Minutes of the Public People and Culture Committee
Held On 14th October 2025
Via MS Teams

Recording (YouTube link) – Click here

Chair:		
Susan Lloyd-Selby	SLS	Independent Member for Local Authority / Committee Chair
Present:		
Rhian Thomas	RT	Independent Member for Capital & Estates
Clive Curtis	CC	Independent Member for Local Community
In Attendance:		
Lianne Morse	LM	Deputy Director of People & Culture
Rachel Gidman	RG	Executive Director of People & Culture
Claire Whiles	CW	Assistant Head of Organisational Development
Robert Warren	RW	Assistant Director of Health & Safety
Jonathan Pritchard	JR	Assistant Director of People Resourcing
Rachel Pressley	RP	Head of People Assurance & Experience
Matt Temby	MT	Managing Director of University Hospital of Llandough
Lucy Jugessur	LJ	Deputy Head of Internal Audit
Frankie Thomas	FT	Head of Corporate Governance
Mitchell Jones	MJ	Head of Equality & Inclusion
Mike Bond	MB	Director of Workforce and Financial Performance – Medicine CB
Nikola Creasy	NC	Clinical Director for Workforce, Well-being & Compassionate Leadership – Medicine CB
Louise Halliday-Jones	LHJ	Senior People & Culture Business Partner – Medicine CB
Ceri Richards-Taylor	CRT	Interim Deputy Director of Nursing – Medicine CB
Observer:		
Daniel Burke	DB	Graduate Management Trainee
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Emma Cooke	EC	Executive Director of Therapies & Healthcare Sciences
Paul Bostock	PB	Chief Operating Officer
Claire Beynon	CB	Executive Director of Public Health
David Fluck	DF	Executive Medical Director
Matt Phillips	MP	Director of Corporate Governance
Mike Jones	MJ	Independent Member – Trade Union

Item no	Agenda Item	Action
P&C 14/10/1.1	**Welcome & Introductions (click to view)** The Committee Chair (CC) welcomed everyone to the meeting.	
P&C 14/10/1.2	**Apologies for Absence (click to view)** Apologies for absence were noted.	
P&C 14/10/1.3	**Declarations of Interest (click to view)** No declarations of interest were noted.	
P&C 14/10/1.4	**Minutes from meeting on 08th July 2025 (click to view)** The minutes were agreed to be a true reflection of the meeting on 08th July 2025 (following some minor amendments) The CC requested use the initials rather the abbreviation of job title / independent members. **The Committee resolved that:** a) The draft minutes of the meeting held on 08th July 2025 were agreed to be a true and accurate record of the meeting.	
P&C 14/10/1.5	**Action Log following 08th July 2025 Meeting (click to view)** All actions were accepted. **The Committee resolved that:** a) The Action Log was discussed and noted.	
P&C 14/10/1.6	**Chair's Actions (click to view)** The chair's action was noted when the Committee Chair – Susan Lloyd-Selby (SLS) stated that the Welsh language annual report was covered by a chair's action because it needed to be agreed by the end of September, and this was taken outside of committee.	
	Items for Review & Assurance	
P&C 14/10/2.1	**Staff Story** The Executive Director of People & Culture, Rachel Gidman (RG) introduced the staff story as an awareness and educational piece focused on "speaking up safely" and confidentially raising concerns, with Nikki Regan (a connector) and Claire Wiles (Assistant Head of Organisational Development) presenting. The Corporate Governance Officer – Nikki Regan (NR) explained the role of connectors, noting there was a broad range across the health board, and discussed how response time can influence who staff choose to approach. She shared examples of supporting colleagues and the learning curve involved.	

