

Enw'r Pwyllgor / Name of Committee	People, Organisational Development & Culture Committee (PODCC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Mrs Chantal Patel, Independent Member
Cyfnod Adrodd/ Reporting Period:	Meeting held on 19 June 2023
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<p>PODCC Terms of Reference PODCC ToR had previously been approved however it was felt they should be further strengthened to reference the status of SPPEG. The Committee approved the amended PODCC Terms of Reference presented and will further approve via Chair's Actions for onward ratification by the Board.</p> <p>Corporate Risks Assigned to People, Organisational Development & Culture Committee (PODCC) The Committee noted that:</p> <p><i>Risk 1649 - Insufficient skilled workforce to deliver services outlined in the Annual Plan 23/24 and deliver UHB strategic vision by 2030</i> is a new risk which has been added since the last report.</p> <p><i>Risk 1406 - Risk of insufficient skilled workforce to deliver services outlined in Annual Plan 22/23 & deliver UHB strategic vision by 2030</i> has now been closed.</p> <p><i>Risk 1649 – Risk of insufficient skilled workforce to deliver services outlined in the Annual Plan 23/24 and deliver UHB strategic vision by 2030:</i> This risk is currently aligned to PODCC as the potential impacts of the risks relate to the workforce.</p> <p>The Strategic Workforce Planning & Transformation team are deep diving into all elements of the workforce to ensure the level of risk is accurately reflected.</p> <p>Staff Story: Experience and Impact of Participation in Staff Networks The Committee received a video outlining the staff networks available within the Health Board. The Committee discussed ensuring the inclusion of staff in all areas of the Health Board, in particular those who did not have computer-based jobs, and ensuring staff were allowed sufficient time to take part in network activities</p> <p>Staff Experience: Transforming Staff Feedback into Positive Change Progress Report; and Integrated Action Plan/Staff Wellbeing Plan Update</p> <p>Two major staff surveys have been conducted this year regarding health and wellbeing:</p> <ul style="list-style-type: none"> • The Workplace Climate and Wellbeing of Nurses, Midwives and Health Care Support Workers was administered through Swansea University. • An in-house mental health and wellbeing survey was conducted by the Staff Psychological Wellbeing Service (SPWBS). 	

It also received highlights other cultural building blocks that have been put in place and sets out the direction of travel for 2023/24 to ensure that the momentum of cultural progression is maintained.

There was also discussion on rest breaks and the number of staff unable to take breaks outdoors, access green space or in other rest areas outside of their workplace, and break rooms being in poor conditions.

Medical Staff Recruitment Audit Update

The Committee received an update on actions following this audit and noted management responses within the Management Action plan have been completed and closed.

Staff Value and Appreciation

The Committee received a report on progression of the staff value and appreciation programme approved in June 2022 and noted the continued direction of travel and took assurance from the cultural shift and progress.

Job Planning

An update following the internal audit of job planning audit report which received 'Limited assurance' overall. The Committee took assurance that actions were being progressed.

Workforce Effectiveness (Agency Costings)

The Committee received an update report on the Nurse Stabilisation Programme for each site. It was noted there had been a reduction in the use of temporary staffing in Glangwili Hospital but one of the adverse effects was the increase in fill rates in Witybush and Bronglais which impacted on cost savings ability.

The Committee took assurance from the content of the report.

Working In Confidence Platform

The Committee received an update regarding the WorkInConfidence platform which was implemented to support 'speaking up safely' within the organisation. The platform has now been in place for 12 months and a full analysis has been undertaken on the added value it has provided to the workforce.

The Committee noted the continued direction of travel, took assurance from the cultural shift and progress, and also noted that the work to fully embed speaking up safely will be maintained and built upon.

Evaluation of Enhanced Pay

The Committee received a report provided an evaluation of the enhanced rate available over the Christmas/New Year Holiday 2022/23. (Late shift on 24 December 2022 to the start of the morning shift on 10 January 2023). Whilst 2 schemes were approved, only 1 was utilised.

The Committee noted the content of the report, however, the success of the schemes were uncertain.

Educational Initiatives Uptake

A report was presented outlining the update on training programmes provided within the Health Board. The Committee noted the breadth of educational programmes being offered.

BAME Advisory Group Update (Including: Bullying and Harassment)

A report was presented covering BAME Advisory Group, Bullying and Harassment Group and Race Discrimination cases.

It was noted that following Welsh Government's introduction of an Anti-racist Wales Action Plan, it has been agreed that the BAME Advisory Group have oversight of the work undertaken to meet the requirements of the Anti-racist Wales Action Plan.

