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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

People and Culture Committee

Annual Report for 2025-26

DATE: March 2026

CONTENTS

Foreword

1.	Introduction to the report and the People and Culture Committee (PCC)	4
2.	2025-26 Work Programme	4
3.	Frequency of Committee Meetings and Membership	8
4.	PCC Reporting Arrangements	9
6.	Self-assessment and Evaluation	9
7.	Key Areas of Focus in 2026-267	10
8.	Conclusion	10
Appendix 1	PCC Terms of Reference (May 2025)	11
Appendix 2	PCC Work Programme for 2025-26	23
Appendix 3	PCC Meetings in 2025-26	27

Chair's Foreword

I am pleased to present the People and Culture Committee's Annual Report for the year ended 31 March 2026.

This report summaries the Committee's work to support workforce planning, staff wellbeing, leadership development, equalities and a positive Organisational culture. Our focus is to ensure we have the right workforce in place, with the right skills and support, and that all staff are treated fairly and with respect, so we can meet the needs of our patients and communities.

The Committee meets three times a year and provides assurance to the Board that workforce plans align with the Health Board's strategic priorities and values.

I would like to thank Committee members for their commitment and support. I also wish to thank the Executive Director of Workforce & OD, Executive Director of Corporate Governance and her team for their dedication and support to the Committee throughout the year.

Most importantly, I thank all NHS colleagues and volunteers across the Health Board. Their compassion, commitment and dedication are at the heart of everything we achieve.

Diolch yn fawr / Thank you.

Paul Deneen

Chair, People and Culture Committee

1. Introduction

- 1.1 Section 1 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 The Term of Reference of the People and Culture Committee (referred to throughout this document as 'PCC' or the 'Committee') were approved by the Board in May 2025 (see **Appendix 1**).

The purpose of the PCC is to advise the Board on all matters relating to staff and workforce planning of the Health Board; and plans to enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the Health Board to deliver safer better healthcare. The Committee also provides advice and assurance to the Board in relation to the direction and delivery of Organisational Development and other related frameworks to drive continuous improvement and to achieve the objectives of the Health Board. It will support the Health Board in discharging its accountabilities and responsibilities for the achievement of the Health Board's objectives and Organisational requirements in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Board and the Accountable Officer (Chief Executive) on where and how its system of governance and assurance may be strengthened and further developed.

- 1.3 This report describes how the PCC discharged its role and responsibilities during the period 1 April 2025 to 31 March 2026.

2. 2025-26 Work Programme

- 2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups.

The Work Programme adopted for PCC in 2025-26 is attached to this report (see **Appendix 2**).

A Work Programme is designed to align to the Committee's terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives the PCC flexibility to identify changing priorities or any need for further assurance or information.

2.2 The Committee received assurance on the following workforce planning and professional groups:

- Medium to long term workforce planning challenges and opportunities, taking account of service demand, workforce supply and sustainability;
- Progress with recruitment and retention across key staff groups;
- The Frameworks and support arrangements in place for Specialty Doctors, SAS doctors, Locally Employed Doctors and Resident Doctors;
- Preparedness for the implementation of Resident Doctors contract reform, including consideration of associated workforce, financial and operational risks. The Committee recognised that the implementation of Resident Doctors' contract reform represents a significant and ongoing strategic risk and confirmed the need for continued Committee oversight and assurance to the Board.

2.3 Throughout 2025/26, the Committee received the following Annual Reports:-

- Annual Assurance Report on Medical Revalidation, providing assurance on medical appraisal and revalidation compliance across the Health Board;
- Annual Assurance Report on Job Planning and Medical e Systems, providing assurance on job planning compliance and the implementation and use of medical e systems;
- Nursing, Midwifery and Specialist Community Public Health Nurse Workforce Annual Report, providing assurance on workforce sustainability, including recruitment and retention, education and training, leadership development and workforce pipeline arrangements.

