CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

MINUTES OF THE PEOPLE & CULTURE COMMITTEE

DATE OF MEETING	Tuesday 10th February 2026 13:30-16:00
VENUE	Microsoft Teams

COMMITTEE MEMBERS PRESENT	Paul Deneen, Chair
	Phillip Robson, Vice Chair
	Helen Sweetland, Independent Member
TEAM MEMBERS IN ATTENDANCE	Sarah Simmonds, Director of Workforce & Organisational Development (OD)
	Rani Dash, Director of Corporate Governance
	Naomi Murtagh, Board Business Manager
	Peter Brown, Assistant Director of Workforce & OD
	Shelley Williams, Deputy Director of Workforce
	Joanne Gubbings, Assistant Director of Workforce & OD
	Star Mayo, Head of Equality Diversity and Inclusion (Item3.1)
	Peter Carr, Director of Allied Health Professions & Health Science (item 3.9)
	Lidia Palmer, Violence Prevention & Reduction Lead (Item 3.9)
	Tamsin Gerrard, Strategic Medical Workforce Manager (Item 3.8)
	Jennifer Winslade, Director of Nursing (Item 3.10)
	Fern Woodhead, Committee Secretariat
OBSERVING	Rhian Gard, Internal Audit
	Thokozani Owino, Aspiring Board Member
APOLOGIES	Vivek Goel, Independent Member
	Robert Holcombe, Director of Finance, Procurement & Value

PCC 1002/01	**Welcome and Introductions** The Chair welcomed everyone to the meeting.
PCC 1002/02	**Apologies for Absence for Noting** Apologies for absence were noted.
PCC 1002/03	**Declarations of Interest for Noting**

	There were no declarations of interest raised to record.
PCC 1002/04	**Draft Minutes of the last Meeting held on 15th October 2025** The minutes of the meeting held on 15th October 2025 were formally approved as a true and accurate record, subject to the minor correction to the list of attendees. **Action: Committee Secretariat** The Committee **APPROVED** the minutes subject to the agreed amendment.
PCC 1002/05	**Committee Action Log** The Committee received the action log and was content with progress made in relation to completed actions and against any outstanding actions. The Committee **NOTED** the Committee action log.
PCC 1002/06	**Equality, Diversity and Inclusion Assurance on Strategic Equality Plan** Sarah Simmonds (SS), Director of Workforce & OD, introduced the report and advised that it provided assurance to the Committee on progress against the Strategic Equality Plan, with a particular focus on delivery of the Welsh Government's Race Equality Action Plan for Wales. SS outlined that the Health Board received regular feedback from Welsh Government colleagues on progress, areas of strength and areas requiring further development. Star Moyo (SM), Head of Equality Diversity and Inclusion, provided the Committee with an overview of the key points from the report. SM advised that the Health Board had demonstrated sustained commitment to Equality, Diversity and Inclusion across workforce, leadership and staff engagement, with evidence of progress in leadership capability development, learning and support for internationally educated staff. However, SM highlighted that structural inequalities persisted and required continued focus. The Committee was advised that a number of key risks had been identified. These included poor ethnicity data quality, particularly at senior levels, which limited the level of assurance that could be provided. SM advised that senior representation of ethnic minority staff remained disproportionately low. Recruitment outcomes