	The Head of Corporate Governance – Francesca Thomas (FT) added that there were approx 20 connectors, mainly from clinical areas, and highlighted the need for more connectors from corporate teams. She described recent actions to address this gap. The Independent Member for Capital & Estates – Rhian Thomas (RT) sked about themes or hotspots emerging from the support provided. NR responded that leadership and management were initially the top themes, but recent data shows a more even spread. NR offered to provide a report on themes to the committee in the future. **Action – to provide a future report on themes raised via connectors for the committee to review.** SLS suggested aligning the timing of such a report with staff survey results to identify correlations between survey feedback and connector themes. The committee expressed appreciation for the work of connectors and emphasized the importance of creating a psychologically safe environment, especially given organizational pressures. **The Committee resolved that:** a) The Staff Story was received.	
P&C 14/10/2.2	**Board Assurance Framework - Culture** The Assistant Head of Organisation Development – Claire Whiles (CW) presented the Board Assurance Framework with a focus on Culture and highlighted the following: • It was important as a foundation for safe, high-quality care and a strategic risk area. Previous committee discussions were referenced on culture, well-being, and psychological safety, and emphasized the need to align interventions and leadership behaviours to improve culture. • Progress was seen in staff survey results (e.g., increased feelings of safety to raise concerns), the use of the Working Confidence platform, and improvements in retention, but ongoing challenges were noted with trust in organizational action and increased employee relations cases. • Psychological safety, leadership and accountability, and staff survey participation, were highlighted as targeted engagement efforts and the need for visible leadership. • The next steps were outlined, including aligning initiatives, building shared ownership, and developing a cultural dashboard, and the committee was invited to help shift from listening to acting on results. • Claire answered questions about data triangulation and maturity, acknowledging improvements but identifying gaps in people analytics and plans to develop a cultural dashboard with university support. • She also addressed questions about underrepresented groups, referencing work on the workforce race equality standard, strategic equality plans, and ongoing efforts to better understand and support these groups. RT noted the significant amount of work being undertaken and questioned how mature the organization is in evaluating and triangulating different sources of data. They asked whether the data provides a good understanding of challenges, what needs to be improved, and how progress or deterioration is identified. She referenced CW's earlier point about data measurement and	

expressed curiosity about the UHBs progress and maturity in handling these aspects.

CW stated that CAV UHB WAs improving in terms of data maturity, mentioning that the retention lead has started to draw together aspects of the data, allowing comparison of starter, stay, and exit surveys alongside staff survey questions and people services reports. She explained that while current work with different teams sits in isolation, the aspiration is to pull together a cultural picture dashboard for the organization. She noted that building this dashboard will require specific data analytics skills and that they are working with local universities to scope out postgraduate student placements to support this development. She indicated that the organization was more aligned than ever in bringing data together, but acknowledged that they are not fully there yet, though there are encouraging signs.

The Independent Member for Local Community – Clive Curtis (CC) acknowledged that a lot of work has been done but emphasized there is still a long way to go, appreciating the recognition of ongoing challenges. He referenced the report, highlighting that the confidence gap remains, particularly for underrepresented groups who disproportionately report lower psychological safety.

CW stated they have a plan in place and are working closely with Professor Emmanuel and Welsh Government to address issues for colleagues from the global majority. She noted they do not get statistics to the same extent for other underrepresented groups. She recognized there was a lot of work to be done in understanding the experiences of underrepresented groups across the organization, including the complexity that intersectionality brings.

The Head of Equality & Inclusion – Mitchell Jones (MJ) mentioned that to better understand the experiences of underrepresented groups, they conducted a "Your Career, Your Voice" survey. The survey aimed to identify barriers to career progression for underrepresented groups, particularly those from ethnically diverse communities and women in the workforce. He confirmed that this work is being undertaken to better understand these experiences

The Director of Communications, Arts & Health Charity – Joanne Brandon (JB) noted that underrepresentation can also be due to digital exclusion, not just characteristics or demographics. She explained they have been using every channel and opportunity available to reach people who do not have or use email and computer access, including Viva Engage and Teams. She emphasized that the most trusted person remains the line manager, so they are encouraging face-to-face communications to support those reasons why people might not fill in the staff survey.

Action – to develop a cultural picture dashboard, with support from local universities and postgraduate students, aiming for placements in 2026.

