

People and Culture Committee

Thu 11 June 2026, 10:30 - 13:00

Agenda

10:30 - 10:30 **1. PRELIMINARY MATTERS**

0 min

 Agenda_P&C_11 June 2026_Final.pdf (2 pages)

1.1. WELCOME AND APOLOGIES

1.2. DECLARATION ON INTERESTS REGISTER 2026/27

 P&C_1.2_Declaration of Interests.pdf (3 pages)

10:30 - 10:30 **2. CONSENT AGENDA BUSINESS**

0 min

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.

10:30 - 10:30 **3. ITEMS FOR APPROVAL / DECISION / RATIFICATION**

0 min

3.1. Minutes of the previous meeting held on the 05 March 2026

 P&C_3.1_P&CMinutes_05 March 2026 unconfirmed.pdf (10 pages)

3.2. Committee Action Log

 P&C_3.2_Action Log 2026-27.pdf (1 pages)

3.3. Committee Work Programme 2026/2027

 P&C_3.3_2026-27 Board & Committee work plans.pdf (1 pages)

10:30 - 10:30 **4. ESCALATED ITEMS**

0 min

10:30 - 10:30 **5. ITEMS FOR ASSURANCE**

0 min

5.1. Director of People and Culture Report

 P&C_5.1_Exec Director of People and Culture Summary Report.pdf (12 pages)

5.2. Workforce Performance Report

 P&C_5.2_People & Culture Performance Report 04-2026 (Narrative).pdf (15 pages)

5.3. Powys Financial Grip Control Board Assurance

 P&C_5.3_Powys_Financial_Grip_Control_Board_Assurance.pdf (16 pages)

5.4. Theme 1 - Staff Health and Wellbeing

 P&C_5.4_Employee Health and Wellbeing.pdf (13 pages)

Lewis Rayche
05/06/2026 11:40 AM

5.5. Theme 3 - Workforce Sustainability and Transformation

 P&C_5.5_ Workforce & Sustainability.pdf (14 pages)


5.6. Equality, Diversity and Inclusion Annual Report

 P&C_5.6_Cover Paper_Annual Equality Report 2025-26.pdf (3 pages)

 P&C_5.6a_Draft 2025-26 Equality Annual Report.pdf (74 pages)

5.7. Welsh Language Annual Report

 P&C_5.7_Cover Paper_WL Report 2025-26.pdf (3 pages)


 P&C_5.7a_Welsh Language Standards Annual Monitoring Report 2025-2026 DRAFT.pdf (57 pages)

5.8. Primary and Community Care Academy

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

5.9. Committee Risk Register

 P&C_5.9_Committee Risk Register Cover.pdf (2 pages)

 P&C_5.9a Committee Risk Register - June 2026.pdf (9 pages)

10:30 - 10:30 6. ITEMS FOR DISCUSSION

0 min


10:30 - 10:30 7. CONSENT AGENDA

0 min

7.1. Internal Audit Report: Anti Racism Plan

 P&C_7.1_Anti-Racism Action Plan Final Internal Audit Report.pdf (10 pages)

7.2. Committee Annual Report 2025/26

 P&C_7.2_Committee Annual Report_2025-26.pdf (9 pages)

7.3. PTHB Glossary

 P&C_7.3_Powys Teaching Health Board Glossary.pdf (6 pages)

10:30 - 10:30 8. OTHER MATTERS

0 min

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 September 2026

Lewis, Raychelle
05/06/2026 11:40:19

PEOPLE AND CULTURE COMMITTEE

THURSDAY 11 JUNE 2026,
10:30– 13:00
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
	1	PRELIMINARY MATTERS		
10:30	1.1	Welcome and apologies	Verbal	Chair
	1.2	Declarations of interest <ul style="list-style-type: none"> 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		
	3.1	Minutes of the previous meeting held, 05 March 2026	Attached	Chair
	3.2	Committee Action log	Attached	Chair
	3.3	Committee Work Programme 2026/2027	Attached	Director of Corporate Governance Helen Bushell
	4	ESCALATED ITEMS		
There are no items for inclusion within this section.				
	5	ITEMS FOR ASSURANCE		
10:35 15min	5.1	Director of People and Culture Report	Attached	Executive Director People, Culture and Transformation Deb Wood-Lawson
10:50 10min	5.2	Workforce Performance Report	Attached	Executive Director People, Culture and Transformation Deb Wood-Lawson
11:00 10min	5.3	Powys Financial Grip Control Board Assurance	Attached	Executive Director People, Culture and Transformation Deb Wood-Lawson
11:10 20min	5.4	Theme 1 – Staff Health and Wellbeing	Attached	Executive Director People, Culture and Transformation Deb Wood-Lawson
COMFORT BREAK (10 mins)				
11:40 20min	5.5	Theme 3 – Workforce Sustainability and Transformation	Attached	Executive Director People, Culture and Transformation Deb Wood-Lawson
12:00 15min	5.6	Equality, Diversity and Inclusion Annual Report	Attached	Executive Director People, Culture and Transformation Deb Wood-Lawson

Lewys Raychelle
 05/06/2026 11:40:19

12:15 10min	5.7	Welsh Language Annual Report	Attached	Executive Director People, Culture and Transformation Deb Wood-Lawson/Adam Pearce
12:25 15min	5.8	Primary and Community Care Academy	Attached	Executive Director of Primary Care, Community & Mental Health Elaine Lorton
12:40 5min	5.9	Committee Risk Register	Attached	Director of Corporate Governance Helen Bushell
	6	ITEMS FOR DISCUSSION		
There are no items for inclusion within this section				
	7	CONSENT AGENDA		
	7.1	Internal Audit Report: Anti Racism Plan	Attached	Director of Corporate Governance Helen Bushell
	7.2	Committee Annual Report 2025/2026	Attached	Director of Corporate Governance Helen Bushell
	7.3	PTHB Glossary (For Information)	Attached	Director of Corporate Governance
	8	OTHER MATTERS		
12:45	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 September 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 – please 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

MS:Raychelle
05/06/2026 11:40:19

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

Updated: May 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	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	Nil
		Indirect Interests	Loyalty Interests	2025	Ongoing	Family member is an employee of Cardiff & Value University Health Board (non Director).	Nil
Vice Chair	Rhiannon Beaumont-Wood	Non Financial professional interests	Outside Employment	Jun-23	Ongoing	Director and Owner of RBW Executive and Professional Coaching	Salaried Employment
		Non Financial personal interests	Loyalty Interests	May-23	31/05/2026	Non-Executive Member Dorset ICB (In the process of forming a cluster with Dorset ICB, Somerset ICB, Bath, East Somerset, Swindon and Wiltshire ICB)	Remunerated as per Non-Executive Member, Terms and Conditions
		Non Financial personal interests	Loyalty Interests	Jun-24	31/03/2027	Registrant Council Member - Nursing and Midwifery Council (NMC)	Remunerated as per Registrant Council Member Terms and Conditions
Independent Member (General)	Rhoert Lewis	Non Financial professional interests	Outside Employment	Nov-21	Current	Chair NPTC Group of Colleges	NIL
		Indirect Interests	Outside Employment	Nov-21	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 April 2024	Current	Honorary Fellow and Lifetime Member of Healthcare Financial Management Association	NIL
		Non Financial professional interests	Outside Employment	04 February 2024	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	23 January 2026	Current	Personal: Senior Professional Fellow, Cardiff University-Various Healthcare Programmes	Honoury Role
		Indirect Interests	Loyalty Interests	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment
		Indirect Interests	Loyalty Interests	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment
		Non Financial professional interests	Loyalty Interests	02 January 2020	Ongoing	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	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None
		Non Financial professional interests	Loyalty Interests	01 September 2024	01.06.2028	Coopted Member of PAVO	None
		Non Financial professional interests	Loyalty Interests	Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None
		Non Financial professional interests	Loyalty Interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL
		Non Financial professional interests	Loyalty Interests			Member of Community Speed Watch Group Member of Society Genealogists Associate Member of the Association of Genealogists and Registered Archivists	NIL

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Independent Member (Local Authority)	Christopher Walsh	Financial Interests	Shareholdings and other ownership interests		Ongoing	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner:CTW Genealogy Research and Owner:Property in the County of Powys	NIL
		Non Financial professional interests	Loyalty Interests		Ongoing	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		Ongoing	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL
		Non Financial professional interests	Loyalty Interests		Ongoing	Labour Party member	NIL
Independent Member (Capital)	Michael Giannasi	Indirect Interests	Loyalty Interests	2019	Current	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated
Independent Member	Ian Thomas	NIL	NIL	NIL	NIL	NIL	NIL
EXECUTIVE MEMBERS							
Chief Executive Officer	Hayley Thomas	NIL	NIL	NIL	NIL	NIL	NIL
Executive Director of Finance, Capital and Support Services	Pete Hopgood	Non Financial Interests	Loyalty Interests	18 June 2018	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant
Executive Director of Allied Health Professions, Health Science and Digital	Claire Madsen	Financial Interests	Outside Employment	07 January 2019	01-Apr-28	Occasional Lecturer for University of West of England.	Hourly rate
		Non Financial professional interests	Loyalty Interests	01 April 2026	01-Mar-28	Member of the The Chartered Society of Physiotherapy	NIL
Executive Medical Director	Kate Wright	NIL	NIL	NIL	NIL	NIL	NIL
Executive Director of People and Culture and Transformation	Debra Wood Lawson	Indirect Interests	Outside Employment	01 November 2024	01-Nov-27	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	Remunerated
			Outside Employment	01 September 2025	Current	Relative employee and training in Aneurin Bevan Univeristy Health Board (non Director)	NIL
Executive Director of Public Health	Mererid Bowley	Non-Financial professional Interest	Loyalty Interest	NIL	NIL	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	NIL	NIL	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-Financial professional Interest	Outside Employment	Nov-21	Current	Self - School Governor – Langynwyd primary school (Bridgend)	Not remunerated
		Indirect Interests	Outside Employment	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	Jul-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	May-25	Current	Partner - Associate for Practice Solutions	

Lewis Michelle
05/03/2026 11:10:19

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	Apr-24	Current	Independent Member – ateb - housing Association	Remunerated
		Non Financial professional interests	Outside Employment	Nov-19	Current	Chair of the Board - West Wales Care and Repair	Voluntary
		Indirect Interests	Outside Employment	Mar-23	Current	Family Member is an employee of Hywel Dda University Health Board (non Director)	Nil
		Indirect Interests	Outside Employment	Sep-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	Outside Employment	2018	Current	Member of the Royal College of Nursing	25/10/2025 Started with PTHB October 2025

Lewis, Raychelle
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PEOPLE AND CULTURE COMMITTEE

(UN)CONFIRMED MINUTES OF THE MEETING HELD ON 05 MARCH 2026 LOCATION OR HELD VIA MICROSOFT TEAMS

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

Kate Wright	KW	Director of Medical Services
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1. PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES FOR ABSENCE (P&C/25/058)
The Chair welcomed everyone to the meeting. Apologies for absence were received as recorded above.
1.2 DECLARATIONS OF INTEREST (P&C/25/059)
No declarations of interests were received in addition to those already recorded on the register.
2 CONSENT AGENDA BUSINESS (P&C/25/060)
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/25/061)
The minutes of the meeting held on 09 December 2025 were CONFIRMED as an accurate record.
3.2 COMMITTEE ACTION LOG (P&C/25/062)
The Committee RECEIVED the Action Log
<i>PH joined 10:03</i> <i>HT joined 10:03</i>
4 ESCALATED ITEMS (P&C/25/063)
There were no escalated items on the agenda.
5 ITEMS FOR ASSURANCE
5.1 DIRECTOR OF PEOPLE AND CULTURE REPORT (P&C/25/064)
DWL presented the report to the Committee and drew attention to the following matters:
<ul style="list-style-type: none"> • Tighter vacancy scrutiny leading to a 26% drop in advertised posts and better financial control and noted reduced off-contract agency use, particularly in community wards, thanks to increased staff bank uptake. • Health and Wellbeing showed improvements in referrals, waiting times, and counselling access, with strong corporate induction attendance (97%). • Risks were highlighted due to the end of Regional Integration Fund (RIF) support, affecting 63–68 staff, with exit planning ongoing. • Clinical education activity grew, manual handling training improved, and university partnerships strengthened. • National pay reviews for Bands 2 and 3 were completed, but concerns remain overpay differentials and awaited contract reform. • A new leadership framework, adapted from NHS England, is being introduced, and discussions continue about the 52 hours of required CPD. • Regional collaboration advanced with a joint work plan across three health Boards.
Independent Members asked the following questions for assurance:

Lewis, Ray, 05/06/2025 11:40 AM

What steps are being taken to maintain contact with students who have completed placements in Powys and encourage them to return for permanent roles?

DWL reported that positive student feedback, strong support during placements, and good relationships with universities have significantly encouraged students to consider permanent roles in Powys. Improvements in clinical vacancies have been attributed to word-of-mouth among students, with local staff support enhancing placement experiences. Although challenges remain with international recruitment, the increase in placement numbers indicates progress. Current initiatives are seen as crucial for future workforce recruitment and retention.

Clarity was sought on the ongoing costs for Band two and three, and if these are included in the budget planning?

DWL confirmed that the Welsh Government has covered all backdated costs related to band 2 and 3 funding. Shared services have provided a reconciliation of future costs, estimated at approximately £700,000. This figure has now been incorporated into the financial plan as a known, recurring expense. It was noted that while the longstanding issue regarding band 2 and 3 staff has now been resolved, there remains a risk as other staff groups are drawing comparisons and may raise similar concerns. For example, there are ongoing disputes among health visitors in Cwm Taff over band 6 and band 7 positions, as well as issues emerging in other professional areas. It was noted that resolving the band 2 and 3 issue may lead to additional challenges.

HT updated the committee on several workforce matters, emphasising the balance between national negotiations and local responsibilities within Powys. Members were assured that the Chief Executive (CEO) Management Team is regularly briefed on national workforce issues. One key topic highlighted was the ongoing debate regarding the inclusion of statutory and mandatory training within the 52-hour protected CPT time for registrants an issue currently subject to negotiation between partners and NHS employers. It was also suggested that the Committee consider Horizon Scanning to identify emerging challenges, given the complex financial environment and issues such as the Band 2-3 matter, which exemplifies broader difficulties. It was proposed that a more comprehensive appraisal of potential upcoming workforce issues from other Health Boards would be beneficial for future committee discussions.

Action: Executive Director of People and Culture and Transformation (Horizon Scanning)

The Committee:

- took **ASSURANCE** against the delivery of those priorities and the updates provided on any workforce areas identified nationally.

- **RECEIVED** the report as an update on priorities within the Workforce section of the Integrated Plan 2025/26 since December 2025, which were not part of the Committee's agenda.
- took **ASSURANCE** against delivery of those priorities.

5.2 WORKFORCE PERFORMANCE REPORT (P&C/25/065)

MM presented the report to the Committee and drew attention to the following matters:

- Workforce growth and productivity improvements as per Ministry of Advisory Group (MAG) guidance.
- Preliminary data showed staff increases over four to five years, except for a recent drop in Administrative and clerical roles.
- Nursing and midwifery recruitment was strong.
- New reporting distinguishes actual versus budgeted staff numbers and highlights an ageing workforce profile, with further details to follow.
- Agency staff numbers have reduced, progressing towards a 30% reduction target.
- Core training compliance is still below target, but improvement plans are underway. Separate compliance and performance data for the hosted healthcare research body were shown, revealing no major concerns.

Independent Members asked the following questions for assurance:
Absence rates are unusually high in some areas. Do we know why, and what actions are being taken?

MM confirmed that Powys Teaching Health Board (PTHB) closely tracks both long-term and short-term staff absences. Anyone absent for four weeks, or more is monitored through a corporate tracker, enabling individual conversations with line managers. Short-term absences are reported to business partners, who also actively support line managers. Key efforts are focused on ensuring consistent application of the attendance policy, especially when absence triggers are met. Targeted interventions are in place for cases of excessive absence, which could ultimately lead to employment decisions if regular attendance cannot be maintained. Recent months have seen a notable reduction in long-term absenteeism due to such targeted actions. However, short-term absences, affected by seasonal factors, have offset some of these gains. The demographic profile of the workforce, particularly the higher proportion of older staff, contributes to elevated absence rates in certain areas, as older employees are more susceptible to serious illness.

HT highlighted the importance of benchmarking sickness absence and noted that a review is underway. Attention was also drawn to the need for targeted support in teams or services with higher levels of absence. It was questioned how quickly an assessment can be completed to enable such targeted support and raises the issue of whether further measures are needed to ensure that managers are equipped with the right skills and experience to handle attendance management sensitively and compassionately, despite existing training and toolkits.

MM explained that the assessment to identify areas most in need of targeted support has already begun, with plans to finalise and implement a programme by the end of the next month. This approach will focus resources on specific teams rather than applying a blanket strategy, using organisational intelligence and data to inform decisions. Additionally, he highlighted ongoing national discussions to review the attendance policy, noting concerns over the policy's current level of discretion which allows for varied interpretations. A working group has been established to revise the policy, aiming for greater robustness and consistency in its application.

How are variations and interpretations in the application of attendance management policy being handled, so that neither the organisation nor individuals are put at risk, and so that judgements applied are fair and consistent?

EL highlighted the operational perspective on managing attendance and sickness absence within the organisation. It was emphasised about the positive collaboration between operational teams and people and culture teams, particularly in dealing with complex cases and areas of concern, such as mental health wards. This partnership has led to increased confidence and more targeted support for teams experiencing high levels of sickness, although she notes that there is still room for improvement and further work is needed.

DWL added that the organisation faces a challenging context, especially with the need for financial savings and recovery, which may create discomfort among staff. It was stressed that the tools and support provided represent a universal offer, and while efforts are made to target hotspots and difficult individual cases, it is not possible to address every situation. This challenge may intensify if funding is reduced and staff numbers decrease.

How should the Committee address the challenges and risks associated with an ageing workforce, and what actions may be needed to mitigate these risks?

MM confirmed that PTHB incorporates projections of average retirement ages by occupational group and service area into its workforce planning. This enables the development of talent pipelines to address anticipated retirements. These projections are just one aspect of broader future workforce planning, and there is the potential to share more detailed workforce planning data at a future meeting.

The Committee:

- **RECEIVED** the information provided in the update
- took **ASSURANCE** the organisation collects, analyses and monitors relevant People and Culture data

5.3 THEME 2 – GREAT PLACE TO WORK INCLUDING WORKFORCE RETENTION AND STAFF SURVEY (P&C/25/066)

DWL introduced the Great Place to Work agenda, stating that, given the topic's breadth, the presentation was split into two parts. Due to the staff survey results recently becoming available, the Committee would be provided with an early overview, with a more detailed update to be scheduled for the next Board development meeting. The revised presentation, containing the new data, would be circulated after the meeting for members' reference.

EL left 10:52

RB summarised the latest staff survey results, highlighting a 34.7% response rate with lower clinician participation. Overall, scores were stable and PTHB performed above the health board average, nearly matching the top-scoring organisation. While morale and healthy working environment scores needed improvement, morale had started to rise. PTHB led in staff engagement among health boards in Wales, with strong results in line management, compassion, and wellbeing, and very low reports of bullying or abuse. Ongoing concerns included burnout and lower positivity, with declines in career development and learning. Planned actions include enhanced communications, greater staff access to survey data, targeted support for high-risk areas, and continued leadership and management development to address speaking up and advocacy issues.

HT highlighted the value of the staff survey's increased response rate in revealing organisational strengths and areas for improvement. Key concerns included burnout, morale, and the need for better wellbeing support and confidence in speaking up. Targeted actions were recommended for high-impact areas, especially given financial pressures, with clear plans needed to show staff their feedback is being acted on.

JW presented an overview of the workforce retention journey at PTHB over the past two years. It was explained that the programme, launched in February 2023, initially focused on nurse retention but was quickly broadened to include all staff. Key actions included:

- Site visits
- Questionnaires
- Data analysis

This would identify priorities, leading to the development of a comprehensive improvement plan and the establishment of task and finish groups. Notable initiatives highlighted included the stay conversation pilot, a redesigned leavers toolkit and questionnaire, wellbeing conversation guides, improved onboarding, and the Belong Stay Thrive campaign. It was reported that turnover had declined since the programme's introduction, with more staff indicating a desire to remain at PTHB, and it was emphasised the collective effort involved while noting uncertainty about future funding for that role. The Committee were informed that CLIP and some of the retention work had been designed locally and adopted nationally

The Committee:

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

5.4 THEME 4 – WELSH LANGUAGE, EQUALITY, DIVERSITY AND INCLUSION (P&C/25/067)

VM provided an annual update on the strategic equality plan, highlighting progress across several objectives:

- Strengthening community-based services
- Improving clinical resilience
- Advancing public health initiatives like vaccination catch-up and breastfeeding support.

Accessibility standards have been extended to primary care, and PTHB is now a disability confident employer, aiming for disability leader status next year. Multi-faith worship spaces and chaplaincy provisions are being developed. The Board has adopted a zero-tolerance policy on harassment, launched anti-racism actions, and delivered training on cognitive bias. Welsh language compliance is improving, with upgraded translation software and increased staff participation in Welsh learning. Priorities for next year include reviewing religious provision, conducting qualitative research with Black and Minority Ethnic (BME) staff, growing the BME network, achieving disability leader status, and adapting to anticipated changes in equality standards and guidance.

Independent Members asked the following questions for assurance:

How will financial constraints affect reviews of religious provision, achieving disability leader status, and Bar Human Rights Committee (BHRC) progress?

HT left 11:43

VM explained that it's currently challenging to determine the potential impact of the BHRC guidance, as the specifics are not yet clear. Some measures may be straightforward and inexpensive, while others could require more extensive action. Regarding disability leader status, it was felt the organisation is already well positioned to achieve it.

DWL explained about the complexity of Equality, Diversity and Inclusion work, especially regarding race. It was noted that the Welsh Race Equality Standard required substantial local effort to challenge assumptions based purely on data. It was emphasised the need for a balanced and proportionate approach, considering the organisation's size, estate, and resources. It was stressed about the importance of making appropriate adjustments to ensure the workforce comprising individuals from diverse backgrounds feels welcomed and included.

The Committee:

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

5.5 REVIEW OF TERMS OF REFERENCE (P&C/25/068)

HB gave an update on the Committee's Terms of Reference which underwent a thorough review 12 months ago, resulting in considerable updates and improvements to governance and operational methods across several committees. The current review proposes only minor administrative changes, such as job title updates. Feedback was welcomed, and it was suggested that any further adjustments be managed by the chair and director.

Independent Members asked the following questions for assurance:
It was requested that the Director of People and Culture job title transformation, and inclusion of a member of the Committee to be added as an attendee.

HB confirmed that these points were noted and would be updated on the Terms of Reference.

ACTION: Director of Corporate Governance/Board Secretary

The Committee:

- **ENDORSED** the proposed amendments to the Terms of Reference
- **IDENTIFIED** any further potential amendments
- **AGREED** that the Chair of the Committee and Director of Corporate Governance will finalise the revised Terms of Reference for presentation to the Board in May 2026 for approval.

5.6 COMMITTEE GOVERNANCE ACTION PLAN (P&C/25/069)

HB updated the Committee on effectiveness reviews, noting that two years ago these had resumed, with last year's questionnaire and discussion leading to a cross-Committee action plan. For this Committee, the key actions regular review of routine items and allowing time for deeper discussion were completed. Clarity on the Committee's role in the Better Together and Transformation programmes was now reflected in the Terms of Reference. Future reviews will be every two years by survey, with annual Board-wide discussions to monitor effectiveness.

Independent Members asked the following questions for assurance:
Will the new approach to Board discussions require consideration of how all the Committees impact each other, and is this interconnected focus part of the plan?

HB confirmed that the Committee will place greater emphasis on exploring how different Committees influence one another, including interdependencies and domino effects, both during Board discussions and through the Chairs Forum, which is designed to examine these connections from multiple perspectives

The Committee:

- **RECEIVED** the Committee wide and P&C specific Continuous Development Plan 2025-26
- took **ASSURANCE** that the implementation of continuous development actions has been monitored throughout the year as a key principle of good Corporate Governance

5.7 COMMITTEE RISK REGISTER (P&C/25/070)

HB gave an update on the current status of the Committee risk register, focusing on Strategic Risk 006 regarding recruitment and retention of an appropriate workforce.

It was noted that the risk score remains unchanged since it was last reviewed at the January 2026 Board, and the Risk Register is updated every two months. It was confirmed that this risk had been regularly discussed within the Committee, and it would soon be reviewed again as part of the annual planning process, with a comprehensive review of all strategic risks planned for the next financial year. It was highlighted that this particular risk now includes an assessment of the level of assurance, which is currently rated as high, reflecting confidence in the controls in place. Most actions related to the risk are either complete or progressing as scheduled.

DWL highlighted that ongoing recruitment and retention challenges are not unique to PTHB but are particularly pronounced due to a smaller workforce.

HB suggested a review of the risk descriptor, noting that the focus may shift between recruitment and retention, and this should be considered in future assessments.

ACTION: Director of People and Culture and Transformation

Independent Members asked the following questions for assurance:
Could the Committee consider broadening the current risk descriptor, which is very clinically focused, to provide a fuller picture that also includes non-clinical staff, due to workforce risks outside the clinical area?

DWL noted the request and gave assurance that future reports will aim for greater balance in this aspect

ACTION: Director of People and Culture and Transformation

The Committee:

- **RECEIVE** the corporate risks within the committee’s remit
- **DISCUSS** any relevant issues and
- Take **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 ASSURANCE:** 7.1 Staff Development Programme Final Internal Audit
- **FOR INFORMATION:** 7.2 Work Programme
- **FOR INFORMATION:** 7.3 PTHB Glossary

8 OTHER MATTERS

8.1 ANY OTHER BUSINESS (P&C/25/071)

No other business was raised.

7.2 COMMITTEE REFLECTIONS (P&C/25/072)

The following feedback was noted:

- It was highlighted about the excellent presentations and the increasing quality of assurance provided by the People and Culture Team. The information shared was noted as clear, robust, and well-presented, contributing to meaningful committee discussions.
- Openness to Challenge and Feedback: The team's willingness to accept challenge and constructive feedback was recognised as outstanding, especially given the difficult HR environment. This openness has promoted growth within the committee.
- Reports and data were described as well-utilised and effectively presented, helping the committee take necessary assurance and fostering strong discussion.
- The overrunning at the beginning of the meeting was linked to the inclusion of staff survey results, which contributed to extended discussions but were considered valuable.
- There was some disappointment expressed regarding lower attendance from independent members and executives, but overall, the session was seen as productive and positive

7.3 DATE OF NEXT MEETING (P&C/25/073)

Date of the next meeting: 11 June 2026 at 10:00 via Microsoft Teams

Meeting closed at 12:16

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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

PEOPLE AND CULTURE COMMITTEE 2026/2027								
Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original target date	Revised Target Date	RAG status
OPEN ACTIONS FOR REVIEW - (11.06.2026)								
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.	Jun-26	Sep-26	At risk
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.	Jun-26	Sep-26	On track
ACTIONS RECOMMENDED FOR CLOSURE (11.06.2026)								
05/03/2026	(P&C/25/068)	HB	Review of Terms of Reference	Amend DoPC job title - Exec Director People, Culture and Transformation Add PH to list of Executive Attendees	Update:11.06.2026 - Completed, D WL and PH title update and addition included on the final draft presented to the Board for approval in May 2026.	Jun-26		Completed
CLOSED ACTIONS								Date closed

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People & Culture Committee 2026-27

Theme	Item Title	Duration (mins)	Role of Committee	Onward Journey to Board (Y/N)	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	✓	✓	✓	✓
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	20	Assurance	N	DP&CT	✓	✓	✓	✓
Performance	Director of People and Culture Report	20	Assurance	N	DP&CT	✓	✓	✓	✓
Performance	Financial Grip Control Board		Assurance	Y	DP&CT				
Workforce Futures	Theme 1 - Staff Health and Wellbeing	45	Assurance	N	DP&CT	✓		✓	
Workforce Futures	Theme 2 Great Place to Work	35	Assurance	N	DP&CT		✓		✓
Workforce Futures	Theme 3 Workforce Sustainability and Transformation	30	Assurance	N	DP&CT	✓		✓	
Primary Care	Primary Care Workforce Sustainability	20	Assurance	N	DoPCCMH			✓	
Workforce Futures	Theme 4 Welsh Language, Equality, Diversity and Inclusion	35	Assurance	N	DP&CT		✓		✓
Equality, Diversity & Inclusion and Welsh Language	Equality, Diversity and Inclusion Annual Report	20	Approval	Y	DP&CT	✓			
Equality, Diversity & Inclusion and Welsh Language	Welsh Language Annual Report	15	Approval	Y	DP&CT	✓			
Equality, Diversity & Inclusion and Welsh Language	Strategic Equality Report		Approval	Y	DP&CT		✓		
Communications	Comms and Engagement Report for P&C	10	Assurance	N	DCG				
Governance	Speaking Up Safely and Raising Concerns Report	20	Assurance	N	DP&CT	x	✓		
Innovative Environments	Workforce Measure to Support Financial Recovery	15	Assurance	N	ADoECP		✓		
Staff Story	Staff Story (TBC if at each meeting)		Assurance	Y				✓	
Health & Safety and Fire Safety	Violence and aggression incidents.	20	Assurance	Y	DP&CT		✓		
Equality, Diversity & Inclusion and Welsh Language	Anti Racism Plan	20	Assurance	Y	DP&CT	✓			✓
Statutory Compliance	Internal Processes for Revalidation	10	Assurance	N	DoNQW&FH	x	✓		
Workforce	Primary & Community Care Academy	15	Assurance	N	DP&CT	✓			
Workforce	Staff Development Programme Final Internal Audit Report	15	Assurance					✓	
Workforce	Workforce Race Equality Standard - Analysis of local PTHB Workforce Data	10	Assurance	Y	DP&CT			✓	
IN COMMITTEE									

Internal Audit Reports									
Workforce	Anti Racism Plan		Assurance	Y	EDoP&C	✓			

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Powys Teaching
Health Board

Agenda item: 5.1

PEOPLE AND CULTURE COMMITTEE		11 JUNE 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 - 27 May 2026.	
PURPOSE:		
The purpose of this paper is for the People and Culture Committee to receive an update on priorities within the Workforce section of the Integrated Plan for 2026/27.		
RECOMMENDATION(S):		
The Committee is asked:		
<ul style="list-style-type: none"> To take ASSURANCE against delivery of those priorities. The paper also provides an update on any workforce areas identified nationally. To RECEIVE this 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 take ASSURANCE against delivery of those priorities. 		
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. <i>A Healthy Caring Powys (2017-2027)</i> ,
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		

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Powys Teaching Health Board

EXECUTIVE SUMMARY:

This paper provides an update on priorities within the Workforce section of the Integrated Plan. The report also includes updates on other aspects of Workforce matters, both local and national.

- Transformation and Sustainability of our Workforce - Separate agenda item
- A Great Place to Work
- Employee Health and Wellbeing -Separate agenda item
- Welsh Language, Equalities
- Workforce Futures – partnership
- Other areas worth noting

National / Regional Updates:

- Update: Band 2/3 Health Care Support Worker (HCSW)
- NHS Wales health visiting pay dispute in CTM
- Leadership and Management Frameworks
- Protected time for Continuing Professional Development (CPD) Welsh Partnership Forum update
- All Wales Disciplinary policy
- National Student Streamlining

KEY ACTIVITIES FROM SEPTEMBER TO NOVEMBER 2025

Transformation and Sustainability of Our Workforce - Separate agenda item

Great Place to Work

NHS Staff Survey 2025

In the 2025 NHS Wales Staff Survey, PTHB achieved 916 responses, representing a 34.7% response rate - an improvement on previous years. High-level findings have been analysed and reported to the Executive Committee, Local Partnership Forum and the People AND Culture Committee. Further area specific results have been provided to all Directorates and a wide range of SLT's including Primary, Community services and Mental Health. An initial high level findings posters was created:

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2025 NHS WALES STAFF SURVEY PTHB HIGHLIGHTS

1 | OVERVIEW

- 916 voices heard, a 34.7% response rate.
- PTHB's Engagement Index of 74.4% remains **highest** of the Health Boards.
- Average positivity scores are **above** the NHS Wales Health Board benchmark, with PTHB leading in key themes such as **Morale, Stronger Together, and Recognition**.



2 | LINE MANAGEMENT

- The **'My manager encourages me at work'** question scored an **80.4%** positivity rating.
- **'My manager gives me clear feedback on work'** scored a 74% positivity rating.
- Both questions were **-10%** higher than the NHS Wales Health Board benchmark.



