

**Unconfirmed Minutes of the Public Health Wales  
People and Organisational Development Committee Meeting  
14 October 2025 at 10:00, in 6.5 CQ2 and via Microsoft Teams**

<b>Present:</b>		
Tamsin Ramasut	(TR)	Committee Chair and Non-Executive Director (Equality and Diversity)
Huw David	(HD)	Non-Executive Director (Local Government)
Clare Jenkins	(CJ)	Non-Executive Director and Vice Chair of the Board
<b>In Attendance:</b>		
Rachel Attwood	(RA)	Deputy Director of People and Organisational Development
Michelle Battlemuch	(MB)	Assistant Director of Operations, Health Protection and Screening Services
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of Board Business Unit
Lucy Day	(LD)	Business Manager
Katrina Febry	(KFe)	Audit Wales
Karen Fitzgibbon	(KF)	Head of People and OD Operations (for item 3)
Danielle Gething	(DG)	Head of Risk Management (for items 4 and 5)
Liz Heath	(LH)	Staff side representative
Sian Jones	(SJ)	Welsh Language Manager (for item 7)
Neil Lewis	(NL)	Director of People and Organisational Development
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Paul Veysey	(PV)	Board Secretary and Head of Board Business Unit
Rhiannon Windsor	(RW)	Deputy Director of People & OD (NHS Executive)
<b>Apologies</b>		
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
Pippa Britton	(PB)	Chair of the Board
Tracey Cooper	(TC)	Chief Executive
Kate Young	(KY)	Non-Executive Director (Third Sector), and Chair of the Audit and Corporate Governance Committee
<b>Secretariat</b>		
Ffion Lloyd	(FL)	Board Support Officer
The meeting commenced at 10:00		

<b>Part A</b>	
<b>PODC 1/2025.10.14</b>	<b>Welcome and Apologies for Absence</b>
<p>TR opened the meeting and welcomed all present, noting that the meeting was held electronically and in person at CQ2.</p> <p>The Committee <b>noted</b> that the meeting was being recorded to support with accuracy of the minutes, and that the recording would be deleted once the minutes had been agreed at the next meeting on 20 January 2026.</p> <p>The apologies for absence received were <b>noted</b>.</p>	
<b>PODC 1.1/2025.10.14</b>	<b>Declarations of Interest</b>
<p>There were no declarations of interest in addition to those already declared on the Declarations of Interest Register.</p>	
<b>PODC 1.2/ 2025.10.14</b>	<b>Minutes, Action Log and Matters Arising of meeting (16 July 2024)</b>
<p>The Committee <b>approved</b> the minutes of the meeting of 16 July 2025.</p> <p>The Committee <b>approved</b> the closure of two actions in the Action Log.</p>	
<b>In Focus / Deep Dive</b>	
<b>PODC 2/ 2025.10.14</b>	<b>People Strategy</b>
<p>KF provided a deep dive on the development and implementation plan of the refreshed People Strategy. The implementation plan was due by the end of December 2025, and would be mapped to the Strategic Plan and Integrated Medium Term Plan (IMTP).</p> <p>KF highlighted the key points of the plan:</p> <ul style="list-style-type: none"> <li>• The implementation plan would set out short, medium, and long-term actions, with years 1-3 deliverables feeding into the IMTP cycle. Ownership, timelines, and measures for tracking progress would be agreed and reported regularly through the relevant Committees.</li> <li>• Engagement with colleagues occurred up to April 2025. This was followed by strategy approval by the Business Executive Team and Board in May, and publication in August 2025. The strategy was now available to all staff, and engagement with subject matter experts, trade unions and diversity networks was being undertaken.</li> <li>• The plan covered a 10 year period and was structured around five key focus areas: <ul style="list-style-type: none"> <li>○ Designed to Deliver - Aligning workforce planning with strategic priorities to enable growth and agility.</li> <li>○ Talent Attraction and Inclusive Hiring - The use of updated recruitment processes to improve accessibility and reduce bias, and the use of succession planning to grow diverse talent.</li> <li>○ Cultivating Future-Ready Skills - The promotion of lifelong learning, the development job families, and strengthened partnerships with education providers.</li> </ul> </li> </ul>	

- Leading with Compassion- Ensuring that compassionate leadership was embedded in organisational culture, and investing in leader development and performance management.
- Exceptional Staff Experience - The prioritisation of employee well-being, flexibility, and growth, and ensuring that risks from agile working were addressed.

