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

MINUTES OF THE PEOPLE & CULTURE COMMITTEE

DATE OF MEETING	Monday 15 June 2026 09:30-12:30
VENUE	Microsoft Teams

COMMITTEE MEMBERS PRESENT	Paul Deneen, Chair
	William Smart, Vice Chair
	Helen Sweetland, Independent Member
	Vivek Goel, 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
	Star Mayo, Head of Equality Diversity and Inclusion
	Thokozani Owino, Aspiring Board Member
	Seema Srivastava, Medical Director
	Ruth Badham, Head of Organisational Development
	Geraint Scott, Head of Welsh Language Unit
	Kelly Downes, Deputy Director of Nursing
	Gavin Thomas, Committee Secretariat
OBSERVING	Rhian Gard, Internal Audit
	Poppy Jones, Graduate Trainee
APOLOGIES	Sara Utley, Audit Wales

PCC 1506/01	**Welcome and Introductions** Paul Deneen (PD), Chair, welcomed everyone to the meeting.
PCC 1506/02	**Apologies for Absence for Noting** Apologies for absence were noted.
PCC 1506/03	**Declarations of Interest for Noting**



	There were no declarations of interest raised to record.
PCC 1506/04	**Draft Minutes of the last Meeting held on 10th February 2026** The minutes of the meeting held on 10th February 2026 were formally approved as a true and accurate record. The Committee **APPROVED** the minutes.
PCC 1506/05	**Committee Action Log** The Committee received the action log and was content with progress made in relation to completed actions. The Committee **NOTED** the Committee action log.
PCC 1506/06	**Annual Assurance Report on Medical Revalidation** The Committee received the Annual Assurance Report on Medical Revalidation, presented by Seema Srivastava (SSr), Medical Director, who informed that the report provided an overview of the quality and compliance of medical appraisal and revalidation processes within the Health Board. SSr advised that the report reflected a strong position, with high levels of appraisal completion and a continued focus on the quality of appraisals as a key area of assurance. The Committee noted that the organisation had achieved a quality assurance score of 92.1% in January 2026, the highest among health boards, and that this performance had been consistently sustained and improved over time. The Committee further noted that no actions had been identified through the most recent national quality assurance review. SSr highlighted that governance arrangements for revalidation were well established, including participation in national assurance processes, structured support for appraisers and appraisees, and regular engagement with professional networks. The Committee noted that appraisers were appropriately trained and supported, and that systems were in place to assist doctors in completing appraisals. The Committee also noted that thematic learning was derived from appraisal feedback, including the use of

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	anonymised analysis of free-text comments to identify constraints impacting medical staff. Common themes included workload pressures, digital challenges, and estate-related issues, which were being used to inform organisational action. Vivek Goel (VG), Independent Member, noted that while compliance was high for substantive staff, lower rates among temporary or short-term contract holders reflected the transient nature of those roles. SSr confirmed that this remained an area for further consideration at a national level to ensure equitable support. The Committee welcomed the continued triangulation of appraisal information with other workforce and governance processes, enabling identification of trends and supporting organisational improvement. Paul Deneen (PD), Chair, recognised the report as providing a high level of assurance in relation to medical revalidation arrangements and commended the sustained performance and strong governance framework. The Committee **NOTED** the Annual Assurance Report on Medical Revalidation and the ongoing high level of performance and assurance provided.
PCC 1506/07	**Job Planning Update** The Committee received a Job Planning Update presented by Seema Srivastava (SSr), Medical Director. SSr provided an overview of current performance against the job planning compliance target and advised that, whilst reported compliance remained below the 90% target, all Consultants and Specialty Doctors were working to agreed job plans. The Committee noted that the reported compliance figure reflected the timeliness of annual review and sign-off, rather than the existence of job plans themselves The Committee was advised that the current definition of compliance created a "cliff-edge" effect, whereby job plans became non-compliant immediately following the anniversary of their sign-off, regardless of whether material changes were required. It was noted that this

