

**Betsi Cadwaladr University Health Board (BCUHB)**  
**Confirmed Minutes of the People & Culture Committee**  
**held in Public on 4 December 2025**  
**in the Boardroom, Carlton Court, St Asaph and via Teams**

<b>Committee Members Present</b>	
<b>Name</b>	<b>Title</b>
Dyfed Jones	Independent Member (Chair of Committee)
Billy Nichols	Independent Member
Paul Lambert	Independent Member
Clare Budden	Independent Member
<b>In Attendance</b>	
Tehmeena Ajmal	Chief Operating Officer
Jason Brannan	Deputy Director of People
Lynne Bushell	Head of Health, Safety and Risk
Nesta Collingridge	Head of Risk Management ( <i>part meeting</i> )
Dyfed Edwards	Chair of the Health Board
Dave Harries	Head of Internal Audit
Eleri Hughes-Jones	Head of Welsh Language Services
Karen Mottart	IHC Medical Director, West / Lead for Urgent and Emergency Care
Teresa Owen	Executive Director of Allied Health Professionals & Health Science
Georgia Roberts	Interim Executive Director of People Services and Organisational Development
Katie Sargent	Head of Employee Engagement and Experience
<b>Committee Support</b>	
Laura Jones	Acting Corporate Governance Manager
Philippa Peake-Jones	Head of Corporate Governance

<b>OPENING BUSINESS</b>
<p><b>PC25.122 Welcome and Apologies</b></p> <p>Apologies were noted for Carol Shillabeer, Clara Day (Karen Mottart to represent) and Stuart Keen.</p>
<p><b>PC25.123 Declarations of Interest</b></p> <p>No declarations of interest were raised.</p>
<p><b>PC25.124 Unconfirmed Minutes of Meeting held on 16 October 2025</b></p> <p>It was agreed that the minutes of the meeting held on 16 October 2025 were a true and accurate record.</p>
<p><b>PC25.125 Matters Arising &amp; Action Log</b></p> <p>Members received the action log and noted progress against the actions.</p>

## Staff Survey

- The Head of Employee Engagement and Experience provided an update on the staff survey noting that the survey closed on Monday 1 December 2025. The rate of completion last year was 17.4%, the team set a target this year to improve by 5% which is a total of 23%. It was confirmed that the completion rate reached 24.7% which is 5172 staff members and the organisation received the second highest rate in Wales. A variety of approaches have been taken to improve the completion rate including pull up banners highlighting QR codes, asking managers to allow staff time to complete the survey and providing incentives for those who do complete the survey. It was noted that staff want to see changes as a result of the staff survey therefore tangible action is required as an outcome of the survey.

It was resolved that the Committee:

- AGREED** to close the actions that were proposed for closure.

## STAFF STORY

### PC25/126 Staff Story

The Committee received the staff story and Head of Employee Engagement and Experience highlighted:

- The story focusses on the experiences of a member of the Health and Safety Team and an Operational Manager in navigating a new, collaborative approach to embedding the NHS Employers Workplace Health and Safety Standards.
- The story aligns to the Health and Safety Mid-Year Progress Report which is also being presented to the Committee at this meeting.
- The new approach to the Health and Safety standards enables shared responsibility and partnership working across the organisation to provide the best outcomes for patients and staff in protecting their health, safety and wellbeing.
- The Health and Safety Team have been working hard to encourage local ownership of workplace health and safety and the story provides an example of staff working together in this space to make improvements.

In discussing the staff story, the Committee:

- Acknowledged the improvements that have been made within the Health and Safety Team noting that the story links with embedding culture across the organisation.

It was resolved that the Committee:

- NOTED** the themes raised by the two storytellers about their experiences of working differently and together, to change the approach to Health and Safety in the organisation.

## STRATEGIC PRIORITIES

### PC25.127 Management of Health and Safety Mid-Year Progress Report

The Committee received the report and the Head of Health, Safety and Risk highlighted:

- The report provides a progress update on the work undertaken to deliver against the 2025/26 Annual Delivery Plan and respond to legislative requirements.

