People and Culture Committee

Tuesday 8 September 2026, 10:00 - 13:00

Agenda

10:00 - 10:00
0 min

1. PRELIMINARY MATTERS

Agenda_P&C_08 September 2026_Final.pdf (3 pages)

1.1. WELCOME AND APOLOGIES

1.2. DECLARATION ON INTERESTS REGISTER 2026/27

P&C_1.2_August 2026_Board Members Declaration Of Interests summary 2026-27.pdf (3 pages)

10:00 - 10:00
0 min

2. CONSENT AGENDA BUSINESS

The Chair will ask if there are any items from the Consent Agenda (Item 7) that Committee Members with to bring forward to the main agenda.

The Chair will ask if there are any items from the Consent Agenda (Item 7) that Committee Members wish to bring forward to the main agenda

10:00 - 10:00
0 min

3. ITEMS FOR APPROVAL / DECISION / RATIFICATION

3.1. Minutes of the previous meeting held on the 11 June 2026

P&C_3.1_P&CMinutes_11 June 2026 unconfirmed Final.pdf (13 pages)

3.2. Committee Action Log

P&C_3.2_Action Log 2026-27.pdf (2 pages)

10:00 - 10:00
0 min

4. ESCALATED ITEMS

10:00 - 10:00
0 min

5. ITEMS FOR ASSURANCE

5.1. Theme 2 - Great Place to Work

P&C_5.1_A Great Place to Work.pdf (8 pages)

5.2. Speaking Up Safely and Raising Concerns Report

P&C_5.2_Speaking Up Safely 2026 Report.pdf (11 pages)

5.3. Violence and Aggression Incidents

P&C_5.3_People and Culture Committee VA Update.pdf (6 pages)

5.4. Primary and Community Care Academy

P&C_5.4_ P&CCA Assurance Report.pdf (8 pages)

5.5. Clinical Revalidation update

P&C_5.5a_Revalidation Progress Report 2025-26.pdf (23 pages)
P&C_5.5_Professional Registration.pdf (5 pages)

5.6. STAFF STORY: 50 YEARS SERVICE

P&C_5.6_Staff Story - 50 Years Service.pdf (18 pages)

10:00 - 10:00
0 min

6. ITEMS FOR DISCUSSION

10:00 - 10:00
0 min

7. CONSENT AGENDA

7.1. Executive Director of People and Culture Report

P&C_7.1_PC Exec Director of People and Culture Summary Report.pdf (10 pages)

7.2. Workforce Performance Report

P&C_7.2_People & Culture Performance Report.pdf (20 pages)

7.3. Committee Governance Action Plan

P&C_7.3_Governance Development Plan 2025-27_Cover paper.pdf (2 pages)
P&C_7.3a_Committee Effectiveness Continuous Development Plan 2026-27.pdf (2 pages)

7.4. Committee Work Programme 2026/27

P&C_7.4_Committee Work Programme 2026-27.pdf (1 pages)

7.5. PTHB Glossary

P&C_7.5_PTHB Glossary.pdf (7 pages)

10:00 - 10:00
0 min

8. OTHER MATTERS

8.1. Any other urgent business

8.2. Items to be brought to the attention of the Board and/or other Committees

8.3. Committee Reflections

8.4. Date of the next meeting: 08 December 2026

8.5. In-Committee

The Chair, with advice from the Director of Corporate Governance/Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960

"Representatives of the press and other members of the public shall 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"

8.6. Welcome and Apologies

8.7. Declaration of Interest

8.8. Financial Recovery Workforce Programme

PEOPLE AND CULTURE COMMITTEE

TUESDAY 08 SEPTEMBER 2026, 09:00– 11:30
VIA MICROSOFT TEAMS
CHAIR: JENNIFER OWEN-ADAMS

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA				
Time	**Item**	**Title**	**Attached / Verbal**	**Owner**
8.5 The Chair, with advice from the Director of Corporate Governance/Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting: Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960 ***"Representatives of the press and other members of the public shall 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"***				
	1	**PRELIMINARY MATTERS**		
09:00	8.6	Welcome and Apologies	Attached	Chair
	8.7	• Declarations of Interest	Attached	Chair
25min	8.8	Financial Recovery Workforce Programme	Attached	Executive Director of People, Culture and Transformation
	1	**PRELIMINARY MATTERS**		
09:25	1.1	Welcome and apologies	Verbal	Chair
	1.2	Declarations of interest Board Members Register of Interests 2026/2027	Verbal	All
	2	**CONSENT AGENDA BUSINESS**		
The Chair will ask if there are any items from the Consent Agenda (Item 7) that Committee Members wish to bring forward to the main agenda.				
	3	**ITEMS FOR APPROVAL / DECISION / RATIFICATION**		
5min	3.1	Minutes of the previous meeting held, 11 June 2026	Attached	Chair
	3.2	Committee Action log	Attached	Chair
	4	**ESCALATED ITEMS**		
There are no items for inclusion within this section.				
	5	**ITEMS FOR ASSURANCE**		
09:30 20min	5.1	Theme 2 – Great Place to Work	Attached	Executive Director People, Culture and Transformation
09:50 15min	5.2	Speaking Up Safely and Raising Concerns Report	Attached	Executive Director People, Culture and Transformation
10:05 15min	5.3	Violence and Aggression Incidents	Attached	Executive Director People, Culture and Transformation

10.20		**COMFORT BREAK (10 MINS)**		
10:30 20min	5.4	Primary and Community Care Academy	Attached	Executive Director of Primary Care, Community & Mental Health
10:50 15min	5.5	Clinical Revalidation update	Attached	Executive Director of Nursing, Quality, Women & Family Health / Executive Director of Primary Care, Community & Mental Health / Executive Medical Director
11:05 10min	5.6	Staff Story: 50 Years Service	Presentation/ Verbal	Susan Newport Medicines Management
	6	**ITEMS FOR DISCUSSION**		
There are no items for inclusion within this section				
	7	**CONSENT AGENDA**		
	7.1	Executive Director of People and Culture Report **Purpose:** For Assurance	Attached	Executive Director People, Culture and Transformation
	7.2	Workforce Performance Report **Purpose:** For Assurance	Attached	Executive Director People, Culture and Transformation
	7.3	Committee Governance Action Plan **Purpose:** For Assurance	Attached	Director of Corporate Governance
	7.4	Committee Work Programme 2026/27 **Purpose:** For Information	Attached	Director of Corporate Governance
	7.5	PTHB Glossary **Purpose:** For Information	Attached	Director of Corporate Governance
	8	**OTHER MATTERS**		
11:15	8.1	Any other urgent business	Verbal	Chair
	8.2	Items to be brought to the attention of the Board and/or other Committees	Verbal	Chair
	8.3	Committee reflections	Verbal	All
	8.4	Date of the next meeting: 08 December 2026 at 10:00 via Microsoft Teams		

Powys Teaching Health Board is committed to openness and transparency and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe.

Meetings are currently held virtually, should you wish to observe a virtual meeting of a committee, please contact the Director of Corporate Governance at PowysDirectorate.CorporateGovernance@wales.nhs.uk at least 24 hours in advance of the meeting in order that your request can be considered on an individual basis.

Papers for the meeting are made available on the website in advance and a copy of the minutes are uploaded to the website once agreed at the following meeting.

Whilst Committee meetings are not public meetings, questions are invited and welcome from members of the public – pleased submit these at least 48 hours in advance of the meeting so a response can either be incorporated into the Board meeting or be provided directly to the requester. Please submit any questions to PowysDirectorate.CorporateGovernance@wales.nhs.uk

POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2026-27

Updated: August 2026

Position	Name	Interest Category	Interest Situation	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment
INDEPENDENT MEMBERS							
PTHB Chair	**Carl Cooper**	Indirect Interests	Loyalty Interests	02-Feb-25	Current	Sole Trader, Mandy Williams Consulting, The Wellbeing Coach	NIL
		Indirect Interests	Loyalty Interests	02-Apr-25	Current	Family member is an employee of Cardiff & Value University Health Board (non Director).	NIL
Vice Chair	**Rhiannon Beaumont-Wood**	Indirect Interests	Outside Employment	Jun-23	Current	Director and Owner of RBW Executive and Professional Coaching	NIL
		Non Financial professional interests	Loyalty Interests	01-Jan-08	Current	Royal College of Nursing	NIL
		Indirect Interests	Outside Employment	07-Apr-23	31-May-26	Dorset ICB (NHS Dorset) Non-Executive Member	NIL
		Indirect Interests	Outside Employment	01-Mar-24	31-Mar-27	Registrant Council Member - Nursing and Midwifery Countil (NMC)	Renumerated as per Registrant Council Member Terms and Conditions
Independent Member (General)	**Rhobert Lewis**	Non Financial professional interests	Outside Employment	17-Nov-21	Current	Chair NPTC Group of Colleges	NIL
		Indirect Interests	Outside Employment	01-Jan-20	Current	External member Cross-party STEMM Group Welsh Government	NIL
Independent Member (Trade Union)	**Cathie Poynton**	NIL	NIL	NIL	NIL	NIL	NIL
Independent Member (finance)	**Stephen Elliot**	Non Financial professional interests	Loyalty Interests	17-Apr-24	Current	Honorary Fellow and Lifetime Member of Healthcare Financial Management Association	NIL
		Non Financial professional interests	Outside Employment	17-Apr-24	Current	Spouse Directorship of Oshi's World Private Limited Company and a Trustee of Oshi's World Charity	NIL
Independent Member (General)	**Ronnie Alexander**	Indirect Interests	Outside Employment	2012	Current	Partner Director of RA and CJ Consulting Limited	Dividend Payment only
		Indirect Interests	Outside Employment	Mar-21	Current to Dec-27	Independent Monitoring Authority (IMA) – Non Executive Director	Remunerated
		Indirect Interests	Shareholdings and other ownership interests	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only
Independent Member (University)	**Simon Wright**	Non Financial professional interests	Loyalty Interests	01-Mar-15	28-Feb-29	Personal: Senior Professional Fellow, Cardiff University-Various Healthcare Programmes	Honoury Role
		Indirect Interests	Loyalty Interests	18-Jun-25	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment
		Indirect Interests	Loyalty Interests	18-Jun-25	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment
		Non Financial professional interests	Loyalty Interests	02-Jan-20	Current	Labour Party member	NIL
		Financial Interests	Outside Employment	09-Feb-26	Current	Head of Partner Engagement for JS Group working with HE sector	Salaried Employment
Independent Member (Third Sector)	**Jennifer Owen Adams**	Non Financial professional interests	Loyalty Interests	01-Jun-16	10-Jun-27	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	NIL
		Non Financial professional interests	Loyalty Interests	01-Sep-24	01-Jun-28	Coopted Member of PAVO	NIL
		Non Financial professional interests	Loyalty Interests	01-Apr-24	01-Apr-27	Chair Public Services Board Scrutiny Committee	NIL
		Non Financial professional interests	Loyalty Interests	01-Jun-10	Current	Member of Community Speed Watch Group Member of Society Genealogists Associate Member of the Association of Genealogists and Registered Archivists	NIL
				01-Jan-19	Current		
				08-May-22	Current		
		Financial Interests	Shareholdings and other ownership interests	01-Jun-03 01-Jun-22 01-Jun-88	Current	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner:CTW Genealogy Research and Owner:Property in the County of Powys	NIL

Independent Member (Local Authority)	**Christopher Walsh**	Non Financial professional interests	Loyalty Interests	01-Jul-22 05-May-22 10-Aug-95 22-May-17 25-Sep-17 01-Jun-10	Current	Elected Member Powys County Council •Trustee/Chair: Brecon University Scholarship Fund •Brecon Town Council Elected Member •Governor of Priory Church in Wales School •Member Brecon Beacons National Park Authority SDF & Grant Advisory Panel •Member of the Community Speed Watch Group	NIL
		Non Financial professional interests	Loyalty Interests	01-Jan-86 31-Mar-88	Current	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL
		Non Financial professional interests	Loyalty Interests	01-Dec-88	Current	Labour Party member	NIL
Independent Member (Capital)	**Michael Giannasi**	Indirect Interests	Loyalty Interests	2019	Jul-26	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated
Independent Member	**Ian Thomas**	Non Financial professional interests	Loyalty Interests	01-Jun-26	Current	Trustee of a UK Charity - Family Fund that provides financial support to families with disabled and seriously ill children	NIL
		Indirect Interests	Outside Employment	01-Apr-23	31-Mar-24	Previous work as an associate for HICO Consultancy	Self Employed
		Non Financial professional interests	Outside Employment	10-May-26	Current	Sit as an NED on the charity's subsidiary company - Family Fund Business Services.	NIL
EXECUTIVE MEMBERS							
Chief Executive Officer	**Hayley Thomas**	NIL	NIL	NIL	NIL	NIL	NIL
Executive Director of Finance, Capital and Support Services (Acting CEO 13 Jul 26 -	**Pete Hopgood**	Non Financial Interests	Loyalty Interests	18-Jun-18	Current	Partner is Finance Manager working in SBUHB	Not Relevant
Deputy Director of Finance (Acting Executive Director of Finance 13 Jul 26 -	**Hywel Pullen**	Indirect Interests	Loyalty Interests	01-Feb-23	Current	A relation has a share in the ownership of St Joseph's Hospital and also works at the Hospital	NIL
		Indirect Interests	Loyalty Interests	01-Feb-23	Current	A relation works as a consultant at Aneurin Bevan UHB and is currently a clinical director and the south-east regional lead for orthopaedics.	NIL
		Indirect Interests	Loyalty Interests	01-Feb-23	Current	A relation works in a clinical role at CTM UHB and St Joseph's Hospital.	NIL
		Non Financial professional interests	Outside Employment	01-May-25	Current	I volunteer as the Treasurer of the Monmouth Churches Together Housing Group	NIL
		Non Financial professional interests	Outside Employment	01-Apr-25	Current	I am the Vice President of Cymru CIPFA Wales, the regional branch of the Chartered Institute of Public Finance and Accountancy (CIPFA)	NIL
Executive Director of Allied Health Professions, Health Science and Digital	**Claire Madsen**	Financial Interests	Outside Employment	07-Jan-19	01-Apr-28	Occasional Lecturer for University of West of England.	Hourly rate
		Non Financial professional interests	Loyalty Interests	01-Apr-26	01-Mar-28	Member of the The Chartered Society of Physiotherapy	NIL
Executive Medical Director (Acting Deputy Chief Executive 13 Jul 26 -	**Kate Wright**	NIL	NIL	NIL	NIL	NIL	NIL
Executive Director of People and Culture and Transformation	**Debra Wood Lawson**	Indirect Interests	Outside Employment	01-Nov-24	01-Nov-27	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	Remunerated
			Outside Employment	01-Oct-24	Current	Relative employee and training in Aneurin Bevan Univeristy Health Board (non Director)	NIL

Executive Director of Public Health	**Mererid Bowley**	Non-Finanical professional Interest	Loyalty Interest	14-May-25	Current	Member of Faculty of Public Health	Previously declared on annual Declaration of Interest form issued by corporate team since commencement of role. (Transferring recording of declaration on to ESR from this date).
		Financial Interest	Shareholdings and other Ownership interests	14-May-25	Current	Husband works for Mitie Engineering who hold contracts/work with some NHS bodies/organisations. Shares held by husband and myself and Mitie Company	Previously annually since start of employment through completion of declarations of interest form issued by corporate team annually.
Director of Corporate Governance/ Board Secretary	**Helen Bushell**	Non-Finanical professional Interest	Outside Employment	01-Nov-23	Current	Self - School Governor – Langynwyd primary school (Bridgend)	Not remunerated
		Indirect Interests	Outside Employment	01-Aug-16	Current	Partner is the Chair of a Housing Association who provide social housing across a large geographical area (including Powys).	Remunerated part time role, 2-4 days per month
		Indirect Interests	Outside Employment	01-Jun-24	Oct-24	Partner is listed on the Bank for PTHB - working occasionally for the organisation by dual agreement.	Paid per hour/day of work
		Indirect Interests	Outside Employment	01-May-25	Current	Partner - Associate for Practice Solutions	
Executive Director of Planning, Performance & Commissioning	**Nicola Johnson**	Nil	NIL	NIL	NIL	NIL	NIL
Executive Director of Primary, Community Care and Mental Health	**Elaine Lorton**	Financial Interests	Outside Employment	01-Apr-24	Current	Independent Member – ateb - housing Association	Remunerated
		Non Financial professional interests	Outside Employment	01-Nov-19	Current	Chair of the Board - West Wales Care and Repair	Voluntary
		Indirect Interests	Outside Employment	02-Jun-25	Current	Family Member is an employee of Hywel Dda University Health Board (non Director)	NIL
		Indirect Interests	Outside Employment	01-Aug-23	15-May-26	Family Member employee of Aneurin Bevan Univeristy Health Board (non Director)	NIL
Executive Director of Nursing, Quality, Women and Family Health	**Paul Hooton**	Non Financial Professional Interests	Loyalty Interests	2018	Current	Member of the Royal College of Nursing	25/10/2025 Started with PTHB October 2025

PEOPLE AND CULTURE COMMITTEE

(UN)CONFIRMED MINUTES OF THE MEETING HELD ON 11 JUNE 2026 LOCATION OR HELD VIA MICROSOFT TEAMS

MEMBERS		
Jennifer Owen-Adams	JOA	Independent Member-Third Sector (Chair)
Ian Thomas	IT	Independent Member (Vice Chair)
Cathie Poynton	CP	Independent Member-Trade Union
Chris Walsh	CW	Independent Member-Local Authority
Simon Wright	SW	Independent Member
IN ATTENDANCE		
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Rhiannon Beaumont-Wood	RBW	Independent Member (Board Vice Chair)
Katelyn Falvey	KF	Head of Workforce Transformation Planning & Resourcing
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Vicky Malcomson	VM	Head of People Business Partnering and EDI
Mark McIntyre	MM	Deputy Director of People and Culture
Sarah Powell	SP	Assistant Director of People and Culture
Hayley Thomas	HT	Chief Executive Officer
Debra Wood Lawson	DWL	Executive Director People, Culture and Transformation
Kate Wright	KW	Director of Medical Services
Raychelle Lewis	RL	Business & Governance Officer
APOLOGIES FOR ABSENCE:		
Carl Cooper	CC	PTHB Board Chair
Elaine Lorton	EL	Executive Director of Primary Care, Community & Mental Health
Paul Hooton	PH	Executive Director of Nursing, Quality, Women & Family Health
Pete Hopgood	PH	Executive Director of Finance, Capital & Support Services Deputy Chief Executive Officer

1. PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES FOR ABSENCE (P&C/26/001)
The Chair welcomed everyone to the meeting. Apologies for absence were received as recorded above.

1.2 DECLARATIONS OF INTEREST (P&C/26/002)

IT noted that the Declaration of Interest (DOI) had recently been updated to reflect work with the Family Fund Charity, following reappointment for a further three-year term in mid-May.

No further interests were declared in addition to those already declared within the published register.

2 CONSENT AGENDA BUSINESS (P&C/26/003)

The Chair asked Members if they wished to bring forward any items from the Consent agenda to the main agenda.

No items were requested for inclusion in the main agenda.

3 ITEMS FOR APPROVAL / RATIFICATION

3.1 MINUTES OF THE PREVIOUS MEETING (P&C/26/004)

The minutes of the meeting held on 05 March 2026 were **CONFIRMED** as an accurate record.

3.2 COMMITTEE ACTION LOG (P&C/26/005)

HB presented the action log and advised the Committee that the horizon-scanning action would move from June to September 2026 to allow completion. The strategic risk action remained on track for September, aligned to the wider corporate review, with revised risk descriptions due to Board in July and the updated Committee risk register in September. The Terms of Reference review had been completed and reported to Board in May.

DWL noted that a consolidated horizon-scanning update, including relevant national developments and associated local implications, would be presented to the September meeting. Depending on the level of detail and sensitivity, part of the discussion may need to be held in committee.

The Committee **RECEIVED** the Action Log

3.3 COMMITTEE WORK PROGRAMME 2026/2027 (P&C/26/006)

HB presented the paper and outlined that the annual work programme had been developed in line with the Terms of Reference and relevant Corporate, Strategic and Organisational risks. It was noted that the programme may be adjusted during the year to respond to emerging issues, subject to agreement through the Committee's usual arrangements. It was further noted that it will continue to be monitored through the consent agenda.

The Committee **APPROVED** the Annual Work Programme for 2026/2027

4 ESCALATED ITEMS (P&C/26/007)

There were no escalated items on the agenda.

5 ITEMS FOR ASSURANCE

5.1 DIRECTOR OF PEOPLE AND CULTURE REPORT (P&C/26/008)

DWL presented an update from the report on matters not otherwise covered on the agenda, including national developments. Key themes included:

CM joined: 10:43

- The NHS Staff Survey.

- Staff wellbeing.
- Staff recognition.
- Policy development and Workforce Futures.
- Work with schools and partners to promote careers.
- Resuscitation training.
- Student placements and training backlog reduction.
- The Felindre incident and Health and Safety Executive (HSE) engagement.
- Band 2 to Band 3 implementation.
- National workforce issues, including health visitors, Band 5 to Band 6 work
- CPD and student streamlining.

Independent Members asked the following questions for assurance:
Assurance was sought on what support arrangements there were for working carers and the usability of Electronic Staff Record (ESR), particularly for training-related functions.

DWL noted that the ESR upgrade was expected to address current system issues, although significant local implementation work remained and immediate resolution could not be guaranteed. In the interim, individual support could be provided where required.

SP noted that information on support for working carers is now included in induction, with interim local arrangements in place to identify staff who register this on ESR and provide follow-up information. Partnership work has also been undertaken with external organisations to develop and pilot a working carers programme, which has since been revised in response to feedback and delivered increasingly through virtual formats.

RBW requested further discussion with an appropriate lead to better understand collaboration with schools.

Action: Assistant Director of People & Culture

Clarification was sought on whether the risk to the Health Board could be quantified?

DWL confirmed that the financial risk associated with Workforce Futures and related funding had been quantified and would be reported to Executive colleagues. The Committee was advised that a number of permanent and fixed-term posts were affected and that, if no further funding was secured, decisions may be required on whether to continue or wind down some programmes. It was also noted that efforts were being made to mitigate the impact on staff and organisational liability by redeploying individuals where possible, but that delivery of the Workforce Futures work programme this year could be adversely affected.

Assurance was sought that due diligence had confirmed the most cost-effective approach to resuscitation training, including the value of in-house delivery compared with collaboration?

KW noted that a positive working relationship remained in place with Cwm Taf Morgannwg University Health Board (CTMUHB), but that higher-level resuscitation

training had been brought back in-house to improve sustainability, resilience, and staff familiarity with equipment. Funding for a resource officer had supported this transition, recruitment was underway following a vacancy, and further trainer development formed part of the work plan to support a sustainable in-county service.

Clarity was sought on how much the staff survey response rate had improved from previous years?

DWL noted that staff survey response rate comparisons and scores had previously been circulated and would be recirculated. The Committee were also advised that the coaching resource, which provides individual and group sessions, had been positively evaluated and that charitable funds had agreed to support its continuation beyond the pilot phase.

Are appropriate links in place with council services to support schools and careers collaboration?

DWL confirmed that council services were involved in the school's programme, which promotes careers across the wider public sector rather than solely within the Health Board.

Is assurance available that the Work Wallet system is secure and that appropriate safeguards are in place?

DWL noted that Work Wallet is intended as a repository for documentation rather than a financial tool. The Committee were advised that this forms part of the leadership and management framework and reflects a national expectation, with further work required to determine local implementation in response to the non-regulation of managers in the National Health Service (NHS).

Clarification was sought on the immediate priorities for Welsh language and equality work pending formal feedback from Welsh Government?

It was confirmed that this would be addressed in the Annual Report under a priority area set out later in the report.

The Committee is asked:

- took **ASSURANCE** against delivery of those priorities. The paper also provided an update on any workforce areas identified nationally.
- **RECEIVED** the report as an update on priorities within the Workforce section of the Integrated Plan 2026/27, that are not part of the committee's agenda and took **ASSURANCE** against delivery of those priorities.

5.2 WORKFORCE PERFORMANCE REPORT (P&C/26/009)

MM introduced the paper and outlined key themes from the Workforce Performance Report including:

- Reduced turnover, lower agency use and continued strong statutory and mandatory training compliance.
- Ongoing pressures in absence, sickness, and PADR performance.

- Continued reliance on bank staffing, with a longer-term focus on strengthening the substantive workforce.
- Ageing workforce risks and the need for succession planning, retention, and workforce redesign.
- Further work on establishment growth, long-standing vacancies and variable pay control.

Independent Members asked the following questions for assurance:
Is Powys performing better than the national position on the Recruitment Performance?

MM noted that recruitment performance remained below the national target, as tighter vacancy controls had slowed progress in some areas.

Clarification was sought on retention outcomes for internationally recruited staff, the value achieved through international recruitment, and the nature of the risk identified.

MM noted that recent international recruitment had achieved 100% retention to date, with strong Objective Structured Clinical Examination (OSCE) pass rates, reflecting the value of pastoral and professional support arrangements.

Assurance was sought on whether workforce projections indicate that staff are likely to work for longer, and the implications this may have for supporting an ageing workforce.

Retirement projections are reviewed twice yearly and informed by recent workforce trends, including staff remaining in post for longer, increased return-from-retirement, and limited opportunities for newly qualifying cohorts. DWL noted that the reduction in long-term sickness absence reflected earlier intervention and closer case management for staff absent for four weeks or more. The Committee was advised that this included structured discussions with managers and staff to support return to work, phased return or redeployment where appropriate, and to enable timely employment decisions where a return was unlikely.

Assurance was sought that workforce planning and horizon-scanning arrangements take account of the ageing workforce, including retention, role adaptation, skills development, and knowledge transfer?

MM noted that retention work includes stay conversations to support workforce planning within legal parameters. The Committee was advised that, as more newly qualified staff enter the organisation and more experienced staff leave or retire, transition planning will need to focus on knowledge retention, experience transfer, and appropriate support arrangements.

Assurance was sought on the management of long-term sickness, including pay exhaustion cases and the unchanged overall position.

MM noted that the reduction in long-term sickness absence reflected earlier intervention and closer case management for staff absent for four weeks or more.

The Committee was advised that this included structured discussions with managers and staff to support return to work, phased return or redeployment where appropriate, and to enable timely employment decisions where a return was unlikely.

What analysis is undertaken of persistent red indicators, and what action is taken in response?

MM advised that ongoing triangulation of workforce data is being undertaken to understand persistent areas of concern, including Personal Appraisal and Development Review (PADRs), sickness absence, and vacancies.

The Committee **RECEIVED** the update and took **ASSURANCE** that the organisation continues to collect, analyse and monitor relevant people and culture data.

5.3 THEME 2 – GREAT PLACE TO WORK INCLUDING WORKFORCE RETENTION AND STAFF SURVEY (P&C/26/010)

DWL presented the paper and updated the Committee, noting that the Health Board had completed a nationally required self-assessment on pay grip and control, while the related non-pay assessment had been considered separately through the Audit and Risk Assurance Committee. The assessment covered establishment, vacancies, sickness absence, workforce management, rostering, job planning, temporary staffing, and associated costs. The self-assessment had been evidence-based, resulting in two amber and three green ratings, with improvement actions identified for the amber areas. The completed return had been submitted to Welsh Government (WG), and, to date, no concerns had been raised through national escalation discussions.

Independent Members asked the following questions for assurance:
Clarification was sought on the reference to job planning for Allied Health Professionals (AHP) and nursing roles, including its intended purpose and the anticipated impact on the amber rating.

CM noted that job planning for AHP and Healthcare science roles was being progressed as part of the efficiency programme to support demand and capacity planning by clarifying available clinical and management capacity. Robust arrangements were already in place in areas where this work was most advanced, with a systematic roll-out planned across the wider service.

The Committee:

- **RECEIVED** the report taking **ASSURANCE** that controls are in place across workforce areas, with clear governance, active oversight, and targeted grip in higher risk areas

5.4 THEME 1 – STAFF HEALTH AND WELLBEING (P&C/26/011)

SP provided the Committee with an update against the Integrated Plan for the Employee Health and Wellbeing priority. The key themes discussed included:

- **Wellbeing and staff engagement:** Positive feedback was received from wellbeing roadshows, with follow-up action planned to strengthen future health check provision and refresh wellbeing priorities in response to staff survey

findings, Health Education and Improvement Wales (HEIW) feedback and stay interviews.
- **Leadership development and culture:** Reverse mentoring and the renamed Compassionate Leadership programme continued to support leadership development across health, social care, and primary care, with further roll-out planned following positive feedback.
- **Support for working carers:** Work continued through partnership arrangements, an online network and improved access to information to strengthen support for staff with caring responsibilities.

SW joined: 11:48

- **Attendance management and Occupational Health:** Targeted attendance management had contributed to improvements in some sickness areas, while continued development of the OPUS G2 dashboard was supporting greater oversight of referrals, demand, and emerging trends.
- **Employee support and next steps:** Viva and wider digital wellbeing support continued to provide counselling, self-help resources, and access to support, with priorities for 2026/27 to be brought back through the integrated plan.

Independent Members asked the following questions for assurance:
Assurance was sought on the identification and monitoring of high-risk services and the triggers for targeted intervention?

SP noted that high-risk services were currently identified through triangulation of sickness data, PADRs, grievances and staff survey findings, and that work was underway to develop a more formalised framework for this process.

How is the organisation assuring itself that staff physical health and wellbeing needs are being supported alongside mental wellbeing?

SP informed members that the Physical wellbeing support included leisure and active wellbeing offers, menopause and dietary support, sleep wellbeing advice, Healthy Working Wales initiatives, and arts-based wellbeing work, with a further update to be brought back to Committee.

Action: Assistant Director of People & Culture, OD & Wellbeing

What percentage of available Occupational Health appointments were missed through Did Not Attends (DNAs), and how significant is this issue in terms of lost clinical time?

SP confirmed the DNA rate had reduced following changes to the booking process, with staff now asked to actively book appointments after multiple reminders. This was expected to improve attendance and reduce lost clinical time, although the exact percentage was not available. A short narrative would be added next time to the report.

Action: Assistant Director of People & Culture

CM clarified that the terminology around arts-based noting that "art therapy" is a protected title and should only be used where appropriately registered professionals are involved.

The Committee:

- **REVIEWED** the information provided in the update;
- took **ASSURANCE** of delivery against the plan.

5.5 THEME 3 – WORKFORCE SUSTAINABILITY AND TRANSFORMATION (P&C/26/012)

KF presented the paper and updated the Committee on workforce transformation and sustainability, noting progress in international recruitment, bank workforce growth, vacancy control, job description standardisation, and internal workforce pipelines. Assurance was provided that these initiatives were supporting workforce resilience, reducing reliance on agency staffing, strengthening financial grip and control, and improving future workforce planning. Key themes highlighted were:

- **International recruitment:** Internationally educated nurses and medical staff continued to support workforce stability, with strong OSCE outcomes, retention and pastoral support arrangements noted.
- **Bank workforce development:** Growth and improved management of the staff bank supported reduced agency reliance and better control of quality, cost, and deployment.
- **Vacancy control and financial grip:** Enhanced vacancy scrutiny was helping to ensure recruitment was justified, affordable and aligned to service need.
- **Establishment review:** Long-standing vacancies were being reviewed to understand whether posts remained required within future workforce models.
- **Job description standardisation:** Progress was being made on national job description templates and local libraries, with further work planned across staffing groups.
- **Grow Our Own workforce pipeline:** The Aspiring Nurse Programme was highlighted as a key supply route, with the largest cohort of newly qualified nurses expected to join the organisation.
- **Careers and education pipeline:** The Academy Careers and Education Enterprise Scheme (ACEEs) programme had reached over 5,000 learners and supported bilingual, partnership-led workforce engagement across Powys.
- **Programme risks:** Short-term funding, workforce capacity, and the need for improved tracking of learner outcomes into employment were noted as key risks.
- **Future focus:** The next phase would move from short-term grip and control towards evidence-led, sustainable workforce planning linked to financial recovery, service redesign, and transformation.

