

## MINUTES OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE MEETING

Date of Meeting: **Tuesday 27 May 2025**  
Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom**

Present: Mrs Eleanor Marks, Vice-Chair, HDdUHB (Committee Chair)  
Ms Anna Lewis, Independent Member (Committee Vice-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)  
Mr Mark Henwood, Executive Medical Director  
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 (part)  
Mr James Severs, Executive Director of Allied Health Professions and Health Science  
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary  
Mrs Amanda Glanville, Assistant Director of People Development  
Ms Heather Hinkin, Assistant Director of People Management  
Ms Michelle James, Head of Resourcing and Utilisation  
Mr Daniel Owen, Senior Workforce Manager, People Effectiveness (part)  
Mr Robert Blake, Head of Culture and Workforce Experience  
Mrs Anna Bird, Assistant Director, Assistant Director - Business, Partnerships and Inclusion  
Mrs Christine Davies, Assistant Director of Organisational Development.  
Ms Corinna Lloyd-Jones, Head of Organisation Relations  
Ms Suzanne Tarrant, Consultant Clinical Psychologist (part)  
Ms Cathie Steele, Interim Assistant Director of Nursing Assurance and Safeguarding  
Ms Lydia Hayward, Radiographer (for staff story)  
Ms Ruth Bourke, Mental Health Act Administration Lead (for Carers item)  
Ms Urvisha Patel, Audit Wales (Observing)

### Minutes Item Ref.

### Action

#### PODCC Apologies for Absence (25)25

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

Apologies for absence were received from:

- Anthony Dean, Trade Union Representative

**PODCC Declarations of Interest  
(25)26**

The following declarations of interest were made:

- Ms Ann Murphy in her Trade Union role
- Mrs Eleanor Marks as the Board member for Wales on the Professional Standards Authority.

**PODCC Minutes and Matters Arising from the meeting held on 18 February  
(25)27 2025**

The Minutes from the meeting held on 18 February 2025 were approved as an accurate record.

**PODCC Table of Actions from the meeting held on 18 February 2025  
(25)28**

All actions from the PODCC meeting held on 18 February 2025 were complete.

**PODCC People, Organisational Development & Culture Committee (PODCC)  
(25)29 Terms of Reference (ToRs)**

The PODCC Terms of Reference were amended to reflect the change of frequency of the meetings, change of Membership and the removal of the Research and Innovation Sub-Committee, which now reports to the new Digital, Data and Innovation Committee.

No further discussion was made on this item.

**The Committee were ASSURED by the report.**

**Decision:**

**The Committee APPROVED the People, Organisational Development & Culture Committee's Terms of Reference for onward ratification by the Board on 31 July 2025.**

**PODCC PODCC Annual Report 2024-25  
(25)30**

Mrs Marks believed that the PODCC annual report was well written and welcomed the new format, highlighting the work relating to the Anti-Racist Wales Implementation Group and Research and Innovation Sub-Committee.

Mrs Joanne Wilson thanked the previous Chair of PODCC, Mrs Chantal Patel for drafting the foreword of the report. The report will be submitted to Board in June 2025 for ratification.

Mrs Lisa Gostling expressed her gratitude to all Workforce and Organisational Development (W/OD) staff for their contributions during the previous year.

Mrs Marks also extended her thanks all staff for their work during the previous year, and formally acknowledged Mrs Patel for her service as Chair of PODCC.

**The Committee were ASSURED by the report.**

**Decision:**

**The Committee APPROVED the PODCC Annual Report for onward approval by the Board on 26 June 2025.**

**PODCC (25)31 PODCC Self-Assessment of Committee Effectiveness – Outcome report 2025**

Noting the low response rate to the survey, Mrs Marks commented that the findings would have greater validity with a higher number of responses, as this would better reflect the views of PODCC Members.

For assurance, feedback from the self-assessment has been fed back to the W/OD Team.

