COFNODION CYMERADWY CYFARFOD Y PWYLLGOR POBL, DATBLYGU SEFYDLIADOL A DIWYLLIANT/
APPROVED MINUTES OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE MEETING

Date of Meeting: **Tuesday 17 February 2026**
Venue: **Microsoft Teams**

Present:
Mr Neil Prior, Independent Member (Committee Chair)
Mrs Eleanor Marks, Vice-Chair, HDdUHB (Committee Vice-Chair)
Ms Ann Murphy, Independent Member
Ms Sarah Harraway, Independent Member
Cllr. Rhodri Evans, Independent Member

In Attendance:
Mrs Lisa Gostling, Executive Director of Workforce and Organisational Development/ Deputy Chief Executive (Executive Lead)
Dr Ardiana Gjini, Executive Director of Public Health
Ms Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
Mr Andrew Carruthers, Chief Operating Officer (part)
Ms Alwena Hughes Moakes, Communications and Engagement Director
Mr James Severs, Executive Director of Allied Health Professions and Health Science
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary
Ms Eiry Edmunds, Cardiac Consultant (deputising for Mr Mark Henwood, Executive Medical Director)
Ms Janice Cole-Williams, Assistant Director of Nursing (deputising for Executive Director of Nursing, Quality and Patient Experience)
Mr Jonathan Arthur, Deputy Director of Health Sciences (observing)
Mrs Anna Bird, Assistant Director, Business, Partnerships and Inclusion
Ms Corinna Lloyd-Jones, Interim Assistant Director of Organisation Development
Ms Heather Hinkin, Assistant Director of People Management
Ms Tracy Walmsley, Assistant Director of People Planning
Ms Michelle James, Head of Resourcing & Utilisation (part)
Mr Robert Blake, Head of Culture and Workforce Experience (part)
Ms Sally Owen, Head of Recruitment and Workforce Equality, Diversity & Inclusion (part)
Denise Fitzsimmons, Retention Lead, Culture and Workforce Experience Team (part)

Minutes Ref.	Item	Action
PODCC (26)01	**Welcome and Apologies for Absence** Mrs Eleanor Marks, People, Organisational Development and Culture Committee (PODCC) Vice-Chair, welcomed everyone to the meeting including Mr Neil Prior, new Chair of PODCC. It had been agreed that Mrs	

Marks would Chair this meeting to allow Mr Prior to familiarise himself with the Committee.

Apologies for absence were received from:

- Mr Mark Henwood, Executive Medical Director
- Mr Anthony Dean, Trade Union Representative

PODCC (26)02 **Declarations of Interest**

No declarations were made.

PODCC (26)03 **Minutes and Matters Arising from the meeting held on 4 November 2025**

The Minutes from the meeting held on 4 November 2025 were approved as an accurate record.

Decision: The Committee APPROVED the minutes of the People, Organisational Development and Culture Committee meeting held on 4 November 2025.

PODCC (26)04 **Table of Actions from the meeting held on 4 November 2025**

All actions from the PODCC meeting held on 4 November 2025 were complete.

PODCC (26)05 **Assurance and Risk Report**

Mrs Joanne Wilson presented the Assurance and Risk Report, noting the new style report requested during the last committee self-assessments. She highlighted that the committee had one principal risk aligned to it, which would be reviewed as part of the strategic refresh for a new Board Assurance Framework over the summer.

Two corporate risks aligned to PODCC: Risk 1978 relating to *a risk of insufficiently skilled workforce to deliver services due to limited labour market*, and Risk 1821, relating *to the welfare of Health Board staff due to current demands* which is currently under review by the Workforce and Organisational Development (W&OD) Team.

Operational Risk 2169 relating to *staff wellbeing in weight management service* has a high risk score of 25, indicating a high level of concern.

Mrs Wilson also highlighted three audit reports, noting that the HR education and training report, had now been closed. In addition, one Welsh Health Circular was aligned to PODCC.

In response to Ms Ann Murphy's query regarding whether the risk identified within General Medicine at Glangwili Hospital (GGH) should be recorded on the PODCC risk register or referred to the Quality, Safety and Experience

Committee (QSEC), Mrs Wilson explained that the Chair of PODCC requested that a report is presented to the next PODCC meeting. Owing to its seriousness, the report was shared with Independent Members, and a decision is required from the relevant Executive Lead on whether the risk should be added to the risk register.

In relation to Risk 2253, relating to *reduced workforce due to difficulty recruiting qualified specialist School Nurses*, Ms Sarah Harraway commented that she had encountered dissatisfaction amongst staff about the pace of decision making, and the resources they have available. She expressed concern that the risk extended beyond recruitment to include retaining existing staff. Mrs Sharon Daniel confirmed that her team had been asked to consider the risk in more detail, including development opportunities, career pathways and staff turnover.

