MINUTES OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE MEETING

Date of Meeting: **09:30, Tuesday 19 May 2026**
Venue: **Microsoft Teams Meeting**

Present:
Mr Neil Prior, Independent Member (Committee Chair)
Mrs Eleanor Marks, Vice-Chair, HDdUHB (Committee Vice-Chair)
Ms Sarah Harraway, 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
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
Mr Mark Henwood, Executive Medical Director
Ms Nadine Gould, Deputy Director of Nursing, Quality & Patient Experience (deputising for Ms Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience)
Mr Anthony Dean, Trade Union Representative
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary
Ms Heather Hinkin, Assistant Director of People Management
Ms Tracy Walmsley, Assistant Director of People Planning
Ms Michelle James, Head of Resourcing & Utilisation (part)
Ms Enfys Williams, Rheolwr Gwasanaethau'r Gymraeg / Welsh Language Services Manager (part)
Ms Clare Hammond, Community Practice Development Nurse (part)
Ms Rachel Perry, Clinical Induction Co-ordinator (part)
Mr Richard Kelly, Simulated Learning Co-ordinator (part)
Ms Nicola Jones, Interim Assistant Head of Organisation Relations (part)
Mrs Helen Sullivan, Head of Partnerships, Diversity and Inclusion (part)
Ms Claire Evans, Committee Services Officer (minutes)

Minutes Ref.	Item	Action
PODCC (26)29	**WELCOME AND APOLOGIES FOR ABSENCE**	

The Chair welcomed everyone to the meeting

Apologies for absence were received from:

- Ms Ann Murphy, Independent Member
- Mrs Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience

- Mrs Anna Bird, Assistant Director, Business, Partnerships and Inclusion
- Ms Corinna Lloyd-Jones, Head of Organisation Relations

PODCC (26)30 **Declarations of Interest**

No declarations of interest were made.

PODCC (26)31 **Minutes and Matters Arising from the meeting held on 17 February 2026**

The minutes of the meeting held on 17 February 2026 were approved as an accurate record.

Decision: The Committee APPROVED the minutes of the People, Organisational Development and Culture Committee meeting held on 17 February 2026.

PODCC (26)32 **Table of Actions from the meeting held on 17 February 2026**

All actions from the PODCC meeting held on 17 February 2026 were complete.

The Committee discussed an appendix which provided an update on the action relating to Phase 2 of the Clinical Care Groups (CCG) organisational restructure. Mr Andrew Carruthers advised that a fuller report was scheduled for the August PODCC meeting, by which point the phase two consultation process should have concluded. He outlined that executive sign-off was scheduled for 3 June, with consultation planned to run from mid to late June through July, and reported that work remained on track against that timetable.

Mrs Eleanor Marks commented that the report gave greater assurance that the process was now properly set out and linked that to concerns previously raised through staff feedback. She asked whether the Business Support Unit and Primary Care elements were still expected to be ready by 29 May and whether any obstacles had emerged. Mr Carruthers responded that no significant difficulties had been raised to date, explaining that the Business Support Unit changes were largely limited to line management and a modest role adjustment, with around 60 to 70 per cent of activity remaining unchanged, while the Primary Care issue was chiefly a matter of confirming that posts and funding had transferred correctly.

The Chair reflected that the Committee was effectively being asked to take assurance from progress rather than from a completed outcome. The Committee accepted that position and took assurance that the work was progressing, with more detailed consideration of final structures, cost-neutrality, and related matters to return in August.

PODCC (26)33 **PODCC Terms of Reference**

Mrs Joanne Wilson presented the terms of reference for comment and approval, noting that amendments could either be taken in the meeting or completed afterwards through Chair's action. The Chair felt that the draft was broadly sound but wanted two areas strengthened before final sign-off: a clearer and more explicit focus on equality, diversity and inclusion, and a reconsideration of wording in the purpose section that described the Health Board as being recognised as a leader nationally and internationally, which he felt sat uneasily against the organisation's current context.

Mrs Lisa Gostling added suggestions provided prior to the meeting by Mrs Anna Bird. These included stronger inclusive and anti-discriminatory language within the body of the terms of reference and an additional reference to building sustainable social partnerships, particularly to reinforce links with trade union representatives. With no contrary views raised, members agreed that the document should be refined outside the meeting and then completed through Chair's action rather than delayed for a further full Committee discussion.

