

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

Date of Meeting: **09:30, Tuesday 19 August 2025**  
Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom**

Present: Mrs Eleanor Marks, Vice-Chair, HDdUHB (Committee Chair)  
Cllr. Rhodri Evans, Independent Member  
Ms Ann Murphy, 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 (part)  
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary  
Mr John Evans, Deputy Director, Medical Directorate, deputising for Mr Mark  
Henwood, Executive Medical Director  
Ms Heather Hinkin, Assistant Director of People Management  
Mr Robert Blake, Head of Culture and Workforce Experience (part)  
Mr Anthony Dean, Trade Union Representative  
Mrs Anna Bird, Assistant Director, Business, Partnerships and Inclusion  
Ms Tracy Walmsley, Assistant Director of People Planning  
Mrs Helen Sullivan, Head of Partnerships, Diversity and Inclusion (part)  
Ms Corinna Lloyd-Jones, Head of Organisation Relations  
Ms Mandy Nichols-Davies, Head of Safeguarding (part)  
Ms Tracey Evans, Head of Community Nursing – Ceredigion (part)  
Ms Lyanne Lewis, Acting Head of Community Nursing (part)  
Mr Eiddan Harries, Senior Diversity and Inclusion Officer (part)

<b>Minutes Item Ref.</b>	<b>Action</b>
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**PODCC Apologies for Absence  
(25)55**

Mrs Eleanor Marks, People, Organisational Development and Culture Committee (PODCC) Chair, welcomed everyone to the meeting

Apologies for absence were received from:

- Ms Anna Lewis, Independent Member (Committee Vice-Chair)
- Mr Mark Henwood, Executive Medical Director

**PODCC Declarations of Interest**

(25)56

The following declarations of interest were made:

- Ms Ann Murphy in her Trade Union role.

**PODCC Minutes and Matters Arising from the meeting held on 27 May 2025**  
(25)57

Subject to the correction of the name Andrew Carruthers on page 11, the Minutes from the meeting held on 27 May 2025 were approved as an accurate record.

**Decision:**

The Committee APPROVED the minutes of the meeting held on 27 May 2025.

**PODCC Table of Actions from the meeting held on 27 May 2025**  
(25)58

Action PODCC(25)34 remains in progress. Ms Heather Hinkin is currently awaiting an update from the Digital Directorate regarding a date for achieving the target risk score for Risk 737 (Risk of Switchboard not complying with European Working Time Directive due to inability to cover single-handed shifts at 3 sites). All other actions from the PODCC meeting held on 27 May 2025 were complete.

**PODCC Assurance and Risk Report**  
(25)59

A new style report was presented which merges all assurance and risk reports into one.

Mrs Lisa Gostling commented that the Principal Risk score for Risk 1186: Attract, retain and develop staff with the right skills has not been reduced following internal feedback. However, the risk continues to be reviewed.

The score for Corporate Risk 1821: Risk to the welfare of Health Board staff due to current demands, remains unchanged.

Five Operational risks on Datix have been assigned to PODCC. Mrs Gostling emphasised the importance of her reviewing any risks added by other teams that are categorised as Workforce and Organisational Development (W&OD), ahead of committee meetings.

Mrs Joanne Wilson explained that a higher number of operational risks are being assigned to Committees due to the realignment to the new Clinical Care Groups (CCGs).

Following a query regarding the date of completion, now changed twice for the Health Education and Improvement Wales (HEIW) Trauma & Orthopaedics Glangwili Hospital March 2024 Report recommendations, despite there being no reported barriers to completion, **Mr John Evans would confirm the reason and inform and the Committee.** Mrs Marks commented that, given the reports indicated no barriers, she expected the

JE

recommendations to be completed by the next PODCC meeting. If not, the Committee would require a clear explanation for the non-completion.

Members were advised that the recent Executive Team meeting had discussed audit and risks on risk registers, as well as the retention of historical dates. It was noted that retaining the original dates sometimes give a misleading impression that a risk has been in place for a number of years. Emphasis was placed on the importance of ensuring that actions assigned to risks are of high quality and appropriately targeted.

Mrs Wilson highlighted that the assurance report states that 3 of the 4 overdue recommendations within the Trauma & Orthopaedics Glangwili Hospital March 2024 report have now been completed. However, there is no evidence included to validate this. **Ms Wilson will seek clarification on the absence of evidential support.** JW/JE

No further discussions took place regarding Welsh Health Circulars.

Mrs Marks informed the Committee that as Chair, she expects Members to arrive on time to join Committee meetings.