	post-shortlisting had worsened for Black applicants, and emerging disproportionality was becoming visible in capability processes for ethnic minority staff. Although numbers remained small, this represented a developing risk. Levels of reported racism had increased, particularly within mental health and primary care settings, noting that this may partly reflect increased confidence among staff to report concerns. SM outlined to the Committee areas of assurance and progress. Board-level ethnic minority representation had strengthened and was above national comparators. Compliance with anti-racism e-learning was reported as high at just over 83%, with non-completion largely attributed to sickness absence, annual leave, staff turnover and new starters. Inclusive and trauma-informed leadership training was reported as well embedded, with strong feedback and evidence of positive cultural impact. Reverse mentoring, inclusion and belonging champions, and staff voice initiatives were supporting wider culture change. Structured support for internationally educated doctors and nurses continued and was contributing positively to integration and retention. SM confirmed that next steps would focus on improving workforce data quality, addressing recruitment and progression inequalities, embedding inclusive leadership practices, sustaining support for international staff, and strengthening reporting and response mechanisms relating to racism. Paul Deneen (PD), Chair, welcomed the report and commented that it was particularly helpful, noting the practical examples of support provided to internationally educated staff. PD asked whether there was anything further the Board could do to support internationally educated nurses and staff. SM advised the Committee that while support structures were in place, further work was required to strengthen staff voice networks. Uptake within networks remained low, which indicated that some staff did not yet feel confident or safe to participate. SM emphasised the importance of visible Board-level sponsorship and reassurance that staff were supported and encouraged to attend networks during working time. SM advised that the

	network had been relaunched with new Chairs and refreshed terms of reference, and that the next priority was to empower staff to engage so that their collective voice could be heard. Shelley Williams (SW), Deputy Director of Workforce, advised the Committee that additional support was being provided through initiatives such as the Internationally Educated Nurses café, which promoted interview skills, succession planning and career development, particularly for staff who might not ordinarily put themselves forward for progression opportunities. SS advised that a Board development session on Equality, Diversity and Inclusion was being planned for the spring. This session would provide an opportunity for a more in-depth discussion on how the Board could best support the EDI agenda and respond to the issues raised within the report. Helen Sweetland (HS), Independent Member, queried the reasons for incomplete ethnicity data and asked whether this was due to staff not updating records or actively choosing not to disclose. HS asked what actions could be taken to improve data completeness. SM advised that the issue was a combination of both factors. Some staff had forgotten how to update their information, while others were reluctant due to fear or uncertainty about how the data would be used. SM explained that guidance had been published on the intranet and that conversations about data completion were being embedded within inclusive leadership training, supervision and appraisal discussions to build trust and confidence. PD asked whether induction processes could be strengthened to encourage staff to complete ethnicity data at an early stage. SM advised that this would be helpful and advised that multiple routes, including induction, supervision and PADR conversations, needed to be utilised to improve data quality. PD summarised the discussion and stated that the Committee recognised that good progress had been made, while acknowledging that further work remained. PD highlighted the importance of continued focus on staff voice, data quality and Board-level engagement.

	The Committee **NOTED** the report.
PCC 1002/07	**People Plan 2025/30 - Conformation of Success Measures and Deliverables** Sarah Simmonds (SS), Director of Workforce and OD, provided the Committee with an overview of the People Plan for 2025/30. The Committee was reminded that the People Plan had been approved by the Board in September 2025 and aligned with the Health Board's Long-Term Strategy, *Gwent 2035*. The Committee had previously considered the Plan at its October 2025 meeting, and the current paper was built on the discussion by setting out refined measures to support effective implementation and performance management. SS advised the Committee that following feedback from the Committee at the previous meeting, the success measures had been further developed to strengthen the focus on outcomes and impact rather than activity alone. Additional quality-based metrics had been incorporated, including outcome measures for services such as the Employee Wellbeing Service, to ensure that performance monitoring captured the "so what" for staff and the organisation. SS outlined that the revised measures included the use of a structured quality improvement methodology to support delivery, particularly in relation to sickness absence reduction. The measures also reflected more targeted approaches to recruitment planning and variable pay reduction, replacing earlier, broader measures on vacancy reduction. SS advised that these refinements would support more meaningful tracking of progress and enable clearer assurance to be provided to the Committee and the Board. The Committee was advised that the People Plan would be subject to annual review, with a formal review point in 2027. Progress against the success measures would be reported through future Committee meetings, including thematic updates and an annual performance report, to ensure transparency, ongoing scrutiny and responsiveness to emerging workforce challenges. Philip Robson (PR), Vice Chair, welcomed the strengthened emphasis on outcomes and measures, noting that this reflected increasing expectations nationally and