The bullying and harassment Task and Finish Group will meet in June 2023 to commence a review of progress against actions and to consider whether any new actions need to be incorporated.

Welsh Language Annual Report 2022/23

The Welsh Language Annual Report 2022/23 provided an insight into how the Health Board has implemented and promoted the Welsh Language Standards over the past year. Also included in the report is information on the various projects and opportunities presented in order to enhance Welsh language provision across the Health Board.

It was noted funding had been received from Welsh Government to provide building confidence courses for level 3 Welsh speakers.

The Committee took assurance from the report as a reflection of the activity and progress made to enhance and embed the Welsh language and culture at Hywel Dda.

Welsh Language and Culture Discovery Report

HDdUHB indicated an ambition to seek opportunities to celebrate the Welsh language. The Welsh Language Services team have committed to undertake a Welsh Language and Culture Discovery process that would seek the opinions of our population on how the Health Board could bring its vision for Welsh language and culture to life. The Executive team have been asked for support in moving the work forward.

The initial action plan outlines immediate and longer-term actions to be taken to meet the initial objective for the next 5-year period.

The Committee took assurance from the report and approved the plan.

LGBTQ Plus Action Plan and Stonewall Assessment Update

It was noted staff workshops are to be held to develop actions against the plan.

Health Board attendance at the Cardiff Pride event was noted.

For 2022-2023 Stonewall Assessment, the Health Board scored 82 out of 200 and was ranked 105th place on the index. Up from a score of 62.5 and 194th place the previous year.

Planning Objectives: Update Report and Plans on a Page 2023/24

A revised set of Planning Objectives (PO) has now been incorporated into Hywel Dda University Health Board's (HDdUHB) plan for 2023/24 that set out the aims of the organisation.

For 2023/24, 10 Planning Objectives have been aligned to PODCC.

All Planning Objectives are expected to develop a Plan on a Page that are intended to ensure a clear delivery/development process for the year, linking them to clear SMART (specific; measurable; achievable; realistic; timely) outcomes with clear trajectories/milestones using a standardised template. The planning objectives plans on a page were shared with PODCC.

For the Planning Objectives for 2022/23, a Closure Report was presented to Public Board on 25 May 2023.

Planning Objectives: Armed Forces Annual Update

The Planning Objectives: Armed Forces annual update report was presented to members. The report provides an update on the 2022/23 Planning Objective 4I: "By March 2023, further develop the Health Board plan to drive forward improved outcomes for Veterans and members of the Armed Forces community, in relation to NHS priority treatment guidance and recruitment strategies, and report on progress annually."

Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR)

The Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR) was introduced to members.

The report provides assurance of delivery against national delivery framework targets.

There has been a 1.7% reduction in sickness absences since December 2022.

Industrial Action: Feedback and Learning

The Industrial Action: Feedback and Learning report was presented to members.

The report provided an overview of the strategic approach to planning for notified days of industrial action between December 2022 and February 2023.

Health Education and Improvement Wales (HEIW): Quality Assurance Process

It was noted every year the General Medical Council (GMC) run the annual National Training Survey (NTS) to gain a deeper understanding of the experiences of our trainees and trainers. The survey is open for responses between the months of March and May and is an integral part of the GMC's work to monitor and report on the quality of medical education and training

The reports now include more data on trainee experiences, therefore the targeted visits are now more specific.

The reports have been submitted to Directorates and the Medical Education Board.

Follow up visits will be arranged for departments at risk.

The Committee took assurance from the attached action plans which outline the completed and planned work to address the identified areas of improvement.

Research and Innovation Sub-Committee Update Report

The Research and Innovation Sub-Committee has not met since the last PODCC meeting, therefore the purpose of this report is to provide an update on Research & Development (R&D), TriTech & Innovation, and University Partnership activities as well as Governance, and the financial position.

University Partnerships Update Report

The themes against which we are required to report on were noted -

- Research and Development.
- Workforce, Training and Education.
- Enterprise and Innovation.
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The Committee noted the progress being made in University Partnership activities and the 23/24 work plan.

Corporate and Employment Policies

The Committee took assurance that documents listed have been reviewed in line with WCD Policy 190.

Approved the following documents for publication and use within the Health Board:-

299 - Registration of Health Professionals Policy

125 - Re-evaluation of Pay Band Policy

Endorsed the extension of the following policies:-

- Staff Immunisation
- Supporting Transgender Staff
- Volunteers
- Preceptorship Policy for Newly Qualified Nurses and Midwives
- Management of Nursing/Midwifery Medication Errors and Near Misses
- Flexi time
- Eagle Strategy
- Uniform and Dress Code
- Study Leave Policy for Medical & Dental Staff Policy
- Capability
- Reserve Forces Training & Mobilisation
- Menopause
- Expenses

Outcome of Advisory Appointments Committee

The Committee received the Advisory Appointment Committee (AAC) Report providing an update on the outcome of the AACs held between 17 March and 24 May 2023.