In response to a query from Mrs Marks, Mrs Wilson explained that the underlying factors contributing to the risk were Health Board and advised that **the Risk Team would liaise with the Planned Care Team to provide an update via the Table of Actions.** **AC**

Mr Andrew Carruthers provided additional context on the reduction in score for operational Risk 2088, *that staff will have a poor experience whilst at work due to clinical pressures, financial challenges and change processes*, noting the work undertaken to support staff and reassessment of the risk score. While welcoming this, Mr Marks noted the reduction in Risk 2088 and suggested that any relevant learning be shared more widely.

Mr Neil Prior raised a concern about the risk score of 25 for Risk 2169 relating to *staff wellbeing in weight management service due to unrealistic expectations with associated unreasonable behaviour*. Mr Carruthers advised that public expectations regarding access to weight-loss medication, which most patients do not meet NHS criteria for, resulting in aggression being directed at staff, contributing to the high risk score and reluctance to accept new referrals.

Dr Ardiana Gjini added that the issue extended beyond the Health Board, noting a lack of understanding among both the public health professionals that the weight management pathway begins with population-level behaviour change interventions and only culminates in medication for a small cohort of patients. She emphasised that such medication is only available to individuals with severe obesity and relevant clinical indications and complications.

Mr Carruthers reiterated that the risk score of 25 reflected the point at which staff were unwilling to continue providing the service. He advised that cessation of the weight management service would present significant reputational risk for the Health Board, and could also have wider implications for prevention and the overall population health programme.

Councillor Rhodri Evans noted that the target date for achieving the risk score had passed. In response**, Mrs Wilson advised that risks are reviewed regularly and that the Risk Team would liaise with the Service Director for Allied Health Professions and Health Sciences to** **AC**

update the overdue target date, and feedback the Committee's concerns regarding high risk score of 25.

The Committee were ASSURED by this item.

Decision: The Committee:

Risk Management
• RECEIVED ASSURANCE that identified controls are in place and working effectively;
• RECEIVED ASSURANCE that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise; and

Audits, Inspections and Regulatory Reports
• RECEIVED ASSURANCE from the lead Executive Director or Supporting Officer on the management of recommendations raised in audit, inspection and regulatory reports within their area of responsibility, particularly in respect of confirming the full implementation of recommendations, any barriers to delivery and subsequent impacts of non/late delivery, and assurance that the risks associated with these are being managed effectively.

Welsh Health Circulars
• RECEIVED ASSURANCE, or otherwise, from the lead Executive Director or Supporting Officer 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 (26)06 **Targeted Intervention Closedown Report**

Mrs Gostling presented the Targeted Intervention closedown report for Domain 5: Leadership, Capability and Culture, confirming that the Health Board had met all requirements and was no longer in escalation. She proposed that for the areas previously subject to targeted intervention, the Committee will continue to receive assurance through ongoing reporting, with these incorporated into reporting updates.

In relation to the transition to routine arrangements, Mr Prior queried what aspects of targeted intervention had been most valuable and which should be sustained, noting the importance of embedding learning to avoid the risk of re-escalation. In response, Mrs Gostling noted that the key learning included maintaining a sustained focus on priority areas, particularly staff survey feedback, leadership and development, and governance arrangements.

Mrs Marks commended the team for their work and agreed that ongoing updates would be helpful.

The Committee were ASSURED by this item.

Decision: The Committee:

• NOTED the confirmation from Welsh Government (Jacqueline Totterdale correspondence) that Domain 5 has been fully de -escalated from Enhanced Monitoring (Level 3) to routine arrangements.
• NOTED that the revised Escalation Framework (June 2025) contains no de-escalation criteria for this domain, confirming there are no outstanding TI requirements for PODCC to monitor.
• AGREED that formal Escalation reporting to PODCC ceases from this meeting, with ongoing assurance managed through the Committee's normal business cycle.
• NOTED that matters relating to leadership, culture, and workforce will continue to be reported through PODCC's standing agenda as business as usual.

PODCC (26)07 **Staff Story - Deferred**

The staff story was deferred.

PODCC (26)08 **Health Board Partnership Forum Update**

Ms Heather Hinkin presented the update from the Health Board partnership forum held on 18 November 2025, on behalf of Mr Anthony Dean, noting the mix of strategic and operational matters discussed at the forum. She highlighted the lower attendance rates at local partnership forums and the commissioning of a task and finish group to address the transition from weekly to monthly payroll. Ms Hinkin confirmed that the consultation period for the payroll transition was open, with a small cohort of staff affected.

Mrs Marks commented that in terms of staff overpayments or reclaims, more commonly affect lower paid staff, who tend to leave employment more quickly. **She requested Ms Hinkin's team review whether moving to monthly payments would improve the process.** **HH**

Mrs Gostling added that the Health Board offers an app called Wagestream, allowing staff to access their pay at any time, which should mitigate concerns about the transition to monthly payroll.

Mr James Severs highlighted a point of accuracy within the report. The report noted a delay in the appointment of a "Health and Safety Officer". Mr Severs clarified that the position was for the "Head of Health and Safety".