- A Health and Safety Improvement Plan has been developed aligned to the Health and Safety policy.
- A paper was presented to the Committee in June 2025 highlighting the organisation's transition over to the NHS Employers' Workplace Health and Safety Standards. These standards have now been rolled out across the organisation via two cohorts in the form of a Health and Safety Self-Assessment with the second cohort nearing completion.
- The report focuses on cohort one as this is now a complete cycle noting the four key areas that have been reviewed and the findings have been included in the appendices.
- A full Health and Safety Review has been completed across 30 wards, departments and services via a one day review, a wide range of staff have been engaged with the self assessment process and action plans are now being developed.
- The report highlights the questions that were used as part of the self-assessment noting the average scores and action plans in place. The exercise provided some areas of learning and the need for an awareness of risks and hazards.
- The audit of the top 5% of responses from each region provided important data in terms of validation and all areas saw a reduction in scores following the Health and Safety Review.
- The outcome of the review will go to the Strategic Health and Safety Group to allow the recommendations to be reviewed in further detail and the team will also engage with the Infection Prevention Control team to identify any themes and trends.

In discussing the item, the Committee:

- Acknowledged the approach and the work completed to date stating that this provides assurance to the Committee and noted that going forward the work will become business as usual. It was confirmed that the self-assessment has been used as a benchmarking exercise to identify the current position and where areas of improvement are required.
- Queried how to ensure there is a level of awareness across the organisation noting the need to consider the areas of greatest risk. It was confirmed that the team have been linking in with the Royal College of Psychiatrists review as the review highlighted areas of risk that are currently being addressed.
- Stated that further work is required to develop a robust Health and Safety Strategy, Risk Assessment and Framework to align with the wider governance infrastructure.
- Referred to mandatory training and queried whether there are any issues in this area. It was confirmed that mandatory training including Health and Safety training is above the threshold set by the organisation however further work is required to ensure tailored training packages are developed to provide the appropriate level of training for the relevant staff.
- Suggested there is wider use of QR codes rather than leaflets and posters. It was confirmed that the organisation have a broad spectrum of staff, QR codes have been used for the staff survey however not all staff have access to a smartphone or tablet therefore leaflets and posters are require for targeted campaigns.
- Noted the areas of improvement and queried how progress is being monitored. It was confirmed that this is part of the Health and Safety governance structure where information is disseminated to the divisional groups to monitor and provide feedback



to the Strategic Health and Safety Group, this information will also feed into the Executive Delivery Group once this has been established.

- Highlighted the areas of red included in the appendices, it was confirmed that the team are focussed on these areas, the information has been shared with the relevant teams and progress will be monitored over the next twelve months.

It was resolved that the Committee:

- **REVIEWED** the content of the report.

### **PC25.128 Identifying Posts as 'Welsh Essential' and Supporting Training Framework**

Members received the report and the Executive Director of Allied Health Professionals & Health Science and Head of Welsh Language Services highlighted:

- The report provides an overview of the current arrangements in place noting that the Bilingual Skills Policy and Procedure has now been implemented to deliver the operational standards required.
- The Health Board are in a positive position in relation to training however there is a need to focus on Welsh Language in relation to recruitment.
- As part of the Welsh Language Standards, the organisation are required to assess the Welsh Language requirements for staff posts. A Welsh essential criteria is now in place for specific posts with a process to go back out to recruit if applicants are not able to speak Welsh with the option to offer Welsh Language training as required, further work is required in this area.
- The Welsh Language Commissioner has requested that Health Board's move towards the statutory requirement of increasing the capacity to deliver clinical consultations in Welsh. A baseline assessment has been completed via the ESR system where 95.8% of staff have recorded their language skill level. The assessment highlighted the need to focus on vulnerable groups and specific training and support is being provided in those areas.
- A pilot framework has been established for staff who are appointed into band 8c and above posts to specify the need to learn Welsh to a specific level when appointed to demonstrate leadership in this level of the Health Board structure.
- The recommendations included in the report have been developed following discussion at the Executive Committee.

In discussing the report, the Committee:

- Acknowledged the importance of being able to deliver clinical services in Welsh noting the significance of patients being able to discuss their condition using their native language. It was confirmed that there is a need to focus on those staff who have Welsh Language skills at the lower levels to ensure a basis level of Welsh is available across the organisation, in particular for clinical and patient facing colleagues.
- Referred to the process of advertising post as Welsh essential and highlighted the issues with recruitment if posts need to go back out to advert when Welsh speakers are unable to be appointed. It was confirmed that there are Welsh websites available to advertise posts however there is a cost implication and the team are working hard to ensure this process does not cause delays in recruitment.