3 | BURNOUT

- Positive answers remain low with only **55.4%** responding that they can meet all the **conflicting demands** of work.
- Only **38.1%** of staff felt that there are **enough staff** for them to do their job properly.
- Burnout was the lowest scoring sub-theme, but has shown **continual improvement** year on year.



4 | LEARNING & DEVELOPMENT

The positive answers for:

- **'Opportunities to develop my career'** fell 5.5% to 45.5%.
- **'Access to the right Learning & Development'** fell 3.3% to 59.8%.
- **'Feeling supported to develop potential'** fell 6% to 90%.



5 | COMPASSIONATE CULTURE

- **87.7%** of staff stated that they felt trusted to do their jobs.
- Our levels of compassion towards patients remained high, with an **86.2%** positivity score.
- **77.7%** of staff felt that their colleagues within PTHB are understanding and kind - **4%** higher than the NHS Wales Health Board benchmark.



6 | WHAT NEXT?

- Feedback will be given to service leads and senior leadership, and this will inform local **action plans**.
- Staff can access the results dashboard on the **'Our Voice'** portal on SharePoint.
- Further details on key themes, via our **'You said, We did'** communications, throughout March, April and May 2026.



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People's Teaching
Health Board

March 2026

An organisational action plan is currently being finalised, setting out how we will continue to respond to staff experience priorities, identified through the staff survey. The three lowest scoring areas have been offered targeted support to help identify and deliver improvements.

Women's and Children's services have been highly engaged in this work. For Mental Health, high level findings have been presented, and additional support has been provided to teams that have engaged with the findings. Support Services have commenced their own detailed analysis of the data, with follow-up meetings planned in the coming weeks to further identify any additional support required.

A staff communications plan has been developed and implemented, incorporating regular "You said, we did" updates shared via SharePoint and the *Stay Well in PTHB* Facebook page, alongside presentations delivered through staff briefings. All staff have been provided with access to the results dashboard, which has been widely promoted across the organisation. To date, 45 staff members have requested and been granted access. Anyone wishing to access the full results dashboard can do so by requesting access here: [NHS Wales Staff Survey Dashboard - Power BI](#)

Release dates and topics for the 'You said, we did' posters:

Topic:	Week Beginning:
Wellbeing	23 rd March
Learning & Development	30 th March
Burnout	6 th April
Compassionate Cultures	13 th April
Equality, Diversity & Inclusion	20 th April
Violence & Aggression Towards Staff	27 th April
Work Pressures	4 th May

Leadership Development and Management Capability:

- **Clinical Leadership Immersive Programme (CLIP L1 and L2)** recently renamed Compassionate Leadership Programme and now is open to Clinical and Non-Clinical roles including Social Care Colleagues. A total of 75 attendees on CLIP L1 and 117 on CLIP L2 to date.
- **Manager’s Programme**, with 250 starters and 137 completions, aligned to the Manager’s Charter
- **Fundamentals of Coaching**, training for equipping 82 managers with

Mindfulness, ACT and Compassion MAC - Wellbeing offer:

The Wellbeing Practitioner offer continues to be popular, and April has seen a range of engagements from individuals and teams.

Month	Web / Email Enquiries	New Participants (1:1 / Group)	Activity Sessions Delivered	Total Attendances / Engagements	Main Themes / Presenting Needs
April 2026	13	5	23	19	Workplace stress and inter-relationship difficulties; anxiety management; emotional regulation; confidence and self-esteem; neurodivergence and coping strategies; return following long-term sickness absence; burnout and overwhelm at work; self-compassion and managing self-criticism; grief, trauma and loss
Note	(10 registration forms + 3 direct email enquiries)	(4 Compassion referrals incl. 1 no-show + 1 Mindfulness)	(10 community sessions + 12 Compassion 1:1 sessions + 1 Harmony & Balance workshop)	(14 Compassion 1:1 attendance + 4 for workshop + 1 Mindfulness)	menopause/perimenopause; coping tools for navigating life and work more effectively; mindfulness and self-care interest; systemic pressures affecting staff and patient experience; team wellbeing requests; Harmony & Balance course interest

Additional activity and wider organisational engagement include:

- Support contribution for Carers Away Day
- Ongoing interest in: Harmony & Balance workshops - Mindfulness on Teams - Self-care and grounding strategies, Preventative wellbeing support

Qualitative Feedback / Staff Voice: *"Thank you so much for today - I really enjoyed the session and have a lot to take with me that I'm feeling positive about."*

Staff recognition:

Our Long Service Celebration Event 2026 on Friday 08 May brought colleagues from across Powys Teaching Health Board together to recognise not only the length of service achieved, but the commitment, compassion and professionalism shown day in, day out over decades of caring for our communities.

We hold these events every two years, and some 39 members of staff have reached their 30-year milestone of working in the NHS since we held the last one.

Guests were welcomed with a choral performance from Cantorian Llandrindod before Hayley Thomas (CEO) opened the event and explained that between them, those celebrating 30 years had dedicated a total of 1,223 years' service to the NHS between them.

People and Culture Policy Development and Implementation Update

The **All-Wales Disciplinary Policy** has been recently ratified by the executive team, key changes include clearer roles and processes, a greater focus on early resolution, and improved alignment with best practice. A structured implementation approach is in place, developed in partnership with trade union colleagues including:

- A refreshed training offer
- A supporting communications plan to build awareness and understanding, included targeted delivery to key leadership roles via the health boards OLG group.
- Updated guidance and toolkits to support consistent application

A broader programme of policy review continues with plans in place to enable policy updates and alignment to recent legislative changes. Work is currently underway to review the following;

- Staff Recognition and Long Service
- Welsh in the Workplace Policy
- Family Leave Policy (to reflect recent legislation changes)

The **Breastfeeding in the Workplace Policy** has been updated and approved (subject to ratification by the executive team) to align to the All-Wales Breastfeeding action plan. As part of this work, a supporting toolkit has been developed and shared nationally to inform a consistent approach.

A local working group, in partnership with Trade Union and safeguarding colleagues, was established to support implementation of the **All-Wales Anti-Sexual Harassment Policy**. As a result of this work, a supporting toolkit has been developed and approved which will be published alongside the policy to provide practical guidance and tools for staff.

Employee Health and Wellbeing - Separate Agenda Item

Welsh Language, Equalities

During April the team have completed and submitted the Health Board's SEP Maturity Matrix return to Welsh Government, with supporting documentation shared and feedback due later in the year. Alongside this, we have continued to work on the Statutory Annual Equality and Welsh language reporting, which will be published within the Statutory deadlines after approval.

Continued to promote the team and its services via the Staff briefing and through our Equality and Welsh Newsletter.

Distributed material to promote our Convo BSL relay service.

Continued to promote and deliver our training offer for which during April

- 26 attending Cognitive and Unconscious Bias training
- 16 attending Equality for Managers training
- 36 attended Welsh for Managers / Welsh in Healthcare training
- 13 attending Hate Crime training

Workforce Futures (WFF) – Partnership

Academy Careers Education Enterprise Scheme (ACEES) - Schools Programme – update included within Agenda item: Transformation and Sustainability of our Workforce.

Extending Learning Beyond ACEES sees the launch of Engagement HQ –

- New bilingual online platform providing ongoing access to careers resources for learners, teachers and the wider community.
- Clear, user-friendly space to explore Health and Social Care careers at their own pace.

Platform features, journey stories and video case studies along with information on 'grow your own' pathways (e.g., Aspiring Nurse, Aspiring Social Worker). Careers, work experience and apprenticeship guidance, including routes and local opportunities

To date the platform has seen 405 learner engagements since launch (English - 374 Welsh - 31)

Volunteering and Unpaid Carers Work

Working Carers

- Working carers across the Health Board and Powys County Council (PCC) have been strengthened through the development of stronger connections, and closer working relationships. There has been alignment through the Live Well meetings and working carers are a regular discussion point in the Carers Steering Group and Engage to Change
- 60+ staff engaged through wellbeing roadshows - Promoted ESR functionality to capture caring responsibilities, enabling better organisational understanding of unpaid carers within the workforce. 71 as at November 2025. 85 as of May 2026 a 19.72% increase in 6 months.
- Launch PCC and the Health Board Working Carers Network by summer 2026 – first joint meeting held on the 16 April.
- Working in partnership with Neath Port Talbot Group colleagues (NPTC) to share resources and open up the 'network' to their staff

Unpaid Carers

- Exploring Caring model refined and shifting to bitesize modules by June 2026.
- MAC Team developing bespoke sessions for Carers first session to be recorded by the 12 June. Head of Dietetics to provide a module (Eating well for those who Care) Designed to look at promoting self-care in those who have caring responsibilities.

Volunteers

- New volunteer roles progressing (dementia befriending, Reminiscence/Rehabilitation and Interactive Therapy Activities (RITA) technology roles). 1–2 RITA roles by August 2026
- New role profile has been shared with PTHB Snr Nursing colleagues and Ward managers for comments.

Exit Planning – Regional Partnership Board Requirement

- Draft exit plan submitted to RPB. Regular informal staff engagement sessions held and planned for forthcoming months.
- Internal PTHB task and finish group in place to support with exit plan and HR implications.
- Currently exploring other external grant funding opportunities

Other areas worth noting:

Resuscitation:

- The long-standing service level agreement with Cwm Taff University Health Board came to an end on 31 March 2026 with delivery and co-ordination returning to PTHB. BLS courses have been delivered in-house every month. An arrangement for identified staff is in place with Betsi Cadwallader University Health Board and Cwm Taff for a number of places on their ILS and PILS courses. The Health Board is currently recruiting to part time trainer and coordinator roles, as the current resus officer is leaving the organisation.

Clinical Education:

- **HCSW / Domiciliary Care staff development programme** – the first teaching sessions for the Mid-Wales workforce joint partnership (PTHB, BCUHB, HDUHB) CPD offers have been postponed, and will now be taking place in July, August and September if all goes to plan. Clinical Education are providing sessions on NEWS-2 and Sepsis, Skin Integrity, and the HCSW Code of Conduct, and the training presentations are ready for these.
- **HCSW induction** – The induction programme has been reshaped to meet the requirements from HEIW and Agored Cymru for new to the organisation HCSW

B2 and B3s core competencies. From July, the HCSW In line with all other Health Boards, induction will be running over five days instead of three. The induction workbook is now split into three separate units, and the presentations have required a complete rewrite - this is almost complete now. Lesson planning is underway to finalise delivery methods and timings to include more scenario-based learning, utilising our new kits and making learning more inclusive, interactive, and fun. The 5-day delivery will enable workbooks and assessments to be completed and marked during the course of the induction. This will ensure that everyone who attends induction will successfully complete the units during the five days.

Health and Safety:

Health and Safety Executive (HSE)

- The HSE are currently investigating an incident which occurred on the Felindre Ward. The Health and Safety department are currently supporting both the Service and its staff through the process.

Audit & Inspection

- The department are currently in the process of moving from a paper-based audit and inspection process to a software-based system with Work Wallet the software provider. The new software will provide significant improvements in efficiency, accuracy, and regulatory compliance.

Face Fit Testing Delivered

- Four days of face fit testing were delivered in Q4 with 64 available appointments, only 23 appointments were attended, giving an attendance rate of 36%. This is a slight increase in attendance on Q3 of 13%. Courses and appointments are plotted to accommodate both new members of staff who need face fit testing and those returning for their two-year re-test, the lack of attendance at the available appointments will mean it is inevitable that some members of staff will go out of compliance.

Manual Handling Training Delivered

In Q4 the following courses were delivered:

- 11 Foundation courses with 88 available places and 84 employees attending.
- Six Refresher courses with 48 available places, and all course full.
- 12 Object and load courses with 120 available places, and 80 attending.
- Two Managers courses with 20 places available, and six attending.
- One Workplace Assessors course with eight places available, and only two attending.

PMVA Training Delivered

In Q4 the following courses were delivered:

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- 4 x 4 Day Foundation courses delivered by ABUHB – 3 places per course – 7 employees attended.
- 1 x 4 Day Foundation course delivered by PTHB – 8 places per course – 8 employees attended.
- 10 x 1 Day Refresher courses delivered by ABUHB – 3 places per course – 12 employees attended.
- 1 x 2 Day Refresher course delivered by PTHB – 8 places per course – 6 employees attended.
- 3 x 1 Day Breakaway courses – 10 places per course – 18 employees attended.
- 3 x Personal Safety & De-escalation courses delivered – 10 places per course – 18 employees attended.
- 1 x Introduction into PMVA Course (new course) 30 employees attended.
- A total of 99 staff received training in Prevention and Management of Violence and Aggression training:
- Courses have included introduction training at induction, through to full physical restrictive intervention courses for MH ward staff.
- 2 Full PMVA Module D courses (One Foundation and One Refresher) have been taught within PTHB with the use of a newly recruited Bank trainer, with the hope of securing some more dates.

Face Fit Testing

- There has been a slight increase in attendance at the face fit testing sessions that have been run in Q4. This has risen from 23% in Q3 to 36% in Q4.
- Even though there has been a slight increase in attendance rates in Q4, they are still under the number expected to prevent staff tests going out of date. With a total of 64 appointments available in Q4 and only 23 being attended.

Library Services

Library Induction information

Revised library induction information slide. Shared with OD and Clinical Education colleagues for inclusion in teaching packs for all in-house development programmes. Aim to raise awareness amongst staff and students on placement of the services and resources available to them via the Library at Bronllys.

Evidence Services

Literature Searches completed for Q4 include support for cancer pathways business case; social model of health; nursing roles; staff retention; drug information; and antipsychotics research. Provided advice to several staff undertaking post-graduate studies, providing one to one training in use of evidence resources, research methods, and critical appraisal techniques.

Library Activity Q3-Q4 (2025-26) (October 2025 to March 2026)

23 in-depth literature searches for research projects, patient care, and service improvement	845 enquiries <15 minutes *)	20 one-to-one and group teaching sessions, plus 5 library/wellbeing roadshows	847 uses of resources (book loans, article supply, use of library computers)
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*This figure now includes all enquiries received via email (Powys Library and individual Library staff accounts), MS Teams, telephone and in-person enquiries. Email and Teams based enquiry data not previously captured pre-October 2025.

Dental Education

The pilot dental placement scheme has evaluated well, and Cardiff are now looking to incorporate the Community Dental Service into the academic programme for 2026/2027, based around mid and south Powys.

National / Regional Updates:

- Update: Band 2/3 Health Care Support Worker (HCSW)
- NHS Wales health visiting pay dispute
- Leadership & Management Framework
- Protected time for Continuing Professional Development (CPD) Welsh Partnership Forum update
- All Wales Disciplinary policy
- National Student Streamlining

Update: Band 2/3 Health Care Support Worker (HCSW)

As part of the All Wales Band2/3 framework programme, we have worked in partnership with our local TU colleagues throughout the implementation of the National Band 2/3 Framework and completed this for all employed staff in March. The framework has been used to support clearer role definitions and to enable eligible staff to progress from Band 2 to Band 3 in a consistent and transparent way. Implementation has been successful, with a manageable level of queries, reflecting the effectiveness of the governance and partnership arrangements in place with trade unions, nursing leadership and services. Governance arrangements remain in place to continue to monitor implementation, including ensuring that all entitled staff are assessed, including those who subsequently leave employment.

NHS Wales health visiting pay dispute

The NHS Wales health visiting pay dispute centres on concerns that health visitors are being paid at the wrong Agenda for Change band. The current dispute at a neighbouring Health Board has escalated into industrial action. Employers, however, maintain that current banding is consistent with existing all-Wales job descriptions and that any changes should be agreed through national job evaluation processes, rather than locally.

Leadership and Management Framework – HEIW leading the NHS Wales Implementation

HEIW are continuing working across the four nations, with WG and stakeholders in Wales, to develop a national leadership and management code of practice and competency framework with associated curricula, to support any changes in policy regarding regulation of managers.

The framework will be the central pillar that drives leadership and management capability across NHS Wales. It will provide a single, coherent framework that not only underpins leadership and management development activity, but also shapes how it is designed, commissioned, delivered and assured. It will provide nationally consistent standards for management and leadership capability across all roles and levels, improving leadership capability, culture, productivity and staff experience, strengthening clinical, operational and executive leadership pipelines, supporting better quality, safety and patient outcomes.

Next steps are the Welsh adaption and adoption of the Framework, including bilingual standards and Welsh policy alignment. Once for Wales mapping existing management and leadership provision to identify gaps, duplication, digital enabling solutions and commissioning priorities. Communication and engagement to raise awareness of the Framework and how it can support managers and leaders.

To note Powys, Betsi and Hywel Dda Health boards are currently supporting HEIW with the testing of some of the 'self-assessment tools'

Protected time for Continuing Professional Development (CPD) Welsh Partnership Forum update:

The WPF Business Committee agreed (29 April 2025) to introduce 52 hours of protected CPD time per year for clinical non-medical registrants, effective 01 April 2026.

"Registrants" refers to clinical staff who are professionally registered (non-medical), and CPD should align with the HEIW CPD Strategy (due for publication). Whether Statutory and Mandatory Training counts towards CPD time was dependent on a Welsh Government review (June 2025).

- That review made recommendations which are now being progressed by HEIW through 2026–2027.

Due to delays in finalising both the CPD Strategy, and a definitive position on mandatory training, an interim pragmatic approach has been agreed.

For 2026–2027 only, certain specified training modules (or equivalents) *can be included* within the 52 hours of protected CPD time, drawing on NHS Scotland practice. This is a temporary arrangement and will be updated once the national review recommendations are implemented.

National Student Streamlining

The national position for Student Streamlining 2026 remains challenging, with NHS Wales managing a gap between the number of newly qualified graduates and the number of immediately available Band 5 roles. This reflects a combination of improved retention, reduced turnover, fewer vacancies arising than previously anticipated, and wider financial pressures affecting the pace at which new roles can be established.

In Powys, however, the position is more positive. Through strong workforce planning mechanisms underpinning our education commissioning model, alongside our strategic shift towards the Aspiring Nurse “grow our own” model, we have been able to align supply more closely with anticipated workforce need. As a result, we are in a position to offer substantive roles to all 36 of our internal graduates, exceeding the number expected of the Health Board through the national process. This provides an important level of assurance in respect of our local workforce pipeline, while also demonstrating the value of our longer-term workforce planning and internal development approach.

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People and Culture Report April 2026



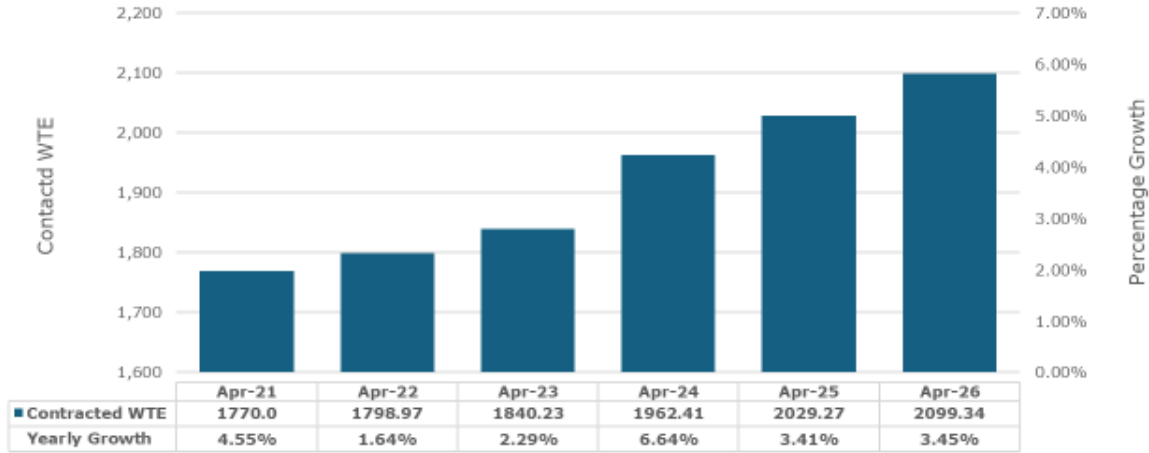
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

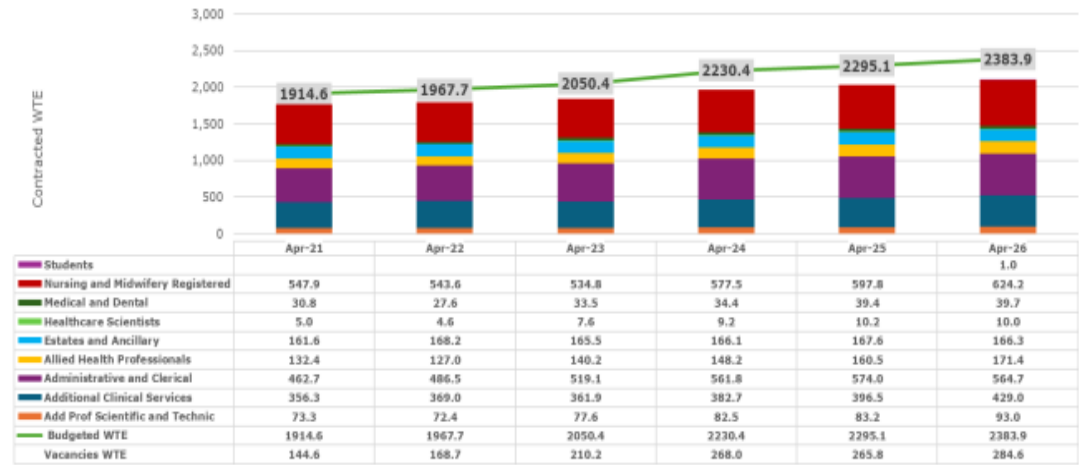
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Staff Transformation & Sustainability of the Workforce

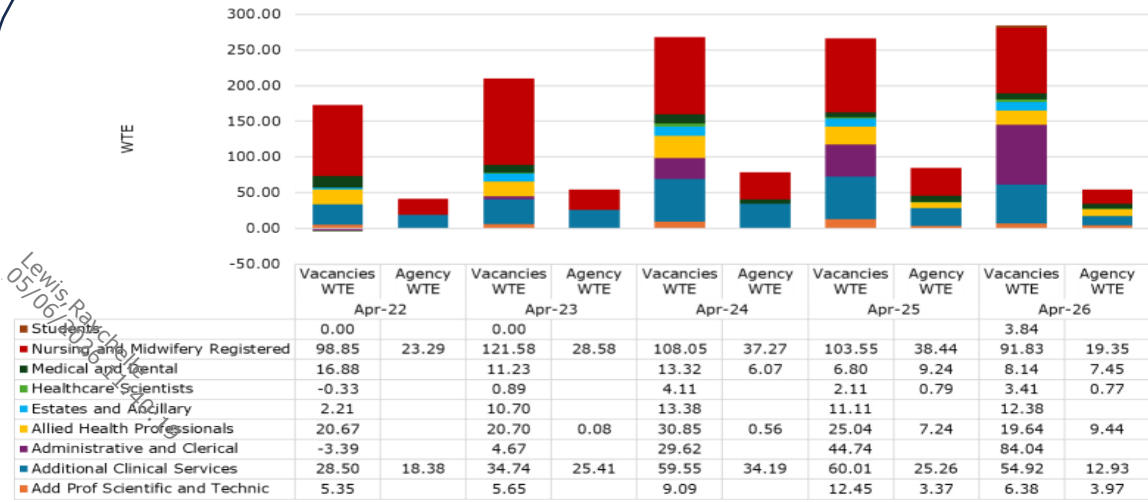
Contracted WTE 2021-2026 with Year on Year Growth



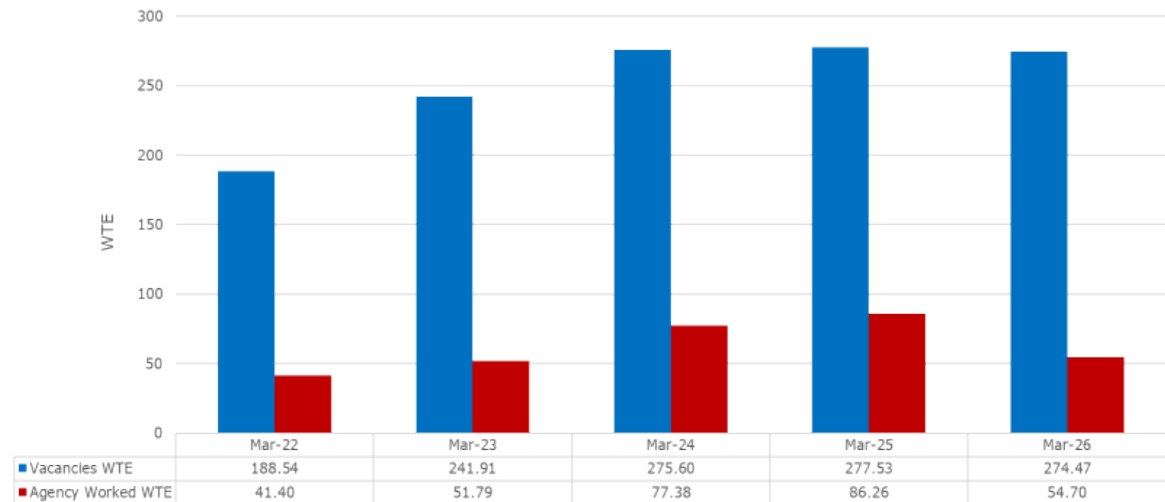
Workforce Growth - Contracted v's Budgeted WTE 2021-2026



Vacancies vs Agency Worked by Year



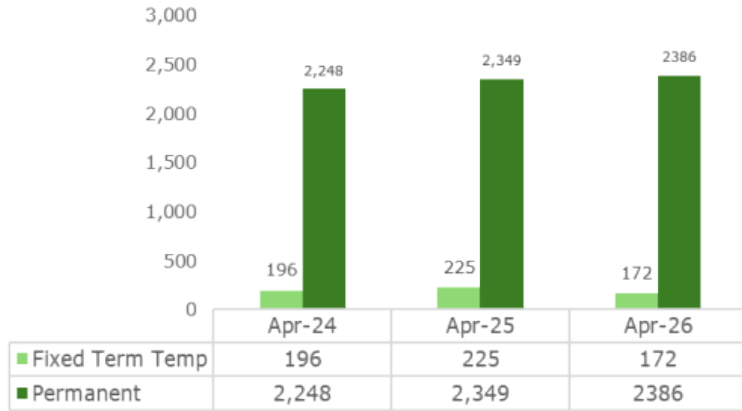
Total Vacancies & Average Agency Worked by Year



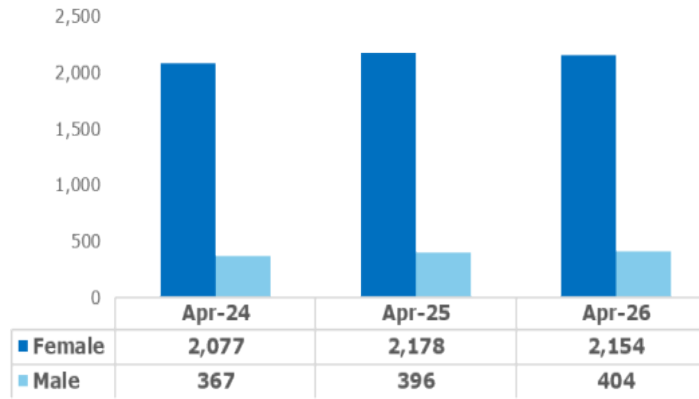
* Agency data from 2021 to 2024 should be interpreted with caution as not all areas were recording agency usage on HealthRoster during this period

Staff Transformation & Sustainability of the Workforce

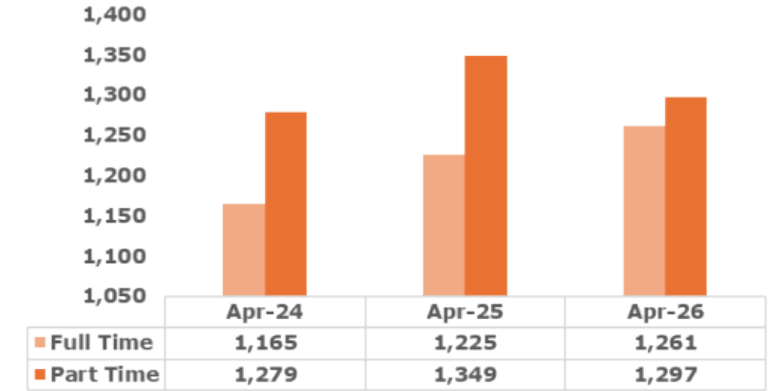
Assignment Status Headcount



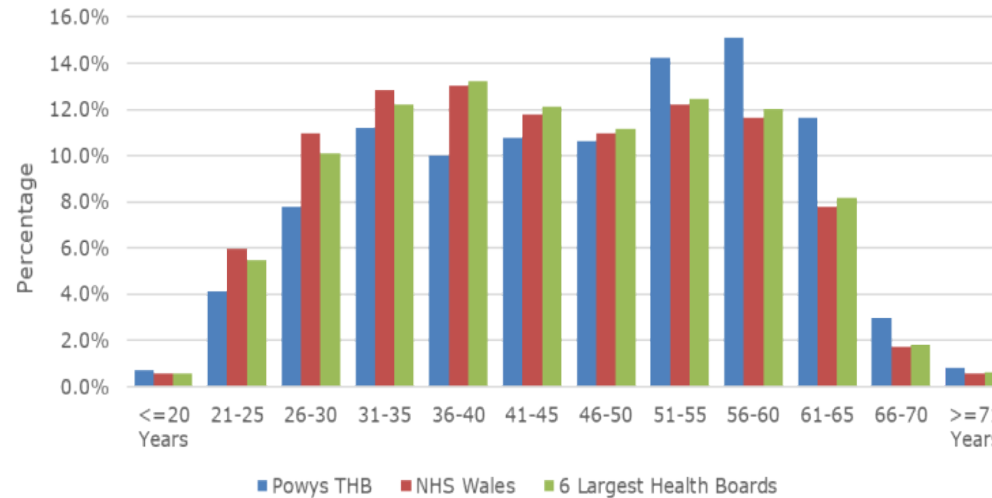
Gender Headcount



Employee Category Headcount



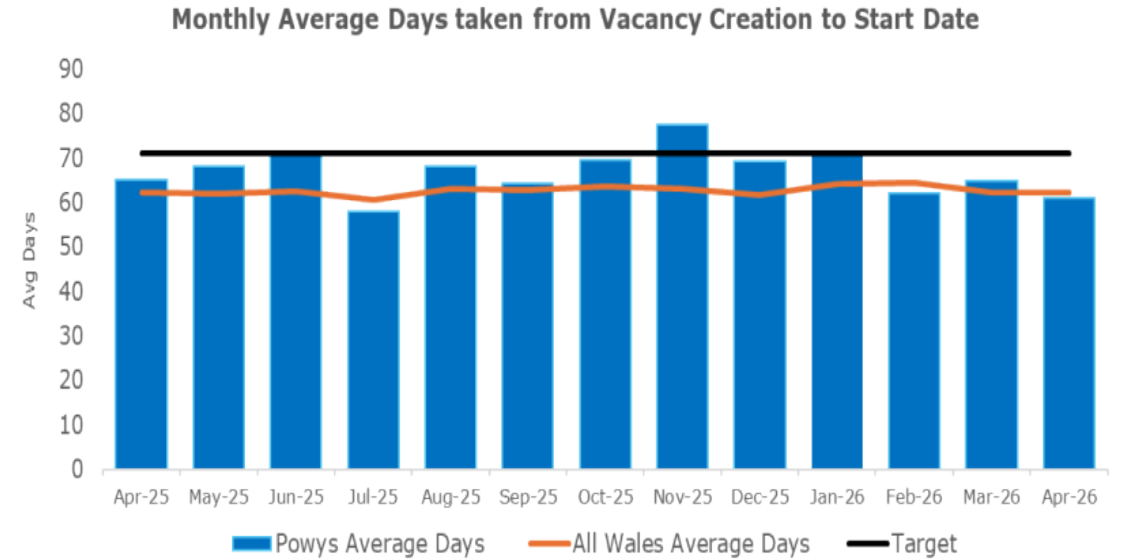
Age Profile by Percentage



Staff in Post

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TRAC Performance April 2026		Target time in days	Powys Monthly Average	All Wales Monthly Average
T0a	Notice Date to Authorisation Start Date	5	74.7	47.8
T1a	Time to Approve Vacancy Request	10	3.7	9.9
T4	Time to Shortlist	3	7.4	6.5
T5b	Time to Update Interview Outcomes	3	3.2	3.6
T9b	Time to Approve References	2	2.8	2.6
T13	Vacancy Creation to Conditional Offer	44	44.4	46.2
T14	Vacancy Creation to Ready for Start date notification	71	61.0	62.4
T23	Conditional Offer to Ready for Start date notification (with outliers)	27	19.5	17.9



