

Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the People & Culture Committee
held in Public on 9 April 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 (<i>via Teams</i>)
Paul Lambert	Independent Member
Clare Budden	Independent Member
In Attendance	
Jason Brannan	Deputy Director of People
Clara Day	Executive Medical Director (part meeting)
Dyfed Edwards	Chair of the Health Board (part meeting)
Debbie Eytayo	Executive Director of People and Organisational Development
Jody Evans	Assistant Head of Risk Management
Dave Harries	Head of Internal Audit (<i>via Teams</i>)
Stuart Keen	Director of Environment and Estates (<i>via Teams</i>)
Georgia Roberts	Senior Associate Director People Services
Katie Sargent	Head of Employee Engagement and Experience
Pam Wenger	Director of Corporate Governance
Committee Support	
Laura Jones	Corporate Governance Manager
Philippa Peake-Jones	Head of Corporate Governance

OPENING BUSINESS
<p>PC26.01 Welcome and Apologies</p> <p>Apologies were noted for Teresa Owen and Tehmeena Ajmal.</p>
<p>PC26.02 Declarations of Interest</p> <p>No declarations of interest were raised.</p>
<p>PC26.03 Unconfirmed Minutes of Meeting held on 4 December 2025</p> <p>It was agreed that the minutes of the meeting held on 4 December 2025 were a true and accurate record.</p>
<p>PC26.04 Matters Arising & Action Log</p> <p>The Committee reviewed the action log and agreed to close the actions that were proposed for closure.</p>

STAFF STORY

PC26.05 Staff Story

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

- Due to the sensitive nature of the subject matter, there was no video to accompany the story on this occasion.
- The 'Speak Up Safely' guardian had been consulted and the individuals involved in the story had decided not to escalate the issues further and wished to remain anonymous.
- Information and data had been gathered from colleagues across the Health Board regarding the issues being addressed.
- The issue highlighted took place in theatres and the Head of Employee Engagement and Experience read out the statement shared by the individuals involved.

In discussing the staff story, the Committee:

- Recognised the importance of addressing issues in this area noting the impact of the statement received. The statement refers to the language and culture within the organisation, highlighting which behaviours are considered acceptable or unacceptable.
- Confirmed the team's endorsement of the All Wales Communications and Engagement Strategy which outlines the appropriate methods for conveying such matters to staff.
- Referred to the 2024 Staff Survey data highlighting that 9.5% of employees reported unwanted sexual behaviour from patients, services users, or the public and 3.8% of employees reported unwanted sexual behaviour from colleagues noting that only 17% of the workforce completed the Staff Survey during this period therefore the actual figures could be higher.
- Acknowledged the need for an organisational approach to effectively manage Medical Workforce issues to review and align consultant behaviour with established standards, initiate constructive conversations and address persistent concerns across the organisation.
- Referenced the support required for International Medical Graduates joining the Health Board in relation to cultural norms and expectations to integrate international staff effectively and ensure all staff clearly understand what behaviours are considered acceptable or unacceptable as it is the responsibility of the organisation to foster a supportive workplace culture.
- Highlighted concerns around power dynamics and questioned whether the whistleblowing system is functioning as intended. It was confirmed that focus is required to implement the Culture Change Programme within the Medical Workforce to support and educate staff. The 80% female composition within the Health Board may underline an existing power imbalance prompting the need for ongoing staff education, implementation of consistent standards and urgent action against unacceptable and discriminatory behaviours.
- Noted the work taking place to promote a culture where staff feel safe to speak up and challenge inappropriate behaviour, including the need to roll out bystander training to empower employees with tools and support to intervene and uphold acceptable standards across the organisation.

- Stated that all new employees, regardless of heritage and background, need to have a clear understanding of the organisational norms, values and behavioural expectations and a commitment to work in accordance with these standards.
- Confirmed that targeted engagement may be required for international recruits to help people embed into the culture of living in North Wales. It was confirmed that work is taking place to help build communities and develop social activities for international recruits.

It was resolved that the Committee:

- **NOTED** the themes raised.

STRATEGIC PRIORITIES

PC26.06 People Operations Report

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

- Vacancy rates have increased by 8.3% as anticipated due to controls instigated around costs.
- Corporate services currently display the highest vacancy rate with Estates and additional Clinical Services also experiencing elevated vacancy rates.
- Monthly sickness rates remain high, a deep dive into sickness is underway following the sickness actions presented to the Committee in December 2025.
- There has been an increase in respiratory illness levels as expected during the Winter months and ongoing work is taking place around staff vaccinations.
- PADR completion rates remain at 80%, showing a 2% increase compared to last year.
- Mandatory Training compliance is consistently above the 85% target and currently stands at 91%.