2.4 The Committee received assurance that progress was being made with Equality, Diversity and Inclusion (EDI). The Committee received detailed assurance on progress against the strategic Equality plan and delivery of the Welsh Government race equality action plan for Wales. Key areas of assurance and challenge included:

- Leadership commitment to EDI and progress in the development of inclusive and trauma-informed leadership capability;
- Levels of compliance with anti-racism e-learning and the impact on workforce awareness and capability;
- Ongoing risks relating to ethnicity data completeness and under-representation at senior levels;
- Emerging disproportionality in recruitment outcomes and capability processes, requiring continued monitoring and assurance
- Increased reporting of incidents of racism, particularly within some service areas, recognised as both a risk and an indication of improved confidence and willingness to speak up.

The Committee welcomed plans for a Board development session on Equality, Diversity and Inclusion and emphasised the importance of staff voice, data quality and sustained leadership focus.

2.5 The Committee received the People Plan 2025–2030, with a significant focus during 2025/26 on its approval, launch and early delivery.

The Committee received assurance in relation to:

- Alignment of the People Plan with the Health Board’s Long-Term Strategy *Gwent 2035*
- The clarity and coherence of the three strategic pillars: Better Health and Wellbeing, Better Future Workforce, and Better Working Lives;
- The development and refinement of success measures, with an increased emphasis on outcomes and impact rather than activity alone;
- Arrangements for annual reporting, thematic updates and a formal review point in 2027

The Committee supported the strengthened approach to performance measurement, including the use of quality improvement methodology and triangulation with staff experience and workforce and organisational data.

2.6 The Committee received the Staff Experience and NHS Wales Staff Survey and closely monitored the Health Boards approach to staff experience and engagement. During the year, the Committee:

- Supported a refreshed and proactive approach to the NHS Wales Staff Survey, including drop-in sessions, ward-based engagement and clear leadership messaging;
- Received assurance on a significant improvement in survey response rates, exceeding 30%;
- Scrutinised arrangements for analysing survey data, communicating results to staff and translating feedback into meaningful action;

- Emphasised the importance of visible “you said, we did” actions and avoiding survey fatigue.

The Committee agreed that staff experience data should continue to be triangulated with sickness absence, retention and employee relations intelligence to provide a comprehensive picture of organisational culture.

- 2.7 The Committee received the Committee Risk Report that contained high-level risks with sub-risks, for which the Committee had delegated responsibility on behalf of the Board.
- 2.8 The Committee received regular updates on the Health Boards employee relation, suspensions and workforce risk with employee relations remaining a key area of scrutiny during 2025/26.

The Committee received regular reports on:

- The number and duration of staff suspensions, particularly those linked to police investigations and patient safety concerns;
- Learning from complex disciplinary cases, including external review and improvements to welfare support;
- Employment tribunal activity and capability processes;
- The implementation of new and updated policies, including anti-sexual harassment and Respect and Resolution.

The Committee acknowledged the complexity of balancing patient safety, staff welfare and legal requirements and agreed that this would remain an ongoing priority area.

- 2.9 The Committee regularly review the Workforce Performance Dashboard throughout the year, providing assurance on workforce supply, sickness absence, training compliance, job planning and variable pay. Key areas of scrutiny included:
- Sickness absence, which remained above pre-COVID levels, with stress, anxiety and depression consistently identified as the leading causes;
 - Seasonal variation, including an increase during winter months;
 - Targeted management of hotspot areas through the Managing Attendance Partnership Working Group;
 - Support for managers through training, data analysis and early intervention.

The Committee acknowledged the complexity of managing sickness absence in the context of an ageing workforce, external social pressures and national workforce challenges, while welcoming assurance from audit work and benchmarking against other Welsh Health Boards

2.10 The Committee continued to receive regular updates on the speaking up safely framework, recognising its importance as a safety net for staff who feel unable to raise concerns through other routes. During the year, the Committee:

- Received assurance following internal audit and re-audit activity;
- Monitored progress in strengthening governance, capacity and learning arrangements;
- Supported the creation of a pan-NHS Wales Speaking Up Safely Learning Network;
- Scrutinised plans to improve case management systems and reporting capability.