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	definition did not accurately reflect the cyclical and ongoing nature of job planning. SSr confirmed that work was progressing at an all-Wales level to develop a more consistent and realistic definition of compliance. The Committee noted that current reported compliance stood at approximately 52%, with this increasing when plans in progress were taken into account. It was recognised that some under-reporting remained due to inconsistent recording of discussions within the electronic job planning system. SSr outlined a number of actions being undertaken to improve compliance, including strengthened divisional oversight, regular assurance reporting, targeted deep-dives within directorates, and the use of both supportive and directive measures to reinforce expectations. It was noted that recruitment approvals and pay progression were being linked to job planning compliance to strengthen accountability. Vivek Goel (VG), Independent Member, acknowledged that the introduction of a revised national definition was likely to improve reported compliance but noted that continued focus would be required to ensure accurate recording, cultural embedding of the process, and sustained improvement and further discussed the operational challenges associated with implementing job planning across large teams and the importance of maintaining a pragmatic approach while ensuring that robust governance and transparency were maintained. The Committee was assured that there was no evidence of widespread lack of engagement with job planning, with most cases reflecting ongoing discussions rather than non-participation. Paul Deneen (PD), Chair, recognised the progress made in strengthening oversight and welcomed the clarity provided in interpreting compliance metrics. The Committee **NOTED** the Job Planning Update, including current performance, challenges relating to compliance definitions, and ongoing actions to support improvement.
PCC 1506/08	**NHS Wales Staff Survey – Results and Action Plan**

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	The Committee received a presentation on the NHS Wales Staff Survey results and Action Plan, presented by Ruth Badham (RB), Head of Organisational Development. RB provided an overview of the 2025 staff survey results, noting a significant improvement in response rate compared to previous years, with participation exceeding 30%. The Committee recognised this as a positive outcome, reflecting the impact of targeted engagement activities and increased organisational focus on the survey. The Committee was advised that overall engagement levels were strong, with the organisation achieving a leading position across Wales in the engagement index. It was noted that the majority of survey themes had improved and were above the all-Wales average, providing a positive basis for further development. RB highlighted key areas of strength, including compassionate and inclusive leadership, team working, and staff willingness to speak up. The Committee welcomed these findings as indicative of a supportive organisational culture. The Committee noted, however, that a number of challenges remained. These included themes relating to staff morale, workload and staffing pressures, and the creation of healthy working environments. It was further noted that feedback suggested a perceived disconnect between staff and senior leadership, alongside concerns regarding fairness and consistency. RB advised that qualitative feedback emphasised the importance of local leadership and team environments in influencing staff experience, with line managers identified as a key factor in staff retention. Additionally, staff highlighted that workload and staffing levels were the primary drivers of wellbeing, rather than access to individual support initiatives. RB outlined a programme of activity in response to the survey findings, including the development of divisional action plans, staff engagement roadshows, and targeted communications to promote a "you said, we did" approach. It was noted that over 2,000 staff suggestions had been received through engagement activity, with key themes

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	including improvements to facilities, IT access, and workplace environment. RB informed that divisions had been tasked with identifying focused improvement priorities and would report progress through established assurance mechanisms. A timeline of next steps was provided, including ongoing engagement activity, monitoring of divisional action plans, and preparation of a further report to Executive Committee. William Smart (WS), Vice Chair, welcomed the improved response rate and positive comparative performance, whilst emphasising the importance of ensuring that survey feedback translated into demonstrable improvements in staff experience. Paul Deneen (PD), Chair, also highlighted the need to ensure representative participation across staff groups and sites, and to continue targeted engagement for under-represented groups. The Committee noted the importance of maintaining momentum ahead of the next survey cycle and ensuring that staff could clearly see the outcomes of their feedback. The Committee **NOTED** the NHS Wales Staff Survey results and the proposed Action Plan, including the progress made in improving engagement and the planned actions to address identified areas for improvement.
PCC 1506/09	**Progress update on the Delivery of Welsh Government's Race Equality Action Plan for Wales** The Committee received a progress update on the delivery of the Welsh Government's Race Equality Action Plan, presented by Star Moyo (SM), Head of Equality, Diversity and Inclusion, who provided an overview of progress against the Action Plan, advising that the organisation had established a credible foundation for delivery and had self-assessed at an intermediate level of maturity. The Committee noted that this reflected a position where a range of activities and programmes were in place, but where consistent organisational impact and measurable outcomes were not yet fully evidenced. The Committee was advised that progress had been made across a number of areas, including the delivery of