Mrs Wilson would revise the Terms of Reference to strengthen equality, diversity and inclusion language and add reference to sustainable social partnerships, then complete Chair's action sign-off. **JW**

The Committee were ASSURED by this item.

Decision:
The Committee agreed that the People, Organisational Development & Culture Committee's Terms of Reference (v.10) would be approved through Chair's Actions, pending final wording amendments

PODCC (26)34 **PODCC Annual Report**

Mrs Wilson reminded members that each Committee is required to produce an annual report within six months of year end in line with standing orders and Welsh Government requirements. She confirmed that the paper had been prepared for Committee approval ahead of submission to the Board in June and thanked Mrs Marks for drafting the Chair's introduction.

Mrs Marks asked that Ms Anna Lewis, as previous Vice-Chair for most of the reporting year, be recognised for her contribution. She also commended the scale of work reflected in the report and asked for thanks to be passed to Mrs Gostling's team. The Chair agreed that the report read well, was open about both progress and areas still needing attention, and gave a clear sense of a busy Committee operating under sustained organisational pressure. **Ms Sarah Harraway raised one minor administrative correction on the attendance table, which would be amended.** **JW**

The Committee were ASSURED by this item.

Decision: The Committee ENDORSED the People, Organisational Development & Culture Committee Annual Report 2025/26.

PODCC (26)35 **PODCC Annual Self-Assessment Report 2025/26**

Mrs Wilson thanked members who had completed the self-assessment and noted that the response rate had been 50%. The report set out what had gone well, what needed more attention, and an action table that would be brought back within six months. Mrs Marks highlighted strategic workforce planning as the clearest recurring theme and argued that it should remain a standing Committee focus. Mrs Gostling added that the Committee also needed to think more carefully about how equality, diversity and inclusion was integrated through the business rather than appearing only in standalone updates.

The Chair questioned whether the action plan was trying to carry too many strands and suggested narrowing it to a smaller number of strategic priorities. Mrs Gostling proposed that education and training should sit more visibly within that focus, noting that the creation of the Strategic People Planning and Education Group (SPPEG) had usefully reduced agenda pressure but may also have reduced the main Committee's direct grip on the issue. Ms Harraway suggested that culture should be called out distinctly, not simply absorbed into workforce planning, because it underpinned risk appetite; empowerment; Speaking Up; Equality, Diversity and Inclusion (EDI); and staff involvement in change.

Mrs Wilson suggested separating process improvements from substantive strategic themes, allowing routine Committee effectiveness matters to continue while members concentrated on a smaller number of higher-value priorities. The Committee discussed three areas for emphasis: strategic workforce planning, including education and training; organisational culture, including EDI; and continued improvement in how the Committee itself operated and used its papers. Members agreed that the set of actions should be reorganised accordingly. **Mrs Wilson would rework the self-assessment actions into the three agreed focus areas and report progress back within six months.** **JW**

The Committee were ASSURED by this item.

Decision: The Committee:
• CONSIDERED the outputs from the Committee Self-Assessment process.
• AGREED the actions identified to further improve Committee effectiveness.

PODCC (26)36 **Assurance and Risk Report**

Mrs Wilson presented the report which included one principal risk still being realigned to the refreshed strategic framework, two corporate risks within this Committee's remit, current operational risk themes, and an update on relevant audits, inspections, and Welsh Health Circulars. Members concentrated primarily on the corporate risks. Ms Harraway queried the workforce wellness risk, particularly the reduction from a current score of 20 to a target of 12 over four years, and asked how that reduction was expected to phase over time rather than remaining vague until the end of the period. She also raised a strong concern about the school nursing

recruitment risk, pointing to service fragility, dissatisfaction within the team, and the significant consequences for children and young people.

Mrs Marks focused on the corporate workforce risk and questioned language in the paper relating to Risk 1978 that said actions were 'hoped' to improve the position, arguing that the Committee needed greater clarity than an aspirational phrase. The Chair echoed both points and observed an apparent tension between some staff feeling change was happening too fast while other parts of the organisation appeared frustrated by slow delivery. Ms Tracy Walmsley responded that the operational risk detail showed a system still maturing in workforce planning, capacity assessment, and service-to-corporate alignment, with education and commissioning constraints adding further complexity.

