

**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL  
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	19 May 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	People, Organisational Development & Culture Committee Annual Assurance Report 2025/26
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mr Neil Prior, Chair, People, Organisational Development & Culture Committee
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Mrs Lisa Gostling, Executive Director of Workforce & Organisational Development (OD)

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this report is to present the People, Organisational Development & Culture Committee (PODCC) Annual Assurance Report 2025/26 to the Board.

The PODCC Annual Report provides assurances in respect of the work that has been undertaken by the Committee during 2025/26; and outlines the main achievements which have contributed to robust integrated governance across the Health Board.

**Cefndir / Background**

Hywel Dda University Health Board's (the Health Board) Standing Orders and the Terms of Reference (TOR) for PODCC require the submission of an Annual Report to the Board to summarise the work of the Committee and to identify how it has fulfilled the duties required of it.

The fundamental purpose of the Committee is to provide assurance to the Board around the organisation's strategy and delivery plans for workforce and organisational development.

This PODCC Annual Report specifically comments on the key issues considered by the Committee in terms of People, Organisational Development and Culture, and the adequacy of the response, systems and processes in place during 2025/26.

**Asesiad / Assessment**

The PODCC Annual Report 2025/26 is included at Appendix 1.

**Argymhelliad / Recommendation**

The Committee is requested to:

- **ENDORSE** the People, Organisational Development & Culture Committee Annual Report 2025/26.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.4.1 Report formally, regularly and on a timely basis, to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of PODCC meetings 2025/26
Rhestr Termiau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	PODCC Chair, Lead Director and Committee Members

**Effaith: (rhaid cwblhau)**

<b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	A sound system of internal control, as evidenced in the Committee's Annual Report, will assist with ensuring financial control, and the safeguard of public funds
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	SBAR template in use for all relevant papers and reports
<b>Gweithlu: Workforce:</b>	SBAR template in use for all relevant papers and reports
<b>Risg: Risk:</b>	SBAR template in use for all relevant papers and reports
<b>Cyfreithiol: Legal:</b>	A sound system of internal control, as evidenced in the Committee's Annual Report, ensures that any risks to the achievement of the Health Board's objectives are identified, assessed and managed.
<b>Enw Da: Reputational:</b>	Not applicable
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	SBAR template in use for all relevant papers and reports

# PEOPLE, ORGANISATIONAL DEVELOPMENT AND CULTURE COMMITTEE

ANNUAL REVIEW REPORT

2025/2026

## **1. Introduction and Chair's Summary**

In line with Standing Orders, the People, Organisational Development and Culture Committee must submit an Annual Report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Sub-Committees it has established, setting out how the Committee has met its Terms of Reference during the financial year.

The Board uses this annual report to inform:

- The ongoing development of its governance arrangements, including its structures and processes:
- Its Board Development Programme, as part of an overall Organisation Development framework

## **Chair's Reflections**

During 2025/26, the People, Organisational Development and Culture Committee (PODCC) has continued to play a critical role in providing oversight, scrutiny and assurance in what has been a year of significant organisational pressure, cultural challenge, and system-wide change. Reflecting on the Committee's work over the past year, several themes have emerged which will continue to shape our priorities going forward.

First, the scale and pace of organisational change particularly the rollout of the Clinical Care Group (CCG) structure has had a profound impact on staff, with concerns raised about communication, engagement, and the effect on trust and morale. The Committee has paid close attention to these issues, recognising the fragility of teams affected by restructure and the need for consistent, compassionate leadership to embed new ways of working. Updates received through the year have shown some progress, but this remains a critical area requiring ongoing support and scrutiny.

Second, the Committee has maintained strong focus on workforce risks, including recruitment and retention challenges, sickness absence, and wellbeing pressures. The wider labour market, coupled with financial constraints, continues to present significant obstacles. Deep dives undertaken this year have been instrumental in understanding both the causes and the potential solutions. The Committee welcomed the progress achieved through international recruitment, reductions in key vacancies, and enhanced workforce planning, while also noting areas such as medical retention and specialist workforce shortages where risk remains high. The link between staff wellbeing, service sustainability and patient outcomes has never been clearer.

Third, cultural development and improvement have been central to the Committee's work. Staff survey results, Speak Up insights, Equality, Diversity and Inclusion (EDI) Taskforce findings, workforce performance metrics, and reports from Health Education and Improvement Wales (HEIW) and inspectors have provided rich intelligence on staff experience. While there are positive indicators—including higher

levels of anonymous reporting, improvements in training compliance, and examples of compassionate leadership significant challenges persist, particularly around psychological safety, morale, behavioural standards and confidence in raising concerns. The Committee has prioritised the need to embed a more consistent and visible speak up culture across all areas of the Health Board.

Fourth, the Committee has taken assurance on a broad range of programmes and initiatives that provide real value to staff, including the Recovery in Nature wellbeing programme, Agile Working developments, the Armed Forces Covenant, and workforce education and development planning. These programmes illustrate the commitment across the organisation to invest in its people and support them through demanding circumstances.

The year has also seen considerable progress in strengthening governance, risk oversight and reporting. The shift to an integrated Assurance and Risk Report and the Committee's engagement with corporate, operational and principal risks have strengthened visibility of workforce-related risks and improved the Committee's ability to monitor and challenge mitigation plans. The Committee's own self-assessment has highlighted areas for improvement such as sharpening strategic focus, strengthening interfaces with other Committees, and enhancing the quality of reports and these actions have already resulted in positive changes to Committee practice.

