COMMITTEE UPDATE REPORT/ ADRODDIAD DIWEDDARU'R PWYLLGOR – PEOPLE, ORGANISATIONAL DEVELOPMENT AND CULTURE COMMITTEE

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 19 May 2026

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Neil Prior, Chair

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert[1] (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The People, Organisational Development and Culture Committee had no matters of which to **alert** the Board.

Advise[2] (to monitor)/ **Cynghori** (i fonitro)

The People, Organisational Development and Culture Committee had no matters of which to **advise** the Board.

Assure[3] **(to note)/ Sicrhau (i nodi)**

The People, Organisational Development and Culture Committee (PODCC) wishes to **assure** members of the Board:

- The Committee approved the **PODCC Terms of Reference**, subject to strengthening references to equality, diversity and inclusion, and sustainable social partnerships, with final approval completed by Chair's actions.

- The Committee endorsed the **PODCC Annual Report 2025/26**, ahead of presentation to Board on 25 June 2026, commending the scale of work reflected in the report.

- The **PODCC Annual Self-Assessment Report 2025/26** outlined a response rate of 50%. The Committee agreed that strategic workforce planning should remain a key focus and approved a revised self-assessment action plan centred on three priorities: strategic workforce planning and education, organisational culture and EDI; and continuous improvement Committee effectiveness.

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[1] *There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.*
[2] *There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern*.
[3] *There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.*

- The **Staff Survey Results** report, which had a response rate of 21.9% demonstrated performance above the NHS Wales benchmark in nine of the ten themes, while highlighting staff engagement and involvement in change as key areas for improvement. The Committee discussed how managers were central to improving response rates and engagement, citing the example within the report, where one manager had personally engaged with staff and increased local participation from 23% to 64%.

- The Committee received the quarter four report on **Delivery Against Planning Objectives Aligned to the PODCC** and noted that future reports would benefit from stronger focus on outcomes and impact, rather than activity and completed actions.

- Assurance was received regarding the **Health Education and Improvement Wales (HEIW) Targeted visit to General Medicine (Glangwili Hospital)** with a clear focus on delivery of the resulting improvement actions. The Committee noted that these actions are subject enhanced monitoring and that failure to demonstrate sufficient progress could place the Health Board's training provider status at risk, with significant implications for the retention of resident doctors and the sustainability of acute medical services.

- The **Health Board Partnership Forum** update summarised the January 2026 meeting and noted that the March meeting was cancelled due to colleague unavailability. A report on new ways of working for local partnership forums had now been shared with county forum leads, and trade union representatives were asked to consider the proposals ahead of a workshop planned for the next meeting in July.

- The **Workforce Efficiency** report highlighted the significant progress in reducing workforce expenditure, including a 61% year-on-year reduction in nursing agency usage. Medical and Allied Health Professional (AHP) agency usage has not achieved the 30% reduction target set out in the relevant Welsh Health Circular. While recognising the significant reduction in nursing agency expenditure, the Committee emphasised that progress would require continued ownership and capability across services.

- The Committee endorsed the **Welsh Language Annual Report 2025/26**, noting an increase in complaints referred to the Welsh Language Commissioner and the need to improve consistency in compliance with Welsh language standards. The Committee discussed the balance between strengthening Welsh language expectations and supporting recruitment, recognising the importance of promoting basis Welsh language skills as a positive and achievable requirement.

- The Committee received assurance from the **Improving outcomes for Veterans and the Armed Forces Community – Annual Report 2025/26**, noting the Health Board's continued commitment to the Armed Forces Covenant and its leadership of a regional review of Armed Forces Covenant arrangements to strengthen collaboration with partner organisations across the region.

- The Committee received assurance on the work outlined within the **Improving Outcomes for Unpaid Carers - End of Year Report 2025/26,** while recognising the need to strengthen awareness, identification and engagement to ensure unpaid carers are identified and supported at the earliest opportunity.

- The Committee received assurance on **Progress Against the Anti-Racist Wales Action Plan,** noting the early findings from the ethnicity pay gap analysis which indicated improvements at Bands 3, 5 and 8A, together with representation of ethnic minority staff at band 8D where none had previously been recorded. While 93 external starters included eight appointments, none of the 19 internal promotions during 2025/26 were above band 6, highlighting the need for further analysis of senior progression opportunities. The Committee acknowledged the progress made to date whilst emphasising that future reporting should focus not only on compliance, however also on achieving sustainable organisational change and improved workforce outcomes.

- Assurance was received from the **Performance Assurance and Workforce Metrics** report. The Committee noted that continued control of agency expenditure, which has remained below 5% of the total pay bill since November 2023; and sustained dementia training compliance above 85%. It was recognised that, despite ongoing interventions, sickness absence levels had not demonstrated a significant improvement.