	internationally for organisations to demonstrate the impact of workforce investment. PR acknowledged that defining meaningful outcomes was complex but commented that the Health Board was demonstrating increasing maturity in this area. Helen Sweetland (HS), Independent Member, queried how additional Workforce and Human Resources capacity would contribute to reducing sickness absence. SS advised that enhanced capacity would enable improved training and support for managers, more detailed analysis of workforce data, and more consistent tracking and follow-up of sickness absence cases. This approach was intended to support early intervention and prevention, rather than relying solely on reactive processes. Shelley Williams (SW), Deputy Director of Workforce, advised the Committee that the context for sickness absence management had changed significantly, with higher numbers of staff absent at any one time compared to previous years. SW advised that additional capacity would support managers by undertaking preparatory and analytical work, enabling managers to focus on operational leadership and staff support. The Committee discussed the importance of triangulating workforce measures with staff experience and patient outcomes. SS advised that work was underway to embed the Health Board's values and behaviours framework and to link these measures more clearly with quality and safety outcomes over time. The Committee was advised that the People Plan had been made live, with formal communications to staff having been delayed due to operational pressures. Further communications were expected imminently to support awareness and engagement. The Committee **NOTED** the report
PCC 1002/08	**Workforce Performance Dashboard incorporating Key Performance Indicators** Sarah Simmonds (SS), Director of Workforce & OD, provided the Committee with an overview of the Workforce Performance Dashboard. SS advised that the dashboard provided monthly assurance on workforce sustainability, workforce supply, training compliance and variable pay

	and highlighted that the dashboard remained a key mechanism for monitoring performance trends and identifying areas requiring further action. The Committee was advised that sickness absence had increased to 7.5% during December, noting that this reflected expected seasonal variation. The top 3 reasons for absence during the period were cold, cough and flu, stress, anxiety and depression, and gastrointestinal illness. SS confirmed that benchmarking data indicated that sickness absence levels were broadly in line with those of other comparable Welsh Health Boards. SS advised the Committee that workforce supply had strengthened, with over 200 registered nurses currently within the system. This position had been influenced by targeted recruitment activity and organisational decisions to over-recruit newly qualified nurses in order to offset vacancies, reduce variable pay and improve workforce stability. SS advised that although recruitment levels had increased, a number of full-time equivalent vacancies remained across divisions due to attrition and staff opting for part-time working. SS outlined changes in staffing levels across other staff groups and advised that increases in administrative and clerical staff were partly attributable to TUPE transfers associated with GP services returning to the Health Board, as well as additional capacity required within digital and corporate services. SS confirmed that an administrative review was planned during the next financial year to support the management of pay pressures and establishment control. SS provided the Committee with an update on Occupational Health performance, advising that recruitment to Occupational Health roles remained challenging due to national workforce shortages. 2 vacant posts had recently been filled and that additional outsourced clinics had been commissioned to support demand. SS advised that the Occupational Health team had developed improvement actions to support greater consistency in performance and responsiveness. Paul Deneen (PD), Chair, queried staffing establishment trends and asked for clarification on increases in staffing numbers year-on-year. SS advised that work was

	underway between Workforce and Finance teams to strengthen establishment controls, bringing together workforce and financial data to provide clearer assurance to services regarding funded posts, expenditure and workforce deployment. The Committee discussed job planning compliance for consultants and SAS doctors, noting that reported compliance levels remained low. SS advised that this reflected job plan was reaching the 12-month renewal point rather than the absence of job plans altogether. Actions were in place to improve compliance, including strengthened vacancy approval processes, targeted divisional support and pragmatic rollover arrangements where no material changes had occurred. SS confirmed that regular updates on job planning would be brought to future Committee meetings. The Committee noted that overall workforce data and analysis had significantly improved and that the dashboard provided a more comprehensive and integrated view of workforce performance than previously available. The Committee **NOTED** the report.
PCC 1002/09	**Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months** Sarah Simmonds (SS), Director of Workforce & OD, provided the Committee with an overview of key Workforce and Organisational Development activity, including employee relations matters, suspensions, and wider workforce issues arising locally, regionally and across NHS Wales. The Committee was advised that there were 10 employees currently suspended from duty, 6 of whom had been suspended for over 4 months. SS advised that all long-term suspensions related to serious patient safety concerns and/or ongoing police investigations. SS confirmed that where cases were subject to criminal investigation, internal processes were often paused in line with legal advice to avoid compromising external investigations. Shelley Williams (SW), Deputy Director of Workforce, outlined learning arising from a recent complex employee