The Committee resolved that:
  a) The assurance provided on the Culture BAF risk was noted, particularly around psychological safety, leadership, Theatres Together Improvement Plan, and the upcoming staff survey.
  b) Whether the current assurance level (reasonable) is adequate and highlight any additional areas for deep dive in future reports.
  c) The planned next steps was endorsed recognising the importance of sustained focus given national and sector-wide lessons on cultural

	risk: – Full launch of Work In Confidence and connectors network (Q3 2025/26) – Quarterly psychological safety pulse survey (from Q4 2025/26) – Re-launch of leadership programmes and development of leadership/management framework (Q3–Q4 2025/26) – Drive participation in NHS Wales Staff Survey (August - Oct 2025) to enable robust cultural insights – Develop culture dashboard integrating staff survey, ER, speaking up and OD data (by Dec 2025)	
P&C 14/10//2.3	**Key Performance Indicators / Health & Safety** The Deputy Director of People & Culture – Lianne Morse (LM) presented and highlighted the following points: • **Agency Reduction** - the journey on agency reduction since 2023 was part of the workforce sustainability program. • Significant reductions in both registered nurse and medical agency costs (about 70% reduction in 2023). • CAV UHB is on track to meet the Welsh Government enabling action to reduce agency costs by a further 30% from the previous year's outturn. • **Staff in Post** - Reported a reduction in staff in post from February to August, mainly due to the vacancy freeze and enhanced scrutiny. • Noted an increase from August to September (31 whole time equivalents), attributed to new registered nurse streamliners, therapists, and AHPs joining from the summer cohort. • **Turnover** – has seen a significant reduction over the last two years due to various interventions. • Confirmed that the improvement in turnover is being maintained month on month. • **Cumulative Sickness** - the target for year-end sickness is 5.5%, but the current rate is 6.41% and not improving. • Anticipated that the target will not be met, especially with winter ahead. • Identified mental health as the main reason for long-term sickness, with stress being a significant factor in both short and long-term absence. • Committed to bringing a more detailed sickness absence report to the November meeting for fuller discussion. RG mentioned they are linking in with public health colleagues to explore the complexity of disease and illness within Wales and its reflection in the workforce. She stated that, in addition to current detailed work, they will continue to do more in this area and are working closely with the Executive Director of Public Health and the team to look at the CAV population. The Assistant Director of Health, Safety & Fire – Robert Warren (RW) highlighted the following: • **RIDDOR Reporting** - significant workplace incidents were reported to the HSE. • Shared KPIs for each clinical board, based on historical performance (excluding COVID years). • Noted last year's reports were 78 (a significant reduction), but this year is trending back toward 100. • Stated more work is needed in the next 6 months to manage this. • **Training Compliance** • Reported significant improvement in health and safety training compliance since COVID.	

- Highlighted ongoing issues with violence and aggression module compliance (still some red areas).
- Noted fire safety training compliance is dropping, partly due to staff absence in the fire team and new fire response duties.
- Working with Rachel to improve fire safety compliance, including switching some training to Teams.
- **General Health & Safety Update**
- Submitted a separate paper for general health and safety updates.
- Reported a spike in fire-related incidents (9 so far), mainly due to smoking and improper kitchen equipment use.
- Working with clinical boards and teams to address these behavioral issues.
- Announced a non-smoking enforcement group and upcoming enforcement officer on site (initially at UHW, then UHL), with a six-month bedding-in period before issuing penalties.
- Collaborating with Public Health Wales and local authority on smoking enforcement.
- **Plus Size Patient Pathway**
- Engaging with clinical teams to develop a pathway for plus size patients, with health and safety support.
- **Medical Gases**
- Addressing issues with transferring patients without proper storage/securing of medical gas cylinders; driving use of brackets for safety. 53:50 54:04
- **Health & Safety Culture Plan**
- Reported 80% completion rate on the three-year health and safety culture plan, noting progress but acknowledging ongoing work.

RG stated that the decline in fire safety compliance is concerning and emphasized the need to be stronger in this area to ensure safety for employees, patients, and visitors. She said she would speak with the COO (Paul Bostock) and clinical boards to support this, noting that corporate cannot do it all and that people need to undertake the training. She mentioned that out-of-committee conversations have taken place regarding bariatric patients and oxygen cylinder transfers, but progress has not been at the desired pace. She noted that Rob and the team are keen to be involved but cannot lead, and that a paper may be referred to the Quality and Safety Committee to highlight the risks.