In discussing the report, the Committee:

- Acknowledged the sickness figures and queried whether there are any persistent areas of concern that could identify issues at a strategic level and therefore could be targeted. It was confirmed that hot spot areas are identified and the information is correlated at operational level suggesting that hot spot reports could be reviewed in further detail to identify any trends over a length of time at strategic level.
- Queried when the new PADR system will be fully rolled out, it was confirmed that this is still in the testing phase, it is being trialled with local teams and is due to be launched between April and June 2026. A training and education programme will also be shared alongside the system to provide support.
- Challenged the outcome of the information being provided querying what action is being taken to address specific areas such as strengthening talent management, managing high application volumes and retaining quality candidates for future roles. It was noted that AI has had an impact on the volume of applications being received and this also has a consequence on the quality being provided.
- Referred to the Staff Survey results which indicate that staff pride in working for the organisation remain below the Welsh average, it was suggested a short-term plan may be required to address this issue as the Culture Change Programme will be a long-term process. It was also suggested that further work is completed to identify

staff interested in partial retirement and link this to succession planning and retention.

- Questioned whether there are unintended consequences of not appointing permanent employees and relying on bank and agency staff. It was confirmed that there are controls in place for bank and agency staff, a number of positions are being held as part of the Foundations for the Future programme however managers are being encouraged to permanently appoint staff to lower level posts.
- Highlighted that those areas rated with the lowest compliance figures need to be informed to ensure lead Directors are given the opportunity to share any action being taken to address percentage rates noting that the Corporate Governance Directorate is performing well and the statistics require context to provide the overall picture.

It was resolved that the Committee:

- **NOTED** the current position provided.

PC26.07 Employee Experience and Engagement Report

The Committee received the report and the Deputy Director of People and the Head of Employee Engagement and Experience highlighted:

- The content of the report aligns to the commitments in the Integrated Medium Term Plan to develop a sustained and compassionate culture, nurture culture change leaders and establish a Culture, Engagement and Leadership Improvement Plan for 2025-2028.
- Organisational improvements in employee engagement have focused on building staff connections, recognising achievements and fostering a sense of belonging, with Professor Michael West contributing to the learning and progress.
- A clear engagement approach is required defined by improved communication and involvement with employees, development of wellbeing and recognition noting that the Seren Betsi Award has been relaunched. It was also noted that engagement needs to be measured through the use of staff surveys and focus groups to ensure the process can be adapted as we move forward.
- Recent staff survey data indicates a downward trend in engagement, with core engagement at 69%, further feedback is expected next month to ensure this can be triangulated with the work being completed.
- There is a need to listen to staff and this area of work is being developed through the People Managers Forum, sessions with the Chair and Chief Executive and the use of staff engagement tools to ensure support is available for managers.
- A strategic framework is being utilised to provide alignment with Culture and Leadership Programme to ensure synergy in this area of work.
- The Staff Survey highlights that 70% of staff feel valued by their managers but only 40% of staff feel valued by the organisation therefore further work is required to enable local ownership for managers to address issues and provide support such as compassionate and awareness sessions.

In discussing the report, the Committee:

- Acknowledge the relaunch of the Seren Betsi award noting the value in engaging with and recognising staff contributions and understanding the importance of what



organisational culture means to individuals to develop a more positive outlook towards the organisation.

- Recognised the amount of activity completed and the aim to achieve more positive than negative outcomes suggesting this could be tested by opinion polls as we move forward on the improvement journey.
- Suggested workforce team initiatives could be implemented at local level such as providing drop-in sessions to involve staff more directly and provide assurance that engagement is taking place. It was confirmed that recent shifts have been seen following the last Staff Survey which has encouraged teams to take responsibility for areas of staff engagement such as providing time for staff to complete surveys and discussing culture and engagement at local People and Culture meetings to maintain the momentum.
- Referred to the “You Said, We Did” document suggesting this could be bolder and more honest by reflecting on the issues highlighted. It was confirmed that there are areas where managers are asking staff to complete short surveys around how they are feeling and suggested the need to encourage others to do the same to help identify and address issues in a timely manner.
- Noted the Strategic Intent and queried whether this has previously been shared. It was confirmed that this is part of the overarching Culture and Leadership Programme which aligns to the Synthesis Report. The Board have approved the Health Board Strategic Intentions therefore this work needs to align with the ongoing development of the organisation strategy.
- Queried the level of engagement within clinical and medical teams and whether these groups are encouraged to provide feedback on improving ways of working. It was confirmed that the clinical workforce are currently disengaged due to slow decision making processes but do want to contribute to change therefore timely progress is required around the Clinical Services Plan and the Foundations for the Future Programme to enhance engagement in this area.

