Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the People & Culture Committee
held in Public on 11 June 2026
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	**Title**
Dyfed Jones	Independent Member (Chair of Committee)
Billy Nichols	Independent Member
Clare Budden	Independent Member
Paul Lambert	Independent Member
In Attendance	
Tehmeena Ajmal	Chief Operating Officer (part meeting)
Sarah Blackshaw	Strategic Lead for Staff Wellbeing and Support (observer)
Clara Day	Executive Medical Director (part meeting)
Dyfed Edwards	Health Board Chair
Debbie Eyitayo	Executive Director of People and Organisational Development
Eleri Hughes-Jones	Head of Welsh Language Services (part meeting)
Helen Hughes	Professional Service Manager, Radiology (part meeting – via Teams)
Ffion Johnstone	Programme Director, Foundations for the Future (part meeting: via Teams)
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
Georgina Roberts	Senior Associate Director, People Service
Nia Thomas	Head of Organisational Development (part meeting)
Pam Wenger	Director of Corporate Governance
Committee Support	
Laura Jones	Corporate Governance Manager
Philippa Peake-Jones	Head of Corporate Governance

OPENING BUSINESS

PC26.52 Welcome and Apologies

Apologies were noted for Stuart Keen and Jason Brannan.

PC26.53 Declarations of Interest

No declarations were raised.

PC26.54 Unconfirmed Minutes of Meeting held on 9 April 2026

It was resolved that the Committee:

- **AGREED** that the minutes of the People and Culture Committee meeting held on 9 April 2026 were a true and accurate record subject to noting apologies from the Senior Associate Director, People Service.

PC26.55 Matters Arising & Action Log

The Committee reviewed the action log and agreed to close the actions that were proposed for closure.

STAFF STORY

PC26.56 Staff Story

The Committee received the staff story and the Head of Welsh Language Services and Executive Director of Allied Health Professionals and Health Science highlighted:

- The story recognises staff who are promoting the use of the Welsh Language across the organisation.
- The new Welsh Language Champions Programme has been developed to recognise staff contributions within the Health Board and aligns with the Welsh Language Standards.
- Consistent delivery across all areas is challenging as resources vary between sites however the Welsh Language Champions are already informally promoting the use of the Welsh Language and supporting colleagues to deliver services bilingually where possible.
- Maureen Roberts who has shared her story is a Site Administrator across community hospitals in Conwy and Denbighshire and has been working to improve bilingual signage and increase staff awareness of the use of Welsh Language which has led to measurable improvements in the availability and quality of Welsh-medium services across multiple sites.
- There are Welsh Language Champions across the Health Board in a wide variety of areas and services who are all working towards offering Welsh Language services in their areas of work.
- There are similar Welsh Language programmes taking place within the public sector across Wales including the Local Authorities, Police and Fire Services noting that the Health Board were the first organisation to launch this programme.
- There are a range of benefits which include strengthening compliance, supporting the development of a bi-lingual workforce and ensuring increased availability of Welsh Language services for patients across the organisation.
- The aim is to create a wide-ranging network of Welsh Language Champions as well as a toolkit to provide support for implementation and share best practice amongst staff.

In discussing the staff story, the Committee:

- Noted that all staff who are either Welsh speakers or learners are Champions in this area including the Chair of the Health Board and the Chair of the Committee who were thanked for their support.
- Recognised the work taking place in areas where Welsh is not as widely spoken and the impact this creates for the benefit of patients who wish to use the Welsh Language.
- Queried how the work of the Welsh Language Champions can move forward into wider practice across the organisation. It was confirmed that going forward the aim is to develop a network of Champions, strengthen the social media channel and create more visibility by linking in with BetsiNet.

- Acknowledged the learning taking place with other agencies noting the positive mechanisms already in place in this area and the opportunities for further shared learning.
- Highlighted the importance of staff within services being mindful of speaking to patients in Welsh and encouraging staff confidence to use the language were
- possible.
- Referred to the need for senior leaders to role model behaviours and provide support and encouragement within the workplace.