The Committee discussed:

- The importance of alignment with strategic priorities and the need for robust data to identify workforce gaps. KF and RA reassured the Committee that implementation planning was data-driven, and that a review of workforce plans and skills mapping was ongoing.
- The need for engagement with other NHS partners, particularly in relation to specialist and clinical workforce development. KF and NL noted collaboration with Health Education and Improvement Wales (HEIW) and other NHS Wales organisations, which included joint commitments on workforce well-being.
- The best practices for inclusive recruitment, which may include changes to systems such as TRAC and positive action initiatives. KF described ongoing work to analyse Equality, Diversity, and Inclusion (EDI) data and the need for specialist support, with a focus on process improvements and positive action.
- Challenges in attracting and retaining scientific specialists, especially in border regions, and the need to develop partnerships with academic providers and on-the-job development.
- The need to consider the physical work environment in staff experience and recruitment, especially for neurodivergent colleagues. KF agreed to include this in future planning.

TR thanked KF for their presentation.

The Committee took **assurance** on the People Strategy Implementation Plan.

### Managing Risk

**PODC 3/  
 2025.10.14**

### Strategic Risk Register (Risk 2)

DG provided an update on the management position of Strategic Risk 2 following endorsement at the July Board meeting.

DG noted that the risk appetite reporting process had become strengthened with improved controls, assurances, and risk appetite reporting. DG also highlighted that the risk appetite was set at "willing," which identified that Public Health Wales was open to innovation and the acceptance of higher risk in the right circumstances.

The score for Strategic Risk 2 remained at nine for the June - August 2025 period, and the risk was currently within the risk management threshold.

KY thanked DG for the update, and praised the clarity and ease of use of the new report format.

NL emphasised that significant work was ongoing, and the pace of progress was being reviewed to determine what was effective and what needs adjustment. A further review was scheduled with the Executive team to discuss.

The Committee **considered** the Strategic Risk and took **assurance** on the management of Strategic Risks within the organisation, within the remit of the Committee.

**PODC 4/  
2025.10.14**

**Corporate Risk Register**

DG provided an update on the Corporate Risk register as reviewed at by the Leadership Team on 18 September 2025.

DG highlighted that Corporate Risks 1533 and 1541 were currently being managed to a moderate risk score level.

The Committee raised a question about the Health Impact Assessment (HIA) recruitment issue under risk 1533 on whether there was an issue related to capacity. NL noted that this risk fell under the remit of the National Director of Policy and International Health, and recommended following up with that directorate for more detail. DG agreed to clarify the management approach for this risk and report back as needed.

**Action: DG**

The Committee took **assurance** on the management of corporate risks within the remit of the Committee.

**Strategy Delivery**

**PODC 5/  
2025.10.14**

**IMTP Commitment Update (Job Families)**

RA presented an update on the IMTP commitment update on the Job Family Approach, and noted its connection to the People Strategy implementation plan and its role as an enabler for all five key areas of the strategy, which included culture and strategic risk. RA highlighted that the implementation approach had been agreed with the Business Executive Team in 2024, and that the Job Family steering group established as part of that work was scheduled to meet for its first session in November 2025.

The Committee:

- Commented positively on the paper but noted a lack of timelines and measurables, and raised concerns about the separation of Allied Health Professionals and Healthcare Support Workers.
- RA clarified that appendix 1 included in the report that outlined the job families framework was a worked example and not a fixed grouping, and that feedback would be incorporated going forward. MB also highlighted the importance of enabling movement within and across job families, with reference to previous work in Health Protection and Screening Services.
- Asked whether the approach would result in significant changes to pay and remuneration, or create new roles and responsibilities. RA responded that no significant changes to pay or new roles were anticipated, and that the approach was about standardisation and equity rather than formalising new positions. NL



added that while anomalies may be identified and addressed through existing processes, there was not an existing budget for significant pay changes, and that risks had been considered in Executive discussions.

- Asked about Trades Union involvement and whether they shared the view that the approach would not result in significant changes. NL confirmed that discussions had taken place, and that Trades Unions would be involved in the next steps with any anomalies addressed through partnership working.
  - LH supported having a staff side lead on the working group and confirmed Trades Union see the approach as a way to improve career pathways.
- Highlighted the importance of matrix career pathways, noting that professional groups often work across boundaries and that job families should reflect multidisciplinary working to avoid linear development.
- Emphasised the importance of clear communication to all staff and the positive impact the job families approach can have on the standardisation of roles.

TR thanked RA for the update.

The Committee took **assurance** that the implementation of the job family approach was progressing in line with the People Strategy and IMTP commitments.