Finally, it is important to reflect on the commitment of staff and leaders who have contributed to the Committee's work throughout the year. Despite organisational pressures and operational demands, colleagues have shown openness, professionalism and a clear desire to improve workforce culture and staff experience. The Committee's ability to carry out its role is dependent on this transparency and engagement.

Looking ahead, the Committee recognises that the challenges facing the workforce are significant and, in some areas, deep rooted. The Health Board's recovery journey, the implementation of the Clinical Services Plan, and the early adoption of the new NHS Wales Workforce Solution will all require robust oversight. PODCC will continue to focus on improving organisational culture, strengthening recruitment and retention, delivering inclusive and equitable opportunities, supporting staff wellbeing, and ensuring that the Health Board is a place where every member of staff can thrive and feel valued.

The Committee is assured that it continues to operate effectively within its Terms of Reference, and remains committed to continuous improvement in its scrutiny, leadership and governance.

## **2. Terms of Reference and Workplan**

The Terms of Reference (TOR) for the People, Organisational Development and Culture Committee is reviewed on an annual basis or following any significant changes. The TORs were last reviewed on 27 May 2025.

[Link to People, Organisational Development and Culture Committee Terms of Reference](#)

The People, Organisational Development and Culture Committee has a work plan to enable forward planning for the forthcoming year. The workplan is produced to incorporate the duties outlined in the Committee’s TOR and any suggested areas of focus identified during the self-assessment process. The People, Organisational Development and Culture Committee workplan covers a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support Board and Committee’s objectives. The workplan is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks.

[Link to the People, Organisational Development and Culture Committee Workplan 2025-26](#)

### 3. Sub-Committee

The **Strategic People Planning and Education Group** reported into the People, Organisational Development and Culture Committee with its own TOR and workplan for the year. The Sub-Committee’s TOR were last reviewed on 11 April 2024. In line with their Terms of Reference, the Sub-Committee provided a report after each meeting. The TORs are due to be reviewed in the May 2026 meeting.

### 4. Table of Attendance

Membership	27/02/25	19/08/25	03/11/25	17/02/26
Eleanor Marks (Chair/Vice Chair) <i>A change of IM responsibilities took place in January 2026 with Eleanor Marks becoming Vice-Chair of the Committee</i>	✓	✓	✓	✓
Neil Prior (Chair) <i>Neil Prior joined the Committee as Chair from April 2026.</i>	n/a	n/a	n/a	✓
Anna Lewis Independent Member (Vice Chair) <i>Anna Lewis left the Health Board in December 2025.</i>	✓	x	x	n/a
Ann Murphy Independent Member	✓	✓	✓	✓
Rhodri Evans Independent Member	✓	✓	✓	✓ No longer a Member of PODCC
In Attendance	27/02/25	19/08/25	03/11/25	17/02/26
Lisa Gostling	✓	✓	✓	✓

Executive Director of Workforce and Organisational Development/ Deputy Chief Executive				
Mark Henwood Executive Medical Director	✓	x	✓	x
Dr Ardiana Gjini Executive Director of Public Health	✓	✓	x	✓
Sharon Daniel Executive Director of Nursing, Quality and Patient Experience	✓	✓	✓	✓
James Severs Executive Director of Allied Health Professions and Health Science	✓	✓	✓	✓
Andrew Carruthers Chief Operating Officer	✓	✓	✓	✓
Alwena Hughes-Moakes Communications and Engagement Director	✓	✓	✓	✓
Anthony Dean Trade Union Representative	x	✓	✓	x
Meeting quorate?	Yes	Yes	Yes	Yes

A quorum consists of no less than three of the membership and must include as a minimum the Chair or Vice Chair of the Committee, together with a third (3) of the In Attendance members.

#### **5. Committee Activities – alert, advise and assure.**

The Committee is required to report to the Board after each Committee meeting by presenting a report highlighting the key discussion items at the Committee.

**Alert** – *The following matters were areas where the Committee was unable to take an assurance or had a lack of confidence that the action in place was sufficient to address the issue satisfactorily and/or it was within the scope of the operational team to resolve and were alerting the Board as engagement action or intervention was required.*

The Committee did not alert the Board to any matters during 2025/26.

**Advise** – *The following matters were areas of concern where assurance had been taken on actions in place but required close monitoring.*

#### **Operational Risks**

As part of its 'Advise' role, the Committee escalated the following operational risk matters to the Board during the year:

- **Operational Risk 737 – Switchboard compliance with the European Working Time Directive**

The Committee advised the Board in May 2025 that it was not assured in relation to Operational Risk 737, a long-standing risk associated with the ability to safely cover single-handed switchboard shifts across three sites. Further assurance was sought on how the risk was being managed.

Subsequent updates confirmed that the required changes were complex and subject to an Organisational Change Process, which was approved, with implementation progressing and a revised target completion date of January 2026. This risk continues to be monitored through the Committee's Assurance and Risk reporting.