The Committee discussed aligning local partnership forums with Clinical Care Groups (CCG) structures to improve efficiency and attendance. Ms Hinkin outlined that the local partnership forums are county-wide run and some of the CCG structures are Health Board wide, which means that some of the managers then by default might need to attend 3 meetings to present items which would be challenging. Ms Hinkin's advised that her team is reviewing options to improve efficiently, including ensure the right people

attend the appropriate local partnership forums. **Mrs Marks requested an update on this work and a clear deadline for identifying a solution.** **HH**

The Committee were ASSURED by this item.

Decision: The Committee:
• NOTED the Staff Partnership Forum Update and
• RECEIVED ASSURANCE that our partnership forums promote the sharing of issues and concerns and working together to achieve appropriate resolution

PODCC (26)09 **Phase 2 CCG Organisational Restructure**

Mr Carruthers presented the Phase 2 CCG Organisational Restructure paper, apologising for the late submission.

He outlined the direction of travel for phase two, emphasising the necessity of this phase, driven by retirements and the need to modernise the structure below the CCG level. The restructuring aims to strengthen general management skills, support quality assurance, and practice development agendas, and provide additional nursing leadership. Mr Carruthers highlighted the need for engagement with staff and the importance of a compassionate approach to the changes.

Mr Carruthers outlined the creation of a third clinical service group for critical care, anaesthetics, and theatres, noting the significant service challenges in this area. Specific changes include the creation of pathway-specific therapy service groups and the consolidation of speech and language therapy under one leadership role. Additionally, the introduction of an Assistant Director of Health Sciences role was discussed to ensure representation in strategic conversations.

Positive feedback was received from the external Getting It Right First Time (GIRFT) review, which identified stronger leadership arrangements in urgent emergency care.

Mr Carruthers also highlighted significant changes within community integrated medicine, which involves realigning primary care, chronic conditions, and long-term care portfolios into a clinical care group. This realignment supports a place-based neighbourhood model and integrates community care systems with local authorities. The proposed creation of a community care collaborative service group aims to unify community nursing teams, specialist nursing teams, and chronic condition management teams, enhancing pathway focus on medicine specialty services.

Ms Harraway expressed concerns about the implementation of Organisational Change Process (OCP)1, which had unintended consequences such as eroding trust within district nursing teams. Ms Harraway sought clarification on how OCP2 would mitigate similar concerns and enquired about the number of displaced colleagues and their current status. Mr Carruthers acknowledged the need for improved communication and engagement, outlining plans for a comprehensive communications and

engagement strategy to take staff on the journey and ensure consistent messaging.

Cllr Evans questioned the cost implications of the new structure and its timeline. Mr Carruthers informed Members that the restructuring would not incur additional costs, as it is based on existing resources, and detailed the realignment process. He anticipated that the realignment of management responsibilities and portfolios would be completed by the end of the first quarter, with some interim arrangements already in place.

Ms Marks stated that based on the evidence currently available, she did not have assurance regarding the cost of the restructure . **She requested a detailed outline of the associated costs, including those related to the displacement of staff. This was particularly importance given that, in addition to the proposed structure, Mr Carruthers is being asked to deliver ongoing savings. It was agreed that the matter need to be explored further at a future meeting.** **AC**

Mrs Gostling added that a programme team would lead the organisational change process to ensure swift implementation and minimise uncertainty. In response to Ms Harraway's earlier query, she confirmed that plans are in place for the nine displaced individuals from the initial phase.

Mrs Daniel welcomed the strengthened nursing leadership capacity and emphasised the importance of maintaining stability during the transition.

Mr Prior stressed the importance of clearly articulating the rationale for the change in plain non-corporate language and suggested that a wider group of leaders should be involved in communicating the narrative to ensure ownership across the organisation. Ms Murphy agreed, noting that the overarching narrative may have been lost during the transition to Phase 2. She suggested the development of clear organisational structures to support staff understanding their place within the new structure. Ms Murphy also recognised the significant work undertaken to stabilise community integrated medicine.

Mrs Marks concluded the discussion by emphasising the importance of balancing quality with finances and the need for urgency and compassion in implementing the changes.

The Committee ADVISED the Board of the current fragility of workforce and the pace at which progress would need to be managed going forward.

Decision: The Committee NOTED plans for Phase 2 of the Operations function organisational change process and anticipated timescales for delivery.

PODCC (26)10 **Glangwili Theatres Sickness and Culture**

Ms Olwen Morgan joined the meeting.

Ms Olwen Morgan presented the report on the workforce, cultural, and safety concerns within theatres at GGH. Since 2024, there have been

escalating issues, prompting the establishment of a theatre steering group to address professional and operational challenges. The Organisation Development (OD) Team has worked closely with theatre staff to understand the root causes and improve the situation.

Key recommendations included improving leadership visibility and communication, addressing workforce gaps through targeted recruitment and retention strategies, fostering open communication, enhancing recognition and fairness, and strengthening career development and training access. Significant progress has been made, with the recruitment of 10 additional registered practitioners, including a senior nurse manager and a general manager for anaesthetics, critical care, and theatres. Structured staff induction and mentorship programmes are now in place, supported by the theatre practice development teams.

