REPORT</p> <p>It was noted that the Stonewall Assessment Update Report has been deferred until the meeting scheduled for 17 August 2023.</p>	MM
PODCC (23)18	<p>RESEARCH & INNOVATION SUB COMMITTEE REPORT</p> <p>The Committee received the Research & Innovation (R&I) Sub-Committee Report. Professor Phil Kloer advised that the team is intending to close the Biobank, however provided assurance that there will be no loss of service as other Biobanks in Wales are available. Further detail about the Biobank would be included in the next R&I Sub Committee Report.</p> <p><i>Mrs Hardisty left the Committee meeting at this point.</i></p> <p>Mrs Patel reported that she had recently visited the Trittech Team. For clarification, Mrs Wilson confirmed that Trittech was not a subsidiary company of the Health Board. Members enquired whether the R&I related income that was being generated is being captured to ensure that the Board has a complete picture of the work that was taking place. For assurance, it was agreed that future R&I reports would include more information about partnership work and income generation.</p> <p>Mrs Patel thanked Professor Phil Kloer for his report.</p>	PK
	<p>The People, Organisational Development & Culture Committee NOTED the Research & Innovation Sub Committee Report.</p>	
PODCC (23)19	<p>BAME Advisory Group Annual Update</p> <p>Mrs Anna Bird reminded the Committee that the BAME Sub Committee had been established in response to the disproportionate impact of COVID-19 on staff from BAME groups.</p> <p>The Committee noted that the report provided insight into a very interesting and important area of work. Members enquired whether the Group was noticing the impact of its work and whether feedback was received. Mrs Gostling advised that Bullying and Harassment had been considered, with an action plan developed to respond to any concerns.</p>	

	The membership will be reviewed to include representation from other teams.	AB
	Mrs Patel thanked Mrs Bird and her team for their valuable report.	
	The Committee NOTED the update report from the BAME Advisory Group	

PODCC (23)20	CORPORATE & EMPLOYMENT POLICIES	
	Mrs Heather Hinkin reported that due to industrial action the policies had not been approved by the Staff Partnership Forum (SPF); it was requested that the policies were formally approved subject to review by the SPF at its next meeting 28 February 2023. It was noted that a number of policies required a complete rewrite. Members were advised that the Health Board currently had 64% overall compliance and 84% compliance for workforce policies.	
	<p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED ASSURANCE that the policies submitted for approval had been reviewed in line with the Written Control Documentation (WCD) Policy (policy number 190). • APPROVED the following documents for publication SUBJECT TO approval by the Staff Partnership Form: <p>Revised policies/procedures with W&OD Policy leads</p> <ul style="list-style-type: none"> • 283 - Alcohol and Drugs/Substance Misuse Policy (Appendices 1) • 948 - DBS Policy (Appendix 2) <ul style="list-style-type: none"> o DBS Referrals Procedure (Appendix 3) o DBS – Checks Procedure (Appendix 4) • 1098 - Employer Pension Contributions – Alternative Policy – (Appendix 5) • 315 - Flexible Deployment of Staff Procedure and EQIA - (Appendices 6 and 6a) • 464 – Industrial Injury Claim Procedure (Appendices 7, 7a and 7b) • 124 - Retirement Policy (Appendix 8) • 436 - Rostering Policy, and EqIA - (Appendices 9 and 9a) • 340 - Staff Psychological Wellbeing Policy and EQIA (Appendices 10 and 10a) <p>Revised policies led by colleagues outside W&OD</p> <ul style="list-style-type: none"> • 246 - Managing Allegations Against Staff Policy (Appendix 11) <p>NOTED for Information:</p> <ul style="list-style-type: none"> • Annex 21 Guidelines • Guidance on Alcohol & Drugs/Substance Misuse • Overtime Authorisation Flowchart <p>APPROVED the removal of the following policies: The following policies were proposed for removal:</p> <ul style="list-style-type: none"> • Information to Payroll • Annual Leave • Use of Overtime 	

PODCC (23)21	CONTRACTUAL AND LEGISLATIVE CHANGES UPDATE	
	<p>The Committee received the Contractual and Legislative Changes, Report relating to the period 17 October 2022 to 3 February 2023.</p> <p>Mrs Patel thanked Mrs Hinkin for her report.</p>	
	The Committee NOTED the Contractual and Legislative Changes Report.	

PODCC (23)22	OUTCOME OF ADVISORY APPOINTMENTS COMMITTEE	
	<p>The Committee received the Advisory Appointments Committee (AAC) Report, providing an update on the outcome of the AACs held between 22 November 2022 to 8 February 2023, and approved the following appointments on behalf of the Board:</p> <ul style="list-style-type: none"> • Dr Anna Pisarczyk-Bathini was appointed to the post of Consultant in Anaesthetics with an interest in Obstetric Anaesthesia based at Glangwili General Hospital. Due to commence in post on 6 February 2023 • Dr Kalaiselvi Jeyasingh was appointed to the post of Consultant in General Paediatrics based at Glangwili General Hospital. Due to commence in post during April 2023. • Dr Sara Williams was appointed to the post of Consultant in Radiology with an interest in Women's Imaging based at Bronglais General Hospital. Due to commence in post during May 2023. • Dr Rory Macnair was appointed to the post of Consultant in Musculoskeletal Radiology based at Prince Philip Hospital. Due to commence in post during May 2023. <p>Mrs Gostling noted that Mrs Alwena Hughes-Moakes and Mrs Sally Owen's teams have completed the significant task of updating the recruitment section of the website (Working for You).</p>	
	The Committee APPROVED on behalf of the Board the outcome of the AACs held 22 November 2022 to 8 February 2023.	

PODCC (23)23	PODCC WORKPLAN 2022/23	
	The Committee NOTED the PODCC Workplan for 2022/23.	

PODCC (23)24	MATTERS FOR ESCALATION TO BOARD	
	There were no items for escalation to the Board.	

PODCC (23)25	DATE AND TIME OF NEXT MEETING	
	9.30am, 3 April 2023	