- The Committee approved five appointments as detailed within the **Outcome of Advisory Appointments Committee (AAC)** update, on behalf of the Board. The Committee noted the accompanying annual recruitment information as evidence of sustained effort by both the resourcing team and operational services in a difficult labour market.

- With regard to **Corporate/Workforce Policies for Approval**, the Committee agreed to:

    - Receive assurance that the documents received were reviewed in line with the Written Control Documentation Policy.
    - Approve the following policies:
        - 100 – Organisational Induction Policy
        - 113 – Learning & Development Policy
        - 158 – Redeployment Policy
        - 283 – Alcohol and Drug / Substance Misuse Policy
        - 315 – Flexible Deployment of Staff Policy
        - 948 - Disclosure and Barring Service Policy/Referrals Procedure and Checks Procedure
        - 1103 – Performance Management Policy
    - Approve the removal of the following policy from the PODCC remit:
        - 246 - Managing Allegations against Employees of Hywel Dda University Health Board of Harm/Abuse Involving Children or Adults Policy
    - Extend the review date of the following policies:
        - 109 – Time off in Lieu Procedure (until 31 August 2026)

- 001 – Adverse Conditions Policy (until 31 August 2026)
- 340 - Staff Psychological Wellbeing Policy (until 30 November 2026)
- 121 - Relocation Expenses Policy (until 30 November 2026)

- Adopt the following All-Wales documents:
  - NHS Wales Recognition Agreement with the British Medical Association (BMA)
  - NHS Wales Protocol for Recognising Continuous Service

Review of Risks/ Adolygiad o Risgiau

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 the current scores.

The report outlined one principal risk still being realigned to the refreshed strategic framework, two corporate risks within the Committee's remit, current operational risk themes, and an update on relevant audits, inspections, and Welsh Health Circulars.

The Committee challenged the proposed reduction in the workforce wellness risk score and raised concerns regarding the ongoing challenges in school nursing recruitment and the associated impact on service delivery. Clarification was also sought on the wording of Risk 1978 and the pace and management of organisational change.

The Committee was advised that the risks reflected ongoing challenges relating to workforce planning, recruitment, capacity and organisational change. It was noted that school nursing recruitment continues to present challenges across Wales, with mitigation measures including the development of a blended workforce model. The importance of early staff engagement and clear communication to support organisational change was also emphasised.

Sharing of learning/ Rhannu dysgu

Not applicable.

Recommendation/ Argymhelliad

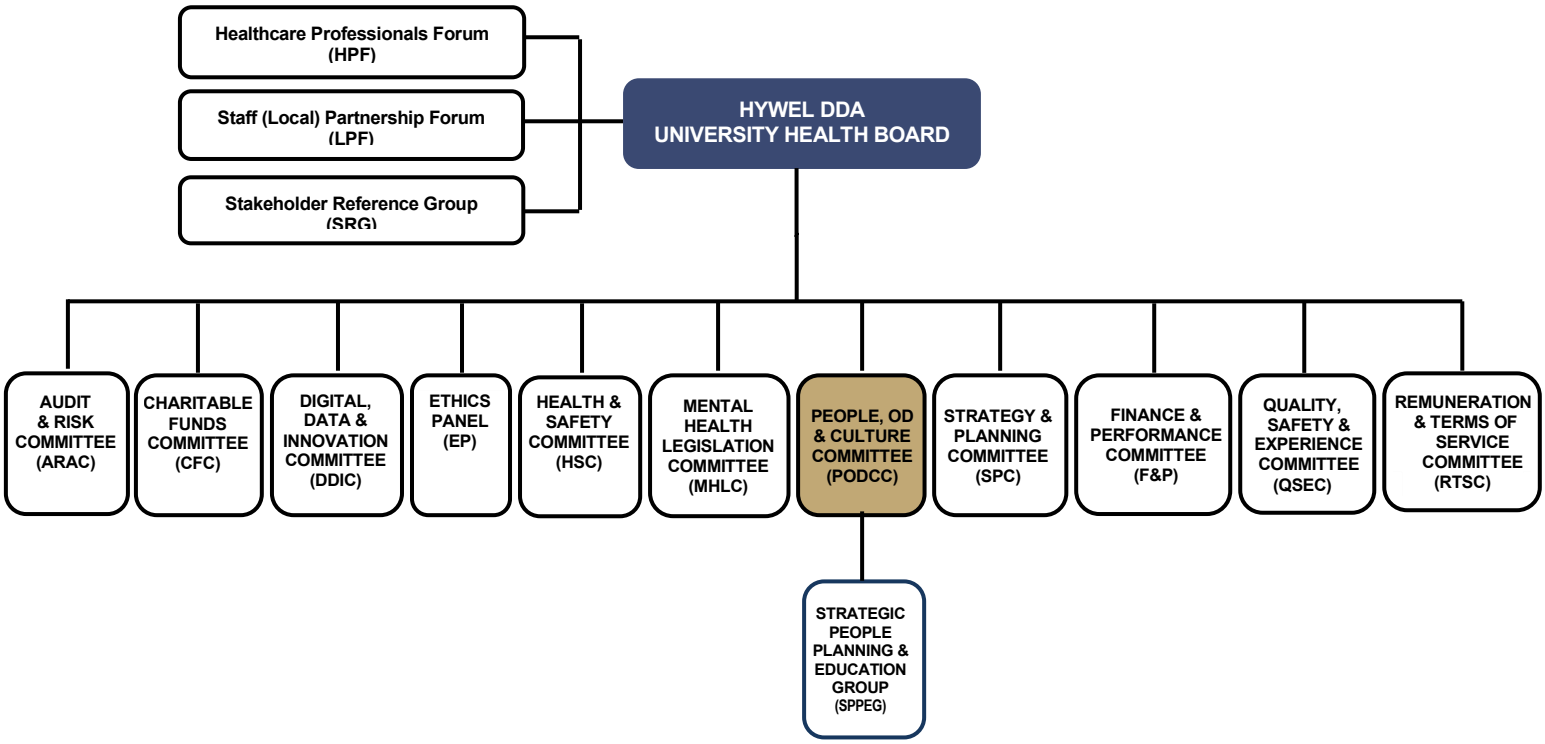
The Board is asked to:

- **Approve** the PODCC Terms of Reference (at Appendix 1)
- **Take assurance** from the items that the Committee is providing assurance on.

Date of next meeting/ Dyddiad y cyfarfod nesaf: 18 August 2026.

Agenda, papers and minutes are available on our website/ Mae agenda, papurau a chofnodion ar gael ar ein gwefan: https://hduhb.nhs.wales/about-us/governance-

arrangements/board-committees/people-organisational-development-and-culture-committee-podcc/



TERMS OF REFERENCE

PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

Version	Issued To	Date	Comments
V1	Hywel Dda University Health Board	29.07.2021	Approved
V2	People, Organisational Development & Culture Committee	20.06.2022	Approved
V2	Hywel Dda University Health Board	28.07.2022	Approved
V3	People, Organisational Development & Culture Committee	03.04.2023	Approved
V4	Hywel Dda University Health Board	25.05.2023	Approved
V5	People, Organisational Development & Culture Committee	19.06.2023	Approved
V6	People, Organisational Development & Culture Committee	05.07.2023	Approved via Chair's Action
V6	Hywel Dda University Health Board	27.07.2023	Approved
V7	People, Organisational Development & Culture Committee	15.02.2024	Approved

V7	Hywel Dda University Health Board	28.03.2024	Approved
V8	People, Organisational Development & Culture Committee	20.08.2024	Approved
V8	Hywel Dda University Health Board	26.09.2024	Approved
V9	Hywel Dda University Health Board	31.01.2025	Approved (alongside the new governance arrangements)
V10	People, Organisational Development & Culture Committee	27.05.2025	Approved
V10	Hywel Dda University Health Board	31.07.2025	Approved
V11	People, Organisational Development & Culture Committee	19.05.2026	Approved via Chair's Action
V11	Hywel Dda University Health Board	30.07.26	For Approval

PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

1. Constitution

1.1 The People, Organisational Development & Culture Committee (the Committee) has been established as a Committee of the Hywel Dda University Health Board (the Health Board) and constituted from 1 August 2021.

2. Purpose

2.1 The purpose of the People, Organisational Development & Culture Committee is to provide *advice* and *assurance* to the Board on the following:

2.1.1 Compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, to continually strengthen performance and achieve recognition of the Health Board in this field.

2.1.2 The Implementation of the Health Board's Workforce and OD Strategy, and the all-Wales Health and Social Care Workforce Strategy, ensuring these are consistent with the Health Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales.

2.1.3 The organisation's ability to create and manage strong, high performance, organisational culture arrangements.

2.1.4 That there are appropriate arrangements to ensure education and commissioning meets future workforce needs.

3. Key Responsibilities

3.1 The Committee will in respect of advice and assurance to the Board:

3.1.1 Seek assurance that people and organisational development arrangements are appropriately designed and operating effectively to ensure the provision of inclusive, high quality, safe services/programmes and functions across the whole of the Health Board's activities.