It was resolved that the Committee:

- **SUPPORTED** the implementation and roll-out of the Welsh Language Champions Programme to embed bilingual practice from within the organisation.

STRATEGIC PRIORITIES

PC26.57 Welsh Language Promotion Plan 2026-2027

The Committee received the report and the Executive Director of Allied Health Professionals and Health Science highlighted:

- The Welsh Language Promotion Plan 2026–2027 sets out a structured, year-round programme to strengthen the Health Board's Welsh Language culture, capability and confidence.
- The aim of the plan is to promote Welsh Language activity, supported by the Health Board, recognising that delivery would be monitored through the Welsh Language Standards and progressed within existing resources, supplemented by non-recurrent grant funding where available.
- The Plan sets a new direction for the Welsh Language Team, moving beyond compliance with the Welsh Language Standards to strengthen cultural identity, lived experience and the normalisation of Welsh across everyday practice.
- The Plan adopts a phased, cultural-change approach across four quarters with key actions including establishing foundations through a baseline staff awareness survey, building confidence and peer support through internal campaigns and patient stories, developing the Champions toolkit and celebrating cultural identity by celebrating events such as St David's Day.
- The Plan identifies key actions to embed Welsh Language culture and strengthen the bilingual offer for patients, while supporting delivery of the Integrated Medium Term Plan and Welsh Language Annual Delivery Plan.

In discussing the staff story, the Committee:

- Acknowledged the clear direction, referred to the value of the Welsh learner of the year award and highlighted the importance of embedding both the Welsh culture and the use of Welsh Language across the organisation.
- Recognised the support required to ensure staff who speak Welsh have the confidence to use the language during consultations with patients and on a daily basis.
- Queried whether further work is required in relation to recruitment. It was confirmed that a bi-lingual skills policy is now in place and front-line posts have been identified as Welsh essential for several years noting that further work can be completed in this area moving forward.

- Suggested the need to understand whether staff are initiating discussions with service users in Welsh. It was confirmed that this is a requirement of the Welsh Language standards however it can be difficult to monitor. A pilot is taking place in the East to note whether clinical consultations are being offered in Welsh, and this is an area that is due to be discussed in further detail with the Welsh Language Commissioner.

It was resolved that the Committee:

- **SUPPORTED** the implementation and roll-out of the Welsh Language Promotion Plan to increase awareness and normalise the language within the organisation's daily activities.

PC26.58 First Annual Report for Healthcare Sciences

The Committee received the report and the Executive Director of Allied Health Professionals and Health Science and the Professional Service Manager, Radiology highlighted:

- This is the first Healthcare Sciences Annual Report which has been developed to increase visibility of the profession and the support provided by this service.
- Healthcare sciences have a wide breadth of staff across the Health Board, spanning over 30 professions divided into six families noting that over 8 million tests and patient contacts were conducted across all pathways by healthcare scientists during 2025.
- There are varied registration, accreditation and regulatory requirements across healthcare sciences, including the Health and Care Professions Council (HCPC) Register as well as voluntary registers, inspections and medical device regulations.
- The Health Board are the first to introduce a Healthcare Science Network, linking with the National network and supporting career development frameworks which helps to develop staff and gain better value from health scientists.
- There are a wide range of regulation in this area, and several inspections have been conducted over the past few years which have highlighted some areas for improvement and enabled shared learning.
- There have been several key developments and achievements recently, including the Healthcare Science Conference held in Llandudno which received positive feedback, the implementation of the Radiology Informatics System Project (RISP) and the continued progress of the Laboratory Information Management System (LIMS). There has also been local and national recognition for staff and development of specialist trainee roles.
- The Committee was asked to support this area of work to raise the profile of Healthcare Sciences as progress continues.