Average Total Bank Worked – Last 12 Months

78.4 WTE



Previous 12 months
Average Worked 66.5 WTE

Average Total Agency Worked – Last 12 Months

46.5 WTE



On Con (33.4 WTE)
Off Con (13.1 WTE)

Previous 12 months
Average Worked 74.9 WTE

On Con (48.8 WTE) & Off Con (26.1 WTE)

Medical Agency WTE Worked (12 Month Average)

7.0WTE

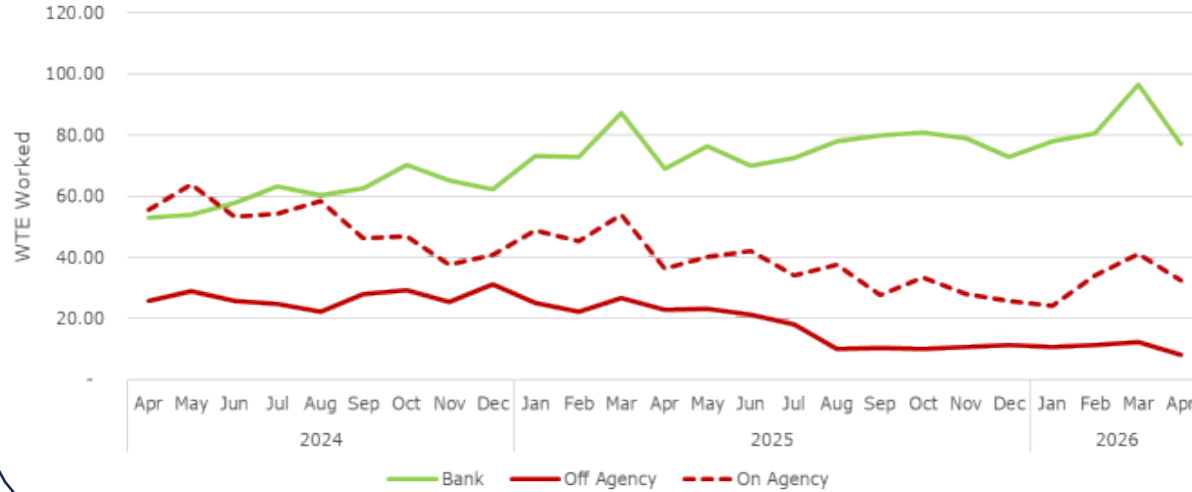
On Contract – 2.9 WTE
Off Contract – 4.1 WTE

Previous 12 months
Average Worked : 9.2 WTE

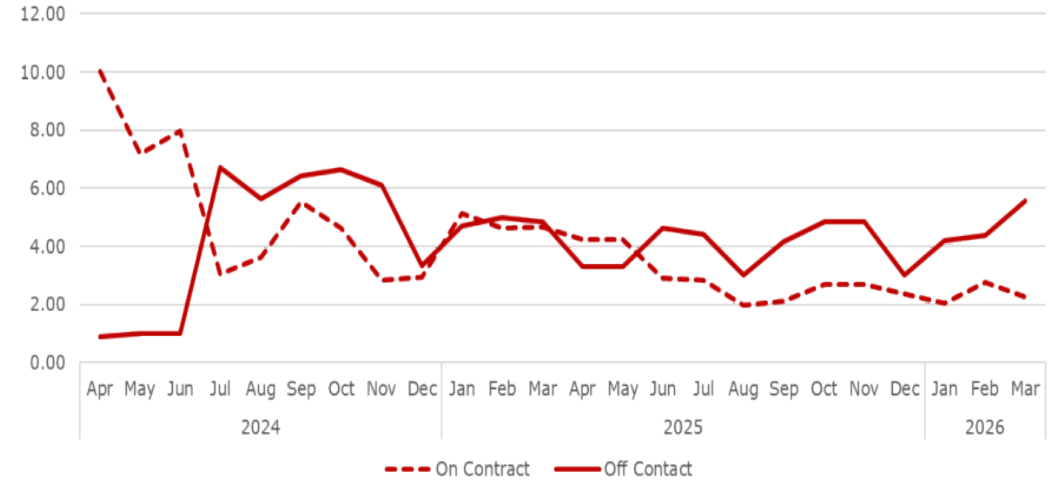
On Con (4.7 WTE) & Off Con (4.5 WTE)

Staff Transformation & Sustainability of the Workforce

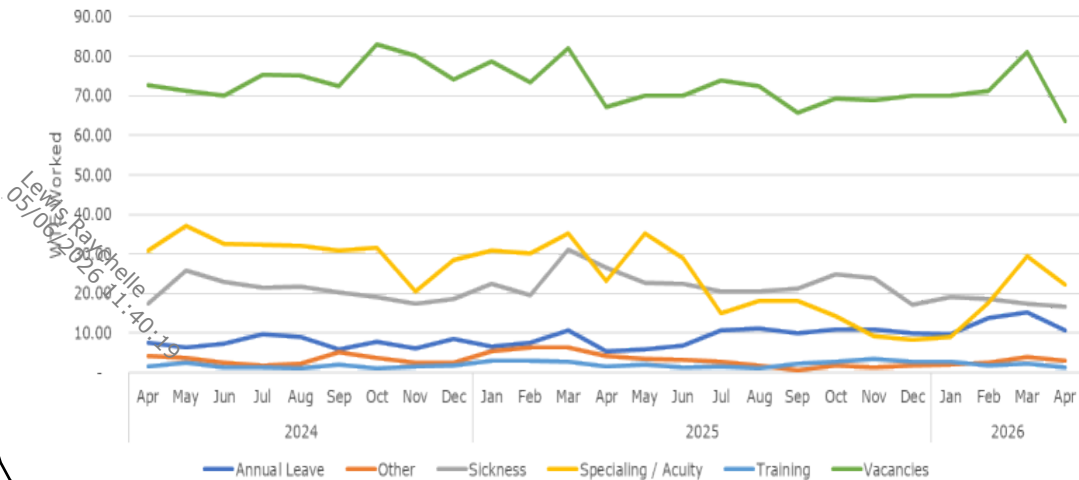
Total Bank/Agency Worked WTE (Exc Medical)



Medical Agency WTE Worked



Total Bank/Agency Worked by Reason WTE (Exc Medical)



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*

Bank / Agency	On/ Off Contract	2025/ 26 12 Months		2026/ 27 1 Months		2026/ 27 Forecast (Inc. % Increase/ Decrease on 2025/ 26)			
		No of Shifts	Hours	No of Shifts	Hours	No of Shifts	% Increase	Hours	% Increase
Agency	On Agency	7,234	65,825	564	5,279	6,768	-6%	63,343	-4%
	Off Agency	3,161	28,046	157	1,340	1,884	-40%	16,085	-43%
Agency Total		10,395	93,871	721	6,619	8,652	-17%	79,428	-15%
Bank		19,789	151,913	1,645	12,546	19,740	0%	150,553	-1%
Bank Total		19,789	151,913	1,645	12,546	19,740	0%	150,553	-1%

What the charts tells us

Staff in Post

The organisation currently employs 2,558 (**2,099.3** WTE) staff. Since 2021, the overall workforce has increased by **18.6%** (329.3 WTE). The largest growth has occurred in Admin & Clerical roles (102.03 WTE), followed by Nursing & Midwifery Registered (76.22 WTE and Additional Clinical Services 72.69 WTE).

Additional Workforce Characteristics

- 6.7% (172) of staff are on fixed term contracts
- 84.2% (2,154) of staff are female.
- 50.7% (1,297) work part time.

Recruitment & Vacancies

- As of April 2026, the organisation vacancy rate is **11.94%** (284.6 WTE). This represents a 1.13% reduction compared to April 2025 (13.07%).

Age Profile

Of the 2,558 staff currently in post, 30.3% (775) are aged over 55. This proportion is projected to increase to 45.8% (1,173) by 2031, highlighting a workforce risk associated with retirement.

Bank & Agency Usage

Over the last 12 months;

- The organisation used an average of **78.4 WTE** Bank hours per month, 46.6 WTE of which were in Nursing. Compared with the previous 12 months (66.5 WTE), this represents an increase of **11.9 WTE**. Bank usage has continued to show steady growth over the last 2 years.
- Average Agency usage over the last 12 months totals **46.5 WTE** with 32.9 WTE in Nursing. This reflects a decrease of 28.4 WTE compared with the last 12 months (74.9 WTE). Agency usage has continued to decline significantly since April 2025, which correlates with the increased use of Bank staffing.

In the last month;

- 721 Agency shifts were worked, totalling 6,619 hours.
- 1,645 Bank shifts were worked totalling 12,546 hours.

Based on these hours, the crude 12 month forecast for 2026/27 suggest a 15% decrease in Agency usage and a 1% increase in Bank

Areas of Concern

Recruitment & Vacancies

In April 2026, the average time to hire for PTHB was **61** days. Over the last 12 months the organisation failed to meet the national target, of 71 days, on 2 occasions. The ability to meet this target is impacted upon by multiple factors including how responsive recruiting managers and candidates are to actions and requests.

Of the 284.6 WTE vacancies:

- Admin & Clerical roles account for 13% (84.04 WTE). The majority of these vacancies are distributed throughout numerous departments
- Registered Nursing accounts for 12.8% (91.83 WTE).

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

The final planned cohort of the FY ending April 26, of 4 Internationally Educated Nurses (IENs) arrived in country in Feb 26, and immediately undertook their OSCE training, provided by Cardiff and Vale UHB. Each has now passed their OSCE exam, hold NMC PINs, and are operating as a Band 5 RMNs on their respective inpatient wards; 2 allocated to Clywedog, 1 to Felindre and 1 to Tawe. This completed the planned recruitment of 12 total IENs – 8 Adult Nurses and 4 Mental Health nurses – for the FY 25/26.

A further, and expected to be final, Internationally Educated Medic is currently completing the necessary onboarding and compliance checks following successful recruitment at a conference in India in January 2026.

This will conclude all planned international recruitment at this stage, with no further scheduled international recruitment for the coming financial year. Over the course of the programme, since October 2023, PTHB recruited 45 total IENs and 5 Medical staff.

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.

Those areas occurring agency spend but with vacancies have been engaged and encourages to recruit to existing vacancies, or review establishment, to reduce agency spend where practicable – this has become routine activity for the Resourcing Team.

Workforce planning

Capacity has been redirected in to supporting 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.

Great Place to Work

Turnover

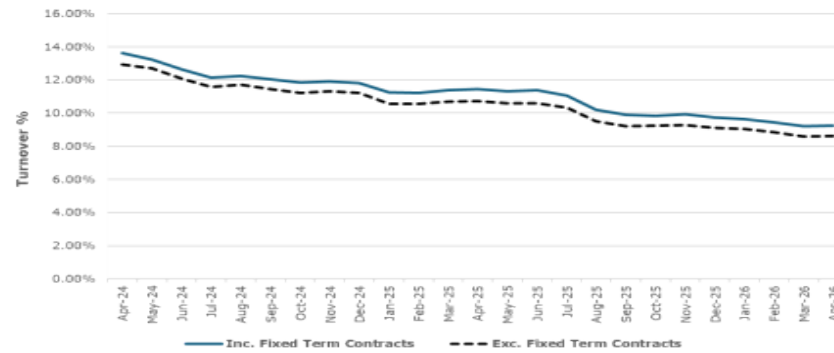
Staff Headcount Stability - % of Staff Retained over last 12 months (exc Fixed Terms)

90%

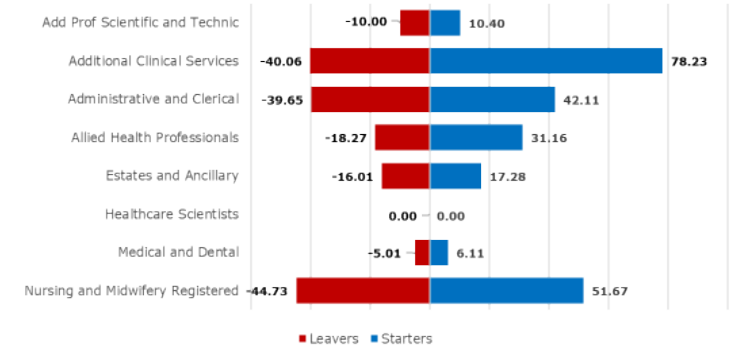
Rolling Staff Turnover :
Apr-26: 9.24% (8.62% Exc F/T)
Apr-25: 11.46% (10.74% Exc F/T)
NHS Wales 6.5% (Jan-26)



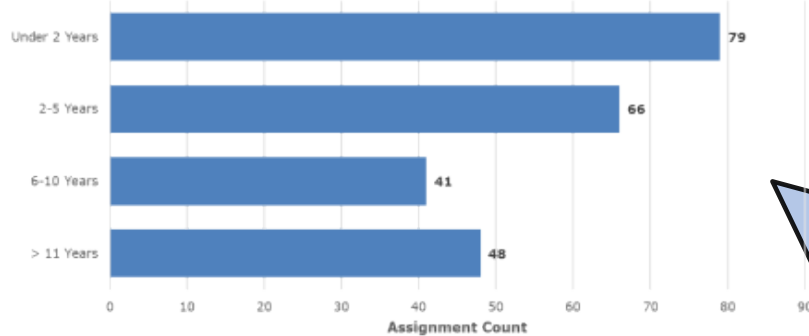
Rolling Turnover Trend



Leavers v Starters by Staff Group - 12 month



Leavers in last 12 Months by Years Service

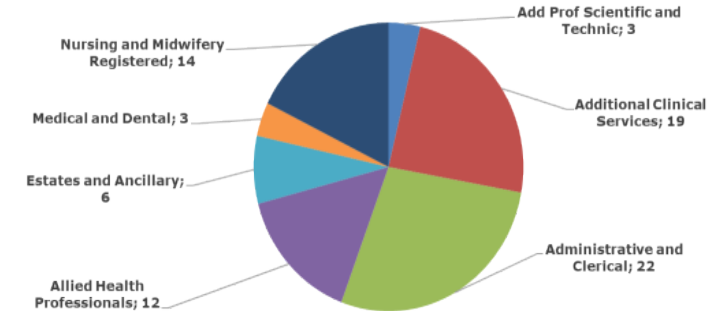


Over the last 12 months, the organisation recorded 234 leavers, which includes 22 in April 2026.

Of the 234 leavers:

- 79 (34%) left with less than 2 years service.
- 47 left through Age Retirement, 8 Flexi Retirements, 16 Ill Health Retirements and 2 Voluntary Early Retirements.
- 123 were Voluntary Resignations, including 27 for work life balance, 21 due to relocation, 12 for promotion, 4 due to Pay and Reward and 4 for Health Reasons.
- 16 left following the end of fixed term contracts.
- Of the 234 leavers, 94 (40%) were Nursing. 32 had less than 2 years service, 24 Age Retirement, 3 Flexi Retirement, and 42 resigned voluntary.
- April

Leavers in last 12 Months with Less than 2 Years Service by Staff Group



PADR & M&S Training Compliance

PADR Compliance: Apr-26

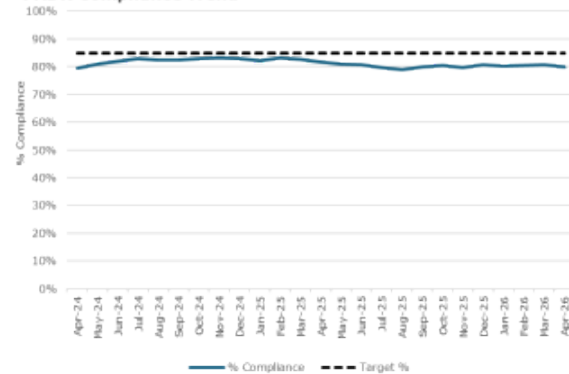
80%

NHS Wales 78% (Jan-26)



Apr-25: 82%
Apr-24: 79%

PADR Compliance Trend



Mandatory & Statutory Training Compliance: Apr-26

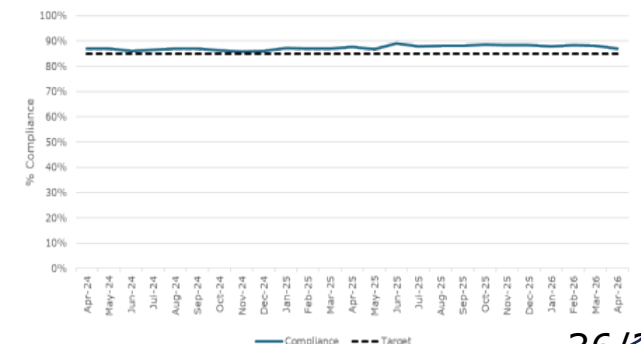
87%

(Incs all M&S levels & Role Related Competencies)
NHS Wales 88% (Jan-26)



Apr-25 : 88%
Apr-24 : 87%

Mandatory & Statutory Training Compliance Trend



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10 Core Competencies Compliance (All Levels)

Core Skills Competencies (All Levels)	Modules Required	Modules Achieved	Compliance %
Equality, Diversity and Human Rights - 3 Years	2,585	2,436	94%
Fire Safety - 2 Years	5,169	4,580	89%
Health, Safety and Welfare - 3 Years	2,585	2,443	95%
Infection Prevention and Control - Levels 1 & 2	1,668	1,425	85%
Information Governance (Wales) - 2 Years	2,585	2,343	91%
Moving and Handling - Levels 1 & 2	2,606	2,101	81%
Resuscitation - Levels 1 - 3	3,454	2,579	75%
Safeguarding Adults Levels 1- 4	2,328	1,991	86%
Safeguarding Children Levels 1 - 4	2,404	2,146	89%
Violence and Aggression (Wales) - Modules B & D	2,140	1,991	93%
Grand Total	27,524	24,035	87%

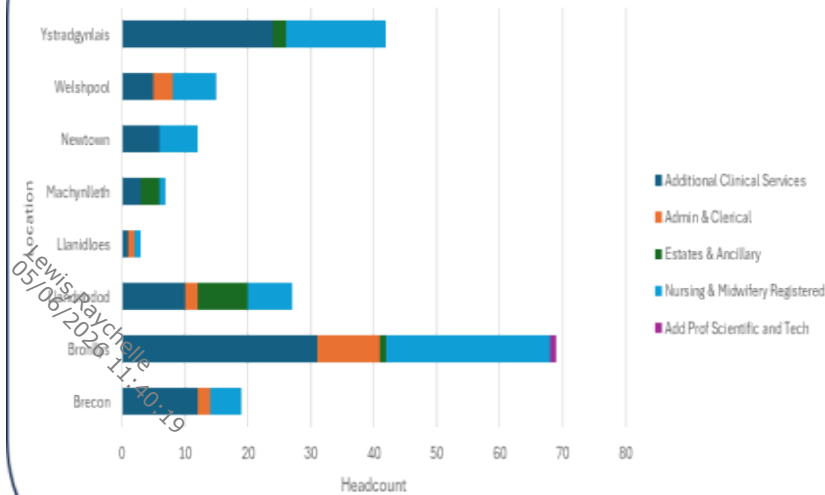
Core Skill Level Competencies with Compliance under 85%

Core Skills Competencies Levels under 85%	Modules Required	Modules Achieved	Compliance %
Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	126	70	56%
Safeguarding Adults (Version 2) - Level 3 - 3 Years	459	266	58%
Safeguarding Children - Level 2 - No Specified Renewal	58	35	60%
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	1392	884	64%
Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	256	180	70%
Violence & Aggression Module D - 1 Year	91	64	70%
Resuscitation - Level 2 - Newborn Basic Life Support - 1 Year	49	36	73%
Safeguarding Children - Level 3 - 3 Years	194	147	76%
Moving and Handling - Level 2 - 2 Years	1664	1285	77%
Resuscitation - Level 3 - Paediatric Immediate Life Support - 1 Year	22	17	77%
Anaphylaxis - 1 Year	639	503	79%
Manual Handling for Managers - No Renewal	180	143	79%
Safeguarding Children Level 4 - 3 years	6	5	83%

Role Specific Competencies with Compliance under 85%

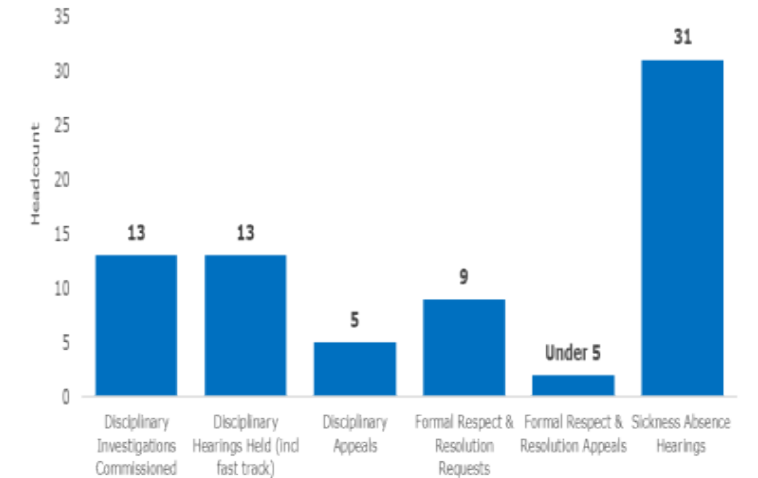
Role Specific Competencies under 85%	Modules Required	Modules Achieved	Compliance %
Positive Behaviour Management Practical - 1 Year	15	4	27%
Clinical Induction - Nursery Nurse No Renewal	14	8	57%
WARRN - 3 years	180	116	64%
VAWDASV Ask & Act Level 2 - 2 years	682	537	79%
Positive Behaviour Management Theory - 3 years	15	12	80%
Welsh Language Awareness - 3 Years	2585	2177	84%

Bank Staff Enrolled in Wagestream



Staff Group	Count of Bank Staff Enrolled on Wagestream
Add Prof Scientific and Tech	1
Additional Clinical Services	92
Admin & Clerical	18
Estates & Ancillary	14
Nursing & Midwifery Registered	69
Grand Total	194

Formal Employee Relations Activity for the last 12 months



Great Place to Work

What the chart tells us	Areas of Concern	Actions/Mitigations
<p><u>Turnover</u> The Health Board reports a rolling turnover rate of 9.24% for April 26, representing a decrease of 2.22% when compared to April 25 (11.46%). When excluding staff on fixed term contracts, turnover is 8.62%, comparison point 10.74% in April 25.</p> <ul style="list-style-type: none"> The organisation continues to exceed the All-Wales Turnover Position of 6.5% January 2026. The Stability Index for the Health Board remains steady at 90% (excluding fixed term contracts). <p><u>PADR (Performance Appraisal Development Review)</u> 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%.</p> <ul style="list-style-type: none"> April 26 compliance : 80%, a 2% decrease from April 25 (82%). The health board continues to benchmark positively when compared with All Wales position of 78% (January 2026). <p><u>Mandatory & Statutory Training</u> Mandatory and Statutory training compliance includes all role specific competencies associated with each position.</p> <ul style="list-style-type: none"> April 26 compliance ; 87%, a decrease of 1% from April 25 (88%), which exceeds the 85% Target. The health board benchmarks positively when compared with All Wales position of 88% (January 2026). <p><u>Wagestream</u> Since commencement there have been 194 enrolments for Wagestream.</p> <p><u>Employee Relations</u> In the last 12 months there were 31 sickness absence hearings, 13 disciplinary investigations, 13 disciplinary hearings (including fast tracks) and 5 disciplinary appeals and 9 formal respect & resolution requests.</p>	<p><u>Turnover</u> Organisational turnover has continued to improve over the last 12 months, however it remains above the All-Wales NHS average of 6.5%</p> <p>In total 234 staff left the organisation in the last year, 94 of which were Nursing staff.</p> <p><u>PADR</u> Overall PADR compliance has remained broadly static over the last 12 months, though there has been a slight decline in comparison to the previous 12 month</p> <p><u>Employee Relations</u> There are no distinct themes identified by directorate or service.</p>	<p><u>Turnover</u></p> <ul style="list-style-type: none"> There continues to be a positive reduction in workforce turnover. A local retention campaign is currently in progress. The 'Belong, Stay, Thrive Series' shares staff stories, case studies and articles highlighting ways to make Powys a great place to work. This has been well received. We have increased the focus on employees leaving within their first two years and have since implemented a new starter email which is sent to managers. Survey feedback indicates that, since its introduction, more new employees have completed the local induction checklist and received the equipment needed for their roles. A quarterly data triangulation is in place, to enable identification of teams that may need enhanced support from the people and culture team. A leavers' toolkit and questionnaire has been introduced, this continue 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. <p><u>PADR and Statutory & Mandatory</u> The P&C BP team review the monthly PADR compliance report and provide focussed 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.</p> <p><u>Employee Relations</u> Work is underway in partnership to develop our implementation approach for the new All Wales Disciplinary Policy & procedure, which is due to be published in the coming month. The implementation approach will include publication of supporting guidance, toolkit and a revised training offer.</p> <p>People & Culture Business Partners and trade 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.</p> <p>Assistant Business Partners and HR advisors meet with trade unions on a weekly basis to ensure there is a partnership approach to address any emerging employee relations matters.</p>

Employee Health & Well Being

Sickness Absence Percentage Apr-26:

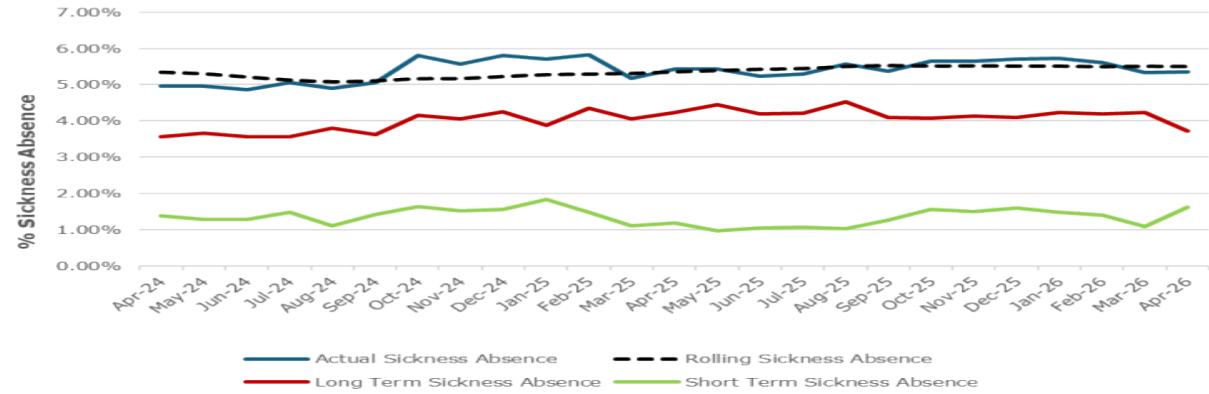
5.35% (Actual)
5.49% (Rolling)

NHS Wales 6.3% Rolling (Jan-26)



Apr-25 – 5.44% (Actual) 5.35% (Rolling)
Apr-24 – 4.96% (Actual) 5.34% (Rolling)

Sickness Absence Rate



Sickness Absence

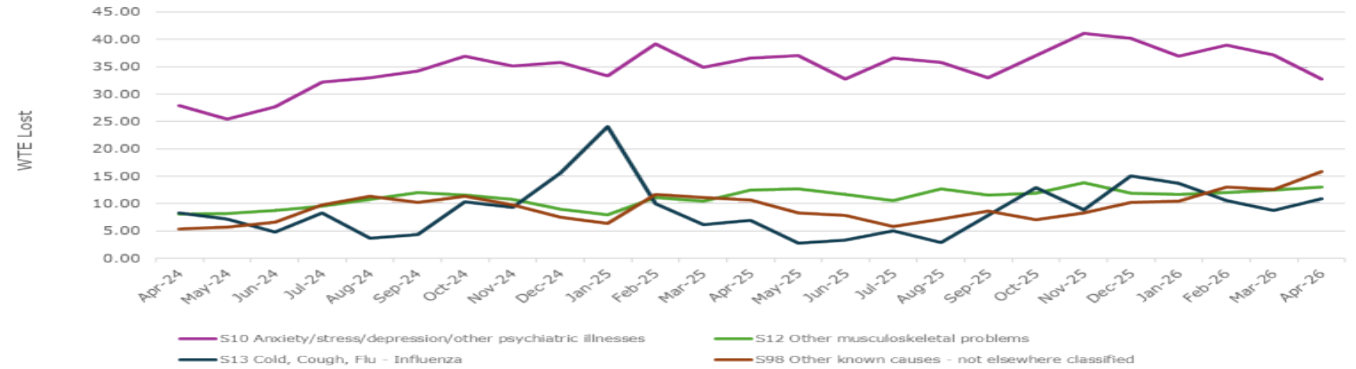
Sickness Absence: 12 Months Average WTE of Staff lost :

118.0 WTE

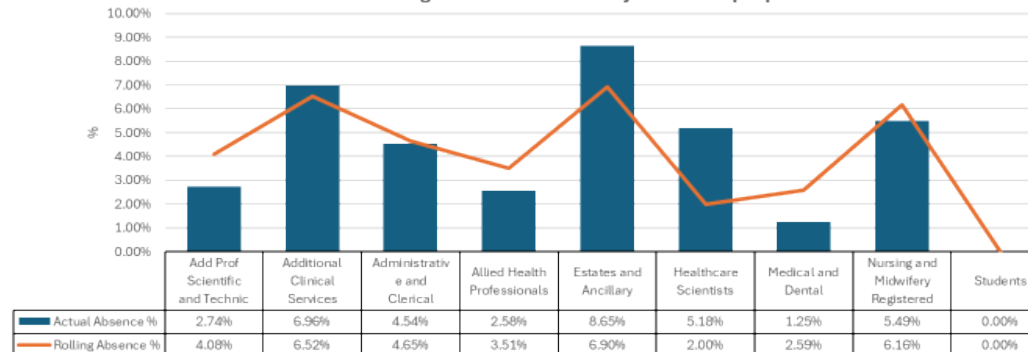


Apr-24 to Mar-25: 109.7 WTE
Apr-23 to Mar-24: 104.6 WTE

Top 4 Reasons - WTE Lost by Month



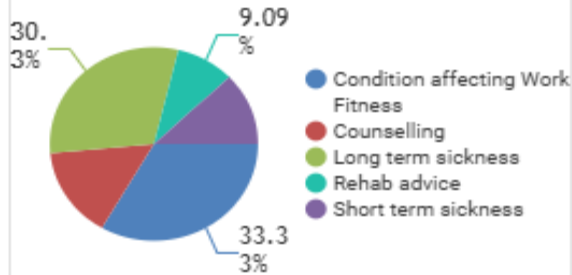
Actual/Rolling Sickness Absence by Staff Group April 2026



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Occupational Health Internal Management Referrals April 2026

Management Referral - Reason for Referral (one month)



MANAGEMENT REFERRALS DIRECTLY INTO OCC HEALTH n=26 (previous month in brackets)

- 33% (47%) of staff with condition affecting work fitness (Uniform blue)
- 12% (15.5%) with Short term sickness (Purple)
- 30% (30%) Long term sickness (Green)
- 9% (3.1%) Rehab advice (Turquoise)
- 0% (3.1%) Workplace Incident
- 15% (13%) Counselling (Red)

Staff with Condition affecting work fitness has dropped by over 25% in the last month, but Rehab advice (returning to work) has risen – although this is a rise, it is

New Management Referral invitation system is working well – 3 staff members have been withdrawn from the system in the 1st round of invites as no contact has been made after 3 letters – potentially saving DNAs of clinical and admin time of 6 hours which will allow other patients to be seen more quickly

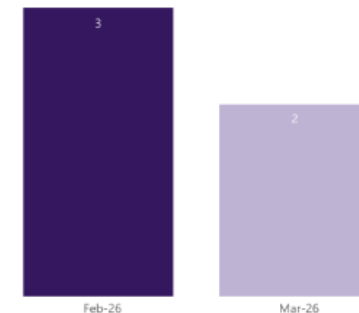
Occupational Health VIVUP Employee Assistance Programme/Counselling Service April 2026

22 clinical sessions conducted during April with 3 new clients entering the system



Telephone Assessment	Telephone Counselling (30 min)	Telephone Counselling (50 min)	Virtual Counselling
3	1	13	5

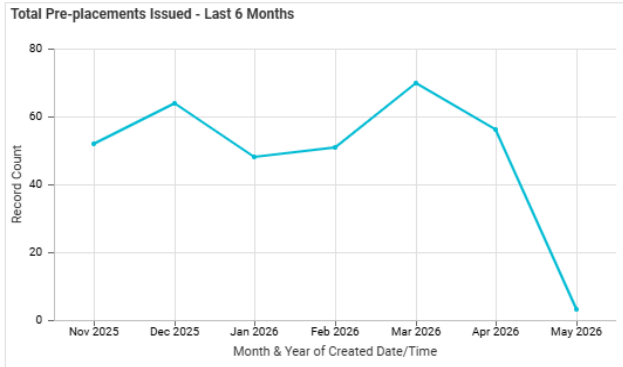
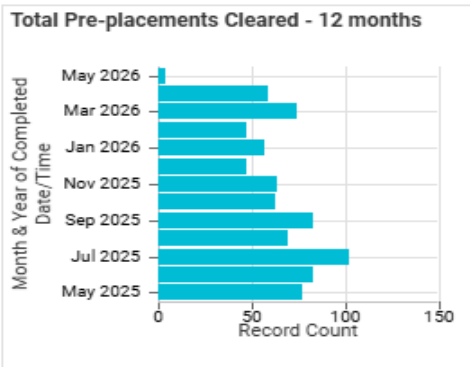
Online GP lets employees talk to a Doctor by Phone or video – includes advice, prescriptions and referrals to specialists – Open to staff and U18 dependants. Appointments 3 in Feb, 2 in March and 0 in April



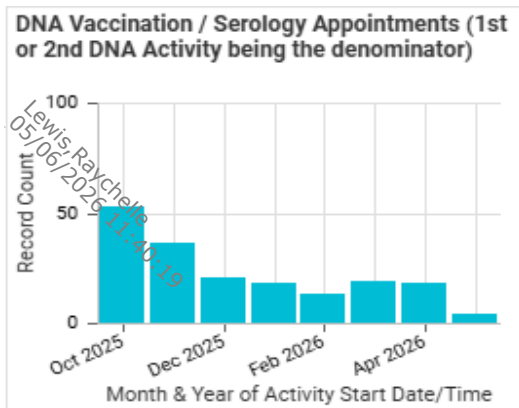
Occupational Health OPASG2 Dashboard- Snapshot April 2026

Pre-placement Health Assessment

All OH Pre-placements checks are now managed through the OPASG2 system – from the graphs below that they peaked at **56 pre-placements issued in April 2026** – a significant decrease this month. These are new posts and internal movement posts. There were 54 pre placements cleared in April 2026



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.