**The Committee were ASSURED by the report.**

**Decision:**

**The Committee CONSIDERED the outputs from the Committee Self-Assessment process and AGREED the actions to be taken to improve its effectiveness.**

**PODCC (25)32 Targeted Intervention Progress Report**

Mrs Gostling introduced the Targeted Intervention (TI) Progress Report, reminding Members that it summarises information collated by Mr Shaun Ayres. The report focuses on the leadership and governance aspects of TI. Going forward, an SBAR will incorporate information from the TI report, while also reflecting the organisational context to ensure a more balance presentation.

Mrs Marks commented that the report provided a thorough clinical context was, clearly linking leadership culture to clinical leadership and service delivery.

It was noted that several reports to PODCC and other Committees have described extremely small percentage changes, such as five-hundredth of a percentage, as indicators of improvement. However, such minimal variations are almost certainly due to natural variation rather genuine progress. Caution should be exercised when interpreting and presenting such minor changes as improvement or deterioration.

**The Committee were ASSURED by the report.**

**Decision:**

**The Committee CONSIDERED and AGREED the revised and amended criterion and the alignment to each committee.**

**PODCC Corporate Risks Assigned to PODCC  
(25)33**

Whilst welcoming a detailed update within for Risk1978 “*Risk of insufficiently skilled workforce to deliver services due to limited labour market*”, the Committee believed the target risk score of 12 was high.

Mrs Gostling explained that the score is reflective of the fragility of the current workforce and difficulties in recruiting staff. The score of 12 was therefore reasonable. **Mrs Gostling agreed to consider whether the target risk score of 12 for Risk 1978 (*Risk of insufficiently skilled workforce to deliver services due to limited labour market*) is too high.**

LG

**The Committee were ASSURED by the report.**

**Decision:**

**The Committee:**

- **REVIEWED** and **SCRUTINISED** the risks included within the Corporate Register and **RECEIVED ASSURANCE** that all relevant controls and mitigating actions were in place.
- **DISCUSSED** whether all planned actions would be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises.

**PODCC Operational Risks Assigned to PODCC  
(25)34**

Ms Anna Lewis sought clarification regarding Risk 737 “*Risk of Switchboard not complying with European Working Time Directive due to inability to cover single-handed shifts at 3 sites*”, specifically regarding the extent to which the Health Board is currently non-compliant and whether the issue is marginal or represents a significant gap in compliance. In response Ms Heather Hinkin advised that the situation varies. Recent recruitment efforts have taken place, staff are aware of ongoing issues, and the situation continues to be actively monitored.

Following a query on timescales for achieving the target score, Ms Hinkin explained that the final consultation document would be shared shortly, recruitment was ongoing and issues with infrastructure was being progressed. **Ms Hinkin agreed to clarify the timings 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*).**

HH

**Given that Risk 737 is a long-standing risk, in place since 2018 and recently increased in score, the Committee agreed to ADVISE the Board.**

**Decision:**

The Committee were **NOT ASSURED** regarding Risk 737 (*Risk of Switchboard not complying with European Working Time Directive due to inability to cover single-handed shifts at 3 sites*).

## **PODCC Recovery in Nature Programme Report and Staff Story (25)35**

Ms Suzanne Tarrant shared a presentation as part of the staff story, outlining the benefits of the Recovery in Nature (RiN) programme. The RiN programme has made a significant contribution to staff wellbeing. The programme began in 2022 with funding from Captain Tom's fund. 156 members of staff have taken part over the first three years.

The programme was designed with a very robust evaluation framework looking at both quantitative and qualitative data, as well as a participatory evaluation. The process of the programme includes ongoing inquiry and continuous improvement. There has been an improvement in staff mental health and a reduction in burnout experienced by staff. Staff also appreciated learning about the scientific evidence supporting the benefits of nature. The programme continues in 2025 following the same model including retreats and RiN days held across each of the three counties.

Following the evaluation framework there has been an improvement to workbooks, and it was identified that there is a need to work more on the promotion of RiN going forward. The programme has been a large team effort. Constraints included difficulties in releasing staff to attend events, and last-minute cancellations due to staff shortages.

There were 18 positive staff stories shared following the evaluation. Two of which presented to the Committee. Although, Angharad Chapman was unable to attend the meeting, Ms Tarrant shared her story "finding self-worth in nature." Ms Lydia Haywood presented her story "enabling compassionate leadership through wellbeing."