Independent Members asked the following questions for assurance:
Are we engaging with non-school education settings to support inclusion in the ACEEs programme?

SP highlighted that The ACEEs programme was already engaging Additional Learning Needs (ALN) settings and was exploring wider inclusion with council education colleagues, including home-educated pupils and young people leaving care. However, this needed to be balanced against Regional Integration Fund (RIF) exit planning and uncertainty around future resource.

How is assurance provided that internationally recruited staff receive appropriate support beyond OSCE completion and are there any Powys-specific risks arising from nationally agreed job profiles?

KF confirmed that internationally recruited nurses were supported through the organisation's preceptorship programme, with an additional module for international recruits. Pre-arrival support was provided to ward teams to build shared understanding of cultural differences, and each recruit was allocated a workplace buddy. Positive feedback had been received from both international recruits and ward staff, while recognising that further support and ideas would continue to be welcomed.

KW noted that Overseas medical recruits, including in mental health, were supported through close mentorship arrangements. Assurance was provided that the recruitment process identified strong similarities between systems, and that recruits had joined with considerable experience and were integrating well.

HT updated the Committee that international recruitment was recognised as essential to maintaining workforce stability and avoiding service fragility. The need for clear and positive messaging was noted, to ensure the value and contribution of international nurses is understood and appropriately communicated

VM noted that National job descriptions were reviewed locally with services and staff side to assess their relevance to Powys and manage any local risks.

Assurance was sought that workforce pipeline and grow-your-own approaches include non-clinical roles?

DWL noted The ACEEs programme was confirmed to cover all roles and career pathways, not just clinical posts. However, due to uncertainty around future funding, the focus may shift from expanding the programme to planning how it may need to be wound down.

SW highlighted the need to strengthen reporting on the outcomes and impacts of establishment reviews, particularly where posts may be removed or reshaped. The importance of workforce pipeline programmes in Powys' rural context was emphasised, with a suggestion that risks to ongoing funding should be raised with Welsh Government.

Assurance was provided that the Aspiring Nurse Programme had received continued funding support from HEIW?

KF noted the Aspiring Nurse Programme had received written assurance from HEIW that funding would continue, although this remained subject to annual budget approval. The programme was recognised as a distinctive Powys approach to nurse commissioning and workforce supply.

Assurance was sought on the impact of the 36 newly qualifying nurses on agency and bank use, including the number qualifying in mental health and the Aspiring Nurse Programme retention rate.

KF confirmed that the 36 newly qualified nurses were from a mix of internal routes, including the full-time Aspiring Nurse Programme and part-time flexible programmes. It was noted that patient feedback on internationally educated nurses may have been received but would need to be confirmed, and there were no current concerns regarding visa changes.

MM noted that the Workforce plans identify supply gaps and prioritise deployment of newly qualified staff to areas with high agency use, while ensuring appropriate support is available for their first registered role. This approach supports both professional development and financial risk reduction.

The Committee:
RECEIVED the information and
took **ASSURANCE** Workforce Transformation and Sustainability of the Workforce actions have been implemented.

5.6 EQUALITY, DIVERSITY, AND INCLUSION (EDI) ANNUAL REPORT (P&C/26/013)

VM presented the paper outlining the key themes from the Equality, Diversity, and Inclusion Annual Report, noting improved maturity in reporting, stronger integration of anti-racism action planning, and clearer use of workforce data. Progress was highlighted in ethnicity pay reporting, accessibility improvements, digital inclusion, disability accreditation, and engagement with minority staff networks.

- **Improved reporting maturity:** The report now embedded data and action plan updates within the main narrative rather than appendices.
- **Anti-racism action plan:** Ethnicity pay reporting was included, and qualitative interviews with minority staff groups had begun.
- **Workforce diversity:** A slight increase in ethnic diversity was noted, mainly linked to internationally educated nurses at Band 5.
- **Gender pay gap:** The reported gap had increased, likely influenced by workforce distribution changes, particularly fewer men in Band 2 roles.
- **Accessibility and inclusion:** Progress included expanded use of Convo, digital systems such as Attend Anywhere and BadgerNet, and review of patient documentation for accessibility and Welsh language compliance.
- **Disability inclusion:** The organisation had achieved Disability Confident Level 2 and was aiming for Level 3, while recognising estates-related challenges in making reasonable adjustments.
- **Staff networks and allyship:** Further work was planned with the BME network, including qualitative engagement to understand lived experience and support allyship.
- **Future priorities:** Planned work included reviewing toilet and changing facilities, progressing accessibility standards, strengthening network representation, and continuing EDI maturity work.

Independent Members asked the following questions for assurance:
How is assurance provided that allyship is being promoted to support inclusion and organisational maturity?

VM confirmed that a deep dive into Race Equality Employment Standard (REES) findings had been undertaken, but low staff numbers made it difficult to identify

clear themes. Further qualitative work with staff networks and minority staff groups was planned to better understand lived experience and identify how allyship and inclusion could be strengthened.

CP highlighted to the Committee that progress was being made to support disabled staff, but estates-related limitations were creating challenges, particularly for staff with physical disabilities and an ageing workforce. Work was underway to strengthen the approach to reasonable adjustments and ensure the right colleagues are involved in resolving issues. VM noted that Work was underway to strengthen the framework for reasonable adjustments, ensuring the right colleagues are involved at the right time to support decision-making and enable appropriate adjustments for staff.

The Committee:

- **RECOMMENDED** approval of the Equality Annual Report 2025–26 to the PTHB Board.
- took **ASSURANCE** from the progress made against the Strategic Equality Plan.

5.7 WELSH LANGUAGE ANNUAL REPORT (P&C/26/014)

VM updated the Committee on the Welsh Language Annual Report highlighting progress against statutory duties, including the Welsh Language Standards, More Than Just Words framework and Welsh in Healthcare Strategy.

Key achievements included completion of the telephony upgrade and call routing, a third consecutive year of increased Welsh language training uptake, and the introduction of AI tools to support translation and broaden the range of translated materials, contributing to an overall increase of around 6%.

Key challenges included a 12% drop in Welsh Language Awareness Training compliance, likely linked to renewal cycles, and continued low assessment of Welsh language requirements in vacancies, although this had increased to 7% and was now built into the establishment and vacancy control process. Work was also underway with Welsh language service leads to strengthen future operating arrangements.

Independent Members asked the following questions for assurance:
Assurance was sought on how staff were being proactively encouraged and supported to develop Welsh language skills.
VM noted that Staff were regularly encouraged to undertake Welsh language training, with targeted contact made to individuals based on their current level to promote progression to the next level. However, it was noted that this was not currently focused specifically on staff at the lowest skill levels.

DWL noted that the EDI and Welsh Language teams delivered a wide range of proactive work despite limited capacity, with significant reach across the organisation. It was noted that the work compared positively with similar teams elsewhere, while recognising the need to balance ambition with available resources and respond to increasing national expectations, particularly around workforce race equality.

How is the organisation providing leadership to normalise Welsh language use and build staff confidence to use their skills in practice?

VM noted the organisation was reviewing the Welsh Language Service Leads group to ensure the right people were involved and to strengthen confidence across the organisation in using and promoting Welsh language skills.

The Committee:

- **RECOMMENDED** approval of the Annual Welsh Language Standards Monitoring Report 2025–26 to the PTHB Board.
- took **ASSURANCE** from the progress made against the Plan.

5.8 PRIMARY AND COMMUNITY CARE ACADEMY (P&C/26/015)

The chair confirmed that The Primary and Community Care Academy item would be deferred to the September Committee to allow sufficient time for discussion.

5.9 COMMITTEE RISK REGISTER (P&C/26/016)

HB informed the Committee that the strategic workforce risk was in the process of being updated as part of the wider strategic risk review. The current position remained unchanged from that previously presented to Board, with no material differences identified and a good level of assurance reported against existing controls.

It was agreed that the risks relating to Workforce Futures and RIF funding would be covered through the strategic risk register and highlighted in the Chair's report to Board to ensure wider awareness.

The Committee:

- **RECEIVED** the corporate risks within the Committee's remit;
- **DISCUSSED** any relevant issues; and
- took **ASSURANCE** that risks are being managed in line with the Risk Management Framework.

6 ITEMS FOR DISCUSSION

There are no items for inclusion within this section

7 CONSENT AGENDA

The reports below were taken under the Consent Agenda and recommendations supported:

- **FOR INFORMATION:** 7.1 Anti Racism Plan
- **FOR APPROVAL:** 7.2 Committee Annual Report 2025/2026
- **FOR INFORMATION:** 7.3 PTHB Glossary

8 OTHER MATTERS

8.1 ANY OTHER BUSINESS (P&C/26/017)

No other business was raised.

7.2 COMMITTEE REFLECTIONS (P&C/26/018)

The following feedback was noted:

- That agile agenda management enabled appropriate scrutiny of key items, particularly the annual reports, with future timings to be reviewed to support proportionate discussion.
- That the Committee was chaired very well.

• Noted the progress made and encouraged further focus on demonstrating impact and outcomes as the work continues to mature.
7.3 DATE OF NEXT MEETING (P&C/26/001)
Date of the next meeting: 08 September 2026 at 10:00 via Microsoft Teams

Meeting closed at 13:01

Raychelle Lewis
RAG Status:

At risk	Red - action date passed or revised date needed
On track	Yellow - action on target to be completed by agreed/revised date
Completed	Green - action complete
No longer needed	Blue - action to be removed and/or replaced by new action
Transferred	Grey - Transferred to another group

Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original target date	Revised Target Date	RAG status
PEOPLE AND CULTURE COMMITTEE 2026/2027								
OPEN ACTIONS FOR REVIEW -(08.09.2026)								
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE OR ARE ONGOING - (08.09.2026)								
05/03/2026	(P&C/25/070)	DW-L/HB	Committee Risk Register	Review of Risk descriptor (Risk 006)	**Update:11.06.2026** - This action will be taken into consideration when we undertake the annual review the Strategic Risk Register in Q1 of 2025/2026, with a revised register due to the be reported through to the Board for endorsement in July 2026. **Update: 08.09.2026** - the review of strategic risks is nearing completion but not yet ready to report. The updated risk will be reported to the next committee in December 2026. Date change requested.	Jun-26	Dec-26	At risk
ACTIONS RECOMMENDED FOR CLOSURE (08.09.2026)								
11/06/2026	P&C/26/011	SP	Theme 1 - Staff Health and Wellbeing	Further update to Committee on Physical wellbeing support and art based wellbeing work	**08.09.2026 Update:**Arts-Based Wellbeing Coming to Our Senses is a creative face to face wellbeing offer that been rolled out across each Health Board, funded by the Arts council and Powys Charity. A pilot will be held in the Autumn, using arts and sensory-based mindfulness activities to support staff wellbeing, resilience and connection. The pilot is coordinated by LB PTHB Arts in Health Co-ordinator and provides opportunities for staff to pause, reflect and engage in creative experiences that support mental and emotional wellbeing. Physical Wellbeing: Staff continue to have access to a range of physical wellbeing initiatives including Wellbeing at Work breaks, the Cycle to Work scheme, discounted leisure centre membership, Occupational Health support, flu vaccination programmes and local wellbeing hub resources. These initiatives promote healthier lifestyles, physical activity and preventative wellbeing across the workforce. Link to intranet pages: PTHB Connect - Wellbeing - Physical. Action recommended for closure.		Sep-26	Completed
11/06/2026	P&C/26/008	SP	Director of People and Culture Report	Further discussion required with Vice Chair in relation to collaboration with schools	**08.09.2026 Update:** Meeting arranged with VC/SP 17 August 2026**.** Action recommended for closure.		Sep-26	Completed
05/03/2026	(P&C/25/064)	DW-L	Director of People and Culture Report	Horizon Scanning of potential upcoming workforce issue from other Health Boards to be included in future Committee discussions	**11.06.2026 Update** - Request to defer to September Committee to ensure full scanning of information to be undertaken and provided. **08.09.2026 Update** - Horizon Scanning on September Committee**.** Action recommended for closure.	Jun-26	Sep-26	Completed

11/06/2026	P&C/26/011	SP	Theme 1 - Staff Health and Wellbeing	Short narrative to be added to report next time on DNA and percentages	**08.09.2026 Update:**Arts-Based A pilot will be held in the Autumn, using arts and sensory-based mindfulness activities to support staff wellbeing, resilience and connection. Physical Wellbeing: Staff continue to have access to a range of physical wellbeing initiatives including Wellbeing at Work breaks, the Cycle to Work scheme, discounted leisure centre membership, Occupational Health support, flu vaccination programmes and local wellbeing hub resources. Full narrative will be included in next report. Action recommended for closure.		Sep-26	Completed
CLOSED ACTIONS								Date closed

People and Culture Committee
08 September 2026
‘A Great Place to Work’

PEOPLE AND CULTURE COMMITTEE – 08 SEPTEMBER 2026	Agenda Item 5.1
Subject:	Update against the 'Workforce Futures' priority in the integrated plan. **Strategic Priority 11: A Great Place to Work**
Approved and Presented by:	Debra Wood-Lawson, Executive Director for People, Culture and Transformation
Author:	Head of Organisational Development Assistant Director for People and Culture
Purpose:	This presentation is to provide an assurance update against the Integrated plan for the 'Great Place to Work priority.
Recommendations:	The Committee is asked to: • **REVIEW** the information provided in the update; • Take **ASSURANCE** of delivery against the plan.
Executive Summary:	Updates are provided to Workforce and Culture Committee for assurance against delivery within the integrated plan. The information in the slide deck has been developed to provide a detailed update against the 'Great Place to Work' priority.

Key Areas of Delivery

Key Areas of Delivery	*Key Milestones and Deliverables*	*Timescale*
Staff Survey	• Complete analysis of staff survey results and develop an action plan addressing key themes and hotspot areas	Q1
	• Develop and implement targeted interventions addressing the top organisational staff experience priorities	Q1
	• Publish 'You Said, We Did' communications and update to demonstrate organisational action and progress	Q1-Q3
	• Implement a staff engagement and communications campaign to promote participation in the National Staff Survey	Q2-Q3
	• Targeted engagement and improvement support to 100% of identified hotspot services within 3 months of survey results	Q2-Q4
Workforce Retention	• Implement a standardised exit and early-tenure stay interview approach, with consistent data capture and reporting to identify retention risks and themes for staff with two years' service or less	Q1-Q4
	• Use insights from exit and stay data to design and deliver targeted early-career retention interventions, supported by strengthened line manager capability and governance	Q1-Q4
	• Implement organisation-wide staff recognition framework	Q1-Q4
Leadership capability and development	• Continue roll out Tier 1 & 2 Clinical Leadership Immersive Programme	Q1-Q4
	• Review leadership and management offer against the national Leadership and Management Competency framework	Q2-Q3
	• Develop and pilot a CLIP Tier 3 Programme	Q2-Q4
Core training	• Embed role-essential training requirements into ESR to enable a strategic, standardised approach to workforce capability assurance and compliance monitoring	Q1
	• Implementation of a health board governance approach to agree statutory and mandatory training requirements	Q2
	• Embed the national Continued Professional Development arrangements and monitoring requirements	Q2-Q4

NHS Staff Survey 2025

After the successful results of the NHS Staff Survey 2025 - PTHB received **916** responses, representing **34.7%** of staff - a higher response number and rate than previous years.

In March and April 2026, we ran a series of **'You said, We did'** communications. This included providing information, signposting and resources for key areas such as: **Wellbeing, Burnout, EDI, Speaking Up Safely, Work Pressures, and more.**

Further to this, key interventions have been put in place:

- Dedicated support has been offered to 3 service areas with lowest results
- An organisation-wide action plan has been introduced. Actions within this include:

- The integration of burnout/workload scenarios into the PTHB Managers Programme
- The development of a Wellbeing Risk Framework
- The inclusion of a violence and aggression support and signposting leaflet with all violence and aggression datix reports.

The NHS Wales Staff Survey is an annual survey, the 2026 version will be open for **8 weeks during October and November 2026.**

Workforce Retention

Standardised Exit & Early Tenure Say Conversation Approach

The Health Board has continued to implement the dedicated **Leavers Toolkit and Exit Interview** process to better understand the reasons why employees choose to leave the organisation. Information gathered through this process is reviewed quarterly by the People and Culture Business Partnering Team to identify themes, trends and any actions required to improve employee experience and retention. Of those who have indicated they are leaving the health board completely, a **30%** completion rate has been achieved to date **this financial year**.

Using Insights from Exit Conversations

Insights from the Leavers Dashboard are reviewed quarterly and used to inform **targeted follow-up discussions with services** and, where appropriate and agreed, with individual employees. This helps to raise awareness of any emerging issues and identify areas requiring further support.

As completion rates improve, the dashboard will provide increasingly robust intelligence to identify trends and enable a more strategic approach to interventions.

Emerging Themes 2025 – Q1 2026

Across all responses, overall responses remain predominantly positive across most statements. The areas where more than **20% of the respondents answered negatively** were:

- I look forward to going to work
- Sufficient opportunities for personal development

Neutral responses may be masking stronger views; A number of questions received neutral responses from 20% or more of respondents, which may indicate uncertainty or mixed experiences. These included

- Sufficient opportunities for personal development
- Health Board valued my work
- Skills and knowledge were effectively used
- Work-life balance was practiced and promoted

For those employees who have left within **2 years of joining the health board**, the areas identified that were answered the least positively (20% or more answered negatively)related to:

- Worklife balance was practiced and promoted
- My skills and Knowledge effectively used
- I was often enthusiastic about my job
- I look forward to going to work

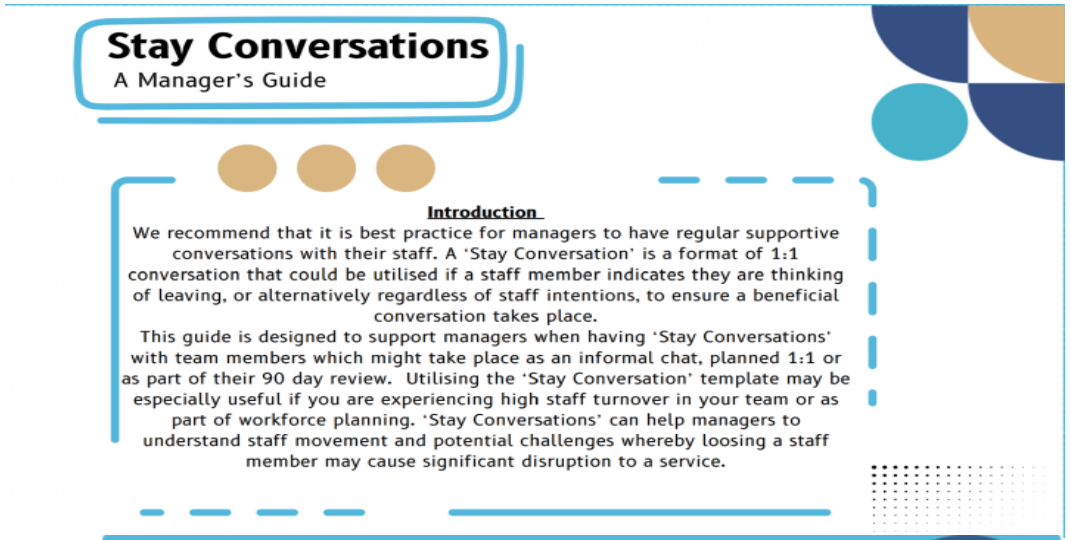
Workforce Retention

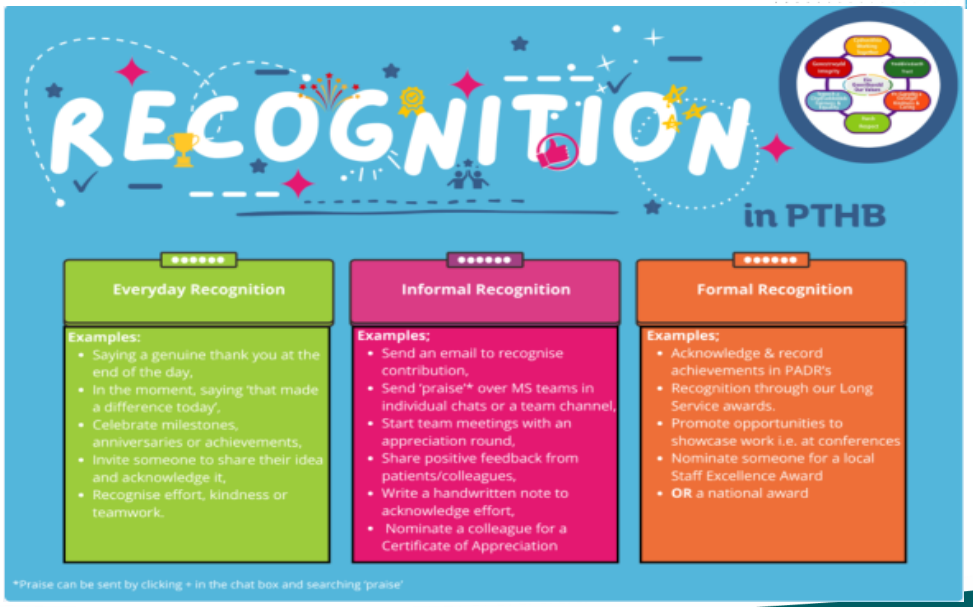
- As part of the meaningful conversation framework for managers and staff, a **Stay Conversation Guide and Template** has also been introduced. This supports proactive discussions with employees about their experience, engagement and future aspirations.

- We have also included as part of the meaningful conversation framework, signposting to the **national Career Conversation Template** to facilitate development and career planning discussions, providing managers with the guidance and tools to help support retention and career progression within the Health Board.

- The health board **staff recognition framework** has been recently updated and included as part of our staff recognition pages. To support this, the current staff recognition and long service awards policy is currently under review.

- We continue to promote the use of the **flexible working** toolkit and ensure staff are sighted on the process. Further work is required to increase completion rates on ESR to help us better understand how this is being utilised in practice.





Leadership Capability and Development

Roll out of Stage* 1 and 2 the CLIP Programme

CLIP Stage 1 has been integrated into the preceptorship programmes core offering, focussing on Clinical Leadership Voice, Responsibility for Speaking up, creating Psychologically safe working environments, and solving a small puzzle they have in their clinical area.
One aspiring nurse participant integrated a change to night shift huddle on the ward which the team reflected changed the mood for the whole shift and has since been continued.

CLIP Stage 2 continues to be delivered on a monthly basis for health board and social care registrants. Courses are generally filled quickly with an extra course being made available in the north of the county to ensure access to northern colleagues and future foundation principles.
The end of course evaluations for CLIP stage 2 continues to be high (All attendees (May-July 2026) stating it met or exceeded expectations, n=24). Presentations to complete the course continues to be well supported and continues to be "a valuable part of the reflective process" [HEIW participant reflection in June].

"It has made me reflect on me as a person personally and professionally. Great way of learning - practically and reflectively."

"Very well thought out, interactive course. It has certainly made me reflect and think about my own practice and what needs to change. Really helpful to feed into PADR. Great to come away with a toolkit to use and to have met new people from across the HB."

CLIP Stage 3 in currently being developed, conversations with Executives over the next month to gain thoughts on training need and course content for those within the target audience (B8A+). Pilot cohort expected in the Autumn.

April – July Attendances	Bronllys	Newtown	Llandrindod	Quarter Total
CLIP Stage 1	9	0	21	30
CLIP Stage 2	12	15	September (12 signed up)	27+

Leadership and Management Framework Mapping

Through the Mid Wales collaborative arrangements, Powys, Hywel Dda and Betsi Cadwaladr University Health Boards have collectively mapped existing leadership and management development provision, participated in testing self-assessment tools and provided feedback to HEIW to inform implementation planning. The Mid Wales collaboration will continue to share learning and best practice across the three Health Boards, identify opportunities for regional alignment, collaboration and supporting implementation of the framework in a way that maximises consistency and management capability across the region.

- **CLIP Stage 1**
- **CLIP Stage 2**
- **Fundamentals of Coaching Conversations**

- **PTHB Managers Program [to be mapped on completion of the refreshed approach]**

Further meetings with others in the Mid Wales partnership group are planned in the coming months to support the role out of the framework and identify opportunities for joint delivery.

**** Stage – language realigned to Leadership and management competency framework from Tier***

Core Training

Role Essential Training on ESR

Uploaded into ESR	
Ligature Reduction Awareness	85.42%
Safe Use of Ligature Cutters	87.23%
Bladder Scanning	0.00%
Catheter	34.69%
Bowel Management (DRE)	14.29%
Decision Making and Consent in Wales	95.58%
Duty of Candour	80.69%
Sepsis (RRAILS)	83.80%
Healthy Start	13.48%
Dementia	83.44%
ANTT	86.44%
Hand Arm Vibration (HAVs)	0.00%
Asbestos Awareness	0.00%
Preventing Falls and Management - Part A	85.93%
Preventing Falls and Management - Part B	84.01%
Food Hygiene	8.62%

Still to Upload	
PREVENT	HAVS managers Training
MARRS	Authorised Person MPGS, LV, Ventilation & Decontamination
Ultrasound for Midwives - Theory & Update	Competent Person LV (Electrical) & Ventilation
Basic Radiation Safety	Responsible Person Waters
Trophon & Tristle (Decontamination)	IEE Wiring regulations
BOC - Liquid Nitrogen/ Cryogenic - Safe Use & Storage	Detergent - Toolbox Talk
Food Hygiene	Supervision Safeguarding
MICAD	HAVS managers Training
Manifold	
Medical Gases	
Non-Licensed Asbestos Training	
Plasma Training	
First Aid at Work - level 3	
IOSH Managing Safety	

Statutory and Mandatory Training

HEIW have committed to developing a national approach to reviewing Statutory and Mandatory Training and creating a governance route for new courses to be added to the list. An internal approach will be developed from this to ensure that informed decisions are made about the addition of new Statutory, Mandatory and Role Essential courses

National Agreement on Protected CPD

An interim agreement has been made that includes core e-learning statutory and mandatory training modules within the annual, protected 52 hours of CPD. No clarification has been provided about the status of the higher-level courses required of many staff that are also defined as statutory and mandatory training.

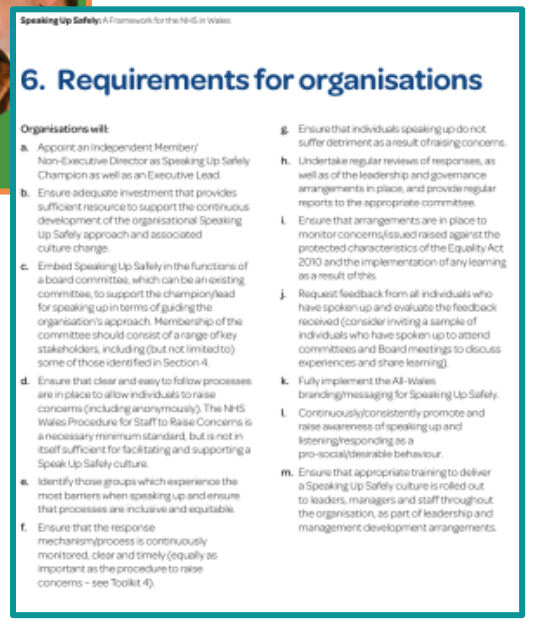
People and Culture Committee
08 September 2026
Speaking Up Safely

PEOPLE AND CULTURE COMMITTEE – 08 SEPTEMBER 2026	Agenda Item 5.2
Subject:	Annual Speaking Up Safely Report
Approved and Presented by:	Debra Wood-Lawson, Executive Director of People, Culture and Transformation
Author:	Head of Organisational Development Deputy Director for People and Culture
Purpose:	This presentation is to provide an assurance update against the Integrated plan for the 'Great Place to Work priority.
Recommendations:	The Committee is asked to: • **REVIEW** the information provided in the update; • Take **ASSURANCE** of delivery against the plan.
Executive Summary:	Updates are provided to Workforce and Culture Committee for assurance against delivery within the integrated plan. The information in the slide deck has been developed to provide a detailed update against the Speaking Up Safely Framework Implementation.

Background

Origin and Initial Action

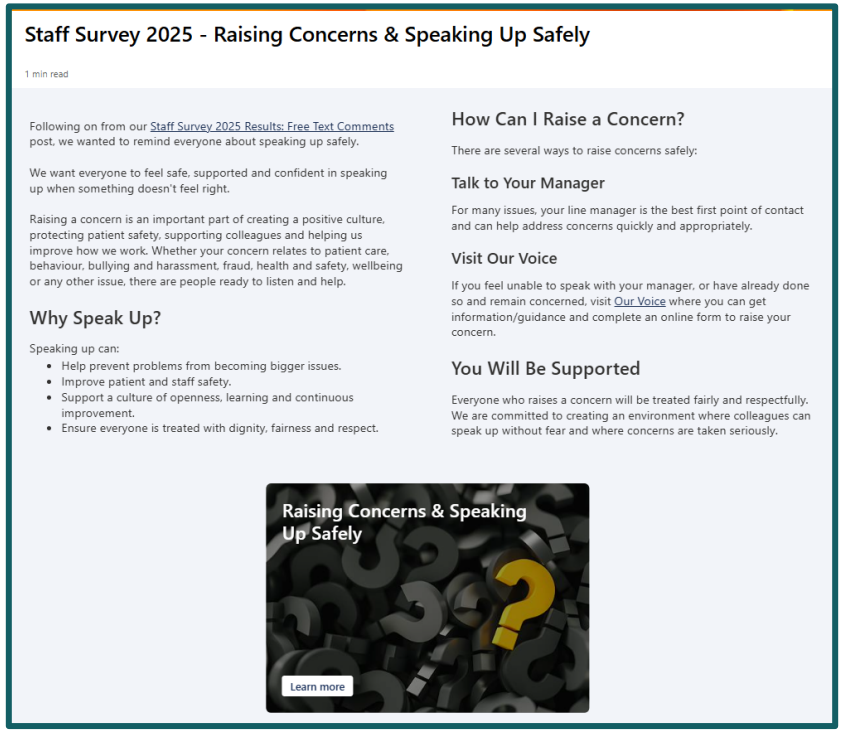
- Speaking Up Safely – A Framework for the NHS in Wales (SUS Framework) was published in September 2023 with Welsh Health Circular 2023/036 placing a requirement on NHS organisations to undertake a self-assessment against Section 6 of the document and provide an action plan to overcome any gaps.
- PTHB's plan was submitted to Welsh Government by the October 2023 deadline, this included the formation of a strategic working group to ensure that the plan was implemented. The group met monthly.
- In October 2024, a closure report was provided to Board in October 2024 assuring that specific actions within the plan had been completed, and actions that were ongoing (such as the development of a culture) would be transferred to business as usual.
- The SUS Steering Group, specifically set up to manage the action plan, was redesigned into a Working Group that would continue to meet and monitor developments against ongoing actions. This group meets quarterly.
- Most Health Boards have undergone an Internal Audit with most receiving a Limited Assurance rating. Specific key findings were around training, communications and tracking the resolution of concerns made.



Background

Approach

- PTHB's approach to speaking up is for staff to utilise existing mechanisms to raise issues and concerns. These include DATIX, HR processes such as the Respect and Resolution approach and Safeguarding.
- Where staff have not been able to find an appropriate resolution to their needs, they can utilise the formal process to raise concerns through an MS Form, or a phone number. These elements are currently managed by VIVUP who then feed concerns raised through to the Organisational Development team.
- To support staff being able to find the right information, a SharePoint portal was created called 'Our Voice' this receives an average of 30 visits a month
- This is support through regular communications in the Team Focus monthly cascade, CEO briefings and staff survey outcomes.



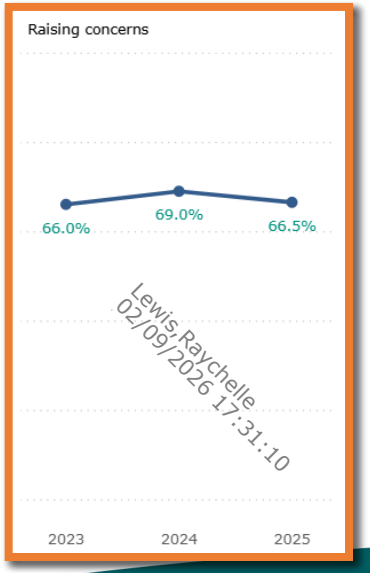
- Remember that support is available to Speak Up Safely in PTHB. Our Speaking Up Safely page includes useful guidance as well as information about how to get independent support from VIVUP using an anonymous online form or by ringing 0330 127 0504.