The Committee ADVISED the Board that they were unable to take assurance on this item as queries on operational risks could not be answered as the Lead Executive was not present when this item was discussed. **A request was made for the Chief Operating Officer to ensure an update was provided to the Committee in order that these can be discussed at the next meeting.** AC

**Decision:**

The Committee:

**Risk Management**

- RECEIVED ASSURANCE that identified controls are in place and working effectively;
- WERE NOT ASSURED in terms of the Operational Risks to PODCC;
- CHALLENGED where assurances are inadequate Acts of Parliament, Acts of Senedd Cymru, Assembly Measures and Assembly Acts enable Welsh Ministers to develop more detailed legislation, known as secondary or subordinate legislation, usually by means of Statutory Instruments (SI).

**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 Targeted Intervention Progress Report (25)60**

*Mr Andrew Carruthers and Mr James Severs joined the meeting.*

The report presented to the Committee outlines actions set by Welsh Government (WG) as part of the targeted intervention process.

**Action 6: Full Substantive Executive Team, Clear Structure, Succession/ Development Plans:** A complete and substantive Executive Team is now in place, and a clear organisational structure of the Executive Team has been completed. Work remains on finalising the tier below Executive Level. Organisational Development plans are in place for all new appointments into the operational team, and all members of the Executive Team have been set objectives with development plans.

**Action 7: Leadership Programmes in Place to Strengthen Management Maturity:** A comprehensive set of leadership programmes for managers and clinical staff are in place.

**Action 8: Positive Staff Engagement (NHS Wales Survey):** Engagement in the staff survey has increased to 20%. Whilst the Health Board is currently meeting the de-escalation criteria in terms of reporting progress against the measures, it is important to acknowledge that feedback continues to highlight challenges within the organisation. This should be considered in the context of the broader organisational climate, where concerns are being raised. There is clear evidence of staff raising concerns through various channels, including anonymous correspondence, formal complaints and cases submitted via the respect and resolution process. These indicators suggest that there are ongoing challenges within the organisation that require continued attention and action.

Mrs Gostling highlighted that one of the key reasons why WG has not de-escalated the Health Board, is their expectation of a comprehensive re-evaluation of the newly established clinical care group structure.

Referring to Action 6, Mrs Sharon Daniel added that the STAR leadership programme was paused last year due to lack of capacity. The programme will, however, return in the autumn.

Following Mrs Marks' query regarding when the next CCG tiers would be finalised, Mr Andrew Carruthers responded that his team are in the process of drafting a report to outline the next steps. He anticipates having a clearer understanding of the current position in September, however, recognised that this could take up to a further 9 months to implement. He also noted that not all job roles within Phase 2 would be new posts and it is expected to reach completion during Quarter 3. Mr Carruthers highlighted that it remains challenging to provide precise timings until the Expressions of Interest and vacancy advertisements have been completed. **It was requested that an update is provided to the next Committee meeting outlining the structure and process for recruitment arrangements, including a**

**AC**

**timescale for delivery.** Mrs Marks expressed concern that although the CCG structure was implemented in April 2025, a definite completion date has yet to be confirmed.

Cllr Rhodri Evans queried the reason why the actions within three recommendations at Appendix 1 were rated amber, given that the table indicates they are fully complete. **Mrs Gostling agreed to confirm with Mr LG Shaun Ayres.**

The Committee were ASSURED on this item.

The Committee ADVISED the Board that concerns were raised regarding the incomplete rollout of the Clinical Care Group (CCG) structure, noting the absence of a confirmed timeline and recruitment plan, despite its implementation in April 2025. The Committee remained significantly concerned about the timescales, due to the impact this was having on individuals impacted by the new structure, recognising there were increased complaints to Board Members and the Trade Unions about the process.

**Decision:**

The Committee RECEIVED ASSURANCE from the Targeted Intervention Progress Report.

**PODCC Staff Story - Hope  
(25)61**

Ms Heather Hinkin introduced staff member Clare who shared her experience with the Committee.

Clare shared her experience of being contacted by the NHS counter fraud team in 2023 regarding allegations of fraud. Clare received an extremely powerful letter stating that she would be “interviewed under caution” and warning that failure to attend could result in arrest. Although subsequent to this the records confirmed no wrongdoing, these checks were only undertaken after the letter had been issued.

Clare spoke of how the investigation affected her, which was exasperated by also experiencing bullying within the workplace.

The investigation process took 18 months to complete, during which Clare felt very unsupported. The turning point came when Clare reached out to the Executive Director of Workforce and Organisational Development who provided invaluable empathy and support. The Assistant Director of People Management, Heather Hinkin was then assigned to provide direct support to Clare.