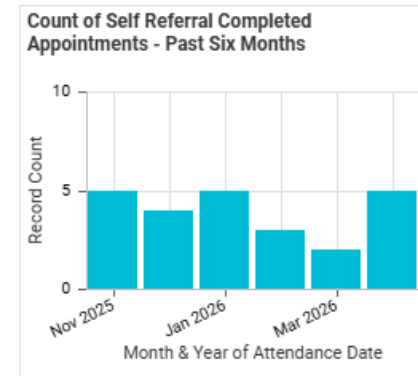
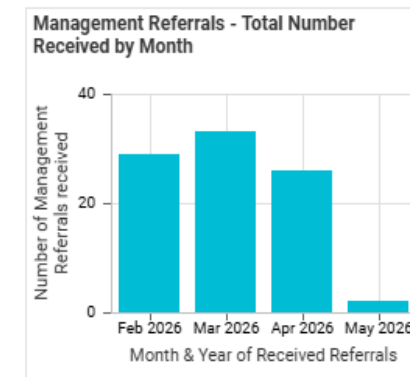
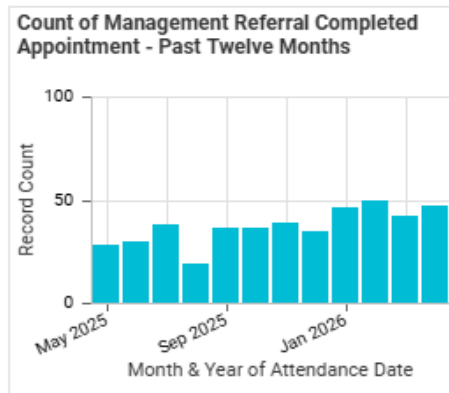
Duration of the preplacement pathway for clinical staff is often prolonged by TB screening activities and gaining full Immunisation information. The statistics above excludes applicants that need follow ups, bloods and vaccinations etc.

Did not attend data is now available and shows a total of 18 DNAs in March – this equates up to approx. 9 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

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

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



No. of Management referrals received In April has dropped slightly to 26 received from 33 in April

Employee Health & Well Being

What the chart tells us

Sickness Absence

Rolling sickness has remained consistently above 5% over the past 24 months.

- For April 2026, actual sickness absence reported at **5.35%**, which is 0.09% lower than April 2025 (5.44%).
- Rolling sickness absence reported at **5.49%**, representing a 0.14% increase when compared with April 2025 (5.35%) .

Over the last 12 months, the organisation experienced an average of **118 WTE** staff absent, an increase of 8.3 WTE from the previous 12 month period (109.7 WTE).

Long-term and short-term sickness levels have remained broadly unchanged over the past two years. However, between March and April 2026, there has been a decrease in long term sickness and increase in short term sickness.

The four leading causes for sickness accounted for **56%** of all absence in the past 12 months:

- Anxiety/ Stress/ Depression - accounted for 31% of all sickness reported.
- Other musculoskeletal problems- 10% of all sickness.
- Other known causes - not elsewhere classified – 8.1% of all sickness.
- Cold, Cough, Flu, Influenza – 7.2% of all sickness

The health board continues to benchmark positively against the All Wales average of 6.3% (January 2026).

Areas of Concern

Sickness Absence

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

- **Estates & Ancillary** (6.90%): *The majority of days lost were due Anxiety, Stress & Depression (20.9%) and Benign and malignant tumours (15.6%)*
- **Additional Clinical Services** (6.52%): *Most days lost were attributable to due to Anxiety, Stress & Depression (32.6%), and Other Musculoskeletal problems (13.9%)*
- **Nursing & Midwifery Registered** (6.16%): *The highest days lost were due to Anxiety, Stress & Depression (33.3%), and Other known causes not elsewhere classified (10.1%).*

There has been a gradual increase in the level of absence recorded for Other known causes – not elsewhere classified.

Actions/Mitigations

The P&C BP team are monitoring absences 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 managers training programme covers the managing attendance at work policy and manager responsibilities in detail.

P&C BP team undertake absence monitoring to enable more efficient targeted interventions in directorates. Due to the increase of other known causes – no elsewhere classified, the business partnering team are following up with services to understand this ion more detail and respond accordingly.

P&C has recruited Mindfulness Practitioners onto the bank who have established the Mindfulness and Compassion (MAC) programme. The MAC programme has received Powys Charities funding until sept 2027. Individual and group support and session are regularly promoted across the organisation

A review of teams with higher levels of absence due to anxiety, stress, depression & other psychiatric illnesses is underway, with the aim of deploying the MAC team into the areas of the organisation in most need.

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 (note; this service will not issue fit notes). Virtual GP appointments are now in place and promoted.

Workforce Monthly Dashboard – April 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	96.64	99.43	2.79	2.81%	3.54%	4.06%	0.48	1.83	1.92	3.75	79%	87%	-	2.00	-	-	11.66%	11.66%
Additional Clinical Services	430.16	483.88	53.72	11.10%	6.39%	6.35%	22.28	1.03	16.82	17.84	79%	89%	3.89	4.80	-	1.00	10.81%	10.07%
Administrative and Clerical	568.50	648.78	80.28	12.37%	4.67%	4.68%	11.06	-	-	0.00	84%	93%	3.20	4.30	-	-	8.20%	7.31%
Allied Health Professionals	173.06	191.02	17.96	9.40%	3.46%	3.47%	1.62	0.49	9.91	10.40	86%	88%	2.00	2.56	-	-	13.26%	12.73%
Estates and Ancillary	162.99	178.73	15.74	8.81%	7.43%	6.67%	15.13	-	-	0.00	81%	88%	0.00	2.15	-	-	9.57%	8.66%
Healthcare Scientists	10.21	13.42	3.21	23.89%	0.63%	1.56%	0.13	-	1.36	1.36	82%	89%	-	-	-	-	0.00%	0.00%
Medical and Dental	38.29	47.84	9.55	19.97%	2.39%	2.59%	-	2.26	5.55	7.81	55%	69%	0.00	1.21	-	-	11.57%	8.26%
Nursing and Midwifery Registered	629.56	715.99	86.43	12.07%	5.38%	6.22%	25.16	5.94	6.04	11.98	78%	87%	1.00	5.93	-	-	7.52%	7.39%
Students	2.00	4.84	2.84	58.68%	0.00%	0.00%	-	-	-	0.00	50%	91%	-	-	-	-	0.00%	0.00%
Grand Total	2,111.41	2,383.93	272.52	11.43%	5.24%	5.45%	75.87	11.55	41.59	53.14	81%	88%	10.09	22.95	0.00	1.00	9.22%	8.59%

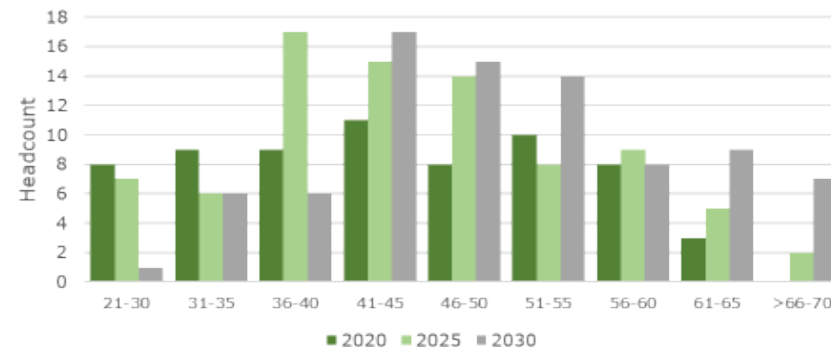
Directorate	Actual Contracted WTE	Budgeted WTE	Vacancy WTE	Vacancy %	Monthly Sickness %	Rolling Sickness %	Bank WTE in Month	Agency Use Off Contract WTE in Month	Agency Use On Contract WTE in Month	Total Agency WTE use in Month	PADR %	M&S Training %	Starters in Month WTE	Leavers in Month WTE	Substantive 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	23.71	26.02	2.31	8.89%	0.25%	2.36%	27.11	1.02	16.68	0.00	73%	84%	-	-	-	-	13.04%	13.04%
Community Care & Therapies	916.30	1010.84	94.54	9.35%	4.69%	5.29%	-	-	-	14.60	84%	90%	8.09	9.21	-	1.00	8.88%	8.52%
Community Dental Service	46.96	55.75	8.79	15.77%	1.04%	2.01%	-	-	-	0.00	82%	86%	0.00	0.40	-	-	7.75%	7.75%
Corporate Governance	21.11	20.88	-0.23	-1.12%	0.32%	2.89%	-	-	-	0.00	92%	94%	-	-	-	-	0.00%	0.00%
Estates & Works	48.71	48.21	-0.50	-1.03%	2.58%	2.96%	15.20	-	-	0.00	73%	95%	-	0.60	-	-	7.92%	5.94%
FID Finance Directorate	36.86	38.12	1.26	3.30%	5.51%	2.86%	-	-	-	0.00	73%	89%	-	-	-	-	5.41%	5.41%
Facilities & Support Services	142.55	158.47	15.92	10.04%	8.31%	6.99%	-	-	-	0.00	84%	87%	0.00	2.15	-	-	10.05%	9.55%
MED Medical Directorate	1.25	3.24	1.99	61.57%	0.00%	0.23%	0.32	-	-	0.00	0%	62%	-	-	-	-	20.00%	20.00%
MHD Mental Health	421.39	525.96	104.57	19.88%	6.30%	6.70%	29.41	9.68	24.91	34.26	68%	82%	0.00	6.68	-	-	9.55%	8.94%
Medicines Management	30.55	31.74	1.19	3.76%	2.82%	3.00%	0.10	0.86	-	0.64	92%	95%	-	1.00	-	-	19.44%	19.44%
NUD Nursing Directorate	27.84	34.55	6.71	19.42%	3.02%	4.61%	-	-	-	0.39	69%	92%	-	-	-	-	9.38%	9.38%
PHD Public Health Directorate	68.15	79.82	11.67	14.62%	9.59%	9.16%	0.09	-	-	0.00	89%	96%	-	1.70	-	-	15.48%	14.29%
PLD Planning Directorate	14.84	17.60	2.76	15.68%	2.56%	0.55%	-	-	-	0.00	81%	93%	0.00	-	-	-	6.25%	6.25%
People & Culture Directorate	60.62	64.87	4.25	6.55%	3.23%	3.72%	2.53	-	-	0.00	93%	90%	-	-	-	-	2.90%	2.90%
Primary Care	15.49	15.84	0.35	2.19%	13.33%	9.17%	-	-	-	0.00	67%	91%	-	-	-	-	26.32%	26.32%
THD Therapies & Health Sciences Directorate	64.52	68.52	4.00	5.84%	0.20%	3.14%	-	-	-	0.00	82%	98%	-	-	-	-	2.92%	1.46%
Transformation Directorate	21.06	24.33	3.27	13.46%	6.40%	1.94%	-	-	-	0.00	95%	81%	2.00	-	-	-	14.63%	4.88%
Women and Children Directorate	149.51	159.17	9.66	6.07%	7.47%	6.02%	1.12	-	-	0.00	79%	88%	-	1.21	-	-	9.47%	4.39%
Grand Total	2,111.41	2,383.93	272.52	11.43%	5.24%	5.45%	75.87	11.55	41.59	53.14	81%	88%	10.09	22.95	0.00	1.00	9.22%	8.59%

Staff in Post WTE

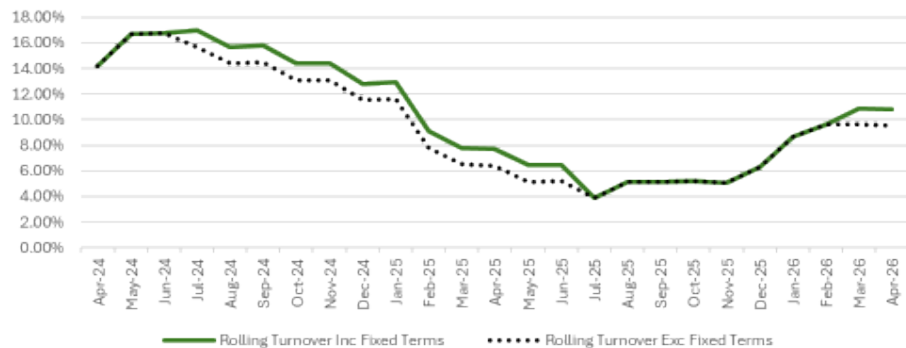


Staff Group	WTE Staff in Post			Variance Apr-24 & Apr-26
	Apr-24	Apr-25	Apr-26	
Administrative and Clerical	68.54	72.40	73.18	4.64
Medical and Dental	0.20	0.20	1.24	1.04
Nursing and Midwifery Registered	0.80	1.80	3.40	2.60
Grand Total	69.54	74.40	77.82	8.28

Staff Age Profile - 2021, 2026 and Predicted 2031



Rolling Turnover Trend



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

98%



Rolling Staff Turnover :
Apr-26: 10.78% (9.58% Exc F/T)
Apr-25: 7.69% (6.41% Exc F/T)

PADR Compliance: Apr-26

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94%



Apr-25 : 87%
Apr-24 : 76%

Mandatory & Statutory Training Compliance: Apr-26

90%



Apr-25 : 84%
Apr-24 : 76%

Sickness Absence Percentage Apr-26:



2.73% (Actual)
2.10% (Rolling)

Apr-25 - 1.43% (Actual) 3.05% (Rolling)
Apr-24 - 4.47% (Actual) 3.71% (Rolling)

Financial Grip & Control

Powys Teaching Health Board
Workforce Controls, Monitoring & Governance
Arrangements

April 2026

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Subject:	Workforce Controls, Monitoring & Governance Arrangements
Approved and Presented by:	Debra Wood-Lawson, Executive Director of People and Culture
Author/s:	Deputy Director of People & Culture Head of Workforce Transformation, Planning & Resourcing Head of People: Business Partnering & EDI
Purpose:	This presentation provides an overview of the Health Board’s financial grip and control assessment against the workforce elements of the Financial Grip and Control Tool developed by NHS Wales Performance and Improvement. The assessment reflects the effectiveness of controls rather than elimination of workforce risk
Recommendations:	The Committee is asked to: <ul style="list-style-type: none"> • RECEIVE the report taking ASSURANCE that controls are in place across workforce areas, with clear governance, active oversight and targeted grip in higher-risk areas
Executive Summary:	Overall, assurance can be provided that controls are in place across workforce cost areas, with clear governance, active oversight and targeted grip in higher-risk areas. The overall position reflects managed operational pressure and maturity differences, not gaps in governance or control. Actions in progress are expected to strengthen assurance further over the coming period.

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The NHS Wales **Financial Grip & Control Assessment Tool**, developed by Performance & Improvement, sets out a consistent approach for Health Boards to assess whether financial and workforce controls are in place, operating effectively and providing assurance. This assessment focusses on the Financial Grip & Control assessment of workforce cost areas specifically:

- **Establishment & Vacancies:** Controls over funded establishment, vacancy approval, long-vacant posts, fixed-term roles and alignment to budget.
- **Sickness, Leave & Workforce Management:** Management of sickness absence, leave balances, trigger compliance and workforce performance, including intervention in long-term absence.
- **Rostering, Rotas & Job Planning:** Deployment of substantive staff, advance roster planning, utilisation of contracted hours and alignment of job plans to service demand.
- **Temporary Staffing (Bank, Agency & Locums):** Use of bank, agency and locum staffing, approval controls, governance, monitoring of high-use areas and exit strategies from long-term reliance.
- **Other Staff Costs:** Overtime, expenses and other staff payments, including approvals, proportionality and exception monitoring.

This approach enables the Board to understand: Where controls are strong and embedded and where further grip action may strengthen assurance.

1. Establishment & Vacancies

Area	Key Controls	Monitoring/Evidence	RAG
Establishment	<p>A formal establishment control process operates, requiring People & Culture, Finance and budget holder approval, with executive sign-off for material changes to the establishment. Establishment changes cannot progress without approval, acting as a preventative control to stop unfunded or unapproved workforce growth.</p> <p>Fixed term contracts are subject to quarterly review to ensure ongoing affordability and need. Those incurring liabilities are prioritised for redeployment.</p> <p>Strategic workforce plans (organisational level) are in place underpinned by annual projection modelling for all clinical staff at team/service/profession specific level.</p> <p>Finance and workforce ledger reconciliation in place between Finance and E-Systems team.</p>	<p>Completed establishment control forms evidencing multi-stage approval and executive decision records retained for audit.</p> <p>Fixed term contract tracker, evidence of redeployment process</p> <p>Projection modelling</p>	A
Vacancy Management	<p>A vacancy justification process operates prior to recruitment for all vacancies to ensure vacancies remain affordable, necessary and aligned to service priorities. Exception processes apply to posts where unnecessary costs may be occurred as a result of delayed decision making.</p> <p>Recruitment guidance available to managers and recruitment performance is monitored on a monthly basis.</p> <p>Assessment of longstanding vacancies has commenced via the Finance & People and Culture Business Partners.</p>	<p>Records of approved and declined vacancy justifications and regularly reported to Executive Committee to monitor impact.</p> <p>Guidance in place</p> <p>Time-to-hire KPIs benchmarked against All-Wales targets – current performance 62.7 days</p>	G
Leavers	<p>Managers are required to notify leavers and changes using ESR Manager Self-Service and staff movement processes, supported by guidance and toolkits.</p> <p>Payroll overpayments linked to delayed leaver processing are monitored and escalated where trends are identified.</p>	<p>ESR records evidencing use of self-service processes; leaver toolkits and guidance in place.</p> <p>Payroll overpayment dashboard</p>	A

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1. Establishment & Vacancies

Control Assurance Assessment:

Based on the controls in place and the evidence available, assurance can be provided that establishment and vacancy management arrangements are in place, have operationalised as intended and are aligned to NHS Wales Financial Grip & Control expectations.

Grip Improvement Actions:

- Further embed structured challenge oversight and decision-making for posts vacant for extended periods to ensure ongoing affordability and alignment with service need.
- Systematic identification of external funding and targeted intervention to address any potential liability risk.

RAG Rating:
Amber

2. Sickness, Leave & Workforce Management

Area	Key Controls	Monitoring/Evidence	RAG
Sickness	<p>The All-Wales Managing Attendance at Work Policy is in place and supported by local manager toolkits.</p> <p>Sickness is managed through defined triggers, return-to-work requirements and Occupational Health referral processes, providing a structured framework to manage absence and maintain workforce capacity.</p> <p>At an individual leave, People & Culture Business Partners provide active oversight and intervention in long-term sickness cases, including those extending beyond six months and short-term sickness compliance triggers.</p> <p>Monitoring of adherence to occupational health minimum service levels in place some areas of which are reported via organisational workforce performance reports.</p> <p>Regular monitoring of sickness absence and achievement of the target sickness level at directorate and board level.</p>	<p>Sickness trends reviewed through directorate performance meetings and at Board level</p> <p>Regular reviews of long-term absence cases with Business Partners, including case tracking, management action</p> <p>Regular review of short-term trigger compliance and follow up action with managers where this has not progressed.</p>	G
Leave	<p>Annual, special, family and study leave is governed by approved policy, with line-manager approval and ESR-based recording providing an audit trail for all staffing groups, including medical.</p> <p>Operationalisation is supported a range of policy guidance and toolkits.</p> <p>Annual leave carry-over is restricted and permitted only in defined exceptional circumstances. Beyond legislative requirements, Executive level sign off is required.</p> <p>Roster rules and management oversight used to monitor leave impact in clinical areas.</p>	<p>Qtrly reports are monitored for agency areas to monitor annual leave balances.</p>	G
Capability	<p>National improving Performance at Work Policy in place to address under-performance and support formal management action where required.</p> <p>PADR setting expectations support line management oversight.</p>	<p>PADR compliance 81% March 26 Low number of capability cases</p>	A

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2. Sickness, Leave & Workforce Management

Control Assurance Assessment:

A comprehensive and embedded control framework is in place for sickness, leave and workforce management, aligned to All-Wales policy requirements. Controls are operating effectively in practice, supported by ESR-based recording, defined trigger processes and routine reporting. Assurance is strengthened by active People & Culture Business Partner intervention, particularly in long-term sickness absence cases extending beyond six months. However, assurance depends on consistent managerial application.

Grip Improvement Actions:

Develop stronger exception/escalation reporting to highlight repeat trigger breaches, delayed actions or emerging absence hotspots.

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RAG Rating:
Green

3. Rostering, rotas and job planning

Area	Key Controls	Monitoring/Evidence	RAG
General Rostering & Rotas	<p>Electronic rostersing is in place across core staff groups and is underpinned by approved policy and rostersing rules.</p> <p>Rosters for general nursing areas are published 12 weeks in advance.</p> <p>All rosters are planned in advance with visibility of contracted and net hours, supporting effective deployment of substantive staffing.</p> <p>Roster analyser outputs are routinely used to support operational review of shift fill and roster quality.</p>	<p>Roster analyser outputs at an operational level</p> <p>Late bank entries report</p> <p>Shift demand report – including fill rates and shifts over and under demand</p>	A
Nursing Rota Management	<p>Establishment review and professional oversight provide challenge to ensure rosters remain safe, efficient and affordable. This includes review of demand patterns, staffing levels and specialing/one to one application.</p> <p>Daily staffing huddles to support safe staffing and temporary staffing requirements.</p> <p>Regular oversight of temporary staffing utilisation through the Variable Pay Group</p>	<p>Nursing Establishment review outputs</p> <p>Daily 4pm reviews</p> <p>VP scrutiny</p> <p>Monthly trackers</p>	A
Medical Job Planning Management	<p>Medical job-planning arrangements are proportionate to the Health Board’s small consultant workforce and are compliant with All-Wales job-planning guidance. Job planning completion is reported to People & Culture and is consistently high (>90%), with oversight provided directly by the Executive Medical Director. An electronic job-planning system is not in place due to lack of cost-effectiveness given low consultant numbers; however, manual oversight provides appropriate assurance. Medical annual leave is recorded through ESR, ensuring an auditable record. Ongoing work is underway to review consultant productivity within Mental Health and plans to follow this up within Paediatrics. This provides further assurance that medical workforce deployment is monitored and aligned to service need.</p>	<p>People and Culture committee report</p>	G
Job Plans for other clinical staff	<p>Clinical caseload and job planning arrangements are in the process of being implemented across AHP services; however, full implementation has not yet been achieved. This activity is supported by established caseload management and job planning guidance.</p> <p>Implementation in relation to other applicable staffing groups (for example, specialist nursing and advance practitioner roles) is still being considered and is currently managed through caseload management arrangements and PADR discussions.</p>	<p>AHP Clinical Caseload & Job Planning Guidance</p>	A

3. Rostering, rotas and job planning

Control Assurance Assessment:

Strong controls are in place for rosters and nursing rota management, providing good assurance over substantive workforce deployment and temporary staffing control. However, assurance depends on consistent managerial application.

Grip Improvement Actions:

- Consider the development of exception-based reporting from roster data to highlight a broader range of roster issues and escalation through the Variable Pay Group. For example, net hours reporting, publication timeframes.
- Fully implement job planning for AHP roles aligned to demand and capacity.
- Review the arrangements and opportunities for job planning for Nursing roles in line with the developments within AHPs.

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RAG Rating:
Amber



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

4. Temporary staffing: policy, controls and bank utilisation

Area	Key Controls	Monitoring/Evidence	RAG
Temporary Staffing Policy	<p>A comprehensive temporary staffing policy and standard operating procedures are in place, setting out request processes, approval thresholds, roles and responsibilities for bank, agency and locum use.</p> <p>Temporary staffing governance is provided through the variable pay group, ensuring oversight and challenge of usage and cost.</p>	<p>Approved Temporary Staffing Policy and authorisation SOP.</p> <p>Documented outputs from Variable Pay Group and daily/regular operational review meetings.</p> <p>Monthly finance reporting, daily staffing huddle meetings.</p>	G
Agency Controls and Authorisation	<p>Executive Director authorisation is required for agency and locum usage, acting as a preventative control to restrict use to genuine service need and patient safety circumstances. Medical locums are authorised by the Clinical Director.</p> <p>Off-contract usage is restricted and exceptionally authorised.</p> <p>Application of the national contract for on contract agencies enables consistent agency pay rates across Wales.</p> <p>Arrangements in place through Medacs for the use of medical locum's (a national position on this is anticipated).</p>	<p>Nursing Establishment review outputs</p> <p>Daily 4pm reviews</p> <p>VP scrutiny</p> <p>Monthly trackers</p> <p>On contract agency contract</p> <p>Locum tracker</p>	G
Bank Utilisation	<p>Internal staff bank is positioned as the preferred alternative to agency, supported by promotion of bank opportunities</p> <p>Use of Wage stream to support weekly draw down of wages</p> <p>Auto-enrolment was considered and discounted, however, internal fast track processes are in place to enable the appointment of internal staff.</p> <p>Review process in place to monitor bank engagement, including shift fill rates being regular monitored and reported.</p> <p>Ongoing bank recruitment activity</p>	<p>Bank fill rate data and trend reports.</p> <p>Evidence of bank promotion activity</p>	G

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4. Temporary staffing: policy, controls and bank utilisation

Area	Key Controls	Monitoring/Evidence	RAG
Timesheets	Robust invoice and timesheet checking processes ensure hours worked, breaks and claimed expenses are accurate prior to payment, reducing risk of over-payment or inappropriate claims.	Evidence of invoice checking processes and follow-up actions where discrepancies are identified.	G
Non-Clinical Agency	The health board does not utilise any non clinical agency. All agency requests are subject to executive level sign off.		G
Agency Monitoring	Long term agency usage is reviewed and escalated to the variable pay group to ensure targeted action to address usage Locum tracker in place and regularly reviewed which includes assessment of substantive recruitment plans.	Variable pay reporting Agency reduction plans Locum tracker	G

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4. Temporary staffing: policy, controls and bank utilisation

Control Assurance Assessment:

A strong temporary staffing control framework is in place, with clear policy, executive authorisation and regular governance providing effective oversight of use. Ongoing reliance on temporary staffing is reflective of known organisational risk rather than ineffective controls. Ongoing monitoring of existing governance and oversight activity is required to sustain assurance levels.

Grip Improvement Actions:

Ongoing implementation of existing activity

Lewis, Raychelle
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RAG Rating:
Green

5. Other Staff Payments

Area	Key Controls	Monitoring/Evidence	RAG
Overtime	<p>A clear policy framework is in place requiring prior approval for overtime and additional hours.</p> <p>Overtime usage in wards is captured to enable monitoring through the Nursing Establishment reports.</p>	<p>Evidence of invoice checking processes and follow-up actions where discrepancies are identified.</p> <p>Nursing establishment reports</p>	G
Expenses	<p>Clear policy framework is in place governing staff expenses, including mileage rates and eligibility.</p> <p>Line-manager approval is required for claims.</p> <p>Monitoring of expenses is undertaken on an ad hoc basis.</p>	Policy	G
Waiting List Initiatives (WLI)	The health board does not utilise WLI's		G

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4. Other Staff Payments

Control Assurance Assessment:

Controls over other staff costs are appropriately designed and operating, supported by clear policy frameworks and approval requirement. Actions are proportionate to the level of usage across the organisation.

Grip Improvement Actions:

Strengthen monitoring and exception reporting in respect of expenses and overtime utilisation.

Lewis, Raychelle
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RAG Rating:
Green

Summary of Assessment

Overall, assurance can be provided that controls are in place across workforce cost areas, with clear governance, active oversight and targeted grip in higher-risk areas. The overall position reflects managed operational pressure and maturity differences, not gaps in governance or control. Actions in progress are expected to strengthen assurance further over the coming period.

- **Establishment & Vacancies:** Clear approval, monitoring and reconciliation processes are embedded. Workforce growth is controlled and aligned to budget, with ongoing focus on long-vacant and partially funded posts. The assurance level is reflective of actions which are expected to strengthen assurance further and the level of organisational maturity with this approach.
- **Sickness, Leave & Workforce Management:** Comprehensive arrangements are in place and operating. Active People & Culture Business Partner intervention strengthens grip on long-term absence and supports consistent application of sickness triggers.
- **Rostering, Rotas & Job Planning:** Rostering arrangements, particularly in nursing, are well established and provide good control.
- **Temporary Staffing:** Strong policy, executive authorisation and governance are in place. Ongoing reliance in hard-to-fill roles reflects workforce supply challenges rather than weaknesses in control.
- **Other Staff Costs:** Appropriate and proportionate controls are in place and operating. Further strengthening of routine outlier review, particularly for expenses, will enhance assurance.

RAG Rating:
Green

Lewis, Raychelle
05/06/2026 11:40:19

Recommendations

These actions focus on improving consistency, visibility and maturity, rather than addressing gaps in basic control design. Clear senior ownership supports delivery and ongoing assurance, with actions expected to strengthen grip and confidence over time.

Area	Key Controls	Lead	Deadline
Establishment & Vacancies	Further embed structured challenge oversight and decision-making for posts vacant for extended periods to ensure ongoing affordability and alignment with service need.	DoF & DoPC	Ongoing
	Systematic identification of external funding to enable; targeted intervention to address any potential employment liability risk where funding is short term.	DoF Dof & DoPC	Q1 Q2
Sickness Leave & Workforce Management	Develop stronger exception/escalation reporting to highlight repeat trigger breaches, delayed actions or emerging absence hotspots.	DoPC	Q1
Rostering, Rota's & Job Planning	Consider the development exception-based reporting from roster data to highlight a broader range of roster issues and escalation through the Variable Pay Group.	DoPC & DoPCMH	Q1
	Fully implement job planning for AHP roles aligned to demand and capacity.	DoTHS	Q1 - Q4
	Review the arrangements and opportunities for job planning for Nursing roles in line with the developments within AHPs.	DoNM	Q1 - Q4
Temporary Staffing (Bank, Agency & Locums)	Ongoing implementation of existing activity	DoPC & DoPCMH & DoF	Ongoing
Other Staff Payment	Strengthen monitoring and exception reporting in respect of expenses and overtime utilisation.	DoPC	Q1



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People and Culture Committee

11 June 2026

'Employee Health and Wellbeing'

Agreed by: Debra Wood-Lawson Executive Director People and Culture

Prepared by: Head of OD/Sarah Powell Assistant Director People and Culture

Presented by: Assistant Director of People and Culture

05/06/2026 11:40:19

Subject:	Update against the 'Workforce Futures' priority in the integrated plan. Strategic Priority: Employee Health and Wellbeing
Approved and Presented by:	Debra Wood-Lawson, Executive Director of People and Culture
Author:	Head of OD Assistant Director of People and Culture
Purpose:	This presentation is to provide an assurance update against the Integrated plan for the Employee Health and Wellbeing priority.
Recommendations:	The Committee is asked to: <ul style="list-style-type: none"> • REVIEW the information provided in the update; • Take ASSURANCE of delivery against the plan.
Executive Summary:	Updates are provided to People 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 'Health and Wellbeing' priority.