Our Voice
Ein Llais

- Cofiwch fod cefnogaeth ar gael i Godi Llais Heb Ofn yn BIAP. Mae ein tudalen Siarad yn Ddiogel yn cynnwys canllawiau defnyddiol yn ogystal â gwybodaeth am sut i gael cefnogaeth annibynnol gan VIVUP gan ddefnyddio ffurflen ar-lein ddienw neu drwy ffonio 0330 127 0504.

NHS Staff Survey 2025

The 2025 national Staff survey returned a 34.7% response rate (916 responses) for PTHB with an Engagement Index score of 74.4%. Questions relating to speaking up decline from 2024 returning to the 2023 level. The greatest reduction in scores related to whether staff felt safe to speak up about anything that concerned them. Positively, there continues to be an increase in scores around staff confidence in raising concerns about unsafe clinical practice. All scores are higher than the all-Wales benchmark.



Question	Year	Positive responses (%)	Annual trend	Benchmark	Variance	Negative responses (%)	Benchmark
14i) I would feel secure raising concerns about unsafe clinical practice.	2023	74.6%		73.6%	▲ 0.97 pp	5.8%	9.3%
	2024	78.5%	▲ 3.86 pp	74.2%	▲ 4.25 pp	5.8%	10.5%
	2025	79.1%	▲ 0.60 pp	74.8%	▲ 4.26 pp	7.4%	10.4%
14j) I would feel secure raising concerns about unethical behaviour.	2023	80.2%		76.4%	▲ 3.81 pp	7.4%	10.5%
	2024	82.5%	▲ 2.30 pp	74.9%	▲ 7.60 pp	6.9%	12.2%
	2025	80.1%	▼ -2.40 pp	75.0%	▲ 5.13 pp	8.9%	11.9%
14k) I am confident my organisation would address my concern.	2023	58.2%		50.6%	▲ 7.60 pp	14.6%	19.1%
	2024	62.1%	▲ 3.88 pp	52.5%	▲ 9.52 pp	14.7%	21.2%
	2025	59.0%	▼ -3.10 pp	52.2%	▲ 6.79 pp	16.6%	21.0%
17d) I feel safe to speak up about anything that concerns me in this organisation.	2023	64.9%		55.2%	▲ 9.72 pp	12.8%	19.7%
	2024	68.9%	▲ 3.97 pp	57.8%	▲ 11.03 pp	12.6%	19.5%
	2025	63.6%	▼ -5.26 pp	56.7%	▲ 6.85 pp	14.0%	19.7%
17e) If I spoke up about something that concerned me, I am confident my organisation would address my concern.	2023	52.2%		39.1%	▲ 13.07 pp	17.9%	24.8%
	2024	52.9%	▲ 0.74 pp	42.8%	▲ 10.06 pp	18.1%	25.5%
	2025	50.7%	▼ -2.19 pp	42.4%	▲ 8.34 pp	19.5%	26.1%

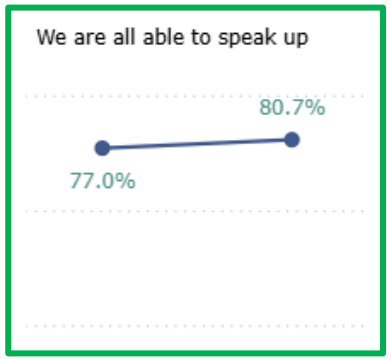
Whilst we have reasonably positive staff survey data on our speak up culture, it is significantly challenging to really understand how staff are feeling on this topic.

NHS Staff Survey 2025 – Staff Groups

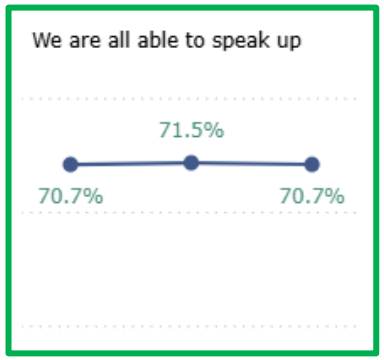
Speaking Up Safely theme displayed for each staff group. Those with Orange borders show a 2025 result as lower than PTHBs, with Green equal to, or higher. Scores numbers written in Red indicate that it is lower than the national benchmark (health boards)

PTHB

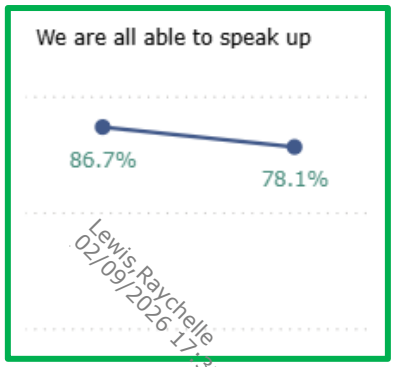
Prof, Scientific and Tech



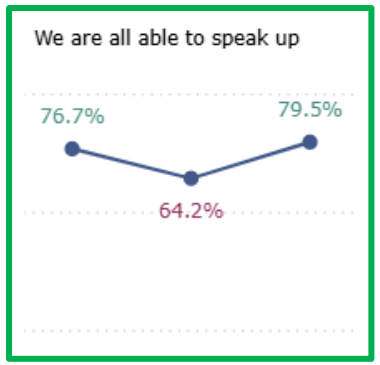
Admin and Clerical



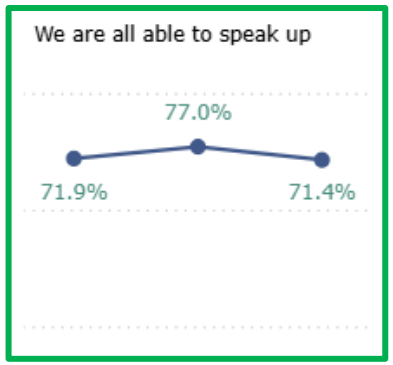
Health Science Professionals



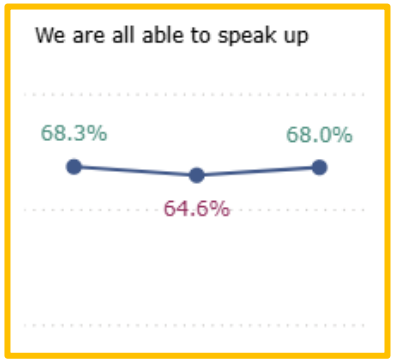
Medical and Dental



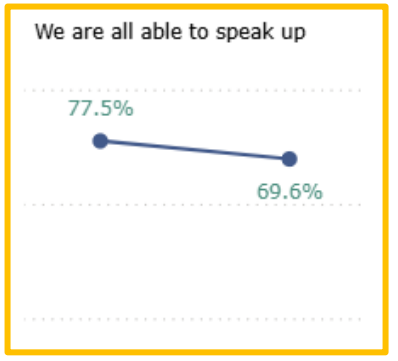
Nursing and Midwifery

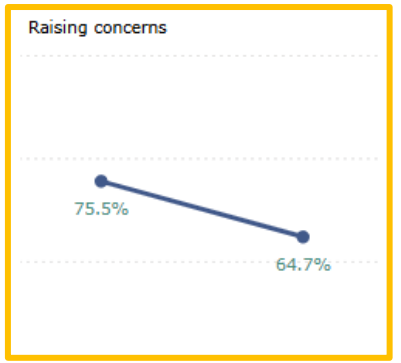


Additional Clinical

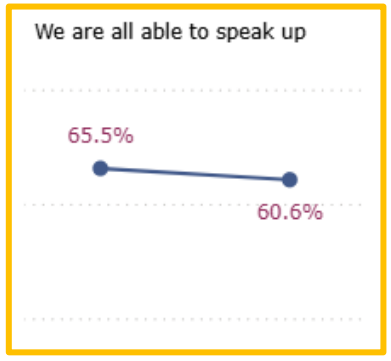


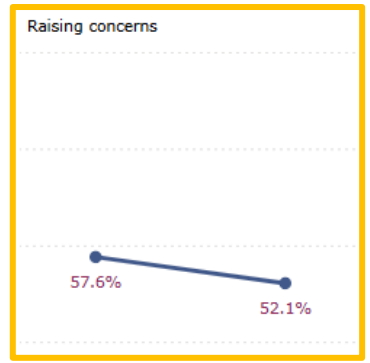
AHPs





Estates and Ancillary





Ways to Speak Up – The Data

Our Voice Portal – VIVUP

The portal directs staff to the VIVUP form and phone number if they wish to raise a concern (which can be anonymous). The data below shows the concerns and types from July 2025 to July 2026.

Type of Concern	Number
Work Environment	<5
Workload	<5
Sexual Safety	<5
Fraud	<5
Professional Conduct	<5
Respect and Resolution	<5
Total	**Less than 10**

Any concerns raise through this route are normally passed to the relevant service manager within 24 hours of receipt.

All concerns raised were low-level issues which could be resolved locally.

A pattern of low-level concerns was identified in one team. Individual issues raised didn't pose great concern, but when combined triggered a request to service managers to investigate it further.

Employment Relations Concerns

Between 1 July 2025 and 30 June 2026, eight employees used the Respect & Resolution process to raise issues, concerns or complaints. These concerns covered a broad range of matters including management relationships, workplace treatment, organisational processes, recruitment arrangements, disability-related concerns, bullying and discrimination. Less than five of these cases progressed to an Initial Assessment under the Disciplinary Policy. In addition, less than five Initial Assessments arose directly from concerns raised outside of the Respect & Resolution process, giving a total of less than five Initial Assessments linked to concerns raised, less than five of which subsequently progressed to a formal disciplinary process

Early Resolution

Since 2021/22, PTHB has developed a strong partnership approach with Trade Union colleagues, with a focus on early and informal resolution. Concerns are routinely raised through direct escalation routes, weekly discussions between Trade Union representatives and Assistant Business Partners, and the monthly Partnership Development Group.

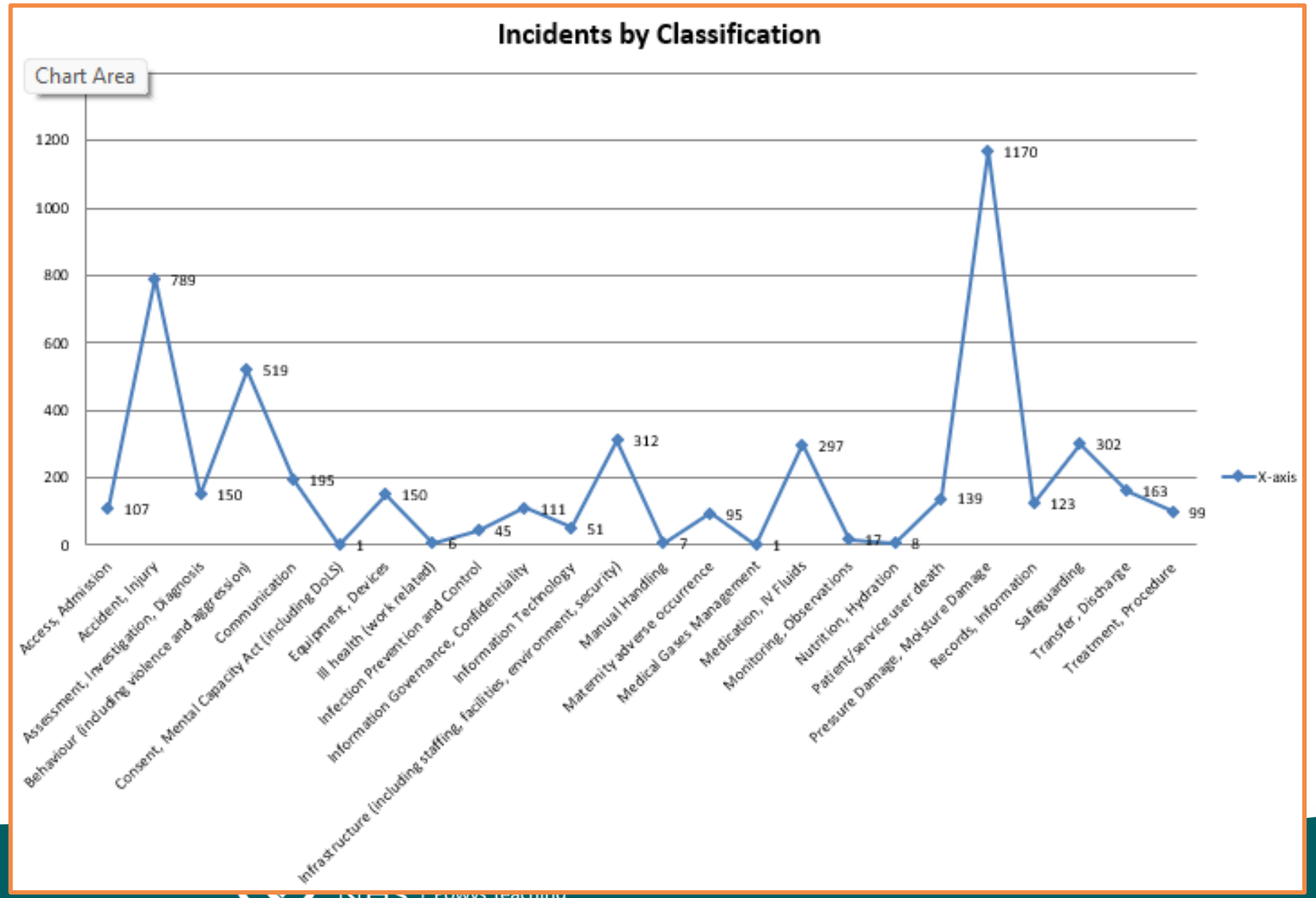
These arrangements enable concerns to be identified and addressed at an early stage and often result in resolution without recourse to formal policy processes. Whilst the volume of informal resolutions is not routinely captured, their continued use provides additional assurance that staff feel able to raise issues and concerns through established organisational mechanisms

VIVUP Issues – Two concerns failed to be reported to PTHB which was found to be a technical issue with VIVUP. Due to this, the cost of the service and the low usage, a decision has been made to return to an internal approach once the contract reaches the renewal date.

Ways to Speak Up – DATIX

DATIX

12 – Months of DATIX reports shows that 4857 incidents have been raised. Whilst these would not necessarily be within the boundaries of our normal understanding of Speaking Up, the level of data does show that staff feel that they can report incidents, issues or concerns.



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Training

Whilst there is specific training on how to use DATIX, in-depth safeguarding training etc. Training to develop a culture of speaking up focuses on creating a psychologically safe environment within which staff feel able to speak up. This has been undertaken in a variety of ways.

PTHB Manager's Programme

Elements of this programme include the development of a manager's capability to lead a team, create a healthy working environment and provide the opportunity to have a voice.

In the last 12 months, **46** staff have engaged in the relevant modules with **20** completing all modules.

This course has been redesigned with the new programme starting in September, which will have a scenario-based approach.

Speaking Up Safely Course

This half-day online course is designed for any staff member to understand what Speaking Up Safely is, and activities that can be undertaken to improve psychological safety within a team. It offers tools and techniques to take back to team meetings to try out.

Since the 1st of April 2025, 6 courses have been delivered with 53 attendees. 8 courses have been cancelled due to low numbers, with more planned for the autumn.

CLIP Level 1

This programme has been designed for band 5 and below clinicians/staff in clinical environments. It is a scenario and activity-based day that focuses on psychological safety, confidence and having a voice in a team.

In the last 12 months, **10** sessions have been delivered with **98** attendee undertaking this 1-day course.

CLIP Level 2

A highly successful 3-day programme for band 6 and 7 registrants, which uses scenarios and activities to develop clinical leadership capability. Its has had significant success in developing compassionate leaders who seek to create healthy working environments.

In the last 12-months, **9** courses have been delivered with **65** participants completing the programme.

To note, CLIP level 3 is planned for design and pilot delivery this year which will be aimed at Band 8s.

All of these courses are delivered by the Workforce Futures team under RIF funding due to end in March. After the staff exit, there will be no OD capacity to deliver this broad range of courses.

Speaking Up Safely Working Group

The **Speaking Up Safely Working Group** meets on a quarterly basis. The purpose of the group is to:

Provide assurance to the Executive Committee, and through the People and Culture Committee, to Board that the Health Board has effective systems, processes, and culture to enable staff to raise concerns safely and that concerns are managed appropriately, fairly, and in accordance with policy and legal requirements.

The Group supports continuous improvement of organisational culture and psychological safety.

Membership

The group is Chaired by the Deputy Director for People and Culture with membership consisting of Trade Unions, key corporate services such as Workforce, OD, Safeguarding and Quality and Safety, as well as representation from senior clinicians.

Intended Activity

The group's role is to discuss the latest data trends and hear any feedback from those who have raised concerns, or those from identified groups that traditionally find it hard to speak up. The group's role is to utilise this information to identify further actions to continue to develop a speaking up culture.

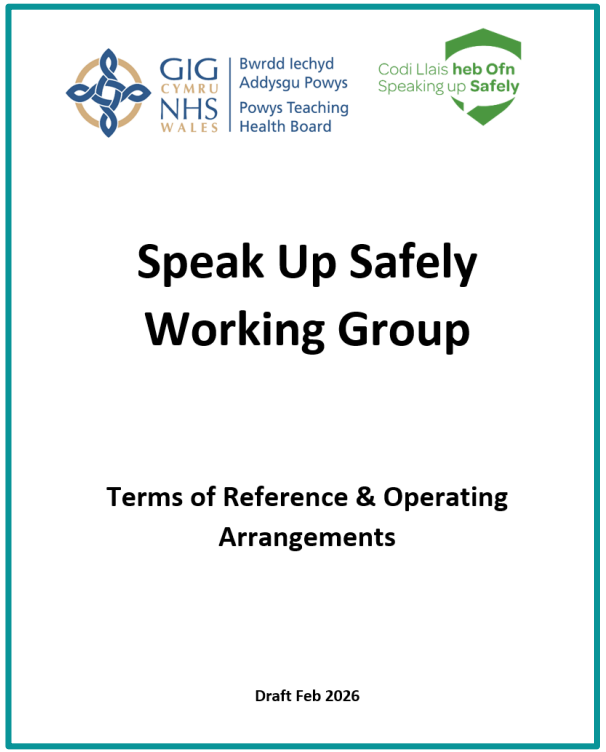
Progress

The working group has struggled to fully mobilise to truly be effective. Significant capacity challenges for clinical and operational leads has meant that meetings are either small in numbers or are postponed.

In addition, concerns raised through the Our Voice portal have been limited, easily resolved, and most often anonymous, making it difficult to gain any meaningful learning.

Action

Considerations need to be made about group leadership and whether this needs to be more clinically led, as well as group membership. Better links also need to be made to the Duty of Quality and Duty of Candour initiatives.



Summary – Key Messages

- Speaking Up Safely: A Framework for the NHS in Wales has been in place since September 2023
- PTHB has endeavoured to meet the requirements of the framework through providing communications and mechanisms through which staff can raise concerns that are listened to.
- Successes include a dedicated SharePoint ‘Our Voice’ Portal and high Speaking Up results when compared to other Health Boards in the NHS Staff Survey.
- Numbers of concerns raised over a 12-month period remain low, but DATIX data demonstrates that staff report incidents, rather than hide them.
- A range of training and communications are available to support the development of a speaking up culture, especially leadership courses that focus on developing psychologically safe teams, within which concerns can be raised.
- A Speaking Up Safely Working Group is in place, but needs refinement following learning from the last 12-months

People & Culture Committee on 08 September 2026	Agenda Item 5.3
Subject:	Violence and Aggression update.
Approved and Presented by:	Debra Wood-Lawson, Executive Director People, Culture & Transformation
Prepared by:	Deputy Director People & Culture
Purpose:	To update the Committee on the current position and planned management actions in relation to violence and aggression incidents and training
Recommendations:	The People & Culture committee is asked to: • Take **ASSURANCE** appropriate reporting mechanisms are in place to report progress against policy implementation.
Executive Summary:	The presentation provides an update on implementation of the revised Violence and Aggression Prevention and Reduction Policy, recent incident trends and the current PMVA training position. Reported violence and aggression incidents increased from 120 in Q4 to 151 in Q1, although this remains broadly comparable with Q1 2025/26. Aggressive or threatening behaviour continues to be the most frequently reported category, followed by physical assault/contact and restrictive practice. Of these incidents 14 were initially recorded as moderate and one as severe. The one incident graded as severe related to an assault by a patient. Of the 13 remaining incidents initially graded moderate, four were subsequently reduced to no harm, two to low harm, one remained moderate and six were awaiting review, indicating that the final level of harm is lower in a number of cases following investigation. PMVA Module B compliance remains strong at 94%, while Module D compliance is 68%, with targeted recovery actions including further training, Occupational Health and risk-based reviews, and improvements to ESR records. Ongoing oversight will continue to focus on incident and harm trends, outstanding reviews, police outcomes, risk controls and training recovery and will be monitored through the Health & Safety Committee.

Current position at a glance

The Committee is asked to note the position, the risk movement and the management response now underway.

Reported V&A activity increased in Q1

+25.8%

from Q4 to Q1

What has changed

Q1 recorded 151 Datix V&A incidents, compared with 120 in Q4.

Physical assault/contact increased to 28 incidents; one assault was RIDDOR-reportable.

Aggressive/threatening behaviour remains the dominant category.

Q1 is similar to Q1 2025/26 (159 reports).

What is being managed

Violence and Aggression Prevention and Reduction policy is now approved and provides a prevention-first operating framework.

Ward-level PMVA exceptions are being risk-managed through redeployment, OH review and October courses.

Reporting focuses on incident movement, harm, police/RIDDOR interface and training recovery and is a standing item on the Health & Safety committee. Chaired by the CEO.

Violence and Aggression Prevention and Reduction Policy : operating framework now in place

The policy has been reframed around prevention and reduction, with clear expectations for managers and services.

Approved: 8 July 2026 | **PTHB-wide scope** | **Prevention-first approach**

Core implementation model

1 Prevent

Risk assessment, training, consultation, staffing and environmental controls matched to service risk.

2 Report

All V&A incidents, threats, near misses and discriminatory abuse reported promptly and objectively.

3 Review & support

Manager review, debrief, staff support and control review after relevant incidents.

4 Learn & escalate

Trend analysis, corrective action and escalation through governance where wider action is required.

Update for Committee

The immediate focus is implementation: ensuring local risk assessments, timely incident review, staff support, police referral decisions and training recovery are consistently evidenced.

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Q1 shows a rise in reported V&A incident

Reported V&A incidents increased from Q4, with physical contact and police interface requiring continued management grip.

Total V&A Datix reports

April 63 • May 33 • June 55

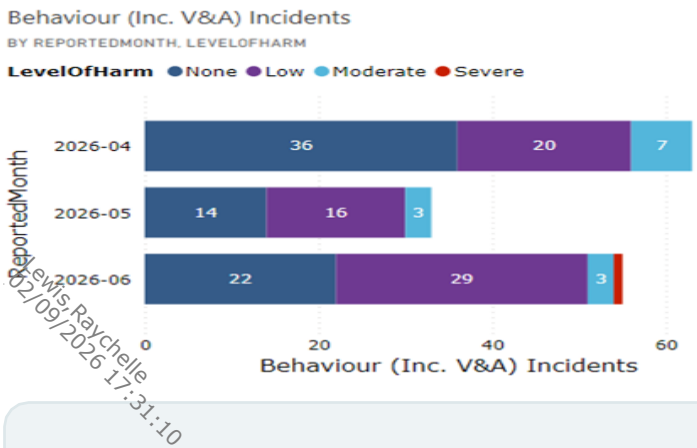
Highest Q1 categories

These three categories account for approximately three-quarters of reported Q1 V&A activity.

16
Police contacts

1
RIDDOR assault

14
Moderate/severe at reporting



The 1 incident reported as Severe; related to an assault by a patient and the police were contacted.
Of the 13 incidents graded as 'Moderate'
4 were reduced to No Harm
2 were reduced to Low Harm
1 remained at Moderate
6 were awaiting review.

Narrative update

Police were contacted for 16 incidents; only one update remained outstanding, linked to a staff assault also reported under RIDDOR. One matter was resolved through Adult Community Resolution with an apology accepted by staff.

Training position: core compliance stable, Module D recovery remains the focus

The latest ward-level update gives a clearer view of exceptions and planned recovery actions.

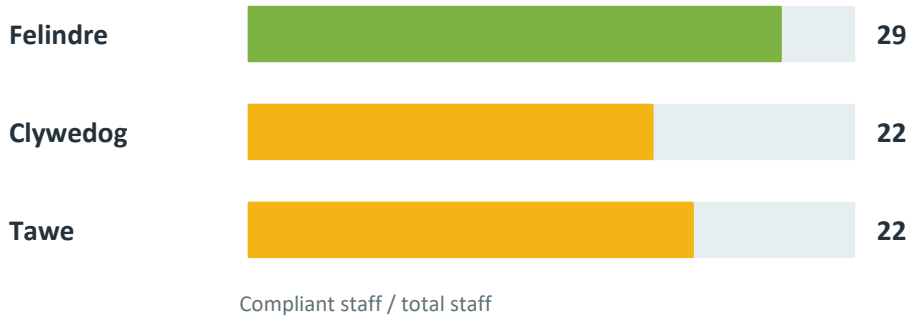
ESR compliance

94%
V&A Module B

68%
V&A Module D

Module B remains compliant at 94%. Module D remains at 68%, so recovery relies on booked courses, OH/risk assessment decisions and accurate ESR data.

Ward-level Module D position



Ward update – Deep Dive

Felindre: all staff fit and able to complete training are compliant; four exceptions relate to health restrictions with no ward/patient contact.

Clywedog: non-compliance includes medical/maternity factors, redeployment/OH review, and three booked for October Foundation.

Tawe: recovery is linked to leaver removal from ESR, maternity/new starters and October bookings for those able to attend.

A PMVA induction introduction is being added and targeted PMVA advice has been provided to community and clinical services.

Controls and oversight

A concise dashboard covering incident movement, risk controls and training recovery is covered as part of the standing items on the H&S committee agenda.

1 Incident grip

Track Q1 outstanding harm reviews, police outcomes and any recurrent hotspot/location themes.

2 Risk controls

Confirm service-level V&A risk assessment review where incidents or trends indicate increased risk.

3 Training recovery

Complete booked October PMVA courses, update ESR leavers, and record OH/risk-based exceptions.

4 Corporate risk link

Triangulate V&A with lone working, general medical ward demographic pressures and security controls.

Committee note

The Committee is asked to note the position, the direction of travel and the planned management actions, with updates to be provided through the Health & Safety committee cycle.

Subject:	Assurance and Achievements Report: Primary & Community Care Academy 2025/2026
Approved and Presented by:	Elaine Lorton, Executive Director Primary Care, Community and Mental Health
Prepared by:	Assistant Director of Primary Care Primary & Community Care Academy Manager Education & Training Development Officer
Purpose:	To provide assurance on training and support being delivered and recognise the achievements of the Primary & Community Care Academy during 2025/26 along with an outline of 2026/27 priorities
Recommendations:	The Committee is asked to: • Take **ASSURANCE** the Primary and Community Care Academy operates as per its plan. *Please note this presentation is as provided for the June meeting which was then deferred to September.*
Executive Summary:	This report provides assurance on Primary and Community Care Academy activity, highlighting key achievements delivered during 2025/26. It outlines the governance arrangements between Health Education and Improvement Wales (HEIW) and Powys Teaching Health Board (PTHB), alongside the core functions and workstreams of the Primary & Community Care Academy (P&CCA). The report demonstrates effective use of available funding through detailed coverage of course delivery and learner engagement. This includes training supported by HEIW Healthcare Support Worker allocations for clinical and non-clinical staff, HEIW Advanced Practice funding, and Welsh Government funding for Women's Health Hub education, supplemented by locally sourced subject matter expertise. Key risks and mitigations are identified, with the principal risk being the actual and potential further reduction in HEIW training funding at a time when national and local priorities are focused on preventing avoidable hospital admissions and strengthening community-based care. Priorities for 2026/27 are set out, with an emphasis on maintaining flexibility to respond effectively to emerging system pressures and evolving priorities.

Function of P&CCA

Academi Gofal Sylfaenol a Chymunedol Powys
Primary & Community Care Academy Powys

Vision

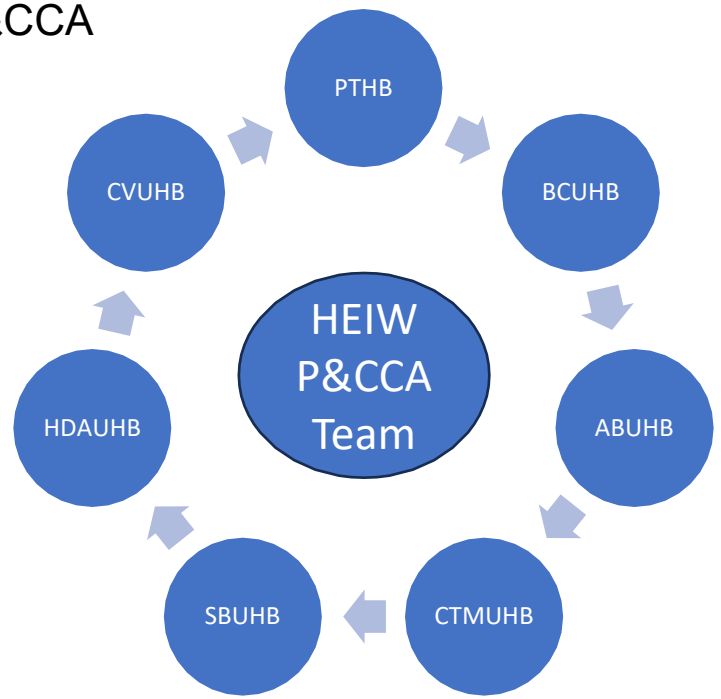
"To facilitate the delivery of high-quality education and training for people working in primary and community care to support the delivery of excellent evidence based person-centred care".

Background

Health Education and Improvement Wales (HEIW) and Health Boards across Wales established **seven** Academies, responsible for the development of education and training for the multi-professional workforce in primary and community care, plus a HEIW central P&CCA Unit.

Benefits to users

- **Funded** training & education
- **Collaborative** efforts to develop education programmes
- **Shared resources** with internal and external teams / organisations
- **Increase purchasing power** by collaborating with **other P&CCA's**
- Primary & Community Care **focused**
- Demonstrates **HB support to Primary Care** who deliver NHS services



Primary & Community Care Academy: Partnership Governance approach with HEIW

- PTHB Executive level sign off agreed for the following operating model (part of the HEIW delivery agreement)

HEIW National Governance	PTHB Local Governance	Stakeholder Relationships
National Multi-professional Education Steering Group	Executive responsibility: Director of Primary, Community & Mental Health	Workforce & Organisational Development Teams
National Academy and Clinical Leads Network	Primary & Community Care Academy hosted within Primary Care Department	Clusters & Professional Collaboratives
	Health Board Academy National Steering Group	Pan Cluster& Professional Collaboratives
	Updates on work programmes shared at Workforce Futures Board	Regional Partnership Boards
		Training and Education providers
		Other key educational arrangements
		Local Contractor Committees
		Powys Health Care & Social Care Academy

Annual joint delivery programme to be agreed aligned with the Education & Training Commissioning Plan timetable and informed through IMPT process at local and national level.