- **Operational Risks – August position**

In August 2026, the Committee advised the Board that it was unable to receive assurance in relation to the wider suite of operational risks presented, as key queries could not be adequately addressed during the meeting. The Committee formally requested that the Chief Operating Officer ensure a comprehensive update be provided to enable appropriate scrutiny. A refreshed operational risk update was subsequently presented to the Committee at its November 2025 meeting, enabling assurance to be taken. This position is reflected within the 'Assure' section of this Annual Report.

**Culture Progression** – in May 2025 the Committee advised the Board that further work and discussions were required regarding Culture Progression, to demonstrate the impact on the Health Board's culture. The Committee requested a further update at its the next meeting. An update was subsequently provided which is included under the 'Assure' section of this Annual Report.

**Targeted Intervention** – in August 2025 the Committee advised the Board of concerns 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 Chief Operating Officer committed to finalising writing an Organisational Change Policy (OCP 2) by the end of September 2025; however, it was recognised that this could take up to a further 9 months to implement. 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. It was requested that an update be provided to the next Committee meeting, outlining the structure and process for recruitment arrangements. An update was provided which is included under the 'Assure' section of this Annual Report.

**Phase 2 Clinical Care Group (CCG) Organisational Restructure** – in February 2026 the Committee highlighted the fragility of staff affected by the restructure, and the need to progress matters at pace. Concerns were raised that Phase 1 had damaged trust with district nursing teams. Executive Directors acknowledged the need for stronger communication and engagement and outlined plans for a comprehensive strategy to rebuild trust. The Committee could not take assurance on the restructure's costs and requested a detailed breakdown, including costs linked to staff displacement, for a future PODCC meeting.

**Assure** – *The following matters were areas where there was confidence that robust actions are in place and are sufficient to address the issues to operate effectively.*

## **Assurance and Risk Report**

The Committee received separate reports on Corporate Risks Assigned to PODCC and Operational Risks Assigned to PODCC in May 2025. An overarching report (which incorporates Corporate and Operational Risks, Operational, Monitoring of Ministerial Directions and Monitoring of Welsh Health Circulars) was then submitted to the Committee in August 2025, November 2025 and February 2026.

The Committee reviewed the corporate and operational risks which are aligned to PODCC. As part of its review, the Committee considered the status of each risk and their current scores.

- **Corporate Risk 1978: Risk of insufficiently skilled workforce to deliver services due to limited labour market** – In May 2025 the Committee queried whether the target risk score of 12 was too high. After considering the risk alongside feedback received from managers, staff and trade union representatives it was determined that the scores should remain unchanged. It was agreed that a deep dive into this risk would take place and also be discussed by the Executive Team.

In February 2026 the risk score remained at 16 and it was reported that as further action is taken through stabilisation programmes, the Clinical Services Plan (operational and strategic workforce planning) and Improving Together sessions, it is expected to be able to reduce the risk score during 2026/27.

- **Principal Risk 1186: Attract, retain and develop staff with the right skills** – in August 2025 it was noted that this risk score had not been reduced following internal feedback, however, the risk continued to be reviewed. Five Operational risks under this Principal risk on Datix were assigned to PODCC.

In November 2025, it was reported that the risk score had increased from 15 to 16 to acknowledge that sickness rates were increasing.

- **Operational Risk 2169: Risk to staff wellbeing in weight management service** – in November 2025 it was noted that this risk score was high due to the loss of several key members of staff due to sickness/stress and that services could not be delivered without a prescriber. Work was being undertaken with the Communications Team to manage public expectation around access to weight loss medication given the risk of increasing public anxiety/tension.

In February 2026 the risk score remained high at 25. It was reported that ~~that~~ public expectations regarding access to weight-loss medication, to which most patients do not meet NHS criteria for, have resulted in frustration being directed at staff, which has contributed to the high risk score and a reluctance to accept new referrals.

- **Corporate Risk 1821: Risk to the welfare of Health Board staff due to current demands** – in February 2026 it was noted that the risk was under review by the Workforce and Operational Development (W&OD) Team.

- **Operational Risk 2253: Risk of reduced workforce due to difficulty recruiting qualified specialist School Nurses** – in February 2026 the Committee was informed of dissatisfaction encountered amongst staff in Aberaeron Integrated Care Centre about the pace of decision making, and the resources available. The Nursing, Quality and Patient Experience Team would consider the risk in more detail, including development opportunities, career pathways and staff turnover.

### **Targeted Intervention (TI)**

Assurance on targeted intervention was maintained throughout the year via regular and structured reporting to the Committees. In May 2025 the Committee noted the revised Welsh Government escalation criteria and the explicit alignment of individual criteria to each Committee, with a clear message that caution should be exercised in interpreting minor percentage movements as evidence of improvement or deterioration.

In August 2025 the Committee considered an update outlining the actions set by Welsh Government as part of the targeted intervention process. As part of this discussion, concerns were raised regarding the incomplete rollout of the Clinical Care Group (CCG) structure, which was reflected in the 'Advise' section of the assurance report to Board.

By November 2025 the Committee took assurance from the TI update report. It was confirmed, following a query at the People, Organisational Development and Culture Committee earlier in the year, that although actions had been completed, they would remain amber rated until the targeted intervention process was formally concluded. In February 2025 a closure report confirmed that the Health Board had met all requirements and was no longer in escalation for Leadership, Capability and Culture, with assurance thereafter embedded within routine Committee and Board reporting arrangements.