Mrs Gostling responded that the issue was multifaceted: some staff experienced change as slow because organisational change processes were lengthy, while others experienced the total volume of change as too great. She noted that even larger impacts lay ahead through the clinical services plan and stated that the organisation would need to improve how early and how far it involved staff, beyond formal task-and-finish groups and representative mechanisms, in order that people at the lowest levels felt included rather than hearing about changes second-hand.

Dr Ardiana Gjini added that school nursing recruitment was challenging across Wales because entry requirements were higher than for generic nursing. Mr Carruthers commented that the school nursing risk was being intensified by recruitment problems in Ceredigion, an age profile likely to drive retirements, and workload pressures linked to immunisation demand. He said current mitigation included exploring a more blended workforce model with immunisation nurses and considering what relocation support might be feasible. On the broader workforce risk, he said OCP2 illustrated the difficulty of balancing speed with compassion, especially where change involved complex integration work. The Chair suggested there might also be value in reframing change so that it was not presented only as a burden, while Mrs Gostling countered that for many staff the practical consequences of relocation, caring responsibilities and travel were genuinely destabilising, especially when the organisation could not yet describe the full alternatives.

Ms Alwena Hughes Moakes widened the discussion by describing how long delivery gaps between consultation and implementation allowed anxiety and negative narratives to fill the space, both among staff and in the wider community. Members agreed that the Committee's role was to challenge and support the organisation on those risks rather than expect a complete solution in one discussion. The Committee accepted assurance on the current position, but asked that future papers be clearer on phasing, wording and the specific measures being taken. It was also agreed that the next meeting should receive an update not only on OCP2 but on the wider volume of organisational change processes, which Mrs Gostling described as being more than 30 across the Health Board.

Mrs Gostling would review the workforce wellness risk wording and phasing, including how the reduction from risk score 20 to 12 over four years is articulated, and discuss this further with independent members outside the meeting. **LG**

Mrs Wilson would ensure future risk reporting reflects the Committee's comments on wording, scoring and management of the corporate risks. **JW**

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)37 **Staff Story - Simulation Training**

Ms Clare Hammond, Ms Rachel Perry and Mr Richard Kelly joined the meeting.

Ms Walmsley introduced the staff story through the lens of the educator workforce and the development of simulation-based learning.

Mr Richard Kelly explained that his role supported educators across the Health Board to design and deliver simulation sessions, while Ms Clare Hammond described how she had attended the *Essentials of Simulation* course in June 2023 and since then had helped develop sessions on communication in palliative care, recognition and escalation of deteriorating patients by community healthcare support workers, and a mini-simulation element within frailty training.

Ms Hammond commented that the palliative communication sessions had been especially powerful because learners could practise emotionally difficult situations in a realistic but safe setting. She described the debrief as

central to the method, often revealing insights and feelings that had not been anticipated by the educator. In her view, the approach changed how staff listened, reflected and learned, and supported a more person-centred culture not only in care for patients but also in how colleagues treated one another.

Mr Kelly reinforced that simulation was intended to augment rather than replace traditional teaching. He explained that sessions were designed around explicit learning objectives and built to recognised simulation standards in order that learners could apply both technical and interpersonal skills in realistic scenarios. For community healthcare support workers, this meant not simply taking a blood pressure but recognising what it felt like to be with someone who was frightened, unwell, or asking difficult questions. He added that similar work had supported interprofessional community teams facing conversations around terminal diagnosis and, separately, critical care staff preparing for organ-donation discussions.

Ms Rachel Perry described how simulation had also been incorporated into the five-day *Skills to Care* induction for new healthcare support workers. She explained that the method helped staff practise escalation, communication, and teamwork in a safe environment before entering clinical areas, and argued that this strengthened confidence, retention, and patient safety. In response to Ms Harraway's question, Mr Kelly explained that scenarios might use either a real simulated patient or a high-fidelity mannequin in a deliberately immersive environment such as a mock front room.