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References

(HEIW 2022) Multi Professional Education and Training in Primary and Community Care OPERATING MODEL
(HEIW & PTHB 2022) Delivery Agreement for the PTHB Primary & Community Care Academy

Role of P&CC Academy

Embedding New Roles
- GP Nurse Foundation Programme
- Optical Assistants
- UCP Mentorship
- Co-development of HEIW Multi-professional toolkit

Multi-professional Education
- Community Pharmacists and GMS Teams upskilling to support Womens Health Hubs
- Advanced & Enhanced Practice training
- Protected Learning Time
- Women's Health Hub
- Team working in Dental Care

Identify Training Needs
- Generic Training Needs Analysis
- Specific Women's Health Training Needs Analysis
- Cluster and Collaborative identified priorities

QA, Monitoring, Evaluation & Impact
Reports to:
- HEIW
- Committees
- Steering Groups

Communication and Engagement
- Clusters
- Independent Contractors
- Practice Managers
- Stakeholders
- National

Career development pathway
- Non-clinical roles
- Clinical roles

Support recruitment and Retention
- Facebook jobs
- Practice in Powys website
- Student Nurses in GMS

Financial Management - Shared HEIW allocation:
- Advanced Practice
- HCSW (clinical & non-clinical roles)

Course Numbers and Learner Contacts 2025/26

P&CCA Activity Data 2025-6

Multi-professional training offers including short courses and modules through a hybrid delivery model

Includes

- Offers to all independent contractor types including PTHB community staff
- GMS Protected Learning Time training
- Women's Health Hub upskilling for Primary & Community Care Services (e.g. Sexual Health / Community Pharmacists / GMS)

Training	No. of subjects offered	No. of learner contacts
2025-26 Multiprofessional and occupation specific training offers – all contractor types	147	2,508

GPN Foundation Programme	On course	Completed Course	Retained in Powys
2023-2026 Grand total of GP Nurses Trained in Powys		10	90%
2025-6	1	On target to pass	100%

Delivery Model:

Academi Gofal Sylfaenol a Chymunedol Powys
Primary & Community Care Academy Powys

Hybrid delivery model

- Online delivery
- Face to face training
- Protected Learning (General Practice only)
- Lunch 'n' Learn sessions
- Professional Education Forum e.g. nursing
- Webinars / Asynchronous recorded learning
- E-learning

The varied delivery model meets the needs of independent contractors and supports staff release to participate in CPD.

Risks and Mitigations:

Risks	Mitigations
Limited simulation training skills in team	P&CCA Team trained by HEIW in Simulation. Will co-deliver with specialist teams and join with HDUHB P&CCA to prepare / deliver.
Risk of Reduction to HEIW HCSW Funding Allocation Risk of Reduction to HEIW Advanced & Enhanced Funding Allocation Training room availability – poor availability in North	Working to increase purchasing power with other P&CCA's Collaborate with internal teams to share resources Online delivery / hybrid training / influence estates
Ability to recruit and retain staff in Primary Care	Ongoing collaboration with Comms Team Primary Care Facebook NHS Jobs 'Practice in Powys' website Work with Clusters on projects to support upskilling and attracting staff e.g. Optical Assistants
Insufficient staff release time to attend training	Prioritise PLT sessions Lunch 'n' Learn sessions Primary & Community Care Nurse Education Forum Webinars / Asynchronous recorded learning E-learning development with HEIW – allows flexible access
Engagement risk – What is the P&CCA? No booking system for Primary Care – ESR not available in PC Primary Care learners unaware how to access training Unknown Primary Care training needs	Engagement events with Practices and Collaborative / Cluster leads Created own booking and tracking system Advanced & Extended Practice Workshops Training Needs Analysis

Forward view for 2026-27

Academi Gofal Sylfaenol a Chymunedol Powys
Primary & Community Care Academy Powys

- Develop Optical Assistants with accredited qualification – funded
- Funding secured to support 3 GP Nurse trainees for 2026/7
- Cluster plan to explore upskilling of Optical Assistants to Dispensing Opticians
- Training for Aspiring / Existing Dental Practice Managers
- Multi-professional offer to all registered Health Care professionals to study funded modules on "Genomics"
- Palliative Care / End of life care simulation training - "Future Care Planning Conversations"
- Dermatology upskilling in Primary Care – aiming to increase confidence in diagnosing & treating benign skin lesions
- GMS Protected Learning Time delivery (HB requirement)
- Dementia Simulation experiences – multi-professional offer
- Continue to expand the upskilling of Primary and Community Care Staff with Women's Health Hub funding
- Offer HEIW funded short courses for Nurses / Midwives / AHPs in Primary Care – enabling upskilling and working at top of license

REVALIDATION PROGRESS REPORT (RPR) 2025-26

Please be aware that completion of all parts of this report is required.

1.1 Name of Designated Body (DB)	Powys Teaching Health Board
Name of Responsible Officer (RO)	Dr Kate Wright
Type of organisation	NHS
Name of person completing this report	Dr Kate Wright
Job title of person completing this report	Medical Director / RO

Part 1 - Appraisal Figures

In this section you are required to provide your appraisal completion figures for the period 1st April 2025-31st March 2026**. Only doctors with whom the DB has a prescribed connection should be included in this section. Each doctor should be included in only one category.**

Appraisal Completion Figures	Number of prescribed connections	Number of doctors exempt from appraisal due to extenuating circumstances	Number of completed appraisals (summary agreed)
General Practitioners	122	0	108
Consultants (including honorary contract holders)	21	0	13
Staff grade, associate specialist, specialty doctor (including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere)	8	0	3
Doctors with practising privileges (for independent healthcare providers only); all doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)	0	0	0
Temporary or short-term contract holders (including trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts)	1	0	0
Other (including some management/leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc.)	0	0	0
Trainee doctor on national postgraduate training scheme (for Deaneries only)	0	0	0

Part 2 – Quality Assurance of Processes

In this section you are required to self-rate your level of assurance against each statement or question. Please select a rating from the drop-down list on the right-hand side of the table and provide evidence in the free text box to support your rating or details on your future development plans.

2.1 Revalidation processes - what level of assurance does the DB have?		
2.1.1 there are sufficient support structures in place to support the RO and revalidation team	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
There are 3 part time Assistant Medical Directors (AMD) in place, taking total to 1 WTE. An Appraisal Lead is in post. 2 of the 3 AMDs have undertaken RO training. The third is booked. The AMDs continue to perform an initial review of appraisal portfolios, as part of the overall 'revalidation ready' assessment, before consideration by the MD/RO. The Appraisal Lead also leads on monitoring MARS and ORBIT in order to identify doctors who might be having difficulties in meeting their revalidation obligations. The Appraisal Lead encourages doctors to undertake all relevant activities in good time - with an early focus on 360 feedback. The Corporate Business Manager and Admin Support continue to support the revalidation process. This is working well.		
2.1.2 revalidation recommendation decisions are made timely and in line with GMC RO regulations	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
The Revalidation support team has systems in place to monitor appraisal progress and to identify doctors who will be coming under notice. This allows support to be offered to doctors who are not ready to be recommended for revalidation. The RO and AMD continue to review the appraisal portfolios of doctors under notice to identify those who can be pro-actively recommended for revalidation. Regular review meetings are held to monitor progress; this meeting includes a lay person (non-clinical staff member) - this ensures consistency and quality of the revalidation decision making progress.		

2.1.3 revalidation deferral decisions are made and managed appropriately	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
There have been 11 deferrals since the last review. These have been due to lack of 360 feedback and QIA evidence and due to interruption to practice. The regular review meetings help to provide support proactively and deferral decisions are taken collectively in the review meetings. Doctors are informed following (any type of revalidation) recommendation to the GMC. Where deferral has been necessary written guidance is given to doctors on actions needed and this is followed up with support where there is concern that a doctor may be struggling to complete their appraisal.		
2.1.4 there are processes in place for reviewing Whole Practice Appraisal (WPA) in the context of appraisal and revalidation	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
Use of existing systems to appropriately explore, review and document Whole Practice Appraisal (WPA), including MARS. WPA captured on standard PTHB revalidation check list. The AMDs and RO review the quality of the evidence provided in relation to WPA. Importance of WPA continues to be emphasised. Lewis Raychelle 02/09/2026 17:31:10		

2.1.5 the RO role can be covered in the event of unplanned absence	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
The AMDs are RO trained and provide a permanent presence for review of appraisal portfolios and supporting revalidation recommendations, review meeting and recommendations for revalidation are made in sufficient time to ensure completion of the automated GMC process and to mitigate against any unplanned absence. The AMDs take part in revalidation recommendation review meetings and so are well place to assume responsibility should they need to.		
2.1.6 revalidation processes are reviewed for effectiveness and quality, and key issues arising from reviews and quality improvement activity are progressed	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
Actions and feedback from review processes are considered by the team and processes refined accordingly – key issues are progressed through the appraisal and revalidation review group mechanism.		
2.1.7 all revalidation processes consider equality, diversity and inclusivity issues and are fair and non-discriminatory	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
There are no known equality, diversity and inclusivity issues. Equality and Diversity training remains a part of the Health Board's mandatory training. As mentioned previously, a lay person attends the appraisal and revalidation review group to provide additional / further assurance in this area.		

2.1.8 the DB takes into consideration public and patient views regarding revalidation processes	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
While there continues to be no current involvement of patients or the public in these local processes, there are no known local issues or concerns which have been raised by patients or the public. The addition of a lay representative, although a member of Health Board staff, provides additional assurance in this area and is felt to be proportionate given the small size of the designated body.		
2.1.9 the DB engages with national activity relating to revalidation (e.g., Wales Revalidation Appraisal Group (WRAG) and RO meetings, quality assurance events)	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
PTHB RO attends the Wales RO Network meetings. Wales Revalidation and Appraisal Group (WRAG) meetings delegated to AMDs and appraisal lead but also attended by RO when possible. RO is active in the All Wales Medical Director Group where issues relating to appraisal and revalidation are often discussed. Regular meetings with GMC liaison officer are also a forum for sharing of important national activity.		
2.1.10 thresholds applied for revalidation recommendations are in line with those of other DBs	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans.		
The RO follows GMC guidelines and processes and liaises with the GMC Liaison Officer when specific issues arise. Sharing of practice via Wales RO Network No known benchmarking issues. No concerns raised by GMC.		

Revalidation and deferral rates are similar to other Health Boards and the Welsh average position.
Anonymised informal discussion is possible through AWMD group.

Please outline any areas identified for development relating to **2.1 Revalidation Processes**

Immediate priority is to achieve rapid and effective induction of new staff and to establish their connections to the RO and appraisal networks.

To provide resilience to the revalidation support at PTHB, the Corporate Business Manager and Admin Support officer are also assisting with the process – training on the orbit and MARS system was identified and undertaken. Links have been established with colleagues in ABUHB to facilitate shared learning and continued refinement of processes; and attendance at quarterly all-Wales Revalidation Managers and Support Officers Meeting to further support the wider learning.

2.2: Underpinning systems: appraisal – what level of assurance does the DB have?

2.2.1 there is sufficient support for doctors to enable them to be appraised? Including number of available Appraisers, information about appraisal, support with MARS, access to relevant data etc.	Level of Assurance (RAG):	**GREEN**

Evidence for rating assessment / future plans

All doctors with a prescribed connection to PTHB can raise any issues directly with the appraisal lead, corporate business manager , MD/RO or AMDs/Deputy RO.

PTHB has a small number of doctors and so whilst the number of appraisers is low, it remains sufficient to facilitate the number of appraisals needed.

There can be fragility due to the need for an individual to rotate appraisers. This has been mitigated for by securing appraisals from neighbouring Health Boards on a very small number of occasions.

2.2.2 there is a robust induction process for doctors including appraisal and revalidation guidance for the organisation	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
New doctors are included in the wider PTHB induction process for all new staff. There is low turnover of staff, with the majority of doctors working in Mental Health. Induction for that team has been strengthened. The appraisal lead will help to support the guidance for appraisal at induction.		
2.2.3 all doctors requiring appraisal are appraised when they should be	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
All Allocated Quarter change requests are considered by the RO or the Deputy RO. Through the appraisal review meetings provide opportunity to bring AQs into their expected time frame where there has been slippage. Where slippage has occurred, the majority have had extenuating circumstances.		
2.2.4 reasons for non-completion are documented, and non-engagement is managed appropriately	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
All appraisal portfolios are reviewed and evidence and recorded using standard PTHB template developed for this purpose. Reasons for non-completion and/or non-engagement are recorded, with follow-up action led by the RO and appraisal lead on a case by case basis. The appraisal lead aims to		

proactively support doctors who appear not to have sufficient evidence to revalidate well in advance to give them opportunity to bring all of the required evidence to appraisal.		
2.2.5 Appraisers are fit for purpose, appropriately trained and up to date	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
Appraisers are trained and attend continuation training, in line with all-Wales policy and practice. The appointment of the appraisal lead is strengthening this process.		
2.2.6 Appraisers are supported and managed in their role, and are performing the role appropriately	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
Appraisers are supported by RO, AMD and the appraisal lead as required. No known concerns.		
2.2.7 appraisal outputs (summary and PDP) meet agreed standards	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
The RO reviews all appraisal summaries prior to revalidation recommendation to the GMC. There has been sharing of templates with neighbouring Health Board to assure standards maintained and consistency. WRAG provides useful forum for peer review.		
2.2.8 appraisal and its outputs are having a positive impact on individuals and on the organisation	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
During the revalidation period, all Doctors are required to demonstrate Quality Improvement activity which is shared through local service groups and more widely through the Learning from Experience group.		

The RO submits an annual report on appraisal and revalidation through to the Executive Committee and the Patient Experience, Quality and Safety Committee.

Review of appraisals provides the RO with insight into areas for learning and improvement that can be shared anonymously via the learning group. Constraints themes are useful to triangulate with staff survey findings to inform areas for improvement and it is planned to provide feedback via the LNC. They have also been useful in helping to influence future models of care during engagement around future service change.

Please outline any areas identified for development relating to **2.2 Underpinning systems: appraisal**
Noting some retirements, new appraisers will be appointed and inducted. Once guidance is in place regarding reporting of constraints, this will be included in health board appraisal and revalidation reporting.

2.3: Underpinning systems: governance. What level of assurance does the DB have:		
2.3.1 That appropriate checks, including regarding their appraisal status and any outstanding concerns, are carried out prior to establishing a connection with a doctor?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
To be in line with GMC guidance, doctors need to declare any restrictions on their practice during the initial application processes. Checks are completed by the medical lead within the PTHB Workforce and OD Team; any concerns are raised with the MD/AMD.		
2.3.2 That the DBs GMC Connect list is up to date (in terms of both joiners and leavers), and cross-checked against your staff records and / or the MPL?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
RO advised about all doctors newly joining the health board as employees. GMC Connect list kept under routine review with follow-up with individual doctors by the MD/RO, as indicated (e.g. for doctors who have retired) with the help of colleagues providing support to the revalidation process. There has been one occasion this year where we discovered that a doctor had not been removed from the list.		

2.3.3 That where concerns arise about doctors with whom you have a prescribed connection, these are managed and inform the revalidation recommendation appropriately?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
The RO should be informed of any concerns in relation to medical practitioners through the routine PTHB Quality and Safety processes (including for doctors with a prescribed connection). The wider management of concerns is through the relevant PTHB policy. Prior to recommending revalidation there is a check with the internal quality and safety team for significant incidents or concerns for a given doctor.		
2.3.4 That should concerns arise during the appraisal process, these will be shared and managed appropriately?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
Appraisers should be handling concerns which emerge during the appraisal process in line with national policy and their training. RO reviews appraisal portfolios at the point of recommendation for revalidation. Concerns raised would be acted upon according to existing Health Board practice.		
2.3.5 That should concerns arise about a doctor who works for the DB but does not have a prescribed connection with the DB, or no longer has a prescribed connection with the DB, this information is shared appropriately between organisations?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
If the RO is notified of a concern, they will lead on making contact with other Designated Bodies and other organisations through RO to RO transfer of information document and often direct discussion.		

2.3.6 That governance information is consistently available relating to all doctors, including for example those who work within the DB for a short period of time?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
Concerns can be notified to the RO/DB via a range of sources. There is regular communication with NHS Wales Shared Services Partnership (NWSSP) over a range of issues concerning the Powys performance list. In addition, the AMD/Deputy RO have a close working relationship with GPs and neighbouring ROs so that there is confidence that where issues are identified, they are communicated rapidly. Any issue related to a locum doctor working in a secondary care team will be raised with the RO. Information around locum doctors is shared with locum agency ROs.		
2.3.7 That governance data is shared appropriately with those making revalidation recommendations – including for example information about complaints and incidents, and feedback from patients?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
Appraisal information is reviewed by the PTHB RO before recommendation for revalidation to the GMC. The PTHB RO contacts the Designed Body RO as indicated if concerns/incidents arise in relation to doctors without a prescribed link to PTHB. A check is made with quality and safety team prior to recommendation regarding concerns and incidents/other feedback.		
2.3.8 That the DB encourages lay involvement in quality assurance processes to provide independent scrutiny and challenge?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
A "lay" non clinical representative is a member of the Revalidation and appraisal support group. This is felt to be proportional given the small size of the organisation.		

2.3.9 That the organisation's Board is appropriately engaged in / informed about governance and revalidation processes?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future plans		
The RO submits an annual report to the Executive Committee and People and Culture Committee.		
2.3.10 That doctors' constraints identified at appraisal are reported to the Board for consideration i.e., to be included in risk register if appropriate?	Level of Assurance (RAG):	**AMBER**
Evidence for rating assessment / future		
Constraints narratives are reviewed as part of the review of appraisal portfolios at revalidation. Local GPs also have pathways into the HB to express any concerns regarding constraints. (HEIW produces a consolidated report on constraints from primary and secondary care, although this is not broken down into DB specific data). It is planned that themes from constraints will be triangulated with themes from the staff survey, with feedback provided via JLNC and LMC.		
2.3.11 That governance processes are having a positive impact, and informing revalidation appropriately?	Level of Assurance (RAG):	**GREEN**
Evidence for rating assessment / future		
PTHB has a relatively low number of doctors with a prescribed connection. The RO/AMDs reviews the appraisal portfolios at the point of recommendation. There are no known concerns or incidents associated with the revalidation process in-year.		
Please outline any areas identified for development relating to **2.3 Underpinning systems: Governance**		
The Corporate Business Manager and Admin Assistant are developing an intranet page dedicated to appraisal and revalidation. This will serve as a platform for sharing advice on appraisal and revalidation for both appraisers and appraisees.		

Llywodraeth Cymru
Welsh Government

GIG CYMRU NHS WALES

Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

Part 3 – Progress against Revalidation Quality Assurance Review action plan

In this section you should provide progress details on your action plan from your last revalidation quality assurance review.

Part 3 - progress against Revalidation Quality Assurance Review action plan		
DB action plan and comments/progress	Date of Visit:	11/09/2025

Action	Most recent progress/status
Proactive Planning: Appraisal lead proactively discussing with appraisers and appraisees.	Revalidation discussions are being brought forward and where necessary doctors are being prompted in areas where they might be struggling. As numbers are relatively small the DB is confident that there is focus to provide individual support for the doctors that need it.
Building resilience into appraiser team: Appraisal Lead has commenced discussion on cross use of primary /secondary care appraisers	No further progression past initial discussion. At last visit there was substantial sickness causing a bit of fragility, but things are more stable now and as such, there hasn't been a need to progress this further.
Developing appraisal awareness/education: Encourage appraisers to regularly update with appraiser training and encourage new doctors to take up appraiser roles.	DB are still actively trying to recruit appraisers, and as it stands, they have 6. Appraiser training is communicated via newsletter but no record of who has completed training. No formal process in place for appraisers to access support, but as it is a small group, required support can be provided on an ad-hoc basis.
Constraints - Appraisal Lead will work with appraisers to provide a summary of themes from constraints	Corporate Business Manager has been extracting constraints reports and will be progressing with this piece of work. See above – there will be triangulation with staff survey results and feedback via JLNC and LMC.

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Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

Part 4 – Internal Quality Assurance and Other Projects

Please provide details of any internal quality assurance exercise, quality improvement or revalidation or appraisal project the DB have undertaken
None have been taken this year. However, appraisers are actively encouraged to engage in HEIW training. The Appraisal Lead plans to hold sessions with the appraisers to feedback, discuss quality, with the aim to improve consistence and quality of appraisals. Material published on the new intranet site should also be a helpful resource to drive quality improvement and consistency.

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Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

Part 5 – Board Statement of Compliance

On behalf of the DB (Chief executive or chairman, or executive if no board exists) I can confirm that:	
The organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013)	☒ Agree ☐ Disagree
We are satisfied with the level of assurance we have about these systems and processes, both now and throughout the year, and the way in which they support and inform revalidation	☒ Agree ☐ Disagree
We are satisfied with the organisation's progress in terms of revalidation, and that there is a clear plan in place to guide further quality improvements	☒ Agree ☐ Disagree
Or: we have concerns about any of the above, as described below:	

Part 6 - Submission Declaration

Completed report authorised by Responsible Officer	
By completing this RPR, I declare that all the requested information has been provided and the Responsible Officer or Responsible Person has agreed and authorised submission to the Revalidation Support Unit.	☒ Agree

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 5.5

People and Culture Committee	**08 September 2026**
Subject:	**Professional Registration and Revalidation**
Approved and presented by:	Paul Hooton Executive Director of Nursing, Quality, Women and Family Health Kate Wright Executive Medical Director Claire Masden Executive Director of Allied Health Professions, Health Scientists and Digital Mererid Bowley Executive Director of Public Health Elaine Lorton Executive Director Primary Care, Community & Mental Health
Prepared by:	Assistant Director of Nursing (Professional Standards and Safeguarding) Deputy Director of Therapies & Health Sciences Professional Lead for Social Work & Quality & Safety Associate Dental Director
Other Committees and meetings considered at:	Executive Committee – 19 August 2026

PURPOSE:

To provide assurance regarding compliance with professional registration requirements across Powys Teaching Health Board, to report professional registration lapses and fitness to practice referrals that occurred during 2025/26, including any themes and lessons learned

RECOMMENDATION(S):

The People and Culture Committee is asked to take **ASSURANCE** that the Health Board is compliant in respect of statutory professional registration requirements.

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	N	
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	

4. Enable Joined up Care	N	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	N	

PROFESSIONAL REGISTRATION

Professional registration and revalidation are statutory requirements for regulated healthcare professionals and are fundamental to public protection, patient safety and professional accountability. This report provides assurance regarding professional registration compliance across Powys Teaching Health Board (PTHB) during 2025/26, including any registration lapses and fitness to practice referrals.

The PTHB Registration Policy provides the framework through which the Health Board assures itself that employees requiring professional registration maintain valid and current registration with their respective regulatory body. The policy applies to registered nurses, midwives, allied health professionals, healthcare scientists, medical professionals, pharmacy professionals, optometry professionals, social care professionals and dental care professionals. Through robust pre-employment checks, Electronic Staff Record (ESR) monitoring, appraisal processes and professional revalidation requirements, the policy supports compliance with professional standards, clinical governance obligations and public confidence in the workforce.

The policy establishes clear responsibilities for employees, line managers, professional leads and the organisation in verifying, monitoring and maintaining professional registration. Registration lapses are treated as significant governance and patient safety matters and require immediate management action, including removal from professional practice where appropriate, escalation through professional leadership structures, and consideration under the All Wales Disciplinary Policy and Procedure. All registered professionals are required to maintain the standards of conduct, competence and practice set out by their regulatory body. Concerns relating to professional conduct, competence or behaviour that may call continued registration into question are escalated to the relevant Head of Profession for review. Where concerns meet the threshold for regulatory involvement, referrals are made to the appropriate Professional Regulatory Body in partnership with Workforce colleagues and managed in accordance with the All-Wales Disciplinary Policy and Procedure. This ensures a fair, proportionate and consistent approach while maintaining appropriate oversight by Executive Directors and professional leaders.

Powys Teaching Health Board also provides Health Education and Improvement Wales (HEIW) with an annual self-reporting Revalidation Progress Report (RPR) for GMC-registered doctors as part of the national assurance process for appraisal and revalidation. The RPR is made up of 3 sections:

- Appraisal completion figures and revalidation recommendation data

- Quality assurance of appraisal, revalidation and governance processes
- Revalidation quality assurance visits, internal quality assurance activity and quality improvement projects

The Revalidation Support Unit reviews the information submitted and provides feedback and recommended actions. The 2025/26 report is included for information (attachment 1). While specific feedback for Powys Teaching Health Board has not yet been received, the all-Wales summary indicates that PTHB has not been identified as an outlier in any area.

The returns will be discussed at the next national Responsible Officer Network meeting, which is also attended by the GMC, providing an opportunity to share learning and good practice across Wales.

PROFESSIONAL REGISTRATION COMPLIANCE 2025/26

The table below outlines:
Service area and professional body, number of registration lapses, length of lapse and any themes and fitness to practice referral

Service Area / Professional Regulating body	No of registration lapses 25/26	No of Fitness to practice referrals to professional body 25/26	Comments (concerns, issues to raise, themes)
Nursing & Midwifery / NMC	Less than 5	Less than 5	Registration lapses resolved within 30 days. In all cases HR processes enacted in line with PTHB policy.
Allied Health Professionals/ HCPC	0	0	
Healthcare Scientists/HCPC	0	0	
Medical Practitioners (GMC)	0	Less than 5	
Dental Practitioners (DGC)	0	Less than 5	
Pharmacy Practitioners (GPhC)	0	0	
Social Workers	0	0	
Public Health (UKPHR) 2	0	0	
Total NO of registrants 1,163			

During 2025/26 across all professions there was less than 5 lapses in registration, all were within Nursing and Midwifery. Lapses were resolved within 30 days, HR processes were enacted in all cases. The numbers are too small to draw any themes.

During 2025/26 across 3 professions there was less than 5 fitness to practice referrals for each profession. All have been managed in line with their individual regulatory body.

In summary, the Registration Policy provides a comprehensive governance framework to ensure that all staff required to hold professional registration remain compliant with the standards of their respective regulatory bodies. The policy supports patient safety, professional accountability and organisational risk management by defining responsibilities, establishing clear monitoring arrangements and ensuring timely action where registration concerns arise, thereby providing assurance that the Health Board maintains a safe, competent and professionally regulated workforce.

Attachment 1 – paper 5.6a, revalidation progress report.

NEXT STEPS:

- Each professional group to continue monitoring, reporting and management of professional registration status within their governance structure.
- Future reporting to Executive Committee by exception

A CAREER IN THE NHS (1972 – 2026 so far!)

Susan Newport
PTHB Medicine Management Nurse

Non-Medical Prescribing Lead

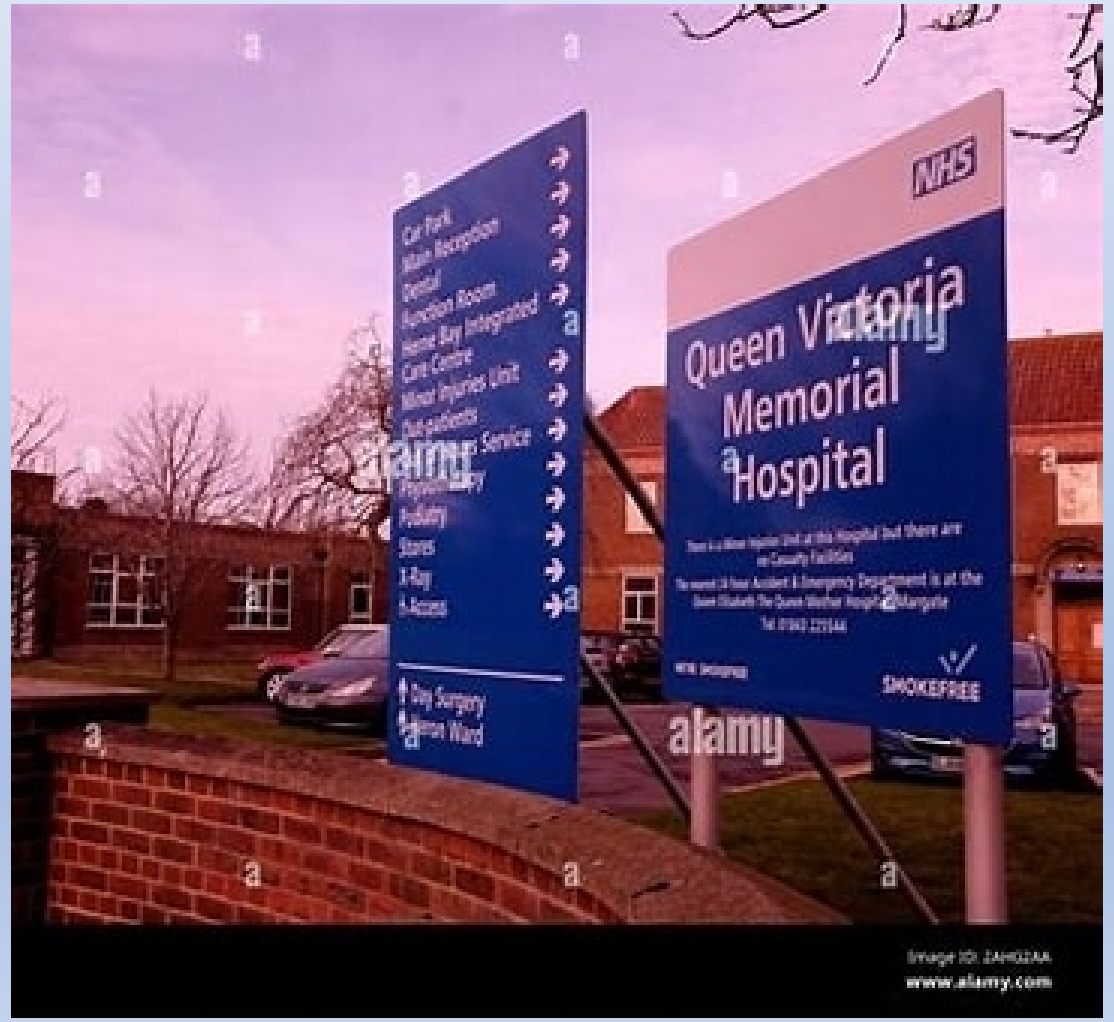
Destined for Wales?
1961

Primrose Girl
A Pre-Nursing Course
1970 - 1972

Student Nurse
Kent and Canterbury Hospital
1972 - 1975

State Registered Nurse
1975 – 2026 (still registered)

First Sister's Post
Aged 23 years (1977 – 1978)



Night Sister/Surgical Wards
Buckland Hospital – Dover
1978 - 1979

District Nurse Training and Qualification 1979 - 1980

Sister/Female Medical
1980 - 1981

District Nursing Sister
1981 - 1983

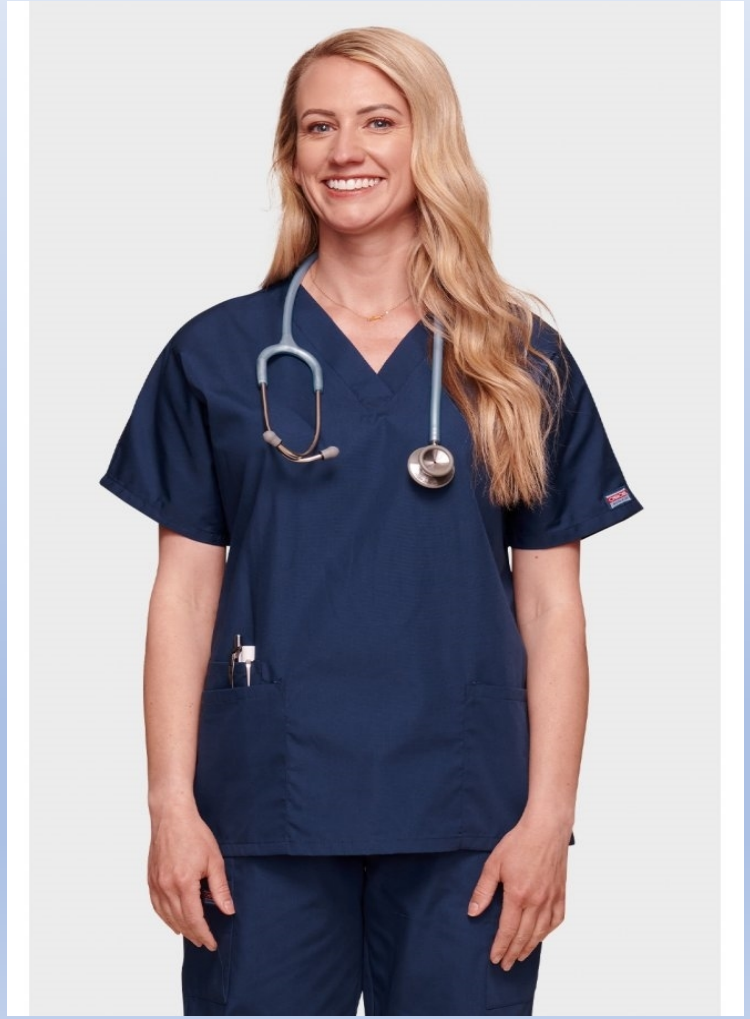
Student Midwife
Gloucestershire Royal Hospital
1983 - 1985

Gloucester Midwife
1985 - 1987

District Nursing Sister/Midwife
1987 - 2002

Nurse Trainer/Adviser
CPD Officer/Secondment
2002 - 2011

Occupational Health Nursing
2011 - 2012



Trade Union Representative Independent Board Member

Tenure commenced 1st September 2018
Tenure Ended 30th September 2021

Previous experience as a representative for the Royal College of Nursing and The Royal College of Midwives

Medicine Management Nurse
2012 - 2026

Non-Medical Prescribing Lead

Agenda item: 7.1

PEOPLE AND CULTURE COMMITTEE	**08 SEPTEMBER 2026**

Subject:	**Executive Director of People and Culture – Summary Report**
Approved and presented by:	Debra Wood-Lawson, Executive Director of People, Culture and Transformation
Prepared by:	Assistant Director People, Culture and Transformation
Other Committees and meetings considered at:	Executive Committee – 19 August 2026

PURPOSE:

The purpose of this paper is for the People and Culture Committee to Receive an update on aspects of workforce activities and initiatives, within PTHB and also at a National Level

RECOMMENDATION(S):

The Committee is asked to **RECEIVE** and **NOTE** this report on the workforce activities and initiatives.