In discussing the staff story, the Committee:

- Acknowledged that 95% of all patient pathways link into the Healthcare Sciences team which also links in with workforce planning and could provide the Committee with the opportunity to identify the organisation wide impact.
- Recognised that the Healthcare Sciences team are a critical workforce noting that many roles can be difficult to recruit. It was agreed that the paper should be shared with the Local Partnership Forum and the Trade Union Representatives for their information.

- Noted that the focus for the Committee is around workforce however there are a range of regulations and standards which align to the Quality, Safety and Experience Committee. It was agreed that the Director of Corporate Governance and Executive Director of Allied Health Professionals and Health Science would discuss this further outside of the Committee to ensure assurance is being provided to the correct Committees.

Actions:

- **PC26.58.1** Share the Healthcare Sciences Annual Report with the Local Partnership Forum.
- **PC26.58.2** Director of Corporate Governance and Executive Director of Allied Health Professionals and Health Science to discuss outside of the meeting what assurance is required in this area for which Committee.

It was resolved that the Committee:

- **RECEIVED** and **DISCUSSED** the report and contents.
- **FEDBACK** on the report format to inform future iterations.

PC26.59 Sickness Actions Deep Dive Report

The Committee received the report and the Senior Associate Director, People Service highlighted:

- The report provides progress against the sickness deep dive and summarises the actions being taken. It has been recognised that the original actions agreed were ambitious and delivery has been impacted by limited resources, team absence and increased employee relations casework.
- Sickness absence remains around 6% which is an increase from last year and exceeds the national target of 4.4% however return-to-work recording on the Electronic Staff Record (ESR) remains low despite some improvements.
- The planned early intervention and hotspot team approach has not yet been fully established, and the action plan will need to be reviewed to focus on what can realistically be delivered within available resources.
- A Healthy Workforce Group has been implemented and the key next step is to ensure the divisional groups are fully formed involving the key stakeholders in each division to focus on the hot spot areas and to identify with managers what support is required to develop targeted interventions which can then be measured for impact.

In discussing the report, the Committee:

- Emphasised the need to move beyond policy compliance and focus on key areas such as culture, wellbeing, organisational change and leadership to understand the root causes of absence.
- Suggested that cross corelation could be completed with the staff survey to highlight whether areas of low staff morale are contributing to sickness. It was confirmed that further work is required around triangulation of data to identify any contributing factors.
- Recognised the need to focus on realistic, manager-led actions, with attendance owned locally by teams, supported by specialist advice where required, and framed positively around improving attendance, strengthening team culture and sharing learning across services.

- Noted the cultural issues around leadership expectations and capability highlighting that the paper aligns to the continued progress required and the need to support managers to provide best practice.

It was resolved that the Committee:

- **NOTED** the content of the report.

PC26.60 Staff Wellbeing Organisational Position Report

The Committee received the report and the Strategic Lead for Staff Wellbeing and Support highlighted:

- The Health Board has a broad wellbeing offer, however capacity to provide intensive support is limited and further work is required to align provision with the People Framework.
- Staff distress is often linked to team dynamics and workload pressures, with referrals frequently received once issues have escalated.
- The next phase of the work in this area will focus on developing clearer measures of staff wellbeing, as current understanding remains largely anecdotal.
- The proposed direction is to support managers with the capability to embed wellbeing as part of everyday leadership and management practice, rather than viewing it solely as an additional service offer or a place to access support.