Mrs Marks welcomed the training, particularly for junior staff expected to navigate conversations for which they may never have been formally prepared. Mr Kelly and Ms Walmsley said the work was still developing, with plans to embed it more systematically and to build further partnerships, including with Swansea University and medical education. Mrs Gostling offered members the opportunity to see the simulation environment and equipment in practice. Mr James Severs argued that simulation should become a normal part of workforce development rather than an occasional enhancement, especially for unregistered staff and future workforce planning. The Chair closed by saying the discussion had highlighted the importance of the human element of care and the need to consider how this work could be scaled more routinely.

Ms Clare Hammond, Ms Rachel Perry and Mr Richard Kelly left the meeting.

PODCC (26)38 **Staff Survey Results Report**

Ms Nicola Jones joined the meeting.

Ms Nicola Jones introduced the staff survey on behalf of Mr Rob Blake who was unable to attend the meeting, and thanked staff who had taken part. She noted that the All-Wales survey ran from October to December 2025 and that findings should be read in the context of a 21.9% response rate. The report covered 10 themes, 20 sub-themes and more than 50 questions across staff experience of their work, teams, leaders and the wider

organisation. Ms Jones said nine of the ten themes sat above the NHS Wales benchmark and pointed to positive movement across 2023 to 2025 in areas such as compassionate teamwork, line management support, trust, autonomy, flexible working and patient safety. Staff engagement was the only theme to decline.

Mr Andrew Carruthers left the meeting.

Members concentrated on what the response pattern might conceal as well as reveal. Ms Harraway raised the risk of non-response bias, especially where low participation in fragile services might mean the most disengaged voices were still being missed. She highlighted low response rates in several pressured areas and focused particularly on the finding that only 44% of staff felt involved in the changes affecting them, noting that this had remained weak for a third consecutive year. She also asked whether any site-level patterns were especially material. Mrs Gostling said the wider Organisational Development (OD) culture work and local pulse surveys were used to triangulate this picture. Ms Jones added that local exploration work often produced stronger engagement and could help explain low All-Wales participation through factors such as access, pressure, perceived futility, and limited feedback loops.

Mrs Marks observed that people often spoke positively about their immediate team or site while being much more negative about the wider organisation, and asked whether that local attachment could be used more constructively. She also flagged concern about psychological safety, lower confidence in speaking up, burnout, and the need to involve staff more authentically in decision-making and change. Mr Severs drew attention to the 5% improvement in Estates and Facilities engagement, saying that this had come from purposeful effort but had also exposed how unhappy some staff remained once they did engage. Mr Anthony Dean also added concern regarding burnout, health and safety climate, and involvement in decision-making.

The Chair reflected on experience in another large organisation where strong survey participation had depended on timely feedback and visible action. That prompted a discussion on the limitations of the All-Wales timetable. Ms Jones explained that the survey's annual cycle created a substantial lag between completion, access to data, interpretation, local action planning and eventual feedback to staff. She contrasted that with the Health Board's own more responsive people and culture survey work, which could be analysed and acted on in real time. She said the organisation already knew that staff involvement in change remained a weak point and linked that directly to incomplete change readiness, limited understanding of how change affected service delivery and individuals, and the need to learn systematically from multiple OCPs.

Mrs Gostling said managers were central to improving response rates and engagement. She pointed to the example on page 8 of the report, where one manager had personally engaged with staff and increased local participation from 23% to 64%. The Chair agreed that manager ownership was decisive and asked how the Committee should maintain oversight. Mrs Wilson advised that the Health Board Chair wanted the survey considered in public Board as well as by this Committee, and Mrs Gostling confirmed that

the Committee usually also received a biannual culture update. Members took assurance from the work underway but made clear that the real test would be how findings were translated into more visible staff involvement, stronger change readiness and clearer follow-through.

The Committee were ASSURED by this item.

Ms Nicola Jones left the meeting.

Decision: The Committee:
• NOTED the 2025 NHS Wales Staff Survey findings for HDdUHB.
• RECIEVED ASSURANCE from the overall positive improvement trajectory and cultural strengths, alongside the actions outlined to address the systemic and workload factors which, if unmitigated, could erode these strengths over time.