- Highlighted the need for the Committee to be aware of other languages staff are able to speak to provide services to patients where required. It was confirmed that there are staff from approximately 64 nationalities working in Ysbyty Gwynedd noting that further work is required to capture this information.
- Queried what is taking place in schools to promote health as a career linking to the work around career pathways. It was confirmed that the Health Board engage with a wide range of schools and careers fayres and an item is included on the forward workplan for a report to be presented to the Committee next year focused on the recruitment of young people. It was also confirmed that the team work closely with Careers Wales and promote the advantages of speaking Welsh within the Health Service.
- Noted the ambition and progress highlighted in the report confirming that the Health Board is an anchor organisation and work in this area will extend into local communities.
- Highlighted that where staff are provided with support to learn Welsh there is a need to ensure those staff are able to use the Welsh Language on a daily basis as part of their job. The number of staff speaking Welsh provides an important service for patients and also contributes to the Welsh Government's 'More than just words' initiative.
- Confirmed that a new Workforce planning template is being introduced which refers to the percentage of Welsh speakers required within specific teams.
- Referred to the pilot framework of ensuring band 8c and above staff have a specific level of Welsh Language. It was confirmed that there is a need to formalise the support being provided as this highlights an area of leadership across the organisation. Online courses are available and the team are also linking in with local colleges and Wrexham University to provide additional support.

It was resolved that the Committee:

- **SUPPORTED** the four recommended actions to:
- **STRENGTHEN** the current process by setting clear expectations for staff appointed to posts designated as 'Welsh to be learnt.
- **REVIEW** language skills of staff within priority-based groups to inform designation of language requirement when recruiting to vacant posts.
- **FORMALISE** the pilot established with positions at Pay Band 8c and above.
- **CONSIDER** capacity and resource allocation to ensure that the infrastructure is in place to implement in the long term.

### PC25.129 People Operations Report

The Committee received the report and the Interim Executive Director of People Services and Organisational Development highlighted:

- The vacancy rate currently stands at 7.8% and the turnover rate stands at 7.7% which is a continual downward trend.
- The Health Board continues to have the lowest reported sickness absence levels in Wales.
- PADR rates show a very slight decrease in recent months but the overall trend is still positive with compliance currently standing at 81.2%. The new PADR

documentation is due to be launched early next year to bring more of a focus on staff wellbeing and performance and align to the values and behaviours framework.

- A corporate growth analysis has been included as an appendix following a request from the Board for the Committee to discuss the increase in corporate functions and costs in relation to job evaluation.
- Overall Corporate Services Teams have increased by almost 500 full time equivalents and registered nursing staff have increased by 101 full time equivalents between 2020 and 2025. Additional information was provided in the appendix.
- A vacancy analysis has also been included as an appendix following a request from the Committee to receive an update on the increase in vacancy rates.

In discussing the report, the Committee:

- Referred to the new PADR process and queried how this aligns with the future strategy in relation to performance management and Welsh Language requirements. It was confirmed that the new PADR will be launched as part of the Foundations for the Future programme as performance and development will be a key aspect of the programme and will align to the strategy.
- Acknowledged the balance between corporate teams and growth but queried whether this links to an increase in productivity and performance. It was confirmed that this has been discussed by the Executive Committee noting the need to gain further information in relation to productivity and increase in staffing.
- Noted the increase confirmed in the report highlighting 132.6 full time equivalents within the Digital, Data and Technology Team and referred to previous discussions where it has been stated that there is a lack of resource within the team. It was confirmed that this has been discussed as part of the Foundations for the Future programme noting the volume of staff required to manage legacy systems however going forward there is a need for a more generic skill set within this team to allow staff to move into areas where required.
- Highlighted the amount of time spent by staff to sift through applications and queried the current process. It was confirmed that the team are reviewing ways of filtering applications and are looking across Wales at the use of Artificial Intelligence.

It was resolved that the Committee:

- **NOTE** the current position provided and feedback any observations regarding **ASSURANCE** required as a result of the reported positions contained in the report.

### PC25.130 Sickness Actions Deep Dive

The Committee received the report and the Deputy Director of People highlighted:

- A report relating to sickness was presented to the Committee in August 2025 and it was requested that an action plan came back to the Committee to highlight what the Health Board are looking to achieve as a result of the deep dive and what outcomes will be monitored.
- The Health Board's overall sickness absence rates are positive however the overall absence exceeds the national target and there is a need to manage sickness in line with the Cabinet Secretary priorities.

- The six key areas of focus include: Policy Management and Cultural Change, Hotspot Interventions, Reporting and Accountability, Communications and Culture, Measures of Success and Accountability Framework.
- The importance of managing the policy correctly was recognised and the report provides a focus on improving compliance in relation to return-to-work meetings, ensuring consistent application of policy triggers, using the policy as a support mechanism and highlighting any variations from the policy.
- There is a need to use resources in the right place, identify the hot spot areas to ensure support can be provided where required and assist line manager in the application of the policy.
- Work is taking place to ensure the basic processes are followed consistently in line with the values and behaviours work to ensure managers feel more confident.