	relations case. SW advised that, following the conclusion of an internal disciplinary process which had resulted in an employment tribunal claim that was subsequently withdrawn, the Workforce team had commissioned an external review to ensure objective reflection and learning. SW advised the Committee that the external review had confirmed that the disciplinary policy had been applied correctly, proportionately and appropriately, and that the decision to initiate an investigation had been justified. The outcome of the disciplinary process had also been deemed appropriate. However, the review had identified opportunities for improvement, including the need to further extend welfare support to individuals involved in disciplinary processes, irrespective of whether trade union representation was in place. The Committee was advised that the review highlighted the importance of experienced investigating officers, particularly in complex cases, and reinforced the need for continued training for managers, including enhanced awareness of sexual harassment. SW confirmed that an All-Wales anti-sexual harassment policy and associated training had since been developed and would be implemented locally. Paul Deneen (PD), Chair, welcomed the reflective approach taken by the Workforce team and noted that the Health Board had gone beyond minimum requirements in seeking external assurance and learning. The Committee acknowledged the importance of embedding the learning from the review to strengthen future practice. SS provided an update on wider employee relations activity. Progress continued in relation to the Band 2 and 3 role review framework, with 887 assessments completed at the time of the meeting. SS advised that the majority of assessed roles fully met the criteria, with a smaller proportion partially meeting or not meeting the criteria. SS confirmed that work was ongoing to complete all assessments within the required timescales to enable financial assurance and drawdown of Welsh Government funding. The Committee was advised that forthcoming changes under the Employment Rights Act would have implications for workforce policy and practice, including duties relating

	to sexual harassment prevention. SS confirmed that legal advice would be reviewed and any relevant changes or requirements would be brought back to the Committee for awareness and assurance. **Action: Director of Workforce & OD** The Committee discussed the importance of continued scrutiny of suspension management, particularly where cases were prolonged due to external investigations, and acknowledged the complexity of balancing patient safety, staff welfare and legal requirements. The Committee **NOTED** the report.
PCC 1002/10	**Update on Staff Survey outcomes and action plans** Peter Brown (PB), Assistant Director of Workforce and OD, provided the Committee with an update on the NHS Wales Staff Survey outcomes and the approach to action planning. PB advised the Committee that the NHS Wales Staff Survey results had recently become available to the Health Board via the national reporting portal. PB explained that the survey provided an important source of intelligence on staff experience and engagement and formed a key component of the Health Board's People Plan. The Committee was advised that the response rate for the most recent survey had exceeded 30%, representing a significant improvement compared to the previous year. PB advised that this improvement reflected a concerted organisational effort to increase participation, including the use of drop-in sessions across sites, proactive engagement with ward managers, and practical incentives to encourage completion. PB highlighted that Executive team had agreed that no other surveys would be undertaken during the survey period to reduce survey fatigue and ensure that the staff survey was clearly prioritised. PB advised the Committee that the Health Board had undertaken an initial quality assurance review of the data and that formal feedback would be provided to Healthcare Inspectorate Wales. The full dataset would now be used to