In discussing the report, the Committee:

- Emphasised that staff wellbeing should be embedded within everyday conversations, team culture and organisational values.
- Suggested work is required to capture attendance, retention and culture, with a focus on strengthening managers' capability to hold wellbeing conversations, embed trauma-informed practice and provide staff with the tools and support required.
- Confirmed that the report identifies several risks but does not highlight any mitigations noting that the Executive People and Culture Group is being established and these issues will be able to feed into that group to review the actions required in relation to the risks.
- Queried whether work takes place with the medical school to provide an understanding of wellbeing prior to students commencing work with the Health Board, it was confirmed that staff do attend Universities to discuss the wellbeing offer with students.
- Referred to staff moving into managerial roles and queried whether training is provided. It was confirmed that leadership courses are available, but these rely on staff accessing the courses. This is being discussed as part of the Foundations for the Future Programme, and it was agreed to monitor this going forward and identify whether any data is available to show improvements in this area.
- Recognised the positive work underway to support staff wellbeing and requested that further consideration is given to provide support and create a practical offer for staff such as protected space for a staff wellbeing day or dedicated wellbeing hours noting the current workforce pressures and the need to provide a clear signal to staff that the Health Board are demonstrating a commitment to being a good employer and supporting staff wellbeing.

Action:

- **PC26.60.1** Review and monitor whether staff moving into managerial roles are provided with relevant training and identify whether any data is available to highlight improvements in this area.
- **PC26.60.2** The team to consider creating a practical offer for staff such as protected space for a staff wellbeing day or dedicated wellbeing hours to demonstrate a clear commitment supporting staff.

It was resolved that the Committee:

- **NOTED** that an approach focused on targeted support, strengthened leadership capability, trauma-informed approaches, and improved integration and co-ordination is required.
- **NOTED** the Staff Wellbeing Support Services plans to go forwards in this manner, noting any concerns with this approach.

PC26.61 Culture, Leadership and Engagement Improvement Plan

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

- Positive progress is being made across several areas of the plan including the creation of a high-level, user-friendly visual plan to help staff understand the key priorities.
- Ongoing engagement with the Executive Committee continues to support delivery and ensure alignment with strategic priorities and the Foundations for the Future Programme as well as incorporate the Culture, Leadership and Engagement Improvement Plan into the major change portal.
- Targeted strategic development work is being progressed through the culture health assessment tool, with initial engagement underway in areas requiring support, including the Emergency Department at Ysbyty Glan Clwyd.
- External learning and engagement, including discussions with the Welsh Ambulance Service Trust and shared learning with the Culture Change Leaders, continues to inform and strengthen the Health Board's approach.
- The Culture Change Leaders Network continues to grow, with 96 colleagues currently registered for Cohort 3 which is planned to commence in July 2026 noting that a video montage is available on BetsiNet to promote this area of work.

In discussing the report, the Committee:

- Referred to the Culture and Leadership Development Internal Audit that has been completed and received reasonable assurance.
- Discussed the growth and impact of the Culture Change Leaders network querying the ambition in this area. It was confirmed that the challenge of maintaining engagement across a large workforce has been recognised and work is taking place to support leaders to use and share the tools and learning gained to influence team culture to impact local teams.
- Welcomed the plan-on-a-page and requested clarity on how it will be publicised, used and reported, including the development of clear outcomes, key measures and assurance arrangements to enable the Committee and Board to monitor progress and understand the impact over time. It was confirmed that following the Committee

the plan on a page will be shared more widely with the Culture Change Leaders and via BetsiNet. In terms of progress and impact, it was suggested that this will be monitored against the Internal Audit actions required and reporting will come via the Committee as well as the Audit Committee.

It was resolved that the Committee:

- **NOTED** the progress made since the previous meeting.
- **SUPPORTED** continued investment in the Culture Change Leaders network.

PC26.62 People Operations Report

The Committee received the report and the Senior Associate Director, People Service highlighted:

- Performance Appraisal and Development Review (PADR) compliance has increased to 80.8% which is the highest level for some time, with further workforce movements noted across Integrated Health Community budgets.
- Vacancy rates vary across sites and services noting that additional support is being targeted where performance remains low.
- The Performance, Finance and Information Governance Committee requested that consideration is given to speeding up the shortlisting process. It was noted that the time to shortlist has improved from 7.5 days to 5.4 days and recruitment teams are working with managers to build shortlisting requirements into recruitment planning.
- Agency spend reduction has performed better than anticipated achieving a 22% reduction against the 30% year-end target.
- Further work is being completed to share insights from the report more widely with Integrated Health Community colleagues and teams to support conversations on actions, productivity and impact in the range of areas included in the report.