3.1.2 Consider the implications for workforce planning arising from the development of the Health Board's strategies and plans or those of its stakeholders and partners, including those arising from joint (sub) committees of the Board.

3.1.3 Ensure robust mechanisms are in place to foster a strong inclusive, anti-discriminatory and high-performance organisational culture of effective leadership, innovation and continuous improvement, in accordance with the Health Board's values and behaviour framework, future-proofed to ensure their continuity and success.

3.1.4 Ensure the Health Board is meeting its responsibilities with regard to statutory and mandatory training.

3.1.5 Seek assurance on delivery against all planning objectives aligned to the Committee, considering and scrutinising the plans, models and programmes that are developed and implemented, including the annual workforce plan and associated commissioning plan, supporting and endorsing these as appropriate.

3.1.6 Ensure robust mechanisms are in place to deliver effective staff engagement in accordance with the Health Board's values and behaviour framework, and builds sustainable social partnerships that prioritise inclusion and equity to ensure the experience of underrepresented communities and voices inform decision making.

3.1.7 Seek assurances that there are appropriate culture and arrangements to allow the Health Board to discharge its statutory and mandatory responsibilities with regard to Welsh language provision (workforce & patient related).

3.1.8 Approve appointments made by the Advisory A Committee.

3.1.9 Seek assurance on the effective integration of Equality, Diversity and Inclusion (EDI) across the organisation, ensuring a fair, inclusive culture and equitable experiences and outcomes for all staff.

3.1.10 Receive assurance on delivery against the areas of targeted intervention, and the required elements for de-escalation, that are aligned to the Committee.

3.1.11 Seek assurance on delivery against all Planning Goals aligned to the Committee, in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering, and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate

3.1.12 Seek assurance on the delivery of the requirements arising from Health Board's regulators, WG and professional bodies.

3.1.13 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Operational Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.

3.1.14 To receive assurance through Sub-Committee Update Reports and other management group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

3.1.15 Approve the workforce and organisational development policies and plans delegated to the Committee.

3.1.16 Refer people, culture and organisational development matters which impact on quality and safety to the Quality, Safety & Experience Committee (QSEC), and vice versa.

3.1.17 Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the People, Organisational Development & Culture Committee and oversee delivery.

4. Membership

4.1 The membership of the Committee shall comprise:

Member
Independent Member (Chair)
Independent Member (Vice Chair)
2 x Independent Members

4.2 Membership must include an Independent Member from the Quality, Safety and Experience Committee.

4.3 The following should attend Committee meetings:

In Attendance
Executive Director of Workforce & Organisational Development (Lead Executive)
Executive Medical Director
Executive Director of Public Health
Executive Director of Nursing, Quality & Patient Experience
Executive Director of Allied Health Professionals and Health Sciences
Chief Operating Officer
Communications and Engagement Director
Chair of Health Board Staff Partnership Forum

4.4 Membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

5.1 A quorum shall consist of no less than two 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.

5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

5.3 Any senior officer of the Health Board or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.

5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.

5.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.

5.6 The Chair of the Health Board reserves the right to attend any of the Committee's meetings as an ex officio member.

5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the People, Organisational Development & Culture Committee.

5.8 The Chair of the People, Organisational Development & Culture Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5.9 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Director (Director of Workforce & OD), at least **six** weeks before the meeting date.

6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.

6.3 All papers must be approved by the Lead/relevant Director.

6.4 The agenda and papers will be distributed **seven** days in advance of the meeting.

6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and Table of Actions will be circulated to the Lead Director within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.

6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. In Committee

7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

8.1 The Committee will meet quarterly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.

8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

9.1 Although, as set out within these terms of reference, the Board has delegated authority to the Committee for the exercise of certain functions, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.

9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

9.3 The Committee shall embed the Health Board's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

9.4 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

10.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:

10.1.1 joint planning and co-ordination of Board and Committee business;
10.1.2 sharing of information.

10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

10.3 The Committee may establish sub-committees or working/task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an

update following each sub-committee or working/task and finish group meeting detailing the business undertaken on its behalf. The Sub-Committee reporting to this Committee is:

10.3.1 Strategic People Planning and Education Group

The management group feeding into this Committee is the:

10.3.2 Workforce & OD Leadership Group

There are also other links to this Committee through the:

10.3.3 Staff Partnership Forum

10.4 The Committee Chair, supported by the Committee Secretary, shall:

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.

10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.

10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

10.5 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any sub committees established.

11. Secretarial Support

11.1 The Committee Secretary shall be determined by the Director of Corporate Governance/Board Secretary.

12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.