Ms Harraway queried how the theatres team had reached the current position and whether there were early warning signs, and what lessons could be learned from the situation. In response, Ms Morgan acknowledged that the situation had developed over a prolonged period. She explained that a key issue was that theatre staff were often not visible to the wider health Board workforce resulting in limited understanding of the work undertaken in this area. When Ms Morgan first began working with the theatre team, staff felt disempowered and believed they did not have a voice. Their disengagement and the barriers that had been put in place made it difficult to build trust and there were also challenges in managing their expectations around the pace of change and improvement.

A Safer Staffing Review has been approved, and a business case for further recruitment has been developed. Short-term and long-term sickness rates have improved, and staff training and development are being actively supported. An improvement plan co-produced with theatre staff is underway with Band 7 staff taking ownership of leadership and management roles.

The discussion highlighted the importance of a multidisciplinary approach, with contributions from a range of teams within W&OD, including workforce planning, recruitment, and operational workforce teams. The OD Team conducted culture surveys and engagement sessions with staff to gather insight and understand the challenges, which identified low scores in areas such as voice, well-being, safety, and trust. Leadership within the CCG has been instrumental in driving improvement, although progress remains ongoing.

The Committee expressed assurance in the processes in place to address the cultural challenges in theatres and thanked the team for their efforts in regaining trust and working on improvement.

The Committee were ASSURED by this item.

Ms Olwen Morgan left the meeting.

Decision: The Committee RECEIVED ASSURANCE that the workforce, cultural, and safety concerns identified during 2024/2025 are being rigorously monitored and addressed through strengthened senior

operational accountability and oversight within the Clinical Care Group for Planned and Specialist Care.

PODCC (26)11 **Update on Increase in Stress Amongst Staff**

Ms Hinkin presented a follow-up report on stress, anxiety, and depression-related absences among staff. The comprehensive report included a significant amount of data and insights into the prevalence of these absences, noting that about one-third of sickness absence case management activities are related to Section 10 reasons for absence. Psychological wellbeing referrals suggest a higher impact than initially recorded, indicating a disconnect between management discussions and occupational health assessments.

Ms Hinkin highlighted the challenges experienced by the Psychological Wellbeing Team, including staff retirements and long-term absences. The report also noted the work of the Health and Safety Committee in addressing stress-related absences and the importance of myth-busting around terms and conditions of employment.

The Committee discussed the strong association between sickness levels and general health, wellbeing, and deprivation in localities. The need to enhance delivery programmes to address these challenges, including health and wellbeing champions and community health initiatives, was emphasised. Ms Hinkin added that, following challenges with releasing staff to attend the Recovery in Nature Programme, shorter alternative interventions were being explore. It was also reported that many staff remain reluctant to identify whether stress is attributed to work-related or personal pressures.

Concerns were raised about the tension between the early identification of stress by managers and situations where stress may be attributable to management-related issues. The complexity of the matter was acknowledged, alongside the importance of understanding the underlying causes of stress, in order to address them effectively. The discussion also highlighted the need for proactive interventions and the value of population health data in identifying areas of emerging concern.

The Committee highlighted the importance of focusing on high-value areas and encouraging staff to take ownership of their wellbeing.

The Committee were ASSURED by this item.

Decision: The Committee CONSIDERED the report and RECEIVED ASSURANCE on the next steps.

PODCC (26)12 **Employee Relations Update**

Ms Hinkin provided an overview of the employee relations activity, noting an increase in cases and the importance of encouraging staff to speak up. The report covered activities up to July 2025, with plans to provide a full-year narrative in the next report. Bullying and harassment does continue to be a

significant theme, and a triangulation of that outcome in terms of how many of those cases are substantiated is included in the data set. The report also included details on the overpayments policy and counter-fraud notices.

The Committee were ASSURED by this item.

Decision: The Committee NOTED the Employee Relations Activity report.

PODCC (26)13 **Update on Safeguarding Training Compliance**

Ms Charlotte Westacott joined the meeting

Ms Charlotte Westacott presented a comprehensive update on the current status and future plans for safeguarding training compliance. Ms Westacott highlighted that safeguarding training compliance across the organisation varies, with level 3 safeguarding training compliance still below the organisational threshold of 85%. The increase reflects improved role-mapping of staff who require level 3 safeguarding training, aligning more closely with national safeguarding standards and intercollegiate documents.

Ms Westacott outlined the Health Board's trajectory to achieve 85% safeguarding training compliance by March 2027. This is being supported through the development of a joint adult and child level 3 training package, improved accuracy of role mapping, clear escalation and strengthened collaboration with service delivery groups to target areas of low compliance. She assured the Committee that, despite the expanded eligible cohort, and increasing number of staff are completing level 3 safeguarding training. A structured improvement plan is in place with governance oversight embedded through CCGs to the Safeguarding Strategic Steering Group bi-monthly and also reporting to the Quality, Safety and Experience Committee (QSEC).

The Committee were satisfied with the assurance provided and welcomed the comprehensive report.