PODCC (26)39 **Delivery Against Planning Objectives Aligned to the People, Organisational Development and Culture Committee**

Mrs Gostling presented the quarter four update against the previous year's planning objectives. She explained that any matters not fully completed had been carried into the new planning cycle, therefore nothing had been lost from the work programme.

Discussion was brief. Ms Harraway felt the report was useful in showing the volume of activity but would be stronger if it included clearer evidence of impact rather than mainly listing completed actions. Mrs Gostling accepted the point, noting that the template was a standard planning format but **agreed to check whether that could be improved for future reporting**. **LG**

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)40 **Health Education and Improvement Wales (HEIW) Targeted visit to General Medicine (GGH)**

Mr Mark Henwood highlighted that the key focus was the accompanying action plan arising from the HEIW targeted visit, with the next review visit scheduled for 10 June 2026. He stressed that the escalation should be viewed as supportive rather than punitive, but the consequences of insufficient improvement were significant. If the Health Board ceased to be recognised as a training provider, it could lose the 28 resident doctors currently placed at Glangwili Hospital, which in turn would place the delivery of acute medical care there at serious risk.

Mr Henwood also drew attention to the wider workforce context. In addition to the immediate improvement work, the introduction of the new resident doctor contract in August was expected to create further recruitment

pressure, with approximately 50 doctors likely to be needed across the Health Board. He noted that the organisation is already working in partnership with HEIW and Healthcare Inspectorate Wales on the improvement process, and added that the longer-term ambition should be not only to retain training status but to secure a fairer share of trainees overall, given the downstream impact that training placements have on future senior medical recruitment.

Mrs Gostling reinforced the seriousness of the issue and said that managerial and clinical leadership support would be essential, as the loss of trainees would be highly damaging for the organisation. The Chair agreed that the implications extended beyond immediate staffing risk to reputational harm, particularly in the context of wider recruitment and retention challenges. He also queried whether several actions marked as complete should be regarded as fully embedded or as measures that still required active monitoring.

In response, Mr Henwood clarified that the completed actions should not be treated as finished in a static sense. He said the enhanced monitoring process was likely to continue over more than one visit, as is common elsewhere in Wales and the wider UK, and that further actions were likely to follow each review. The Chair queried how the Committee could most usefully support the improvement work. Mr Henwood commented that continuing Committee attention to medical training and medical workforce planning would be valuable, particularly given that formal medical workforce planning has not historically been well developed either locally or across Wales.

The Committee concluded by requesting that the wording of the Recommendation section to be tightened in order to more clearly reflect oversight of the actions being implemented in response to the visit. **Mrs Wilson agreed to reflect the Committee's expectation that future reporting should link this matter more explicitly to medical workforce planning and follow-up scrutiny.** **JW**

The Committee were ASSURED by this item.

Decision: The Committee

- RECEIVED ASSURANCE on the outcome of the Health Education and Improvement Wales targeted visit to General Medicine at Glangwili General Hospital, including the escalation to General Medical Council Enhanced Monitoring and the associated requirements and recommendations;
- NOTED the actions being taken through the improvement plan to address the areas identified, including staffing levels, supervision, pastoral support, access to training opportunities and the involvement of medical education in service redesign; and
- SOUGHT ONGOING ASSURANCE that progress against the action plan is being robustly monitored, with future reports providing clear oversight of delivery, risks to training status and service sustainability, and the links to wider medical workforce planning.

PODCC (26)41 **Health Board Partnership Forum Report**

Mr Dean presented the report, noting that it reflected the Health Board Partnership Forum meeting held on 20 January, as the March meeting had been cancelled due to the unavailability of a number of Workforce colleagues. He linked this to wider concerns regarding attendance and consistency across local partnership forums.

Mrs Gostling updated Members on more recent work, explaining that a report on new ways of working for local partnership forums had now been shared with county forum leads. Trade union representatives had been asked to consider the proposals ahead of a workshop planned for the next meeting in July. She added that the intention was to reshape county forums, the Health Board forum, and management representation across them. Mrs Marks welcomed that update, saying it answered her concern about how county representation and reporting would be brought back into a more coherent pattern.