LM explained that there was an increase in values-based appraisal (VBA) compliance, getting close to the target, when executive review meetings emphasized their importance. She noted that in recent months, other priorities have overtaken these conversations, leading to a decrease in compliance. The plan is to refocus on appraisals in executive meetings to monitor and improve compliance.

The AHOD stated they are ensuring the importance of values-based appraisals (VBAs) is communicated through leadership and management development programs, induction, and bespoke VBA training. She added that some departments have proactively requested refreshers and support, indicating engagement to help people have these conversations.

The Managing Director of University Hospital Llandough – Matt Temby (MT) mentioned that it is important to focus on values-based appraisals (VBAs) during operational weekly meetings and that he will discuss this with Paul to ensure there is weekly attention on progress, reminding clinical boards about it.

	Action – LM to bring a more detailed sickness absence report to the November meeting. **Action – LM to provide future committee updates on progress and actions for underrepresented groups including global majority, LGBTQ+ and disability.** **The Committee resolved to:** a) The Key Performance Indicators & Health & Safety was discussed and noted.	

P&C 14/10/2.4	**Strategic Equality Plan / Workforce Race Equality Standard (WRES)**
	
	The Head of Equality & Inclusion – Mitchell Jones (MJ) gave an update and highlighted the following:
	1. **Strategic Equality Plan (SEP)**:
	   a) The SEP is a statutory requirement structured around four objectives: respect, communication and engagement, accessibility, and data.
	   b) Progress has been made in improving data reporting, engaging positively with campaigns and training, and receiving stakeholder feedback.
	   c) Welsh Government feedback highlighted limited assurance on patient experience, which is an area to be addressed in the next report [1
	2. **Workforce Race Equality Standard (WRES)**:
	   d) The WRES aims to ensure that Black, Asian, and minority ethnic staff have equal access to career opportunities and fair treatment.
	   e) The 2025 iteration of the WRES report shows a rise in ethnic diversity within the organization, with diverse staff growing from 14.5% to 16%.
	   f) Significant gaps remain in senior leadership and board representation, with ethnically diverse staff underrepresented at these levels.
	   g) There are concerns about the undeclared ethnicity rates, which are higher than the NHS Wales average
	3. **Challenges and Focus Areas**:
	   h) Significant barriers to progression exist beyond Band 5, and ethnically diverse candidates are half as likely to be appointed after shortlisting.
	   i) A task and finish group has been established to address representation and progression issues.
	   j) The organization is undertaking a data deep dive and a career progression survey to understand the lived experiences of staff and identify barriers to career progression
	
	SLS noted that the gender pay gap had increased slightly, although not back to pre-COVID levels, and asked when the deep dive would be completed to understand why this was happening.
	
	MJ c responded that they are aiming for December or January to complete the deep dive, and that the survey undertaken will help understand the reasons behind the gap.
	
	RG thanked the Graduate Management Trainee - Daniel Burke (DB) for his impactful analytical work on the report, including the gender pay gap. She also highlighted that the career progression barrier is being examined, noting that HEIW started an educational leadership programme for global majority staff, but it begins at band 7. She mentioned that only Velindre in Wales showed a similar barrier at this level and that they are trying to influence HEIW to address this, as the first cohort has just started.
	
	CC expressed appreciation for the honesty in addressing issues regarding staff progression and related challenges. He asked if the terms of reference (ToR) for	

	the task and finish group could be shared with committee members. He also inquired about the percentage of global majority members in the group.
	
	MJ responded that the ToR could be shared and confirmed there is representation from ethnically diverse staff, though the exact percentage was not provided. It was agreed that this information could be provided outside of committee.
	
	SLS noted there are a significant number of important suggestions in the report regarding the way forward and acknowledged that there was not enough time to discuss all of them in the committee meeting. She sought clarification on the best way to ensure these suggestions are taken forward and asked RG for advice on this. Susan emphasized the need for more information so the committee can consider its role in supporting this work and requested that this be brought back at an appropriate time.
	