In discussing the report, the Committee:

- Queried whether the changes relating to the All-Wales Disciplinary Policy will have an impact in this area. It was confirmed that this is being discussed at an All-Wales level and feedback will be provided as required.

It was resolved that the Committee:

- **NOTED** the content of the report.

PC26.63 Employee Experience and Engagement Report

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

- The majority of information included in the report has been discussed in the previous items as this aligns to the culture work.
- A revised approach to Long Service Awards has been considered following negative feedback received from previous years. The new approach will be introduced this financial year and will comprise of a pin badge, letter of recognition and attendance at a celebration event with funding support from the Charitable Funds Committee.

- Work has been taking place to develop staff recognition boards to promote staff contributions and strengthen engagement with patients, service users and colleagues.

In discussing the report, the Committee:

- Agreed with the automated system for Local Service Awards to ensure the organisation recognise the length of service completed by staff rather than having to be nominated for this recognition.
- Queried whether the pin badge be available retrospectively to those who have already completed 25 years' service, it was agreed that a clear position would need to be established.

It was resolved that the Committee:

- **SUPPORTED** the progress outlined in the report as part of the wider Culture, Engagement and Leadership improvement work.

PC26.64 Foundations for the Future Programme

The Committee received the report and the Director of Corporate Governance and Programme Director, Foundations for the Future highlighted:

- During the Board meeting in May 2026, it was suggested that an open invitation would be extended to all Board members for this item. It was noted that the consultation document has not been finalised therefore a high-level progress update on the consultation was not available for the meeting and discussions will take to place to determine whether an additional People and Culture Committee is required.
- The Foundations for the Future progress report highlights the key risks and the associated resource management plans.
- Progress was reported across all five workstreams, with products and outcomes moving forward noting that the programme is advancing into the next phase of delivery, implementation and consultation.
- The current period has been focused on refining the structures which has involved operational changes and revised remits within regional services.
- Strategic work continues as we move forward into the phase to align People and Culture products ahead of implementation.
- The main challenge remains resource capacity and work is being re-prioritised to support consultation and delivery noting that the structures workstream is temporarily rated red due to delays in implementing the consultation process.

In discussing the report, the Committee:

- Discussed the resource challenges associated with delivering the programme at pace highlighting the realignment of staff and utilising resource from areas that have capacity pressures. It was confirmed that some bank staff are being utilised and work is taking place to align with Finance noting the need to follow appropriate approval routes.
- Noted that timely delivery of the consultation remains a key priority and queried whether the Committee were being asked to note the resource requirements. It was confirmed that there is a need to ensure the consultation can be delivered in line with the timescales and from a governance perspective, any risks and issues can be

escalated by the Chief Executive as the Senior Responsible Officer at the Foundations for the Future Programme Board which is being held this afternoon.
- Referred to the structures element which will be the next stage of the process representing the greatest risk noting that clear assurance on the delivery route, timescales and executive oversight will be required.
- Queried the implementation stage and the need to review this programme inline with Community by Design and the Clinical Services Plan. It was confirmed that a post evaluation exercise will be completed and Community by Design and the Clinical Services Plan are included within the methodology.
- Referred to the scale and significance of the proposed change, clear assurance will be required that the consultation process will provide the required evidence and stakeholder feedback needed to inform detailed Committee scrutiny and support the Board in making an evidence-based decision. It was confirmed that the discovery report was the catalyst for the programme and included supporting evidence, which will also be reflected in the consultation document. Following the consultation, feedback will be collated and presented to the Committee to consider the outcomes, next steps and associated timescales.