Approve/Take Assurance	Discuss	Note
		Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing		Workforce Futures in an enabling programme within joint the Health and Care Strategy. *A Healthy Caring Powys (2017-2027),*
2. Provide Early Help and Support		
3. Tackle the Big Four		
4. Enable Joined up Care		
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments		
7. Put Digital First		
8. Transforming in Partnership		

EXECUTIVE SUMMARY:

This paper provides an update on aspects of workforce activities and initiatives, within PTHB and also at a Regional/National Level since April 2026.

- Update on IMTP actions Q1
- Workforce Futures
- PTHB- How We Work Protocols
- Human Resources/Recruitment and Systems, Training and Education

Regional / National Updates

- Mid Wales Workforce Collaboration
- Leadership and Management Framework
- NHS Wales Employers Update (*horizon scanning*)
    - Pension scheme changes
    - Agenda for Change
    - Policy Reviews
    - Business Mileage
    - HCSW Band 2/3
    - Workforce Development, Job Evaluation and Pay

KEY ACTIVITIES FROM APRIL TO JULY 2026

1.Update on actions within the IMTP Workforce futures section Q1:

Progress on Q1 activity has been good, with the key highlights being:

- Approval secured for September 2026 Aspiring Nurse cohort with over 400 applications and "Grow Our Own" Clinical Psychologist pipeline agreed
- Comprehensive staff survey analysis completed, and improvement actions implemented for the lowest-performing survey themes.
- New 'How We Work' protocols have been launched
- Targeted actions have continued during Q1 to reduce agency spend through strengthened vacancy management, agency approval controls and improved use of existing substantive and Bank workforce capacity. Vacancy scrutiny arrangements remain in place to ensure recruitment decisions are aligned to service need, affordability and workforce plans.

Two Q1 actions are behind schedule:

Role essential training uploaded into ESR:

- Progress continues embedding role-essential training requirements within ESR. All high-impact courses have now been added, with the remaining courses relating to specialist, service-specific or team-specific requirements. Progress has been slower than anticipated due to the complexity of the work and limited capacity, as the dedicated resource is also supporting financial savings and transformation programmes.

Workforce wellbeing risk framework:

Development of the workforce wellbeing risk framework has been delayed due to capacity constraints and prioritisation of Financial Recovery Board activity. Work remains planned to utilise sickness absence data, hotspot analysis and workforce metrics to support targeted wellbeing interventions.

2. Workforce Futures update:

2.1 Exit Planning – Regional Partnership Board Requirement

- Internal PTHB task and finish group in place and regular informal staff engagement sessions are held with the WFF team
- Flight risk is enhanced as we approach the half year - with one staff member leaving end of July
- Currently exploring other external grant funding opportunities for elements of the WFF programme

2.2 OD and workforce development: The support menu has been developed into an easy read. The offer describes how services can gain access to a flexible, tailored support service designed to help health, social care and partner organisations successfully deliver transformation and service change.

Key support includes:

- Organisational change readiness and workforce impact assessment.
- Leadership, coaching and critical friend support.
- Change management advice, training and toolkits.
- Programme management and transformation support.
- Staff, stakeholder and community engagement.
- Communication and master messaging development.
- Workforce surveys, insight gathering and feedback analysis.
- Wellbeing, resilience and psychological safety support.
- Training Needs Analysis and workforce development planning.

The **Academy Careers Education Enterprise Scheme (ACEES) evaluation 25/26** continues to demonstrate a significant contribution to developing the future health and social care workforce pipeline across Powys. The programme has grown substantially over the last four years and is now reaching learners from primary school through to post-16 education, including ALN settings and cross-border populations. The evaluation highlights high levels of learner and teacher engagement, growing reach across educational settings and increasing alignment with wider workforce sustainability, prevention and community wellbeing objectives.

Key Achievements

- The programme reached **4,826 learners** through the Whole School Approach in 2025/26, with continued expansion into primary schools, ALN provision and cross-border settings.
- Early evidence suggests ACEES is influencing career choices, with Powys County Council reporting a **47% increase in applications for Year 12 Health & Social Care and Medical Science courses**. Health & Social Care is now the sixth most popular sixth-form subject and the top choice for learners progressing to college.
    - Learner interest in health and social care careers remains strong:
    - 874 learners expressed interest in careers within Powys.
    - 27% wanted to find out more about health and social care careers.
    - 24% reported they were likely to choose related qualifications

- Teacher support for the programme is exceptionally high, with **99% wanting the programme to continue**.

The Enhanced Programme showed particularly strong outcomes amongst post-16 learners:

- 91% interested in health and social care careers.
- 87% likely to choose relevant qualifications.
- 85% interested in working in Powys.

2.3 Key Risks and Challenges

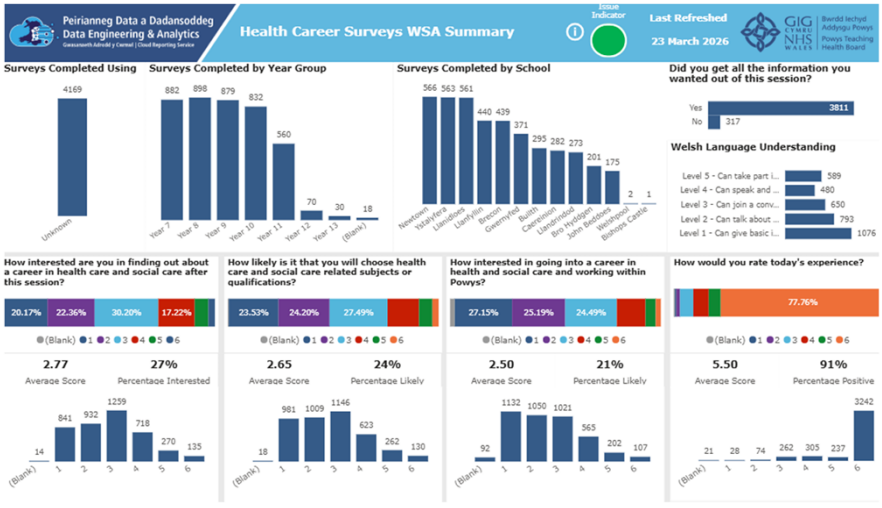
The evaluation identifies several challenges:

- Continued reliance on **time-limited external funding (RIF and HEIW)** creates sustainability risks beyond the current funding period.
- Capacity pressures may restrict future growth.
- Limited Welsh-speaking facilitator capacity.
- Variable school participation affecting equitable access.
- The need for a more sustainable approach to evaluation and impact measurement.

Nine students going on to take up a volunteering role:

School	Student Age	Volunteering role	Reason
Brecon High School	15	Children's sports club volunteer	Career aspirations.. Would like to do the Sports Leadership Award
Llandrindod High School	14	Youth Facilitator	To be involved and make a difference
Gwernyfed High School	16	Sports club volunteer	Duke Of Edinburgh Award
Gwernyfed High School	15	Sports club volunteer	Duke OF Edinburgh Award
Gwernyfed High School	16	Sports club volunteer	Duke of Edinburgh Award
Ysgol Bro Hyddgen	16	Fundraising Volunteer - Refugees	Welsh Baccalaureate
Ysgol Bro Hyddgen	16	Youth Facilitator - Focus; Gender Equality	Welsh Baccalaureate
Newtown High School	16	Youth Facilitator	Duke of Edinburgh Award
Newtown High School	16	Designing and implementing a project for a community arthritis group	Welsh Baccalaureate

Summary dashboard of feedback received from learners for the 25/26 whole school approach:



2.4 Update: Working Carers and Volunteers

- **Working Carers:** A strengthened partnership between PTHB and Powys County Council (PCC) has enabled the successful establishment of a joint Working Carers Network, creating a collaborative approach to supporting employees who balance employment with

caring responsibilities. Organisational visibility of working carers has increased, awareness activity as expanded, and self-identification of carers has risen by 29.6% since October 2025 (71: Nov '25 to 92 July'26) Two network meetings held to date. Membership has grown to 58 staff members across both organisations. Attendance at network meetings has remained positive with13 attendees at the inaugural meeting and 11 attendees at the second meeting.

- Development of the **Ward Befriender Volunteer Programme** has progressed to implementation readiness, with governance arrangements, role descriptions and stakeholder engagement in place.

3. PTHB- How We Work Protocols

PTHB has recently launched a set of how we work protocols designed to create greater clarity, consistency and shared expectations around how colleagues work together across the organisation.

The protocols aim to:

- Support a positive, respectful and inclusive workplace culture.
- Improve communication, collaboration and team effectiveness.
- Clarify expectations around behaviours, meetings, decision-making and ways of working.
- Strengthen accountability whilst promoting wellbeing and psychological safety.
- Support leaders and teams to work more effectively across organisational boundaries.
- Reinforce the Health Board's values and commitment to compassionate leadership.

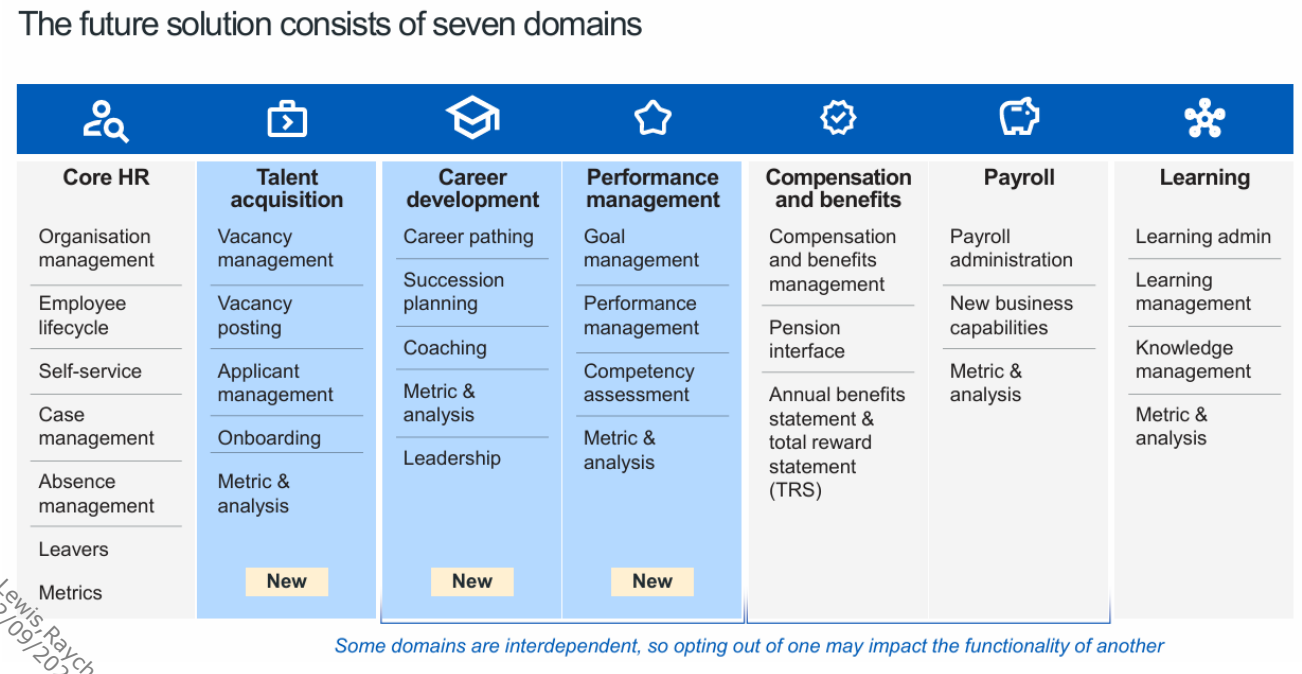
Early engagement has been positive, with the protocols providing a practical framework for conversations within teams about how colleagues want to work together and hold each other to account in a supportive and constructive way.

The Working Protocols set out a shared framework for how we work together, helping to strengthen culture, improve collaboration and create a positive working environment across the Health Board. The protocols are built around five key themes: Wellbeing and compassion first; Meeting etiquette; Email etiquette; Managing your dairy and workflow; Shared accountability. Further information can be found here: **Future Foundations: Introducing new Working Protocols to support colleagues across PTHB**

4. Human Resources/Recruitment, Systems and Training /Education update

- **Hotspot/Team reviews** A programme of work that supports the development of high-performing, engaged teams by providing managers with a structured framework to reflect on the conditions that enable staff to feel supported, valued and able to thrive has been developed and initial target areas identified. The approach brings together a team review, manager self-assessment, training needs review, and practical checklist of core team activities, enabling leaders to identify strengths, gaps and priority areas for improvement. It is intended to promote consistent people management practice, strengthen wellbeing and inclusion, improve confidence in applying key workforce policies and processes, and ensure that any agreed actions are captured and monitored through a clear action plan.

- **Reasonable adjustment tracker** A reasonable adjustment tracker has been developed in response to service feedback and recent case learning. The tracker aims to support more consistent local oversight of agreed adjustments, prompt regular review, and help managers identify any emerging service pressures or support needs at an early stage, while avoiding the recording of medical or diagnostic information. A small pilot is taking place to test its practicality before wider implementation.
- **All Wales Disciplinary policy implementation.** The People & Culture Business Partner Team, in partnership with trade union colleagues, has developed a robust local implementation plan for the revised All-Wales Disciplinary Policy. The revised policy represents a significant cultural shift, with a stronger focus on early intervention, resolution, restorative practice and psychologically safe processes. Implementation to date has included the development of manager training on fact-finding assessments, with the next phase focused on supporting senior decision-makers and key roles within the process.
- **RIFF exit internal work – at a high-level Significant** review has been undertaken to support the programme, including detailed exit planning assessments for affected teams. This manual assessment process considered workforce, operational and service risks, organisational dependencies and potential mitigations, providing an evidence base to inform future decision-making.
- **New (ESR) Future workforce solution system.** Meetings are due to be scheduled with each health board in during the Summer/Autumn to go through the readiness guidance. On an all Wales basis the current focus is on:
    - Cleansing ESR and Workforce data, to improve quality ahead of data migration.
    - Reviewing third-party contracts early to understand how the new solution may impact existing agreements.
    - Preparing your organisation for the Future Workforce Solution through targeted process optimisation.



- **Human resource processes:** There were less than 5 respect and resolution cases/requests for the period of April to July 2026. For the same period 5 investigations were commissioned and 7 sickness final reviews conducted.

- **Bank Staff Onboarding:** We have continued to recruit against routine Bank adverts for Registered Nurses (RNs) and HCSWs, across both Adult and Mental Health fields which has resulted in 18 x new HCSWs onboarded to the Bank and 8 x new RNs onboarded. Additionally, there have been 20 x other roles onboarded to the Bank for our supporting functions.
- **Student Streamlining;** The summer of 2026 sees the initial fruition of the PTHB Grow Our Own Nursing schemes as the first cohort graduate from both the full-time Aspiring Nurse programme, and our various internal nursing pathways schemes. As a result, we have 36 students graduating, to whom we have committed a guaranteed job upon qualification. All 36 have been offered and allocated a substantive role within the HB.
- In addition to this, we have provided opportunities to the national student streamlining portal on a larger scale than we have previously, providing 14 roles across all nursing fields, and midwifery. In total, this will result in more than 10 x the normal, annual onboarding of newly qualified nurses within PTHB this year.
- Furthermore, we have successfully identified, and currently onboarding 8 candidates to embark on the 2026 cohort of the full time Aspiring Nurse programme, who are planned to graduate in the summer of 2029. This provides a continual, steady influx of Powys-based nurses with the aim of securing a local workforce for years to come.

4.1 Resuscitation:

- Recruitment to the resus clinical lead and resus trainer roles had a good field of applicants and following interviews both positions have been offered and accepted.

Course delivery is currently covered with Bank staff and between April and July; 201 staff have received Basic Life Support Adult L2 or Adult and Paediatric training across the county

4.2 Health and Safety Statutory and Mandatory training:

Course Name	Q4 -Number of Courses	Q4 - Number of Attendees	Q1- Number of Courses	Q-1 Number of Attendees
2 Day Foundation	11	84	4	34
1 Day Refresher	6	49	10	69
Object & Load	22	144	13	87
Mangers Module G	0	0	2	8
Pool Evacuation	0	0	0	0
Evac Chair	0	0	0	0
W Oxygen Cylinders	0	0	0	0
Workplace Assessors	0	0	2	7
Totals	39	277	31	205

In Q1 there slight reduction in attendance rate at manual handling training from 89% down to 85%

There were a total of 248 training places offered and 205 employees attended.

Q1 saw the delivery of 2 workplace assessors' courses.

Course Name	Q1- Number of Courses	Q-1 Number of Attendees
4 Day Foundation (ABUHB)	5	6
4 Day Foundation (PTHB)	1	12
1 Day Refresher (ABUHB)	11	13
2 Day Refresher (PTHB)	0	0
1 Day Breakaway	4	17
Personal Safety & De-escalation	6	45
Introduction to PMVA	0	0
Totals	27	95

ABUHB provided 48 Training spaces for PMVA Module D.
- 6 staff attended the 15 Foundation spaces available
- 13 staff attended the 33 Refresher spaces available.

Of the 48 spaces available, staff attended 21 = 44%
ABUHB provide PTHB with 3 spaces for every course they run which means some courses have no PTHB attendees, they only charge for the spaces attended.

4.3 Library Services

- ***Evidence Services**:* Literature searches completed for the period include : interventions to support mothers' mental health; district nursing demand and capacity; autism and ADD; sexual health services in rural communities; and supporting evidence for IPFR. Continuing support for antipsychotics deprescribing review.
- Provision of advice for staff undertaking post-graduate studies, providing 1 to 1 training in use of evidence resources, research methods, critical appraisal techniques, and options for publication.

Library Activity Q1-2026 (April 2026 to June 2026)			
10 in-depth literature searches for research projects, patient care, and service improvement	**328** enquiries <15 minutes)*	**13** one-to-one and group teaching sessions, plus library/wellbeing roadshows	**347** uses of resources (book loans, article supply, use of library computers)

- ***Copyright Licence Annual Return**:* Submitted annual return to the Copyright Licence Agency detailing materials supplied under NHS Wales Copyright Licence for 2025-2026. Completion of the annual return is a legal requirement under UK copyright legislation, and the terms of the licence held by NHS Wales. During the 12-month period ending 31.03.26, the Library Service supplied the following to PTHB staff and students

Item Type	Number
Articles	726
Books from NHS Wales / Cardiff University Libraries	103
Book loans from own stock (excludes renewals)	234

4.4 Dental Education

- Planning for the 2026/27 dental placement scheme is underway, following the successful pilot scheme for 2025/26. Placements will be split across Brecon, Builth Wells, Llandrindod Wells and Ystradgynlais community hospitals.
  Accommodation for the new academic year is currently being arranged, with support from NWSSP Procurement. A total of 84 final year dental students are expected to participate in the programme for the 2026/27 academic year.
  Funding for the scheme is being provided by Cardiff University Dental School.

5 Regional / National updates:

5.1 Mid Wales Workforce Collaboration

- The Mid Wales workforce partnership continues to strengthen collaborative approaches to addressing rural workforce challenges across Powys, Hywel Dda and Betsi Cadwaladr University Health Boards. Shared workforce priorities for 2026/27 have been agreed, focusing on workforce development, population health and prevention, workforce wellbeing, and leadership development. Early implementation activity has commenced across the agreed priorities, including stakeholder engagement to support the expansion

of the Support Worker Development Programme beyond the Health Boards and initial discussions with Public Health Wales regarding opportunities for collaborative working on population health, prevention and workforce health. Early scoping work has also begun to establish a regional understanding of workforce health and wellbeing provision across Mid Wales, alongside wider engagement with partners to support future cross-sector workforce development. These activities are helping to establish the foundations for a more coordinated regional approach, while identifying opportunities to reduce duplication, share best practice and strengthen workforce sustainability across Mid Wales.

5.2 Leadership and Management Framework

- HEIW continues to lead the development of a National Leadership and Management Framework for NHS Wales. NHS England has now formally launched its framework, with HEIW advising that implementation arrangements for Wales are currently being developed, with an anticipated launch in Autumn 2026. Through the Mid Wales collaborative arrangements, Powys, Hywel Dda and Betsi Cadwaladr University Health Boards have collectively mapped existing leadership and management development provision, participated in testing self-assessment tools and provided feedback to HEIW to inform implementation planning. The Mid Wales collaboration will continue to share learning and best practice across the three Health Boards, identify opportunities for regional alignment, collaboration and supporting implementation of the framework in a way that maximises consistency and management capability across the region.

  Given the scale and complexity of the programme, implementation will place additional demands on existing organisational development and programme support functions, requiring careful prioritisation and alignment of available resources.

5.3 NHS Wales Employers Update (*horizon scanning*)

- **NHS Pension Scheme – Significant Potential Employer Cost Changes**
  The NHS Pension Scheme Advisory Board has recommended reducing employer contribution rates from **23.7% to 15.5% from April 2027**, subject to government approval. This could have significant implications for future workforce and financial planning, particularly if Welsh Government changes the current funding arrangements that support employer contributions.

- **Agenda for Change (AfC) Pay Structure Reform**
  National work on Agenda for Change (AfC) Pay Structure Reform is progressing, with Wales actively involved in negotiations. Key areas under discussion include harmonisation of unsocial hours payments, overtime arrangements for Bands 8a and above, and wider pay structure reform linked to productivity measures.

- **Policy Reviews.** A number of key All-Wales workforce policies are progressing.
  Disciplinary Policy and Improving Performance at Work Policy have now been agreed and require implementation through local governance arrangements.
  The revised Managing Attendance at Work Policy continues to be developed in partnership, with a strong focus on addressing sickness absence levels.
  Development of an All-Wales Redeployment Policy is continuing

- **Mileage Reimbursement Increases**
  Business mileage rates are increasing following the UK Government's increase in Mileage Allowance Payments (MAP). This will result in higher mileage reimbursement rates for NHS Wales staff, with retrospective adjustments required from April 2026.

- **Healthcare Support Worker (Band 2/3) Framework**
  Implementation of the national Band 2 to Band 3 Healthcare Support Worker framework continues across Wales. A revised Band 3 entry point has been approved to support assimilation and implementation across NHS Wales.

- **Nursing, Midwifery and Professional Workforce Developments**
  NHS Wales is progressing a "Once for Wales" approach to standardised nursing, midwifery, health visiting and support worker job descriptions. This aims to improve consistency, reduce duplication and support workforce modernisation across organisations. Standardised Health Visitor job descriptions (Bands 4–8a) are being developed, alongside revised nursing role profiles and specialist HCSW job descriptions

- **Job Evaluation and Pay Equality**
  A national audit of Job Evaluation (JE) practice has been completed across Wales with 100% organisational participation. Organisations will be expected to develop improvement plans where required. NHS Wales is also adopting national arrangements to strengthen consistency and minimise risks relating to pay inequalities

NEXT STEPS:
A further update paper will be provided to next People and Culture Committee meeting.

Briefing to People and Culture Committee on 08 September 2026	Agenda Item 7.2
Subject:	People and Culture Workforce Performance Report – July 2026.
Approved and Presented by:	Mark McIntyre, Deputy Director People and Culture
Prepared by:	Head of Workforce Transformation, Planning and Resourcing
Purpose:	To update People & Culture Committee on the July 2026 People & Culture workforce performance position, including workforce capacity, recruitment, temporary staffing, retention, training compliance, absence and associated risks/actions.
Recommendations:	The People and Culture Committee is asked to: • Take **ASSURANCE** appropriate monitoring is in place and note the relevant actions and mitigations in place.
Executive Summary:	The report provides the July 2026 People & Culture workforce performance position for Powys Teaching Health Board, including HCRW data. It highlights continued improvement in a number of key areas, alongside workforce risks requiring sustained management focus. Since 2021, the Health Board workforce has grown by 11.3% (+219 WTE), with growth concentrated in clinical staff groups. The vacancy rate is 12.1% (297.33 WTE), slightly improved from July 2025, although Registered Nursing and Midwifery remains the largest vacancy pressure at 82.7 WTE. Time to hire was 64.6 days in July and has remained within the 71-day national target in 11 of the last 12 months. The age profile remains a strategic risk, with 30.3% of staff aged over 55 and projected to rise by 2031. Temporary staffing shows a mixed but improving position. Agency usage has reduced from 68.9 WTE to 41.7 WTE, and the current forecast suggests a 15% reduction in agency hours for 2026/27. Bank usage has increased to 79.7 WTE and overtime has risen from 8.2 WTE to 11.3 WTE, indicating continued operational pressure. Medical agency usage has reduced to 7.1 WTE, although delays in Mental Health medical recruitment continue to require oversight. Turnover has improved from 11.00% to 8.83%, with a 90% stability index, but remains above the latest All-Wales position. PADR compliance has reduced to 77%, below the 85% target, while Mandatory and Statutory training remains at 88%, in line with All-Wales. Sickness absence remains highest in Estates and Ancillary, Additional Clinical Services and Registered Nursing and Midwifery, with stress/anxiety/depression and musculoskeletal issues prominent. Actions include targeted recruitment, agency reduction plans, PADR escalation, absence management, occupational health and wellbeing support, retention work and ongoing directorate-level oversight.

People and Culture Performance Report July 2026

(Data includes Health & Care Research Wales - HCRW)

GIG CYMRU NHS WALES

Bwrdd Iechyd Addysgu Powys

Powys Teaching Health Board

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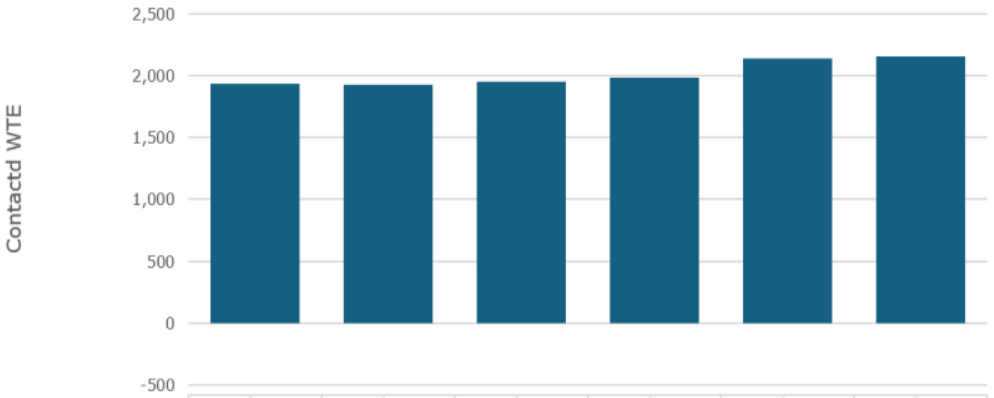
Staff Transformation & Sustainability of the Workforce

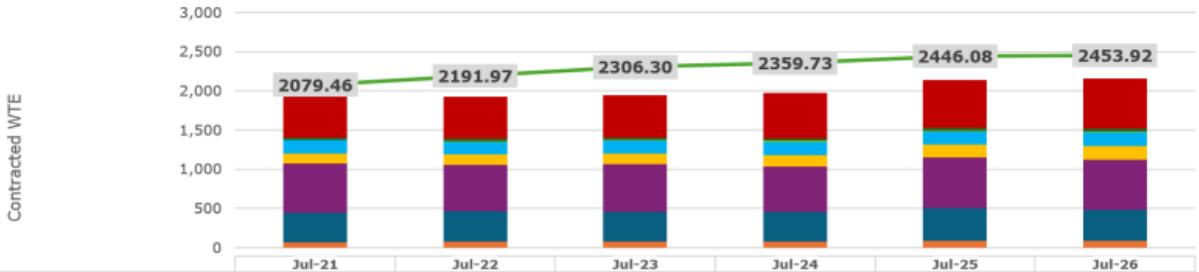
Staff in Post / Vacancies

Contracted WTE 2021-2026 with Year on Year Growth



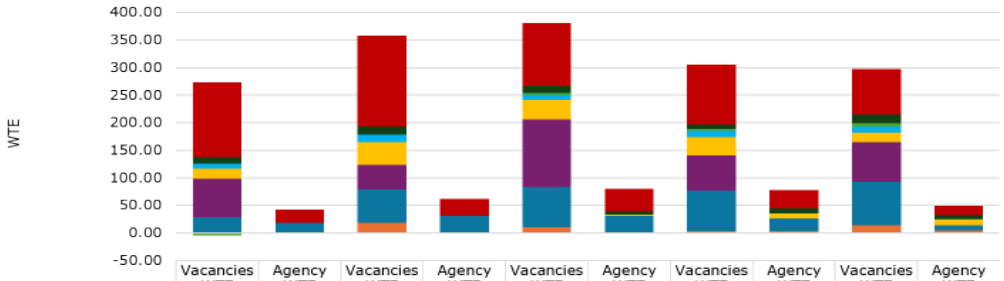
	Jul-21	Jul-22	Jul-23	Jul-24	Jul-25	Jul-26
Contracted WTE	1937.52	1922.60	1948.61	1979.30	2140.80	2156.59
Yearly Growth	4.55%	-0.77%	1.35%	1.57%	8.16%	0.74%

Workforce Growth - Contracted vs Budged WTE 2021-2026



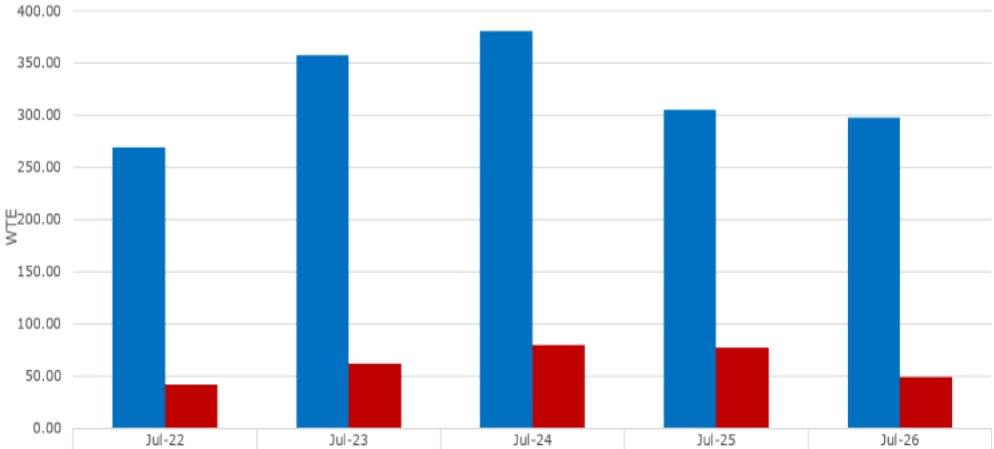
	Jul-21	Jul-22	Jul-23	Jul-24	Jul-25	Jul-26
Nursing and Midwifery Registered	534.5	530.9	544.3	583.8	610.65	635.6
Medical and Dental	27.8	33.1	33.0	34.4	40.33	42.3
Healthcare Scientists	4.6	7.6	7.6	10.2	10.21	9.0
Estates and Ancillary	167.7	162.9	162.9	169.0	166.75	167.6
Allied Health Professionals	128.5	134.1	135.6	148.2	159.41	174.2
Administrative and Clerical	630.4	592.0	613.9	575.4	651.96	642.2
Additional Clinical Services	370.7	381.1	374.7	375.3	411.09	397.1
Add Prof Scientific and Technic	73.3	80.9	76.5	83.0	90.39	88.6
Budgeted WTE	2079.46	2191.97	2306.30	2359.73	2446.08	2453.92
Vacancies WTE	141.94	269.37	357.69	380.43	305.28	297.33