### **Recovery in Nature Programme**

In May 2025 the Committee received assurance that the Recovery in Nature Programme is making a significant contribution to supporting and improving staff mental health, including recovery from work-related stress and burnout. Evaluation evidence confirmed clinically significant improvements in wellbeing and reductions in burnout among participants, and the Committee recognised the programme as a valued alternative to other psychological support offers available to staff.

The Committee also noted an approximate 40% drop-off rate between application and completion. Members discussed the factors influencing this, including release from duties, rota pressures and line management support, and considered actions to strengthen early engagement, promotion and organisational enablement to support staff participation and reduce attrition in future cohorts.

### **Workforce Efficiency**

In May 2025 the Committee reviewed the Workforce Efficiency Update, which outlined the range of actions being taken to reduce workforce costs and support service stabilisation, including measures to address agency usage and improve rostering and workforce planning. The update recognised the Health Board's

continued reliance on international recruitment as part of its mitigation strategy, while assurance was provided that robust internal arrangements are in place, including active oversight by the Workforce Team and close collaboration with Clinical Care Group Directors, Assistant and Deputy Directors of Allied Health Professionals and Health Sciences, and service leads.

In November 2025 the Committee received a workforce efficiency deep dive which explored key affordability and sustainability challenges. This included discussion of the constraints on aligning medical pay rate cards with other organisations across Wales in the current financial climate, and the potential implications for recruitment and retention. The Committee also noted that financial pressures in some service areas have required the prioritisation of essential activity, including temporary constraints on staff training budgets. The Committee was assured that these risks are understood, are subject to ongoing monitoring, and are being managed within the wider workforce stabilisation and financial recovery frameworks.

### **Welsh Language Annual Report 2024/25**

In May 2025 the Committee considered the Welsh Language Annual Report 2024/25. The report highlighted an increase in the number of vacancies advertised as “*Welsh not necessary*”, rising from 26 in 2023/24 to 288 in 2024/25. The Committee was advised that the Welsh Language Team is undertaking further analysis to understand the underlying reasons for this change.

The Committee endorsed the Welsh Language Annual Report as an accurate reflection of the activity and progress made during the year to enhance and embed the Welsh language and culture throughout Hywel Dda University Health Board.

### **2024 Staff Survey Results**

In May 2025 the Committee considered the 2024 Staff Survey results and discussed concerns that staff may lack confidence in reporting errors, near misses or incidents, alongside consideration of the overall response rate. Members acknowledged that the 20% response rate represented the highest achieved by the Health Board to date.

The Committee supported proposals to improve feedback and engagement by sharing learning and actions arising from the previous survey in September 2024, to demonstrate the impact of staff feedback and encourage greater participation ahead of the October 2025 survey. The Committee also explored whether concerns relating to staff feeling unsafe to report incidents should be reflected on the Corporate Risk Register.

While no specific risk was raised at that time, a new corporate risk relating to staff experience and wellbeing was subsequently recorded on Datix in March 2026. This risk (Risk 2305: Risk to staff wellness due to the pace and breadth of organisational change, current risk score 20) incorporates these concerns within a wider framework for monitoring and managing staff wellbeing.

### **Equality, Diversity and Inclusion (EDI) Taskforce**

In May 2025 the Committee received an update on the establishment of the Equality, Diversity and Inclusion (EDI) Taskforce, including feedback from the first Taskforce

workshop. The Committee acknowledged the significant work undertaken to establish the Taskforce and approved the EDI Taskforce Terms of Reference.

In August 2025 the Committee considered an EDI update report which addressed concerns relating to ethnic minority career progression and highlighted the Health Board's contribution to national consultations. Analysis of staff survey data was completed across key characteristics. Members emphasised the need for improved representation of carers and for more effective approaches to understanding and capturing staff morale.

In February 2025 the Committee received an update on the EDI Taskforce's forward focus, which centred on three overarching objectives: strengthening Board allyship, enhancing engagement and co-production, and improving the use of data and intelligence to inform EDI priorities and actions.

### **Armed Forces Annual Update**

In May 2025 the Committee received the Armed Forces Annual Update and was assured that the Health Board continues to proactively implement the Armed Forces Covenant and the Armed Forces Covenant Duty. The update demonstrated that a wide range of actions are in place to improve outcomes for veterans and members of the Armed Forces community. The Committee also noted the appointment of Michael Imperato as Forces Champion, following the retirement of Mrs Delyth Raynsford.

### **Agile Working Plan**

In May 2025 the Committee considered the Agile Working Plan, which outlined the extensive engagement undertaken to inform its development and the strategic direction for new ways of working across the organisation. The Committee noted the clear distinction between agile working and flexible working, the latter remaining a formal contractual arrangement. Clarification was provided that agile working does not equate to home working and that the Health Board does not intend to formalise home working as part of this approach. The Committee received assurance from the report on the proposed direction of travel.

### **Unpaid Carers End of Year Report**

In May 2025 the Committee received the Unpaid Carers End of Year Report, which summarised the breadth of work delivered during the reporting year to support unpaid carers. The Committee was assured that the Health Board is proactively addressing the priorities of the regional and national Carers Strategies and that this work is making a positive difference for unpaid carers. The Committee also noted that Eleanor Marks, Vice Chair of Hywel Dda University Health Board, is the Champion for Unpaid Carers.