Dr Ardiana Gjini queried whether this initiative could expand across the organisation and whether fostering cultural change might reduce the requirement for such interventions. Dr Gjini noted that teams involved in Social Model for Health work collaborating with the Arts in Health team to explore how their work can be integrated.

In response, Ms Tarrant explained that the team had begun exploring this further and welcomed discussions with teams outside of the Workforce Directorate.

Ms Haywood discovered the programme through a global email. She believed it was the right time for her to participate, something she would not have considered previously.

Ms Murphy commented that the advertisement in Viva Engage was more visual and impactful than the Global email due to the ability to include photographs.

Mrs Sharon Daniel noted while the programme had capacity for 108 attendees, there has been an approximate 40% drop-off rate, and queried what measures the Health Board could take to help reduce this attrition.

Ms Tarrant explained that a number of cancellations were due to sickness, however, the largest constraint was staff being released to attend,

especially for the 4-day retreat. She suggested that the programme needs to be promoted as a proactive investment, aimed at reducing future sickness absences.

It was clarified that annual funding the programme is currently under £4k a year. Mrs Gostling added that additional funding could be secured should the Health Board decide to increase the scale of the programme, however emphasising the importance of managerial support to enable staff to attend.

Mrs Gostling highlighted the difficulty in obtaining funding from Charitable Funds to support workforce programmes in this way.

Ms Hinkin clarified that staffing costs are not included in the £4k per annum, emphasising that the programme is being managed as additional activity to the team's core roles.

**The Committee were ASSURED by the report.**

**Decision:**

The Committee **RECEIVED ASSURANCE** that:

- The Recovery in Nature programme for staff is making a significant contribution to supporting and improving the mental health of our staff and supporting recovery from work-related stress and burnout.
- The programme offers a valued alternative to the other psychological services and offers of mental health support currently available.
- The 2025 programme is well underway, drawing on learning from previous years and applying the same evaluation framework.

**PODCC Trade Union Update  
(25)36**

No Trade Union update was provided at this time as all the Welsh Health Circulars work was completed in line with the Welsh Government report. Mrs Gostling is working with Trade Union colleagues to agree future updates to PODCC.

**PODCC Workforce Efficiency Update  
(25)37**

Mr Daniel Owen presented the update report on workforce efficiencies.

The report focused on multiple staffing groups and significant workforce complexity. The overall stabilisation programme comprises two components, nursing and medical, and both are actively working to reduce reliance on agency and minimise variable pay costs. There are cross cutting themes of recruitment to retention and development, which are being addressed across all staff groups, and workforce planning is aligned with service needs through collaboration such as the Strategic People Planning and Education Group (SPPEG) and the People Professions Workforce Planning Forum.

Nursing agency usage has decreased by 72% from 332 WTE in March 2023 to 91.2WTE in March 2025. Correspondingly, monthly expenditure has

reduced from £3.1m to £464,000. Further plans are in place under Welsh Health Circular 2024031, aiming for an additional 30% reduction based on March 2024 figures. There is strong assurance that this target will be achieved.

The medical workforce agency spend has decreased by £1.8m year on year, falling from £5.85m to £4.67m. There are currently exit plans in place for 8 long term agency posts with international recruitment underway across a selection of roles. Further, two individuals are transferring from agency to bank locum posts, resulting in a significant reduction in costs. The 2024-25 workforce plan outlines 184 actions aimed at addressing inefficiencies and tackling the vacancies impacting on the medical workforce.

Agency spend within Allied Health Professions and Healthcare Science has reduced by £430k, from £1.4m to £977k.

A formal process has been in place for Administrative and Clerical variable pay requests requiring approval from the Financial Control Group. Between November 2024 and April 2025, 37 requests were reviewed, with focus on high usage areas to better understand the underlying causes.

Bank usage with Estates and Facilities has increased slightly from £2.11m to £2.17m

There are inefficiencies linked to rostering, and workforce gaps which are currently under review. There is strategic focus on contingencies within the workforce planning models, linking to service reconfiguration and workforce redesign. Ongoing work focused on refining the metrics and developing work plans to ensure measurable outcomes and effective risk management across all staff groups.