The following appointments were made at recent AAC meetings, and require PODCC's approval on behalf of the Board:

- Consultant Rheumatologist
- Consultant in Palliative Medicine

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

- To approve the revised People, Organisational Development & Culture Committee Terms of Reference (attached).

Risgiau Allweddol a Materion Pryder /Key Risks and Issues/ Matters of Concern:

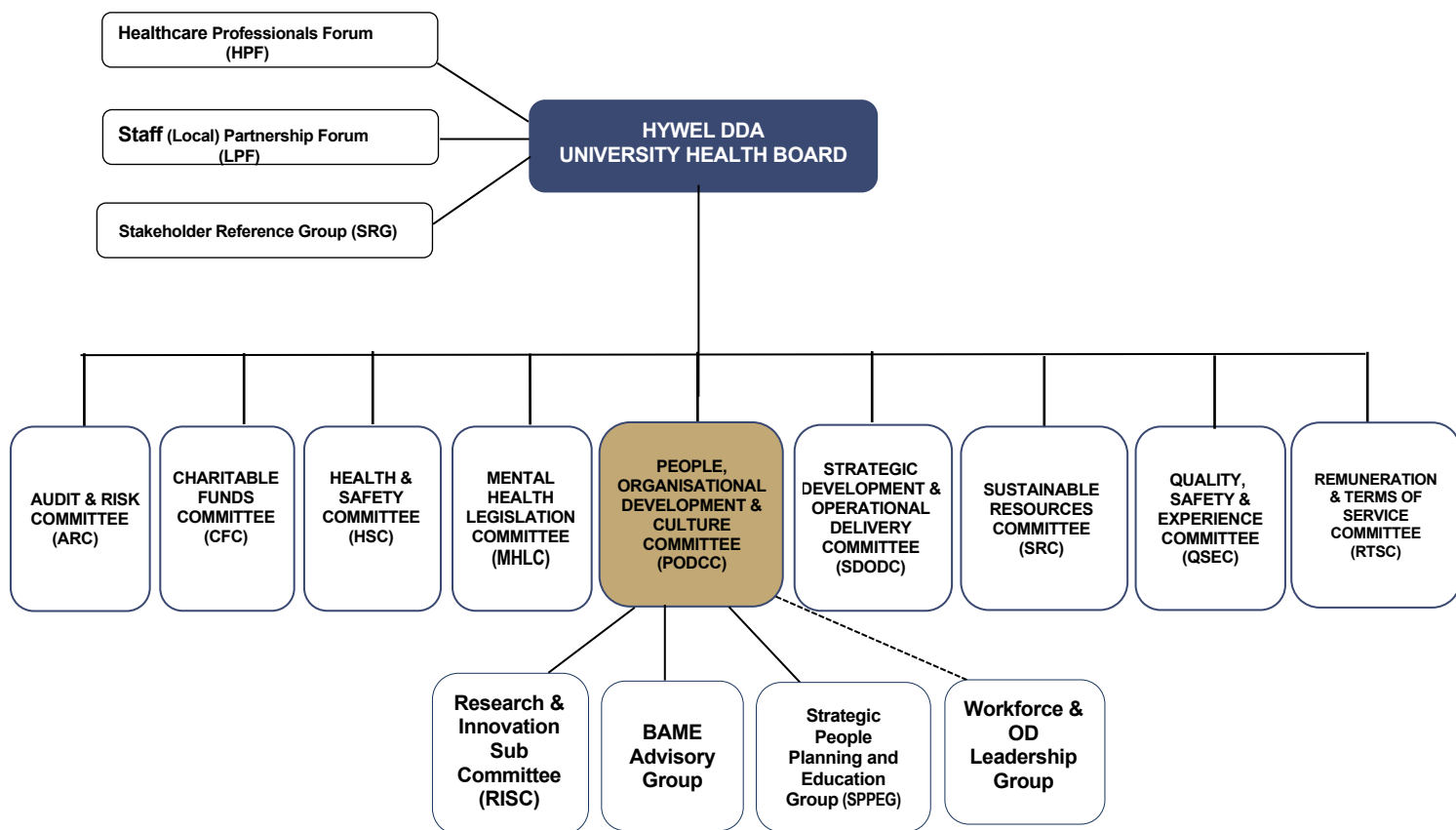
None

**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /
Planned Committee Business for the Next Reporting Period:****Adrodd yn y Dyfodol / Future Reporting:**