Vacancies vs Agency Worked by Year



	Jul-22		Jul-23		Jul-24		Jul-25		Jul-26	
	Vacancies WTE	Agency WTE	Vacancies WTE	Agency WTE	Vacancies WTE	Agency WTE	Vacancies WTE	Agency WTE	Vacancies WTE	Agency WTE
Nursing and Midwifery Registered	136.13	23.39	164.97	31.07	113.74	40.48	109.12	33.02	82.74	17.12
Medical and Dental	11.79		13.93		13.00	6.64	7.71	8.84	15.70	7.13
Healthcare Scientists	-3.33		0.89		3.11		3.11	0.73	5.70	0.99
Estates and Ancillary	8.47		13.32		9.70		11.98		11.18	
Allied Health Professionals	18.48		41.15	0.10	35.55	1.80	33.06	8.69	17.56	9.36
Administrative and Clerical	69.73		44.04		121.73		64.22		71.97	
Additional Clinical Services	28.81	18.36	61.50	30.63	72.85	30.87	72.35	22.97	78.95	10.27
Add Prof Scientific and Technic	-0.70		17.90		10.77		3.74	3.51	13.54	3.99

Total Vacancies & Average Agency Worked by Year



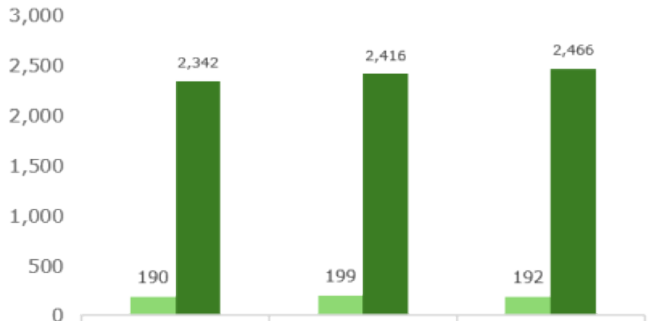
	Jul-22	Jul-23	Jul-24	Jul-25	Jul-26
Vacancies WTE	269.37	357.69	380.43	305.28	297.33
Agency Worked WTE	41.75	61.80	79.79	77.76	48.86

**** Agency data from 2021 to 2024 should be interpreted with caution as not all areas were recording agency usage on HealthRoster during this period***

Staff Transformation & Sustainability of the Workforce

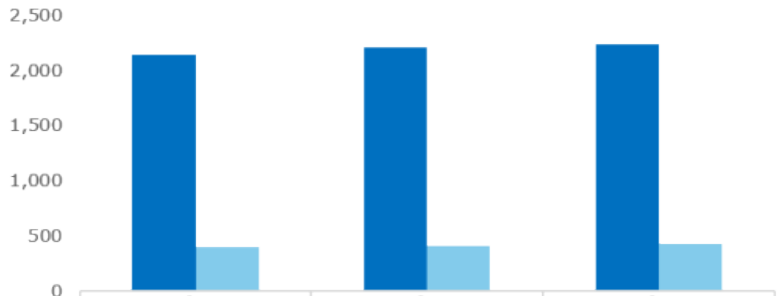
Staff in Post

Assignment Status Headcount



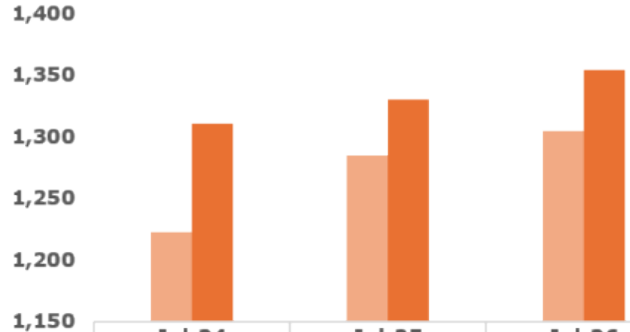
	Jul-24	Jul-25	Jul-26
Fixed Term Temp	190	199	192
Permanent	2,342	2,416	2,466

Gender Headcount



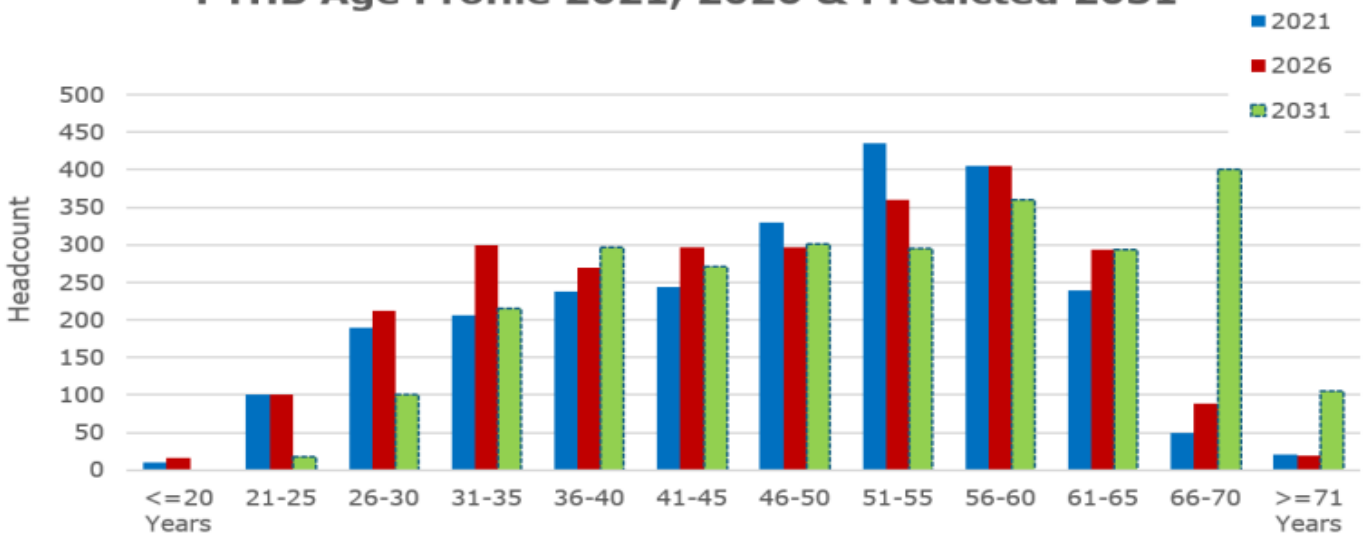
	Jul-24	Jul-25	Jul-26
Female	2,135	2,207	2,236
Male	397	408	422

Employee Category Headcount



	Jul-24	Jul-25	Jul-26
Full Time	1,222	1,285	1,304
Part Time	1,310	1,330	1,354

PTHB Age Profile 2021, 2026 & Predicted 2031



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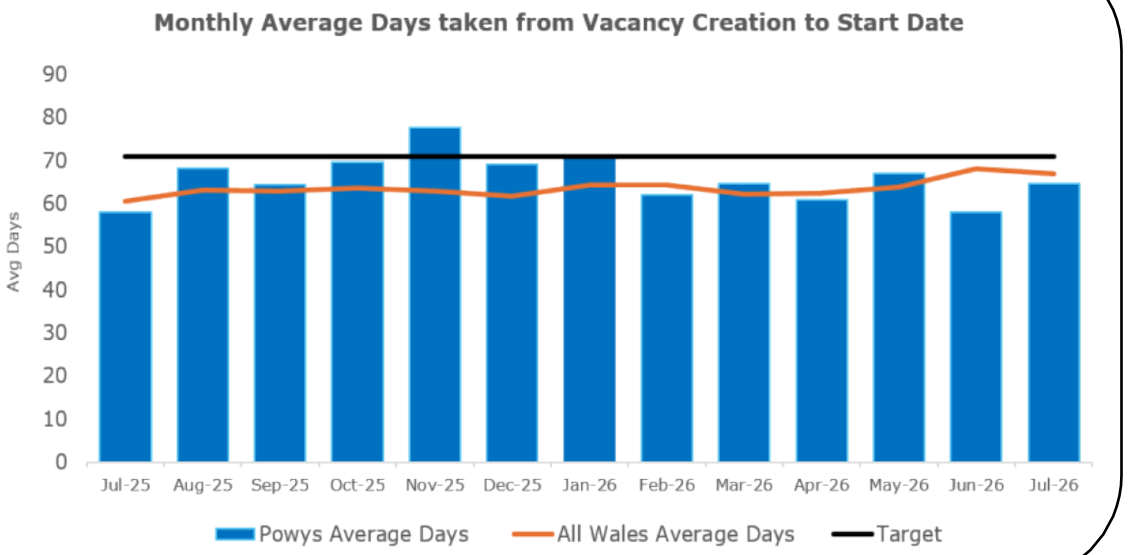
Staff Transformation & Sustainability of the Workforce

TRAC Performance

	TRAC Performance July 2026	Target time in days	Powys Monthly Average	All Wales Monthly Average
T0a	Notice Date to Authorisation Start Date	5	59.4	49.2
T1a	Time to Approve Vacancy Request	10	2.2	9.5
T4	Time to Shortlist	3	7.4	6.3
T5b	Time to Update Interview Outcomes	3	2.7	4.0
T9b	Time to Approve References	2	2.6	2.5
T13	Vacancy Creation to Conditional Offer	44	44.1	45.6
T14	Vacancy Creation to Ready for Start date notification	71	64.6	67.0
T23	Conditional Offer to Ready for Start date notification (with outliers)	27	21.4	18.0



Variable Pay

Average Total Bank Worked – Last 12 Months

79.7 WTE

Previous 12 months
Average Worked 70.1 WTE

Average Total Agency Worked – Last 12 Months

41.7 WTE

On Con (31.2 WTE)
Off Con (10.5 WTE)

Previous 12 months
Average Worked 68.9 WTE
On Con (44.3 WTE) & Off Con (24.6 WTE)

Medical Agency WTE Worked (12 Month Average)

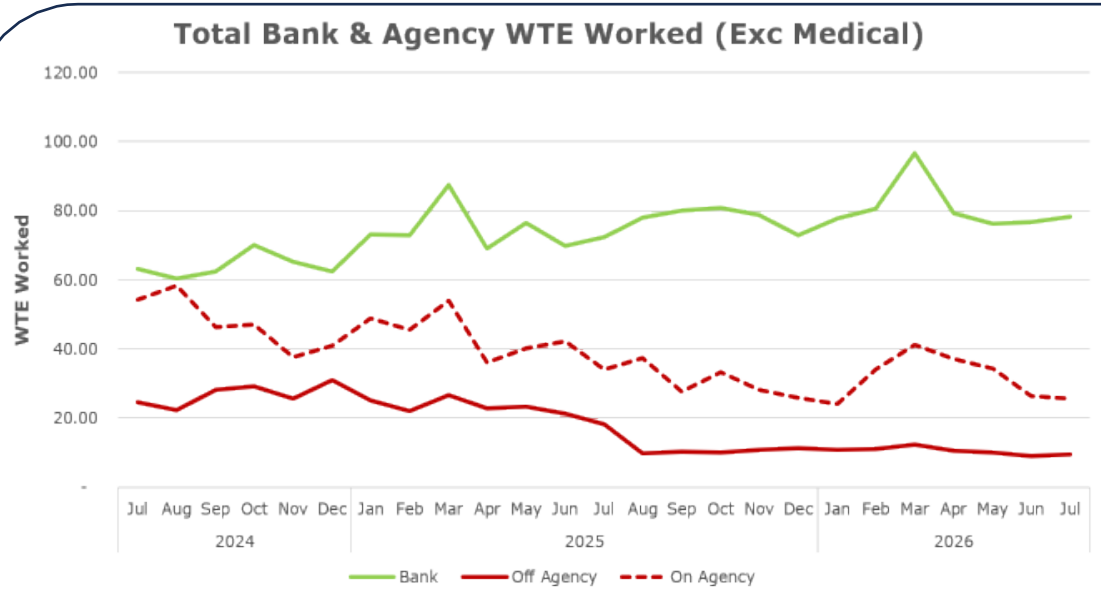
7.1 WTE

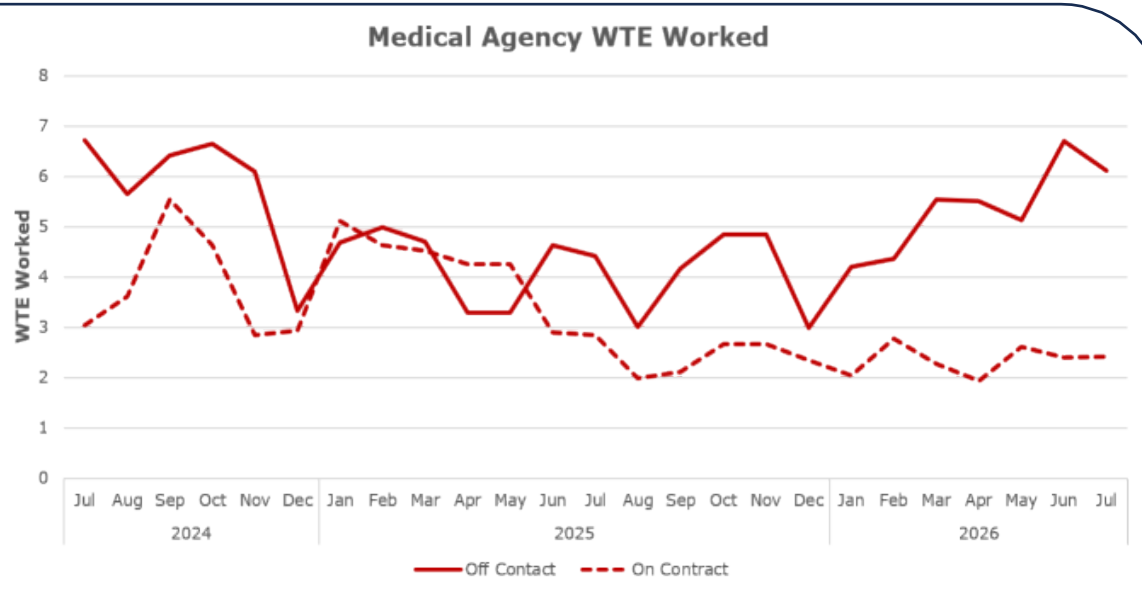
On Contract –2.4 WTE
Off Contract – 4.7 WTE

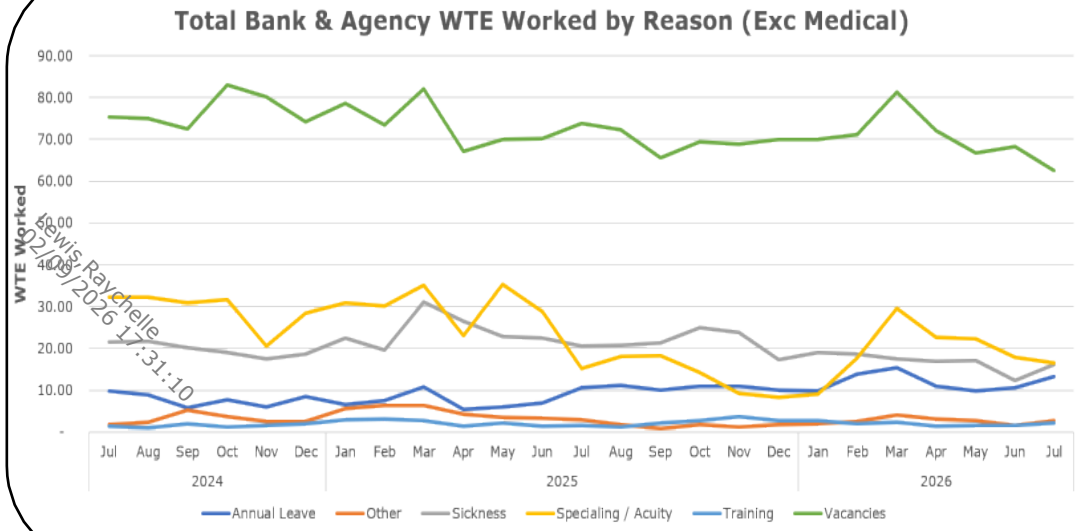
Previous 12 months
Average Worked : 8.8 WTE
On Con (4.0 WTE) & Off Con (4.8 WTE)

Staff Transformation & Sustainability of the Workforce

Variable Pay





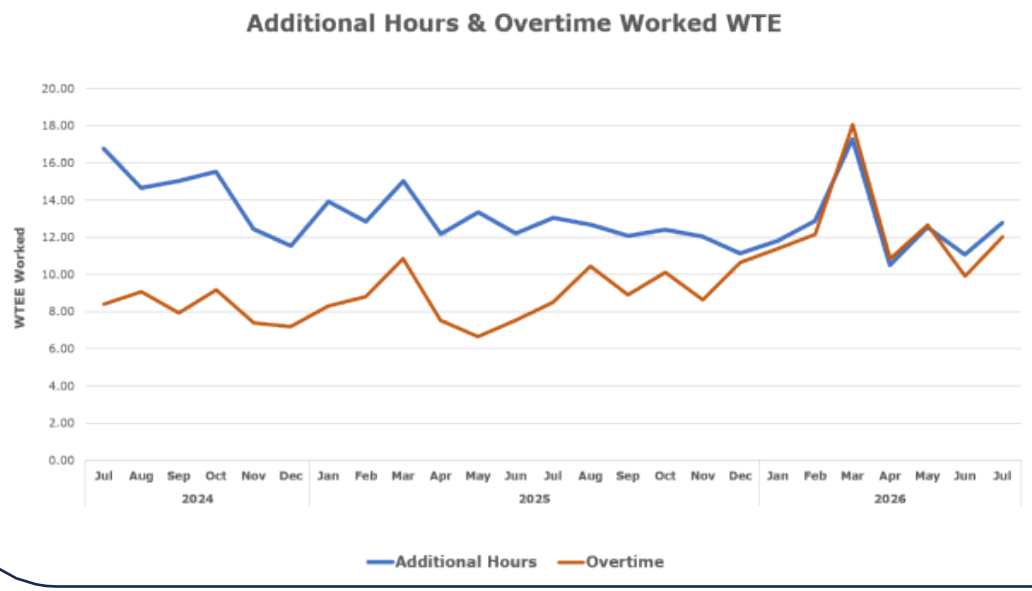


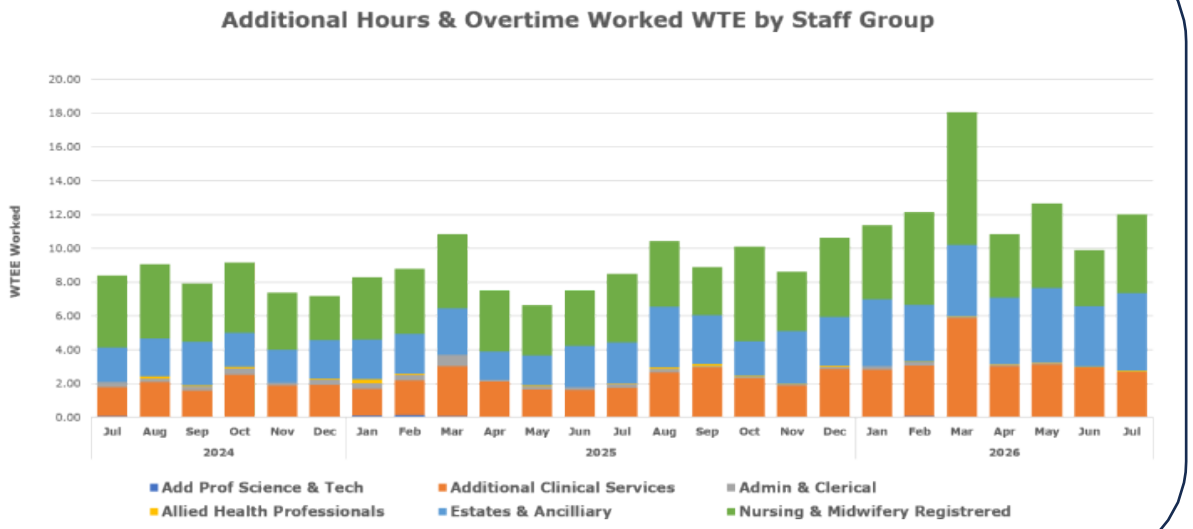
What is the Table showing: Total number of Bank and Agency (on/off contract) Shifts and Hours used last year and utilisation to date this year, along with a crude 12 month forecast for the financial year. (Excludes Medical Agency

**** Note forecast may not be accurate if there are delays in shifts being added in current month*** .

		2025/ 26 12 Months		2026/ 27 4 Months		*2026/ 27 Forecast (Inc. % Increase/ Decrease on 2025/ 26)*			
Bank / Agency	**On/ Off Contract**	**No of Shifts**	**Hours**	**No of Shifts**	**Hours**	**No of Shifts**	**% Increase**	**Hours**	**% Increase**
Agency	On Agency	7,236	65,840	2,211	20,132	6,633	*-8%*	60,396	*-8%*
	Off Agency	3,160	28,034	739	6,399	2,217	*-30%*	19,196	*-32%*
Agency Total		**10,396**	**93,874**	**2,950**	**26,530**	**8,850**	***-15%***	**79,591**	***-15%***
Bank		19,804	152,026	6,740	50,567	20,220	*2%*	151,702	*0%*
Bank Total		**19,804**	**152,026**	**6,740**	**50,567**	**20,220**	***2%***	**151,702**	***0%***
Grand Total		**30,200**	**245,900**	**9,690**	**77,098**	**29,070**	***-4%***	**231,293**	***-6%***

Variable Pay





Average Additional Hours Worked – Last 12 Months

12.4 WTE

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Previous 12 months
Average Worked 13.5 WTE

Average Overtime Hours Worked – Last 12 Months

11.3 WTE

Previous 12 months
Average Worked 8.2 WTE

Staff Transformation & Sustainability of the Workforce

What the charts tell us

Staff in Post

Since 2021, the Health Board workforce has grown by 11.3%, an increase of approximately 219 WTE. The largest absolute growth has been within Registered Nursing and Midwifery, which has increased by 101.1 WTE (18.9%), accounting for almost half of the Health Board's overall net workforce growth during this period. Allied Health Professionals have also experienced significant growth, increasing by 45.7 WTE (35.6%), while Additional Clinical Services have increased by 26.4 WTE (7.1%). Growth has therefore been particularly concentrated within the clinical workforce.

Additional Workforce Characteristics

- *7.2% of staff (192 headcount) are employed on fixed-term contracts, which is consistent with the levels reported in 2024 and 2025.*
- 84.1% of staff (2,236 headcount) are female, which remains consistent with previous years.
- 50.9% of staff (1,354 headcount) work part-time, with the proportion remaining broadly unchanged over recent years.

Recruitment & Vacancies

As at July 2026, the organisation's vacancy rate is 12.1% (297.33 WTE), a 0.4 percentage point decrease from 12.5% in July 2025. This indicates a modest improvement in workforce capacity over the past 12 months. Despite the significant growth in the Registered Nursing and Midwifery workforce since 2021, workforce pressures remain. Registered Nursing and Midwifery currently accounts for 82.7 WTE of the Health Board's vacancy position, demonstrating that growth in substantive workforce capacity has occurred alongside continued vacancy pressures and growth in establishment.

In July 2026, the average time to hire for PTHB was **64.6** days. Over the last 12 months the organisation failed to meet the national target of 71 days on only 1 occasion. The ability to meet this target is impacted upon by multiple factors including how responsive recruiting managers and candidates are to actions and requests.

Age Profile

Of the 2,658 staff currently in post, 30.3% (806) are aged over 55. This proportion is projected to increase to 43.6% (1,159) by 2031, highlighting a workforce risk associated with retirement.

Areas of Concern

Recruitment & Vacancies

Of the 297.3 WTE vacancies across the organisation:

- The largest proportion is within Registered Nursing & Midwifery vacancies accounting for 27.8% (82.7 WTE) of the total vacancy position. Of these, 11.9 WTE are within Mental Health and Adult Ward services *(excl. Knighton and Brecon Crug wards).*
- Additional Clinical Services, which accounts for 26.6% (78.95 WTE) of all vacancies. Only 4.8 WTE of these vacancies are within Adult Wards, with the majority spread across a wide range of departments and services.
- Administrative & Clerical roles represent the third largest staff group, accounting for 24.2% (72.0 WTE) of all vacancies.

Vacancy figures exclude Budgeted Establishment WTE for the following areas:

Wards	Additional Clinical Services	Administrative & Clerical	Nursing and Midwifery Registered	Grand Total
KNI - Hosp Nurs	5.33	0	13.32	18.65
BWM - Crug Ward MH	10.75	0.73	9.12	20.6
Grand Total	**16.08**	**0.73**	**22.44**	**39.25**

Actions/Mitigations

International Recruitment

One Internationally Educated Medic is currently completing the required onboarding and compliance checks, following successful recruitment at an international recruitment conference in India in January 2026.

This appointment will conclude the Health Board's planned international recruitment activity at this stage, with no further international recruitment currently scheduled for the coming financial year.

Since the programme commenced in October 2023, PTHB has successfully recruited 45 Internationally Educated Nurses and 5 Medical staff, providing an important contribution to workforce capacity and supporting hard-to-fill roles across the organisation.

Other Recruitment Activity

Bank recruitment for HCSW and Registered Nurses/Registered Mental Health Nurses continues to support the agency reduction plan, with ongoing rolling adverts live consistently.

Areas incurring agency spend alongside existing vacancies have been actively targeted and encouraged to recruit to those vacancies, or review their establishment where appropriate, to reduce reliance on agency staffing.

Workforce planning

Existing workforce planning capacity has been redirected to support the Better Together Programme. People & Culture Business Partners remain available to guide and advise managers regarding the workforce planning process, supported by a range of guidance and training that is available via the intranet.

What the chart tells us	Areas of Concern	Actions/Mitigations
Bank & Agency Usage Over the last 12 months; • The organisation used an average of **79.7 WTE** Bank hours per month, 46.3 WTE of which were in Nursing. Compared with the previous 12 months (70.1 WTE), this represents an increase of **9.6 WTE.** Bank usage has continued to show steady growth over the last 2 years. • Agency usage continues to decline, falling from 68.9 WTE in the previous 12-month period to 41.7 WTE, with 27.4 WTE attributable to Nursing. In the first 4 months of the financial year; • 2950 Agency shifts were worked, totalling 26,530 hours. • 6,740 Bank shifts were worked totalling 50,567 hours. Based on hours worked to date, the crude 2026/27 forecast suggests a 15% reduction in agency usage, while bank hours are projected to remain broadly unchanged. ***Medical Agency*** The average Medical Agency workforce utilised over the last 12 months was **7.1 WTE**, comprising 2.4 WTE on-contract agency staff and 4.7 WTE off-contract. This represents a reduction from the previous 12-month average of 8.8 WTE, **Additional Hours/Overtime** Over the last 12 months, the average additional hours worked decreased slightly from 13.5 WTE to **12.4 WTE,** a reduction of 1.1 WTE. Conversely, overtime usage has increased, rising from an average of 8.2 WTE to **11.3 WTE**. This suggests that while reliance on additional hours has reduced marginally, there has been a notable shift towards greater use of overtime to support service delivery.	**Medical Recruitment** Following approval of the new Mental Health medical workforce establishment, there have been, and continue to be, significant delays in progressing substantive medical recruitment. This has been primarily due to reduced recruiting manager capacity which has impacted the progression of recruitment activity and contributed to the continued reliance on medical agency staffing.	**Medical Recruitment** Recruitment support is being prioritised to progress the approved Mental Health medical establishment, with outstanding vacancies being actively tracked and escalation undertaken where recruitment activity is delayed. Progress will be monitored alongside medical agency utilisation to ensure substantive recruitment translates into a reduction in agency reliance.

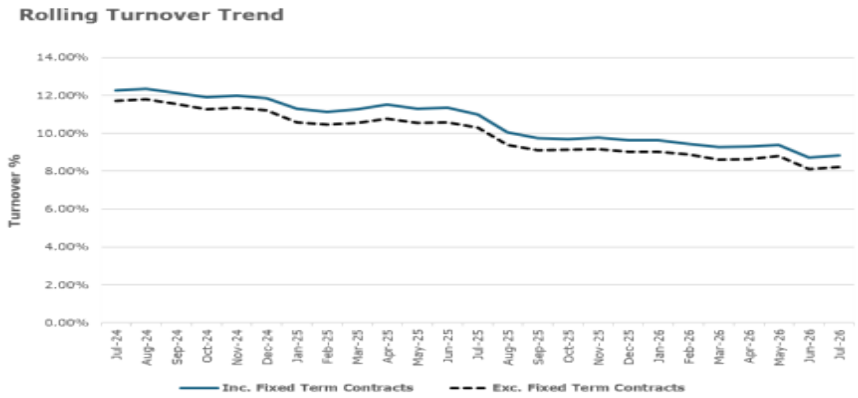
Great Place to Work

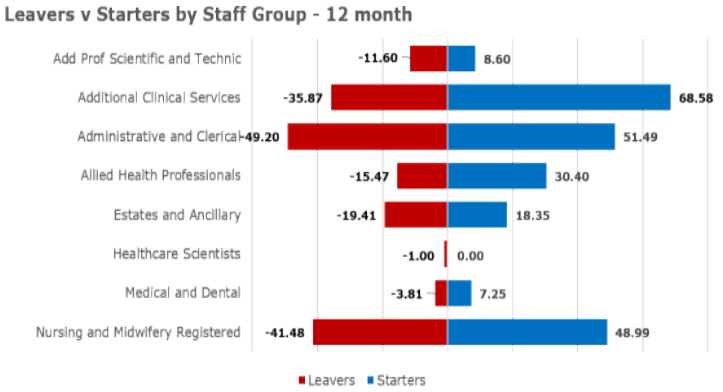
Turnover

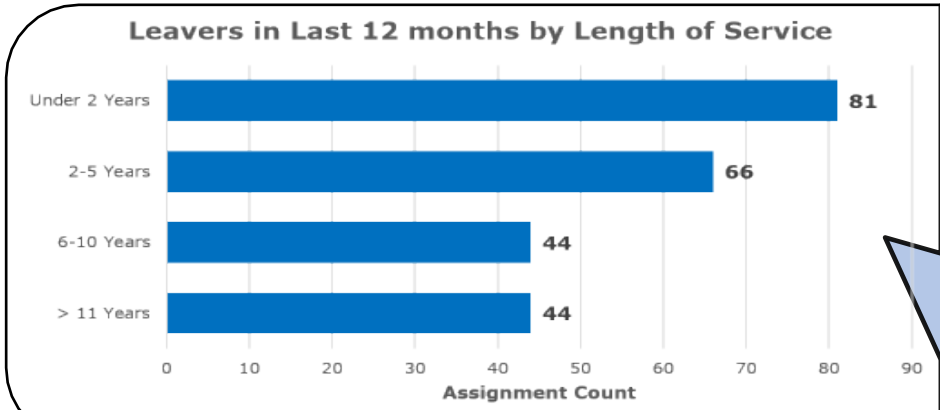
Staff Headcount Stability - % of Staff Retained over last 12 months (excl. Fixed Terms)

90%

Rolling Staff Turnover :
Jul-26: 8.83% (8.22% Exc F/T)
Jul 25: 11.00% (10.30% Exc F/T)
NHS Wales 7.7% May-26)



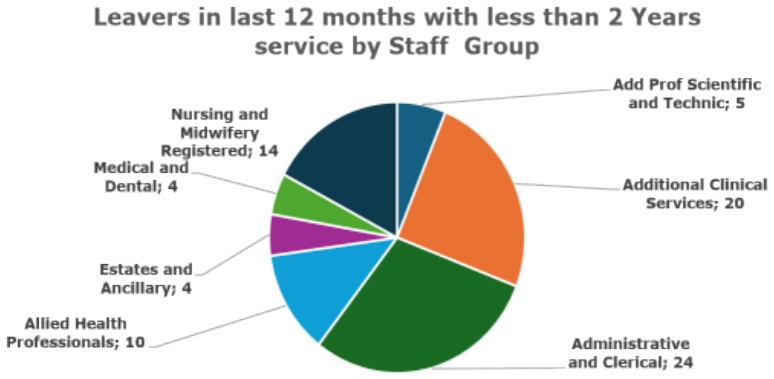




Over the last 12 months, the organisation recorded 235 leavers, which includes 15 in July 2026.