Although there are two stabilisation programmes in nursing and medical, the Health Board has continued implementation of agency reduction plans across all staff groups, focussing on international recruitment, roster management and exit plans to reduce the reliance on temporary staffing.

There are exit plans in place for all 28 agency workers. As of April 2025., the number of agency workers with the Medical Directorate has reduced to 18, with 8 long term workers scheduled to exit by March 2026.

It should be acknowledged that significant performance pressures and waiting lists continue to drive short term staff usage.

Ms Lewis expressed concern that the Health Board is heavily reliant to overseas recruitment, and suggested whether it is time to re consider this approach and explore alternative options.

Mrs Gostling explained that this is the final recruitment effort for overseas nursing staff. However, there are still plans to recruit 15 medical professionals from abroad. Adding that recruiting medics is more complex than nursing. The Health Boards needs to consider if it can grow our own medical workforce, especially as Wales receives a disproportionately low allocation of medical trainees compared to the rest of the UK.

Mr Mark Henwood acknowledged that international medical staff have been a large part of the NHS, however, there has been a shift in how proactively vacancies are promoted overseas. It should be acknowledged that the UK does not train sufficient medical professionals to meet demand. As a result, the Health Board relies on overseas recruitment to address staffing shortages. Mr Henwood agreed that it would be useful to debate the ethical position of international recruitment.

Mr Owen added that only medical workforce vacancies which are particularly challenging to fill will be targeted through overseas recruitment.

Councillor Rhodri Evans requested assurance that progress on this matter is heading in the right direction. In response, Mr Owen explained that the medical stabilisation work on nursing, included understanding the underlying data and the complex drivers. The medical workforce is highly complex, particularly at consultant level, as services are usually led by individual practitioners. A significant part of managing this complexity has involved negotiating with agency consultants who have transferred into permanent roles.

In terms of nursing, which is quite advanced, the Health Board has Standard Operating Procedures (SOPs) in place. There are programmes working on sickness, annual leave to understand how those elements are facilitated, and as such ensure best practice, which will be replicated for the medical workforce. There is a need ensure those elements are addressed gradually, with a primary focus on stabilising the workforce.

Referring to the reports data, which showed a £435k reduction in Allied Health agency spending but also noted that agency usage had increased at the start of 2025, due to ongoing performance pressures, Cllr Evans queried whether agency spending in Allied Health would rise again in the short term.

Mr Owen explained that the Workforce Team is working with the Clinical Care Group Director on those elements. There is an increase in demand for services like Radiology, as highlighted in an investment paper and improving Physiotherapy performance is vital to meet Welsh Government standards. Whilst there is currently no formal stabilisation programme for Allied Health Professionals and Health Sciences discussions are being undertaken.

Cllr Evans also requested assurance that figures are stabilising within Estates and Facilities. Mr James Severs explained that due to the large number of staff (300), the consultation will be phased over time. Planning for this is progressing well, and he expressed confidence in the process.

The Committee were informed that when the programme began, the Workforce Team had detailed data on bank and agency nurses, however lacked similar information for medical staff. Now, improved systems provide better data on medical staff bookings, which will significantly progress the work.

It was questioned whether initiatives to reduce cancer waiting times and deliver services, are impacting on agency worker requirements. Mrs Gostling explained that this provides a constant challenge. The emphasis

should be on the existing work programmes and outcomes they have achieved. A recurring theme is that Welsh Government funding often becomes available at short notice, raising the challenge of sourcing workforce quickly without the need to rely on agency staff.

Internal mitigations are in place including Workforce working with Clinical Care Group Directors, Assistant Deputy Directors of Allied Health Professionals and Health Sciences and service leads. There is also mitigation around the usage of bank additional hours and overtime to reduce the requirement for agency. The performance element is extremely complex and is challenging to manage.

**The Committee were ASSURED by the report.**

**Decision:**

The Committee **DISCUSSED** the Workforce Efficiency Update.