	The EDPC agreed that more information is needed for the committee to consider its role and confirmed they will bring this back at an appropriate time.
	
	Action – for the results and analysis of the gender pay gap deep dive to come back to the committee next year once the information is available and has been analysed.
	
	Action – to share the terms of reference and group composition for the workforce race equality task and finish group with committee members.
	
	The Committee resolved to:
	  a) The feedback received from Welsh Government was noted and the assurance provided regarding the Health Board's approach to workforce race equality.
	  b) The Health Board's continued efforts to strengthen patient experience reporting was endorsed, gender pay gap analysis, and representation at all levels.	

P&C 14/10/2.5	**Admin & Clerical Staff Workforce Growth**
	
	The ADPR presented and highlighted the following:
	  • The initial reported increase in admin & clerical staff was due to a coding error, where facility supervisors were misclassified; after correction, the actual increase was 67 whole time equivalents over 12 months.
	  • **Corporate services**: increase of 31 WTE, including digital roles funded by Welsh Government for electronic prescribing and Windows 11 rollout.
	  • **People and culture**: increase due to TUPE transfer of the Medacs team, resulting in cost savings and reinvestment in needed posts.
	  • **Public health**: increase from TUPE transfer and additional Welsh Government investment in smoking cessation.
	  • **Surgery clinical board**: increase of 21 WTE, mainly from filling long-standing vacancies, external funding to reduce waiting lists, and some data coding errors.
	  • Despite staff number increases, the substantive pay bill trend was only slightly up, with peaks explained by pay awards and superannuation payments.
	  • Many new posts were externally funded or filled existing vacancies, so did not impact the health board's financial run rate.	

- Actions to control growth included: voluntary release scheme, ongoing structure reviews, deep dive meetings, enhanced vacancy scrutiny, and a significant reduction in posts advertised due to recruitment freezes.
- Most externally funded or temporary posts are time-limited and managed to avoid future cost pressures, with appointments made only for the duration of available funding.
- A comprehensive review of structures across corporate and clinical boards has been completed, with visuals now available to support future redesign and operating model work.

RG emphasized that every role in the organization is valued and that scrutiny is being applied to all 18,000 staff roles, balancing quality and safety with financial constraints. She clarified that the focus on admin staff in the meeting was a deep dive, not a reflection of lesser value. She noted it is difficult for clinical boards to release staff due to the lack of an operating model, which impacts the ability to approve voluntary early release (VER) applications. She stated that VERS is always available for staff and will be used more during organizational change or redesign. She has asked the team to provide a breakdown of VER requests, approvals, and financial implications, which will be brought to the next committee meeting as part of an update.

SLS explained the committee's interest in more information on admin and clerical staff growth was due to the appearance of significant increases, and they wanted to understand the drivers and distribution of this growth across the organization. She noted it was helpful to learn that a data cleansing issue had contributed to the reported figures. She asked whether externally funded posts would impact the reduction of these numbers over the next 12 months. She also inquired if any temporary posts would become permanent or if a percentage of them would end, seeking clarification on the sustainability of these roles

JP noted if we know the funding is recurrent, we will make it a substantive post.

RG mentioned that a team were looking at fixed-term contracts, especially since contracts over two years may result in more employment rights, and that they are working closely with finance to review external posts and assess the need to support them. She also noted that scrutiny at the executive vacancy panel now includes questioning the necessity of these posts and associated risks. She stated that previously, no one was maintaining a visual of the organizational structures, so the team, led by Jonathan, worked with clinical boards to visualize all structures. This visualization has been completed and provided to those involved in potential redesign, to help determine what an effective operating model would look like. She added that the starting point is complete, and they are now working with the discovery phase on the redesign of the organization.

Action - To provide a split of VER applications (requested, supported, financial impact) at the next committee meeting.