### **Planning Objectives Aligned to PODCC**

In May 2025 the Committee took assurance from the Delivery against Planning Objectives Closure Report 2024–25 and from update reports provided thereafter, confirming that delivery against the Planning Objectives aligned to PODCC was progressing. Throughout the year, the Committee received deep-dive presentations on each of the relevant Planning Objectives to support effective scrutiny and assurance.

During 2025/26, the Committee continued to monitor delivery of the Planning Objectives through regular update reports. In August 2025 assurance was received that progress remained on track, with no additional issues requiring discussion. In November 2025, while overall assurance was maintained, the Committee noted that one element of Planning Objective 1.1 (establishing a group to support staff wellbeing) had been reported as off-track for the first time, reflecting workload capacity pressures arising from staffing vacancies and sickness absence. By February 2026 the Committee received assurance that the organisation was back on track and progressing towards delivery of the Planning Objectives for the year.

### **Delivery against Planning Objectives aligned to PODCC – Deep Dive: PO1 Workforce Stabilisation (Recruitment Plan)**

In February 2026 the Committee received a deep-dive presentation on the Workforce Stabilisation Recruitment Plan. The update outlined the recruitment team's progress in attracting high-quality candidates and demonstrated a significant reduction in vacancies, particularly through the International Nursing Programme, alongside continued international recruitment for medical roles. The Committee received assurance on the recruitment function's achievements to date and the ongoing work to strengthen inclusive recruitment practices and improve candidate experience.

### **Delivery against Planning Objectives aligned to PODCC – Deep Dive: PO1 Workforce Stabilisation (Retention Plan)**

In February 2026, the Committee received a deep dive presentation on the Workforce Stabilisation Retention Plan, setting out the Health Board's strategic ambition for workforce retention since 2021. During discussion, Members highlighted concerns regarding medical retention, particularly among specialty doctors. The Committee requested further analysis to determine whether the specialties experiencing retention challenges aligned with the Clinical Services Plan or other clinically fragile services.

### **Delivery against Planning Objectives aligned to PODCC – Deep Dive: PO1 Workforce Stabilisation (Workforce Education and Development Plan)**

In February 2026 the Committee received a deep-dive presentation on the Workforce Education and Development Plan as part of Planning Objective 1 (Workforce Stabilisation). The deep dive provided a retrospective and forward-looking review of education commissioning, leadership and management development capacity, including the Foundations in Management programme. The Committee also considered the potential impact of proposed changes to indefinite leave to remain on future workforce planning and recruitment.

### **Performance Assurance and Workforce Metrics**

The Committee received regular Performance Assurance and Workforce Metrics reports throughout the year and took assurance on the Health Board's performance across key workforce indicators. The reports demonstrated continued reductions in agency spend alongside a downward trend in sickness absence. Compliance with Level 1 training competencies remained strong, at 87% in May 2025, exceeding the 85% target.

High levels of compliance were also reported for mandatory training, including dementia awareness training, which achieved 96.1% compliance and was commended by Members. Compliance with the Core Skills Training Framework stood at 91.9%. In addition, 34 settings across the Health Board were recognised through Investors in Carers bronze, silver or gold awards.

The Committee noted that sickness absence rates had reduced by 0.19%, while acknowledging that anxiety, stress and depression remained the most common causes. Members also noted that an annual Performance Assurance and Workforce Metrics report would be produced, with summary reports presented to PODCC throughout the year to provide ongoing oversight and assurance.

### **Health Board Partnership Forum Update**

In August 2025 the Committee received an update from the Health Board Partnership Forum which highlighted challenges in achieving quoracy at Local Partnership Forum meetings, ongoing concerns regarding staff morale, and the need for clearer planning and communication in relation to Regional Innovation Fund-funded projects. Staffing gaps at Bands 2 and 3 were noted, alongside work underway to increase staff survey participation. Members discussed the complexity of understanding and addressing staff morale, recognised the limitations of existing feedback mechanisms, and highlighted the value of informal engagement by managers. The Committee also explored opportunities to adapt the county-based forum model to better align with Community Care Group structures.

In February 2026 the Committee was advised of continued low attendance at Local Partnership Forums and noted the establishment of a task and finish group to support the transition from weekly to monthly payroll arrangements. Further work was identified to improve attendance and engagement across the partnership forum meetings.

### **Strategic Equality Plan Annual Report 2024–25**

In August 2025 the Committee received the Strategic Equality Plan Annual Report 2024–25, including the Workforce Equality and Pay Gap Update. The Committee received assurance on the Pay Gap Update, which set out four key objectives supported by specific actions. Members noted challenges in accessing service-level data and highlighted the need for clearer success measures to support monitoring of progress.

The Pay Gap Update identified disparities affecting Black, Asian and Minority Ethnic staff and female staff, particularly within lower pay bands and at senior levels. During discussion, concerns were raised regarding training compliance, barriers to career progression, and the potential impact of recruitment language. The role of informal support arrangements and flexible working was acknowledged as contributing to improved staff experience.

The Committee recognised the progress being made, alongside areas requiring further improvement, and agreed to recommend the Strategic Equality Plan Annual Report to Board for approval and publication. The Board formally approved the Strategic Equality Plan Annual Report in September 2025.