**PODCC (25)38 Community Nursing Annual Report/ Community Staffing Update - Deferred**

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

**PODCC (25)39 Welsh Language Annual Report 2024/25**

Ms Alwena Hughes Moakes introduced the Welsh Language Annual Report, highlighting the following:

- Funding has been secured for an additional 10-hour Welsh language course for staff.
- Translation requests have increased during the year, however it is believed this may be an anomaly due to the consultation on the Clinical Services Plan.
- Complaints figures are consistently low.
- The number of vacancies advertised with “Welsh not necessary” has increased from 26 in 2023/24 to 288 in 2024/25. The Welsh Language Team are working to understand the reasons for this.

Ms Hughes Moakes thanked her team for the work on the annual report.

Mrs Marks believed the report was very comprehensive and welcomed the number of measures and actions taken to progress the Welsh language policy.

**The Committee were ASSURED by the report.**

**Decision:**

The Committee **ENDORSED** the Welsh Language Annual Report 2024/25 as a reflection of the activity and progress made to enhance and embed the Welsh language and culture at Hywel Dda.

**PODCC (25)40 Culture Progression Report, including PADR update (TI 47)**

Ms Corinna Lloyd-Jones presented the culture progress report which captures work undertaken within the Organisational Development Team during the previous year, in addition to a Radiology Culture Journey Case Study.

Ms Lewis welcomed the inclusion of a cultural driver diagram, however queried whether the report focused on the organisation's cultural progress or the Health Board efforts to drive cultural change, noting that the two are subtly different. It was considered that this was a matter to be addressed collectively by the organisation, especially given the extensive scope of its business and operational activities.

Following a query from Ms Lewis relating to operational leadership, it was suggested that a discussion should take place outside of the meeting.

Whilst welcoming the evidence of leadership work taking place in the organisation, Mrs Marks queried the difference this is making to the Health Board's culture.

Whilst the results from the staff survey should provide an insight on this, Mrs Gostling agreed that further discussion is required outside of the meeting.

**The Committee were ASSURED by the work undertaken during the previous year; however agreed to Advise the Board that further work and discussions are required to demonstrate the impact on the Health Board's culture.** CD/LG

**Decision:**

The Committee:

- **RECEIVED ASSURANCE** of our cultural progression during the past year whilst recognising there is still work to do and with the potential to be accelerated, and;
- **NOTED** our future direction of travel as set out in the Cultural Driver Diagram

**PODCC Staff Survey  
(25)41**

Mr Robert Blake presented the report on the results of the staff survey. The report included the organisational analysis for Hywel Dda University Health Board from the October 2024 results and outlines key findings and future actions. The report also outlined 3 areas for improvement.

Ms Murphy, noting that the survey is launched in October, and suggested that sharing some feedback from the previous survey in September, in order to encourage staff to survey participation this year. She also expressed concern that information is not consistently reaching all staff. Mr Blake confirmed that the team are exploring options to improve participation.

Mrs Gostling highlighted that 20% of the workforce have responded, with an action plan in place for corporate work to be progressed. As part of Executive Director's one-to-one meetings, Prof. Phil Kloer is introducing discussion on the top 3 priorities for directorates.

Ms Lewis expressed concern that staff do not feel confident in reporting near misses and enquired whether the urgency around the speaking up agenda is being adequately addressed. In response, Mrs Daniel advised that reporting continues to be a work in progress. It is important to ensure processes do not get in the way of staff reporting incidents. Mrs Daniel and her team have discussed how to triangulate resources with speaking up to ensure concerns are not overlooked.

Following a query from Ms Lewis regarding whether this is included on the corporate risk register, it was **proposed that an update on improving incident reporting should be presented to the Quality, Safety and Experience Committee.**

CSO/SD

Members believed that 20% is a low response rate and enquired to the rationale for this and whether more could be done to encourage staff to complete the survey. In response, Mr Blake explained that 20% is the best response the Health Board has ever achieved, and it is on par with other health boards. He highlighted that there is a misconception that the survey is not confidential, and acknowledged that whilst improvements have been made, further work is required to increase completion.