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)42 **Workforce Efficiency Report**

Ms Walmsley introduced the report highlighting the substantial work to stabilise workforce spend across different staff groups. She informed the Committee of a 61% year-on-year reduction in nursing agency use. Medical and Allied Health Professional (AHP) agency usage has not achieved the 30% reduction target set out in the relevant Welsh Health Circular. Further work was still needed in those areas.

Mrs Harraway asked specifically about electronic rostering for AHP services and expressed surprise that it was not already in place. Mr Severs explained that the Health Board already had a rostering system, but the issue was where it would add genuine value and whether local teams had the capacity to implement it. He said current thinking was to begin with one service in a non-inpatient setting, prove the concept, and then consider broader scaling. Mrs Gostling added that not every Monday-to-Friday service needed a full rostering solution and that the Workforce and OD budget reductions from the previous year had limited both implementation capacity and the ability to buy additional licences.

The Chair commented that the report prompted a broader question regarding ownership. He suggested that issues such as rostering, variable pay and agency control should not rest only with the corporate centre, but should also be part of the expected skill set and accountability of modern operational managers. Ms Walmsley agreed that this was part of the work still underway, including audits and stronger engagement with professional leaders. Members recognised the improvement already achieved,

particularly in nursing, while noting that cross-service ownership and capability remained central to sustaining further progress.

The Committee were ASSURED by this item.

Decision: The Committee:
• RECEIVED ASSURANCE from the Workforce Efficiency Update which evidences significant and sustained improvement achieved in nursing agency usage, alongside the continued zero-agency position for Administrative & Clerical staff.
• ACKNOWLEDGED that medical and AHP/HCS agency usage has not met the required reduction target and remains vacancy and demand driven.

PODCC (26)43 **Adroddiad Blynyddol y Gymraeg / Welsh Language Annual Report 2025/26**

Ms Enfys Williams joined the meeting.

Ms Hughes Moakes presented the Welsh language annual report, and thanked the team and colleagues who had actively supported Welsh language work, including those taking lessons to improve their confidence and fluency. She then highlighted the more challenging aspect of the report: an increased number of complaints referred through the Welsh Language Commissioner's Office, some of which had led to investigations because standards were not yet being met consistently across the organisation. Ms Hughes Moakes stated that some issues, such as bilingual posters and leaflets in public-facing areas, could be corrected relatively quickly, while others, such as large-scale translation requirements across job descriptions and related documentation for a workforce of around 13,500 people, were much more resource-intensive.

Mrs Marks commended the team's work, particularly the *More than Words* approach and the recent learning campaign, and asked what further support Board members and independent members could provide. Ms Hughes Moakes said the most immediate help would be to use any Welsh members had, however limited, so that bilingualism felt normal and welcoming rather than performative. She also asked members to notice and challenge non-compliant signage or public materials during site visits. Ms Enfys Williams added that Committees and executive leads needed to build Welsh language requirements in at the start of procurement, service redesign and system change rather than treating them as an afterthought.

Mr Severs proposed adding Welsh language observations to Patient Safety walk rounds to give the issue more routine visibility. Ms Harraway queried whether there was tension between strengthening Welsh language expectations in job descriptions and the practical challenge of recruitment. Ms Hughes Moakes responded there was some tension, but argued that misunderstanding of what entry-level language expectations meant was part of the problem. She noted that even basic Welsh competence could be framed positively, while also acknowledging that some fluent speakers under-rated their own ability and might be deterred by overly formal requirements. The Chair suggested that a shorter, sharper articulation of the overall ambition might also help maintain focus. Members endorsed the

report and the direction of travel while recognising that compliance remained uneven.

The Committee were ASSURED by this item.

Ms Enfys Williams left the meeting.

Decision: The Committee ENDORSED the report as a reflection of the activity and progress made to enhance and embed the Welsh language and culture at Hywel Dda.

PODCC (26)44 **Improving outcomes for Veterans and the Armed Forces Community – Annual Report 2025/26**

Mrs Helen Sullivan joined the meeting.

Mrs Helen Sullivan Presented the armed forces annual report and provided additional updates not included in the report. Carmarthenshire would host the national Armed Forces Day event on 27 June at Pembrey Country Park, where the Health Board would re-sign and re-pledge its commitment to the Armed Forces Covenant. The Health Board would also lead a review of the regional Armed Forces Covenant Group, working with the three local authorities, Welsh Government, the Veterans Commissioner, armed forces representatives and third-sector partners to strengthen collaboration across the region.