In addition to the items scheduled to be reviewed as part of the Committee's work programme, progress on identified actions will be followed up.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

17 August 2023



PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V0.1	Hywel Dda University Health Board	29.07.2021	Approved
V0.2	PODCC	20.06.2022	Approved
V0.2	Hywel Dda University Health Board	28.07.2022	Approved
V0.3	PODCC	03.04.2023	Approved
V0.4	Hywel Dda University Health Board	25.05.2023	Approved
V0.5	PODCC	19.06.2023	Approved
V0.6	PODCC	05.07.2023	Approved via Chair's Actions
V0.6	Hywel Dda University Health Board	27.07.2023	For Approval

PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

1. Constitution

- 1.1 The People, Organisational Development & Culture Committee (the Committee) has been established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1 August 2021.

2. Purpose

The purpose of the People, Organisational Development & Culture Committee is:

- 2.1 To provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, ensuring Hywel Dda University Health Board (the Health Board) is recognised as a leader in this field.
- 2.2 To provide assurance to the Board on the implementation of the UHB's Workforce and OD Strategy, and the all-Wales Health & Social Care Workforce Strategy, ensuring these are consistent with the Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales.
- 2.3 To provide assurance to the Board on the organisation's ability to create and manage strong, high performance, organisational culture arrangements.
- 2.4 To receive an assurance on delivery against all relevant Planning Objectives falling under Strategic Objectives 1 (*Putting people at the heart of everything we do*), 2 (*Working together to be the best we can be*), 3 (*Striving to deliver and develop excellent services*) and 4 (The best health and wellbeing for our communities) (see Appendix 1), in accordance with Board approved timescales, as set out in Health Board's Annual Plan.
- 2.5 To provide assurance that the organisation is discharging its functions and meeting its responsibilities with regard to the research and innovation activity carried out within the Health Board.
- 2.6 **Provide assurance that there are appropriate arrangements to ensure education and commissioning meets future workforce needs.**
- 2.7 To seek assurance on the management of principle risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
- 2.8 To recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.

- 2.9 To receive assurance through Sub-Committee Update Reports and other management group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

3. Key Responsibilities

The People, Organisational Development & Culture Committee shall:

- 3.1 Seek assurances that people and organisational development arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe services/programmes and functions across the whole of the Health Board's activities.
- 3.2 Consider the implications for workforce planning arising from the development of the Health Board's strategies and plans or those of its stakeholders and partners, including those arising from joint (sub) committees of the Board.
- 3.3 Ensure robust mechanisms are in place to foster a strong and high performance organisational culture of effective leadership, innovation and continuous improvement, in accordance with the Health Board's values and behaviour framework, future-proofed to ensure their continuity and success.
- 3.4 **Ensure the Health Board is meeting its responsibilities with regard to statutory and mandatory training.**
- 3.5 Seek assurance on delivery against all planning objectives aligned to the Committee, considering and scrutinising the plans, models and programmes that are developed and implemented, including the annual workforce plan and associated commissioning plan, supporting and endorsing these as appropriate.
- ~~3.5 Consider the second 'Discovery' phase of the pandemic learning that is conducted to understand more about staff experience in order that approaches to rest, recovery and recuperation can be shaped over the next 2 years including a 'thank you offering' to staff (PO 1H).~~
- ~~3.6 Receive the 3 year strategic plan developed in partnership with universities, life science companies, and public service partners, for implementing to increase research, development, and innovation activity, and number of research investigators, sufficient as a minimum to deliver the Welsh Government and Health and Care Research Wales expectations and improvement targets (PO 3G).~~
- 3.6 Receive the Research & Innovation (R&I) Annual Report for approval prior to submission to the Health and Care Research Wales, to ensure the Health Board increases its Research & Development/R&I capacity, research output and research income.
- 3.7 Ensure robust mechanisms are in place to deliver effective staff engagement in accordance with the Health Board's values and behaviour framework.

- 3.8 Seek assurances that there is the appropriate culture and arrangements to allow the Health Board to discharge its statutory and mandatory responsibilities with regard to Welsh language provision (workforce & patient related).
- 3.9 Approve appointments made by the Advisory Appointments Committee.
- 3.10 Refer people, culture and organisational development matters which impact on quality and safety to the Quality, Safety & Experience Committee (QSEC), and vice versa.
- 3.11 Approve the workforce and organisational development policies and plans delegated to the Committee.
- 3.12 Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the People, Organisational Development & Culture Committee and oversee delivery.
- 3.12 Agree issues to be escalated to the Board with recommendations for action.