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	inclusive leadership training, development of recruitment practices, strengthening of equality impact processes, and growth of staff networks. It was noted that engagement activity had increased, including work to bring together staff networks and the development of reverse mentoring initiatives. SM highlighted that, while there was a strong range of activity and examples of good practice across the organisation, delivery remained variable between divisions. The Committee noted that further work was required to ensure that improvements were consistently embedded across all areas. The Committee was advised that limitations in data continued to impact the level of assurance that could be provided, with incomplete workforce data, including ethnicity declaration rates, restricting the organisation's ability to fully understand and address inequalities. The importance of improving data quality and staff confidence in data usage was emphasised. SM further highlighted that the next phase of delivery was focusing on defining clear outcome measures, strengthening accountability, and demonstrating measurable impact on staff experience and organisational outcomes. The Committee acknowledged the breadth of work undertaken and commended the progress made to date, whilst recognising that the key challenge moving forward would be evidencing the difference that this activity makes at scale. The importance of leadership engagement, cultural change, and embedding equality as a shared organisational responsibility was highlighted. The Committee further discussed the importance of supporting staff to report incidents of discrimination and improving understanding of those incidents, including strengthening links with wider organisational work on violence and prevention. Paul Deneen (PD), Chair, recognised the need for continued focus on translating activity into demonstrable outcomes and maintaining momentum in progressing to the next level of maturity.

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	The Committee **NOTED** the progress update on delivery of the Race Equality Action Plan and the focus on strengthening impact, consistency, and data quality in the next phase of work.
PCC 1506/10	**Assurance on Compliance with the Welsh Language (Wales) Measure 2011 - More Than Just Words** The Committee received an update on compliance with the Welsh Language (Wales) Measure 2011 and progress against the "More Than Just Words" framework, presented by Geraint Scott (GS), Head of Welsh Language Unit, who provided an overview of the key areas of activity, highlighting progress in implementing the organisation's five-year Welsh language plan, including a more targeted, service-level approach to increasing Welsh language provision in clinical settings. The Committee noted that this approach aimed to deliver measurable improvements that could be replicated across services. GS informed that a strong and constructive working relationship had been established with the Welsh Language Commissioner's Office and Welsh Government, with improved alignment between regulatory standards and policy expectations. This was welcomed as supporting a more coherent approach to delivery and compliance. Progress in workforce development was noted, including the expansion of Welsh language training provision, with increased opportunities for staff to develop confidence and capability in using Welsh in the workplace. The Committee also noted the introduction of structured opportunities, such as Welsh language practice forums, to support staff in maintaining and applying their skills. The Committee recognised improvements in internal translation capacity, which had contributed to increased efficiency and reduced reliance on external services, while supporting compliance with Welsh language standards. GS highlighted a number of ongoing challenges, including ensuring compliance of newly procured digital systems with Welsh language standards, and the need to embed Welsh language considerations earlier within procurement processes. The Committee noted that actions were being taken to strengthen governance in this area.

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	The Committee also noted plans to improve clarity and consistency in identifying Welsh language requirements within recruitment processes, ensuring that workforce capability aligned with service needs. Paul Deneen (PD), Chair, welcomed the progress made and the practical, targeted approach being adopted, while recognising the scale and complexity of embedding Welsh language standards across a large organisation. The importance of continued focus on measurable outcomes and sustained improvement was emphasised. The Committee recognised the report as providing assurance on progress to date, whilst acknowledging the need for continued development to achieve full and consistent compliance. The Committee **NOTED** the update on compliance with the Welsh Language (Wales) Measure 2011 and progress against the "More Than Just Words" framework.
PCC 1506/11	**Training, Development and Education - Assurance on Workforce Planning and Education Commissioning Numbers** The Committee received a report on Training, Development and Education, providing assurance on workforce planning and education commissioning, presented by Sarah Simmonds (SS), Director of Workforce & Organisational Development, who provided an overview of the annual workforce planning process and associated education commissioning numbers, advising that this work was undertaken collaboratively with professional leads and partners and required balancing workforce supply against future service demand. The Committee noted the inherent complexity of workforce planning, given the long lead-in time for training programmes and the need to anticipate workforce requirements several years in advance. SS advised that commissioning intentions are submitted to Health Education and Improvement Wales (HEIW), noting that commissioned places may vary from requested numbers and that education capacity across providers was also a key consideration. The importance of maintaining viable education programmes across Wales was