The Committee were ASSURED by this item.

Ms Charlotte Westacott left the meeting

Decision: The Committee RECEIVED ASSURANCE that the Hywel Dda Health Board improvement plan aims to address the deficit in Level 3 safeguarding training compliance

PODCC (26)14 **New Workforce Solution**

Ms Tracy Walmsley presented a report on the new workforce solution. The organisation has been identified as an early adopter, with implementation scheduled to commence in June 2026 and continue until June 2027, ahead of a wider roll out across NHS Wales and other nations. The new system is intended to transform the way workforce data and processes are used, supporting significant organisational transformation.

Ms Walmsley highlighted the potential need for future resources, which will be detailed in a forthcoming paper. The new workforce solution is expected to streamline systems and processes, integrating various HR operational systems into one comprehensive tool. The importance of engaging a wide range of staff, from facilities to executives, was emphasised to ensure the new system is user-friendly and effective.

Mr Prior expressed concern that the report did not clearly articulate the problem the new system is intended to address and advised that assurance was required regarding the arrangements for governance oversight. In response, Mrs Gostling explained that the current system, Electronic Staff Records (ESR), is outdated and due to be replaced by 2030. She noted that early adopter status enables the organisation to influence the design and development, ensuring it meets organisational needs and integrates effectively with additional systems.

The discussion concluded with a general sense of excitement and cautious optimism about the new workforce solution, recognising the importance of thorough testing and engagement across all staff levels.

The Committee were ASSURED by this item.

Decision: The Committee:
• NOTED the success on becoming an Early Adopter for NHS Wales and the importance of this role.
• NOTED the requirement for a future Board approval to commence adoption in 2026/27 & 2027/28.

PODCC (26)15 **Whistleblowing in Hywel Dda**

Ms Hinkin presented a detailed report on whistleblowing, stemming from a request by Independent Members to correlate whistleblowing concerns across the Health Board. The report outlined the complexity of multiple statutory pathways, timescales, and reporting mechanisms. Ms Hinkin emphasised the importance of the all-Wales mechanism to raise concerns policy as the primary vehicle for whistleblowing complaints, providing protections under the Public Interest Disclosure Act.

The key points and recommendations in the paper intend to provide assurance and insights from other governance committee cycles and statutory requirements. Ms Murphy appreciated the paper's clarity in defining whistleblowing and speaking up, highlighting the importance of communication in distinguishing between the two.

The Committee expressed satisfaction with the paper, acknowledging the clear definitions and received assurance from the whistleblowing report.

The Committee were ASSURED by this item.

Decision: The Committee:
• NOTED the update provided within this paper regarding speak up, and
• RECEIVED ASSURANCE from the continued progress outlined. The organisation recognises that further work is needed to ensure the consistent

and sustainable embedding of a speak up culture across all operational areas

PODCC (26)16 **Speak Up: 6 Month Update Report**

Mr Robert Blake joined the meeting.

Mr Robert Blake presented the second biannual update on the Speak Up, Make Meaningful Change Framework. He reported that, while legacy cultural challenges remain, there are positive signs of progress, including increased reporting and improved leadership engagement. The working confidence platform remains the primary route for raising concerns, with leadership and management being the highest reported category.

Key themes emerging from the platform include workforce pressures, leadership behaviours, wellbeing and psychological safety, equality and inclusion challenges, and operational issues. Exit interview themes indicate leadership and management issues as the primary reasons for leaving, alongside concerns relating to wellbeing and toxic cultures.

Challenges remain in staff reluctance in disclosing identity, which slows early resolution and limits narrative collection. Improvement priorities include leadership development, communication strategy, expanding the Guardian Network, and aligning with listening to people regulations.

Ms Harraway raised concerns about the platform's dual purpose of raising concerns and positive suggestions, questioning its effectiveness in driving innovation and ownership. Mr Blake acknowledged the need for clearer communication and more focus on collecting innovative ideas.

Mr Prior highlighted the centrality of leadership in addressing various organisational issues, urging a focus on leadership development to support safe, confident speaking up. Mrs Gostling emphasised the importance of promoting initial discussions with managers or other staff members which can be more productive than immediately utilising the anonymous system.

Ms Corinna Lloyd-Jones commented that the Health Board is undertaking substantial work to strengthen leadership, supported by a range of high-quality leadership development programmes. The W/OD Team work closely with clinical colleagues in terms of developing these programmes and ensuring that they align with the General Leadership development programmes. The Health Board also offers a management development programme. In terms of innovation, there is a programme within the Health Board ‘Gwneud y Pethau Bychaun / Doing the Small Things’ to promote innovation and improvement.

Ms Lloyd-Jones also explained that the Speak Up platform is only one mechanism, which is used as a last resort as individuals are always encouraged to discuss issues with the immediate manager or the senior manager first. Individuals are also asked whether they would like support from W&OD’s to help initiate discussions with their manager, enabling W&OD to support both the individual and the manager in responding effectively.