**PODC 6/  
2025.10.14**

**IMTP Commitment Update (Employee Experience)**

RA presented an update on the IMTP commitment to create an exceptional employee experience, which was aligned with the People Strategy and job families work. The commitment included the development of a roadmap for employee experience that supported well-being, flexible working, and career progression, with an aim to make Public Health Wales an employer of choice.

The roadmap integrated previous work from the 2020-2030 People Strategy into the refreshed 2035 strategy, emphasising the creation of a great work environment to retain, motivate, and attract talent.

RA provided an overview of the phases of the roadmap development:

- Phase 1 (Current): Focuses on data collection, discovery, gap analysis, and stakeholder engagement to assess the current employee experience and pinpoint gaps.
- Phase 2 (Early 2026): Involves designing the roadmap, aligning with the People Strategy, benchmarking, and developing initiatives to address identified gaps.
- Phase 3 (April 2026 onwards): Covers implementing and embedding initiatives, promoting flexible working, improving equal access, mitigating risks of agile working, and prioritising staff well-being
- Evaluation: Measures effectiveness and tracks outcomes.

RA noted the identified risks of this work, such as gaps in data, capacity and funding constraints, and ensuring initiatives resonate with all employee groups.

The Committee:

- Expressed interest in the results of the employee life cycle diagnostic and emphasised the importance of having a clear baseline to identify gaps and track progress.
- Questioned how the findings of the employee life cycle diagnostic would inform the roadmap process. RA explained that the diagnostic would define what needs to be done at each stage of the employee life cycle, and that the People Strategy implementation plan would set out commitments and allow the Committee to take assurance on progress.
- Noted the challenge of measuring progress and successes, and suggested that forward looking measures should be included to help staff reflect on progress over time.

TR thanked RA for the update.

The Committee took **assurance** of the development of our Employee Experience Roadmap for How We Will Create an Employee Experience that Prioritises Wellbeing, Flexible Working, Opportunities for Career Progression and Makes Public Health Wales an Employer of Choice.

#### Equalities and Diversity

PODC 7/  
2025.10.14

#### More Than Words Annual Report

RA presented the More Than Words Annual Report for assurance. The report detailed progress on Welsh language planning and workforce processes, and highlighted challenges in recruiting and retaining Welsh speakers. The report was required to be submitted to Welsh Government on an annual basis.

TR expressed satisfaction with the actions listed and the organisation's bilingual culture.

The Committee highlighted the need to focus on recruitment in North Wales and to challenge assumptions about which roles Welsh speakers could fill, emphasising the prevalence of Welsh speakers at all employment levels in that region.

The Committee noted the establishment and impact of the Welsh Language Team, and emphasised the value of having dedicated staff for Welsh language work.

SJ welcomed the positive feedback, confirmed the organisation was making good progress towards supporting current staff to develop their Welsh skills.

TR thanked RA and SJ for the report.

The Committee took **assurance** of the More Than Just Words Annual Progress report.

#### Workforce and Workforce Planning

PODC 8/2025.10.14

#### Sickness Absence Update (including data quality improvements)

KF provided an update on sickness absence data following from the discussion at the July Committee meeting. KF noted that the completion of the sickness absence management

Internal Audit had been delayed, which had caused a variation in the update presented, and that the in-depth discussion scheduled for February 2026 once the audit report had been finalised and the findings available to the Committee.

RA noted improvements in the use of "unknown" and "other" absence categories, but overall sickness absence rates had remained steady since July.

NL highlighted that the Executive Team had discussed specifics around absence recording, with a focus on challenges regarding personal or sensitive reasons, and emphasised the importance of line managers in supporting staff well-being

The Committee:

- Discussed leveraging internal expertise and system-wide initiatives to address long-term sickness (which included stress, anxiety, and mental health issues), with ongoing collaboration with external partners.
- Observed that the top three absence categories were broad, which made it more difficult to identify specific causes, and supported continued efforts to improve data quality and understanding.
- Sought assurance that the upcoming audit would cover consistency in long-term sickness reviews and phased returns to work, with cited examples of inconsistent application. KF confirmed the audit would address these areas, and noted the support provided by People and Organisational Development Advisors, with additional input from occupational health, well-being leads, and external resources as needed.

TR thanked RA and KF for the update.

The Committee took **assurance** on sickness absence and management of sickness absence for the period 1 September 2024 to 31 August 2025.

**PODC 9/2025.10.14**

**Audit Recommendations - Workforce Planning**

IB provided an overview of the ask from the Audit and Corporate Governance Committee (ACGC) to review the Audit Wales report into the Review of Workforce Planning Arrangements within Public Health Wales, with a focus on action 599. LB noted that the ACGC sought assurance that there would be no further extension beyond December 2025.