The Committee resolved that:
a) The information included within the paper was discussed and accepted as assurance.

| P&C 14/10/2.6 | **Clinical Board Spotlight - Medicine** | |
| | The Medicine Clinical Board joined the committee meeting. | |

The Director of Workforce & Financial Performance - Mike Bond (MB) introduced the Medicine Clinical Board team to the Committee –
Senior People & Culture Business Partner - Louise Halliday-Jones (LHJ)
Interim Deputy Director of Nursing - Ceri Richards-Taylor - (CRT)
Clinical Director for Workforce, Well-being & Compassionate Leadership - Nikola Creasey – (NC)

MB presented and highlighted the following points:
- The Medicine Clinical Board comprises of three main service groups: Emergency and Acute Medicine (including the emergency unit and acute beds at UHW and Llandough), Integrated Medicine (general medicine, diabetes, endocrinology), and Specialised Medicine (gastroenterology, cancer work, planned care, community services).
- The board focused on working closely with primary and community services to keep people out of hospital unless specialist intervention is needed and highlighted the high volume of emergency cases handled annually.
- The patient flow: acute assessment, short stay wards, and the importance of early intervention and minimizing unnecessary admissions were detailed. The need to change the model of care to better manage complex and frail patients was discussed.
- The board's specialties included: gerontology, respiratory, endocrine, diabetes, stroke (with recent improvements in acute and rehab services), gastroenterology (including endoscopy and mobile theatre use), dermatology, rheumatology, cystic fibrosis, and Welsh gender services.
- The strategic drivers were outlined: Shaping Our Future Wellbeing, Six Goals for Emergency Nursing Care, Cancer Standards, Get It Right First Time (GIRFT), and the need for standardization and evidence-based practice. The importance of home-first approaches and reducing length of stay were highlighted.
- The focus on productivity was highlighted along with, financial challenges, and using resources effectively, such as reducing ambulance handover times (W-45 target) and improving patient pathways.
- The vision for future service delivery was discussed: splitting acute assessment for non-complex/frail patients, developing frail pathways, integrating with therapy and social services, and preventing long hospital stays. He stressed the importance of left-shift (community care), partnership working, and acting for the future to deliver financial balance and empower the workforce.
- The need for workforce design based on risk and future service models was summarised, and the ongoing interim management structure review.
- The board's commitment to compassionate leadership, staff well-being, and culture change was emphasised, with plans to roll out civility and well-being initiatives across the board.

LHJ presented and highlighted the following:
- Integrated Medicine is the largest directorate area with 973 whole time equivalents, and the largest staff groups were nursing and additional clinical services (mainly healthcare support workers).
- She showed a pie chart and pay band "Christmas tree" to illustrate workforce distribution, highlighting predominance of band 5s and band 2s.
- The age profile was discussed, emphasizing the proportion of staff over 51 and its importance for long-term workforce planning and retirement.
- Retirement age trends were highlighted, noting a dip and subsequent increase, possibly due to external factors like cost of living, and

highlighted that admin and clerical staff have the highest average retirement age.

- Sickness absence was covered alongside identifying anxiety, stress, depression (mainly personal stress), cough/cold/flu, and gastro problems as the top three reasons. An increase in sickness over winter was anticipated.
- LHJ handed over to CD for VBAs (values-based appraisals), noting the board was below target compliance and that improvement trajectories have been set.
- Job planning statistics were referenced, and NC was invited to discuss ongoing efforts to improve job plan quality, accuracy, and consistency.
- Achievements were highlighted in relation to the people and culture plan, including a complete establishment review, weekly medical workforce planning group, and management structure/portfolio review.
- The arrival of 17 student streamliners was highlighted, low turnover (which aids retention but can limit career progression), and engagement initiatives such as senior team walkarounds, local partnership forums, championing Welsh language, promoting well-being services, and communication challenges with frontline staff.
- Actions from the previous staff survey were mentioned, a Medicine Clinical Board focus group, and ongoing flu vaccine promotion.
- the spread and scale of successful retention was confirmed and well-being initiatives across the board, including competency packs and the new Elevate programme for band 7s.
- The new preceptorship programme for band 5 nurses was noted and the restorative clinical supervision programme, with plans to embed these further.