	support more detailed analysis at organisational and divisional level. The next phase of work would focus on translating survey results into meaningful action. Divisions would be supported by Workforce Business Partners to identify priority themes, celebrate areas of strength, and develop targeted action plans addressing areas requiring improvement. PB emphasised the importance of ensuring that staff were informed about survey outcomes and could see clear evidence that feedback was being acted upon. Paul Deneen (PD), Chair, commented that the improved response rate was encouraging and reflected the organisation's commitment to listening to staff. PD noted that in previous years the volume of surveys had made it difficult for staff to prioritise the staff survey and welcomed the Executive team decision to pause other surveys during the survey window. Sarah Simmonds (SS), Director of Workforce and OD, advised the Committee that a communication and engagement plan had been developed to support dissemination of survey results and action plans, using a "you said, we did" approach. SS acknowledged that the timescales between survey closure and the next survey cycle were relatively short, which created challenges in demonstrating progress, but confirmed that efforts would be made to focus on a small number of impactful actions. Philip Robson (PR), Vice Chair, reflected on the importance of encouraging broad participation in future surveys and noted that creative approaches and incentives had contributed to improved engagement. PB advised that a range of local and organisational initiatives had been trialled and that these would be repeated and refined for future survey cycles. The Committee discussed the importance of ensuring that staff survey findings were triangulated with other workforce intelligence, including sickness absence, retention and employee relations data, to provide a comprehensive understanding of staff experience. The Committee agreed that a further update on detailed survey outcomes and associated action plans would be brought to

	the next Committee meeting. **Action: Director of Workforce and OD** The Committee **NOTED** the update.
PCC 1002/11	**Speaking Up Safely Report** Peter Brown (PB), Assistant Director of Workforce and OD, provided the Committee with an update on the Health Board's Speaking Up Safely framework, which had been in place for approximately 13 months. PB advised that the framework was designed to operate as a safety net for staff who felt unable to raise concerns through existing mechanisms, and that it sat alongside, rather than replaced, established policies such as Raising Concerns and Respect and Resolution. PB advised the Committee that the Health Board's approach had been subject to internal audit by NHS Wales Shared Services Partnership (NWSSP), and that a re-audit had recently been completed, with the final outcome awaited. PB confirmed that feedback from the auditors had been constructive and that further clarification and evidence were being shared to support completion of the audit process. The Committee was advised that the number and range of concerns raised through the Speaking Up Safely route varied significantly. PB advised that each concern was assessed individually and managed proportionately, with some matters redirected to Human Resources or management teams where appropriate, and others resolved through informal discussion where staff wished only to be heard rather than pursue formal action. PB advised the Committee that a key challenge that remained was the lack of a dedicated system for logging and tracking concerns. A bid had been submitted to the Charitable Funds Committee to support both a system and additional staffing capacity. While the full bid had not been approved due to cost, funding had been agreed for a Band 7 post for 12 months to support the Speaking Up Safely function. PB confirmed that the post had been approved internally and would be progressed to recruitment. PB further advised the Committee that work had been undertaken to explore potential systems for managing concerns. A trial of an existing risk management system

	had been discontinued during testing due to confidentiality risks. PB confirmed that alternative options were being explored in conjunction with Workforce and Human Resources colleagues to identify a system that would support safe, confidential and effective case management. The Committee was advised that in the absence of national infrastructure, the Health Board had proactively established a pan-NHS Wales Speaking Up Safely Learning Network and was an active member of the Welsh Government Strategic National Workforce Safety Board. PB advised that work was underway nationally to define system maturity and to agree a minimum dataset for reporting concerns across Wales. Paul Deneen (PD), Chair, queried how staff were assured that concerns raised would be acted upon. PB explained that outcomes depended on the nature of each concern and the wishes of the individual raising it. PB emphasised that staff were supported to explore available options and that the framework prioritised safety, confidentiality and appropriate escalation where required. Helen Sweetland (HS), Independent Member, asked how the Health Board could assess whether the Speaking Up Safely framework was being used appropriately and whether it was impacting on other routes for raising concerns. PB advised that evidence suggested that mature systems typically experienced higher reporting volumes and that, locally, increased use of Respect and Resolution processes indicated that staff confidence in raising concerns had improved. SS advised that the organisation's intent was for concerns to be resolved as close to source as possible and that the Speaking Up Safely framework should be used when other mechanisms were not appropriate or had failed. SS confirmed that further discussion was planned at Executive level to clarify organisational expectations and strengthen consistent application of the framework. The Committee **NOTED** the Speaking Up Safely report.
PCC 1002/12	**Resident Doctors Reform Introduction** Sarah Simmonds (SS), Director of Workforce & OD, introduced the report and advised that it related to the