Lessons learned from this included further training for Investigating Officers, who undertake this voluntary function in addition to their day-to-day work.

Members were concerned by the length of time taken to address incidents of bullying and harassment in the workplace.

It was suggested that learning and training opportunities should include the Executive Team as well as other members of staff.

Mr Anthony Dean commented that Investigation Officers should be given more time away from their day-to-day duties to work on investigations. He also suggested reviewing the Health Board's values.

**Mrs Wilson stated that she would link in with counter fraud team on amending the wording of the letters and include an update in the next Counter Fraud Report to the Audit and Risk Assurance Committee.** JW

**Mrs Marks requested an update be presented to a future PODCC Committee meeting on lessons learned regarding wording of correspondence issued to staff during fraud investigations.** LG

The Committee acknowledged the value of sharing staff stories, including those that reflect challenges or less positive outcomes.

Mrs Gostling commented that similar challenges have been experienced with the over/underpayment of salary policy. Redress occurs swiftly when a member of staff is overpaid with strongly worded correspondence, however when a member of staff is underpaid, the process of resolving this can often take time. **Mrs Marks requested an update on improving this process be presented at a future PODCC meeting.** LG

Ms Alwena Hughes-Moakes fully appreciated the necessity of using legal terminology and maintaining a serious tone in written communications. However, there remains an opportunity to convey with kindness. This applies particularly with patient-facing letters, which currently lack warmth and often feel overly formal and impersonal. The tone should reflect compassion without compromising authority.

## **PODCC Partnership Forum Update (25)62**

Key themes discussed at the partnership forum include:

- Local Partnership Forums have increasingly struggled to be quorate, a situation that appears to have deteriorated since the establishment of CCGs).
- Staff morale continues to be of concern.
- Regional Innovation Fund (RIF) funding requires more consideration in terms of how to plan to either integrate and fund internally, or suspend arrangements once funding has ceased for projects that are not viable.
- There is a shortfall in Band 2 and 3 staff due to vacancies being withheld.
- The Partnership Forum will assist with increasing participation in the staff survey in October.

Cllr Evans observed that staff morale was a standing agenda item and questioned whether any proactive steps were being undertaken to address

this, or if it remained primarily a topic discussion. In response Ms Heather Hinkin explained that the Workforce and Organisational Development Team is actively working on this issue, while noting the complexity involved due to the wide range of factors influencing staff morale.

Mrs Gostling stressed the need for better ways to capture staff morale, noting that current methods focus too much on negatives and struggle to capture the experiences of 10,000 staff. She suggested a more effective system is required, as more staff express unhappiness, however, are reluctant to take action, and it is unclear how to address this responsibly.

Mrs Daniel noted the importance of understanding resilience and tolerance.

Ms Murphy speaking as a Trade Union representative, noted that team morale concerns are identified more quickly, with support accessed through Organisational Development (OD). She emphasised the value of informal conversations by managers, such as during a tea break, in maintaining morale. However, she observed that individual morale concerns remain harder to resolve.

Mrs Gostling commented that the county basis, partnership forums model may not suit all geographical needs, prompting discussions on how best to include the CCG's work and potentially utilise the Health Board Partnership Forum in a different way.

Mrs Daniel added that sub-groups feeding into the Quality, Safety and Experience Committee (QSEC) are in a locality streaming structure. However, they will now need to be considered on a CCG level rather than a county basis.

The Committee were ASSURED on this item.

**Decision:**

The Committee NOTED the report and RECEIVED ASSURANCE that the partnership forums promote the sharing of issues and concerns and working together to achieve appropriate resolution

**PODCC Equality Diversity and Inclusion (EDI) Update  
(25)63**

*Mrs Helen Sullivan and Mr Eiddan Harries joined the meeting.*

The Health Board is required to provide annual update reports to WG on the progress being made to implement equality. WG confirmed they have received assurance from the current report.

Members were advised that the EDI task force meeting took place last week, with a Board Seminar session scheduled to further progress some of the EDI discussions. Ahead of the session, Board Members will be asked to ensure their demographic information on the Electronic Staff Record (ESR) is up to date.

The EDI Team has received, a draft blog from Anton Emmanuel, Head of Strategy and Implementation for Welsh Race Equality, highlighting concerns

regarding ethnic minority staff and career progression. This is an issue that the EDI Team is already aware of and actively working to address.