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	highlighted, particularly in the context of long-term workforce sustainability. The Committee noted current workforce challenges, particularly in relation to newly qualified nurses, where a higher than anticipated retention rate within the existing workforce had reduced the number of available vacancies. It was reported that this had created pressure in accommodating newly qualified staff into substantive roles. SS outlined mitigating actions, including the establishment of site-based employment pools to support newly qualified nurses and operating department practitioners. The Committee noted that this approach aimed to provide a positive transition into employment, support workforce retention, and reduce reliance on temporary staffing arrangements. The Committee further noted that work was ongoing at both organisational and all-Wales levels to consider longer-term workforce modelling, with early indications suggesting that workforce demand may increase significantly in the coming years, reinforcing the need to maintain proactive commissioning levels. Vivek Goel (VG), Independent Member, discussed the balance between short-term workforce pressures and longer-term planning requirements, acknowledging the risks of reducing commissioning levels in response to current workforce surpluses, which could adversely impact future workforce availability. In addition, the Committee also noted ongoing engagement with partners to explore more flexible and collaborative approaches to workforce planning and deployment, including potential regional or national solutions to address workforce fluctuations. SS assured the Committee that robust processes were in place to monitor workforce supply and demand and to inform future commissioning decisions, while recognising the dynamic nature of the workforce environment. The Committee **NOTED** the report and the assurance provided in relation to workforce planning and education commissioning, including current pressures and the actions being taken to support both short-term workforce needs and long-term sustainability.

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PCC 1506/12	**Workforce Performance Dashboard incorporating Key Performance Indicators** The Committee received the Workforce Performance Dashboard and Key Performance Indicators report, presented by Sarah Simmonds (SS), Director of Workforce & Organisational Development, who highlighted key areas of workforce performance, noting a positive shift in sickness absence levels, with a reduction observed, although performance remained above the desired target. The Committee noted that the primary drivers of sickness absence continued to be stress, anxiety and depression, and that this remained a key focus for organisational support and intervention. SS advised that compliance with mandatory training continued to improve, including progress in completion of anti-racism training modules, with performance approaching target levels. This was recognised as a positive indicator of organisational engagement and commitment to key priorities. In addition, performance relating to recruitment was reported as strong, with time to hire consistently below the national target. The Committee noted that work was ongoing with national partners to review whether current benchmarks remained appropriate, given sustained over-performance. The Committee received an update on occupational health performance, noting that whilst there had been some fluctuation in staffing levels within the service, robust processes were in place to maintain performance and support recovery where required. The importance of occupational health in supporting workforce wellbeing and attendance was acknowledged. Furthermore, the Committee also noted ongoing improvement work relating to workforce culture, particularly within Mental Health and Learning Disabilities services, where targeted interventions were being undertaken to support organisational culture and staff experience The Committee recognised the breadth of data presented and the importance of continued focus on key workforce metrics, particularly those linked to staff wellbeing, attendance, and organisational culture. The Committee acknowledged the progress made, whilst noting the need

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	for sustained improvement in key areas such as sickness absence The Committee **NOTED** the Workforce Performance Dashboard and Key Performance Indicators report and the progress being made against key workforce metrics.
PCC 1506/13	**People Plan 2025-2030, Quarterly Review Objective 1 - Better Health and Wellbeing** The Committee received a quarterly update on delivery of Objective 1 of the People Plan 2025–2030, Better Health and Wellbeing, presented by Sarah Simmonds (SS), Director of Workforce & Organisational Development. SS provided an overview of progress against the key actions aligned to the health and wellbeing pillar, advising that delivery was progressing through a combination of targeted interventions and alignment with wider workforce performance activity. The Committee noted that progress against actions was linked to other agenda items, including workforce performance metrics and attendance management initiatives. SS advised that governance arrangements were in place to support delivery of the People Plan, with a focus on strengthening oversight and ensuring quality of implementation. It was noted that existing organisational structures were being utilised to monitor progress and maintain accountability across divisions. The Committee noted progress in key areas, including workforce wellbeing, attendance management, and targeted support to services with higher levels of sickness absence. It was recognised that deep-dive approaches and enhanced managerial support had contributed to improvements in specific areas, although performance remained variable across the organisation. Furthermore, the Committee emphasised the importance of clearly demonstrating the impact of the People Plan, noting that while a range of activity was underway, further work was required to strengthen the link between actions delivered and measurable improvements in workforce outcomes. The Committee highlighted the need for clearer outcome metrics and trajectory measures to support ongoing