In discussing the report, the Committee:

- Noted that hot spot areas may be due to culture issues and queried whether a focus on whistleblowing may allow issues to be addressed. It was confirmed that this area of work is included in the support package and further work is taking place to identify culture and leadership issues with support from the culture change team.
- Referred to the long term sickness process noting that staff have reported they are not receiving correspondence to confirm a decrease in pay after six months of sickness absence. It was confirmed that this is the responsibility of the line manager to ensure letters are sent out and this will be addressed as part of this work.
- Agreed an update is provided back to the Committee in six months time to highlight the progress made and the implementation achieved.

**Action:**

- **PC25.130.1** An update on the Sickness Absence Deep Dive Action Plan to be presented to the Committee in six months time to highlight the progress made and the implementation achieved.

It was resolved that the Committee **NOTED** the following actions:

- **Policy Compliance:** Ensure the sickness absence policy is applied correctly, particularly regarding triggers and return-to-work meetings led by line managers.
- **Ownership and Accountability:** Confirm that sickness absence is owned and managed by line managers, with professional support from People Services.
- **Policy Deviations:** Any deviation from policy must be recorded and reviewed by a member of the People Services team.
- **Hotspot Identification:** Establish clear processes to identify sickness absence hotspots and agree targeted interventions to reduce absence.
- **Occupational Health Referrals:** Ensure prompt referrals to Occupational Health by line managers.
- **Staff Experience:** Improve the experience of staff on long-term sickness absence through proactive support and engagement.

**PC25.131 Organisational Strategic Workforce Planning Framework**

The Committee received a verbal update from the Interim Executive Director of People Services and Organisational Development highlighting that the report has been received by

the Executive Committee and further information is required therefore the report will come back to the Committee at the next meeting in February 2026.

It was resolved that the Committee:

- **RECEIVED** the verbal update provided.

### **PC25.132 Education and Training Discovery Report**

The Committee received the report and the Deputy Director of People highlighted:

- The Programme Director for Education Partnerships and Projects has undertaken a review in relation to education and training linked to the work of the Education Steering Group.
- The review highlighted a lack of strategic alignment to education across professional groups, a lack of coordination in terms of opportunities for learning and new ways of working and fragmented oversight, with no single line of reporting to the Executive Committee or Board making it difficult to assess organisation-wide education needs and outcomes.
- There is a need to develop an interprofessional approach to strengthen health systems through collaborative working and allow health professionals to learn together to support effective practice.
- It was agreed at the Education Steering Group that there is also a need to implement an appropriate governance process to ensure arrangements relating to education are in place for all relevant professional groups and this aligns to the governance framework.
- As part of the next steps, the Education Steering Group will create a clear vision for education and training, develop an overarching strategic plan with defined aims and objectives aligned to services and training needs and ensure the values and behaviours work links in to all components of the plan.

In discussing the report, the Committee:

- Noted the work completed to date and queried what the key risks and opportunities are. It was confirmed that as this area of work progresses, clarity will be able to be provided in terms of the gaps and the level of resource required to take this forward.
- Highlighted that the report focuses internally and queried what work is taking place with external services to provide opportunities for staff to learn and progress. It was confirmed that there is a need to make connections with external partners to ensure that opportunities for learning are available.
- Agreed that a further report would be reported back to the Committee once the framework has been developed which will highlight the metrics and how these will be monitored.

#### **Action:**

- **PC25.132.1** Deputy Director of People to discuss with the Director of Corporate Governance the Education and Training reporting arrangements to the Committee once the framework has been developed and also confirm the metrics that will be required to be measured.

It was resolved that the Committee:

- **NOTED** the work of the Education Steering Group and the proposed work to progress the approach to education and training across the Health Board.

## GOVERNANCE AND ASSURANCE

### PC25.133 Consultant Job Planning

The Committee received the report and the Integrated Health Community Medical Director, West highlighted:

- An Internal Audit Review was completed during 2024 which highlighted issues in relation to Consultant Job Planning. A follow-up Review was then completed during August 2025 highlighting the progress required in this area.
- The Office of the Medical Director are currently working with the Local Negotiating Committee to develop a collaborative job planning procedure which is due to be approved by the end of December 2025.
- A training needs analysis is currently underway to support roll out of the procedure once approved and a revised trajectory has been proposed aiming to increase the percentage of job plans signed off from 50% to 90% by the end of quarter one during 2026/27.