Mr Robrt Blake and the Workforce Culture and Experience Team have undertaken a comprehensive analysis of the NHS staff survey based on a range of characteristics including a number of protected characteristics, staff recruited from outside of the UK and caregiver status. The team has also assisted in providing responses to consultations on the UK Supreme Court ruling and the Equalities and Human Rights Commission (EHRC) draft guidance, and the draft Disabled People's Right Plan.

Mrs Marks praised the report's quality and emphasised the importance of carers being visible and valued within the Health Board. However, noted it was unclear how they are represented in the EDI report, and suggested this be considered further.

In response to Cllr Evans' querying Mrs Anna Bird confirmed that the Health Board's submission to the consultation on Disabled People's Rights Plan had been completed and submitted to WG.

The Committee were ASSURED on this item.

**Decision:**

The Committee NOTED the updates provided in this report on key areas of equality, diversity and inclusion work and recent public consultations.

**PODCC (25)64 Strategic Equality Plan Annual Report, inc Workforce Equality & Pay Gap Reports**

The Strategic Equality Plan is a four year plan which sets out four overarching objectives. A number of key actions sit under each objective. The EDI Team has endeavoured to ensure the plan is accessible, and includes specific outcomes.

The Committee discussed challenges experienced in obtaining information from services. Mr Harries commented that his team continually engage with various Health Board channels and staff networks in order to obtain data.

Cllr Evans commented that although the report outlines actions to be completed for improvement, it does not identify what success looks like, such as a measure of improvement. Mrs Bird agreed and would consider incorporating that information within the next action plan.

The pay gap update report outlined a number of areas for improvement, including:

- Black, Asian and Minority Ethnic (BAME) staff Bands 3-5 are earning less than other colleagues.
- The highest pay gap is within admin and clerical.
- Male staff are earning more than female staff for agenda for change Bands 1 to 3, 6, 7 and 8.
- There continues to be no representation of BAME agenda for change staff at Bands 8B and 9.

Work is required to further explore the challenges and triangulate data.

Mrs Marks noted that whilst 74% of staff have completed training 26% have not, and enquired what actions are being undertaken to address this. Mrs Marks also suggested adding graphics to the report in order to better highlight figures to the Board.

Mrs Alwena Hughes-Moakes commented on the active bystander training update, and questioned how compliance can be improved. She highlighted the importance of staff being able to speak up on somebody's behalf if they are unable to speak up for themselves. Mrs Gostling added that this also applies to instances of inappropriate sexual behaviour.

Mrs Gostling raised concerns about why some staff choose not to apply for vacancies or promotions, and suggesting that some Health Board processes may unintentionally exclude individuals. She cited an example where gendered language in a job advert led to no male applicants for the role of psychologist and referenced research shows that that females only apply to a vacancy when they meet 100% of the personal specification, whereas, a male will apply at 60%.

It was also noted that there are reasons for differences in pay, such as the use of flexible working, for example, females will often utilise flexible working due to caring responsibilities. Meanwhile males will work many extra shifts.

Mrs Marks commented that the question should be what more the organisation can do, not only what individuals can do.

Mrs Helen Sullivan informed the Committee that there was a limit to the number places available for each active bystander training session as they are external providers.

The Committee were ASSURED on this item.

**Decision:**

The Committee:

- RECEIVED the SEP Annual Report 2024-2025 noting that this is a consolidated report bringing together all reporting requirements established under the Equality Act 2010, and AGREED its submission to Board for approval and publication.
- NOTED: the examples of work which has been undertaken to meet the Public Sector Equality Duties and SEP Objectives 2024-2028.
- NOTED: the intersectional analysis and action plan which sets out the actions which will be taken in 2025-26; this will be a document for internal use only.

**PODCC LGBTQ+ Action Plan  
(25)65**

The report presented to Committee included an update to the 2024 action plan. It was highlighted that the 2021 census included questions on gender identification for the first time. ESR does not include these questions, which

could create a gap in data. A new Chair and Vice-Chair were welcomed to the ENFYS network.

The Committee were ASSURED on this item.

**Decision:**

The Committee:

- NOTED the update provided on progress against the Health Board's LGBTQ+ local action plan.
- NOTED that the Health Board are no longer Stonewall Diversity Champions.

**PODCC Culture Overview Report  
(25)66**

Ms Corinna Lloyd-Jones presented a cultural overview on Quarter 1 of the year, aligned to the culture diagram and outlined key contributors, while noting challenges in distinguishing overlapping areas. Ms Lloyd-Jones highlighted that the report included 'lived' experience more than data, which reflect staff experiences being shared with the W/OD team. Ms Lloyd-Jones noted negative experiences are shared more frequently than positive ones and questioned how the Health Board could more proactively seek out and highlight positive staff experiences.