IB noted that the recommendation called for a joint approach (with NL) to clarify future workforce demands using data, and that there was a disconnect between the update and action requirement.

IB highlighted that Public Health Wales had a good level of workforce data but that gaps in information were present, and noted significant progress of NL and team towards gathering workforce details and identifying future needs. It was suggested that IB and NL establish a task and finish group to ensure the response met the audit tracker requirements, which would include workforce data modelling and a focus on skill gaps.

**Action: NL/IB**

NL noted that work in this space would aim to be completed by the agreed deadlines and that evidence of this would be provided, but that it should also be stated in the next update that this area of work would be ongoing.

KF highlighted the need to include an update on the work of Health Education and Improvement Wales colleagues to establish vacancies within the ESR system.

TR thanked IB for the update.

The Committee **considered** the progress with the implementation of action 599, resulting from the Audit Wales report into the Review of Workforce Planning Arrangements within Public Health Wales.

<b>PODC 10/2025.10.14</b>	<b>Culture Action Plan</b>
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RA provided a update on the Culture Action Plan. RA noted that the results of the recent Culture Pulse Survey conducted earlier in 2025 were not yet available for full discussion, as they still needed to be shared and discussed with the Executive team. The full results would be brought to a future Committee meeting.

RA highlighted that the survey response rate increased significantly to 39.5% (852 responses) up from 423 in the previous survey. The survey included 13 questions: 5 on progress toward the ideal constructive culture, 5 on progress away from the 2023 defensive culture, and 3 standalone questions on role clarity, consistency in messaging, and customer focus.

TR noted the importance of the forthcoming results for the Committee’s ongoing work and expressed anticipation for the insights the survey would provide.

The Committee acknowledged that the Culture Action Plan update was pending and would be revisited at the next meeting once the survey results had been fully reviewed and discussed.

<b>PODC 11/2025.10.14</b>	<b>Organisational Change Management Update</b>
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NL presented an update on Organisational Change Management, and included reference to documents shared with the Committee and Trades Union colleagues at the Local Partnership Forum. The update included a summary of current, closed, planned, and pipeline change projects across the organisation. The overview was provided in response to previous discussions at Board, and aimed to show the breadth of organisational change beyond major (Tier 1) projects.

The report covered a range of activities, which included service improvements/changes, changes of base, and restructures. Each project listed the relevant IMTP commitments, resource and capacity alignment (notably project management support), and identified change leads and trade union leads (with some leads still to be confirmed.)

The number of staff affected, start and end dates for each change, and the tier of change were included for transparency.

NL noted that a large proportion of change activity is within the Health Protection and Screening Services Directorate, which reflected the size and scope of that area.

<p>NL clarified for the Committee that projects marked as Tier 1 indicated the largest, most significant changes.</p> <p>TR thanked NL for the update.</p> <p>The Committee took <b>assurance</b> of the management of change within the organisation.</p>	
<b>Governance and Accountability</b>	
<b>PODC 12/2025.10.14</b>	<b>Bi-Annual Corporate Policies Update</b>
<p>LB presented the standard Bi-Annual Corporate Policies Update to inform the Committee about the current status of policies and compliance within Public Health Wales within their remit. There were 6 out-of-date policies on the register, which were scheduled to come to the committee for review at the January meeting.</p> <p>LB noted that one policy was requested to be removed from the register and archived as it had been superseded.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• Took <b>assurance</b> on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee</li> <li>• <b>Approved</b> the archive of the Retirement Procedure, and noted that it had been superseded by the All Wales Flexible Pensions Policy.</li> </ul>	
<b>PODC 13/2025.10.14</b>	<b>Policies for Approval</b>
<p>LD introduced the All-Wales Anti-Sexual Harassment policy for approval, which had been developed in line with the Work and Protection Act, and coordinated through the All Wales People Network. The policy had undergone consultation with no comments received, and had been reviewed by the necessary groups.</p> <p>The Committee noted that the attached Equality Impact Assessment (EQIA) was from Betsi Cadwaladr University Health Board (BCUHB) not Public Health Wales, and questioned whether a PHW specific EQIA exists. LD clarified that All Wales policies typically use a single EQIA, and agreed to check and ensure alignment with Public Health Wales Impacts.</p> <p><b>Action: LD</b></p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>Considered</b> the policy and the Equalities Impact Assessment.</li> <li>• <b>Approved</b> the All-Wales Anti-Sexual Harassment policy.</li> <li>• <b>Note</b> that the Leadership Team have considered the policy and have given approval via email.</li> </ul>	
<b>For Information</b>	
<b>PODC 14/2025.10.14</b>	<b>Items to Note</b>
<b>PODC 14.1/2025.10.14</b>	<b>Performance and Insights Report - Workforce Extract</b>
<p>The Committee <b>noted</b> the Insight report workforce extract for information.</p>	
<b>PODC 14.2/</b>	<b>Audit Recommendations Tracker Update</b>