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	assurance. In addition, the Committee also acknowledged that a combination of quantitative and qualitative evidence may be required to demonstrate progress, particularly in relation to workforce wellbeing and organisational culture. The Committee was assured that work was ongoing to refine reporting and strengthen the presentation of outcome measures to support future monitoring and Board assurance. The Committee received assurance on the quarterly progress against Objective 1 of the People Plan 2025–2030 and **NOTED** the ongoing actions to strengthen outcome measurement and delivery.
PCC 1506/14	**Employment Rights Act Changes** The Committee received an update on Employment Rights Act changes, presented by Sarah Simmonds (SS), Director of Workforce & Organisational Development, who noted that the proposed legislative changes represented one of the most significant developments in employment law in recent years and would have wide-ranging implications for workforce management across the organisation. The Committee noted that a number of changes had already been implemented, with further phased changes expected through 2026 and beyond. SS advised of key changes already in effect, including revised entitlements relating to family leave, strengthened whistleblowing protections, enhanced requirements for record keeping, and the introduction of a Fair Work Agency with enforcement powers. Looking forward, SS highlighted planned changes that would significantly impact employment practice, including extended time limits for employment tribunal claims, strengthened responsibilities on employers to prevent workplace harassment, and further protections relating to employment transfers. The Committee noted that these changes would require careful review of existing policies and procedures. The Committee's attention was drawn to future reforms expected from 2027 onwards, including reduced qualifying periods for unfair dismissal and the removal of compensation caps, which were identified as presenting

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	potential risk in terms of increased exposure to employment claims. Significant operational implications were also noted in relation to proposed changes affecting zero-hours contracts and flexible working arrangements. The Committee recognised that these changes could have a material impact on the organisation's use of bank staffing and workforce flexibility, with further work required to assess the implications and develop appropriate responses. The Committee acknowledged the scale and complexity of the changes and the associated workload required to ensure organisational readiness. The importance of maintaining ongoing oversight and ensuring that appropriate governance arrangements were in place to manage risk was highlighted. The Committee agreed that this item should remain under regular review, with further updates provided to ensure that the Committee is sighted on the implications of the legislation and the organisation's response. **Action: Committee Secretariat** The Committee **NOTED** the update on Employment Rights Act changes, including the current position, forthcoming developments, and associated organisational risks, and **AGREED** that further updates should be provided as implementation progresses.
PCC 1506/15	**Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months; DBS: Speaking up Safely and GMC Update** The Committee received a report from Sarah Simmonds (SS), Director of Workforce & Organisational Development, who provided an overview of employee relations activity, including a summary of current suspension cases. The Committee noted that a small number of staff remained suspended, with a proportion of these cases extending beyond four months. It was acknowledged that a number of these cases involved external processes, including police investigations and safeguarding considerations, which impacted on resolution timescales. The Committee was advised that recent engagement with Gwent Police had

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	resulted in improved joint working arrangements aimed at reducing delays where possible. SS informed the Committee of an update on Disclosure and Barring Service (DBS) compliance, noting that progress had been made in addressing outstanding checks and improving recording processes. It was highlighted that there had been strong engagement from managers and staff in progressing required actions, and that assurance was improving across this area. SS provided an update on the Speaking Up Safely framework, noting that following a limited assurance audit, a programme of work had been implemented to strengthen governance and support arrangements. The Committee noted that additional resource had been secured to support delivery and that further detail would be presented to the Board through a dedicated session. The Committee also noted progress in providing employment and development opportunities through partnership initiatives, including work with the King's Trust to support young people into work placements within the organisation. An update was provided on the implementation of the new Resident Doctor contract. The Committee noted that this remained a complex programme of work with a number of associated risks, including system readiness, workforce capacity, and potential financial implications. It was advised that additional workforce requirements had been identified to ensure compliance with new rota arrangements, and that these were being actively assessed. The Committee further noted ongoing considerations in relation to locally employed doctors and the potential requirement to align terms and conditions with the revised contract arrangements, which may present additional risk and cost pressures. SS provided a positive update regarding medical education governance, noting that regulatory concerns previously identified by the General Medical Council (GMC) had now been de-escalated. This was recognised as a significant

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	achievement, reflecting sustained improvement and strengthening of governance and training arrangements. Paul Deneen (PD), Chair, acknowledged the overall scale and breadth of workforce governance activity, recognising the relatively low number of complex cases in the context of a large workforce. The Committee welcomed the progress made across a number of areas, whilst noting the importance of continued oversight and monitoring of key risks The Committee **NOTED** the report, including updates on employee relations, DBS compliance, Speaking Up Safely, Resident Doctor contract implementation, and the GMC position.
PCC 1506/16	**People & Culture Committee Risk Report** The Committee received the People & Culture Committee Risk Report presented by Naomi Murtagh (NM), Board Business Manager, who advised that the report provided an overview of the current risk profile relevant to the remit of the Committee, including key workforce, organisational development, and culture-related risks. The Committee noted that there had been no changes to the overall risk scores since the previous reporting period and that the existing risks remained stable. It was further noted that there were no new risks escalated to the Committee within the reporting period. NM advised that the risks were subject to regular review and that mitigating actions remained in place and were being actively monitored through established governance arrangements. The Committee noted that these arrangements provided ongoing oversight and assurance in respect of risk management. Paul Deneen (PD), Chair, acknowledged the comprehensive nature of the report and the continued stability of the risk position. The Committee recognised the importance of maintaining vigilance and ensuring that risks continue to be reviewed in the context of emerging workforce and organisational developments.