The report also outlined examples of enabling cultural progression into Quarter 2. Resilience and tolerance remain challenging, with the Workforce and Organisational Development teams requested to support several team conflicts.

The importance of managing expectations was highlighted. There is a need for compassionate leadership, even when working on longer term solutions, and keeping staff members updated is extremely important.

Mr Carruthers shared, that he would be meeting with a Professor from London Business School later today to explore potential research collaboration with the Health Board which could contribute to the wider discussion around staff morale, and its connection to improved patient outcomes and experience.

Ms Murphy shared that she found Ms Lloyd-Jones' team to be very valuable in her role as a TU representative, and queried whether the team has their own support. In response, Ms Lloyd-Jones advised that the team support each other and have also trialled restorative support.

Mr Carruthers welcomed the paper, noting that it effectively outlined the significant challenges currently facing the organisation. He recognised the ongoing difficulties in managing and delivering services on a daily basis. He also acknowledged the sense of uncertainty among staff, driven by financial pressures and budget limitations, which are affecting service provision. Mr Carruthers stressed the value of learning from mistakes and near misses as a means of driving continuous improvement. He encouraged the development of a positive organisational mindset to support transformation during these testing times. Additionally, he highlighted that the accelerating

pace of digital change will demand greater agility and adaptability from the Health Board.

The Committee considered the importance of managing expectations and emphasised the need to assist staff in progressing more swiftly through current challenges.

Mrs Daniel stated that the report section on cultural context (pressing demands which are impacting on the ability of the leadership body as a whole to progress the cultural intent) frames the challenges well.

Dr Ardiana Gjini praised the report and thanked the team for their support to the Public Health Directorate, particularly in leadership and culture development. She acknowledged ongoing challenges, including financial pressures and the pandemic, and stressed the importance of a restorative, forward-looking approach. She noted the difficulty of driving improvement in a constrained environment and highlighted upcoming pandemic exercises, emphasising the need for continued staff support.

Mr Dean raised concerns on the timescale of resolving staff issues, noting that several staff members have reported experiencing ongoing problems for a considerable period of time.

CD

**The Committee requested a Culture Overview Update be presented in six months' time.**

The Committee were ASSURED on this item.

**Decision:**

The Committee:

- NOTED and DEBATED the content of the paper outlining the cultural overview of the landscape of the organisation during Quarter one, 2025/26.
- RECEIVED ASSURANCE that there are mechanisms in place to secure organisational feedback about factors affecting the cultural progression of the organisation and that these issues will need to be further managed throughout the remaining Quarters of 2025/56.

**PODCC (25)67 Speak Up, Make Meaningful Change: Update Report**

*Mr Robert Blake joined the meeting.*

Since the formal launch of the Speak Up agenda in October 2024, the report now presented to Committee outlines quantitative data collated since implementation alongside continued efforts to develop and refine a culture of speaking up within the Health Board.

The staff survey 2024 reflects a positive increase in the metrics which align to the Speak Up agenda. There has also been an increase in engagement from staff, especially through the anonymous route for speaking up in the workplace platform.

In addition to the data, the report explores several hypotheses regarding potential barriers that may prevent staff from feeling safe to raise concerns

or to share ideas. It also highlights the first learning event that was held with a range of stakeholders across the organisation which focused on enhancing the speak up culture. From that event several actionable insights emerged, and work is already progressing to address those, which include the development of draft job description for the Speak Up Guardians role which is currently under review in preparation for a recruitment campaign.

Ms Murphy observed that the Speak Up Guardians are not currently promoted in a way that ensures widespread awareness. She also highlighted concerns that some Guardians hold managerial positions, which may discourage staff from feeling comfortable raising sensitive issues with them. In response, Mr Blake advised that there was a need to review the Guardian role, noting that the number of guardians has declined as staff often lack the capacity to undertake the voluntary role. He noted that his team has engaged with a number of staff networks in an effort to encourage greater diversity. Mr Blake also emphasised that there remains significant reluctance among line managers to release staff to undertake the role.

Referring to the top categories bar graph within the report, Cllr Evans queried whether there had been any changes to the bullying trends over previous six months. Mr Blake responded that whilst the data had remained stable, there will be natural fluctuations. He added that categories can be misleading for example staff may raise bullying or harassment issues, however, it may not actually be the case once investigated. He suggested that perhaps education on what is bullying or harassment would be beneficial.