In addition, the Committee received assurance on the Violence Prevention and Reduction Strategy, including work to strengthen governance, adopt trauma-informed approaches and explore preventative measures such as body-worn camera pilots.

3. PCC Committee Meetings and Membership

3.1 During 2025-26, the PCC met three times via Microsoft Teams - June 2025, October 2025, and February 2026. Detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.

3.2 The Committee comprised the following Independent Members:

- Paul Deneen (Chair)
- Philip Robson (Vice Chair)
- Helen Sweetland
- Vivek Goel (From June 2026)

3.3 In line with the Public Bodies (Admissions to Meetings) Act 1960, public bodies are ordinarily required to conduct meetings in public. Throughout 2025/26, Committee meetings were held virtually, which meant that public attendance was not facilitated. To maintain transparency and public accountability, and following agreement with Audit Wales from October 2025, the Health Board implemented an alternative arrangement whereby summaries of Committee meetings were published on the Health Board's website. These summaries provide an overview of the key

discussions, decisions and outcomes of each meeting, ensuring continued openness in the conduct of the Committee's business.

4. PCC Reporting Arrangements

- 4.1 Following each meeting, the PCC submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following link: [Public Board papers](#)

5. Self-assessment and Evaluation

- 5.1 As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of Committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to determine its effectiveness and ability to carry out its responsibilities.

The outcome of the assessment will enable the Committee to identify areas of development and focus for the coming year, such as any training and development, as well as changes to processes and procedures.

The People and Culture Committee undertook its statutory annual self-assessment between November 2025 and January 2026, achieving a 67% response rate and demonstrating strong levels of assurance across governance, membership, meeting conduct, challenge, and the quality and timeliness of information presented to the Committee.

The assessment identified some priority areas for further development, namely the need to strengthen and formalise induction arrangements for new members, to establish more explicit annual objectives, to enhance the consistency and visibility of third-party and regulatory assurance, particularly in relation to HEIW updates and the GMC trainee survey, to embed a more systematic approach to end-of-meeting reflection, and to continue improving the clarity, conciseness, and accessibility of reporting to the Board.

The Committee reviewed the findings in February 2026 and confirmed actions to address them, including the adoption of the newly developed induction materials; the introduction of staff stories into the Committee's assurance cycle; the incorporation of scheduled third-party assurance items into the forward plan; and the exploration of a proportionate post-meeting feedback mechanism to support continual improvement in meeting quality, agenda design, and the effectiveness of discussion.

Overall, the Committee concluded that it remains effective and well-supported, with clear strengths in governance and operation, and it has therefore agreed a programme of objectives for 2026/27 focused on delivering consistent induction, formalising and tracking annual objectives, strengthening external and regulatory assurance, introducing staff stories, exploring structured post-meeting learning mechanisms, and refining Board reporting to enhance transparency and constructive challenge.

6. Key Areas of focus in 2026-27

In the year ahead the Committee will continue to focus:

- Delivery and impact of the People Plan 2025–2030;
- Sustainability and sickness absence reduction;
- Staff experience, engagement and safety;
- Equality, Diversity and Inclusion outcomes;
- Speaking Up Safely and violence prevention;
- Job Planning and Medical e Systems;
- Resident Doctors reform and wider workforce risks.

7. Conclusion

- 7.1 This report demonstrates that during 2025/26 the People and Culture Committee has continued to discharge its responsibilities effectively, providing robust advice and assurance to the Board on workforce, people and culture matters during a period of significant challenge and change.



People and Culture Committee Terms of Reference – 2025/26

Version: Approved

Date: May 2025

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1. Introduction

The Aneurin Bevan University Health Board's standing orders provide that *"The Board may and, where directed by the Welsh Government, must appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

In line with standing orders and the Health Board's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **People and Culture Committee**.

The Committee is formed of Independent Members of the Health Board and has no executive powers, other than those specifically delegated to it by the Board as outlined in these Terms of Reference.