Mrs Alwena Hughes-Moakes highlighted the need for further communications on speaking up, the delicate balance required, to ensure that individuals' experiences of the process, do not negatively impact confidence in the platform. Mrs Hughes-Moakes also informed the Committee that the 'Gwneud y Pethau Bychaun / Doing the Small Things' was launched on St David's Day in 2024, which provides an opportunity to boost the profile in time for this St David's Day.

The Committee recognised the ongoing work and challenges, expressing a need for clearer communication and continued progress in leadership development.

The Committee were ASSURED by this item.

Mr Robert Blake left the meeting

Decision: The Committee:
• NOTED the update provided within this paper regarding speak up, and
• RECEIVED ASSURANCE from the continued progress outlined. The organisation recognises that further work is needed to ensure the consistent and sustainable embedding of a speak up culture across all operational areas

PODCC (26)17 **Equality, Diversity and Inclusion (EDI) Taskforce**

Mrs Anna Bird presented an update on the work of the EDI Taskforce, established by the Board in December 2024 and chaired by Anna Lewis. Mrs Bird expressed thanks for Ms Lewis leadership in progressing this work throughout 2025. The EDI Taskforce focuses on three overarching objectives - Board allyship, engagement and co-production, and better use of data and intelligence. Positive developments include insights from neurodivergent colleagues, emphasising the importance of recognising individual differences and working co-operatively.

From a leadership perspective, further work is planned to strengthen executive engagement, including aligning executive champions to provide visible sponsorship and advocacy. Engagement and co-production activity, including the Big Conversation, has improved understanding of neurodivergent colleagues' experiences and reinforced the importance of recognising individual differences to support inclusive and effective ways of working.

In relation to data and intelligence, progress continues on strengthening intersectional analysis, supported by the development of improved systems and close contribution with specialist teams. This includes drawing together multiple data sources, such as bullying and harassment data and employee relations cases, to inform the Strategic Equality Plan and associated Board reporting. The new ESR system is expected to aid in this work.

Mr Prior expressed concern that the initiative lacked sufficient impact and commented the "the big conversation" did not appear to be substantial. Mr Prior shared his experience with mutual mentoring in a previous

organisation. He highlighted the benefits of such programmes, particularly in understanding the barriers experienced by diverse individuals and recognising one's own privilege. Mr Prior expressed his interest in contributing further to the agenda and suggested that the report did not fully capture the potential of these initiatives.

In response, Mrs Gostling acknowledged the value of reverse mentoring, noting that this approach had already been implemented within the organisation. She emphasised the importance of engaging with neurodivergent staff and adapting tailored approaches rather than a one-size-fits-all plan. Mrs Gostling highlighted the ongoing programmes involving individuals, focusing on areas such as education, career development, recruitment, and employee relations and invited Mr Prior to meet and discuss further developments.

Ms Murphy added her experience with reverse mentorship before the EDI programme's inception in 2025, noting its positive impact on broadening perspectives. Mrs Marks supported the initiative, recognising the need for continued progress and welcoming the steps taken to date.

Dr Ardiana Gjini raised the point that diversity should also consider socioeconomic backgrounds, which significantly affect employees' ability to achieve their potential. Mrs Marks agreed, acknowledging the importance of this aspect.

The discussion concluded with a consensus that diversity and inclusion is everyone's responsibility, not just the EDI Team or W&OD.

The Committee were ASSURED by this item, subject to further discussions taking place with the new PODCC Chair.

Decision: The Committee NOTED the update provided on EDI Taskforce activity to date, the proposed future plans and provide any relevant suggestions or feedback.

PODCC (26)18 **Planning Objectives (PO) General Update Report**

Mrs Gostling presented the update report on planning objectives, noting that the organisation was on target to deliver the set objectives for the year.

The Committee were ASSURED by this item.

Decision: The Committee RECEIVED ASSURANCE on the current position regarding the progress of the Planning Objective aligned to the People, Organisational Development, and Culture Committee, in order to assure the Board that the Planning Objective is progressing and is on target, and to raise any concerns where a Planning Objectives is identified as behind in its status and/or not achieving against its key deliverables.

PODCC (26)19 **Delivery against POs aligned to PODCC: Deep Dives: PO1: Workforce Stabilisation - Recruitment Plan**

Ms Sally Owen joined the meeting.

Ms Hinkin introduced the deep dive into planning objective number 1, specifically 1.2B, and handed over to Ms Sally Owen for a detailed presentation. Ms Owen provided an update on the recruitment function's role in supporting services by attracting high calibre candidates through stabilisation programmes and inclusive recruitment pathways.

Ms Owen highlighted the success of social media campaigns, reaching an audience of over 1.88 million people in 2025. She discussed the development of inclusive recruitment pathways, including case studies of individuals who experience significant barriers however were successfully integrated into the workforce. Ms Owen emphasised the importance of robust recruitment and selection processes for senior leader appointments, ensuring the best possible leaders for the organisation. The presentation covered innovative attraction and conversion strategies, with notable appointments in hard-to-fill areas such as community paediatrics, general surgery, and obstetrics and gynaecology. Ms Owen reported a significant reduction in vacancies, thanks to the International Nursing Programme, and ongoing progress in international recruitment for medical gaps. She stated the need for national solutions involving artificial intelligence to manage the increasing number of applicants. Ms Owen concluded by asking the Committee to acknowledge the achievements of the recruitment function and the ongoing work to improve inclusive recruitment and candidate experiences.