Mr Blake noted that while there have been some very positive outcomes, staff remain hesitant to share their experience more broadly.

The Committee were ASSURED on this item.

**Decision:**

The Committee:

- NOTED the update provided within this report regarding Speak Up.
- RECEIVED ASSURANCE from the progress outlined

**PODCC HEIW Report on General Surgery at Withybush General Hospital (25)68**

Mr John Evans presented a report on Health Education and Improvement Wales (HEIW) targeted visits to HDdUHB sites. The first visit was made to the General Surgery Department of Withybush Hospital (WGH) on the 24 April 2025 and the second to the General Medicine Department of Glangwili Hospital (GGH) on the 16 June 2025.

Highlights of the report include:

WGH:

- 4 recommendations had been made, which have all been addressed in the action plan.
- Concern that these issues have raised by HEIW .
- Misogyny was identified as a concern. A plan is being developed to address this across all Health Board sites, not limited to general surgery.

GGH:

- The use of clinical reporting systems
- Doctors frequently working beyond their 5pm scheduled working hours
- Concern regarding the findings on patients safety
- Staff shortfall in particular insufficient on-call cover. There is a plan in place to address the shortfalls
- The GMC will await the outcome from HEIW before reviewing the shortfall in medical staffing

Mrs Gostling expressed concern regarding the action plan, specifically the classification of an action addressing inappropriate behaviour as complete, solely on the basis of an email being sent. She emphasised that an email alone is insufficient to resolve such matters and that further, more substantive actions are necessary.

Cllr Evans commented on the 18 risks on the HEIW risk register for HDdUHB, and sought clarification that the risks were scored in accordance with Health Board processes before being added to the HDdUHB risk register.

**Mr Evans agreed to clarify that the 18 risks have been correctly scored in line with the Health Board processes.**

**JE**

Mrs Wilson advised that while the Assurance and Risk Team can assist with identifying risk scores, the responsibility for the action should not be assigned to the team. She also emphasised that sending emails should not be used as a tick box approach to closing actions.

It was confirmed that the actions would be added to the AMaT (Audit Management and Tracking) system.

Ms Hinkin expressed concern that certain behaviours may become accepted as the norm, for example when issues are dismissed with comments like “they are like that with everybody”.

Mrs Gostling emphasised that a staff member’s line manager should be the first point of contact when raising a concern. She noted that issues are often escalated through alternative channels, which can result in the manager being unaware of matters requiring resolution.

Mr Evans suggested incorporating signposting on where staff should raise concerns as part of the induction process.

The Committee were ASSURED on this item.

**Decision:**

The Committee:

- NOTED the outcome of the targeted visits and subsequent recommendations.
- RECEIVED ASSURANCE from the attached action plans which outline the completed and planned work being undertaken to address identified areas for improvement.

**PODCC Sickness Rates and Cultural Challenges in Theatres  
(25)69**

This item has been deferred to the November 2025 Committee meeting.

**PODCC Joint Inspection of Child Protection Arrangements Report  
(25)70**

Mrs Daniel presented an inspection report with action plan following a joint inspection in Pembrokeshire in March 2025.

Ms Mandy Nichols-Davies informed the Committee that the Joint Inspectorate of Child Protection Arrangements focussed on the protection of children aged 11 and under at risk of abuse and neglect; leadership and management; and effective multi agency partnership arrangements.

The report does not reflect the positive findings identified by Healthcare Inspectorate Wales (HIW) which include:

- Robust governance structures and safeguarding policies in place;
- Strong leadership in managing children under care of the Health Board,
- Reference to a pilot with a safeguarding specialist post in one of the HDdUHB emergency departments (unfortunately, that pilot ended, however, the positive improvements that supported an increase in training).
- Compliance and quality of safeguarding referrals.
- Noted that learning from local and national reviews is widely shared across the Health Board, including primary care.
- Safeguarding module in DATIX, which is enhanced to provide scrutiny and oversight of safeguarding incidents.
- Child and adolescent mental health services (CAMHS) waiting times having significantly reduced, which supports children being assessed and receiving appropriate interventions within 28 days.
- Well-being and support services that are available to our staff across the organisation when they're involved in traumatic safeguarding incidents.
- The Health Board is consistently represented at multi agency meetings, including those of the regional safeguarding board and its subgroups

The assessment identified several areas of improvements and the Committee were informed of poor compliance with Level 3 safeguarding training. Notably, only 37% of medical and dental staff were compliant as of December 2024.