The detailed Terms of Reference and operating arrangements set by the Board in respect of this Committee are set out in this document.

2. Purpose of the Committee

The purpose of the People and Culture Committee is to advise and assure the Board and the Accountable Officer on all matters relating to staff and workforce planning of the Health Board; and plans to enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the Health Board to deliver safer better healthcare.

The Committee will also provide advice and assurance to the Board in relation to the direction and delivery of Organisational Development and other related frameworks to drive continuous improvement and to achieve the objectives of the Health Board.

It will support the Health Board in discharging its accountabilities and responsibilities for the achievement of the Health Board's objectives and organisational requirements in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Board and the Accountable Officer (Chief Executive) on where and how its system of governance and assurance may be strengthened and further developed.

3. Delegated Powers and Authority

3.1. Principal Duties

The Committee will, in respect of its provision of advice and assurance to the Board:

a) **Culture & Values:**

- Oversee a credible process for assessing, measuring and reporting on the “culture of the organisation” on a consistent basis over time.
- Oversee the coherence and comprehensiveness of the ways in which the Health Board engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications.
- Oversee the development of a person-centred open and learning culture that is caring and compassionate, which nurtures talent and inspires innovation and excellence.
- Seek assurance that there is positive progress on equality and diversity, including shaping and setting direction, monitoring progress and promoting understanding inside and outside the Health Board.
- Promote staff engagement and partnership working.
- Seek assurance that the organisation adopts a consistent working environment which promotes staff well-being, where people feel safe and are able to raise concerns, and where bullying and harassment are visibly and effectively addressed.
- Support the enhancement of collaborative working relationships across the Health Board between professions and other stakeholders including representative bodies and regulators to improve culture.

b) **Organisational Development & Capacity:**

- Seek assurance on the implementation of the Board’s Organisational Development Plans;
- Seek assurance that the systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:
 - strategic approach to growing the capacity of the workforce;
 - analysis and use of sound workforce, employment and demographic intelligence;
 - the planning of current and future workforce capacity;
 - effective recruitment and retention;
 - new models of care and roles;
 - agile working;
 - identification of urgent capacity problems and their resolution
 - continuous development of personal and professional skills;
 - talent management

- Seek assurance on the Health Board's plans for ensuring the development of leadership and management capacity, including the Health Board's approach to succession planning;
- Seek assurance that workforce and organisational development plans, including those developed with strategic partners, are informed by the Sustainable Development Principle as defined by the Well-being of Future Generations (Wales) Act 2015.

c) Performance Reporting:

- Seek assurances that internal control arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legal and safe workforce practices, processes and procedures.
- Scrutinise workforce and organisational development performance issues and key performance indicators and the associated plans to deliver against these requirements, achieved by establishing a succinct set of key performance and progress measures (in the form a performance dashboard) relating to the full purpose and function of the Committee, including:
 - The Health Board's strategic priorities relating to workforce;
 - organisational culture;
 - strategies to promote and protect staff Health & Wellbeing;
 - workforce utilisation and sustainability;
 - recruitment, retention and absence management strategies;
 - strategic communications;
 - workforce planning;
 - plans regarding staff recruitment, retention and remuneration;
 - succession planning and talent management;
 - staff appraisal and performance management;
 - Training, development and education; and
 - Management & leadership capacity programmes.
- Seek assurance on the implementation of those strategic plans developed in partnership which relate to workforce and culture.
- Ensure there is an effective system in place to consider and respond in a timely manner to workforce and organisational development performance audits received across the organisation and an effective system in place to monitor progress on actions resulting from such audits.
- Monitor and scrutinise relevant internal and external audit reports, management responses to action plans.