	forthcoming reform of the Resident Doctors and Dentists contract in Wales. SS highlighted that this represented one of the most significant workforce challenges anticipated over the coming months and would have wide-ranging operational and financial implications for the Health Board. Tamsin Gerrard (TG), Strategic Medical Workforce Manager, presented a high-level summary of the revised terms and conditions. TG advised that negotiations between NHS Wales Employers and the British Medical Association had concluded in 2025 and that the new contract had been accepted by Resident Doctors and final-year medical students following a referendum. TG explained that implementation was scheduled to begin in August 2026, with full adoption phased over a 3 year transition period. TG outlined to the Committee that the new contract introduced a simplified pay structure, removal of the existing banding system, revised pay premia, and strengthened provisions relating to safer working hours. TG advised that stricter limits on working hours and rest periods would apply, supported by the introduction of exception reporting. TG further advised that a new statutory role, the Guardian of Safe and Flexible Working, would be introduced to oversee compliance, with responsibility for reporting breaches and providing assurance to the Board. The Committee was advised that existing Resident Doctors would be subject to pay protection at the point of transition, based on their earnings immediately prior to moving onto the new contract. TG highlighted that while this provided financial protection for individuals, it also created potential financial risk for Health Boards, particularly where working patterns changed. TG highlighted to the Committee a number of significant risks and challenges. These included the limited funding envelope provided nationally, which applied only to Resident Doctors and not to Locally Employed Doctors; the likelihood that stricter working hour limits would require additional medical staffing to maintain service delivery and the absence of a fully implemented e-rostering system capable of supporting the new contractual requirements. TG also noted that recruitment challenges could be

	exacerbated by national competition between Health Boards. SS advised the Committee that a Health Board steering group had been established to oversee implementation, supported by an All-Wales implementation structure. SS confirmed that detailed rota compliance reviews were underway and that the Executive team were sighted on the emerging risks, particularly those relating to workforce capacity, service sustainability and financial impact. Philip Robson (PR), Vice Chair, commented on the scale and complexity of the changes and sought clarification on the implications of pay protection and working hour restrictions. SS confirmed that there was a risk of increased cost and reduced workforce availability, and that these issues were being actively escalated and discussed at national level. The Committee recognised that further detail would emerge as national guidance and schedules were finalised and agreed that ongoing oversight would be required. The Committee **NOTED** the report and presentation on the Resident Doctors Reform and new contract arrangements.
PCC 1002/13	**Violence Prevention & Reduction Strategy** Peter Carr (PC), Director of Allied Health Professions & Health Science, provided the Committee with an overview of the Violence Prevention and Reduction (VPR) Strategy and advised that the report was presented for noting. PC advised that the strategy had already been considered by the Executive Committee and was scheduled to be presented to the Board for approval at the end of March 2026. The strategy had been developed following extensive consultation and engagement. PC outlined to the Committee that the purpose of the strategy was to provide a corporate framework for preventing, reducing and responding to violence and aggression affecting staff, patients and visitors across the organisation. PC confirmed that the strategy had been developed to ensure that the Health Board met its statutory duties, aligned with emerging Welsh Violence Prevention and Reduction standards, and reflected national policy direction. PC further advised that the strategy would