To provide assurance safeguarding training compliance is reviewed quarterly at the Strategic Safeguarding Steering Group. Actions arising from these discussions are incorporated in the improvement plan, ensuring that the Group continues to identify and mitigate risks and gaps in mandatory safeguarding training compliance. The issue of safeguarding training compliance has been alerted to the Quality, Safety and Experience Sub-Committee. All related actions have been recorded within the AMaT system.

Training compliance reached approximately 64% at the end of Quarter 1, an improvement from 55% at the end of Quarter 4. Despite this progress there continue to be notable gaps in compliance among medical staff. Targeted improvement work is required to address this. The training team has confirmed that sufficient capacity is available to ensure all staff requiring Level 3 compliance to achieve compliance.

Ms Tracy Walmsley commented that there were subtleties in professional groups in statutory and mandatory training but acknowledged that compliance is low.

Cllr Evans stated that the drop in compliance was not acceptable, and the 85% compliance target should be 100%.

Mrs Gostling added that training compliance should be discussed as part of staff Performance Appraisal Development Reviews (PADR) and Personal Development Plan (PDP) discussions. There is a requirement for managers and staff to understand their responsibility to undertake training.

Mrs Marks noted that the report raised some concerns and highlighted areas requiring attention, including leadership and the lack of representation of the voice of the child. While constructive discussion regarding training are underway, she emphasised the need to improve compliance and strengthen staff relationships. There is concern about potential issues in uninspected areas and highlighted the importance of staff ensuring newly promoted managers receive appropriate training and support.

**Cllr Evans request an update to the Committee on safeguarding training compliance in six months' time.**

**SD**

The Committee were ASSURED on this item.

**Decision:**

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

**PODCC Planning Objectives General Update Report  
(25)71**

The Planning Objectives update report was presented to the Committee. No further discussions took place on this item.

The Committee were ASSURED on 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 Community Nursing Update Report/ Community Staffing Update (25)72

*Ms Tracey Evans and Ms Lyanne Lewis joined the meeting.*

An update report was presented which outlines the key achievements of the Community Nursing Services across the three counties for the period April 2024 to March 2025. Key messages on community working from the report include:

- 'Further Faster' funding has enabled investment in additional staffing enhancing Weekend District nursing services across 3 counties, recruiting healthcare support workers, assistant practitioners and registered nurses.
- There has been a small increase in activity across the weekdays and a small percentage increase on weekends. A comprehensive caseload review is currently being undertaken across the three counties to identify non urgent weekday work that we can reschedule to weekend.
- Additional Further, Faster funding has been received to support palliative care specialist teams to improve equality of urgent assessment of the complex deteriorating patient, and provide access to advice and support, and to put in place and review advanced care plans, admission avoidance and improve flow, particularly at weekends.
- A robust nurse-led community clinic model has been developed for patients over 18.
- A key achievement was the development of a community Trial Without Catheter (TWOC) which has resulted in a large positive impact across the three counties, with waiting times reduced from 120 days to 17, an 86% improvement. This has achieved a patient satisfaction score of 100%, and the cost savings on annual catheter related expenditure was £98,000. It has also enabled increased capacity in urology services with nurse-led clinics for prostate and bladder cancer patients being reinstated.

In terms of workforce, Further, Faster funding alongside GP cluster funding has resulted in an overall 5% increase in registered and unregistered workforce, which equates to an additional 31 whole time equivalent.

The age profile of the community workforce continues to remain a risk and there are a number of actions being undertaken to reduce this risk.

The community nursing team has experienced challenges throughout 2024 with sickness, vacancies and turnover with stress and anxiety cited as the cause of absence. Work is being undertaken to address this. Deep dives into long term sickness have taken place within the absence management process.

Ms Lewis' team has been working closely with workforce colleagues to ensure team leads receive support when managing sickness, capability and disciplinary processes. Exit interviews have been actively promoted and thematic reviews of the feedback are currently taking place. There has been a renewed focus on staff wellbeing, with collaboration taking place

alongside clinical leads, and increased promotion of stress risk assessments.

Restorative supervision, which is provided by community professional and practice development nurses, has been taking place with 151 sessions delivered throughout 2024, consisting of 124 one-to-one sessions and 27 group sessions.

Work is being undertaken to improve staff retention, including supporting flexible working requests, increased signposting to well-being services and resources and enhanced opportunities for staff development.

Mrs Marks commented that the report was very informative and helpful. In particular she commended the improved training and variety of career options for staff.

Cllr Evans enquired how the weekend cover target of 85% would be achieved, and within what timeframe. In response, Ms Evans explained that action plans are in place and work was actively underway to achieve this. Her team aims to complete a review of all caseloads by the end of September 2025, after which they will focus on gradually improving the coverage percentage.