Of the 235 leavers:

- 81 staff left with less than 2 years service, 13 of which were fixed term.
- 42 left through Age Retirement, 8 Flexi Retirements and 10 Ill Health Retirements
- 134 were Voluntary Resignations, including 27 for work life balance, 23 due to relocation, 16 for promotion, 4 due to Pay and Reward and 5 for Health Reasons.
- 19 left following the end of fixed term contracts.
- Of the 235 leavers, 91 (39%) were Nursing. 28 had less than 2 years service, 20 Age Retirement, 3 Flexi Retirement, and 46 resigned voluntary.



PADR & M&S Training Compliance

PADR Compliance: Jul-26

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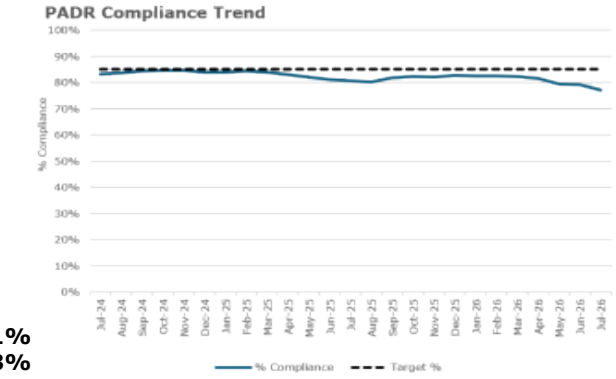
77%

NHS Wales 78% (May-26)

Jul-25: 81%
Jul-24: 83%



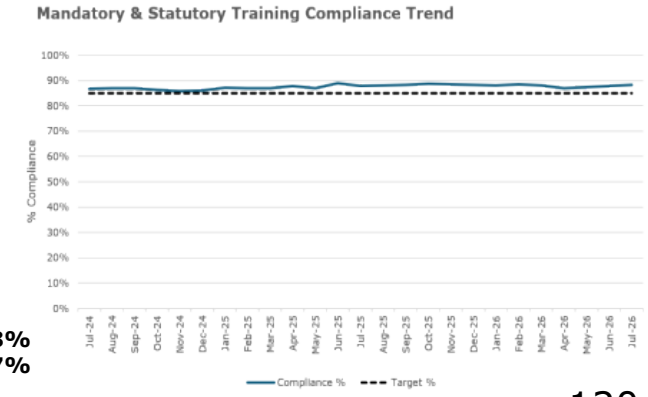
Mandatory & Statutory Training Compliance: Jul-26

88%

(Incs all M&S levels & Role Related Competencies)

NHS Wales 88% (May-26)

Jul-25 : 88%
Jul-24 : 87%



Great Place to Work

Training Compliance

10 Core Competencies Compliance (All Levels)

Core Skills Competencies (All Levels)	Modules Required	Modules Achieved	Compliance %
Equality, Diversity and Human Rights - 3 Years	2,688	2,512	93%
Fire Awareness Classroom - 2 Years	5,375	4,768	89%
Health, Safety and Welfare - 3 Years	2,688	2,524	94%
Infection Prevention and Control - Level 1 - 3 Years	2,537	2,173	86%
Information Governance (Wales) - 2 Years	2,688	2,420	90%
Moving and Handling - Level 1 - 2 Years	2,518	1,939	77%
Resuscitation - Level 1 - 3 Years	3,629	2,694	74%
Safeguarding Adults - Level 1 - 3 Years	2,393	2,001	84%
Safeguarding Children - Level 1 - 3 Years	2,475	2,157	87%
Violence & Aggression Module D - 1 Year	2,223	2,065	93%
Grand Total	29,214	25,253	86%

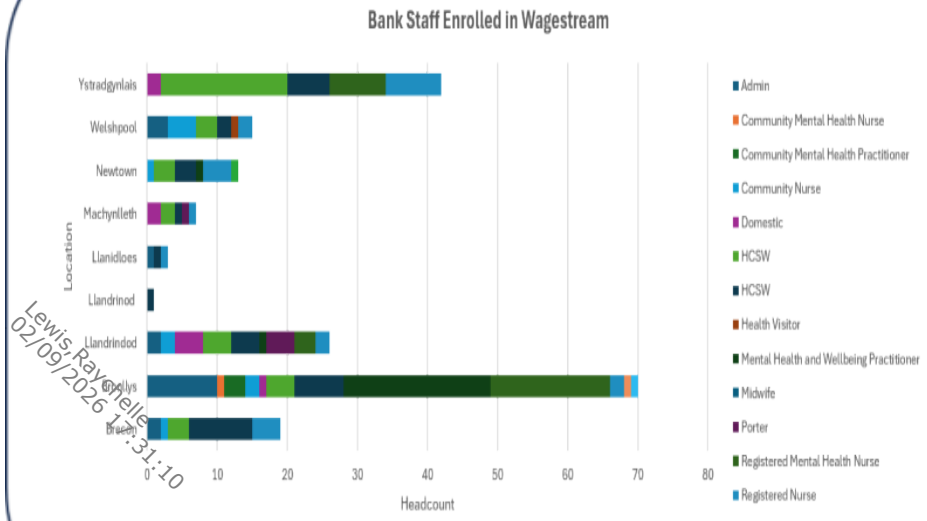
Core Skill Level Competencies with Compliance under 85%

Core Skills Competencies Levels under 85%	Modules Required	Modules Achieved	Compliance %
Safeguarding Children Level 4 - 3 years	7	4	57%
Safeguarding Adults (Version 2) - Level 3 - 3 Years	462	280	61%
Safeguarding Children - Level 2 - No Specified Renewal	55	34	62%
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	1505	940	62%
Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	48	32	67%
Safeguarding Adults Level 4 - 3 years	6	4	67%
Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	278	186	67%
Resuscitation - Level 3 - Paediatric Immediate Life Support - 1 Year	22	15	68%
Safeguarding Children - Level 3 - 3 Years	186	134	72%
Moving and Handling - Level 2 - 2 Years	1672	1210	72%
Violence & Aggression Module D - 1 Year	95	72	76%
Resuscitation - Level 2 - Newborn Basic Life Support - 1 Year	47	36	77%
Anaphylaxis - 1 Year	633	505	80%
Infection Prevention and Control - Level 2 - 1 Year	1673	1410	84%

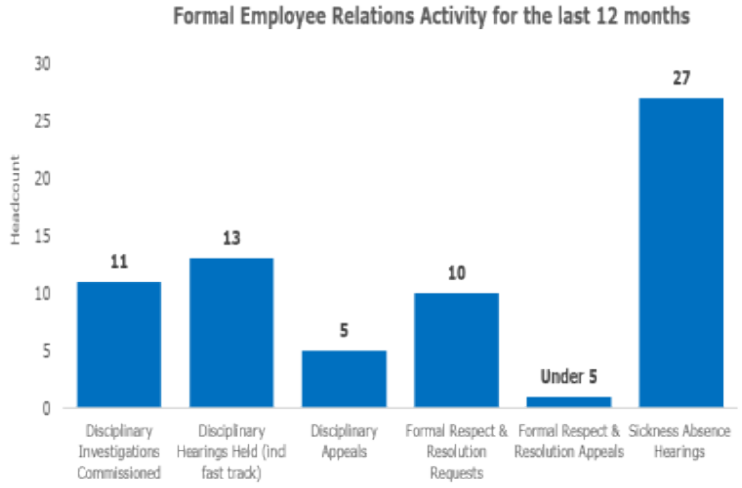
Role Specific Competencies with Compliance under 85%

Role Specific Competencies under 85%	Modules Required	Modules Achieved	Compliance %
Positive Behaviour Management Practical - 1 Year	14	6	43%
Clinical Induction - Nursery Nurse No Renewal	14	8	57%
WARRN - 3 years	278	181	65%
Manual Handling for Managers - No Renewal	191	151	79%
VAWDASV Ask & Act Level 2 - 2 years	678	563	83%

Wagestream/Employee Relations



Staff Group	Count of Bank Staff Enrolled on Wagestream
Add Prof Scientific and Tech	1
Additional Clinical Services	72
Admin & Clerical	18
Estates & Ancillary	14
Nursing & Midwifery Registered	93
Grand Total	198



Great Place to Work

What the chart tells us	Areas of Concern	Actions/Mitigations
Turnover Rolling turnover has continued to improve, reducing from 11.00% in July 2025 to 8.83% in July 2026, a reduction of 2.17 percentage points. Excluding fixed-term contracts, turnover has reduced from 10.30% to 8.22%. Although the direction of travel remains positive, turnover remains above the latest All-Wales position of 7.7%. The Stability Index for the Health Board remains steady at **90%** (excluding fixed term contracts). ***PADR (Performance Appraisal Development Review)*** PADR compliance reflects the percentage of staff who have received an appraisal within the last 12 months (Doctors and Dentists in the last 15 months). The Target compliance rate is 85%. • July 26 compliance : **77%,** a 4 percentage point decrease from July 25 (81%). • Medical & Dental compliance reported at 89%, • The health board now benchmarks below the All-Wales position of 78% (May 2026). ***Mandatory & Statutory Training*** Mandatory and Statutory training compliance includes all role specific competencies associated with each position. • Compliance was 88% in July 2026, unchanged from July 2025 (88%). • The health board is in line with the All Wales position of 88% (May 2026). **Wagestream** Since commencement there have been 198 enrolments for Wagestream. ***Employee Relations*** In the last 12 months there were 27 sickness absence hearings, 11 disciplinary investigations, 13 disciplinary hearings (including fast tracks) and 5 disciplinary appeals and 10 formal respect & resolution requests.	***Turnover*** Early-tenure turnover remains an area for attention, with 81 of the 235 staff who left the organisation in the last 12 months having less than two years' service. This represents around a third of all leavers and highlights the need to better understand the reasons for leaving early in employment and identify opportunities to strengthen retention. ***PADR*** Compliance has fallen to its lowest level since July 2023, when compliance was recorded at 76%.	***Turnover*** • Managers continue to receive a new starter e-mail to ensure they have completed the local induction checklist and secured equipment for new staff. • A leavers' toolkit and questionnaire has been introduced, this continues to be promoted by the Business Partner team and will be reviewed on a 6 monthly basis to monitor for emerging trends. As more data is collected, the ability to identify trends and patterns will be strengthened. • The P&C BP Team has developed a team effectiveness framework to help managers identify improvement priorities, strengthen people management practices, and track actions through a clear improvement plan. Teams have been identified to test this with and work will commence in September. ***PADR and Statutory & Mandatory*** The P&C BP team review the monthly PADR compliance report and provide focused intervention to managers that have compliance less than 85%. The P&C BP team continue to discuss compliance at senior management meetings within services, escalating to Assistant Directors areas of concern as required. ***Employee Relations*** Work in partnership continues to develop our implementation approach for the new All Wales Disciplinary Policy & procedure. Supporting guidance and a toolkit have been published and a training offer on the new policy is in development. People & Culture Business Partners and Trades Unions have regular Partnership development sessions as a forum to share lessons learnt and escalate and discuss any concerns in relation to organisational policy and process. Assistant Business Partners and HR advisors meet with Trades Unions on a weekly basis to ensure there is a partnership approach to address any emerging employee relations matters.

Staff Expenses

Amount Paid for travel expenses by Month

Directorate	May-26	Jun-26	Jul-26	Grand Total
Bank Staff	£1,473.35	£1,450.31	£1,589.05	£4,512.71
Chief Executive Office	£1,295.77	£648.25	£1,275.30	£3,219.32
Community Care & Therapies	£31,115.04	£38,908.21	£28,479.13	£98,502.38
Community Dental Service	£2,095.85	£1,904.97	£2,033.86	£6,034.68
Corporate Governance	£338.96	£495.24	£272.36	£1,106.56
Estates & Works	£527.85	£1,073.55	£1,037.30	£2,638.70
Facilities & Support Services	£593.75	£927.67	£833.81	£2,355.23
FID Finance Directorate	£1,482.30	£2,996.87	£838.03	£5,317.20
HCRW	£1,470.44	£798.30	£1,543.58	£3,812.32
Medicines Management	£2,146.20	£3,128.86	£4,099.85	£9,374.91
Mental Health	£20,757.29	£23,122.05	£19,424.20	£63,303.54
Nursing Directorate	£1,812.55	£1,197.90	£153.05	£3,163.50
People & Culture Directorate	£1,774.85	£1,390.86	£1,606.40	£4,772.11
Public Health Directorate	£1,274.28	£3,413.02	£1,731.51	£6,418.81
Planning Directorate	£33.15		£93.90	£127.05
Primary Care		£108.12	£907.08	£1,015.20
Therapies & Health Sciences Directorate	£1,363.64	£2,580.08	£2,726.65	£6,670.37
Transformation Directorate	£131.40	£1,055.90	£337.65	£1,524.95
Women and Children Directorate	£11,970.98	£13,406.80	£10,312.63	£35,690.41
Grand Total	**£81,657.65**	**£98,606.96**	**£79,295.34**	**£259,559.95**

All Miles Claimed by Month

Directorate	May-26	Jun-26	Jul-26	Grand Total
Bank Staff	3267	3269	3290	9826
Chief Executive Office	2657	1240	2260	6157
Community Care & Therapies	74699	93119	65032	232850
Community Dental Service	4736	3937	4220	12893
Corporate Governance	675	1359	1317	3351
Estates & Works	1173	2359	2097	5629
Facilities & Support Services	1411	1930	1858	5199
FID Finance Directorate	78	626	249	953
HCRW	971	528	718	2217
Medicines Management	5116	6763	7778	19657
MHD Mental Health	40549	51256	40352	132157
NUD Nursing Directorate	4243	2654	309	7206
People & Culture Directorate	4465	2881	3697	11043
PHD Public Health Directorate	4105	11799	5379	21283
PLD Planning Directorate	183		240	423
Primary Care		294	2001	2295
THD Therapies & Health Sciences Directorate	2874	5457	5689	14020
Transformation Directorate	272	1719	731	2722
Women and Children Directorate	30288	31471	26108	87867
Grand Total	**181762**	**222661**	**173325**	**577748**

Expenses Paid e.g. hotels, meal subsistence

Directorate	May-26	Jun-26	Jul-26	Grand Total
Bank Staff	£24.00	£14.00	£11.60	£49.60
Chief Executive Office	£100.12	£84.20	£162.50	£346.82
Community Care & Therapies	£828.36	£765.98	£861.14	£2,455.48
Community Dental Service	£116.42	£87.50	£86.00	£289.92
Corporate Governance	£41.93	£14.99		£56.92
Estates & Works		£12.00		£12.00
Facilities & Support Services		£51.22	£26.51	£77.73
FID Finance Directorate	£1,447.20	£2,736.00	£730.36	£4,913.56
HCRW	£1,033.49	£560.70	£1,191.53	£2,785.72
Medicines Management		£177.51	£333.50	£511.01
MHD Mental Health	£3,848.41	£1,513.84	£1,492.11	£6,854.36
NUD Nursing Directorate	£22.85	£44.00	£11.00	£77.85
People & Culture Directorate		£326.79		£326.79
PHD Public Health Directorate	£53.00	£140.90	£65.20	£259.10
Primary Care		£13.20	£7.50	£20.70
THD Therapies & Health Sciences Directorate	£122.00	£232.05	£101.70	£455.75
Transformation Directorate	£9.00	£282.35	£30.55	£321.90
Women and Children Directorate	£768.21	£1,550.14	£100.93	£2,419.28
Grand Total	**£8,414.99**	**£8,607.37**	**£5,212.13**	**£22,234.49**

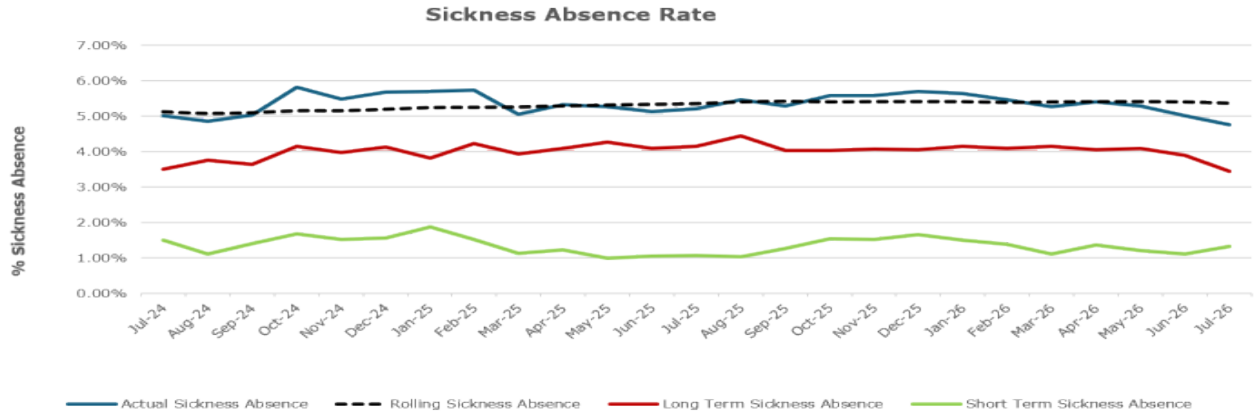
Employee Health & Well Being

Sickness Absence Percentage Jul-26:

4.76% (Actual)
5.37% (Rolling)

NHS Wales 6.4% Rolling (May-26)

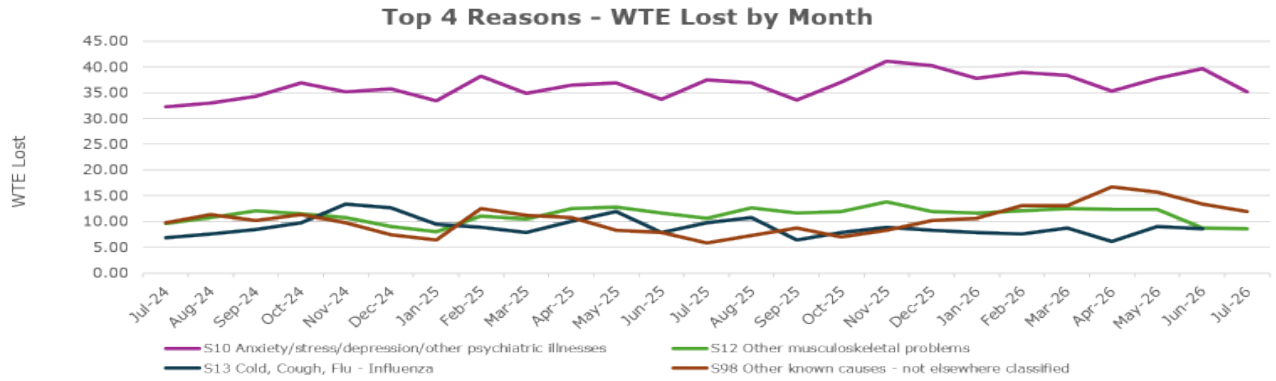
Jul-25 – 5.21% (Actual) 5.36% (Rolling)
Jul-24 – 5.00% (Actual) 5.12% (Rolling)



Sickness Absence: 12 Months Average WTE of Staff lost :

118.2 WTE

Aug-24 to Jul-25: 114.5 WTE
Aug-23 to Ju1-24: 104.6 WTE



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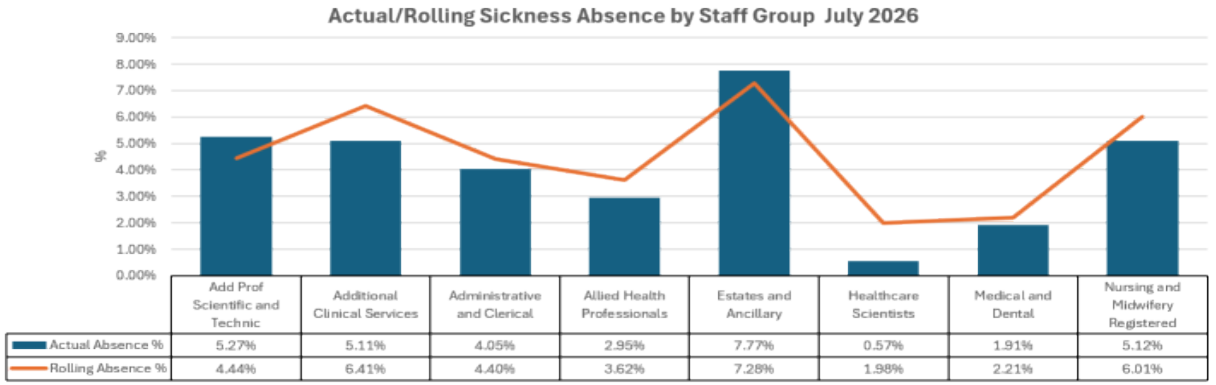


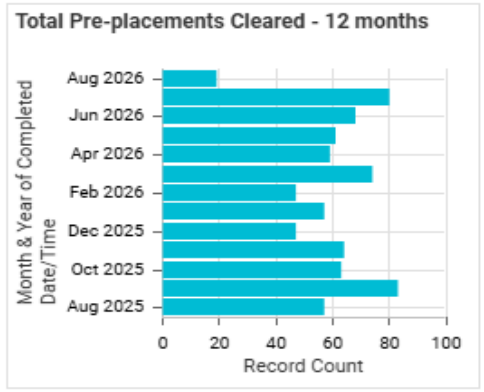
	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered
Actual Absence %	5.27%	5.11%	4.05%	2.95%	7.77%	0.57%	1.91%	5.12%
Rolling Absence %	4.44%	6.41%	4.40%	3.62%	7.28%	1.98%	2.21%	6.01%

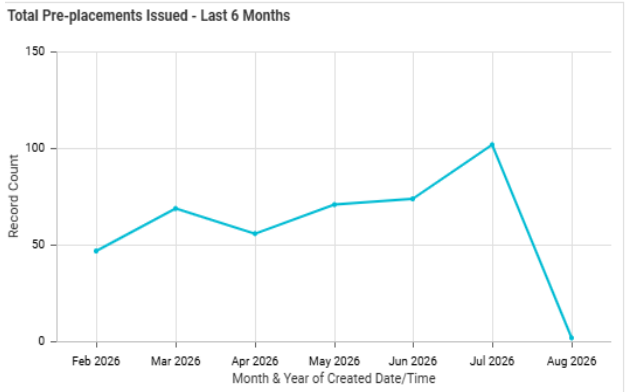
Occupational Health OPASG2 Dashboard- Snapshot July 2026

Pre-placement Health Assessments

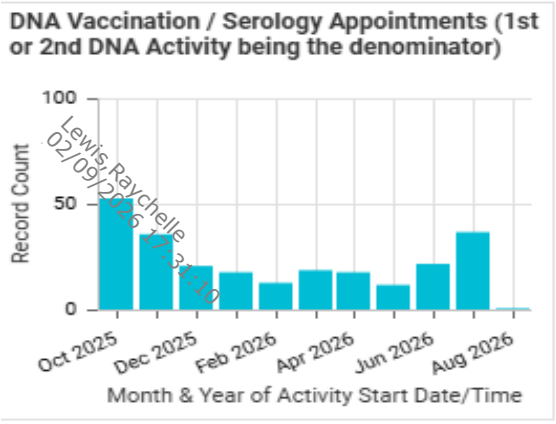
All OH Pre-placements checks are now managed through the OPASG2 system – from the graphs below that they peaked at **102 pre-placements issued in July 2026** – increase on the previous month (n72). These are new posts and internal movement posts. There were 80 pre placements **cleared** in July 2026.

The clearances in July have risen with the new intake of Aspiring Nurses and also the large cohort that are graduating into Band 5 nursing roles this summer.





The National Minimum Standard of 80% clearance within 7 days of acceptance is being achieved – from the graph above suggests that a majority of pre-placements are triaged at 0 days between applicant submission and OH triage.



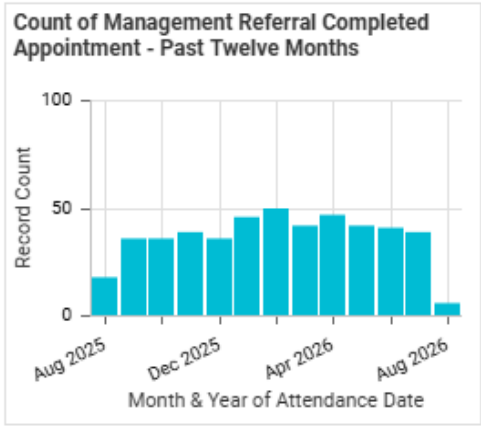
Duration of the preplacement pathway for clinical staff is often prolonged by TB screening activities and gaining full Immunisation information. The statistics above excludes applicants that need follow ups, bloods and vaccinations etc.

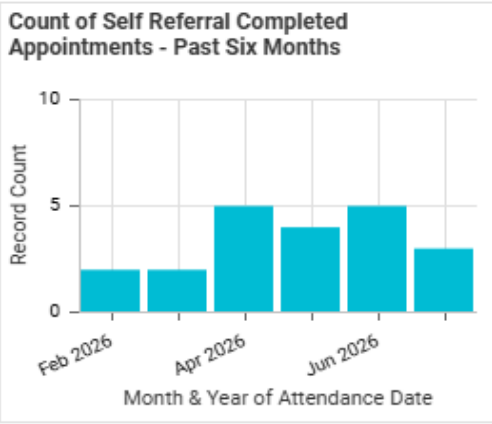
Did not attend data is now available for OHN Vaccine and serology clinics and shows a total of 37 DNAs in July – this equates up to approx. 18 hours of clinic time. Managers are informed of these DNAs – this can also delay the pre-placement clearance process. We have also set up a text reminder at 7 & 2 days prior to appt to help with DNAs.

Management Referrals

39 Management referrals were seen in July 2026, these are new referrals, Ill health retirement and follow up appointments as necessary

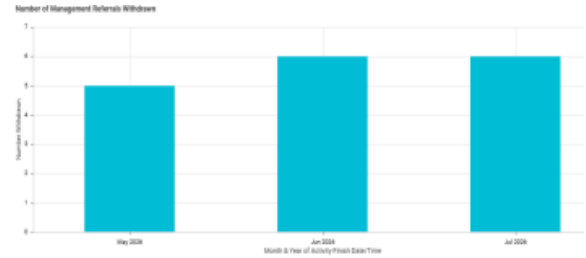
3 Self referrals were also seen in July 2026 – *it is noted that management report of workplace adjustments do not follow a self referral.*



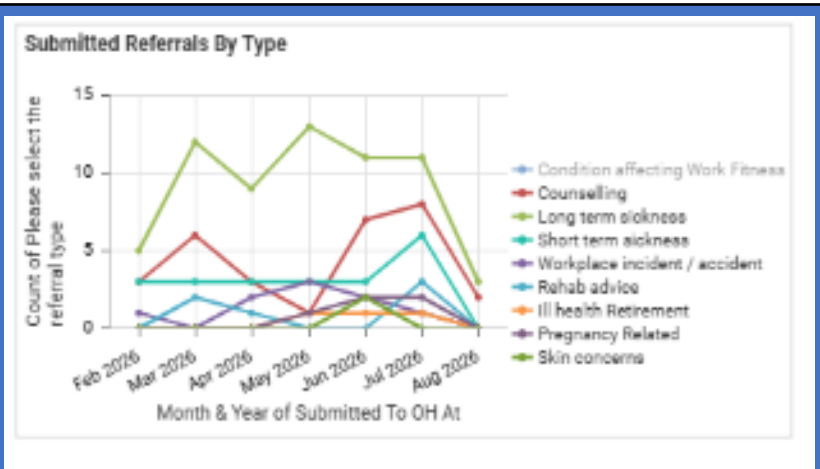


No. of Management referrals received In July has stayed consistent with the previous month

Our new booking system of sending patient invitation letters to make appointments rather than allocating appointments, to increase flexibility and reduce DNAs. We had 6 Man Refs withdrawn due to no contact from the patient over a 4 weeks period – which effectively is approx 10 hours of admin and clinical time – which in turn reduces our waiting list by a week Management Referrals are seen by Specialist Nurses and Consultants. A total of **22** withdrawn since we began this process



Occupational Health Internal Management Referrals July 2026



MANAGEMENT REFERRALS DIRECTLY RECEIVED INTO OCC HEALTH n=43 (previous month in brackets) 39 employees booked appointments to speak to a clinician.

33% (32%) of staff with condition affecting work fitness (Uniform blue)
12% (11%) with Short term sickness (Purple)
30% (29%) Long term sickness (Green)
9% (8%) Rehab advice (Turquoise)
3% (3%) Workplace Incident
14% (15%) Counselling (Red)

The largest categories were condition affecting work fitness (33%) and long-term sickness (30%), followed by counselling (14%) and short-term sickness (12%).

Occupational Health VIVUP Employee Assistance Programme/Counselling Service July 2026

No data available until 10th August at the earliest

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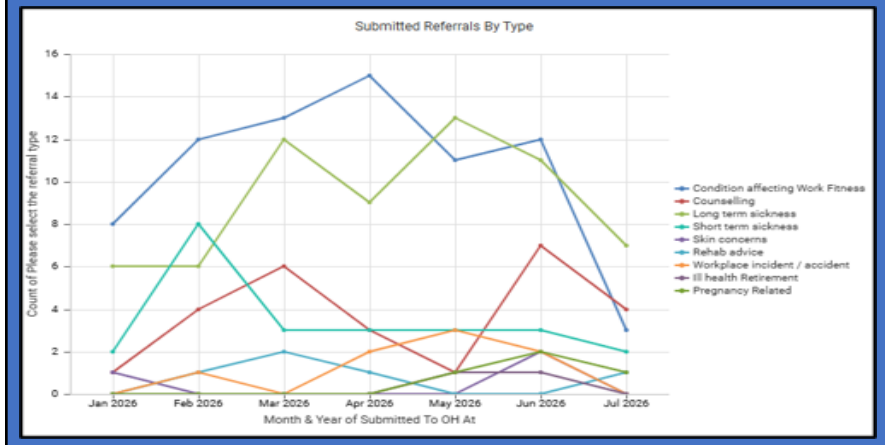
Occupational Health

Occupational Health Internal Management Referrals June 2026



MANAGEMENT REFERRALS DIRECTLY RECEIVED INTO OCC HEALTH n=35 (previous month in brackets)

32% (32%) of staff with condition affecting work fitness (Uniform blue)
12% (11%) with Short term sickness (Purple)
30% (29%) Long term sickness (Green)
9% (8%) Rehab advice (Turquoise)
3% (3%) Workplace Incident
14% (15%) Counselling (Red)

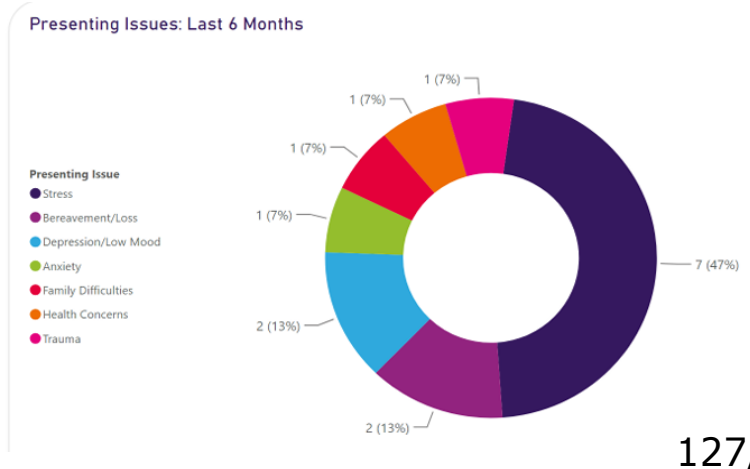
The June profile is broadly consistent with May 2026, with no material change in referral themes.