<b>2025.10.14</b>	
<p>LB noted the extract from the Audit Recommendation Tracker report that was presented to the Audit Committee in September 2025.</p> <p>LB noted that there had been two Internal Audits that had been completed and reported to the Audit and Corporate Governance Committee in September that were relevant to the work of the Committee:</p> <ul style="list-style-type: none"> <li>• <b>Policies and Procedures</b></li> <li>• <b>Speaking Up Safely</b> – This Internal Audit had not been included in the pack in error and would be circulated to the Committee out of meeting. LB noted that the Annual Report on Speaking Up Safely would include an update on these actions at the next meeting.</li> </ul>	
<b>PODC 14.3/ 2025.10.14</b>	<b>Local Partnership Forum Terms of Reference</b>
<p>NL confirmed that the Local Partnership Forum Terms of Reference had been discussed and approved by the Local Partnership Forum members, and had been through the internal sign-off processes.</p> <p>The Committee <b>noted</b> the updated Local Partnership Forum Terms of Reference.</p>	
<b>PODC 14.4/ 2025.10.14</b>	<b>Nursing and Midwifery Objectives 2025-26</b>
<p>The Committee agreed to note the updated Nursing and Midwifery Objectives for 2025-26 as approved by the Leadership Team.</p>	
<b>PODC 14.5/ 2025.10.14</b>	<b>Trade Union Partnership Working Forums - Update</b>
<p>NL reported excellent progress in the development of partnership working, and highlighted a recent in-person event with Trades Union colleagues focused on opportunities and priorities, and Local Partnership Forum meeting. LH echoed the positive direction and expressed hope for continued collaborative work.</p> <p>The update was noted for information.</p>	
<b>PODC 14.6/ 2025.10.14</b>	<b>Committee Workplan</b>
<p>LB presented the standard Committee work plan, which included changes highlighted in red (two reports were deferred to the next Committee meeting).</p> <p>The workplan was noted for information.</p>	
<b>Part B</b>	
<b>PODC 15/2025.10.14</b>	<b>NHS Performance and Improvement Bi-Annual Assurance Report</b>
<p>RW presented the NHS Performance and Improvement Bi-Annual Assurance Report and outlined its purpose to provide assurance to the Committee on People governance</p>	

requirements for Equality, Diversity and Inclusion (EDI) and Welsh language, as specified in the assurance schedule.

RW highlighted key points from the report:

- Arrangements were in place to meet statutory duties and embed inclusive practices across all areas of work.
- A priority over the previous six months was cleansing workforce data, which had resulted in significant improvements in data quality. Key workforce demographic data from Public Health Wales dashboards and ESR was regularly shared with the Senior Leadership Team..
- The report highlighted that in some diversity metrics the NHS Performance and Improvement was below the Public Health Wales average. Work was being undertaken to increase completion rates for protected characteristics in ESR, with a focus on communication about the importance of data accuracy, data use, and anonymity, and making it easier for staff to update their details. The upcoming staff survey would provide further insight into employee experience and would inform an action plan for improvements.
- Details on compliance with Welsh Language Standards.

The Committee commented that the EDI focus was primarily on workforce, and suggested that future reports could also emphasise further EDI measurements such as services and provision gaps. RW agreed to take this feedback on board for future reporting.

NL highlighted the significant work by RW and their team to improve data quality, and noted that the organisation is now in a stronger position with regards to governance arrangements for EDI and Welsh language.

TR thanked RW for the update.

The Committee:

- Took **assurance** that effective arrangements are in place for related processes.
- Took **assurance** that there are effective arrangements in place to ensure compliance with Equality, Diversity and Inclusion requirements.
- Took **assurance** that there are effective arrangements in place to ensure compliance with Welsh Language requirements
- Took **assurance** that any areas of non-compliance were being appropriately managed.

<b>PODC 16/2025.10.14</b>	<b>Closing Administration</b>
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TR thanked everyone for their contributions and closed the meeting.

The Committee was asked to e-mail feedback on the meeting to the Board Business Unit.

Date of next Committee meeting: 20 January 2026.

The meeting closed at 12:15