Following a query from Cllr Evans, it was confirmed that the funding was to increase the number of community nurses on weekends, not advanced nurse practitioners.

Cllr. Evans observed that the service had undergone several re-designs and queried whether further changes are anticipated. In response, Ms Lewis advised that the team is exploring opportunities to extend pathways within the community. Additionally, work is underway to assess how the structure may need to evolve in the future, including the potential for 24/7 provision. Consideration is also being given to how best to support Welsh Ambulance Services Trust (WAST) and GP services as part of this process.

Mr James Severs commented that it is vital to have the link between primary care, out of hours services, acute care, community care and WAST and its alignment to the primary care and community services and Urgent and emergency care work.

The Committee were ASSURED on this item.

**Decision:**

The Committee RECEIVED ASSURANCE that high standards of care, professional practice, staff development and service delivery have remained key priorities for sustainable community nursing services.

**PODCC (25)73 Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR)**

The Committee were informed that an annual Performance Assurance and Workforce Metrics report will be produced, with a summary version

presented to PODCC throughout the year to provide ongoing oversight.

The Committee were ASSURED on this item.

**Decision:**

The Committee NOTED the content of the report as assurance of performance in key areas of the Workforce and OD agenda.

**PODCC Strategic People Planning and Education Group (SPPEG) Update  
(25)74**

This item has been deferred to the November 2025 Committee meeting.

**PODCC Outcome of Advisory Appointments Committee (AAC)  
(25)75**

The Committee approved five AAC appointments. No further discussion took place on this item

Members were informed that two of the appointed doctors commenced in post in August 2025. The remaining three are due to start in October 2025, which is earlier than the November 2025 date stated within the report.

The Committee were ASSURED on this item.

**Decision:**

The Committee APPROVED the appointments of the consultants on behalf of the Board.

**PODCC Contractual and Legislative Changes  
(25)76**

Ms Hinkin presented an overview of recent contractual and legislative changes focusing on the period from 1 April 2025, and also looking forward to any future requirements. It was noted that the majority of changes occur during April. The report aims to encapsulate work taken place, and the potential impact.

Since the previous report presented to PODCC a ballot on the pay award has concluded and the collective trade union position is with the Cabinet Secretary now for consideration.

Mrs Gostling outlined that the social partnership duty should not be underestimated. It spans this Committee and covers planning, service change, the Health Board's well-being objectives, and other areas which are not traditionally included within staff engagement. The Health Board must consistently spread the message across the organisation that staff do need to be engaged in those conversations.

The Committee were ASSURED on this item.

**Decision:**

The Committee NOTED the Contractual and Legislative Changes Report.

**PODCC Standards of Behaviour Policy  
(25)77**

Following no questions, the Committee approved policy 248.

The Committee were ASSURED on this item.

**Decision:**

The Committee APPROVED the Standards of Behaviour Policy (248).

**PODCC Workforce Policies for Approval  
(25)78**

Following no questions, the Committee approved policy 229 and agreed to the removal of local policy 002, and the extension of the policies below:

558/787 - Medication Errors Policy (to 30 November 2025)

21 - Relocation Expenses (to 30 November 2025)

1103 - Performance Management Policy (to 7 November 2025)

158 – Redeployment Policy (to 7 November 2025)

438 – Shared Parental Leave (to 7 November 2025)

713 – Honorary Contracts (to 7 November 2025)

The Committee were ASSURED by the report.

**Decision:**

The Committee:

- RECEIVED assurance that the above local policy has been reviewed in line with Policy 190.
- APPROVED the revised Appendix 7 of Policy 229: Re-Registration Policy
- EXTENDED the six local policies in accordance with the dates provided.
- ADOPTED the All-Wales Procedure for the Recovery of Overpayments.
- REMOVED the local policy on Underpayments and Overpayments of Salary Policy.
- NOTED the addition of FAQs on underpayments to the SharePoint page on policies.

**PODCC Mwy Na Geiriau/More Than Words Report  
(25)79**

The Committee noted the Mwy Na Geiriau/More Than Words report.

**PODCC PODCC Workplan 2025/26  
(25)80**

The Committee noted the PODCC workplan 2025/26.

**PODCC ANY OTHER BUSINESS  
(25)81**

No other business was discussed at this time

**PODCC DATE OF NEXT MEETING: 9.30am-12.30pm, Tuesday 4 November 2025  
(25)82**

**Date of Future Meeting:**

Tuesday 17 February 2026