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Strategic Priority : Employee Health and Wellbeing

Integrated Plan Intended Outcome/Impact

- Reduction in sickness absence, whole time equivalent turnover and recruitment & retentions / grievances, self and Management Occupational Health referrals relating to Sickness, Depression, and Anxiety (SAD)
- Staff report positively about their health and wellbeing at work, feel supported and have access to wellbeing initiatives that meet their needs
- Managers are able to utilise workforce policy, guidance and wellbeing initiatives to support staff to remain in/return to work

Key Areas of Delivery	Q4 Updates included in this report
14.1) Provide access to a range of wellbeing initiatives which support the health of the workforce	14.1.1) Deliver wellbeing roadshows across the county ** subject to RIF funding 14.1.2) Promote the Employee assistance platform offers 14.1.3) Develop and promote the offer for working carers
14.2) Deliver the Compassionate Leadership model to underpin approach to staff wellbeing	14.2.1) Deliver monthly Compassionate leadership intro sessions for both Health and Care staff ** subject to RIF funding
14.5) Introduce regular case reviews for all long-term absentees	14.5.1) Rolling programme of case reviews in place Q4
14.6) Develop capability of managers on Managing Attendance	14.6.1) Rolling programme of capability improvement Q4

Wellbeing Roadshows



Wellbeing Roadshows and road runs took place across the county, (September 16th, 2025 until the end of January 2026). Sites visited were::

- Ystradgynlais Hospital
- Newtown Hospital, Parc Street Dental and Vaccination and Immunisation, Ynys Y Plant
- Llandrindod Wells Hospital, Spa Rd, Waterloo Rd
- Llanidloes Hospital
- Brecon Hospital
- Glan Irfon, Antur Gwy, Talgarth Surgery, Crickhowell Medical Centre, Brecon DNs, Ty Illtyd
- Brecon Hospital
- Knighton Hospital
- Welshpool Hospital, Llanfyllin, Llanfair Ceirionion and Welshpool Health Centre

The roadshows are organised and supported by a joint staff wellbeing and engagement group. **A range of services support the roadshow, these included:**

E-Systems, Research & Development, Occupational Health stand, Chat 2 Change/OD/Wellbeing, UNISON, Charitable Funds, PAVO, MIND, Health and Care Academy/Training, Welsh Language & Equality, Dieticians, Library, Carers Wales/Volunteering, Vaccination team, Awyr Iach-outdoor activities, Antimicrobials resistance, RNID and Health Protections.

424 staff attended which represented 82% of staff on duty on the days the roadshow were at the site.

Stands

- A few new stands were extremely popular and welcomed by staff - RNID/Health Protection
- Newtown were pleased to have the North Powys Project team with an update on the Wellbeing Park.
- Staff disappointed no Blood pressure checks or mini treatments like hand massages



Wellbeing 25/26



Milestones

- 25/26 Wellbeing Action Plan evaluated and updated for 26/27 – with a focus on reducing the impact of workload and burnout.
- Record number of responses to NHS Wales Staff Survey 2025 (916) – showing strong staff voice – and follow up comms to support staff (see poster)
- Creation of Stay and Exit interview resources – these are in use and being regularly reviewed.
- Wellbeing facilities have been mapped at main sites – e.g. wellbeing hubs, agile spaces, water, showers – with signs being created for 2026.
- Cohort #1 of Reverse Mentoring ended, with positive evaluations. Cohort #2 of Reverse Mentoring began in March 26 (AD/DDs as mentees).
- 2025 Staff Excellence Awards were a huge success, championing a wide-range of staff.
- Winter Wellbeing campaign to support staff during December (see calendar).

Ongoing suite of offers and sessions for Wellbeing including:

- Tailor-made sessions for teams, including interventions, information & team-building
- Bank Mindfulness Practitioners – Mindfulness, ACT and Menopause sessions
- Wellbeing Conversation Guide went live
- Wellbeing for Managers module of Manager's Programme

01 IMPORTANCE OF WELLBEING
Your wellbeing matters because it shapes how you feel, how you work, and how you connect with others every day. When you take time to look after your wellbeing, you're more able to stay healthy, resilient, and confident in your role. We all have the ability to care for our own wellbeing, and there are many tools, resources, and sources of support available to help you do just that. By making wellbeing a priority, we create a more positive, balanced, and fulfilling experience for ourselves and for those around us.

02 TOP TIPS

- Reach out - Talk to your manager or colleagues - a problem shared is a problem halved.
- Use the resources available to you.
- Make use of your 15-minute wellbeing break
- Stay hydrated, eat sensibly and exercise.
- Join Chat to Change - a place for staff voice email: chat2change.powys@wales.nhs.uk
- Join the Staff Facebook group (StayWell in PTHB) for information and updates
- Sign up to courses/sessions - keep an eye on internal news, FB group or posters for these.
- Attend the Wellbeing Roadshows - where you can get advice, resources and freebies!
- Consider if flexible working may help you to balance your work-home life better.

03 RESOURCES

Vivup - www.vivup.co.uk - staff benefits and 24/7 confidential support.

Mindfulness, ACT & Compassion Approach: The MAC Wellbeing Service offers a variety of support options tailored to different needs and preferences, email Powys.Wellbeing@wales.nhs.uk

Silvercloud - self-referral CBT support - nhs.wales.silvercloudhealth.com/signup/

Health & Wellbeing (StayWell) page - links to a range of useful information, search 'staywell' in sharepoint or click here: [Wellbeing Home](#)

Wellbeing Conversation Guide - how-to guide for wellbeing conversations, search 'wellbeing conversation' or click here: [Types of Meaningful Conversations](#)

PTHB Manager's Programme - includes a dedicated module based around wellbeing. Search 'PTHB Manager' on sharepoint or click here: [PTHB Manager](#)

STAFF WELLBEING
STAY WELL IN PTHR

04 SUPPORT

Vivup 24/7 phonenumber
0330 380 0658

Occupational Health
Powys.OccupationalHealthAdmin@wales.nhs.uk
01874 712 600

05 CONTACTS

Training and Wellbeing
powys.od@wales.nhs.uk

Workforce/HR
pthbworkforce.generalenquiries@wales.nhs.uk
01874 712 580

24 Days of Wellbeing

21	7	16	5	10	13
1	8	24	11	2	18
14	3	12	22	17	9
6	15	23	4	20	19

Day 1
Daily Gratitude

Tip: Write down 3 things you're grateful for today

Resources: Search for a 'Daily Gratitude' app on Play Store/App Store

Extra: Share one gratitude with your colleagues or team

Compassionate Leadership

Introduction to Compassionate Leadership Behaviours Uptake – All Partners

PTHB Board Chair and CEO signed the Compassionate Leadership Pledge on 27th of November 2024

Introduction to Compassionate Leadership Behaviours

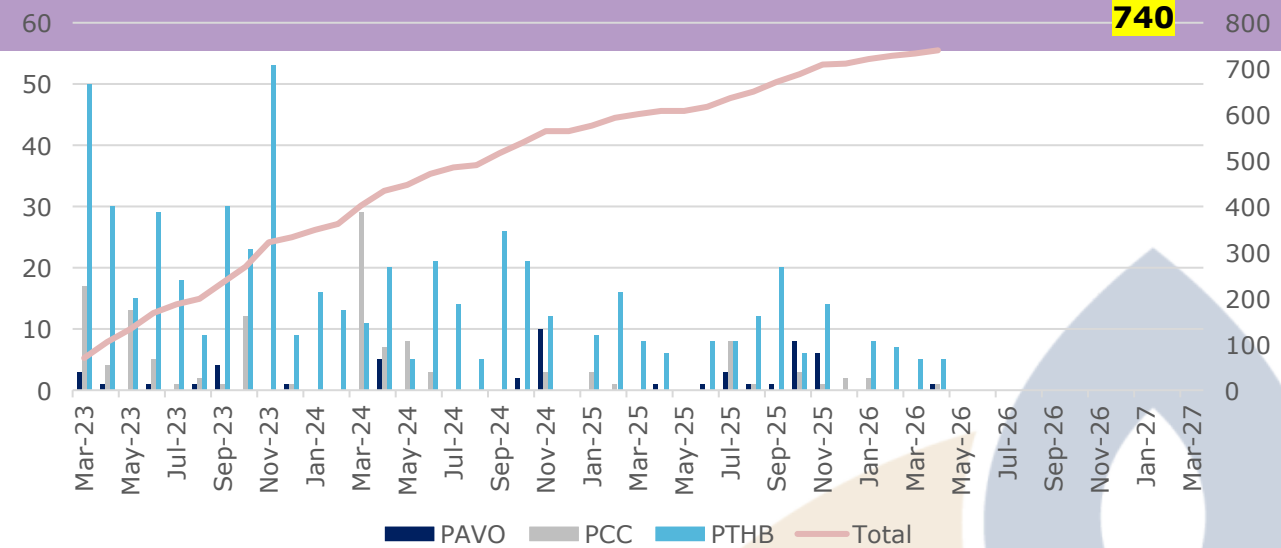
- 1.5-hour course delivered online
- Open to all staff across the Health, Care and Social Care Sector
- 740 Staff in total attended (562 from PTHB) since March 2023

“Clear and accessible framing of compassionate leadership as practical behaviours, not just values. Strong use of evidence and real examples (e.g. the Four Seasons story) to link compassion with outcomes and performance.

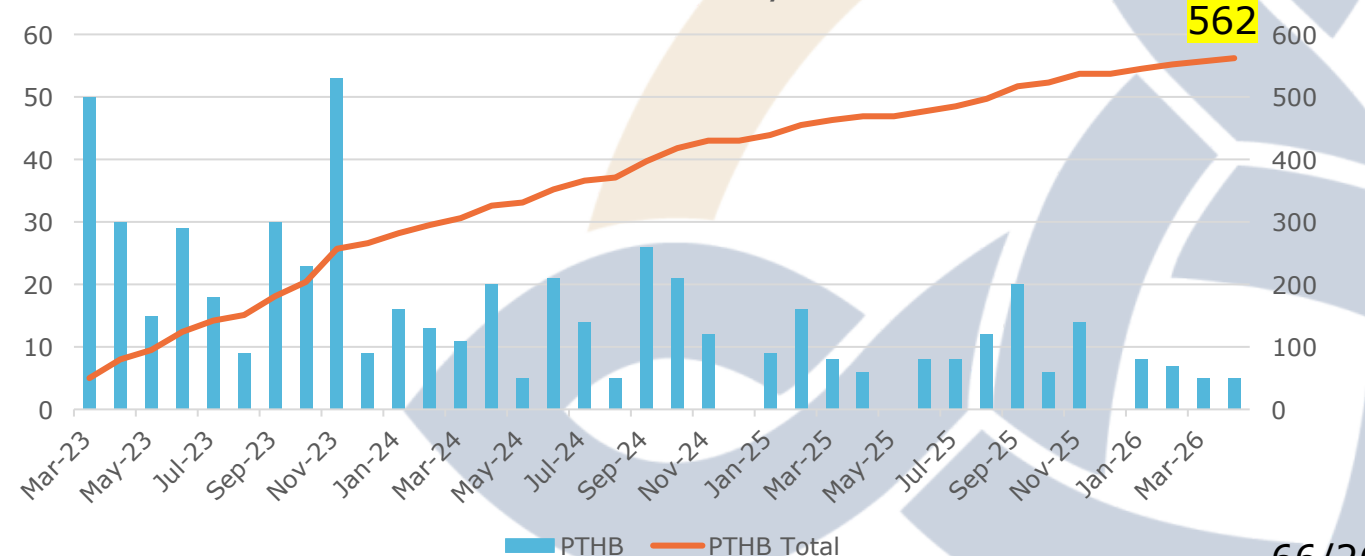
Useful frameworks (Compassionate Behaviours Compass, core needs, logical levels) that can be applied in everyday work.”

Evaluation:

Feedback generally positive, with scores continuing to average 5+/6 course rating during its lifetime.



Introduction to Compassionate Leadership Behaviours – PTHB Only



Leanne Raychelle
© 2026/2026 11:40

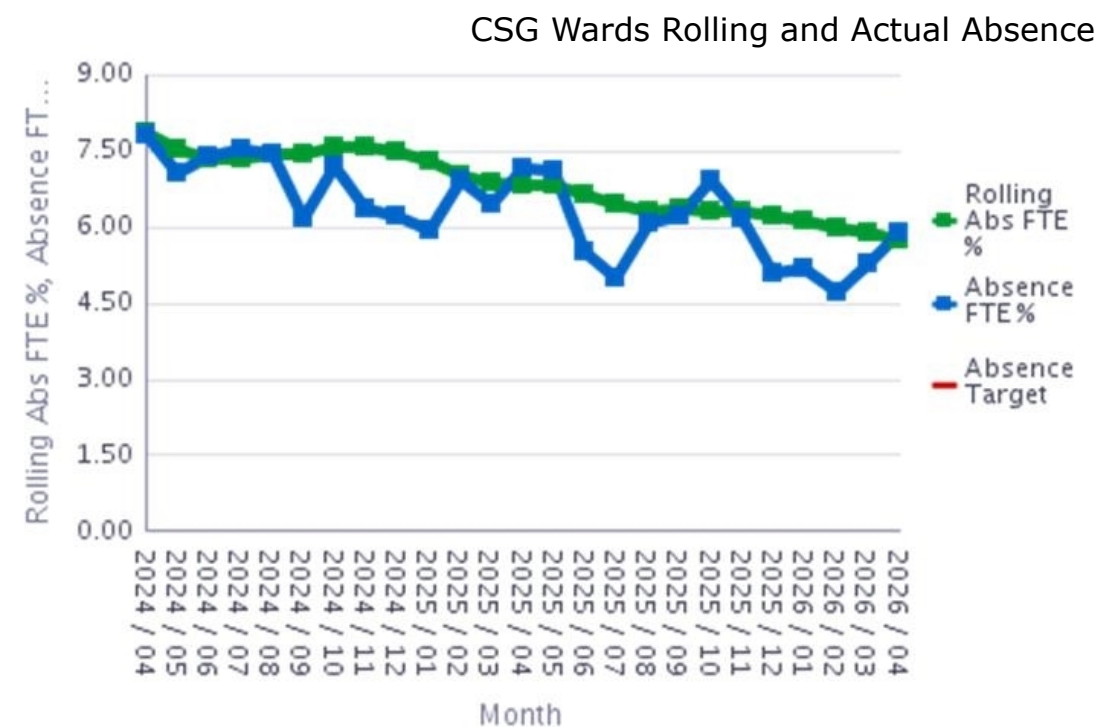
Support for Working Carers



- **Enhanced Corporate Induction:** includes a comprehensive presentation for all new PTHB staff, raising awareness of unpaid carers and supporting colleagues to better understand and assist those with caring responsibilities – 246 contacts from Apr 25 to Mar 26
- **Dedicated Support Channel:** established a single point of contact for staff seeking guidance on discussing caring responsibilities with their line manager 7 direct contacts
- **Improved Workforce Insight:** promoted ESR functionality to capture caring responsibilities, enabling better organisational understanding of unpaid carers within the workforce. 71 as at Nov'25. 85 as of May '26 a 19.72% increase in 6 months
- **Promotion of Wellbeing Resources:** actively promoted Employee Assistance Programme (EAP), SilverCloud, MAC and the Coaching Network to support working carers
- **Engagement through Wellbeing Roadshows:** providing valuable face-to-face conversations and individual support for colleagues in diverse roles engagement with over 100 direct contacts and signposting information shared
- **Working Carers Network:** launched a dedicated Teams channel to connect working carers in the organisation to share information and experience in relation to their care role and also being a working unpaid carer, share resources, and signpost to relevant policies such as Staff with Caring Responsibilities 28 PTHB members
- **Access to Learning Opportunities:** enabled staff to benefit from the Health, Care and Social Care Academy's Exploring Caring course, designed to deepen understanding of caring roles

Develop the capability of managers in relation to Managing Attendance at work policy

- The **Managing Attendance at Work toolkit** is available via the HR intranet, providing managers with guidance on options such as redeployment, adjusted hours or duties to support staff to remain in or return to work. The toolkit has been further strengthened through the inclusion of Reasonable Adjustment guidance and the introduction of the My Health Passport. Further work is planned to continue strengthening this approach, including targeted analysis of areas with higher levels of reasonable adjustments to better understand needs and support ongoing improvement.
- The Business Partner team review absence data to recommend to Assistant Directors **targeted intervention** in relation to the application of the managing attendance at work policy to ensure managers are aware of and exhausting all supportive measures. This has included:
 - Ongoing regular discussions with ward areas who have seen a consistent and sustained improvement in rolling absence (see chart)
 - Bespoke and targeted training delivery across a number of teams, particularly regarding short term and frequent absence
 - Enhanced supported and targeted intervention with Mental Health wards (Clywedog and Felindre) demonstrating significant improvement



Develop the capability of managers in relation to Managing Attendance at work policy (Continued)

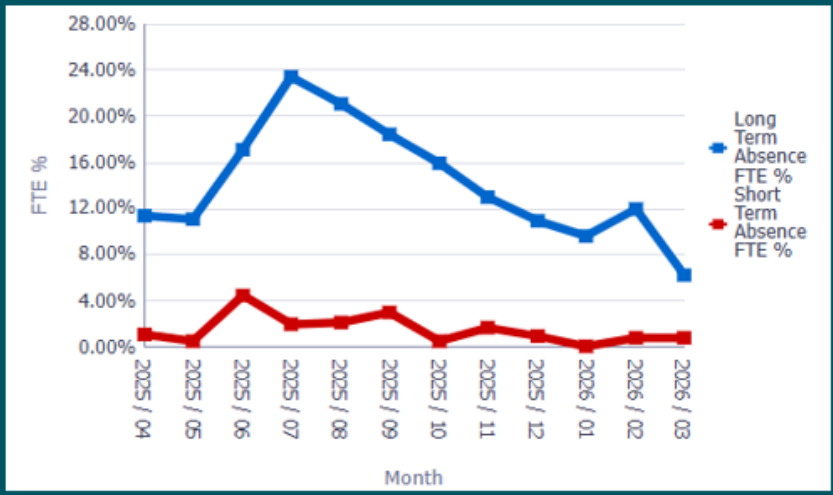
Felindre

A targeted intervention was introduced on Felindre Ward in April 2025 in response to rising sickness absence, primarily linked to anxiety, stress and depression. Long terms absence peaked at around 24% in July 2025 before steadily declining following strengthened case management, earlier intervention and support from the Mindfulness and Compassion (MAC) team. This resulted in a reduction of long-term absence to **6.48%** by March 2026. Recent reports indicate that this is likely to reduce further in April, likely achieving the target of below 5%.

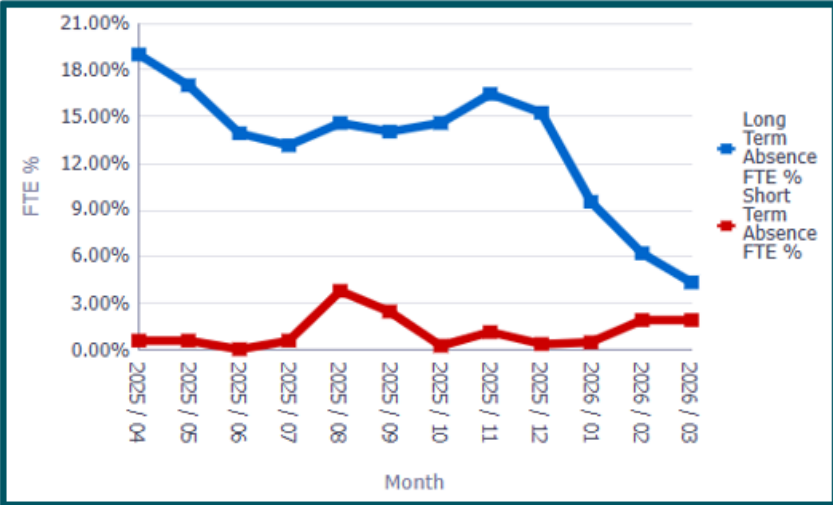
Clywedog ward

A targeted intervention was introduced on Clywedog Ward in April 2025 in response to sustained sickness absence linked to **complex adjustment requirements** (including essential PMVA training). Long term absence was at a peak of 18.99% in April 2025, presenting significant challenge and sustainability concerns. Following strengthened case management, clearer decision-making on the sustainability of adjustments, and regular HR support, there has been a steady decline in long term absence resulting in a reduction to 5.69% by March 2026.

Absence Short/Long Term



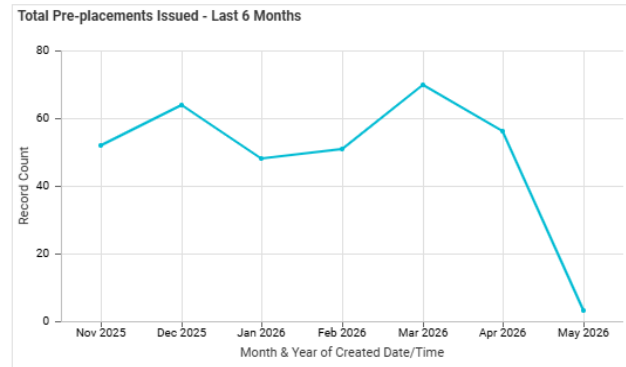
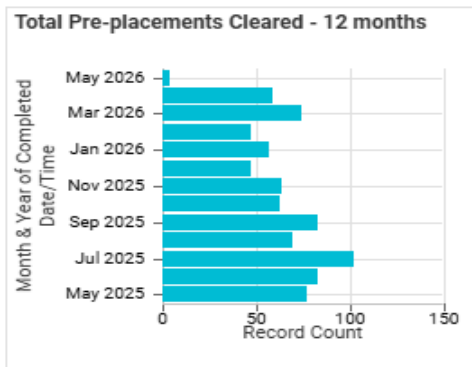
Absence Short/Long Term



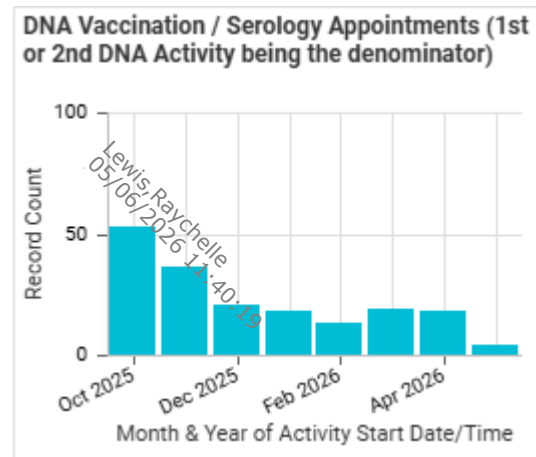
Occupational Health OPASG2 Dashboard- Snapshot April 2026

Pre-placement Health Assessment

All OH Pre-placements checks are now managed through the OPASG2 system – from the graphs below that they peaked at **56 pre-placements issued in April 2026** – a significant decrease this month. These are new posts and internal movement posts. There were 54 pre placements cleared in April 2026



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.



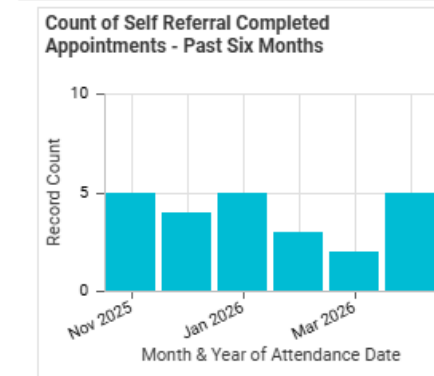
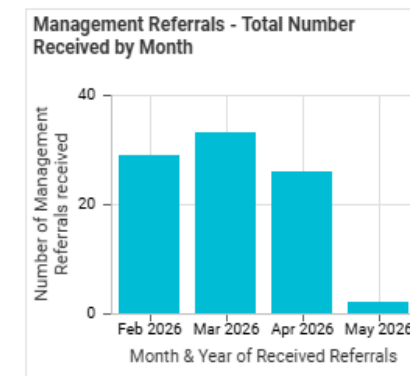
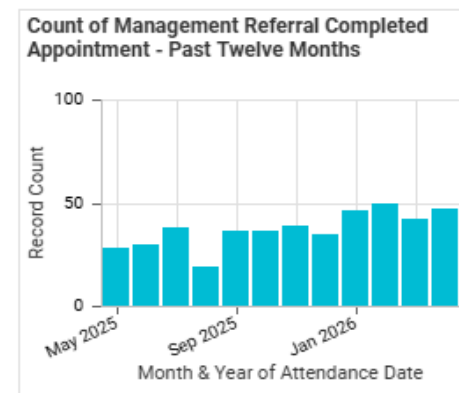
Duration of the preplacement pathway for clinical staff is often prolonged by TB screening activities and gaining full Immunisation information. The statistics above excludes applicants that need follow ups, bloods and vaccinations etc.

Did not attend data is now available and shows a total of 18 DNAs in March – this equates up to approx. 9 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

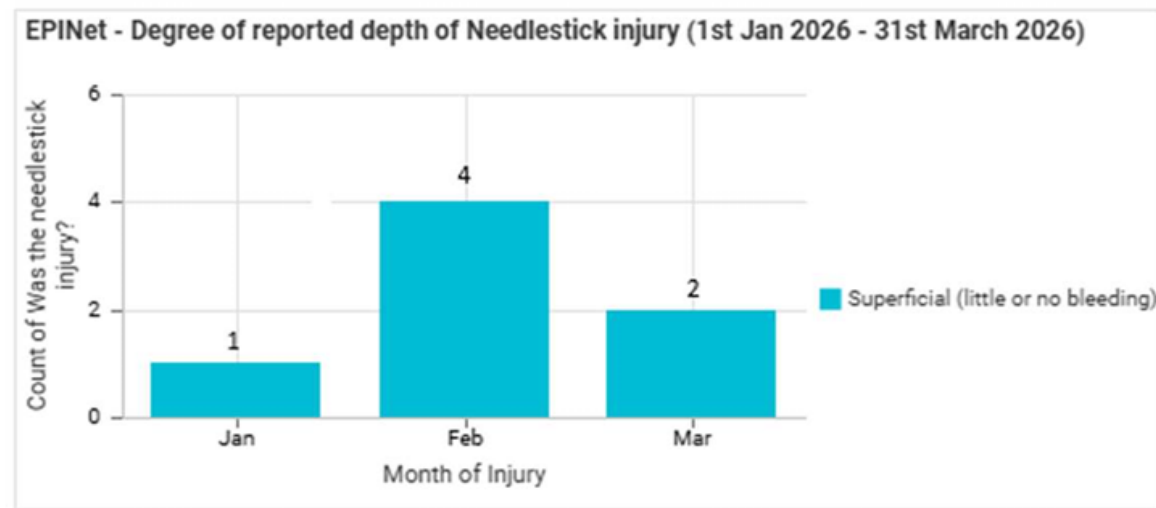
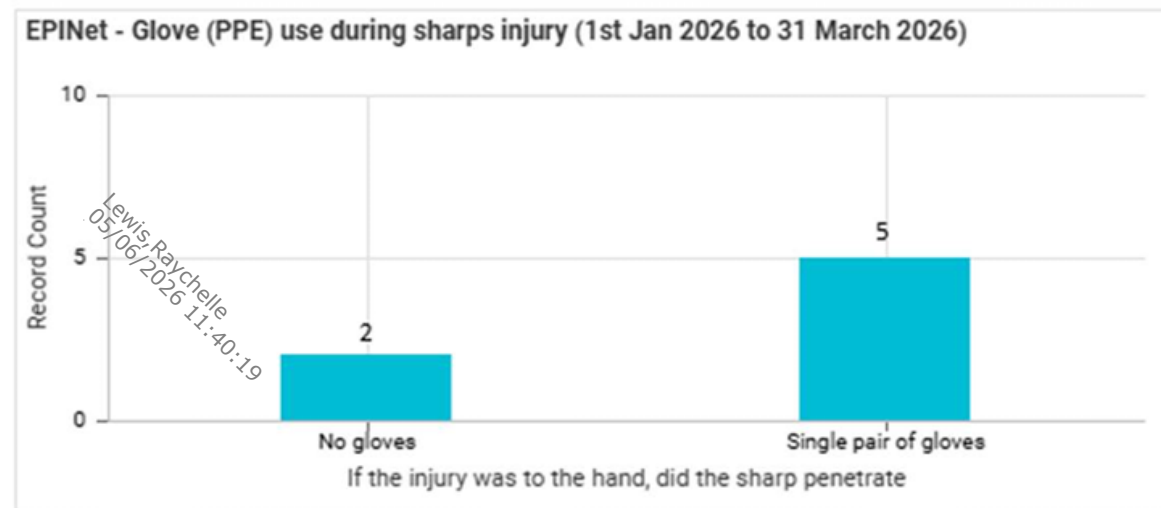
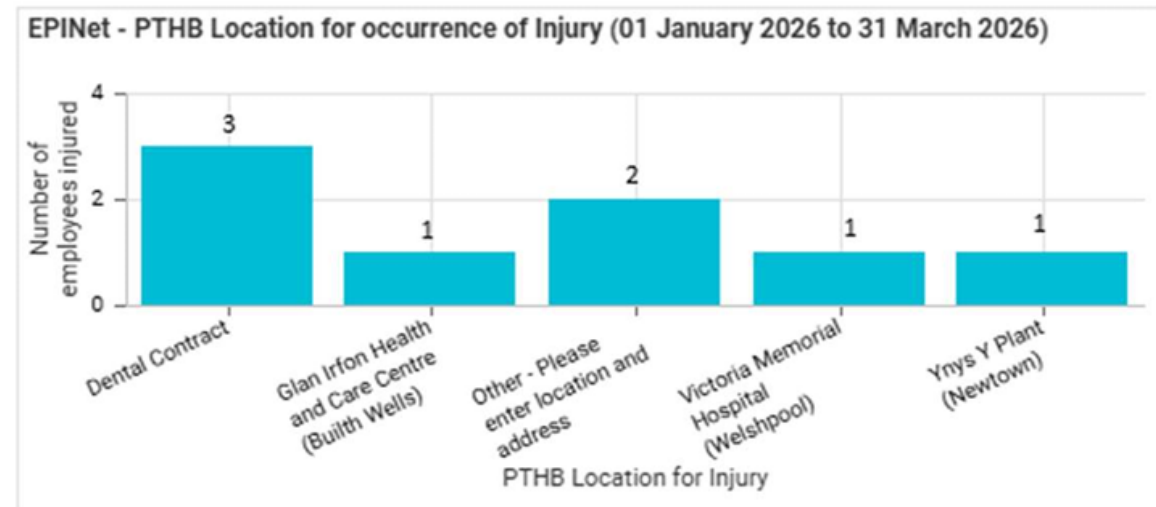
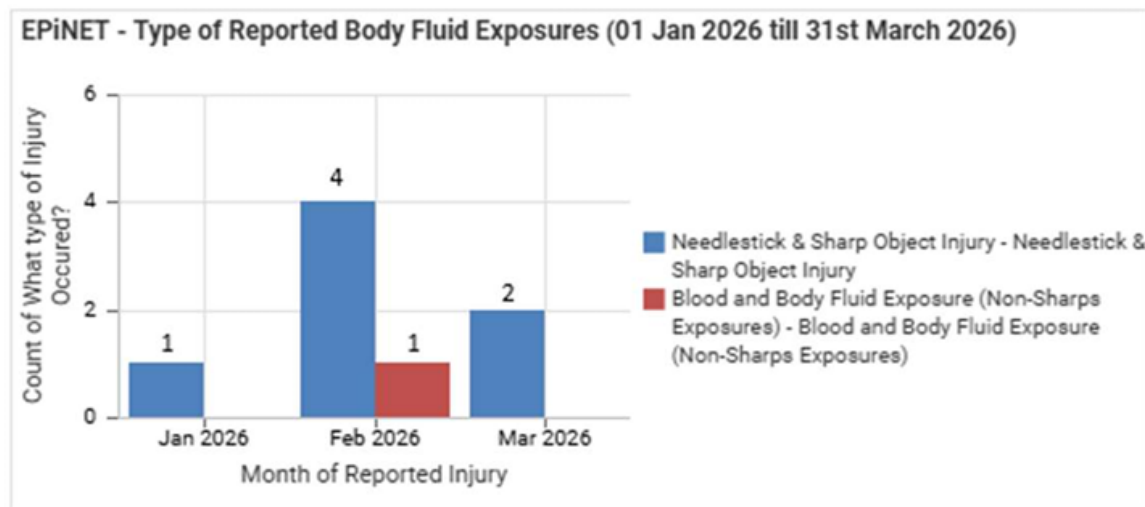
47 Management referrals were seen in April 2026, these are new referrals, Ill health retirement and follow up appointments as necessary