The Chair commented positively on the clarity of the paper and wished the team well for the June event.

The Committee were ASSURED by this item.

Decision: The Committee RECEIVED ASSURANCE from that the work presented in the Annual Report 2025/26 demonstrates that the Health Board is proactively implementing the Armed Forces Covenant.

PODCC (26)45 **Improving Outcomes for Unpaid Carers - End of Year Report 2025/26**

Mrs Sullivan presented the carers report, explaining that it should be read in the context of unpaid carers being fundamental to the sustainability of health and social care, particularly as demographic change increased the over-85 population and the number of people living longer with multiple conditions. She stressed both the value of current work and the future challenge of maintaining commissioned support at a time of rising demand.

Mrs Marks, speaking as the Board's carers champion, welcomed the report and asked members also to remember carers within the workforce, including those supporting parents, partners, children and other dependants. She referenced measures such as the carers passport and staff support arrangements as important examples of the Health Board living its values internally as well as externally. Mrs Harraway focused on young carers, noting that only 364 had been identified even though standard estimates suggested the true number might be closer to 6,000, with perhaps 2,000 likely to need mental health support. She linked this directly to the

earlier discussion about school nursing and asked how the organisation planned to identify more of these children proactively.

Mrs Sullivan responded that the Health Board was using commissioned research on young carers' experiences and working closely with education settings to raise awareness among teaching and support staff. Ms Harraway welcomed that but argued that the gap between known and likely numbers remained too wide and should drive a more active identification strategy. The Chair added that, while the report showed good work with around 3,000 carers, the wider population of approximately 40,000 carers suggested a much larger opportunity and need. Ms Heather Hinkin clarified that this annual report leaned mainly toward support for staff as unpaid carers, though wider young-carer work was being pursued with partners.

Mrs Gostling then made a practical link back to the earlier simulation discussion, suggesting that the report's description of stigma and reluctance to discuss caring responsibilities might make unpaid carers a useful future topic for simulation-based learning around difficult conversations. Members welcomed that connection. Assurance was taken on the work described, while acknowledging the need for stronger reach and earlier identification.

The Committee were ASSURED by this item.

Decision: The Committee RECEIVED ASSURANCE that the work presented in the Annual Report 2025/26 demonstrates that the Health Board is proactively addressing the priorities of the regional and national Strategic Plans for Unpaid Carers and making a positive difference for unpaid carers as a result.

PODCC (26)46 **Update on Progress Against the Anti-Racist Wales Action Plan (ARWAP)**

Mrs Sullivan introduced the ARWAP report by explaining that some of the organisation's data limitations still required manual workarounds in order to analyse experience through a more intersectional lens. She also said the Health Board would be an early adopter of a new workforce system, creating an opportunity to build in better capability from the outset. Early findings from the ethnicity pay gap work, due to return formally in August, suggested some improvement at Bands 3, 5 and 8A and showed representation from ethnic minority staff at band 8D where none had previously been present. At the same time, analysis showed that across 2025 to 2026 there had been 19 internal promotions with none above band 6, while 93 external starters included 8 appointments above band 6, indicating that senior progression routes still required closer examination.

The Chair commented that the report contained a number of encouraging examples, however he challenged the organisation to be equally candid in future about the most difficult problems, not only the positive stories. Mrs Gostling agreed that there was more to do and said a recent self-assessment had already prompted a discussion with Ms Sullivan and Mrs Anna Bird about what would be needed to move the organisation to the next level rather than only satisfying compliance expectations. She added that executive objectives for the year would now include equality and diversity actions and that Workforce and OD would begin testing more specific

objective-setting of its own. Members accepted assurance on the current report while signalling that future discussion should look beyond compliance and more directly at organisational change.

The Committee were ASSURED by this item.

Mrs Helen Sullivan left the meeting.

Decision: The Committee RECEIVED ASSURANCE that the 2025/26 end of year report demonstrates that progress is being made across all six areas of focus which were set out in the Anti-racist Wales Action Plan.