	provide a foundation to support future legislative requirements, including preparedness for Martyn's Law. Lidia Palmer (LP), Violence Prevention & Reduction Lead, provided overview of key areas of focus. LP advised that violence and aggression remained a significant and increasing issue across the NHS and that the Health Board's experience reflected national trends. LP emphasised that the strategy was intended to strengthen governance, provide clarity of approach and ensure consistent organisational response. LP advised the Committee that the strategy covered the period 2025–2028 and would operate as a rolling programme, with priorities reviewed and updated in response to emerging risks, staff feedback and learning from incidents. LP advised that 4 key objectives had been identified, including adopting a trauma-informed approach, strengthening prevention and early intervention, improving reporting and learning, and ensuring that staff affected by violence and aggression were appropriately supported. The Committee was advised that work was underway with partners, including Gwent Police and the Equality, Diversity and Inclusion team, to draw on best practice and learning from other sectors. LP highlighted that this included exploring trauma-informed responses for both prevention and post-incident support, recognising the impact of violence and aggression on staff wellbeing. Paul Deneen (PD), Chair, welcomed the strategy and commented that it was clear, accessible and comprehensive. PD emphasised the importance of supporting staff who experienced violence and aggression and highlighted the potential value of body-worn cameras as a preventative and evidential tool. The Committee was updated on body-worn cameras and advised that a meeting was scheduled with Clinical Executive colleagues to discuss a proposed pilot in clinical settings, including Emergency Departments and Minor Injury Units. LP explained that engagement with clinical teams was critical to understand concerns, particularly around patient dignity, confidentiality and the sensitive nature of care delivery. LP advised that the intention was to pilot body-worn cameras in a way that was

	proportionate, staff-led and supportive, with cameras activated only when necessary. The Committee was advised that experience from an earlier pilot had demonstrated some reluctance among clinical staff to wear cameras and that further work was required to address concerns and build confidence. The focus was on ensuring that body-worn cameras were seen as a supportive tool for staff safety rather than a barrier to compassionate care. Helen Sweetland (HS), Independent Member, sought clarification on how assurance and outcomes from the strategy would be reported. PC confirmed that progress and impact would be monitored through Health and Safety governance arrangements and reported through quality and safety reporting mechanisms, ensuring appropriate visibility and oversight. The Committee discussed the importance of continued engagement with staff, learning from incidents and ensuring that preventative measures were balanced with compassionate, patient-centred care. The Committee **NOTED** the Violence Prevention and Reduction Strategy.
PCC 1002/14	**Nursing, Midwifery & Specialist Community Public Health Nurse Workforce Annual Report** Jennifer Winslade (JW), Director of Nursing, provided the Committee with an overview of the Nursing, Midwifery and Specialist Community Public Health Nurse Workforce Annual Report. The report provided assurance on workforce progress during 2024/25 and demonstrated how the Health Board continued to deliver measurable improvements despite sustained operational pressures. The Committee was advised that when the nursing workforce strategy had originally been developed, there had been a clear need for a focused approach to nursing, midwifery and SCPHN roles. JW advised that significant progress had since been made across recruitment, retention, education and leadership development, supported by close collaboration between Nursing and Workforce teams.

	JW highlighted to the Committee that there was a strong performance in recruitment, including significant reductions in vacancy rates and improvements in candidate experience, branding and attraction. JW advised that targeted international recruitment had been particularly successful, with internationally educated nurses reporting positive transition experiences and strong peer support through established forums. JW noted that anecdotal feedback from overseas recruitment activity indicated that the Health Board had developed a positive reputation as an employer of choice. The Committee was advised that substantial progress had also been made in developing internal workforce pipelines. This included investment in healthcare support worker recruitment, progression routes into assistant practitioner roles, and onward development towards registered nursing roles. JW confirmed that work continued to support widening access to nursing careers and that consideration was being given to the future introduction of registered nurse associate roles. The Health Board's focus was on supporting students and early-career staff, including nurse cadet programmes, improved onboarding and enhanced placement experiences. JW advised that despite national reductions in commissioned training places from some universities, work with Health Education and Improvement Wales and alternative providers had created opportunities to secure future supply and explore more flexible education models. JW outlined the significant investment made in leadership development and professional support. This included restorative clinical supervision, communication and end-of-life care training, and bespoke leadership programmes for Band 6 and senior nursing leaders. JW also highlighted the success of the annual Nursing and Midwifery Conference and Assistant Practitioner Conference, which provided opportunities to celebrate innovation, share learning and strengthen professional identity. The Committee was provided with an overview of workforce numbers. Nursing vacancies had reduced significantly as a result of targeted recruitment and decisions to over-recruit newly qualified nurses to offset