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	The Committee **NOTED** the People & Culture Committee Risk Report and the current risk position.
PCC 1506/17	**Nursing & Midwifery Strategy, including evaluation of existing Strategy** The Committee received a report on the Nursing & Midwifery Strategy, including an evaluation of the current strategy period (2023–2026) and the proposed professional plan for 2026–2030, presented by Kelly Downes (KN), Deputy Director of Nursing, who provided an overview of the evaluation of the existing strategy, advising that it had been successfully delivered against its stated ambitions. The Committee noted that the strategy had provided a clear framework for professional practice, supported divisional priorities, and strengthened assurance from ward to Board. The Committee recognised a number of key achievements during the strategy period, including progress in leadership development, implementation of restorative clinical supervision, establishment of team accreditation processes, and development of advanced and consultant practice in line with national frameworks. It was noted that, whilst strong progress had been made, the evaluation identified a need to focus on consistency, equity, sustainability, and the demonstration of measurable impact across the organisation in the next phase. The Committee then considered the proposed Nursing and Midwifery Professional Plan for 2026–2030. KN advised that the plan had been developed through extensive engagement with staff and patients and was aligned with national and organisational priorities. The Committee noted that feedback had highlighted the importance of staff voice, feeling valued, access to professional support, leadership development, digital capability, and strong professional governance. The Committee noted that the plan was structured around a series of interconnected priorities, with clear actions, measures, and timelines to support delivery and enable transparent monitoring of progress. It was further noted that the plan strengthened governance arrangements and

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	ensured alignment with statutory and regulatory requirements. The Committee welcomed the comprehensive nature of the report and the clear alignment with organisational strategy. The importance of ensuring effective staff and patient voice in shaping future delivery was highlighted, as well as the need to strengthen links between planned actions and measurable outcomes, including alignment with organisational performance metrics. The Committee supported the direction of the new plan and recognised its role in strengthening professional standards, workforce development, and quality of care over the next five years. The Committee **NOTED** the evaluation of the existing Nursing & Midwifery Strategy and **SUPPORTED** the direction of the Nursing and Midwifery Professional Plan 2026–2030, including its progression to Board.
PCC 1002/18	**Review of Committee Programme of Business 2024/25** The Committee **NOTED** the forward workplan.
PCC 1002/19	**Items to be Brought to the Attention of the Board and Other Committees** Paul Deneen (PD), Chair, summarised the key areas of assurance, emerging risks and matters requiring Board visibility. The Committee noted: • Strong assurance in Medical Revalidation**,** with high levels of compliance and quality, and agreed this should be reported positively to the Board. • Progress in Job Planning**,** including work to develop a consistent All-Wales approach and address challenges around compliance definitions. Ongoing monitoring and clear reporting were supported. • Findings from the NHS Wales Staff Survey, including improved response rates and positive engagement indicators, alongside continuing concerns regarding workload, morale and workforce pressures. A detailed Board briefing was scheduled.

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	• Progress against the Race Equality Action Plan, with emphasis on the need to demonstrate measurable outcomes and organisational consistency. • Continued improvement in Welsh Language compliance, whilst recognising ongoing system and procurement-related challenges. • The workforce planning position, including challenges associated with accommodating newly qualified nurses and the requirement for longer-term workforce modelling to align supply and demand. • Positive performance reflected within the Workforce Performance Dashboard, including improvements in sickness absence and recruitment metrics, providing assurance subject to continued monitoring. • Emerging risks associated with Employment Rights Act changes, particularly regarding workforce management and bank staffing arrangements, requiring ongoing Board oversight. • Assurance from the Director of Workforce and OD Report, including improvements in employee relations, DBS compliance, Speaking Up Safely arrangements and the de-escalation of GMC concerns. • A stable corporate risk position, with no changes reported to risk scores. • Progress in delivery of the Nursing and Midwifery Strategy and support for its future strategic direction. The Committee **NOTED** the matters identified for escalation and agreed that these should be formally reported through the Board's governance arrangements.
PCC 1002/20	**Any Other Urgent Business** There was no any other urgent business.
PCC 1002/21	**Date of the Next Meeting:** 20 October 2026

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