The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

d) Risk Management

The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

e) Statutory and Mandatory Compliance:

Seek assurance, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including:

- Equality & Diversity Legislation
- Welsh Language Standards
- Wellbeing of Future Generations Act (where relevant to this Committee)
- Consultation on Organisational Change
- Mandatory and Statutory Training

3.2. Authority

The Committee is authorised by the Board to investigate or to have investigated any activity within its Terms of Reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit (ensuring patient, service user, client and staff confidentiality, as appropriate). It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee);

and

- any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outside representatives with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

The Committee may act on any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.3. Sub-Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

3.4. Committee Programme of Work

Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage.

This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

3.5. Access

The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

4. Membership

4.1. Members

The Committee shall comprise of three (3) members [*one of which should be the Independent Member (Trade Union)*]:

Chair: Independent member of the Board

Vice Chair: Independent member of the Board

Other Members: Two (2) other independent members of the Board

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

4.2. Attendees

Officers of the Health Board may attend:

- The lead Executive for the Committee will be the Director of Workforce and Organisational Development.
- Chief Executive / Accountable Officer
- Director of Finance, Procurement and VBHC
- Other Executive Directors will attend as required by the Committee

Others by invitation

The Committee Chair may invite any other Health Board officials and / or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter (except when issues relating to their personal remuneration and terms and conditions are being discussed).

4.3. Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking account of 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.

Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office.

During their period of appointment a member may resign or be removed by the Board.

5. Support

5.1. Secretariat

Secretariat arrangements will be determined and arranged by the Director of Corporate Governance.

5.2. Advice and Member Support

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role;
and
- Ensure the provision of a programme of organisational development for committee members as part of the Health Board's overall OD programme developed by the Director of Workforce and Organisational Development.

6. Committee Meetings

6.1. Quorum

At least three (3) of the selected members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

6.2. Frequency of Meetings

The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **three times yearly**, and in line with the Health Board's annual plan of Board Business.

The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

6.3. Openness and Transparency

Section 3.1 of the Health Board's Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:

- hold meetings in public, other than where a matter is required to be discussed in private (see point 6.4);
- issue an annual programme of meetings (including timings and venues) and its annual programme of business;
- publish agendas and papers on the Health Board's website in advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
- through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

6.4. Withdrawal of individuals in attendance

There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

7. Relationship and Accountabilities with the Board and its Committees

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

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

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:

- ~ Joint planning and co-ordination of Board and Committee business and
- ~ Sharing of information

In doing so, it will 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 arrangements.

The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.

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

8. Reporting and Assurance Arrangements

The Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
- Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Committee shall provide a written, annual report to the Board and the Accountable Officer on its work in support of the Accountability Report, the Annual Governance Statement and the Annual Quality

Statement, specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

The Board may require the Committee Chair to report upon the Committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g. where the Committee's assurance role relates to a joint or shared responsibility.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of annual self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

9. Applicability of Standing Orders to Committee Business

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, except in the following areas:

- Quorum
- Issue of Committee Papers

10. Chair's Action on Urgent Matters

There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

11. Review

These Terms of Reference shall be reviewed annually by the Committee with reference to the Board.

Appendix 2

MATTERS TO BE CONSIDERED	Lead	Frequency of Report	Schedule of Meetings			
			QTR 1 Apr to June 11th June	QTR 2 July to Sept No Meeting	QTR 3 Oct to Dec 15 th October	QTR 4 Jan to Mar 10 th February
Preliminary Matters						
Attendance and Apologies	Chair	SI	✓.		✓.	✓.
Declarations of Interests	All Members	SI	✓.		✓.	✓.
Minutes of the Previous Meeting	Chair	SI	✓.		✓.	✓.
Action Log and Matters Arising	Chair	SI	✓.		✓.	✓.
Committee Governance						
Development of Committee Annual Programme of Business 2026/27	Chair DoCG	Annually	.			✓.
Review of Committee Programme of Business 2025/26	Chair DoCG	SI	✓.		✓.	✓.
Annual Review of Committee Terms of Reference 2025/26	Chair DoCG	Annually	✓.			✓ D
Annual Review of Committee Effectiveness 2025/26	Chair DoCG	Annually	✓.		✓ D	✓ D .
Outcome of the annual review of Committee effectiveness 2025/26	Chair DoCG	Annually	✓.			✓ D
Committee Annual Report 2025/26	Chair DoCG	Annually	✓.			✓ D
Committee Risk Report	DoCG	SI	✓.		✓.	✓.