### **LGBTQ+ Action Plan**

In August 2025 the Committee received an update on progress against the LGBTQ+ Action Plan and was assured that actions were being taken to support improved equality and inclusion for LGBTQ+ people. Members noted that the Electronic Staff Record does not currently capture gender identification data, in contrast to the 2021 Census, which may result in limitations in the availability of workforce data and insight in this area.

### **Culture Overview Report**

In August 2025 the Committee considered the Culture Overview Report and discussed the challenges facing the organisation, including issues relating to staff morale, resilience and tolerance. Members recognised the complexity of these challenges and the impact they have on the pace of cultural progression across the Health Board.

### **Speak Up**

In August 2025 the Committee received assurance through staff survey results which demonstrated increased engagement with the Speak Up process, particularly via anonymous reporting. Members explored barriers to speaking up and noted that a learning event had informed a number of practical actions, including the development of a Speak Up Guardian role. Concerns were raised regarding Guardian visibility and the clarity and suitability of the role. While bullying trends were reported as stable, the Committee highlighted the importance of continued education to support a shared understanding of definitions. It was also recognised that staff remain cautious about sharing experiences and that challenges persist in recruiting and supporting Speak Up Guardians.

In February 2026 the Committee considered key themes emerging from the Speak Up platform, including workforce pressures, leadership behaviours, wellbeing and psychological safety, equality and inclusion challenges, and operational issues. Exit interview feedback suggested that leadership, management practices, wellbeing and cultural factors were influencing some staff decisions to leave the organisation. The Committee received assurance that work continues to strengthen leadership and embed a more open Speak Up culture, while acknowledging the ongoing challenges involved.

### **Health Education and Improvement Wales (HEIW) Visits**

In August 2026 the Committee received assurance on actions arising from Health Education and Improvement Wales targeted visits, including visits to General Surgery at Withybush Hospital and General Medicine at Glangwili Hospital. The Committee considered key issues identified through the visits, including workforce shortages, patient safety concerns, and matters relating to workplace culture and behaviours.

Members emphasised the importance of ensuring that actions taken in response to the HEIW findings are meaningful and lead to sustained improvement, particularly in relation to culture and the clarity of reporting routes for concerns. The Committee discussed processes for risk scoring and oversight and noted that actions and

recommendations would continue to be monitored through the Audit Management and Tracking (AMaT) system.

### **Joint Inspection of Child Protection Arrangements (March 2025)**

In August 2025 the Committee received assurance on actions arising from the Joint Inspection of Child Protection Arrangements undertaken in March 2025. Positive feedback from the inspection included strong governance and leadership arrangements, alongside improvements such as reduced waiting times for Child and Adolescent Mental Health Services.

The Committee noted a number of areas requiring further improvement, including low safeguarding training compliance, particularly among medical staff, cultural issues, and inconsistencies in evidencing the voice of the child. Members were advised that actions arising from the inspection were being tracked through the (AMaT) system, with targeted improvement activity underway.

Members emphasised the need for meaningful and sustained action, clearer accountability for safeguarding responsibilities, and stronger integration of safeguarding training requirements into staff Performance Appraisal Development Reviews and Personal Development Plan discussions.

In February 2026 the Committee received a safeguarding training compliance update, which provided assurance on the current position and the delivery of a structured improvement plan to increase compliance levels, supported by strengthened governance and service-level ownership of actions.

### **Community Nursing Annual Report**

In August 2025 the Committee received the Community Nursing Annual Report, which summarised key achievements in community-based service delivery. The Committee received assurance that maintaining high standards of care and professional practice, alongside continued focus on workforce development and service delivery, remain key priorities in supporting sustainable community nursing services.

### **Contractual and Legislative Changes**

In August 2025 the Committee received and took assurance from the Contractual and Legislative Changes report, which provided an overview of current and potential contractual and legislative developments with implications for the Health Board's workforce.

### **Sickness Absence Tool**

In November 2025 the Committee received a demonstration of the Sickness Absence Tool as part of the Staff Story agenda item. The Committee agreed that the tool was very helpful and received assurance from the information presented. Members noted that overall sickness absence rates had not reduced to pre-pandemic levels, and work was underway to understand the underlying causes of absence and identify actions to support reduction.

In February 2026 a more detailed presentation of the Sickness Absence Tool was provided as part of the Performance Assurance and Workforce Metrics report. The

enhanced analysis offered further insight into absence trends and contributing factors, providing additional assurance to the Committee and supporting ongoing work to inform targeted interventions.

### **Whistleblowing in Hywel Dda**

In November 2025 the Committee received a verbal update on whistleblowing in Hywel Dda, following a request from Independent Members. The update confirmed that a multi-disciplinary discussion had taken place to consider whistleblowing from a range of perspectives. The Committee was assured that work was underway to strengthen arrangements, and that a written report would be presented to the next Committee meeting in February 2026.

In February 2026 the Committee considered further progress and highlighted the importance of clearly distinguishing between whistleblowing and speaking up. Members recognised that further work is required to ensure the consistent and sustainable embedding of a speak-up culture across all operational areas of the Health Board, while continuing to provide appropriate assurance on whistleblowing arrangements.