NC highlighted the following points:
- Efforts to improve job planning, highlighting ongoing work with Katya and the team to increase job plan sign-off rates and focus on quality, accuracy, consistency, and equity of job plans.
- They emphasized the significance of their new leadership role, noting that prioritizing a Clinical Director for Workforce Well-being and Leadership demonstrates the board's commitment to staff well-being, sustainable workforce, and compassionate leadership.
- They outlined plans to deliver "Civility Saves Lives" training and awareness across the clinical board as a preventative measure, not just in response to existing issues.
- The importance of leadership modelling desired culture and behaviours was stressed, breaking down hierarchy, and fostering shared humanity, including reflective rounds similar to Schwartz rounds.
- Plans for compassionate leadership workshops, expanding debrief and peer support models from the emergency unit, and developing senior leader well-being packages.
- The Staff Survey Focus Group was noted and the intention to share and join up well-being and culture initiatives across the board.
- Enthusiasm for collaboration and avoiding duplication with corporate well-being efforts was expressed, responding positively to Rachel's suggestion for close working.

CD highlighted the following points:
- The stay survey in the emergency department, explaining it was implemented to understand why staff were considering leaving and to intervene before exit. They noted the survey led to actionable feedback, resulting in a significant drop in attrition and plans to expand the approach across the clinical board.
- The VBA's were addressed (values-based appraisals), stating the board's compliance is below the 85% target. Ceri described how

	directorates have been asked for improvement trajectories and emphasized the importance of VBAs for staff retention and engagement. • Ceri highlighted the importance of the flu vaccine, referencing Public Health Wales data on expected peaks and describing efforts to promote vaccination among staff. • They described the role of well-being champions, especially during winter, and the use of the employee well-being service and Canopy for staff support. • Ceri summarized achievements in emergency and acute medicine, including robust induction programs, well-being champions, and engagement activities like care packages for staff on special occasions, which improved team morale and retention. • They mentioned the use of debriefs after difficult incidents and the introduction of competency packs for each clinical band to clarify roles and foster belonging. • Ceri noted that band 7 staff had been a "forgotten entity" and described the new Elevate programme for band 7s, covering clinical and management skills, with the first cohort starting soon. • They confirmed full engagement with the new preceptorship programme for band 5 nurses and the restorative clinical supervision programme, with plans to embed these further across all registered nurse teams. • Ceri supported the plan to move quickly to the final slides due to time constraints and agreed to focus on key future actions. The CC thanked the team for all their hard work and directed any questions to be fed through to the Medicine CB team. **The Committee Resolved that:** • The Clinical Board spotlight on Medicine Clinical Board was noted.	
P&C 14/10/3.1	**EDI Reports for Approval** **Gender Pay Gap Report** The MJ noted there has been a slight increase in the gender pay gap and stated they are undertaking a deep dive to understand the reasons for this change. He confirmed that the final version of the report will be translated into Welsh and professionally designed before publication. MJ acknowledged that the inclusion ambassador for gender at board level has recently left the organisation and confirmed this will need to be updated. RG added that the board may need to regroup on board-level champions for protected characteristics due to recent changes, and agreed this should be discussed at board level. **Action - To share updated list of board-level inclusion ambassadors/champions for protected characteristics.** **The Committee Resolved that:** a) The content of the Gender Pay Gap Report 2025 for publication on the Health Board's website, as per legislative requirement was approved.	
P&C 14/10/3.2	**Policies** All Wales anti sexual harassment Policy was noted and approved.	

	The Head of People Assurance & Experience – Rachel Pressley (RP) presented the All-Wales anti sexual harassment policy and requested formal adoption by the UHB, as well as rescinding the interim procedure.
	
	The committee confirmed they were happy to note and endorse the policy.
	
	The Committee resolved to:
	  a) The development and approval of the All-Wales Anti-Sexual Harassment Policy, and to formally adopt it on behalf of the Health Board was noted
	  b) The proposed next steps to develop supporting toolkits and continued training to enable effective implementation was endorsed
	  c) The Health Board's interim Sexual Misconduct Procedure was agreed to be rescinded.	

P&C 14/10/5	**Any Other Business**	
	Private Agenda	
	Review & Final Closure	