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

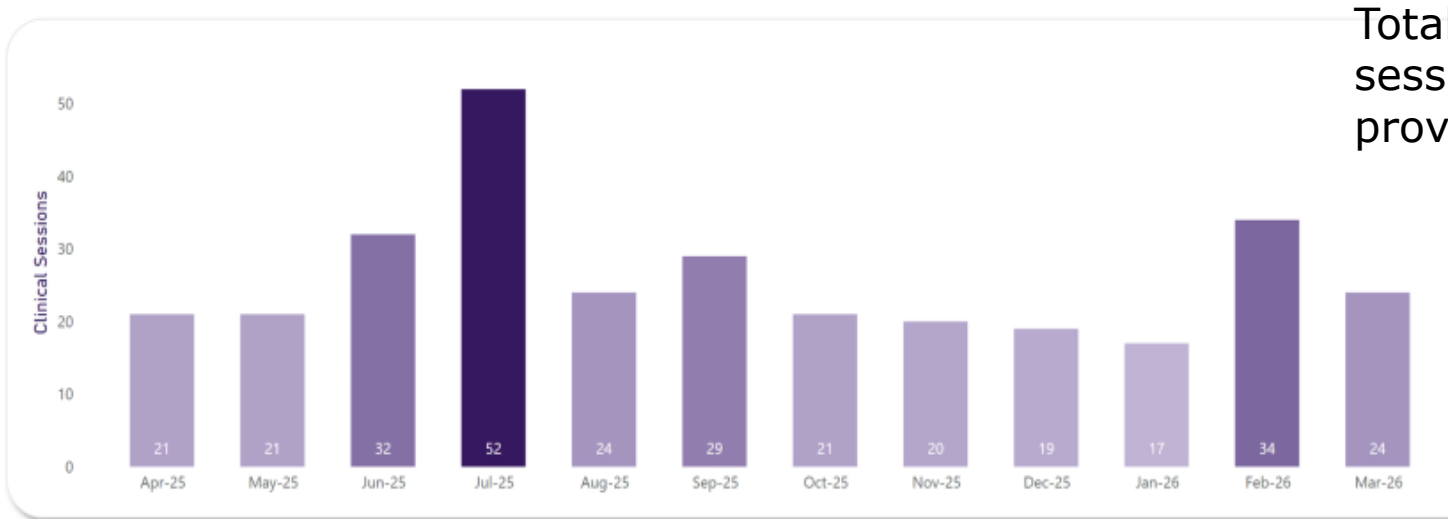


No. of Management referrals received In April has dropped slightly to 26 received from 33 in April

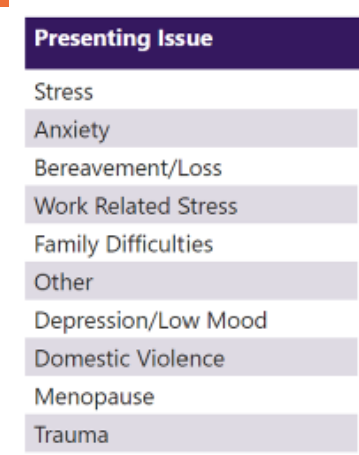
Needlestick and Body Fluid Incidents Quarter 4 (January 2026 to March 2026)



Access & Activity: Occupational Health VIVUP EAP and portal access April 25 to March 26



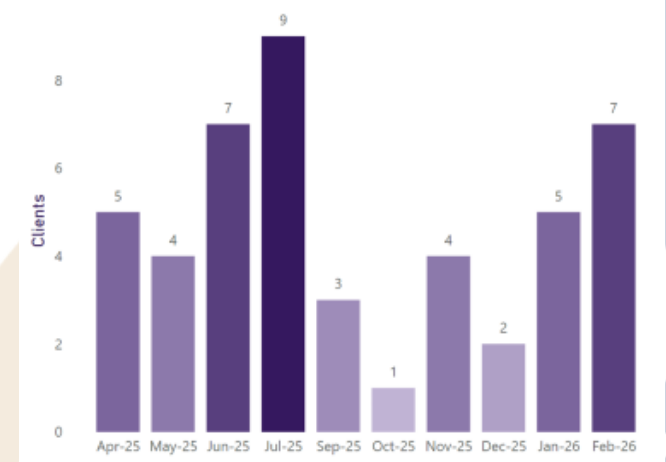
Total clinical sessions provided 314



Did Not Attend	Face to Face Counselling	In The Moment Support	Rearranged Appointment	Specialist Counselling	Telephone Assessment	Telephone Counselling (30 min)	Telephone Counselling (50 min)	Virtual Counselling
15	4	17	10	1	51	13	155	48

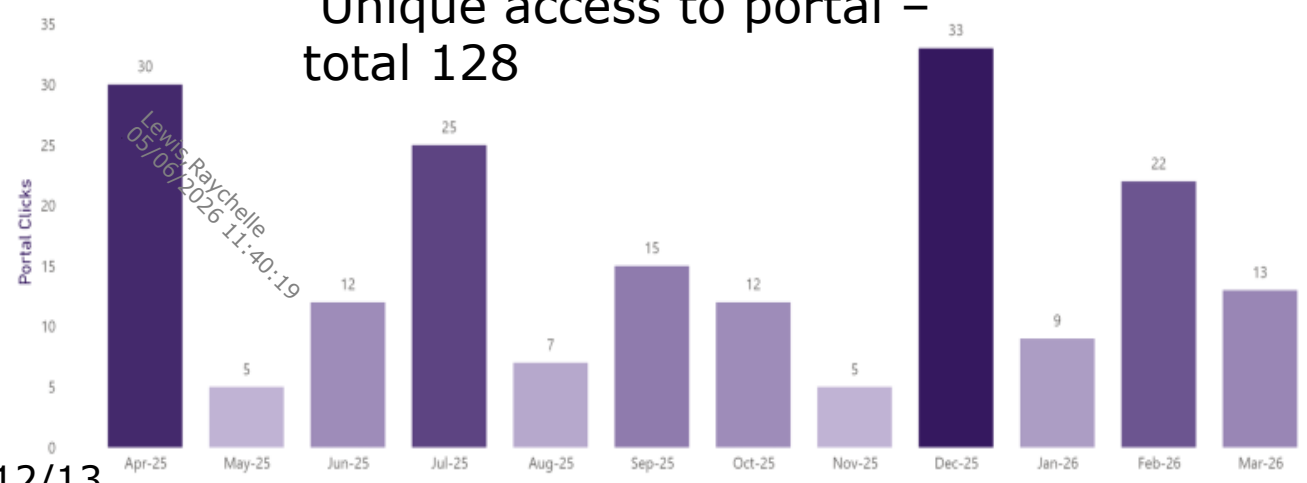
47 new clients accessed the service

New Clients



Portal Access

Unique access to portal – total 128



VIVUP new APP- 'everything in one place'

Looking Ahead 2026/27



Key Areas of Delivery	Key Milestones and Deliverables	Timescale
Intelligence Led, Workforce Wellbeing	<ul style="list-style-type: none"> Develop and implement a workforce wellbeing risk framework that utilises sickness absence data, hotspot analysis, and workforce metrics to identify, prioritise, and monitor high-risk services requiring targeted wellbeing interventions. Implement a coordinated workforce wellbeing delivery model that integrates Business Partners, Organisational Development, Occupational Health, Musculoskeletal services, and psychological support to provide consistent and accessible interventions across all service areas. 	Q1 Q2-4
Integrated Wellbeing Support	<ul style="list-style-type: none"> Deliver a programme of Staff Wellbeing Roadshows across all major sites to increase awareness, accessibility, and utilisation of wellbeing support services. Develop and launch a comprehensive internal bereavement support toolkit to provide managers and staff with clear guidance and accessible support resources 	Q1-4 Q3
Strengthen assurance and performance management of Occupational health and Wellbeing Services	<ul style="list-style-type: none"> Monitor Occupational Health service performance against All Wales National Minimum Standards on a quarterly basis and implement improvement actions where standards are not met. Evaluate the impact, uptake, and outcomes of the Mindfulness, Acceptance and Compassion programme to inform future investment and scaling decisions. 	Q1-4 Q3
Healthy and Sustainable Working	<ul style="list-style-type: none"> Implement protocols that support effective workload management and align with the Health Board's Agile Working policy, improving staff wellbeing and productivity 	Q1

Workforce Transformation & Sustainability Update

People and Culture Committee 11 June 2026



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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board



Subject:

Update against the 'Workforce Transformation and Sustainability of our Workforce' priority in the Annual Delivery Plan

Approved and Presented by:

Debra Wood-Lawson, Executive Director of People & Culture & Transformation

Author:

Head of Strategic Workforce Transformation, Planning & Resourcing

Purpose:

This presentation provides an update on progress against the Workforce Transformation and Sustainability priority as at the end of Q4 2025/26, and outlines the focus for 2026/27.

Recommendations:

The Committee is asked to:

- **RECEIVE** the information and take **ASSURANCE** Workforce Transformation and Sustainability of our Workforce actions have been implemented.

Executive Summary:

Updates are provided to People and Culture Committee for assurance against the annual delivery plan. The information in the slide deck has been developed to provide a detailed update against the 'Transformation and Sustainability of the Workforce' priority.

Workforce Futures. Transformation & Sustainability

2025/26

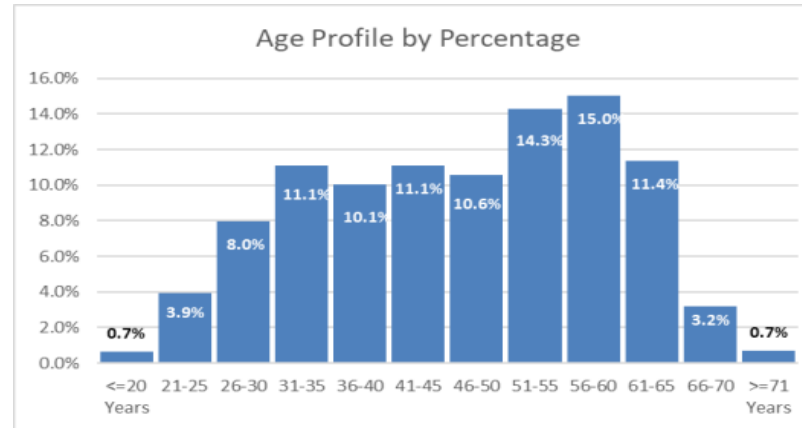
Key Areas of Delivery	Key Deliverables
12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working.	12.1.1) Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4
12.2) Variable pay: On board a further 3 cohorts of internationally trained Adult Nurses, Mental Health Nurses and 2 Medics	12.2.1) Successful on-boarding of cohorts of Internationally Educated Nurses (IENs) and Medics Q1-Q4
12.3) Undertake targeted recruitment to Bank, prioritising services with variable pay spend	12.3.1) Increased recruitment to Bank Q4
12.4) Introduce arrangements to temporarily realign establishments to remove the use of Healthcare Support Workers (HCSW) agency staff	12.4.1) Increase in temporary/fixed term HCSWs to remove HCSW agency use Q2 12.4.2) Cease Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary agency use by September 2025 Q2
12.5) Ensure Executive approval to enhance vacancy controls	12.5.1) All vacancies are reviewed by Executives to support in year savings through delayed recruitment Q1-Q4
12.6) Enhanced monitoring of clinical vacancies to ensure timely advertising of posts that would otherwise attract variable pay	12.6.1) All clinical vacancies attracting variable pay are advertised Q1-Q4
12.7) Work with clinical and operational directorates, ensure staffing models are reviewed where appropriate to recognise ongoing national work relating to health care support worker roles and the Nurse Associate role	12.7.1) Schedule of reviews operationalised Q1-Q4
12.8) Ensure that local job descriptions are reviewed in line with changes to the national agenda for change profiles	12.8.1) Develop a timetable of activity to ensure that local job descriptions are reviewed in line with changes to the national agenda for change profiles Q1-Q4
12.9) Pipeline Launch the third cohort of the Aspiring Nurse Programme with HEIW and University partners	12.9.1) Evaluate impact and Return on Investment (ROI) of pipeline workforce Q2-Q4 12.9.2) Advertise, recruit and onboard 15 aspiring nurses Q1-Q3
12.10) Continue to deliver and evaluate the Academy Career and Education Enterprise Scheme (ACEES) with Powys County Council Education service	12.10.1) Provide an ACEES offer to schools Q2-Q4 12.10.2) Evaluate impact of programme 2024/25 Q1
12.11) Students: Train registered Nursing staff as Practice Assessors and Supervisors to support Students on placement	12.11.1) Number of registered nurses that have received the Practice Assessors/ Practice Supervisors training Q1-Q4

12.12) Train eligible registered nurses in restorative supervision

12.12.1) Number of registered nurses trained in restorative supervision Q1-Q4

Key Workforce metrics : People & Culture Dashboard (April 26)

Staff Group	WTE Staff in Post		Variance Apr-25 & Apr-26
	Apr-25	Apr-26	
Add Prof Scientific and Technic	83.21	93.05	9.83
Additional Clinical Services	430.53	428.96	-1.58
Administrative and Clerical	576.96	564.74	-12.22
Allied Health Professionals	161.22	171.38	10.16
Estates and Ancillary	167.62	166.35	-1.27
Healthcare Scientists	10.21	10.01	-0.20
Medical and Dental	39.44	39.70	0.25
Nursing and Midwifery Registered	600.23	624.16	23.93
Students	2.00	1.00	-1.00
Grand Total	2,071.43	2099.34	27.91



PADR Compliance: Apr-26

80%
 Medical & Dental (57%)
 NHS Wales 77% (Jan-26)



Apr-25 : 82% M&D: 58%
 Apr-24 : 79% M&D: 60%

Mandatory & Statutory Training Compliance: Apr-26

87%

NHS Wales 88% (Jan-26)

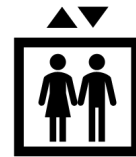


Apr-25 : 88%
 Apr-24 : 87%

Staff Rolling Turnover: Apr-26

9.24%

NHS Wales 6.5% (Jan-26)



Apr-25 - 11.46%
 Apr-24 - 13.61%

Sickness Absence Percentage: Apr-26

5.35% (Actual)

5.49% (Rolling)

NHS Wales 6.3% Rolling (Jan-26)



Apr-25 - 5.44% (Actual) 5.35% (Rolling)
 Apr-24 - 4.96% (Actual) 5.34% (Rolling)

Bank WTE Worked - (12 month Average)

78.5 WTE

May-24 - Apr-25: 66.5 WTE
 May-23 - Apr-24: 49.9 WTE



Agency WTE Worked - (12 Month Average)

46.5 WTE

On Contract - 33.3 WTE
 Off Contract - 13.1 WTE

May-24 - Apr-25: 74.9 WTE - (On 48.8 WTE & Off 26.1 WTE)
 May-23 - Apr-24: 72.2 WTE - (On 49.6 WTE & Off 22.6 WTE)



Medical Agency WTE Worked (12 Month Average)

7.6WTE

On Contract - 3.9 WTE
 Off Contract - 3.7 WTE

May-24 - Apr-25: 8.4 WTE - (On 4.2 WTE & Off 4.2 WTE)



International Recruitment Programme



Nursing Workforce

- 4 Adult field RN IENs arrived June 2025
 - 100% OSCE pass rate on 1st attempt
 - Based in Welshpool and all NMC Registered
- 4 Adult field RN IENs arrived October 2025
 - OSCE Exam 18/11/2025
 - 100% pass rate 1st attempt
 - 2 based in Llanidloes; 2 in Brecon
- 4 RMN IENs arrived January 2026
 - OSCE prep and exams completed – Cardiff & Vale
 - Based: 1 in Bronllys, 2 in Llandrindod and 1 in Ystradgynlais.

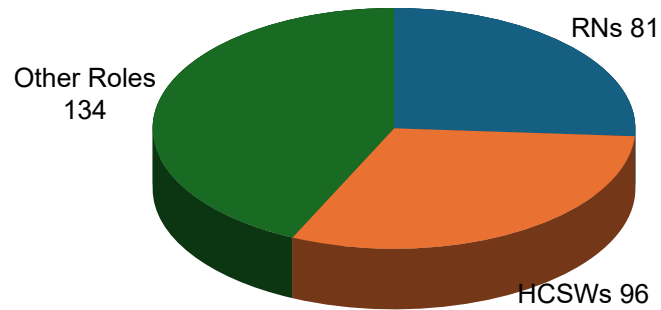
Medical Workforce

- 2 Medics recruited
 - 1 August 2025 arrival
 - Felindre Ward initially and now moved to Ystrad to support CMHT & Tawe ward
 - 1 November 2025 arrival
 - Newtown Adult CMHT
- 1 further Medic recruited in Jan 2026
 - Aiming to place in Ystradgynlais OAMH SAS post – will replace current locum cover



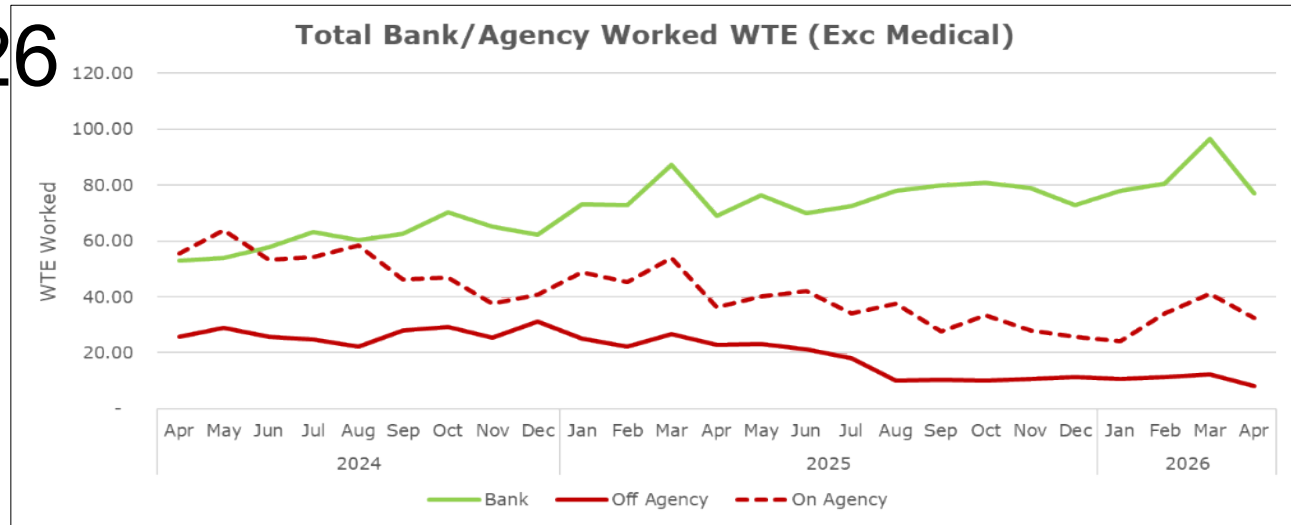
BANK RECRUITMENT 2025/26

**Total Staff Onboarded to Bank
311 personnel**



162 of the 311 new Bank staff were substantive staff added through the Fast Track process

Leah Kaychelle
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- 3x Bank specific Open Days held across the county
- Fortnightly Rolling adverts for:
 - Adult HCSWs and RNs
 - Mental Health HCSWs and RMNs
- Further targeted Bank roles advertised;
 - Mental Health practitioners for the 111 #2 Service
 - Cardiac Physiologist for the Cardiology Service
 - PMVA Trainer
 - Sonographer
 - Theatre Practitioner

Enhanced Vacancy Controls

- Vacancy Scrutiny and Justification Process strengthened in **October 2025**.
- Further reinforced through the refreshed **Establishment & Vacancy Control Process** from **January 2026**.
- Sustained impact demonstrated through a **15–40% year-on-year reduction** in recruitment activity between **September and March**.
- Directorates are applying tighter prioritisation before progressing posts to recruitment.
- Greater emphasis on exploring alternative workforce solutions before seeking Executive approval.
- Multidisciplinary scrutiny is strengthening:
 - establishment discipline
 - transparency
 - risk identification
 - alignment with affordability, patient safety and organisational priorities
- Downward trend in posts progressing to recruitment is supporting financial recovery by:
 - reducing recurrent cost pressures
 - limiting unfunded establishment growth
 - preventing avoidable recruitment

Month	# Roles advertised	Change from previous year
Sep 24	106	
Sep 25	66	Down 37%
Oct 24	107	
Oct 25	76	Down 29%
Nov 24	115	
Nov 25	78	Down 32%
Dec 24	69	
Dec 25	56	Down 19%
Jan 25	95	
Jan 26	64	Down 32%
Feb 25	100	
Feb 26	80	Down 20%
Mar 25	85	
Mar 26	73	Down 15%
Apr 25	92	
Apr 26	55	Down 40%

Lewis Michelle
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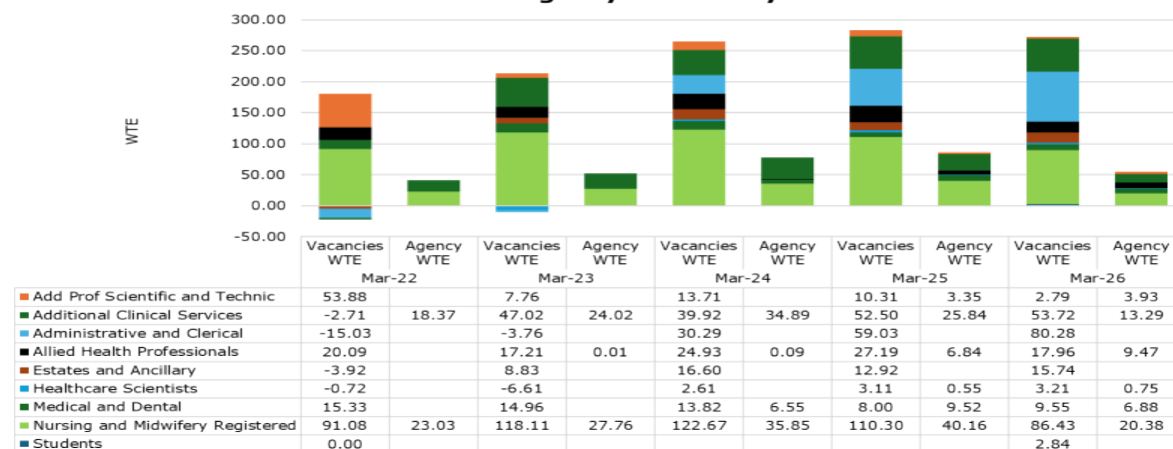
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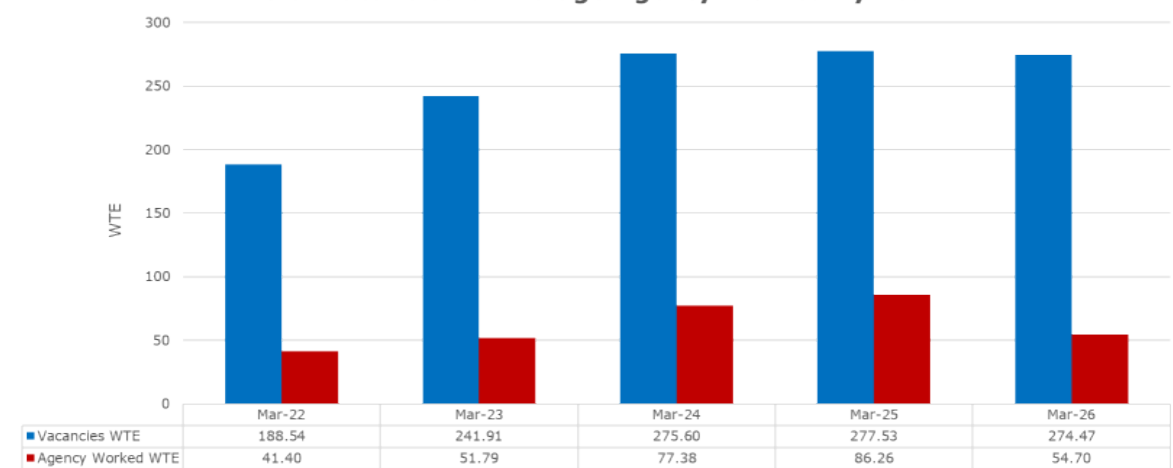
Enhanced Vacancy Monitoring

- People & Culture Resourcing Team is leading targeted engagement with recruiting managers across all service areas.
- Focus is on building a comprehensive organisation-wide understanding of current vacancy positions.
- Clinical vacancies within the current establishment are being regularly reviewed and actively followed up.
- Priority is being given to areas with associated agency expenditure.
- Clear expectation that services accelerate substantive recruitment where this will reduce reliance on temporary staffing.
- Focus on improving workforce stability through timely recruitment into approved establishment.
- Services with enduring vacancies but no agency utilisation are being challenged to review whether posts remain required.
- Establishment reviews are ensuring workforce models align with future operating requirements, not historic structures.

Vacancies vs Agency Worked by Year



Total Vacancies & Average Agency Worked by Year



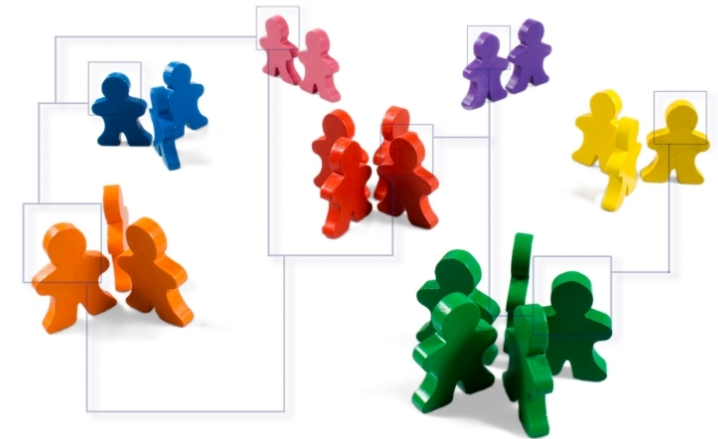
Workforce models & skill mix

Healthcare Support Worker Job Description Reviews

We have worked in partnership throughout the implementation of the National Band 2/3 Framework and completed this for all employed staff in March 2026.

The framework has been used to support clearer role definitions and to enable eligible staff to progress from Band 2 to Band 3 in a consistent and transparent way. Implementation has been successful, with a manageable level of queries, reflecting the effectiveness of the governance and partnership arrangements in place with trade unions, nursing leadership and services.

Governance arrangements remain in place to continue to monitor implementation, including ensuring that all entitled staff are assessed, including those who subsequently leave employment.



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Agenda for change role profiles

National Context:

- Suite of HCSW job descriptions developed.
- NHS Wales operates under an All-Wales Job Evaluation Policy approved by the Welsh Partnership Forum and Welsh Government. This has been adopted by the health board.
- As part of this policy and in line with updates to national profiles, NHS Wales job descriptions are being developed for key roles across Wales. This aligns to reviews of nationally agreed job profiles.
- Non-Pay elements of the pay award required organisations to ensure all job descriptions were reviewed at least every three years.

Local Context

- We have developed a generic library of job descriptions for administration roles and work with services is underway to develop this across staffing groups where possible, with a number of generic JD's almost complete for the therapies staff group.
- The national job description template has been implemented. Checks are in place to review newly advertised roles to ensure they are updated and moved to the new template.
- A technology solution in relation to monitoring JD dates was not available. Therefore, all newly matched JD's now include the review date to assist managers monitoring this at a local level. This has seen an increase in the number of requests that are being received by the JE team, particularly over the last 12 months.
- A timeline for national job descriptions is not available to the health board to enable a planned approach to the implementation of national JD's. While awaiting national timelines, we have an agreed approach for implementing national JDs when they become available.

Lewis Raychelle
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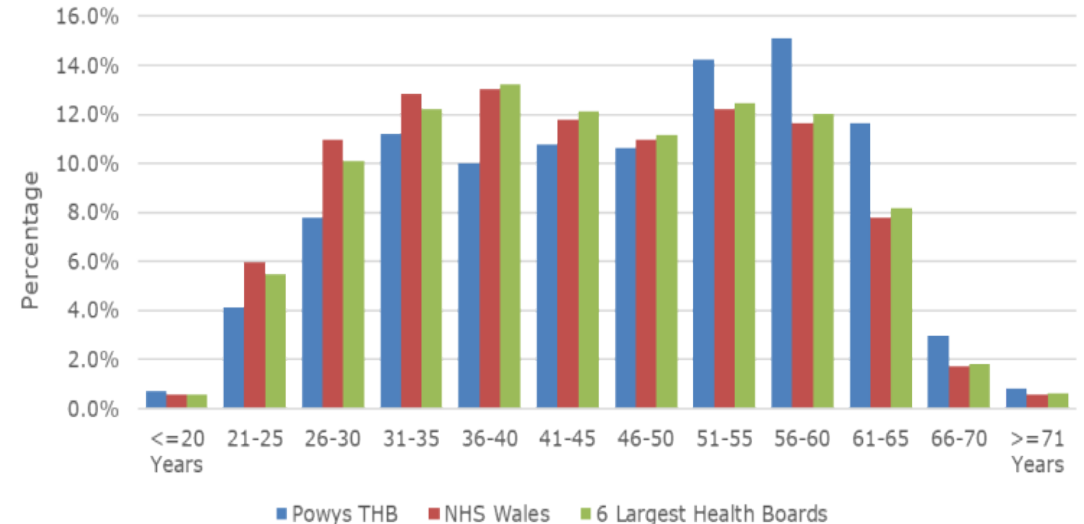
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Aspiring Nurse Programme

- The Third cohort of the Powys Aspiring Nurse Programme successfully commenced in Sept 2025 with 13 applicants – 1 of which was recruited against a Welsh Essential advert.
 - 12 Adult nursing field
 - 1 Mental Health nursing field.
- This brings the total number of Aspiring Nurses to 48 on the full-time programme across all cohorts.
- At the end of Q4, all 13 from the Sept 25 cohort remained on programme and on-track to successfully complete their level 4 qualification and meet the requirements to continue on the programme for the remaining 2 years.
- Summer 2026 will represent a significant milestone for PTHB, with the first graduates emerging from the Aspiring Nurse Programme joining our workforce.
- Alongside other internal nurse training pathways, this will lead to a total of 36 newly qualified nurses taking up registrant roles within the HB under the 'Grow our Own' banner; creating the largest annual cohort of newly qualified nurses Powys has ever supported into practice.
- Emerging evaluation findings show that each newly qualified RN/RMN is expected to deliver an estimated £73k reduction in agency expenditure per annum, generating a net financial gain of approximately £33k per WTE once salary costs are accounted for.

- Current workforce age-profile data highlights the need to continue to strengthen future nursing supply.
- The programme provides a key opportunity to build a sustainable, locally developed nursing workforce for Powys, supporting long-term workforce resilience by increasing substantive supply and reducing reliance on temporary staffing.

Age Profile by Percentage



Academy Careers & Education Enterprise Scheme

ACEES delivered at scale as a core “Grow Our Own” workforce pipeline, reaching over 5,000 Powys learners for the second successive year.

ACEES is now embedded across secondary schools (including Additional Learning Needs settings), further education, and emerging primary offer, with a structured whole-school and enhanced pathway model.

Strong and improving impact on workforce pipeline:

- 56% of learners who participated in the whole school approach reported they were now likely to consider a health and care career (more than double previous year).
- 90%+ of enhanced learners report improved confidence and readiness.