	turnover and reduce reliance on variable pay. JW confirmed that analysis showed a small number of divisions were slightly over-established, while others continued to experience vacancies, and that this information would be used to inform workforce planning and deployment. Helen Sweetland (HS), Independent Member, asked whether international recruitment would continue at the same scale. JW advised that international recruitment activity had been paused nationally, reflecting improved staffing levels, and that future focus would be on local training, development and retention, particularly in hard-to-recruit areas such as community services. The Committee welcomed the report and acknowledged the scale of progress achieved across nursing, midwifery and SCPHN workforce development. The Committee **NOTED** the Nursing, Midwifery & Specialist Community Public Health Nurse Workforce Annual Report.
PCC 1002/15	**People & Culture Committee Risk Report** Naomi Murtagh (NM), Board Business Manager, provided an overview of the People & Culture Committee Risk Report. NM advised that the report set out the current position of the strategic risks delegated to the People and Culture Committee for oversight on behalf of the Board. The Committee was advised that since the previous report, there had been no changes to the risk scores or exposure ratings for the 4 delegated risks within the Committee's remit. NM advised that the risks continued to be monitored through established governance arrangements and remained aligned to workforce, culture and wellbeing priorities. Paul Deneen (PD), Chair, reflected those issues relating to job planning compliance and workforce pressures had been discussed earlier in the meeting and confirmed that these matters were appropriately captured within the existing risk framework. The Committee agreed that continued scrutiny and regular updates were required to ensure risks remained appropriately mitigated and escalated where necessary.

	The Committee **NOTED** the report.
PCC 1002/16	**Development of Committee Annual Programme of Business 2026/27** Naomi Murtagh (NM), Board Business Manager, provided the Committee with an overview of the People & Culture Committee Annual Programme of Business for 2026/27. NM advised that the Forward Work Plan had been developed in line with good governance practice and was intended to support the Committee in fulfilling its Terms of Reference and providing assurance to the Board on workforce, people and culture matters. The Committee discussed the content of the Programme of Business and reflected on items considered during the meeting that would require ongoing oversight. Paul Deneen (PD), Chair, advised that job planning compliance had been a recurring theme and confirmed that it should be included as a standing or regular item within the Forward Work Plan to ensure continued scrutiny and assurance. **Action: Committee Secretariat** The Committee **APPROVED** the People & Culture Committee Annual Programme of Business 2026/27.
PCC 1002/17	**Review of Committee Programme of Business 2024/25** The Committee noted the forward workplan for information and no questions were raised from the committee.
PCC 1002/18	**Items to be Brought to the Attention of the Board and Other Committees** The Committee reviewed the key topics discussed during the meeting and identified several items to be brought to the attention of the Board and other relevant committees, these included: • Progress and assurance on the Strategic Equality Plan, including the planned Board development session on Equality, Diversity and Inclusion; • Approval and implementation of the People Plan 2025/30 and its success measures; • Workforce pressures highlighted through the Workforce Performance Dashboard;

	• Job planning compliance and this to be a standard agenda item; • Staff Survey outcomes, response rates and the importance of visible action planning; • Progress and governance arrangements for Speaking Up Safely; • The Violence Prevention and Reduction Strategy and emerging work on staff safety measures; and • The Resident Doctors Reform and associated risks, impacts and implementation challenges. The Committee **AGREED** that the items be brought to the attention of the Board and, where relevant, other Committees.
PCC 1002/19	**Any Other Urgent Business** There was no any other urgent business.
PCC 1002/20	**Date of the Next Meeting:** 16th June 2026