Mrs Gostling noted survey fatigue amongst staff and emphasised the importance of how requests are communicated to staff. It was also observed that Mr Blake and his team had undertaken on site engagement with iPads during the last survey, which had helped to increase the response rate.

Mr Andrew Chapman emphasised the importance on developing individual action plans and providing staff feedback on survey outcomes. He suggested that staff apathy may stem from a lack of visible follow-up after surveys.

**The Committee were ASSURED by the report.**

**Decision:**

The Committee **NOTED** the results of the Staff Survey 2024 and RECEIVED ASSURANCE from actions presented.

**PODCC Equality, Diversity and Inclusion Taskforce Update  
(25)42**

Mrs Anna Bird presented an update report on the Equality, Diversity and Inclusion (EDI) Task Force. The report included an update on the first task force workshop held. A draft Terms of Reference was also included for approval.

Ms Lewis recognised that a significant amount of work had been undertaken on forming the task force. She added that the group needs to be inclusive to be impactful. Ms Lewis commented that the membership of the task force should represent the workforce and not be 'too corporate.'

Mrs Marks commended the report and noted her appreciation for the use of a task force approach rather than establishing a sub-committee.

**The Committee were ASSURED by the report.**

**Decision:**

The Committee:

- **NOTED** the update provided in this report on the progress of the EDI Taskforce.
- **APPROVED** the EDI Taskforce Terms of Reference.

**PODCC Armed Forces Annual Update  
(25)43**

Mrs Bird introduced an end of year report on improving outcomes for veterans and the armed forces community. The Health Board has a duty to ensure it does not disadvantage veterans. The report highlights how the Business, Partnerships and Inclusion team support veterans. Highlights reported included:

- Confirmation of the 4 key priority areas.
- 60% of the veteran population that are recorded through the census are now registered with GP practices, a 16.68% increase from the previous year.
- Work is underway to ensure that patients who could be eligible for priority treatment or who are veterans are recorded in the Welsh Patient Administration System (WPAS). The project team worked collaboratively and within the scope and the principles of the EQIIP programme. This has resulted in a 368% increase of veterans recorded on WPAS.
- 131 staff have self-reported their status on the Electronic Staff Records (ESR) system, increased by 48.86% on the previous year.
- 217 applicants used the Guaranteed Interview Scheme in the last year. 47% of applicants were shortlisted for interview, and 27.5% of those interviewed were appointed.

Ms Murphy welcomed the report, noting that there is some ambiguity around the definition of a veteran, such as whether length of service or status as full time or a reserve is a determining factor.

Members were advised that Mr Michael Imperato has taken over as forces champion following Mrs Delyth Raynsford's retirement from the Health Board.

**The Committee were ASSURED by the report.**

**Decision:**

The Committee **RECEIVED ASSURANCE** that the Health Board is proactively implementing the Armed Forces Covenant and the Armed Forces Covenant Duty.

**PODCC Speak Up - Deferred  
(25)44**

This item was deferred to the August meeting.

**PODCC Agile Working Plan  
(25)45**

*Sharon Hughes joined the meeting.*

Ms Sharon Hughes presented a report on the agile working plan highlighting the extensive engagement involved in its development, expressing thanks to Mrs Anna Bird and Ms Hinkin for their support.

The report sets out the vision and direction of travel for agile working and acts as a supporting document for the toolkit published in 2024. It underpins the philosophy that work is an activity we do, and not necessarily a place we go. It also supports a number of Welsh Government strategies and legislation such as the remote working strategy for Wales, the NHS Wales decarbonisation plan and also the estate rationalisation letter received from Welsh Government in 2024 regarding considering rationalising the Health Board estate and how this might be achieved. It demonstrates that the Health Board is actively monitoring estate occupancy and recognises that certain areas are currently underutilised.

Ms Lewis expressed appreciation for the acknowledgement that some individuals may not feel safe at home. She also queried the potential risk of staff claiming work from home expenses, above the standard allowance.