High stakeholder confidence: near-universal teacher support, with strong feedback on engagement and curriculum relevance.

Delivery remains fully partnership-led through the Workforce Futures Programme and bilingual, supporting equitable access.

Overall position:

ACEES is now a mature, evidence-based pipeline intervention contributing to long-term workforce sustainability, particularly in a rural context where recruitment risks are highest. ACEES aims to build local supply into hard-to-recruit roles by influencing subject choice, careers awareness and readiness early and support reduced reliance on temporary staffing through future workforce growth (pipeline effect). ACEES aligns directly with IMTP workforce sustainability and “Grow Our Own” ambitions.

Key Risks:

Ongoing reliance on short-term funding and programme capacity.
Need to strengthen longitudinal tracking of learner outcomes into employment.

2026/27 Forward Look:

Expand online platform to support consistent, scalable delivery across Powys.
Improve outcome tracking
Develop longitudinal dataset linking education → training → employment to evidence ROI.
Explore regional scaling and opportunities to respond to growing national interest.



Looking forward into 2026-27: Workforce Transformation and Sustainability

Focus for this financial year: moving from short-term workforce controls to evidence-led workforce sustainability

Our 2026/27 programme will focus on six connected priorities that strengthen control, improve insight and support safe workforce modernisation.

1 Establishment control

Embed revised vacancy management and establishment controls so recruitment decisions are aligned to workforce plans, financial controls, service priorities and safe staffing requirements.

2 Strategic workforce intelligence

Complete workforce growth, vacancy and projection analysis, supported by bi-annual workforce intelligence reporting to Executive Committee and onward assurance to Board.

3 Skill mix and modernisation

Support priority service areas to define future workforce models, review skill mix, identify new or extended roles and develop transition plans linked to service redesign.

4 Pipeline development

Use projection modelling to inform education commissioning, Aspiring Nurses, clinical psychology grow-your-own routes and school engagement to strengthen future supply.

5 Agency reduction and recruitment

Continue targeted action on agency and locum reliance through prioritised vacancy management, recruitment attraction, Bank resilience and deployment of existing staff.

6 Workforce Futures partnership

Develop the Regional Partnership Board programme exit strategy post-2027 and, where appropriate, create investment cases to secure sustainable transition arrangements.



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Looking forward: What this will enable

Focus for this financial year: moving from short-term workforce controls to evidence-led workforce sustainability

From annual plan delivery to sustainable workforce change

Improved governance and control

- Clearer oversight of vacancies, establishments and recruitment decisions
- Stronger compliance with mandated job descriptions and controls

Better strategic decisions

- Regular workforce intelligence to inform investment and service planning
- Improved evidence base for workforce growth, risk and sustainability

More sustainable models

- Priority services supported to define future workforce requirements
- Skill mix aligned to demand, affordability and service redesign

Stronger future supply

- Grow-your-own and education routes aligned to commissioning cycles
- Earlier risk mitigation for hard-to-fill and specialist roles

Reduced temporary staffing reliance

- Improved recruitment and Bank resilience
- Reduced agency and locum dependency through targeted action

Fair and well-managed change

- OD, job design and workforce transition support for redesign
- Equality Impact Assessments completed before implementation decisions

Overall outcome: a more controlled, resilient and sustainable workforce that supports safe service delivery and organisational recovery.



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Agenda item: 5.6

PEOPLE AND CULTURE COMMITTEE **11 June 2026**

Subject:	Annual Equality Report 2025/26
Approved and presented by:	Debra Wood-Lawson, Executive Director of People, Culture & Transformation
Prepared by:	Service Lead for Welsh Language & Equality Head of People: Business Partnering & EDI
Other Committees and meetings considered at:	Executive Committee 27 May 2026 – who endorsed the reporting to the Committee.

PURPOSE:
The purpose of this paper is to seek approval of the Annual Equality Report 2025–26 prior to public publication, and to provide assurance regarding progress against the Strategic Equality Plan and compliance with statutory equality duties.

RECOMMENDATION(S):
The Committee is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	Y/N	Y/N

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y/N	The Equality Annual Report demonstrates broad alignment with the Health Board’s wellbeing objectives, particularly in relation to reducing inequalities, improving access and strengthening workforce inclusion
2. Provide Early Help and Support	Y/N	
3. Tackle the Big Four	Y/N	
4. Enable Joined up Care	Y/N	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y/N	
7. Put Digital First	Y/N	
8. Transforming in Partnership	Y/N	

EXECUTIVE SUMMARY:

The Annual Equality Report outlines how Powys Teaching Health Board has met its statutory equality duties and progressed delivery of its Strategic Equality Plan (SEP) during 2025–26. The report is a key mechanism to:

- demonstrate compliance with equality legislation
- provide transparency to the public
- evidence progress against strategic equality objectives

The report, included within appendix 1, sets out progress against the SEP for 2025–26 and reflects improved transparency in reporting through the inclusion of Ethnicity Pay reporting, which has not previously been incorporated within this annual report.

SUMMARY OF REPORT

Compared to the previous year, the 2025–26 Equality Annual Report demonstrates a more comprehensive approach to equality reporting. There is increased depth of evidence across all Strategic Equality Objectives, supported by improved workforce data, where available. The report provides clearer alignment between strategic objectives and delivery, supported by more detailed narrative and evidence of activity. In particular, the introduction of Ethnicity Pay reporting represents a significant step forward in transparency and organisational insight.

The report also enables the organisation to highlight key achievements during the year, including:

- Expansion of accessible services; the wider use of British Sign Language interpretation (Convo) and language services, improving communication and access for patients with additional needs.
- Strengthening of community-based and digital service delivery; supporting improved access to care closer to home across a rural population, including initiatives such as Attend Anywhere, BadgerNet and the mobile dental unit.
- Achievement of Disability Confident Level 2 status; demonstrating progress in creating a more inclusive workplace and supporting the recruitment and retention of disabled staff.
- Continued delivery of the Anti-Racism Action Plan; including improved workforce data completeness and increased visibility of training, engagement and staff network activity.
- Introduction of Ethnicity Pay reporting; enhancing organisational transparency and supporting a more mature, data-led understanding of workforce equality, in line with the commitments set out in the Health Board’s local Anti-Racism Action Plan.

The report also highlights a number of key data shifts during 2025–26;

- Notably, the Gender Pay Gap has increased to 20.7%, reflecting changes in workforce composition rather than pay inequality.
- There has been a positive increase in the proportion of minority ethnic staff, rising from 4.04% to 5.18% (excluding unknowns), although representation remains concentrated within specific staff groups, particularly at Band 5.
- Workforce data quality has continued to improve, with reductions in unknown or undeclared data across multiple characteristics. These improvements provide a stronger evidence base for analysis and future action

In summary, the report demonstrates continued progress in the delivery of the Strategic Equality Plan, alongside a more mature and transparent approach to equality reporting. There is clear evidence of strengthened activity across key areas and enhanced organisational insight, particularly through the introduction of Ethnicity Pay reporting. While the report highlights positive progress, it also reinforces the need for continued focus across our SEP objectives and agreed local anti-racism action plan.

NEXT STEPS:

Subject to approval, the report will be:

- Provide ongoing oversight and assurance in relation to the delivery of the Strategic Equality Plan, workforce equality measures and identified areas for continued improvement.
- Finalised and prepared for public publication in line with statutory requirements.



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**Powys Teaching
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Equality Annual Report
2025-2026**

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1. Foreword

CEO's Foreword – Equality Annual Report 2025–26

I am pleased to introduce this Equality Annual Report for 2025–2026, outlining the steps we have taken over the past year to strengthen equality, diversity, and inclusion across Powys.

During the year, we have focused on improving how people access information and services. One example is the new Women's Online Health Hub, launched in March 2026, which brings together clear, reliable information on a wide range of topics affecting women at different stages of life. Importantly, this resource was shaped by feedback from over 300 women locally, ensuring it reflects what matters most to those who use it.

We have also improved support for Deaf people by widening the availability of a British Sign Language interpreting service through the Convo app. This now connects users with more than 80 healthcare providers across Powys, helping to make communication easier and more inclusive.

Alongside this, we are proud to have achieved Disability Confident Employer Level 2 status, recognising our ongoing work to create a workplace where disabled people are supported in recruitment, retention, and career development.

While these developments are encouraging, we know there is more to do. We remain committed to listening, learning, and working with our communities to continue making meaningful progress toward greater equality.



Hayley Thomas
Chief Executive Officer
Powys Teaching Health Board

Executive Director of People, Culture & Transformation Introduction

This year's Equality Annual Report highlights the progress made in strengthening fairness, inclusion, and respect across our organisation.

We signed the Hate Crime Charter, reinforcing our commitment to ensuring people are treated with dignity and supported appropriately. In partnership with the Wales Hate Support Centre, we also began delivering hate crime awareness training to staff, with further sessions planned.

We have continued to build staff awareness through Cognitive and Unconscious Bias training, with many staff taking part and strong feedback.

Accessibility has also improved through the expanded use of the Convo app, helping Deaf people communicate more easily with healthcare services across Powys.

These achievements provide a strong foundation, and we will continue to build on this work to create an even more inclusive and supportive environment for all.



Debra Wood-Lawson

Executive Director of People, Culture & Transformation
Board Equality Champion, Powys Teaching Health Board

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2. Introduction & Strategic Context

Powys Teaching Health Board (PTHB) serves a population aligned to the geographical boundaries of Powys County Council. At the time of the 2021 Census, Powys had a population of approximately 133,200 people spread across a large rural area of around 2,000 square miles. This equates to a population density of 26 people per square kilometre—the lowest of any local authority area in Wales.

The rurality of Powys significantly shapes the Health Board's operating model. While many services are delivered locally through community hospitals and primary care, the absence of District General Hospitals within Powys means that a substantial proportion of secondary and specialist care is commissioned from neighbouring health boards, including providers across the border in England. As a result, a significant proportion of the Health Board's funding is used to commission services externally, and the services delivered directly by PTHB are disproportionately focused on community-based care compared to other health boards in Wales.

This model has implications for both service delivery and workforce. The organisation is smaller in scale than would typically be expected for a population of this size, employing 2,644 staff as at 31 March 2026. This is fewer than the workforce of a typical District General Hospital elsewhere in Wales. The workforce is also geographically dispersed, with no centralised acute site, and a proportion of staff living outside the county. This creates distinct challenges in terms of consistency of service delivery, access, and staff engagement.

In response to this context, PTHB has developed strong partnership arrangements across sectors, including Powys County Council, Dyfed-Powys Police and Powys Association of Voluntary Organisations (PAVO). These partnerships are critical to delivering integrated, population-focused services in a rural setting.

Further information on the Health Board's strategic direction and plans for improving services for the people of Powys can be found on our website under the [Key Documents](#) section which includes copies of our annual reports, annual quality statements, strategies and plans.

2.1 Understanding Diversity in Powys

PTHB recognises the diversity of its population and is committed to ensuring that all individuals are treated with dignity, respect and equity. In addition to our organisational values, we have statutory responsibilities under the Public Sector Equality Duty. This report outlines how the Health

Board is meeting these responsibilities, particularly in relation to the protected characteristics defined within the Equality Act 2010: Age, Disability, Pregnancy and Maternity, Race and Ethnicity, Religion or Belief, Sex, Sexual Orientation and Gender Reassignment.

The demographic profile of Powys presents a distinctive context for equality and inclusion work. As a rural county, Powys differs from the Welsh average in several key areas:

- **Age:** 27.8% of the population is aged 65 and over, the highest proportion of any local authority in Wales (compared to a Welsh average of 21.3%). This has implications for service demand, accessibility and the design of age-appropriate care.
- **Disability:** 18.1% of the population reports a disability, slightly lower than the Wales average of 21.1%. However, 7.6% report that their day-to-day activities are 'limited a lot', highlighting ongoing needs in relation to accessibility and support.
- **Race and Ethnicity:** Powys has one of the least ethnically diverse populations in Wales, with 97.7% of residents identifying as White (including all White minority groups) and 2.2% identifying as Black, Asian or minority ethnic (compared to 6.2% across Wales). While this reflects the current population profile, it presents challenges in ensuring services are culturally competent and inclusive.

A summary of the workforce demographics within Powys is included in appendix 2.

2.2 Implications for Equality and Service Delivery

The combination of a **sparse, rural population, ageing demographic,** and **dispersed service model** creates specific challenges in addressing inequality. These include:

- **Inequality of access** to services due to geography, transport and digital connectivity
- **Inequality of opportunity** for individuals to engage with services or employment
- **Health inequalities**, particularly for those living in more remote or deprived areas

There is also a growing challenge in understanding and addressing **socio-economic inequalities**. Individuals and communities experiencing financial hardship may face additional barriers to accessing services and support. This has been acknowledged in national analyses, including reports from [Public Health Wales](#) and [the Nuffield Trust](#).

The Health Board's **Strategic Equality Plan (SEP)** sets out how these challenges will be addressed, with a focus on reducing inequality and improving outcomes. The SEP is aligned with the Health Board's annual plan, ensuring that equality considerations are embedded within broader organisational priorities and service planning.

3. Summary of Delivery Against Strategic Equality Objectives

During 2025/26, the Health Board has progressed a range of actions aligned to its Strategic Equality Plan, focusing on improving access to services, addressing health inequalities, strengthening workforce inclusion, and meeting its statutory duties.

Appendix 1 contains a more detailed capture of our actions.

Objective 1 – Designing and delivering services closer to home and improving access

This year has seen continued progress against our Strategic Equality Plan objective, with collective action supporting the Health Board's ambition to improve access to services for Powys residents. This has included;

- Strengthening community-based and accessible service delivery, aligned to the principle of providing care closer to home. This includes the development of an integrated frailty and falls pathway, improved clinical resilience within community services, and enhanced diagnostics and planned care capacity.
- There has been a continued expansion of digital and remote care, with Attend Anywhere consultations supporting a wider range of services and improving access for patients across Powys. Digital innovation has also been enhanced through the introduction of systems such as BadgerNet, improving the safety and coordination of maternity care, and the promotion of online mental health support through SilverCloud.



- Access to services has been further improved through practical initiatives such as the relocation of the mobile dental unit to Bronllys Hospital, bringing care closer to communities who may otherwise face barriers due to distance or mobility.
- Engagement activity delivered through the Better Together programme has supported the design and development of services by incorporating feedback from a broad range of residents, including those from protected groups.

Objective 2 – Addressing known health inequalities

This year has seen continued progress in addressing health inequalities supported by a range of targeted population health and prevention initiatives. Collectively, these actions help improve access to preventative services and increase awareness of health inequalities within the population. While there is evidence of improved reach and engagement, work will need to continue to demonstrate sustained improvements in health outcomes over time. Key developments include:

- The launch of a Women’s Online Health Hub, co-designed with local women, improving access to trusted information across a range of health topics.
- Targeted work has also been undertaken through programmes such as Healthy and Sustainable Preschools, Health Promoting Schools, and the Whole System Approach to Healthy Weight, supporting improved wellbeing outcomes, particularly in more deprived communities.
- A strong focus has been placed on prevention and early intervention, including targeted vaccination programmes, stop smoking support in areas of higher deprivation, and outreach activity focused on underserved groups. Health protection work has also been strengthened through initiatives such as the Care Homes Health Protection Champions programme and targeted communicable disease prevention activity.



- In addition, the Health Board has continued to promote awareness of a range of health conditions and lived experiences, supporting improved understanding and inclusion across services.

Objective 3 - improving access for people with different needs

This year has seen continued progress in improving access to services, with a particular focus on reducing communication barriers and creating more inclusive environments for patients. Collectively, these actions have supported improved communication, accessibility, and inclusivity across services, helping to reduce barriers for individuals with additional needs. Key developments include:

- The expansion of Convo services to Primary Care Services, enabling British Sign Language users to access a wide range of healthcare providers across Powys via live video interpretation.
- The continued use of Language Line, providing interpretation across over 30 languages. These services have strengthened access to care by supporting clear, timely and person-centred communication.
- Access has also been enhanced through the rollout of Digital Listener technology across outpatient settings, improving communication for individuals with hearing loss, and through environmental improvements aligned to the Dementia Friendly Hospital Charter, including enhancements at Bronllys Hospital.
- In addition, the development of inclusive and therapeutic environments, such as the partnership with Flora Cultura at Bronllys Hospital, has supported improved wellbeing and accessibility for individuals with mental health conditions, learning disabilities and neurological conditions.



PTHB and Flora Cultura - working together to benefit those with mental health and neurological conditions outdoors



Objective 4 - ensure that Powys Teaching Healthboard is an employer of choice for individuals with diverse needs.

This year has seen continued progress in strengthening the Health Board’s position as an inclusive employer, with a focus on supporting a diverse workforce and improving staff experience. Collectively, these actions have contributed to a more inclusive and supportive workplace environment, with positive progress in supporting staff wellbeing and inclusion. We will ensure continued focus to support consistent engagement across all staff groups and to evidence measurable improvements in workforce experience over time. Key developments this year include:

- Achieving Level 2 Disability Confident Employer status, recognising the organisation’s commitment to removing barriers for disabled people across recruitment, retention and career development. This reflects the introduction of practical measures to support workplace adjustments, increase disability awareness and promote inclusive employment practices.
- The Health Board has also continued to support and promote a range of staff networks, providing safe and supportive spaces for colleagues to connect, share experiences and contribute to an inclusive workplace culture. These networks play an important role in ensuring that diverse voices are heard and represented.
- In addition, the promotion of wellbeing initiatives such as the Mindfulness, ACT and Compassion (MAC) approach has supported staff wellbeing through a combination of group sessions, individual support and community-based activities.



	<p>Avinash, Wellbeing Mindfulness Development Practitioner shared: “We see PTHB MAC not as a single intervention – but as a living, adaptive wellbeing culture rooted in kindness, evidence, and prevention. Our next phase builds on these strong foundations.”</p>
	<p>Nikki, Wellbeing Compassion Development Practitioner shared: “In creating a non-judgmental space, we walked beside staff. And that made all the difference.”</p>
	<p>Tom, Wellbeing ACT Development Practitioner shared: “ACT helped staff reconnect with values, rebuild self efficacy, and reshape internal narratives.”</p>

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Objective 5 – Improving the Health Board’s Ability to Accommodate the Religious Needs of Staff and Patients

This year has seen continued progress in strengthening the Health Board’s approach to supporting the spiritual, religious and cultural needs of staff and patients, with a focus on improving access to guidance and inclusive spaces. Key developments include:

- The creation of a dedicated SharePoint resource, providing staff with practical information to support culturally sensitive care. This includes guidance on spiritual care planning and culturally significant practices, helping to improve staff understanding and confidence in meeting diverse needs.
- In addition, progress has been made in enhancing physical spaces for reflection and prayer, including the introduction of a multi-faith/reflection room on Claerwen Ward at Llandrindod War Memorial Hospital. Further planning is underway to refurbish facilities at Bronllys Hospital to provide similar inclusive spaces.

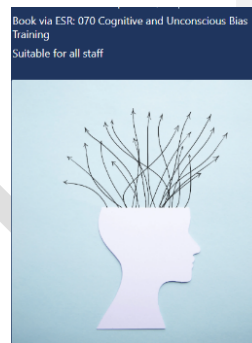


Objective 6 – Developing an Inclusive and Supportive Workforce Culture (Zero Tolerance to Harassment)

This year has seen continued progress in strengthening an inclusive and supportive workforce culture, underpinned by a clear commitment to a zero-tolerance approach to harassment and discrimination. While there is increasing visibility of these priorities across the organisation, continued focus is required to embed consistent behaviours and demonstrate sustained improvements in staff experience over time. Key developments include:

- The adoption of the Hate Crime Charter and partnership working with the Wales Hate Support Centre to increase staff awareness and confidence in recognising and addressing hate incidents. The implementation of the NHS Wales Anti Sexual Harassment Policy has further strengthened expectations and standards, reinforcing a safe and respectful working environment for all staff.

- The Health Board has also continued to promote inclusive culture and awareness through engagement and learning initiatives, including participation in Pride 2025, Black History Month, and a range of awareness activities designed to increase understanding of diversity and lived experience across the workforce.
- A range of training and development opportunities have been delivered to support inclusive practice, including:
 - Equality training embedded within the managers training programme
 - Continued delivery of Cognitive and Unconscious Bias training
 - Ongoing work as an Age Friendly Employer to support an age-diverse workforce



Objective 7 - Ensure that our feedback mechanisms collect the views of staff and patients of all groups.

This year has seen continued progress in strengthening how the Health Board captures and uses feedback from staff and patients, with a focus on ensuring a more inclusive and representative approach. Key developments include:

- The introduction of an enhanced leavers questionnaire, enabling the organisation to gather more meaningful insight into staff experience, including the ability to analyse feedback by protected characteristics. This is supporting a more informed understanding of workforce trends and potential areas of inequality.
- The Health Board has aligned with the refreshed NHS Wales People Experience Framework, supporting a more structured approach to assessing and improving how feedback is captured and used to inform improvement activity.

These approaches are beginning to improve understanding of staff experience, although further work is required to demonstrate how feedback is translated into measurable change.

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Objective 8 - Carrying Out the Actions Identified in the PTHB Anti-Racism Action Plan

This year has seen continued progress in delivering the Health Board's Anti-Racism Action Plan, with activity focused on strengthening governance, improving workforce experience, and enhancing the use of data to inform targeted action. Key developments include:

- Progress has been made in strengthening anti-racist workforce practices, including:
 - Ongoing delivery of mandatory anti-racism training, alongside additional unconscious bias training sessions delivered to staff.
 - Completion of reviews of recruitment and progression processes to ensure they are inclusive and aligned to WRES priorities.
- The Health Board has strengthened its use of data and evidence, including:
 - Further improvements in workforce demographic data, with ethnicity recording increasing to over 93%.
 - Enhanced monitoring of workforce experience through employee relations processes and reporting mechanisms.
- In addition, work has progressed to improve inclusive culture and lived experience, including:
 - Continuing our reverse mentoring scheme to support shared learning between leaders and minoritised staff.
 - Delivery of engagement and awareness activity.
 - Ongoing promotion and development of staff networks and use of staff stories to inform organisational learning.
 - Introduction of Hate Crime Charter activity, including training sessions and awareness campaigns.

More detail on Powys Teaching Health Board's approach to the Anti-Racism action plan is included in Appendix 1.

Objective 9 - Implement our Welsh in Healthcare Strategy

This year has seen continued progress in implementing the Welsh in Healthcare Strategy, with a focus on strengthening staff capability and improving the visibility and use of Welsh language services. For full details on our activity in this area during 2025-26, see the Welsh Language Annual Report via the [Welsh Language pages](#) of our website. Key developments include:

- The rollout of Welsh in Healthcare training for all staff, alongside the continued promotion of Welsh for Managers training to support leaders in embedding Welsh language considerations within service delivery. The Health Board has also worked in partnership with Dysgu Cymraeg to provide Welsh language learning opportunities at all levels, with strong uptake from staff.
- A range of engagement and awareness activities have also been delivered, including the promotion of Welsh language events and national celebrations such as Dydd Gŵyl Dewi and Wythnos Defnyddia dy Gymraeg.
- The use of the Welsh Language Requirements Assessment Tool has supported a more consistent approach to identifying Welsh language skills requirements within recruitment and utilisation has started to see an increase.

4. Gender Pay Gap Reporting

In line with UK legislation, organisations employing over 250 staff are required to report on their **Gender Pay Gap**, including differences in average and median hourly pay between men and women. The Gender Pay Gap measures the difference in earnings **across the workforce**, not differences in pay for the same role. It is therefore distinct from **equal pay**, which relates to men and women being paid equally for the same or equivalent work.

As at 31 March 2026, the Gender Pay Gap in Powys Teaching Health Board is as follows:

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	£25.68	£21.19
Female	£20.37	£18.43
Difference	£5.30	£2.76
Pay Gap %	20.7 %	13 %

Powys Teaching Health Board employs:

- **2,230 women (84%)**
- **440 men (16%)**

This distribution is broadly consistent with other NHS Wales organisations, where the workforce is predominantly female. The gender pay gap measures the difference in average earnings between men and women across the organisation. Within a workforce where women represent the majority, even small differences in how men and women are distributed across pay bands can have a disproportionate impact on the overall pay gap. This year the health board has seen a 1% increase in the proportion of men employed when compared to last year.

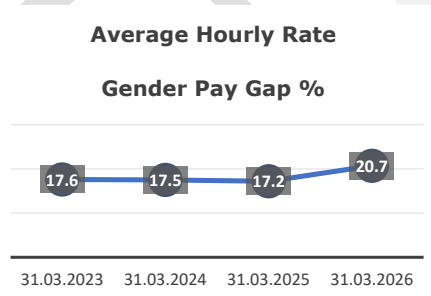
The [overall UK Gender Pay gap](#) has shown a long term decline since the 1980s. The gender pay gap in Powys is **20.7%**, which is above the UK average (12.8% in 2025) but compares favourably to other NHS Wales Health Boards.

In prior years, the health board's pay gap has remained generally stable. However, this year's figure of 20.7% shows a marked increase compared to prior years.

This variation is primarily attributable to changes in workforce composition, rather than differences in pay for equivalent roles.

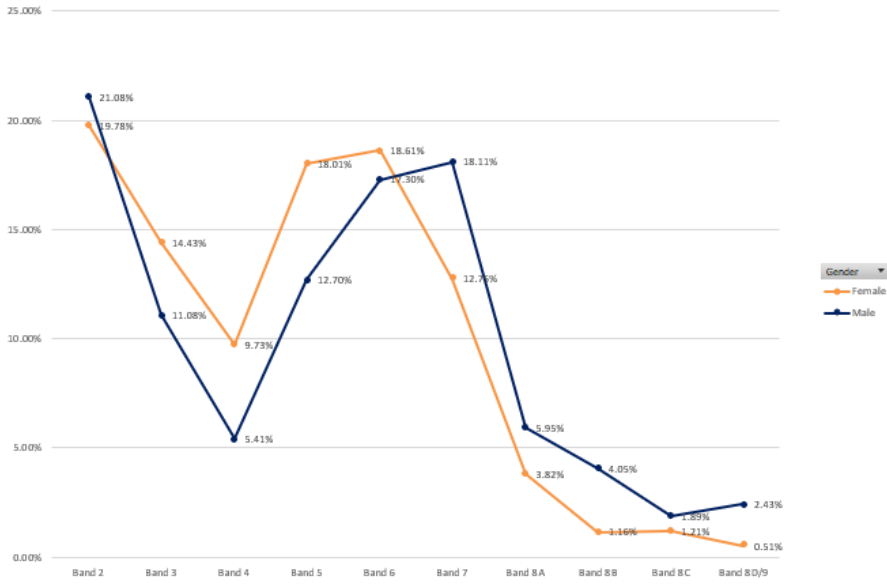
In particular:

- The implementation of the NHS Wales job description for Healthcare Support Workers saw a reduction in the number of staff employed in Band 2 roles and an increase to Band 3 (March 2026) which has resulted in a shift in workforce distribution. This change affected a greater proportion of male Healthcare Support Workers (with no male staff remaining on Band 2) than female staff, contributing to the overall movement in the pay gap.
- There has been an increase in Band 5 Nursing staff, likely reflecting international recruitment and efforts to reduce reliance on agency staffing.

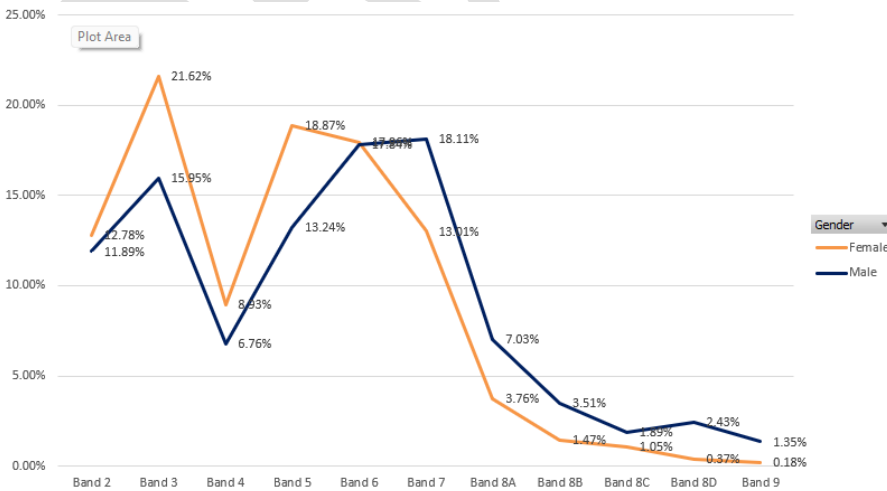


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- There has also been an increase in Band 5 administrative roles, which are predominantly held by female staff. The graphs below the significant shift in workforce composition when comparing this year to last year:



Above: AfC Pay distribution by gender (March 2025)



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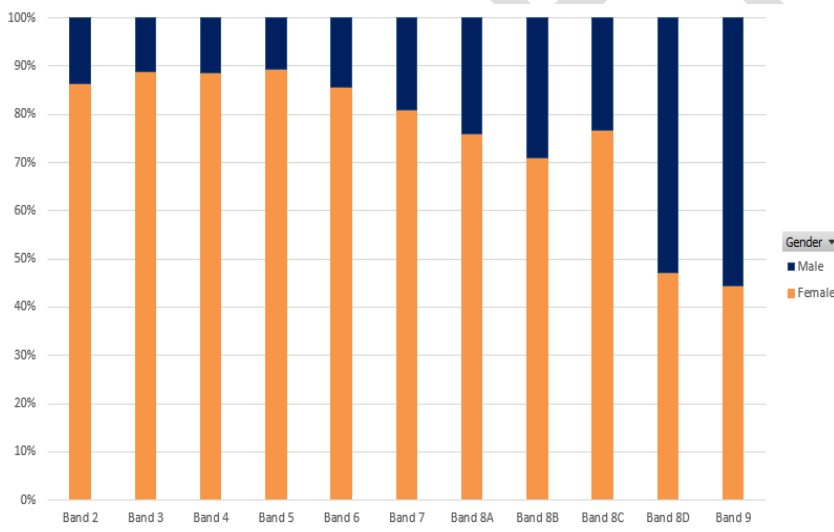
Above: AfC Pay distribution by gender (March 2026). Note the significant changes at Bands 2 and 3.

The vast majority of staff within the health board (96.56%) are employed under Agenda for Change, which provides:

- nationally agreed pay bands
- standardised role evaluation
- transparent pay progression

The remaining workforce is largely made up of medical staff, who are employed under separate national terms and conditions. The proportion of staff employed under Agenda for Change in Powys Teaching Health Board is higher than in other Welsh Health Boards due to the comparatively smaller medical workforce.

The below chart shows the proportionate distribution of men and women in different levels of the organisation on the Agenda for Change payscales:



Analysis of pay band distribution indicates that women are well represented across all levels of the organisation. This supports the position that the Gender Pay Gap is driven by workforce distribution rather than inequalities in pay for equal work. In addition, the Health Board’s Executive Team and Board membership demonstrate strong female representation, with women comprising a significant proportion of senior leadership and decision-making roles. This reflects a broader

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organisational commitment to gender balance and inclusive leadership at all levels.

A range of established policies and practices are in place to support fairness and inclusion, including flexible working arrangements, family leave provisions and nationally agreed NHS Wales policy frameworks, which underpin a consistent and equitable approach to employment across the organisation. The Health Board will continue to monitor the Gender Pay Gap and its underlying drivers and impact over time.

5. Ethnicity Pay Reporting

There is currently no statutory requirement to report on ethnicity and pay. However, Powys Teaching Health Board has committed to voluntary reporting as part of its Anti-Racist Action Plan, to improve transparency and support action to address inequality.

The ethnicity pay position based on the average hourly rate identifies that staff from ethnic minorities are more highly paid on average than their white counterparts. This reflects the comparative concentration of these staff in the (Graduate) nursing and medical staff groups.