### **Social Partnership Duty Annual Report 2024–25**

In November 2025 the Committee received and took assurance on the Social Partnership Duty Annual Report 2024–25. The report was subsequently approved by the Board on 27 November 2025.

### **Clinical Care Group (CCG) Structure and Process for Recruitment**

In November 2025 the Committee received a brief verbal update on the Clinical Care Group structure and recruitment arrangements, in the absence of a written report. Members were advised that plans were in place to establish the structure for three of the four Clinical Care Groups, with new posts progressing through the Organisational Change Policy process. A draft outline for Phase 2 of the Organisational Change Policy was in place for the fourth Clinical Care Group, and a review was underway to support the alignment of clinical care.

In February 2026 the Committee received a further update and noted progress against the CCG structure and recruitment arrangements, with work continuing through the Organisational Change Policy process. The Committee remained sighted on this area and the ongoing work to support effective implementation across all Clinical Care Groups.

### **Sickness Rates and Cultural Challenges in Theatres**

In November 2025 the Committee received a verbal update on sickness rates and cultural challenges within theatres at Glangwili Hospital, following a grievance raised by theatre staff in 2024. Members were advised that a number of actions had been identified and that work was underway to complete these and determine next steps. Ongoing challenges associated with staff sickness absence were noted, and an action plan had been requested from the relevant Clinical Care Group. A review of theatre staffing levels had also been undertaken, and it was recognised that existing staff were working additional hours to mitigate staffing shortfalls. The Committee

agreed to take assurance on this issue, with the proviso that a written update would be presented at the February 2026 meeting.

In February 2026 the Committee received assurance on the work undertaken to address workforce, cultural and safety concerns within theatres at Glangwili Hospital. Members noted significant progress, including recruitment to vacant posts, the introduction of structured induction and mentorship arrangements supported by the theatre practice development teams, and the approval of a Safer Staffing Review with an associated business case for further recruitment. Improvements in both short-term and long-term sickness absence were reported, alongside continued focus on staff training and development.

### **Increase in Stress Amongst Staff**

In February 2026 the Committee received an update on the increase in stress amongst staff and was informed of the challenges being experienced by the Psychological Wellbeing Team, including the impact of staff retirements and long-term absences. Members noted the ongoing work of the Health and Safety Committee in addressing stress-related sickness absence and highlighted the importance of myth-busting in relation to terms and conditions of employment.

The Committee recognised the challenge for managers in identifying stress at an early stage, while also acknowledging that, in some instances, stress may be linked to management practices. Assurance was received on the actions in place and the continued focus on addressing stress and supporting staff wellbeing across the organisation.

### **Employee Relations Update**

In February 2026 the Committee received an Employee Relations update report, which highlighted ~~outlined~~ an increase in employee relations cases and reinforced the importance of encouraging staff to speak up. The report also included updates relating to the underpayments and overpayments policy and counter-fraud notices. Employee relations matters were explored in further detail during the subsequent In-Committee session.

### **Update on Safeguarding Training Compliance**

In February 2026 the Committee received and took assurance on the current status of safeguarding training compliance and the actions in place to support improvement. Members noted that a structured improvement plan is underway, supported by strengthened governance and service-level ownership, to support achievement of the organisational compliance target of 85% by March 2027.

### **New Workforce Solution**

In February 2026 the Committee was informed that Hywel Dda University Health Board had been confirmed as an early adopter of the NHS Wales New Workforce Solution, which will replace the current Electronic Staff Record (ESR) system. Members noted that the active adoption phase is scheduled to commence in June 2026 and continue through to June 2027, ahead of wider rollout across NHS Wales.

The Committee was advised that additional local resources will be required to support implementation of the new system and that these will be progressed through

the appropriate governance processes, with further updates to be provided to a future PODCC meeting. It was also noted that Board approval will be required at the relevant stages of implementation.

### **Staff Stories**

The Committee received Staff Stories at each of its meetings during the year, providing direct insight into staff experience across a range of services and programmes of work. These included the Recovery in Nature Programme (May 2025), *Hope*—a staff account of the fraud investigation process (August 2025), and a demonstration of the Sickness Absence Tool (November 2025).

### **Strategic People Planning and Education Group**

The Committee received regular update reports from the Strategic People Planning and Education Group (SPPEG) throughout the year and took assurance on its activities, decisions and areas of responsibility.

Through the reporting received, the Committee was assured that SPPEG was operating effectively, with no matters escalated for alert during the year, and that appropriate actions were in place to address identified risks and areas requiring monitoring.