Ms Hughes highlighted that this was not a policy but a vision document setting out direction of travel. It is important to distinguish between agile working from flexible working, which is more of a formal arrangement. The Health Board is not looking to formalise home working. Agility is ensuring staff work in the most appropriate location for their Health Board role.

Ms Hinkin clarified that in terms of flexible working; it is about choice rather than employers insisting that staff work at home. The tax system identifies payments for utilities for home working is for staff who are being directed to work from home (such as during the pandemic).

**The Committee were ASSURED by the report.**

**Decision:**

The Committee **NOTED** the content of the Agile Working Strategic Plan Report

**PODCC Planning Objectives General Update Report  
(25)46**

Mrs Gostling introduced the summary report which provides an update for quarter 4 of 2024/25 as well as an overview for 2024/25.

Mrs Marks welcomed the comprehensive and report and praised the clarity of its presentation.

**The Committee were ASSURED by the report.**

**Decision:**

The Committee **RECEIVED ASSURANCE** on the year-end position in regard to the progress of the 2024/25 Planning Objective (PO1 Workforce Stabilisation) aligned to the People, Organisational Development, and Culture Committee, in order to assure the Board that the Planning Objective has been progressed and was on target.

**PODCC (25)47 Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR)**

Ms Michelle James presented the IPAR update report. Highlights to note were that agency spend continues to decrease, there has been a large reduction in sickness absences, and compliance for level 1 competencies remains above the 85% target currently at 87%.

Cllr Evans noted the report identified that sickness absences were reduced in 3 areas and queried the levels of absences in other areas. In response, Ms Hinkin explained that Ceredigion and Withybush Hospital were the primary areas of concern, though improvements are beginning to emerge. She noted that this has led to a reduction in the use of bank staff.

Mr Severs thanked the Workforce and Operational Development Teams for their work.

**The Committee were ASSURED by the report.**

**Decision:**

The Committee **RECEIVED ASSURANCE** of performance in key areas of the Workforce and OD agenda.

**PODCC (25)48 Improving Outcomes for Unpaid Carers - End of Year Report 2024/25**

*Ms Ruth Bourke joined the meeting.*

Mrs Bird presented the end of year report on improving outcomes for unpaid carers. The report is a summary of the breadth of work that has been delivered through the last reporting year to meet the needs of unpaid carers. Unpaid carers are a population group that specifically mentioned within the Social Services and Well-Being Wales Act (2014). The work undertaken as a Health Board is shaped around 4 priority areas that reflect both the regional and the national carer strategies, both of which are currently being refreshed.

The Health Board provides services for unpaid carers through voluntary sector partners. The number of unpaid carers receiving support has increased, with the 2021 census identifying that 51% of over 65s provide over 50 hours of care a week.

The Health Board aims to maintain individuals' health and well-being, enabling them to receive care within their own communities and where possible, in the comfort of their own homes. Concluding this work is vital for enabling self-identification signposting carers to available support. The Investors in Carers initiative plays a key role in early intervention and

prevention by helping to identify carers at an early stage and signpost them to the support that they need to help with their caring role.

Within the Health Board there are a number of staff who are unpaid carers, although they do not always identify themselves as such. It should be recognised that the number of staff with caring responsibilities is increasing.

Members noted that the Health Board has been successful in achieving the Level 3 Employees for Carers Ambassador Award.

Ms Ruth Bourke shared her experience of caring for her mother, which has also been included as a case study in the annual report. Ms Bourke highlighted the challenges she faced with her unpaid caring responsibilities and how these were overcome to enable her to stay in paid employment. She commented that managers had been very supportive.

Ms Murphy enquired of the support provided by the Health Board. In response, Ms Bourke commented that her managers reviewed appropriate policies, and considered how her work could be adapted, such as allowing her to briefly visit her mother during day and work the hours back flexibly. Ms Bourke was also able to work from home on certain days such as when her mother was receiving treatments. There is also a peer group to link in with and share experiences with others in a similar situation.

Ms Murphy queried whether Ms Bourke used the passport to leisure. Ms Bourke replied that it would not have benefitted her personally due to caring for her mother, however supported it as a good option for others.