In discussing the report, the Committee:

- Queried whether this links to an issue with performance management. It was confirmed that without robust job planning in place, it is difficult to match capacity however the Local Negotiating Committee are supportive of the expectation of individual doctors to share performance figures and evidence during job planning meetings to provide a level of assurance,
- Noted this is an ongoing issue and queried the confidence level of making progress in this area. Internal Audit confirmed that this is a significant area of risk and will be reviewed against during 2026 subject to approval by the Audit Committee. It was confirmed that there is focus in certain areas however there is a need for the Committee to review improvements and progress on a regular basis going forward.
- Highlighted the variability in figures across the sites in particular the low figures noted in the Central area. It was agreed that further information is required outside of the meeting to understand the difference in figures across the site.
- Agreed that the Executive Medical Director has a focus on this area of work recognising the work completed to date and the time it will take to address this issue.

#### Action:

- **PC25.133.1** Consultant Job Planning to be included as a standing item for the People and Culture Committee to monitor progress on a regular basis until improvements are made in this area.
- **PC25.133.2** An update relating to Consultant Job Planning and the difference in compliance figures across the sites to be provided to the Committee.

It was resolved that the Committee:

- **NOTED** the revised plan for Senior Doctor Job Planning.

## PC25.134 On-Call Arrangements: Final Internal Audit Report June 2022 – Progress Report

The Committee received the report and the Chief Operating Officer highlighted:

- An Internal Audit Review was completed in 2022 in relation to on-call, in addition to a collective resolution concern submitted by Silver on-call colleagues which has now concluded.
- Work is currently ongoing within the Health Board to review the Silver on-call and numbers of participants on the rota. This work will address both the respect and resolution concerns and the audit recommendations.
- On-call arrangements also align with the Emergency Preparedness, Resilience and Response team to operationally deliver services in and out of hours.
- Due to the need to increase the numbers of participants on the Silver on-call rota, a review of all posts band 8c and above has taken place noting that further work is required to address areas of concern.
- On-call arrangements will continue to be reviewed and amended as part of the Foundations for the Future programme as the new Operating Model is established. There will be a need to ensure on-call arrangements are included in the appropriate job descriptions to provide a more balanced rota going forward.

In discussing the report, the Committee:

- Noted that Internal Audit are currently undertaking a follow-up review in this area and this will initially be reported back to the Audit Committee in due course.
- Highlighted that this is a significant issue and there is a need for the Committee to receive assurance that the appropriate levels of support are in place for staff when there is a need to escalate issues via the on-call arrangements. It was confirmed that there is a need to ensure those on-call are partnered with staff who have clinical expertise, knowledge and confidence especially those who are new to the on-call rota. Staff also need clarity on the plans being utilised and the escalation arrangements a required.
- Agreed that this will be presented back to the Committee once the follow-up Internal Audit review has been completed and reported to the Audit Committee.

### Action:

- **PC25.134.1** The outcome of the follow-up Internal Audit Review relating to on-call arrangements to be presented back to the Committee once completed and reported to the Audit Committee.

It was resolved that the Committee:

- **NOTED** the proposed position against the actions.

## PC25.135 Board Assurance Framework

Members received the report and the Head of Risk Management highlighted:

- The Committee have a strategic risk relating to Culture, Leadership, Engagement and Workforce. The score for this risk remains the same and the actions are progressing well.

- The acts are due to be updated in March 2026 and it was suggested that the Committee potentially review the level of assurance at this time.
- The layout of the report is due to be revised to ensure accessibility and will also be reviewed to align to the strategic objectives once these have been approved by the Board.

In discussing the report, the Committee:

- Queried that when the Board Assurance Framework is realigned with the future strategy, will there be a transition period to track through the risks. It was confirmed that there will be a need for the Risk team to continually monitor the risks during this period and highlight areas of concern to the Board as required.

It was resolved that the Committee:

- **RECEIVED** and **CONSIDERED** the contents and assurance rating of the Board Assurance Framework.

### **PC25.136 Corporate Governance Report**

The Committee received the report and the Head of Corporate Governance highlighted that the report is provided to note the summary of business considered in private and the forward workplan.

It was resolved that the Committee:

- **NOTED** the summary of business considered in private session to be reported in public and the forward workplan.

### **CLOSING BUSINESS**

#### **PC25.137 Agree Items for Referral to Board / Other Committees**

It was agreed to alert the Board to the discussions held in relation to the Consultant Job Planning and On-call Arrangements.

#### **PC25.138 Review of Meeting Effectiveness**

It was agreed that a number of important items had been discussed by the Committee and there is a need to monitor progress in specific areas.

#### **PC25.139 Date of next meeting**

Thursday 12 February 2026, 9.30am

#### **Resolution to Exclude the Press and Public**

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