It was resolved that the Committee:
- **NOTED** overall progress and delivery across all workstreams.
- **NOTED** the Foundations for the Future Programme - Resource Management Plan 2026/27.
- **SUPPORTED** the prioritisation of resources to support the Foundations for the Future Programme in 2026/27.

GOVERNANCE, RISK AND ASSURANCE

PC26.65 Senior Doctor Job Planning and Residents Doctors Contract Reform and Local Implementation

The Committee received the report and the Executive Medical Director highlighted
- Senior doctor job planning is a fundamental contract with senior doctors within the Health Board setting out agreed commitments for the year ahead.
- A National policy has not been established as yet therefore a local job planning protocol has been developed supported by the Local Medical Committee and the British Medical Association.
- The approach to dealing with sessions above 10 remains a key issue, with other Health Boards introducing part-session payments noting that the National policy is likely to follow this pattern and offer payments for 0.25 sessions.
- The current position has been reviewed against the potential for payments of 0.25 sessions and could create an estimated cost pressure of approximately £800k, with no retrospective back pay proposed.
- A further paper is due to be discussed at the Executive Committee next week, with a programme of work to support roll-out following agreement of the initial job planning protocol.
- In relation to the Residents Doctors Contracts, a vote has been taken in Wales and agreement reached not to take industrial action however there is a dispute over the pay highlighted in the new contract that has been agreed.

- As a result of this, work has taken place to review rotas for all resident doctor noting that 43% have been confirmed as compliant however significant challenges remain in some areas, including Emergency Departments and acute medicine, where service provision and training requirements add complexity.
- Work is continuing to address areas of concern through targeted deep dives, with ongoing oversight of rota compliance, workforce risks and national developments.

In discussing the report, the Committee:

- Queried whether job plans are reviewed on an annual basis to ensure the sessions have been fulfilled. It was confirmed that this is not the current process however once the new protocol has been implemented this will provide a foundation for monitoring signed job plans via work diaries and audits which will support improved productivity, efficiency and oversight of agreed sessions.
- Noted that this is also being monitored by the Audit Committee and the progress taking place will be reported back to the next meeting in August 2026.
- Referred to the Residents Doctors Contracts querying whether this is an in year issue. It was confirmed that this is due to be implemented by the beginning of August 2026 for the proportion of doctors who are starting new contracts however an element of the contract states that rotas should be issued eight weeks in advance therefore this issue may lead to industrial action which would pose a reputational risk for the Health Board.
- Recognised that non-compliant rotas will require additional resource in already pressured services, with a need to balance service delivery while identifying any complementary efficiencies. It was confirmed that additional workforce capacity would be required to support delivery, discussions are ongoing with Welsh Government as there is a need to sustain the workforce and maintain safe working patterns.

It was resolved that the Committee:

- **NOTED** the update provided in relation to Senior Doctor Job Planning.
- **NOTED** the current position and progress to date in relation to Residents Doctors Contract Reform and Local Implementation.
- **NOTED** the continued red readiness status and national dependencies.
- **NOTED** the workforce risks, sustainability challenges, and service implications identified.
- **SUPPORTED** continued focus on staff engagement, communication, and equitable implementation.
- **SUPPORTED** ongoing oversight of workforce modelling, risk mitigation, and phased implementation planning.
- **RECEIVED** further updates as national detail is confirmed and implementation progresses.

PC26.66 Revalidation Progress Report 2025-26

The Committee received the report and the Executive Medical Director highlighted

- The Executive Medical Director holds the Responsible Officer function for ensuring the Health Board uphold professional standards for all doctors and dentists employed by the organisation, excluding resident doctors.

- As part of this process, an annual appraisal is completed with a five-yearly revalidation process also in place. Following the appraisal, a report is submitted to Health Education and Improvement Wales which has been signed off by the Chief Executive and then submitted to the Committee for approval.
- The Health Board currently have one of the strongest revalidation positions in Wales, with appraisal feedback providing a valuable source of intelligence on workforce constraints, including issues consistently reported across Primary Care and Secondary Care.
- The report provides a comprehensive picture of medical workforce pressures, including service delivery challenges, demand pressures and sustainability concerns, with the feedback helping to inform wider workforce planning and support.
- Work is continuing to strengthen professional standard procedures, including the Doctors in Difficulty process, referrals using the Upholding Professional Standards in Wales process and the role of professional advisory groups in supporting wider decision-making.