Culture, Values & Behaviours						
Review and Refresh of ABUHB Values & Behaviours Framework	DoW&OD	Annually				✓ D
Annual Review and Refresh of the People Plan and its Priorities (Deferred to June 2025)	DoW&OD	Annually	✓.			.
NHS Wales Staff Survey – Results and Action Plan including Employee Experience Survey	DoW&OD	Annually			✓.	.
Violence & Aggression against Staff across ABUHB	DoT&HS/COO	Annually	.		✓ D	✓.
Speaking Up Safely Report	DoW&OD	Annually			✓ D	✓.
Equality, Diversity and Inclusion - Assurance on Strategic Equality Plan	DoW&OD	Annually			.	✓.
Progress update on the Delivery of Welsh Government's Race Equality Action Plan for Wales	DoW&OD	Annually	✓.			
Assurance on Compliance with the Welsh Language (Wales) Measure 2011 - More Than Just Words	DoW&OD	Annually	✓.			
Employee Experience Strategy (Deferred from February)	DoW&OD	Annually	✓. .		✓. .	
Update on Job Planning PCC/1510/10 (Deferred to June)	DoW&OD	Action	✓. .		.	
Body Camera Update	DoW&OD	Add Hoc	.		.	✓.
Mandatory Training Update	DoW&OD	Add Hoc	.		.	✓. .
Organisational Development						

Training, Development and Education - Assurance on Workforce Planning and Education Commissioning Numbers	DoW&OD	Annually				✓ D
Annual Assurance Report on Medical Revalidation	MD	Annually	✓.		.	
Communications and Engagement Update Report - update on outcomes of the Communication Strategy including top themes of feedback	Assistant Director of Communications	Action	✓		.	.
Workforce Performance						
Workforce Performance Dashboard incorporating Key Performance Indicators	DoW&OD	SI	✓.		✓.	✓.
People Plan 2022/25, Quarterly Review Objective 1 - Staff Health & Wellbeing	DoW&OD	Annually	✓.			
People Plan 2022/25, Quarterly Review Objective 2 - Employer of Choice	DoW&OD	Annually	.		✓.	.
People Plan 2022/25, Quarterly Review Objective 3 - Workforce Sustainability	DoW&OD	Annually	.		.	✓.
Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months	DoW&OD	Quarterly	✓.		✓.	✓.
Speciality Doctors and Clinical Fellows Framework	DoW&OD	Annually			✓.	
Nursing, Midwifery & SCPHN Workforce Annual Report	DoN	Annually			✓ D	✓.

DBS Review – Health Board Position	DoW&OD	BI			✓.	✓.
Assurance on the Development and Delivery of an Agile Working Framework PCC/1806/3.3	DoW&OD	Action	✓ D		✓. .	.
A headcount comparison report detailing organisational growth over the past five years PCC/06/11/14	DoW&OD	Action			✓. .	.
Violence Prevention and Reduction Strategy Transferred PQSOC 0110/19	DoAHPs&HS	Action			.	✓. .
Update on survey outcomes and action plans PCC/1510/06	DoW&OD	Action			. .	✓. .
DBS update PCC/1510/09	DoW&OD	Action			.	✓. .
Update on Legal advice in regards to resolution for the length of employee suspensions. PCC/1510/11	DoW&OD	Action			.	✓. .

People and Culture Committee: Attendance at meetings in 2025-26

Attended	Did Not Attend	Not a Member/Required Attendee
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Meeting Dates	11th June	15th October	10th February
Independent Members			
Paul Deneen (Chair)	x	x	x
Philip Robson (Vice Chair)	x	x	x
Helen Sweetland	x	x	x
Vivek Goel	x	x	x
Executive Directors			
Director of Workforce & OD	x	x	x
Director of Finance, Procurement & Value	x	x	x