Occupational Health VIVUP Employee Assistance Programme/Counselling Service Jan - June 2026

Our service delivers structured therapeutic support tailored to each individual's needs. This report section details the number of clinical sessions conducted during the reporting period, including both attended and non-attended appointments. It provides insight into therapy engagement and utilisation across your organisation.

Month Year	Did Not Attend	In The Moment Support	Rearranged Appointment	Telephone Assessment	Telephone Counselling (30 min)	Telephone Counselling (50 min)	Virtual Counselling
Jan-26				7	1	4	5
Feb-26	1	1		7		14	11
Mar-26			1			12	11
Apr-26				3	1	13	5
May-26						6	2
Jun-26						5	1

Presenting issues following clinical assessment. This data provides an insight into emotional and psychological issues affecting the workforce.



Employee Health & Well Being

What the chart tells us

Sickness Absence

July sickness absence improved to 4.76%, compared with 5.21% in July 2025. However, the rolling 12-month rate remains broadly unchanged at 5.37% compared with 5.36% a year earlier, indicating that sustained improvement has yet to be reflected in the longer-term position.

Over the last 12 months, the organisation experienced an average of **118.2 WTE** staff absent, an increase of 3.7 WTE from the previous 12 month period (114.5 WTE).

The four leading causes for sickness accounted for just over **58%** of all absence in the past 12 months:

- **Anxiety, stress and depression** remains the leading cause of sickness absence, accounting for 32% of all reported absence. The highest levels were recorded within the Registered Nursing and Midwifery staff group, predominantly across Mental Health and Community Care services**.**
- **Other musculoskeletal problems** accounted for 10% of all sickness absence. The highest levels were reported within Additional Clinical Services, particularly amongst nursing staff.
- **Other known causes (not elsewhere classified)** represented 9.6% of all sickness absence. This category has shown a steady increase over the past 12 months, with the highest levels recorded within Registered Nursing and Midwifery, followed by Administrative and Clerical staff.
- **Cold, cough, flu and influenza** accounted for 6.8% of all sickness absence. The majority of absences were recorded within Registered Nursing and Midwifery and Administrative and Clerical staff groups. However, this category has demonstrated a sustained downward trend over the past seven months.

The health board continues to benchmark positively against the All Wales average of 6.4% (May 2026).

Areas of Concern

Sickness Absence

Rolling sickness absence for the year remains particularly high within the following staff groups:

- **Estates and Ancillary** (7.28%): The primary reasons for sickness absence were anxiety, **stress and depression** (18.3%) and **other musculoskeletal problems** (13.3%). Long-term absence within this staff group has increased over the past four months, contributing to the sustained high absence rate.
- ***Additional Clinical Services*** *(6.41%): The majority of days lost were attributable to* ***anxiety, stress and depression (****33.3%), followed by* ***other musculoskeletal problems*** *(14.1%). Despite remaining above the Health Board average, monthly sickness absence has shown a reduction over the last two months.*
- ***Registered Nursing and Midwifery*** *(6.01%): The leading causes of absence were* ***anxiety, stress and depression*** *(36.1%) and* ***other known causes not elsewhere classified*** *(12.2%). Encouragingly, this staff group has demonstrated a steady decline in sickness absence over the past 12 months.*

Actions/Mitigations

The P&C BP team are monitoring absence prompts in ESR and following these up with managers to ensure policy is followed. All long-term absence cases over 6 months are reviewed with managers to ensure all actions are up to date in line with the Managing Attendance at Work policy. Absence also continues to be monitored via directorate SMT meetings.

The P&C BP are exploring options to automate and digitise some aspects of the return-to-work process allowing for better data collection and targeted intervention.

P&C has recruited Mindfulness Practitioners onto the bank who have established the Mindfulness and Compassion (MAC) programme with the programme receiving significant positive feedback from staff. The MAC programme has received Powys Charities funding until September 2027. Individual and group support and sessions are regularly promoted across the organisation

A reasonable adjustment tracker has been developed in response to service feedback and recent case learning. The tracker aims to support more consistent local oversight of agreed adjustments, prompt regular review, and help managers identify any emerging service pressures or support needs at an early stage. A small pilot is taking place to test its practicality before wider implementation.

We are continuing with the offer of ViVUP – Virtual GP appointment model – Enabling staff to gain same or next day access to a GP for non-routine advice (NB: this service will not issue fit notes). Virtual GP appointments are now in place and promoted.

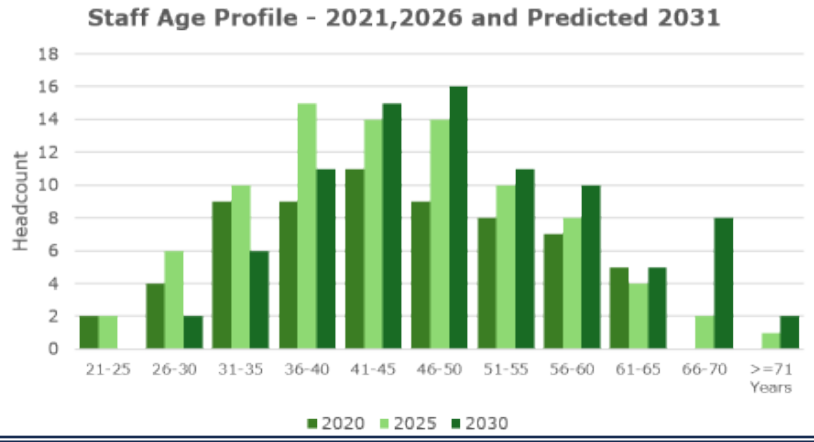
Workforce Monthly Dashboard – July 2026

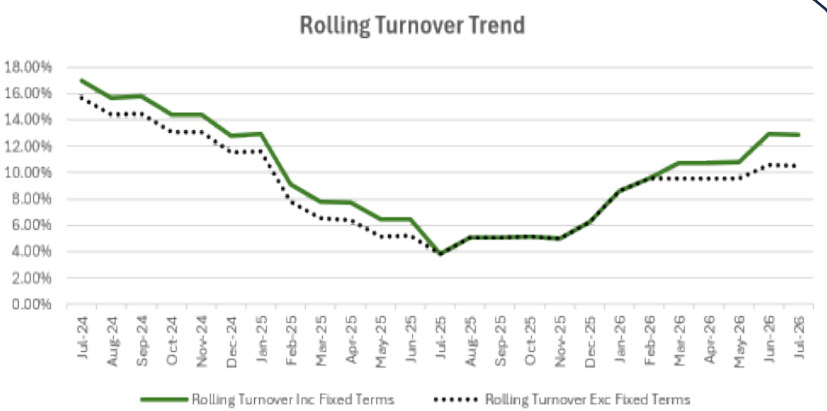
Staff Group	Actual Contracted WTE	Budgeted WTE	Vacancy WTE	Vacancy %	Monthly Sickness %	Rolling Sickness %	Bank WTE in Month	Agency Use Off Contract WTE in Month	Agency Use On Contract WTE in Month	Total Agency WTE use in Month	PADR %	M&S Training %	Starters in Month WTE	Leavers in Month WTE	Substantive to Bank in Month	Bank to Substantive in Month	12 month Rolling Turnover Rate (Headcount)	12 month Rolling Turnover Rate (Exc. Fixed Terms)
Add Prof Scientific and Technic	88.59	102.13	**13.54**	**13.26%**	5.27%	4.44%	0.88	0.52	2.05	**2.57**	76%	85%	-	1.00		0.61	13.76%	13.76%
Additional Clinical Services	397.05	476.00	**78.95**	**16.59%**	5.11%	6.41%	24.36	0.45	6.69	**7.14**	74%	90%	2.30	1.62		1.80	9.22%	8.09%
Administrative and Clerical	642.24	714.21	**71.97**	**10.08%**	4.05%	4.40%	11.20	-	-	**0.00**	82%	93%	4.60	4.80			8.11%	7.57%
Allied Health Professionals	174.17	191.73	**17.56**	**9.16%**	2.95%	3.62%	0.84	-	8.46	**8.46**	80%	88%	0.60	1.00			9.60%	9.07%
Estates and Ancillary	167.55	178.73	**11.18**	**6.25%**	7.77%	7.28%	16.42	-	-	**0.00**	75%	84%	0.88	1.00		1.47	11.56%	11.11%
Healthcare Scientists	9.01	14.71	**5.70**	**38.73%**	0.57%	1.98%	0.38	-	1.36	**1.36**	100%	93%	-	-			9.52%	9.52%
Medical and Dental	42.34	58.04	**15.70**	**27.06%**	1.91%	2.21%	0.28	6.11	2.42	**8.52**	70%	70%	1.60	0.20			9.23%	6.15%
Nursing and Midwifery Registered	635.63	718.37	**82.74**	**11.52%**	5.12%	6.01%	24.19	8.57	7.11	**15.68**	74%	87%	2.43	3.90	1.00	-	7.56%	7.30%
Grand Total	**2,156.59**	**2,453.92**	**297.33**	**12.12%**	**4.76%**	**5.37%**	**78.55**	**15.64**	**28.08**	**43.72**	**77%**	**88%**	**12.41**	**13.52**	**1.00**	**3.88**	**8.83%**	**8.22%**

Staff in Post excludes Apprentices, Career Breaks, External Secondments and time spent away in education by staff undertaking professional development pathways. This provides a more accurate basis against which recruitment requirements can be assessed.

Directorate	Actual Contracted WTE	Budgeted WTE	Vacancy WTE	Vacancy %	Monthly Sickness %	Rolling Sickness %	Bank WTE in Month	Agency Use Off Contract WTE in Month	Agency Use On Contract WTE in Month	Total Agency WTE use in Month	PADR %	M&S Training %	Starters in Month WTE	Leavers in Month WTE	Substantive to Bank in Month	Bank to Substantive in Month	12 month Rolling Turnover Rate	12 month Rolling Turnover Rate (Exc. Fixed Terms)
Chief Executive Office	20.71	26.02	**5.31**	**20.42%**	3.02%	1.25%	-	-	-	**0.00**	84%	76%	-	-	-	-	9.52%	9.52%
Community Care & Therapies	887.34	1000.08	**112.74**	**11.27%**	4.61%	5.21%	32.41	1.05	15.80	**16.85**	83%	90%	2.33	5.00	1.00	1.80	7.74%	7.47%
Community Dental Service	47.04	52.69	**5.65**	**10.73%**	3.10%	2.21%	-	-	-	**0.00**	79%	87%	0.60	0.20	-	-	7.75%	7.75%
Corporate Governance	27.58	19.03	**-8.55**	**-44.93%**	6.32%	2.99%	-	-	-	**0.00**	81%	97%	-	-	-	-	3.57%	3.57%
Estates & Works	47.31	48.21	**0.90**	**1.87%**	4.23%	3.27%	-	-	-	**0.00**	86%	90%	-	-	-	-	8.00%	8.00%
FID Finance Directorate	32.92	39.07	**6.15**	**15.75%**	0.64%	2.76%	-	-	-	**0.00**	71%	89%	-	1.00	-	-	5.56%	5.56%
Facilities & Support Services	147.12	161.97	**14.85**	**9.17%**	8.17%	7.66%	16.42	-	-	**0.00**	72%	84%	0.88	1.00	-	1.47	12.53%	12.03%
HCRW	76.50	69.81	**-6.69**	**-9.59%**	2.50%	2.70%	-	-	-	**0.00**	84%	90%	0.80	1.00	-	-	12.87%	10.53%
MED Medical Directorate	1.25	3.24	**1.99**	**61.57%**	0.00%	0.23%	-	-	-	**0.00**	100%	68%	-	-	-	-	0.00%	0.00%
Medicines Management	29.11	32.54	**3.43**	**10.53%**	0.28%	3.09%	0.36	0.52	-	**0.52**	91%	93%	-	-	-	-	13.89%	13.89%
MHD Mental Health	411.52	532.24	**120.72**	**22.68%**	5.01%	6.52%	25.96	14.07	12.28	**26.35**	58%	82%	2.00	1.82	-	0.61	9.26%	8.44%
NUD Nursing Directorate	29.04	33.35	**4.31**	**12.92%**	2.68%	5.18%	-	-	-	**0.00**	71%	88%	-	0.80	-	-	9.23%	9.23%
People & Culture Directorate	57.45	64.37	**6.92**	**10.76%**	5.62%	3.59%	1.69	-	-	**0.00**	83%	88%	-	-	-	-	2.94%	2.94%
PHD Public Health Directorate	72.55	79.45	**6.90**	**8.69%**	7.67%	8.90%	0.16	-	-	**0.00**	89%	97%	2.00	-	-	-	12.79%	11.63%
PLD Planning Directorate	16.84	17.25	**0.41**	**2.38%**	0.41%	0.79%	-	-	-	**0.00**	63%	92%	2.00	-	-	-	0.00%	0.00%
Primary Care	15.59	22.99	**7.40**	**32.17%**	6.52%	7.57%	-	-	-	**0.00**	81%	89%	-	-	-	-	21.62%	21.62%
THD Therapies & Health Sciences Directorate	62.38	58.92	**-3.46**	**-5.87%**	2.56%	2.78%	0.45	-	-	**0.00**	93%	97%	-	-	-	-	2.88%	2.88%
Transformation Directorate	26.02	26.60	**0.58**	**2.20%**	0.75%	2.78%	-	-	-	**0.00**	76%	85%	-	1.00	-	-	12.50%	8.33%
Women and Children Directorate	148.34	166.09	**17.75**	**10.68%**	5.94%	6.82%	1.10	-	-	**0.00**	75%	87%	1.80	1.70	-	-	11.26%	9.12%
Grand Total	**2,156.59**	**2,453.92**	**297.33**	**12.12%**	**4.76%**	**5.37%**	**78.55**	**15.64**	**28.08**	**43.72**	**77%**	**88%**	**12.41**	**13.52**	**1.00**	**3.88**	**8.83%**	**8.22%**

Staff Group	WTE Staff in Post		Variance Jul-25 & Jul-26
	Jul-25	Jul-26	
Administrative and Clerical	72.90	72.46	-0.44
Medical and Dental	0.80	1.24	0.44
Nursing and Midwifery Registered	1.80	2.80	1.00
Grand Total	75.50	76.50	1.00





Staff Headcount Stability - % of Staff Retained over last 12 months (Exc Fixed Terms)

90%

Rolling Staff Turnover :
Jul-26: 12.87% (10.53% Exc F/T)
Jul-25: 3.80% (3.80% Exc F/T)
Jul-24: 16.99% (15.69 % Exc F/T)

Sickness Absence Percentage Jul-26:

3.22% (Actual)
2.53% (Rolling)

Jul-25 – 0.46% (Actual) 2.60% (Rolling)
Jul-24 – 3.28% (Actual) 3.88% (Rolling)

PADR Compliance: Jul-26

83%

Jul-25 : 68%
Jul-24 : 89%

Mandatory & Statutory Training Compliance: Jul-26

90%

Jul-25 : 81%
Jul-24 : 83%

GIG CYMRU NHS WALES

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 7.3

PEOPLE AND CULTURE COMMITTEE	08 SEPTEMBER 2026
Subject:	**Committee Effectiveness: Governance Development Plan 2026-27**
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Deputy Board Secretary
Other Committees and meetings considered at:	N/A
Appendices :	Appendix A – Governance Development Plan 2026-27

PURPOSE:

This report provides the Committee with the plan for continuous development, based upon the matters identified as actions arising the 2025-26 annual review of Committee effectiveness.

The 2026-27 plan comprises of actions arising from and relevant to all Committees (Cross Committee Action Plan) and the Board.

RECOMMENDATION(S):

The Committee is asked to:

a. **RECEIVE** the Governance Development Plan 2026-27 and
b. **TAKE ASSURANCE** that the implementation of development actions will be monitored and reported on throughout the year as a key principle of good corporate governance.

Approve/Take Assurance	Discuss	Note
x		

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	A commitment to good governance and robust corporate systems are a key enabler of all of our wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	

8. Transforming in Partnership	Y	

COMMITTEE EFFECTIVENESS

Each Committee of the Board is required to assess its effectiveness at the end of each year and to report its views to the Board on how governance arrangements might be improved. This is a key principle of good corporate governance which demonstrates a committee's understanding of its remit and oversight responsibility and a culture of continuous improvement.

PTHB has adopted a two-yearly approach to Committee Effectiveness Reviews, with an in-depth questionnaire in year 1 and a more informal facilitated discussion approach in year 2. 2025/26 constitutes year 2 of the current cycle, and in March 2026 a Board Development session provided Board members with the opportunity to discuss in a shared environment the effectiveness of our Committees.

A key aspect of the effectiveness review is the formulation of actions based upon identified opportunities for continuous improvement as part of the process.
The outcome of the Board Development discussion and the actions arising have been reviewed and formed into a development plan by the Corporate Governance team, which has subsequently been received and supported by the Chair's Forum and Board Development.

Implementation of the Governance Development Plan 2026-27 (Appendix A) will be monitored by the Corporate Governance team throughout the year, and an update on implementation will return to the Committee in Q4 of 2026/27.

NEXT STEPS:

Implementation of the Governance Development Plan 2026-27 (Appendix A) will be monitored by the Corporate Governance team throughout the year, and an update on implementation will return to the Committee in Q4 of 2026/27.

Appendix A – Governance Development Plan 2026/2027.

Committee Effectiveness: Governance Development Plan 2026–2027

Theme	Action	Owner	Timeline	Status
Committee Agenda Focus	a) Executive/Assistant Directors to feedback where greater clarity re the expected content/focus of agenda items would be beneficial b) Committee Chair's to provide clarity in meetings regarding the content/discussion required around agenda items	Governance Team / Executive Directors / Committee Chairs	Q1	Underway
Committee Agenda Focus	Review of proportionality of Committee reporting across key services/areas of risk as part of the development of annual work programmes	DCG / Governance Team / Executive Directors / Chairs	Q1	Underway
Board Member Training	Focused Board Member training on key areas e.g. financial recovery, scrutiny vs assurance etc. as part of	PTHB Chair / DCG	Q2	Underway

	structured Board Development programme			
Organisational Learning	Undertake to identify a comparable organisation for benchmarking of key data beyond NHS Wales	DCG / Governance Team / DPP&C	Q3	Not yet due
Organisational Learning	Identify partners or opportunities to hear from and share learning with relevant organisations and sectors	PTHB Chair / DCG / Committee Chairs	Q4	Not yet due
Board Out and About	Review potential for half-day IM out and about sessions as part of Board Development twice per year	PTHB Chair / DCG	Q2 – Q4	Underway

People & Culture Committee 2026-27

Theme	Item Title	Duration (mins)	Role of Committee	Onward Journey to Board	Exec Lead	June 11/06/2026	September 08/09/2026	December 08/12/2026	March 04/03/2027
Governance	Minutes of previous meeting	10	Approval	N	DCG	✓	✓	✓	✓
Governance	Declaration of Interests		Compliance	N	DCG	✓	✓	✓	✓
Governance	Action Log		Approval	N	DCG	✓	✓	✓	✓
Governance	Committee Risk Register	5	Assurance	N	DCG	✓	X	✓	✓
Governance	Committee Reflections	5	N/A	N		✓	✓	✓	✓
Governance	Annual Work Programme	15	Recommendation to Board	N	DCG	✓			
Governance	Work Programme (updated through year)	5	Review	N	DCG		✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness	10	Review	N	DCG				✓
Governance	Committee Governance Action Plan	10	Assurance	N	DCG		✓		✓
Governance	Committee Annual Report	10	Recommendation to Board	Y	DCG	✓			
Governance	Review of Terms of Reference	15	Recommendation to Board	Y	DCG				✓
Performance	Workforce Performance Report (Consent Agenda area)	20	Assurance	N	ED PC&T	✓	✓	✓	✓
Performance	Director of People and Culture Report (September and March)	20	Assurance	N	ED PC&T	✓	✓		✓
Performance	Financial Grip Control Board		Assurance	Y	ED PC&T				
Workforce Futures	Theme 1 - Staff Health and Wellbeing	45	Assurance	N	ED PC&T	✓		✓	
Workforce Futures	Theme 2 Great Place to Work	35	Assurance	N	ED PC&T		✓		✓
Workforce Futures	Theme 3 Workforce Sustainability and Transformation	30	Assurance	N	ED PC&T	✓		✓	
Primary Care	Primary Care Workforce Sustainability	20	Assurance	N	ED PCCMH			✓	
Workforce Futures	Theme 4 Welsh Language, Equality, Diversity and Inclusion	35	Assurance	N	ED PC&T				✓
Equality, Diversity & Inclusion an	Equality, Diversity and Inclusion Annual Report	20	Approval	Y	ED PC&T	✓			
Equality, Diversity & Inclusion and Welsh Language	Welsh Language Annual Report	15	Approval	Y	ED PC&T	✓			
Communications	Comms and Engagement Report for P&C	10	Assurance	N	DCG				
Governance	Speaking Up Safely and Raising Concerns Report	20	Assurance	N	ED PC&T	x	✓		
Innovative Environments	Workforce Measures	15	Assurance	N	AD ECP		✓		
Staff Story	Staff Story (TBC if at each meeting)		Assurance	Y			✓	✓	
Health & Safety and Fire Safety	Violence and aggression incidents.	20	Assurance	Y	ED PC&T		✓		
Equality, Diversity & Inclusion and Welsh Language	Anti Racism Plan	20	Assurance	Y	ED PC&T	✓			✓
Statutory Compliance	Clincial Revaluation Update	10	Assurance	N	ED NQW&FH	x	✓		
Workforce	Primary & Community Care Academy	15	Assurance	N	ED PC&T	✓	✓		
Workforce	Staff Development Programme Final Internal Audit Report	15	Assurance		ED PC&T			✓	
Workforce	Workforce Race Equality Standard - Analysis of local PTHB Workforce Data	10	Assurance	Y	ED PC&T			✓	

IN COMMITTEE									
Workforce	Horizon Scanning						✓		

Internal/External Audit Reports									
Workforce	Anti Racism Plan		Assurance	Y	ED PC&T	✓			
Workforce	Managing Agency Use - PTHB				ED PC&T			✓	

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Powys Teaching Health Board Glossary (Last updated August 26)

Acronym	
AD ECP	Associate Director of Estates, Capital & Property
ACEO	Acting Chief Executive Officer
ADoF	Acting Director of Finance
ADCEO / EMD	Acting Deputy Chief Executive / Executive Medical Director
CEO	Chief Executive Officer
DCEO / ED FC&SS	Deputy Chief Executive Officer / Executive Director of Finance, Capital & Support Services
DCG	Director of Corporate Governance
D I&T	Director of Improvement & Transformation
E MD	Executive Medical Director
ED PH	Executive Director of Public Health
ED PC&T	Executive Director of People, Culture & Transformation
ED PP&C	Executive Director of Planning, Performance and Commissioning
ED AHPHS&D	Executive Director of Allied Health Professions, Health Sciences and Digital
ED NQW&FH	Executive Director of Nursing, Quality, Women and Family Health
ED PCCMH	Executive Director of Primary Care, Community & Mental Health
ABUHB	Aneurin Bevan University Health Board
AFC	Agenda for Change
A&E	Accident and Emergency
AGW	The Auditor General for Wales
AHPs	Allied Health Professionals
ALN	Additional Learning Needs
ANP	Advanced Nurse Practitioner
AO	Accountable Officer
AQS	Annual Quality Statement/Report
ARAC	Audit, Risk and Assurance Committee
ASM	Accelerated Sustainable Model
AR	Audit Recommendations
AF	Audit Findings
APB	Area Planning Board
AGS	Annual Governance Statement
BAF	Board Assurance Framework

BCUHB	Betsi Cadwaladr University Health Board
BMA	British Medical Association
CAHPO	Chief Allied Health Professionals Officer
CAAP	Clinical Associate in Applied Psychology
CAMHS	Child and Adolescent Mental Health Services
CCN	Childrens Community Nursing
COC	Continuity of Care
CDO	Chief Dental Officer
CEMT	Chief Executive Management Team
CHC	Continuing Health Care
CIW	Care Inspectorate for Wales
CLIP	Collaborative Learning in Practice
CNO	Chief Nursing Officer
CPCF	Community Pharmacy Contractual Framework
CPD	Continued Professional Development
CPR	Child Practice Review
CRR	Corporate Risk Register
CSP	Clinical Service Plan
CTMUHB	Cwm Taf Morgannwg University Health Board
CV	Curriculum Vitae
CVUHB	Cardiff and Vale University Health Board
CWMPAS	Mid and West Wales Regional Safeguarding Adults Board
CYSUR	Mid and West Wales Regional Safeguarding Children Board
CTC	Care Transfer Co-ordinator
CCOMG	Complex Care Operational Management Group
DATIX	Incident Management System
DAP	Dental Access Portal
D&P	Delivery and Performance Committee
DCG	Delivery Co-ordination Group
DGH	District General Hospital
DHCW	Digital Health and Care Wales
DNA	Did not Attend
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation
DPA	Data Protection Act
DToC	Delayed Transfer of Care/Pathway of Care Delays
D2RA	Discharge to Recover and Assess
DST	Decision Support Tool
DOI	Declaration of Interest
EASC	Emergency Ambulance Services Committee
EOG	Executive Oversight Group

EOY	End of Year
EMRTS	Emergency Medical Retrieval & Transfer Service
EPMA	Electronic Prescribing and Medicines Administration
ESR	Electronic Staff Record
EMI	Elderly Mentally Infirm
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FTE	Full Time Equivalent
F&P	Finance and Performance Committee
GDS	General Dental Services
GIRFT	Getting It Right First Time
GLP-1	Glucagon Like Peptide
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
GNCC	General Nursing Complex Care Team
G&H	Gifts and Hospitality
H&S	Health and Safety
HCA	Health Care Assistant
HCS	Health and Care Standards
HCSW	Health Care Support Worker
HDUHB	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
HIA	Health Impact Assessment
HIW	Healthcare Inspectorate Wales
HP	Health Protection
HPF	Healthcare Professionals Forum
IBG	Investment Benefit Group
ICB	Integrated Care Board
ICF	Integrated Care Funding
ICU	Intensive Care Unit
IEN	Internationally Educated Nurse
IG	Information Governance
IM	Independent Members
IMTP	Integrated Medium-Term Plan
IPFR	Individual Patient Funding Request
IP&C	Infection Prevention and Control
IQPF	Integrated Quality Performance Framework
IQPG	Integrated Quality & Performance Group
IQPR	Integrated Quality Performance Report

IT	Information Technology
JAG	Joint Advisory Group (on Gastrointestinal Endoscopy)
JCC	Joint Commissioning Committee
JD	Job Description
JET	Joint Executive Team
JIPCA	Joint Inspection of Child Protection Arrangements
JLT	Joint Leadership Team (PTHB and PCC)
JR	Judicial Review
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
LoF	League of Friends
LA	Local Authority
LHB	Learning Health Board
LMC	Local Medical Committee
LPF	Local Partnership Forum
LPMHSS	Local Primary Mental Health Support Services
LRF	Local Resilience Forum
LTA	Long Term Agreement
LTCs	Long-Term Conditions
NDR	National Data Resource Platform
NICE	National Institute for Health and Care Excellence
MAC	Mindfulness, Acceptance and Compassion Team
MD	Ministerial Direction
MD's	Minimum Data Set
MDTs	Multi-Disciplinary Teams
MAP	Medical Associate Practitioner
MEG	Medical E-Governance System
MEG	Main Expenditure Group
MH	Mental Health
MHD	Mental Health & Learning Disability
MIU	Minor Injury Unit
MOU	Memorandum of Understanding
MOA	Memorandum of Agreement
MSK	Musculoskeletal
MV	Mass Vaccination
NWSSP	NHS Wales Shared Services Partnership
JCC	NHS Wales Joint Commissioning Committee
NHSE	National Health Service England
NHS	National Health Service
NHSWE	NHS Wales Executive

NICE	National Institute of Health and Clinical Excellence
NRI	Nationally Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
NNA	Nursing Needs Assessment
OBC	Outline Business Case
OCP	Organisational Change Process
ODEC	Organisational Development, Engagement and Communications
OOC	Out of County
OOH	Out of Hours
ORS	Opinion Research Services
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
PA	Physician Associate
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
PET CT	Positron Emission Tomography Computed Tomography
PCC	Powys County Council
PALS	Patient Advice and Liaison Service
PEQS	Patient Experience, Quality and Safety Committee
PREM	Patient-Reported Experience Measure
PROM	Patient-Reported Outcome Measure
PCMW	Primary Care Model for Wales
PHE	Public Health England
PHW	Public Health Wales
PMVA	Prevention and Management of Violence and Aggression
PPPH	Planning, Partnerships and Population Health Committee
PSB	Public Service Board
PSOW	Public Services Ombudsman for Wales
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
P&C	People and Culture Committee
QA	Quality Assurance
QOF	Quality and Outcomes Framework
RaTS	Remuneration and Terms of Service Committee
DDRB	Review Body on Doctors' and Dentists' Remuneration
RCN	Royal College of Nursing
REES	Race Equality Employment Standard
RIIC	Research, Innovation & Improvement Coordination

RIF	Regional Investment Fund
RISP	Radiology Information System Procurement
RJAH	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
RN	Registered Nurse
RPB	Regional Partnership Board
RTT	Referral to Treatment
RTS	Routemap To Sustainability
RAMI	Risk Adjusted Mortality Index
RMF	Risk Management Framework
RHCW	Rural Health and Care Wales
Q1 Q2 Q3 Q4	Quarter 1 (April, May, June), Quarter 2 (July, August, September), Quarter 3 (October, November, December), Quarter 4 (January, February, March)
QSEG	Quality, Safety and Experience Group
SAR	Subject Access Request
SAS	Specialty and Specialist
SBAR	Situation, Background, Assessment, Recommendation
SBUHB	Swansea Bay University Health Board
SDEC	Same Day Emergency Care
SLA	Service Level Agreement
SOC	Strategy Outline Case
SOP	Standard Operating Procedure
SaTH	The Shrewsbury and Telford Hospital NHS Trust
SPB	Strategic Programme Board
SRO	Senior Responsible Owner
SPPP	Social Partnership and Public Procurement (Wales) Act 2023
RJC	South East Wales Regional Joint Committee
TaODEC	Tactical Organisation Development, Engagement and Communication
TI	Targeted Intervention
ToR	Terms of Reference
TRAC	Online Recruitment Management System
T&V	Transformation & Value
TUPE	Transfer of Undertakings Protection of Employment
VERS	Voluntary Early Release Scheme
WAST	Welsh Ambulance Services NHS Trust
W&C	Workforce and Culture Committee
WCCIS	Welsh Community Care Information System
WG	Welsh Government

WCVA	Wales Council for Voluntary Action
WESB	Wales Employment and Skills Board
WHC	Welsh Health Circular
WHSSC	Welsh Health Specialised Service Committee
WNB	Was Not Brought
WOD	Workforce and Organisational Development
WPAS	Welsh Patient Administration System
WPOCT	Welsh Point of Care Test System
WLGA	Welsh Local Government Association
WNCR	Welsh Nursing Care Record
WNHSC	Welsh NHS Confederation
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
WVT	Wye Valley NHS Trust
WCD	Written Controlled Document
YTD	Year to Date