Members discussed whether the Health Board as provider of healthcare, should ask “what it can do better” and give further consideration of looking at the carers role when patients are discharged. In response, Mrs Bird explained that considerable work has been undertaken with ward staff to ensure that when patients are admitted they are asked whether there is an unpaid carer.

Mrs Gostling highlighted that the Health Board contains multigeneration staff aged 16-70. There is an instinct to automatically consider staff with childcare responsibilities, however there is a need to also consider staff with other caring responsibilities.

Mr Severs queried whether successes are being celebrated enough within the Health Board.

Mrs Marks announced that she had been asked to be the Board Champion for Unpaid Carers. She also noted the increased number of referrals and queried whether the Health Board is set up to cope with that.

**The Committee were ASSURED by the report.**

**Decision:**

The Committee **NOTED** the Improving Outcomes for Unpaid Carers - End of Year Report 2024/25 report and received assurance that the Health Board is proactively addressing the priorities of the regional and national Carers

Strategies and making a positive difference for unpaid carers as a result.

**PODCC Strategic People Planning and Education Group (SPPEG) Update and (25)49 SPPEG ToRs**

Ms Amanda Glanville presented the SPPEG update report. She highlighted that there are ongoing challenges with staff not attending courses (Did Not Attend - DNA) which are either face to face or where numbers need to be limited to manage participation.

The challenge of meeting the demand for resuscitation training across the Health Board within the current resources have been raised in other sub-committees. For example, work is being undertaken by the Quality, Safety and Experience Committee. Work undertaken by SPPEG also feeds into the Health and Safety Committee (HSC). Consideration is now to be made on how to bring the work together to ensure there is no duplication. Consideration is also being made on how to integrate with medical and dental staff and agenda for change staff.

The review of statutory and mandatory training is ongoing, there is also work being undertaken by an independent body on an all-Wales basis.

Cllr Evans highlighted that challenges with training has been flagged by internal audit and enquired whether there is a timescale for improving attendance. In response, Mr Severs advised that SPPEG will liaise with the Education Team to consider what information is available and how to ensure timely oversight the Clinal Care Group (CCG) meetings and advanced planning in order to be in a position that the DNA rate is minimal. This work is scheduled to take place over the next two months. Meanwhile SPPEG, through the HSC, are also reviewing levels of attendance at for Level 2 fire training.

Cllr Evans suggested it would be useful to have sight of the SPPEG minutes. It was agreed that they would be included in future Committee papers.

**The Committee were ASSURED by the report.**

**Decision:**

The Committee **TOOK ASSURANCE** from the items that the Sub-Committee is providing assurance on.

**PODCC Outcome of Advisory Appointments Committee (AAC) (25)50**

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

**The Committee were ASSURED by the report.**

**Decision:**

The Committee **APPROVED** the AAC appointments on behalf of the Board.

**PODCC Workforce Policies for Approval  
(25)51**

Following no questions, the Committee approved policies 133 and 863 and agreed to the extension of the review date of the Medication Errors, Relocation, and Underpayment and Overpayment of Salary Policies to 31 August 2025.

**The Committee were ASSURED by the report.**

**Decision:**

The Committee:

- **RECEIVED ASSURANCE** that the above documents have been reviewed in line with Policy 190.
- **APPROVED** the amendments made to the following policies:-
  - 133 - Equality, Diversity & Inclusion Policy
  - 863 - Translation & Interpretation Policy
- **EXTENDED** the review date of the Medication Errors, Relocation, and Underpayment and Overpayment of Salary Policies to 31 August 2025.

**PODCC PODCC Workplan 2025/26  
(25)52**

It was agreed to **amend the workplan to bring forward the Strategic Equality Plan Annual Report to the agenda for the August 2025 PODCC meeting, and move the Employment Reduction Deep Dive to the agenda for the November 2025 meeting.** CSO

**PODCC ANY OTHER BUSINESS  
(25)53**

No other business was discussed at this time.

**PODCC DATE OF NEXT MEETING: 9.30am-12.30pm, Tuesday 19 August 2025  
(25)54**

**Date of Future Meetings**

Tuesday 4 November 2025

Tuesday 17 February 2026