PODCC (26)47 **Performance Assurance and Workforce Metrics Report**

Ms Michelle James highlighted three points from the metrics report: the March increase in variable pay was mainly linked to waiting list initiatives; agency spend had remained below 5% of the total pay bill since November 2023; and dementia training performance continued to sit above 85%. The Chair observed that the report contained a large amount of useful information and commented that one phrase in the narrative, the *art of the honest conversation*, felt especially important because it captured the challenge of turning data into real managerial action.

Mrs Gostling highlighted that the Committee's wider work plan was intended to help members interrogate the parts of the dashboard where movement remained difficult. She pointed in particular to sickness absence, where repeated interventions had not yet produced a significant shift. Ms Hinkin elaborated on that concern, stating that recent monthly data showed patterns worth closer attention, including a sharp rise in injury or fracture recording in one area, higher short-term absence starts from Monday to Wednesday than at weekends, and delayed entry of sickness information in some teams, with 13 sub-teams in one area taking more than 20 days to record absence. She said the organisation needed both better operational management of attendance and a stronger focus on what staff could do in returning to work.

Mrs Marks linked the discussion to recent audit findings and stressed that return-to-work conversations had to be timely and meaningful if the organisation wanted both better data quality and better outcomes. Mrs Gostling suggested future reporting could cross-reference more clearly to Committee deep dives in order that members could see more easily how different pieces of work were intended to shift specific metrics. The Chair noted that the forthcoming five-year Workforce and Organisation Development Strategic Plan should provide an opportunity to bring those strands together.

The Committee were ASSURED by this item.

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)48 **Strategic People Planning and Education Group (SPPEG) Reports - DEFERRED**

The Strategic People Planning and Education Group report was deferred as the Group had not met since the previous PODCC meeting.

PODCC (26)49 **Outcome of Advisory Appointments Committee (AAC)**

Ms Hinkin introduced the outcome of recent Advisory Appointments Committee activity highlighting the scale of recruitment work undertaken over the year. Mrs Gostling noted the accompanying annual recruitment information as evidence of sustained effort by both the resourcing team and operational services in a difficult labour market. Ms Hinkin added that the annual report would also help refine discussion of workforce risks by distinguishing genuine recruitment constraints from other drivers such as sickness absence, study leave, and pressures contributing to variable pay.

Members did not raise objections to the appointments presented. The Committee accepted the AAC outcomes and agreed that the recruitment data should also inform future scrutiny of workforce pressures and service fragility, particularly where vacancies may be masking wider utilisation or attendance issues.

The Committee were ASSURED by this item.

Decision: The Committee:
• NOTED withdrawals / no appointments made.
• APPROVED the AAC appointments on behalf of the Board.
• NOTED the Health Board Year End Recruitment Report 2025-2026 which highlights the activities undertaken to attract, recruit and onboard applicants into Hywel Dda University Health Board during FY 2025/2026.

PODCC (26)50 **Workforce Policies for Approval**

Ms Hinkin introduced seven reviewed local workforce policies for Committee consideration and highlighted two all-Wales matters requiring adoption. She drew particular attention to the recognition agreement for the Local Negotiating Committee, which would now operate as the Joint Local Negotiating Committee, and to the protocol for recognising continuous service, which had previously been considered but required formal adoption from 17 February 2026 because of implementation issues that needed retrospective local handling.

Mrs Wilson advised that several policy approvals should be treated as pending completion of the relevant equality impact assessments. Members were content with that approach and did not seek further amendments during the meeting. The Chair noted his earlier interest in the performance management policy as part of the wider strategic workforce planning focus for the year ahead, but the Committee proceeded with the approvals on the basis presented. **HH**

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 seven revised/reviewed local policies listed and note the one removed from PODCC's remit.
• EXTENDED four local policies in accordance with the dates provided.
• ADOPTED the two All Wales documents and note the All-Wales policy schedule update provided.
• NOTED the documents provided for information.

PODCC (26)51 **PODCC Workplan 2026/27**

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

PODCC (26)52 **ANY OTHER BUSINESS**

No additional business was raised.

PODCC (26)53 **DATE OF NEXT MEETING**

The Chair confirmed that the next Committee meeting would take place at 9.30am to 12.30pm on Tuesday 18 August 2026.