It was resolved that the Committee:

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

PC26.08 Three Year Culture, Leadership and Engagement Improvement Plan

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

- The plan has been developed following feedback from the Board and now includes clear overarching objectives and identifies the measures for delivery.
- The objective owners will receive support from the Culture and Leadership team to ensure they are aware of their responsibilities aligned to this plan.

In discussing the report, the Committee:

- Agreed that the report requires further work to review and reprioritise the actions to ensure they support organisational change and provide assurance to the Committee against delivery of the actions going forward.
- Confirmed the need to align this work with the Foundations for the Future Programme.

Action:

- **PC26.08.1** Bring the Three Year Culture, Leadership and Engagement Improvement Plan back to a future meeting of the Committee once further work has been completed to review and reprioritise the actions.

It was resolved that the Committee:

- **SUPPORTED** and **AGREED** the Three-Year Culture, Leadership & Engagement Improvement Plan recognising that further work was required in terms of the 'actions'.

PC26.09 Strategic Workforce Planning Framework

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

- The report was shared with the Committee for noting and assurance not for approval.
- A verbal update has previously been shared with the Committee; the framework has now been developed and shared with the Executive Committee before being presented at the meeting.
- The framework sets out the position of the organisation and will be rolled out for implementation across service areas.

In discussing the report, the Committee:

- Suggested 'for noting' items could be shared outside of Committee meetings going forward. It was agreed that this would be discussed at the next Chair's Assurance Group.
- Queried whether the Committee should review the implementation and effectiveness, it was confirmed that the report provides assurance that the implementation will align to the Three-Year Culture, Leadership and Engagement Improvement Plan but suggested an annual update to the Committee would be useful commencing in April 2027.
- Confirmed that, subject to Audit Committee approval, the Internal Audit Team are planning to review Workforce Planning in 2026/27 due to it being previously deferred and this will be a key document to review the implementation.

Action:

- **PC26.09.1** Discuss at the Chair's Assurance Group whether 'for noting' items could be shared outside of Committee meetings going forward.

It was resolved that the Committee:

- **SUPPORTED** the revised Strategic Workforce Planning Framework.

PC6.10 Education and Training Plan 2027-2028

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

- The report was shared with the Committee for noting not for approval.
- The information provides an update on the draft Education Training Plan numbers and the Workforce Planning response to Health Education Improvement Wales



(HEIW) for review ahead of being collectively submitted with all NHS Wales returns to Welsh Government.

- The final draft is due to be submitted by the end of February 2026 and Welsh Government will provide confirmation in August 2026.
- The information is currently contained within Workforce Planning but will require alignment going forward.

It was resolved that the Committee:

- **SUPPORTED** the submission of the 2027-2028 draft Education Training Plan to Health Education Improvement Wales by 31 January 2026.

PC26.11 Strategic Equality Plan 2024-2028

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

- The report provided an update on progress in relation to the actions within the Health Boards Strategic Equality Objectives and Action Plan for 2024-2028.
- There is a need to align this work with the Culture and Leadership Programme noting that some areas of this work are completed on a National basis.
- The report highlights the area that require focus including reducing inequalities in access and embedding equality, diversity and inclusion into governance and decision-making. Work is taking place however significant progress is required in this area.
- The Team continue to review the processes and systems in place to ensure they are sufficient enough to make sure people do not feel discriminated.
- The Recruitment Team are working closely with the Equality, Diversity and Inclusion Team to identify the themes from the previous Workforce Race Equality Standard and provide communication and support where required.
- This work links in with the All-Wales Anti Sexual Harassment Policy as the Equality, Diversity and Inclusion Team have helped to shape the policy.
- Dedicated resource is now available to provide support and the Speak out Safely Guardians are available to signpost people where required.

In discussing the report, the Committee:

- Noted that there may be a gap in reporting, particularly around the breakdown of complaints by ethnicity and gender and whether the information relates to staff, patients or individuals within local communities. It was confirmed that the Equality, Diversity and Inclusion Team are responsible for both patients and staff noting that all Committees need to own elements of equity.
- Agreed to request that the Quality, Safety and Experience Committee review the breakdown of complaints by Ethnicity.

Action:

- **PC26.11.1** Referred an action to the Quality, Safety and Experience Committee to review the breakdown of complaints by Ethnicity.

It was resolved that the Committee:

- **NOTED** and **SUPPORTED** the actions within the Strategic Action Plan.