### **Items approved by the Committee during the year.**

#### **Policies:**

- Approval of the following policies:
  - 133 - Equality, Diversity & Inclusion Policy
  - 863 - Translation & Interpretation Policy
  - 299 - Standards of Behaviour Policy.
  - 247- Anonymous Communications Regarding the Workforce Policy
  - 436 - Rostering Policy
  - 438 - Shared Parental Leave Policy
  - 713 - Honorary Contracts Procedure
  - 1386 - Re-banding Procedure
  - 1409 - Neonatal Care Leave Procedure
  - 1428 – Work Experience Policy
- Medication Errors Policy - the review of the Medication Errors Policy was deferred during the year and subject to a number of agreed extensions to its review date. The Committee approved successive extensions to the policy review timetable, most recently to February 2026, receiving assurance at each stage that the policy remained compliant, safe and appropriately managed while the review was being progressed.
- Extensions to the following policies:
  - 121 - Relocation Expenses (until 31 August 2025)
  - 002 - Underpayment and Overpayment of Salary Policy (until 31 August 2025)
  - 558 - Medication Errors (until 31 August 2025)
  - 558/787 - Medication Errors (until 30 November 2025)
  - 121 - Relocation Expenses (until 30 November 2025)

- 1103 - Performance Management Policy (until 07 November 2025)
  - 158 - Redeployment Policy (until 07 November 2025)
  - 438 - Shared Parental Leave (until 07 November 2025)
  - 713 - Honorary Contracts (until 07 November 2025)
  - 558/787 - Medication Errors (until 28 February 2026)
  - 121 - Relocation Expenses (until 28 February 2026)
  - 158 - Redeployment Policy (until 31 May 2026)
  - 001 - Adverse Conditions (until 28 February 2026)
  - 109 - Time off in Lieu (until 28 February 2026)
  - 100 - Induction (until 28 February 2026)
  - 113 - Learning & Development (until 28 February 2026)
  - 1103 - Performance Management (until 28 February 2026)
  - 109 – Time off in Lieu Procedure (until 31 May 2026)
  - 283 – Alcohol & Drugs Policy (until 31 May 2026)
  - 315 – Flexible Deployment of Staff Procedure (until 31 May 2026)
  - 001 – Adverse Conditions Policy (until 31 May 2026)
  - 158 – Redeployment Policy (until 31 May 2026)
  - 340 - Staff Psychological Wellbeing Policy (until 31 May 2026)
  - 948 - Disclosure and Barring Service Policy/Referrals Procedure and Checks Procedure (until 31 May 2026)
  - 246 - Managing Allegations against Employees of Hywel Dda University Health Board of Harm/Abuse Involving Children or Adults Policy (until 31 May 2026)
  - 1103 - Performance Management Policy (until 31 May 2026)
  - 100 – Organisational Induction Policy (until 31 May 2026)
  - 113 – Learning & Development Policy (until 31 May 2026)
- Removal of the following policies:
    - 002 – Underpayments and Overpayments of Salary Policy, the local policy on Underpayments and Overpayments of Salary Policy
    - 558 - Medication Errors Policy
- Adoption of the All-Wales Procedure for the Recovery of Overpayments.
  - Adoption of the NHS Wales Anti-Sexual Harassment Policy
  - Adoption of the All-Wales Flexible Working Policy
  - Adoption of the All Wales Reserve Forces Training & Mobilisation Policy

### **Advisory Appointments Committee (AAC)**

- During the year, the Committee received formal reports on the outcomes of Advisory Appointments Committees and approved a number of substantive appointments on behalf of the Board, in accordance with its Terms of Reference. These appointments related primarily to senior medical and consultant roles and supported workforce stabilisation, service continuity and patient safety. The Committee also noted instances where appointments were not made, providing assurance on the robustness and transparency of the recruitment and appointment process.

### **Terms of Reference**

- The PODCC TOR for onward ratification by the Board.

## 6. Committee Effectiveness – Feedback from the Self-Assessment Process

In line with Standing Orders, the Board has established a process of regular and rigorous self-assessment to evaluate the effectiveness of its committees. During the year, the People, Organisational Development and Culture Committee (PODCC) undertook its annual self-assessment through the completion of a short digital questionnaire.

The self-assessment sought feedback across the following areas:

- governance and administration;
- the Committee's inputs;
- the conduct of Committee meetings;
- the interface with other Committees, including the Board;
- the Committee's impact; and
- individual contribution to the Committee.

The results of the self-assessment were considered alongside additional sources of assurance, including auditor and regulator feedback, and informed the development of a targeted action plan. The outcomes of the process were reported to the Committee on 27 May 2025 [PODCC Self Assessment Outcome Report 2024/25](#), through the PODCC Self-Assessment Outcome Report 2024/25, with a progress update provided at the 4 November 2025 meeting.

Through this process, the Committee identified a commitment to maintaining strong governance arrangements, effective executive support, constructive debate and a sustained focus on staff wellbeing. Areas for further development were also identified, including strengthening strategic focus, improving paper quality, ensuring appropriate membership balance, enhancing compliance oversight, and strengthening assurance in relation to education and training.

Priorities for 2025/26 include progressing a more transformational approach to workforce planning, strengthening equality, diversity and inclusion, responding to staff feedback, maintaining oversight of escalation areas, improving access to training and employment opportunities, defining excellence in healthcare management, fostering a strong speaking-up culture, undertaking targeted deep dives, and further enhancing leadership, governance, organisational culture and training.

A number of actions were agreed in response to the self-assessment, all of which have since been completed:

- re-sharing the report writing Standard Operating Procedure and guidance with report authors;
- considering a more thematic approach to agenda planning to reduce duplication and streamline discussions; and
- incorporating suggested areas of focus for 2025/26 within the Committee's forward work plan.

## 7. Conclusion

The Committee is satisfied that it continues to operate effectively and in line with its the Terms of Reference. Issues have been escalated to Board as appropriate, and the Committee uses feedback from the self-assessment process to evolve and continually improve.