Mrs Gostling commended the recruitment team's phenomenal work, particularly in modernising job descriptions and attracting candidates through various platforms.

Mrs Marks echoed Mrs Gostling’s praise, noting the counterbalance to the perception of recruitment difficulties due to the organisation's location.

Mr Prior and Mrs Gostling discussed regional differences and the challenge of balancing new service requests with stabilising the workforce. The discussion highlighted the complexity of workforce planning and the need for long-term strategies to address temporary funding and new posts. The Committee recognised the significant challenges being managed by the recruitment and workforce planning teams.

The Committee were ASSURED by this item.

Ms Sally Owen left the meeting.

Decision: The Committee ACKNOWLEDGED the key achievements of the recruitment function – as they continue to deliver key objectives regarding attraction strategies and strive to improve accessibility and inclusivity within the recruitment pathway through innovation and partnership working.

PODCC (26)20 **Delivery against POs aligned to PODCC: Deep Dives: PO1: Workforce Stabilisation - Retention Plan**

Ms Denise Fitzsimmons joined the meeting.

Ms Lloyd-Jones and Ms Denise Fitzsimmons led the discussion on the retention programme, providing background on their ambition around retention since 2021. The Health Board is first in Wales to introduce specific programmes aimed at improving retention across a range of staffing groups, which has been identified as crucial to workforce stabilisation and reducing early attrition following recruitment.

The retention programme started with nursing and expanded to medical staff, with preparatory work for Allied Health Professionals (AHPs) and healthcare science beginning in late 2023/24. Ms Fitzsimmons, the Health Board, explained that her role currently funded by Health Education and Improvement Wales (HEIW) with the funding period nearing its end and that further clarification is awaited from HEIW regarding next steps.

Ms Harraway raised concerns about medical turnover, particularly among specialty doctors, and asked for further information on the causes and potential solutions. Ms Fitzsimmons advised higher turnover in specialty doctors due to increased usage of fixed-term contracts and other factors like work-life balance and training.

Ms Owen added that attrition in the recruitment pathway for these grades of doctors was significant, and they are working to improve onboarding experiences and reduce reliance on fixed-term contracts. **Ms Harraway requested an analyse as to whether the specialties with retention challenges align with the Clinical Services Plan (CSP) or other fragile services**. **SO/DF**

Mrs Marks appreciated the detailed discussion and the assurance provided, recognising the ongoing challenge of retention and recruitment.

The Committee were ASSURED by this item.

Ms Denise Fitzsimmons left the meeting.

Decision: The Committee:
• NOTED the progress made to date on our HB retention work programmes, and
• RECEIVED ASSURANCE that, with these programmes remaining on track, appropriate progress toward the ambitious target figures will be achieved within the full-year timeline.

PODCC (26)21 **Delivery against POs aligned to PODCC: Deep Dives: PO1: Workforce Stabilisation - Workforce Education and Development Plan**

Ms Walmsley presented the Education Development Plan, highlighting her unique role spanning both people planning and development over the past six months. She highlighted the interdependence of the W&OD Team and the importance of education and training in underpinning their work. The plan included a backward and forward review of education commissioning, management resources, and the foundations in management programme.

Ms Walmsley emphasised the importance of junior staff development, system processes, cultures, and behaviours needed in the workplace. She drew attention to the new management competency framework and the

alignment of learning needs analysis, education commissioning, and support for apprentices. The Apprentice Academy was highlighted as a strong area with potential for future growth.

The plan also included Continuous Professional Development (CPD) governance processes, simulation learning with Swansea University, and the digital workforce and data arm. Ms Walmsley noted the importance of protected time for staff training, consistent recording of training, development of faculty and capability, and alignment of educational commissioning to reduce workforce gaps.

Mr James Severs raised a query whether the projected reduction in commissioning in 2030 is fully understood in the context of the current workforce He sought clarification as to whether this reflects workforce age profile and demographics, or whether it is influenced by service planning and budget constraints, and whether a clear narrative exists to explain this position. Ms Walmsley advised that the paper remains in draft form, with an opportunity for further reflection until the end of March 2026. She acknowledged that the issue raised by James is the key question to be addressed, noted that the latter explanation is likely to apply, and welcomed support in developing this further.

Mr Prior commended the plan and noted that there has been insufficient time to explore the detail in depth. Mrs Murphy highlighted the potential impact of proposed changes to indefinite leave to remain on international staff, and the implications that this may have on future workforce planning and recruitment.

Mrs Marks appreciated the detailed discussion and the assurance provided, recognising the need for more time to discuss the plan in depth.

The Committee were ASSURED by this item.