4. Membership

4.1 Formal membership of the Committee shall comprise the following:

Member
Independent Member (Chair)
Independent Member (Vice Chair)
4 x Independent Members

4.2 The following should attend Committee meetings:

In Attendance
Director of Workforce & Organisational Development (Lead Executive)
Medical Director/ Deputy CEO
Director of Public Health
Director of Nursing, Quality & Patient Experience
Director of Communications
Chair of HDdUHB Staff Partnership Forum
Director of Therapies and Health Sciences

4.3 Membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than three of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and two other Independent Member(s), together with a third of the In Attendance members.
- 5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and

expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

- 5.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 5.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.
- 5.6 The Chair of the Health Board reserves the right to attend any of the Committee's meetings as an ex officio member.
- 5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the People, Organisational Development & Culture Committee.
- 5.8 The Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required.
- 5.9 The Chair of the People, Organisational Development & Culture Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 5.10 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Director (Director of Workforce & OD), at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Lead/relevant Director.
- 6.4 The agenda and papers will be distributed **seven** days in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and Table of Actions will be circulated to the Lead Director within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) **to review within the next seven days.**

- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

- 8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.
- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

- 9.1 Although, as set out within these terms of reference, the Board has delegated authority to the Committee for the exercise of certain functions, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the Health Board's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

- 10.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:
- 10.1.1 joint planning and co-ordination of Board and Committee business;
 - 10.1.2 sharing of information.
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee may establish sub-committees or working/task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an

update following each sub-committee or working/task and finish group meeting detailing the business undertaken on its behalf. The Sub-Committee reporting to this Committee is:

10.3.1 Research & Innovation Sub-Committee

The management group feeding into this Committee is the:

10.3.2 Workforce & OD Leadership Group

There are also other links to this Committee through the:

10.3.3 Staff Partnership Forum

10.3.4 University Partnerships

The advisory group feeding into this Committee is the:

10.3.5 Black Asian Minority Ethnic (BAME) Advisory Group

10.4 The Committee Chair, supported by the Committee Secretary, shall:

10.4.1 Report formally, regularly and on a timely basis, to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.

10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.

10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any sub committees established.

11. Secretarial Support

11.1 The Committee Secretary shall be determined by the Board Secretary.

12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

Appendix 1 – Planning Objectives aligned to Committee

Strategic Objective	Domain	Strategic Goal	Planning Objective	Executive Lead
1	Our People: We have the people we need to achieve our purpose and strategy	1. Grow and Train our Workforce We have the right people we need, with the right skills and knowledge	1a Develop an attraction and recruitment plan (which enables service sustainability) and deliver a plan which is designed to streamline and modernise processes, recruitment from different talent pools, attract and support candidates	Director of Workforce and OD
2			1b Develop career progression opportunities for all that want them, and for those that don't ensure they have appropriate development to be the best they can in their role.	Director of Workforce and OD
1		2. Support and Retain our Workforce Our people feel motivated and supported	2a Engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships	Director of Workforce and OD
2			2b Continue to strive to be an employer of choice to ensure our people are happy, engaged and supported in work to further stabilise our services.	Director of Workforce and OD
1			2c Develop and maintain an overarching workforce, OD and partnerships plan	Director of Workforce and OD
3	Our Future: Building a better health care system for future generations	5: World class infrastructure We are building the infrastructure needed to provide high quality care	5b Research and Innovation	Medical Director
2		6: Sustainable services Designing and implementing more	6c Continuous Engagement -To establish an overarching programme of work for continuous engagement with a set of continuous engagement plans that make it easier for	Director of Communications and Engagement

		sustainable services	<p>people to have conversations with us. This will:</p> <ol style="list-style-type: none"> 1. Increase public confidence and trust in the reputation of the Health Board 2. Offer greater ability of service users to influence services and to be better informed. 3. Improve decision making that is driven by public feedback. 4. Enhance visibility of the Health Board's values through open and transparent communication. 	
3	<p>Our Communities: Our population is healthy and we have a positive impact on the determinants of health</p>	<p>8: Positive impact beyond health As an organisation we have a positive impact beyond health</p>	<p>8d Welsh Language and Culture - Building on the Welsh language and Culture Discovery process, we will deliver a Welsh Language plan that supports our ambitions to enhance our Welsh language and culture across the health board and engages and inspires our staff, patients, and broader communities. We will also seek to achieve the KPIs outlined within the Bilingual Skills policy, Cymraeg 2050, and More than Just Words</p>	<p>Director of Communications and Engagement</p>