PC26.12 All-Wales Anti Sexual Harassment Policy

The Committee received the report noting that this had been discussed as part of the previous item on the Strategic Equality Plan 2024-2028.

It was resolved that the Committee:

- **SUPPORTED** the policy and work of the BCUHB Sexual Safety Task and Finish Group.

PC26.13 Foundations for the Future Programme

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

- Work is currently focussed on the structures workstream and Executive colleagues have been socialising the structure with individual teams.
- Feedback is now being received and correlated and the Executive Committee are meeting on a regular basis to discuss this in further detail.
- A deeper dive is due to take place into the current position of the structures and once this has been completed, the programme will move forward to consultation.

In discussing the report, the Committee:

- Acknowledged the need to welcome feedback and encourage direct discussions with staff to allow measured opinions to be reviewed and ensure staff feel as though they are being heard and action is being taken from the feedback provided as this is an opportunity to move forward as an organisation.
- Agreed the need to review how the work aligns with areas such as the Clinical Services Plan to ensure workstreams overlay.
- Confirmed the close connection to the Culture and Leadership Programme by engaging in a compassionate, open and honest manner which will enable engaged leaders.

It was resolved that the Committee:

- **NOTED** the verbal update provided.

GOVERNANCE, RISK AND ASSURANCE

PC26.14 Consultant Job Planning

The Committee received the report and the Executive Medical Director highlighted:

- This is a significant piece of work which is nearing the stage of having a Standard Operating Procedure agreed by the Medical Workforce Group and the British Medical Association noting that the financial elements need to be finalised before circulation.
- The main area of concern relates to work exceeding 10 sessions, which is being rounded down (e.g. 10.5 sessions counted as 10). It was noted that this discourages staff for completing additional sessions therefore work is taking place to enable sessions to be rounded up, this process is already in place across three other Health Boards.

- A series of workshops are being conducted to understand the new Standard Operating Procedure as significant variation currently exists across sites and services with particular issues in Central.
- A policy is now out for consultation at National level which differs from the local policy, a six month period has been set for reviewing and updating the working document.
- There is insufficient specialist capacity within the Health Board to support an understanding of Consultant contracts, and enhanced internal advocacy is required to provide the necessary expertise in job planning and wider workforce matters.
- A national target of 90% completion rate has been set and efforts are required to drive both quality and quantity however full implementation is expected to take two to three years due to the size and complexity of the work.

In discussing the report, the Committee:

- Queried what contracts are being provided for newly appointed Consultants. It was confirmed that there is a need for flexibility around base and travel to allow negotiations to take place if required.
- Agreed that due to the high level of risk, Consultant Job Planning would continue to be monitored by the Committee, to be provided for assurance rather than noting in future and will also be referred to in the Compliance Report to the Audit Committee.

Action:

- **PC26.14.1** The People and Culture Committee to continue to monitor progress against Consultant Job Planning to be provided for assurance rather than noting in future.

It was resolved that the Committee:

- **NOTED** the update provided.

PC26.15 Corporate Risk Register

Members received the report and the Director of Corporate Governance highlighted:

- There are two risks related to the Committee and going forward, deep dive sessions will take place to review individual risks.
- A wider approach to risk management is being taken forward where risk owners will be requested to confirm the actions being taken in relation to key areas over the next six months to drive down risks within the risk appetite set by the Board.

In discussing the report, the Committee:

- Suggested the need to focus on movement and progress, it was confirmed that there is a need to ensure risk owners are managing their risks and when Executive Directors are invited to provide updates at the Audit Committee, this will also include an update on risks.
- Stated that further work is required in relation to fragile services to ensure these are picked up, it was confirmed that a refresh across all of the risks will be completed to pick up any areas required and ensure clear actions are stated.

It was resolved that the Committee:

- **NOTED** the update on the two strategic risks **CRR25-02** and **CRR25-07** both scoring **16** and remaining above the Health Board's risk tolerance.
- **ENDORSED** both risks for submission to the Board, noting no proposed scoring changes.
- **APPROVED** the revised due dates for three actions and request short impact rationales.

PC26.16 Corporate Governance Report

The Committee received the report and 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

PC26.17 Agree Items for Referral to Board / Other Committees

It was agreed to request that the Quality Safety and Experience Committee to look at the breakdown of complaints by Equality.

PC26.18 Review of Meeting Effectiveness

It was agreed that there had been a more succinct agenda that also allowed sufficient time for discussion.

PC26.19 Date of next meeting

Thursday 9 April 2026, 9.30am

PC26.20 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.'