In discussing the report, the Committee:

- Noted the information included but queried what patterns are being highlighted that may need further scrutiny such as respect and resolution cases. It was confirmed that the extent to which the information can be broken down is still being explored, work is taking place nationally with the Chief Medical Officer and links are being made to the Staff Survey and General Medical Council Survey to better understand medical staffing concerns around safety, sustainability and job planning.

It was resolved that the Committee:

- **COMMENTED** on the identified constraints.
- **SUPPORTED** the introduction of the All-Wales best practice framework for managing concerns.
- **AGREED** to approve the Annual Revalidation Progress Report for 2025-2026.

PC26.67 Internal Audit Report: On Call Arrangements

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

- Since the previous update, a further three individuals had been identified to join the rota, however, the rota remained fragile and discussions continue with Silver on-call colleagues.
- Discussions have taken place with the Executive Committee regarding the potential for Band 8c and above staff to join the rota with appropriate support, including a buddying arrangement.
- As part of the Foundations for the Future Programme work, job descriptions are being reviewed to ensure documentation for Band 8c and above staff includes on-call rota requirements.
- Actions have been put in place, although these are taking longer to implement than expected noting that Director of the Day arrangements are now established to manage operational issues between 8.00am and 8.00pm.

In discussing the report, the Committee:

- Referred to the Internal Audit and queried what progress is expected in the next six months. It was confirmed that once Foundations for the Future Programme has been implemented, this should create more sustainability in this area.
- Emphasised the importance of team working and mutual support, recognising that the on-call role is challenging and requires appropriate wellbeing support throughout and following shifts.
- Queried how intelligence gained from the staff on-call role is captured and used to inform organisational learning, development and improvement. It was confirmed that regular updates are provided on the current position and actions being taken forward which provides further opportunities to strengthen reporting through Executive discussions and escalation arrangements.

It was resolved that the Committee:

- **NOTED** the outcome of the internal audit review (limited assurance) and the position against agreed management actions.

PC26.68 Corporate Risk Register

The Committee received the report and the Director of Corporate Governance highlighted:

- The Executive Committee are currently reviewing the overall approach to risks to ensure they remain relevant, appropriately framed and accurately scored.
- The Committee were alerted to the wider discussions required around risk management noting that work is also being completed in relation to the Corporate Risk Register and the Committee will be kept informed of progress.

It was resolved that the Committee:

- **REVIEWED** the corporate risks set out in the Appendix, including consideration of the current risk position, existing controls, and identified gaps.
- **ENDORSED** the risks for submission to the Board, noting that both risks remain above the Health Board's risk appetite and therefore represent a continued exposure.
- **SUPPORTED** the planned refresh of the risks, in line with advice from the Executive Director of People Services & Organisational Development, to ensure they accurately reflect the current position and mitigation plans.

PC26.69 Corporate Governance Report

The Committee received the report from the Director of Corporate Governance, and it was resolved that the Committee:

- **NOTED** the matters considered in Private at the 09 April 2026 meeting.
- **NOTED** the draft Cycle of Business for comment prior to approval.
- **NOTED** The Committee forward workplan.

CLOSING BUSINESS

PC26.70 Agree Items for Referral to Board / Other Committees

It was agreed that the Chair's Assurance Report would be shared with the Chair of the Committee outside of the meeting.

PC26.71 Review of Meeting Effectiveness

It was agreed that it had been a productive meeting which covered a wide range of items.

PC26.72 Date of next meeting

Thursday 13 August 2026, 9.30am

PC26.73 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.'