Decision: The Committee RECEIVED ASSURANCE from the Deep Dive relating to Workforce Strategy - Workforce Stabilisation Planning Objectives: Education & Development Plan 2025/26.

PODCC (26)22 **Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR)**

Ms Michelle James joined the meeting.

Ms Michelle James presented the performance assurance and workforce metrics report, highlighting key achievements and metrics. Compliance with the core skills training framework was 91.9%, and 34 settings within the Health Board had been awarded bronze, silver, or gold investors in carers. Sickness absence rates had decreased by 0.19%, with anxiety, stress, and depression remaining the highest reasons.

Ms James noted the adoption rate for the Stream tool, with 66% of enrolled users tracking their earnings and 43% holding a savings account. She then provided an update on the population health tool, developed in collaboration with the data science team, which highlighted variation in sickness absence

rates across unscheduled care areas, with higher rates at Prince Philip Hospital linked to socioeconomic deprivation.

The tool also analysed the journey of nursing and midwifery staff, noting that healthy life expectancy was 58.6 years, and the average retirement age was 59.8. A significant percentage of retirees returned to work, with 81% still in post after three years. The data raised questions about how to use this information to inform prevention strategies and guide service placements.

Dr Gjini provided insight into the impact of socioeconomic deprivation on staff health and the importance of early intervention and prevention models. Ms Harraway welcomed the involvement of the data science team and noted the value of progressing to a clear 'so what' analysis. Mrs Gostling highlighted the correlation between sickness rates and areas of deprivation, underlining the need for tailored occupational health provision.

Mrs Murphy welcomed the positive aspects of the report, noting that it demonstrated areas of leadership strength within the Health Board. Mrs Marks concluded the discussion by acknowledging the richness of data presented and looking forward to the next steps.

The Committee were ASSURED by this item.

Ms Michelle James left the meeting.

Decision: The Committee:
• NOTED the content of the Performance Assurance and Workforce Metrics report, and
• RECEIVED ASSURANCE of performance in key areas of the Workforce and OD agenda.

PODCC (26)23 **Strategic People Planning and Education Group (SPPEG)**

Ms Walmsley provided an update on the Strategic People Planning and Education Group (SPPEG), noting that the group continued to advise on statutory mandatory training, identifying duplication of effort and aligning energies to the non-pay deal. Ms Walmsley highlighted the need to review governance arrangements to ensure there was no duplication and that responsibilities between education and workforce planning are clear.

The draft Education Commissioning Report had been submitted to HIW, with a deep dive planned at the next SPPEG meeting, prior to the final submission to HEIW. Ms Walmsley assured the Committee that funding from HEIW had been predominantly spent, with a potential underspend of £10,000.

Mrs Marks welcomed the update and received assurance from the report, recognising the ongoing work and the need for further discussion.

The Committee were ASSURED by this item.

Decision: The Committee:
• NOTED the items that the Sub-Committee is advising them of, and
• RECEIVED ASSURANCE from the items that the Sub-Committee is providing assurance on.

PODCC (26)24 **Outcome of Advisory Appointments Committee (AAC)**

The Committee reviewed the outcome of the Advisory Appointments Committee (AAC), approving five consultancy posts. Mrs Marks expressed satisfaction with the recruitment progress and the approval of these posts, recognising the importance of filling these positions.

The Committee were ASSURED by this item.

Decision: The Committee:
• NOTED withdrawals / no appointments made;
• APPROVED the AAC appointments on behalf of the Board.

PODCC (26)25 **Workforce Policies for Approval**

The Committee reviewed and approved a number of workforce policies, including the new local Work Experience Policy and the removal of the Medication Errors Policy. They also approved the extension of 12 local policies and the adoption of the updated All Wales Reserve Force and Training Globalisation Policy.

Ms Hinkin sought approval to adopt two All Wales policies, the Disciplinary Policy and the Performance Improvement Policy, through Chair's Actions before the next Committee meeting due to their implementation date of 1 April 2026. The Committee granted approval for this request.

The Committee were ASSURED by this item.

Decision: The Committee:
• RECEIVED ASSURANCE that the above local policies have been developed and reviewed in line with Policy 190.
• APPROVED the new local policy 1428 – Work Experience Policy
• APPROVED the removal of 558 - Medication Errors
• EXTENDED twelve local policies in accordance with the dates provided.
• ADOPTED the updated 348 – All Wales Reserve Forces Training & Mobilisation Policy and note the All-Wales policy schedule update provided.
• NOTED the documents provided for information.

PODCC (26)26 **PODCC Workplan 2025/26**

The Committee noted the PODCC Workplan 2025/26 provided for information.

PODCC (26)27 **ANY OTHER BUSINESS**

No additional business was discussed.

PODCC (26)28 **DATE OF NEXT MEETING:** 9.30am-12.30pm, Tuesday 19 May 2026

Date of Future Meetings

The committee noted the dates for future meetings:
Tuesday 18 August 2026
Tuesday 10 November 2026, and
Tuesday 16 February 2027