Ethnicity	Avg. Rate	Hourly
White - UK	£21.16	
White - Other	£21.42	
Non-White	£23.21	

In relation to the workforce profile within Powys, out of 2,644 staff:

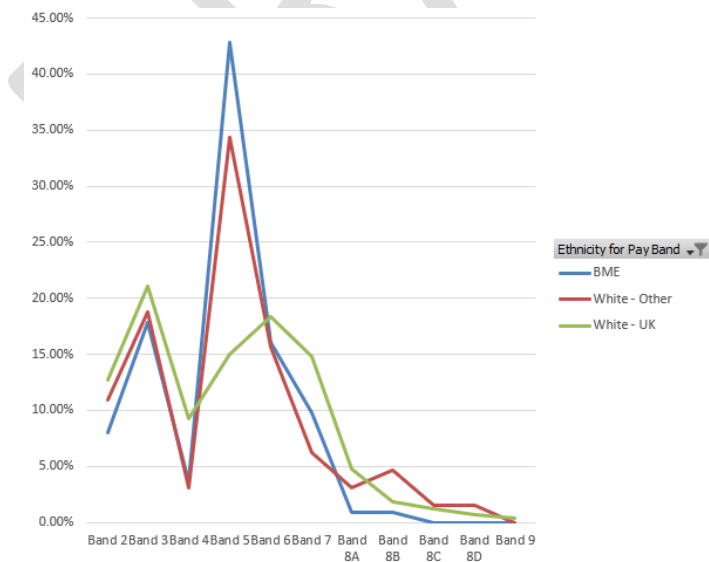
- 2,225 identified as White UK
- 81 as other White groups
- 126 as non-White
- 212 have unknown or undeclared ethnicity (either because they have not filled in the form, or because they chose not to provide this information)

The proportion of staff with unknown or undeclared ethnicity has reduced over the last three years, reflecting efforts to improve data quality through the Anti-Racist Action Plan. Over the same period, there has been an increase in the number of minority ethnic staff, primarily as a result of overseas recruitment activity. Excluding unknowns, **5.18%** of staff identify as minority ethnic. This has increased from **4.04%** in the previous year.

The relatively small number of minority ethnic staff (126) means that even small changes in staff distribution can have a significant influence on relative pay. This is further complicated by the concentration of minority ethnic staff within particular professional areas, such as nursing, which limits the ability to assess equitable distribution across all roles and pay bands.

As demonstrated in the charts below, the composition of the workforce also indicates that:

- Minority ethnic staff are **disproportionately concentrated at Band 5**. This concentration has increased over the past year with the proportion of minority ethnic staff at Band 5 rising from **39% to 43%**; this is likely to be primarily due to the recent recruitment of overseas nurses. The organisation employed 13 additional Minority Ethnic Band 5 Nurses compared to last year.
- The distribution of staff from White non-UK backgrounds more closely aligns with that of minority ethnic staff than White UK staff, in terms of both pay band and area of work, suggesting that workforce distribution is a key influencing factor.
- There is lower representation across other pay bands, particularly at more senior grades.



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While average earnings for minority ethnic staff appear higher than for White staff, this reflects patterns of workforce distribution, rather than equitable representation across the organisation.

Building on the analysis undertaken this year as part of the anti-racism action plan, the Health Board will continue to:

- improve the quality and completeness of ethnicity data
- monitor workforce distribution across pay bands
- explore possible factors influencing recruitment, progression and employment experience for minority ethnic staff

6. Moving Forward: Priorities for 2026-27

We intend to work on all of the Strategic Priorities in our Strategic Equality Plan during 2026-27. However, specific work planned for next year includes:

- Develop and implement a structured plan to achieve Disability Confident Level 3.
- Continue to review religious provision, strengthen guidance for managers and services, and proactively identify opportunities to extend multi faith spaces when estates developments arise.
- Carry out qualitative research with BME staff to understand lived experience, barriers to progression, and workplace culture within PTHB.
- Review the BME Staff Network model to improve participation if possible.
- Undertake a sample review of patient facing documentation to assess compliance with accessibility and information standards.

7. Further information

More information on Equality, Diversity and Inclusion at Powys Teaching health board can be obtained by contacting the team (powys.equalityandwelsh@wales.nhs.uk). Please also contact the team if you have any queries about individual activities touched on in this report.

Further information on the health board's broader initiatives and achievements throughout 2025-2026 can be found in the [Annual Reports](#) section on the health board's website.

Appendix 1: SEP Activity during 2025-26

The following table outlines the Equality-related activity which has taken place during 2025-26, cross-referenced to the Long Term Aims/Equality Objectives outlined in our 2024-2028 [Strategic Equality Plan](#).

Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
1. As part of <i>Better Together</i> (formerly the Accelerated Sustainable Model), we will design and develop our services according to the principle of providing services as close as possible to people's	<p>Primary Age</p> <p>Disability</p> <p>Pregnancy & Maternity</p> <p>Supplementary Socio-Economic Status</p>	<p>Key areas of progress</p> <ul style="list-style-type: none"> Strengthening of the frailty pathway through the agreed Level 2 community-based falls response model, delivered via community teams and aligned to the planned Single Point of Access (SPOA) for urgent and emergency care. This integrated approach supports earlier intervention closer to home, reduces unnecessary ambulance conveyances, and helps ease demand on out-of-county emergency departments. Commissioning of external GIRFT expertise to undertake a proactive review of diagnostics and planned 	<p>Focus on Wellbeing: Concentration on preventative healthcare</p> <p>Digital First: Utilising digital technologies and opportunities to improve access.</p> <p>Innovative Environments: Improving the environment of our sites with new</p>	<ul style="list-style-type: none"> Staying Healthy Dignified Care Timely Care Individual Care More than Just Words Disabled People's Rights Plan

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
homes, decentralising services, using online technologies and other approaches to avoid needing to send patients out of county where possible.		<p>care service models. This work is helping us ensure teams have the right mix of skills and capacity to meet the needs of Powys' rural population, with continued emphasis on prevention and early intervention.</p> <ul style="list-style-type: none"> Improved clinical resilience in community-facing services, supported by the introduction of orthopaedic triage (September 2025), expanded consultant leadership in ophthalmology and anaesthetics, and recruitment to key specialist roles. Strengthened diagnostics and planned care capability, including improved RTT performance, enhanced endoscopy leadership, and the introduction of improved theatre processes, contributing to a more resilient system surrounding primary and community care. 	<p>technologies and approaches.</p> <p>Fully Joined Up Care: Ensuring a standard approach to accessibility across our services so that patients experience the same kinds of service from different areas of the health board.</p>	

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>Attend Anywhere</p> <p>Attend Anywhere virtual consultations for 2025/2026 have performed exceptionally well, supported by the introduction of new services and increased uptake across those already established. The service is now reaching and supporting a wider range of patients across:</p> <ul style="list-style-type: none"> • Mental Health • Powys Living Well • Therapies • Secondary Care • Women's Health • Women's & Children's Services • Planned Care <p>SilverCloud</p>		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>A targeted advert designed for students who are nearing University was shared widely. The advert encourages students to use SilverCloud's services to get a 'head start' on their mental health if they have any worries or to build resilience.</p> <p>Encouraging students to use this online service helps to provide consistent mental health support during periods of transition.</p> <p>Community mobile dental unit at Bronllys Hospital</p> <p>The mobile unit (previously based in Hay on Wye) has been moved to Bronllys Hospital and brings dental services closer to local communities, particularly benefiting people who may face barriers such as rural location, mobility issues or difficulty travelling long distances.</p>		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>This initiative helps reduce inequalities in access to oral health services and supports our commitment to delivering care in more accessible and inclusive ways.</p> <p>BadgerNet Maternity Notes</p> <p>We made the move over to the BadgerNet digital maternity system to improve safety and streamline care. Digital records give clinicians real-time access to accurate information, helping them make faster, safer decisions during pregnancy and birth.</p> <p>Better Together</p> <p>Powys Teaching Health Board's Engagement Team delivered ongoing engagement to support the Better Together programme, capturing feedback from residents across a</p>		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		range of protected characteristics. Engagement with community groups, attendance at Healthy Living events and Dementia Awareness information sessions have all been fed back into the programme.		
2. Work to address known health inequalities within our population and take steps to identify and address others.	Primary Age Sex Disability Gender Reassignment Religion or belief Pregnancy & Maternity	Women's Online Health Hub In March 2026, we launched a new online Women's Health Hub to help women of all ages easily access trusted information on key topics such as period and pelvic health, sexual health and contraception, breast and cervical screening, pregnancy, termination, endometriosis, menopause, pain management, bladder and continence services, and mental health and wellbeing. The hub was developed using insights from over 300 women in Powys, ensuring the	Focus on Wellbeing: Work to address the underlying causes that lead to people needing to access healthcare services will reduce demand on those services at all levels.	<ul style="list-style-type: none"> • Staying Healthy • Individual Care • LGBTQ+ Action Plan • Disabled Peoples' Rights plan

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
	<p>Supplementary Socio-Economic Status</p>	<p>content reflects the real needs and priorities of local people.</p> <p>Promotion of Key Awareness Events and Opportunities</p> <p>This year, we continued to promote key national and international awareness events across the organisation, helping to highlight a wide range of health conditions and lived experiences.</p> <p>This included recognising Endometriosis Awareness Month, Pulmonary Fibrosis Awareness Month, Rare Chromosome Awareness Day the International Day of Disabled People and Sign Language week. By sharing information, resources and events we supported greater understanding, visibility and inclusion.</p>		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>We also promoted incredible opportunities such as a funded PHD at Cardiff University titled 'Reducing Health Inequity for Women Living in Rural Communities Through Social and Community Activation'.</p> <p>Health & Wellbeing Promoting Schools Programme and Healthy and Sustainable Preschools Scheme</p> <ul style="list-style-type: none"> • Schools in deprived areas received targeted support around health and wellbeing, including workshops on cooking and on the harms of vaping. • Targeted work with Flying Start early years settings include: support to implement the NYTH/NEST framework for children and young people's mental health and wellbeing; facilitating food and nutrition training; 		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>rollout of the Gold Standard Healthy Snack Award.</p> <p>Whole System Approach to Healthy Weight</p> <ul style="list-style-type: none"> • Breastfeeding rates tends to be lower in more deprived populations. The Powys Breastfeeding Welcome scheme was introduced to support mothers to feel confident when breastfeeding out and about. Starting in the more deprived areas of Ystradgynlais and Newtown, over 340 setting have signed up to date. Information about the scheme is included in PTHB staff induction, manager training and in equality training. PTHB achieved Stage 1 UNICEF Baby Friendly Initiative in July 2025. • Building on earlier stakeholder engagement, insight has been undertaken 		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>with families to understand the local barriers and challenges to accessing affordable and healthy food to inform priorities for action.</p> <p>Health Protection – reducing the risk and impact of communicable disease</p> <ul style="list-style-type: none"> • Proactive prevention work undertaken with vulnerable/underserved individuals, groups and settings. For our elderly, vulnerable population this includes the development of the Powys Care Homes Health Protection Champions programme. • Responding to outbreaks, limiting onward transmission and supporting recovery, providing a timely outbreak response and targeted advice in high-risk or closed settings. 		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<ul style="list-style-type: none"> Preventative health promotion work has a focus on vulnerable/underserved individuals, groups, and settings to ensure equitable prevention measures through the Farming Fit programme. Blood Borne Virus (BBV) outreach work across Powys, but targeting areas of higher deprivation, probation, substance users and housing association, using intelligence and data to inform action. <p>Annual Report of the Director of Public Health 2025 - Preventing the Preventable</p> <p>The Director of Public Health Annual Report was published. It presents the "Preventing the Preventable: Population Health Strategic Framework for Powys 2025-2035", which</p>		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>focuses on reducing health inequalities and improving wellbeing across the population through a prevention-led approach.</p> <p>Vaccinations</p> <ul style="list-style-type: none"> • The Powys Vaccination Equity Strategic Plan is being implemented. Equity and access is regularly reviewed and monitored as part of the planning and delivery of vaccinations. Data is used to identify where there is low uptake in the eligible population. Plans are adapted to respond as necessary, for example, providing late evening and weekend clinics to increase access, offering mop-up clinics for flu and school-age flu for those that missed appointments. • A Powys Teenage Immunisation Improvement Plan has been 		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>developed and includes actions on reducing inequalities in vaccination. Catch-up programmes for teenage immunisations and MMR vaccination were offered during summer 2025.</p> <ul style="list-style-type: none"> • Head of Service is part of the GP Unified Contract Assurance Framework Group – Vaccination uptake data is reviewed and actions agreed with the GP practice on improving uptake in their locality. <p>Stop Smoking support</p> <ul style="list-style-type: none"> • Targeted work is being undertaken by the Powys Stop Smoking Team in areas of deprivation (where smoking prevalence is generally higher), providing group support and community clinics, working with 		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		pharmacies and other health services, and Smoking Cessation Champions <ul style="list-style-type: none"> • Text message project with GP Practices, sending personal invites to smokers to make a quit attempt and offering support from the Powys Stop Smoking Team. 		
3. Improve access to our services and sites for individuals whose needs are different from others.	Primary Disability Age Race	Convo We expanded access to British Sign Language interpretation across Powys through the free Convo app (formerly Sign Live), enabling BSL users to contact GPs, dentists, opticians, pharmacies and hospitals via a live Video Relay interpreter. The service now covers more than 80 providers across the county, helping remove communication barriers and	Focus on Wellbeing: Widening access to wellbeing services e.g. living well, Silvercloud Digital First: Utilising digital technologies and opportunities to improve access; improving the access	<ul style="list-style-type: none"> • Effective Care • Dignified Care • Individual Care • More than Just Words • Accessible Communication and Information


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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>improving access to care while supporting updated NHS Wales guidance on accessible communication.</p> <p>Convo also provide a live service on-demand, which allows a BSL user to communicate with a hearing person via a live remote sign-language interpreter.</p> <p>Convo services were used on 7 occasions during 2025-2026, ensuring BSL users could access services when they needed them.</p> <p>Language Line</p> <p>We continued to use and promote Language Line across the health board in 2025-2026 to ensure clear and accessible communication for all.</p>	<p>of those with additional requirements to those digital services.</p> <p>Innovative Environments: Improving the environment of our sites with new technologies and approaches; this may enable patients to receive treatments within Powys that might otherwise have to travel outside the county.</p> <p>Fully Joined Up Care: Ensuring a standard approach to</p>	<p>Standards in Healthcare</p> <ul style="list-style-type: none"> • Disabled People's Rights Plan

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>Language Line provides on-demand telephone and video interpreting in more than 200 different languages, as well as face-to-face and BSL interpreting, offering 24/7 support. These services help us remove communication barriers and ensure service users receive safe, accurate and person-centred information whenever & wherever they need it.</p> <p>During 2025-2026 Language line was used 860 times for 30 different languages. The five most popular languages for interpretation were Polish (25.81%), Tamil (10.35%), Sorani (9.42%), Bulgarian (9.19%) and Arabic (7.56%).</p>	<p>accessibility across our services so that patients experience the same kinds of service from different areas of the health board.</p>	

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>Digital Listener</p> <p>A Digital Listener is a portable hearing amplification device that helps improve one-to-one communication for people with hearing loss, including those who do not use hearing aids. Digital Listener devices have been distributed to all the main outpatient departments in Powys Teaching Health Board, and staff have been trained in their use to support effective and inclusive communication.</p> 		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>Making our Environment Dementia Friendly - Day Hospital Bronllys Hospital</p> <p>We have continued to make improvements in line with the Dementia Friendly Hospital Charter, strengthening our commitment to creating safe, supportive and inclusive environments for people living with dementia.</p> <p>As part of this ongoing work, we have made enhancements to the Day Hospital corridor at Bronllys Hospital, improving the physical environment to help people see, hear and communicate better.</p>		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>Outdoor Space at Bronllys Hospital</p> <p>Bronllys Hospital has partnered with local horticultural charity Flora Cultura to provide gardening, outdoor activities, and skills development opportunities that support people with mental health conditions, learning disabilities, and neurological conditions. These services are also available for use by our staff.</p> <p>The site has now been awarded a Green Flag award which is an internationally recognised quality standard for parks and green spaces.</p>		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
<p>4. In accordance with the <i>Better Together Model / Workforce Futures</i>, ensure that Powys Teaching Healthboard is an employer of choice for individuals with diverse needs.</p>	<p>Primary Disability</p> <p>Age</p> <p>Race</p> <p>Sexual Orientation</p>	<p>Disability Confident Employer Level 2</p> <p>We were awarded Level 2 Disability Confident status, recognising us as a Disability Confident Employer committed to removing barriers for disabled people in recruitment, retention and career development.</p> <p>Achieving Level 2 required us to evidence practical actions across attracting, supporting and developing staff, including providing workplace adjustments, strengthening disability awareness and supporting an inclusive workplace.</p>	<p>Workforce Futures: Participation in workplace accreditation schemes may draw new applicants and improve retention of existing staff.</p> <p>Transforming in Partnership: Providing staff with the opportunity to contribute to workstreams which concern them increases investment and retention.</p>	<ul style="list-style-type: none"> • Anti-Racist Action Plan • More than Just Words • LGBTQ+ Action Plan • Disabled People's Rights Plan • Accessible Communication and Information Standards in Healthcare


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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>This achievement reflects our ongoing commitment to creating more opportunities for people with disabilities & those with long-term health conditions and to building a diverse, supportive workforce that enhances the quality of care we provide.</p> <p>Staff Networks</p> <p>We have continued to promote and support our staff networks, recognising the vital role they play in creating an inclusive, supportive and representative workplace. We encourage colleagues to join and participate in these networks as safe spaces for connection and support.</p> <p>Our current Staff Networks include:</p>		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>LGBTQIA+</p> <p>Black, Asian & Minority Ethnic Staff Group</p> <p>Neurodiversity Network</p> <p>Welsh & Learning Welsh Networks</p> <p>Menopause Safe Space</p> <p>Unpaid Working Carers Network</p> <p>All Wales BSL and Hard of Hearing Staff Network</p> <p>Mindfulness, ACT and Compassion (MAC) Approach</p> <p>The MAC Wellbeing service promoted to staff, offer group sessions, individual Time4Me appointments, and practical tools that build awareness, acceptance and</p>		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>self-kindness. The service also provides weekly community events that strengthen connection and support.</p> <p>These approaches are shown to reduce stress and low mood while boosting resilience, wellbeing, creativity and performance across the workplace.</p>		
5. Improve the health board's ability to accommodate the religious needs of its staff and patients.	<p>Primary Religion & Belief</p> <p>Race & Ethnicity</p>	<p>Sharepoint page</p> <p>We have developed a dedicated staff page offering Spiritual, Religious and Cultural Support to ensure colleagues can access guidance that</p> 	<p>Workforce Futures: Providing staff with the opportunity to contribute to workstreams which concern them increases investment and retention.</p> <p>Focus on Wellbeing:</p>	<ul style="list-style-type: none"> • Dignified Care • Individual Care • Staff & Resources • Anti-Racist Action Plan

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>reflects the diverse needs of the people we care for.</p> <p>The page brings together practical resources, including spiritual care plans and information on culturally significant practices like the safe and appropriate use of henna.</p> <p>This new space not only helps staff better understand and meet individual service users needs, but also supports inclusive and culturally sensitive care across the health board.</p> <p>Over the coming year, we plan to expand this resource further by adding additional guidance and tools.</p> <p>Multi Faith / Reflection Room</p>	Respecting the spiritual needs of our staff and patients.	

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>Claerwen Ward at Llandrindod War Memorial Hospital now have dedicated Multi Faith facilities to support the spiritual, religious, and reflective needs of staff.</p> <p>The room is suitable for:</p> <ul style="list-style-type: none"> • Silent reflection • Mindfulness or meditation • Private prayer • Emotional decompression during challenging shifts <p>Planning and consultation work is continuing to refurbish the Chapel at Bronllys Hospital with a review to providing a similar space.</p>		
6. We will develop an organisational culture that is inclusive and supportive of	Primary Race & Ethnicity	<p>Hate Crime Charter</p> <p>We signed up to the Hate Crime Charter this year, helping to ensure that everyone</p>	Workforce Futures: Ensuring PTHB is an employer of choice for staff locally and beyond.	<ul style="list-style-type: none"> • Staff Resources & • Disabled People's Rights Plan

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
<p>all our staff, and has a zero-tolerance approach to the harassment of staff by patients or others, including sexual harassment.</p>	<p>Sexual Orientation</p> <p>Gender Reassignment</p> <p>Age</p> <p>Sex</p> <p>Disability</p>	<p>is treated with dignity, offered clear information and supported.</p> <p>Working with the Wales Hate Support Centre, which provides specialist support and training across Wales we began delivering hate crime awareness training to staff this year, with further sessions planned for the next financial year.</p> <p>We also plan to continue working with the Wales Hate Support Centre and organise visits to PTHB sites to share resources, meet staff and to build confidence and awareness across our workforce.</p> <p>Pride 2025</p> <p>In July 2025, we invited staff, along with their friends and family to join us at the Brecon Pride Parade to visibly demonstrate our commitment to inclusion and support</p>		<ul style="list-style-type: none"> • Anti-Racist Action Plan

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>for our LGBTQIA+ colleagues, service users and communities.</p> <p>Being present at Pride strengthened our message that everyone is welcome and that creating an open, safe and supportive environment is central to who we are as a health board.</p> <p>Black History Month 2025</p> <p>We supported Digital Health and Care Wales' Black History Month 2025 programme, <i>Standing Firm in Power and Pride</i>, which featured a series of powerful sessions throughout October.</p> <p>These included a discussion on the cultural significance of hair and appearance, a session on taking charge of your health, an exploration of inclusive leadership, reflections on career experiences and</p>		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>resilience. Together, these events aimed to educate, empower and strengthen an inclusive culture across the whole workforce.</p> <p>Equality for Managers</p> <p>This Equality training is embedded in the PTHB Managers Training Programme. This means that all managers receive an advanced session focused on identifying workplace discrimination, providing Reasonable Adjustments for disabled staff and more.</p> <p>In 2025-2026, 20 new members of staff completed this training.</p>		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>Cognitive and Unconscious Bias Training</p> <p>This session explores how our automatic thinking patterns can influence everyday decision making and gives staff practical tools and techniques to recognise and reduce bias in real workplace situations.</p> <p>After a successful launch in 2024–2025, this training session has continued to develop in 2025–2026 with a further 45 members of staff completing the training and giving very positive feedback.</p> <p>“Brilliant session. Very interactive, kept us all engaged throughout.”</p> <p>Age Friendly Employer</p> <p>During this financial year we continued to work on our pledge as an Age Friendly</p>		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>Employer. We shared information and events on things like flexible working, age related grants and planning for retirement. We continue to improve our processes to better support an age diverse workforce.</p> <p>NHS Wales Anti Sexual Harassment Policy</p> <p>We implemented the NHS Wales Anti Sexual Harassment Policy in 2025, which applies to all employees, officers, consultants, self employed contractors, casual workers including bank staff and locums, agency workers, apprentices, volunteers and interns, ensuring a safe, respectful, and inclusive working environment for everyone</p>		

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
7. Ensure that our feedback mechanisms collect the views of staff and patients of all groups.	All PCs.	<p>Leavers Questionnaire</p> <p>Staff departing PTHB are now asked a range of questions on their experience, allowing us to collect learning and feedback. These can be analysed by Protected Characteristic.</p> <p>Reverse Mentoring Programme 2025-2026</p> <p>The PTHB Reverse Mentoring Programme continued this year offering staff the opportunity to mentor a more senior colleague, allowing for meaningful insight-sharing that helps senior leaders better understand staff experiences, workplace challenges and the impact of organisational change.</p>	<p>Transforming in Partnership: Providing our service users and staff with the opportunity to impact on the direction of the health board on a micro and macro-level.</p> <p>Digital First: Using digital technologies to capture feedback from a range of stakeholders.</p>	<ul style="list-style-type: none"> • Individual Care • Staff Resources & • Disabled People's Rights Plan • Anti-Racist Action Plan

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		<p>People's Experience Framework</p> <p>The refreshed NHS Wales People Experience Framework (April 2025) includes a self-assessment maturity matrix to help organisations assess their current position and identify opportunities for ambitious improvement in people's experience.</p>		
8. Carry out the actions identified in the local PTHB Anti-Racist Action Plan.		(See dedicated section below)	<p>Workforce Futures: Ensuring PTHB is an employer of choice for staff locally and beyond.</p> <p>Focus on Wellbeing: Addresses health inequalities within these groups.</p>	<ul style="list-style-type: none"> • Staff Resources & • Individual Care • Anti-Racist Action Plan
9. Implement our Welsh in	Welsh Language / All PCs.	Welsh in Healthcare Strategy	Digital First: Utilising digital technologies to	<ul style="list-style-type: none"> • Staff Resources &

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
Healthcare Strategy		<p>Work to deliver the strategy this year has included the following key areas:</p> <ul style="list-style-type: none"> • Rollout of a Welsh in Healthcare training aimed at all staff • Continued promotion of our Welsh for Managers training • Working closely with Dysgu Cymraeg to offer training at all levels to staff with a great uptake. • Promotion of events, opportunities and resources. • Focus on National celebrations like Dydd Miwsig Cymru, Dydd Gwyl Dewi, Wythnos Defnyddia dy Gymraeg and more. • Continued promotion of our Welsh Language Requirements Assessment tool for vacancies. <p>For full details on our activity in this area during 2025-26, see the Welsh Language Annual Report 2025-26 on the Welsh</p>	<p>provide services bilingually.</p> <p>Workforce Futures Developing the bilingual skills of our current and future workforce.</p>	<ul style="list-style-type: none"> • Individual Care • Dignified Care

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
		Language pages of our website, which also hosts the Welsh in Healthcare Strategy.		
10. Gender Pay Gap Continue to monitor the relative pay gap in PTHB and identify any issues arising.	Primary Sex Pregnancy & Maternity	See report section 4	Workforce Futures: Ensuring PTHB is an employer of choice for staff locally and beyond.	Staff & Resources
11. Ethnicity Pay Identify and mitigate or address any underlying issues contributing to unequal pay outcomes for staff from	Primary Race & Ethnicity Supplementary Religion & Belief	See report section 5.	Workforce Futures: Ensuring PTHB is an employer of choice for staff locally and beyond.	Staff Resources &

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Objective	Protected Characteristic(s) & other groups impacted.	Work carried out during 2025-26	Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives	Health & Care Standards & Additional Policy Strands
different ethnic backgrounds.				

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Anti Racist Wales Action Plan

As part of the Anti-Racist Wales Action Plan, Powys Teaching Health Board maintains a local plan to capture and monitor how it will work locally towards the aim of an Anti-Racist Wales.

National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Directorate(s)	Date	BRAG
Leadership: The NHS in Wales will be anti-racist and will not accept any form of discrimination or inequality for employees or service users.				
Providing assurance that the appointed executive equality champions are working with Black, Asian and Minority Ethnic staff networks to co-develop the organisation's annual anti-racism plans to correct inequities identified by workforce and patient data sources e.g. the Workforce Race Equality Standard	In social partnership, work to engage staff and staff side representatives in the development of the Health Board Anti-racism action plan <ul style="list-style-type: none"> - Minority ethnic staff networks on the development of the Health Board Anti-Racism action plan - Share through the Workforce Policy Review group (which includes staff side representatives in the development of the plan) 	People & Culture Directorate: Equality Team	Q3 2024/25	Complete
	Ensure a review of the WRES recommendations is undertaken as part of the development of the actions within the Health Board anti-racism plan	People & Culture Directorate: Equality Team	Q2-Q3 2024/25	Complete

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Directorate(s)	Date	BRAG
	Promote awareness/membership of the PTHB Minoritised Ethnic staff network (and other staff networks) <ul style="list-style-type: none"> - Launch a promotional campaign with posters - Build into the induction programme 	People & Culture Directorate: Equality Team	Q3-Q4 2024/25	Complete (ongoing)
	Explore opportunities to work with partner organizations to extend networks building on the work already undertaken in relation to the Neurodivergent Staff network	People & Culture Directorate: Equality Team	Q3-Q4 2024/25	Complete
Use existing legislative frameworks to require NHS organisations to develop anti-racism action plans, for both employment and service delivery as a specific part of their wider approach to equality, inclusion and diversity. Progress with plan implementation will be reported through the SEP and monitored through the IQPD and policy assurance mechanisms	In line with the Health Board strategic equality plan, a review of the local anti-racism action plan will be undertaken to ensure local progress and action is captured and monitored.	People & Culture Directorate: Equality Team	Q3-Q4 2024/25	Complete

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Directorate(s)	Date	BRAG
	Plan will be monitored and reported on to both the board and Welsh government as part of the Equality Annual Reports, as per Welsh Government guidance.	People & Culture Directorate: Equality Team	Q4 2024/25	Complete
	Plan will also be integrated into the IMTP process. [Complete for 2023-2026 IMTP]	Planning & Performance: Performance People & Culture Directorate	Ongoing	Complete
	Ethnicity Pay Gap Reporting to be included in 2022-23 Annual Report and onwards.	People & Culture Directorate: Equality Team	Ongoing	Complete
All NHS Board members will demonstrate anti-racist leadership through their diversity and inclusion objective, to enable meaningful impact of their organisational anti-racism plan.	Support the delivery of the Board development programme during commissioned by Public Bodies Unit, Welsh Government.	Corporate	Awaiting commissioning by Welsh Government	On Track
	Board members to undertake Equality training session.	Corporate / People & Culture Directorate: Equality Team	Q4 2024/25 – Q1 2025/26	Off Track

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
	All board members will be sighted on the actions within the anti-racism action plan - Promote and share the plan across the organisation	Corporate Team / People & Culture Directorate: Equality Team	Q3 2024/25 – Q2 2025/26	On Track
	Sign up to the Hate Crime Charter to reinforce and publicise our organisational commitment to a zero tolerance approach.	People & Culture Directorate: Equality Team	Q4 2024/25	Complete
	New Action 2025: As part of the Hate Crime Charter, PTHB staff to undertake Hate Crime charter training and begin roll-out. <i>2026: We have held 2 sessions on Hate Crime and Online Hate; with 2 further sessions booked for Understanding Hate Crime and Antisocial Behaviour Hate Crime</i>	People & Culture Directorate: Equality Team	By Q4 2025-26	On Track
	New Action 2025: Promote awareness of the Hate Crime charter via posters & communications campaign.	People & Culture Directorate: Equality Team	By Q4 2025-26	On Track

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
	Establish Reverse Mentoring scheme and directly target this at staff networks including Black, Asian and Ethnic Minority Staff network.	People & Culture Directorate: Equality & OD Teams	Q3 2024/25	Complete
	We will build on opportunities to ensure that minority ethnic staff have direct access to our board that enables them to share their personal stories and supports organisational learning from their experiences <ul style="list-style-type: none"> - Invite Black, Asian & Minority Ethnic staff to produce staff stories and present at least one to Board during 2024-25. 	Corporate Team/ People & Culture Directorate: Equality Team Minority Ethnic Network	Ongoing	Complete for 2024-25.

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
Local / WRES Actions:	Review internal governance framework through anti-racism, perspective to ensure integration with other decision-making forums.	Corporate Team/ People & Culture Directorate: Equality Team	2025/26	Off Track – delayed to 2026
	Review internal incident reporting policies to ensure that incidents of racism are effectively captured, monitored and easily reported (<i>with respect to staff and workforce</i>).	People & Culture Directorate: Equality Team / Nursing Directorate	2025/26	Complete
	New action 2026: Review internal incident reporting policies to ensure that incidents of racism are effectively captured, monitored and easily reported – with respect to Patient treatment.	People & Culture Directorate: Equality Team / Nursing Directorate	2026/27	Not commenced

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
Workforce: Staff will work in safe, inclusive environments, built on good anti-racist leadership and allyship, supported to reach their full potential, and ethnic minority staff and allies; both be empowered to identify and address racist practice.				
<p>NHS Wales Boards, Trusts and Special Authorities and the Welsh Partnership Forum implement the recommendations from the independent NHS Wales Workforce Policy Audit (Diverse Cymru, 2023), working with Black, Asian and Minority Ethnic staff groups to support their effective application.</p>	<p>PTHB will incorporate the recommendations of the Diverse Cymru audit into local Workforce Policies, training programs (EIA Training) and elsewhere as required. This will include:</p> <ul style="list-style-type: none"> - Establish a rolling programme of audit of existing policies against the diverse Cymru recommendations - Introduction of a policy checklist for newly developed and reviewed policies to ensure recommendations are actively considered as part of policy development and review 	<p>People & Culture Directorate: Equality and Business Partnering Teams</p> <p>Workforce Policy Review Group</p>	Q2-3 2024/25	Complete

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
<p>Higher Education Institutions (HEIs) and NHS Organisations will co-design anti-racist education programmes with Black, Asian and Minority Ethnic people. Set a requirement for all NHS Staff, NHS Volunteers and students to complete redesigned anti-racist education programmes</p>	<p>The health board will mandate the nationally developed training this will include:</p> <ul style="list-style-type: none"> - Ensuring this is mandated and reflected in ESR and reporting mechanisms - Publication and communication of the requirement throughout the organisation - Ongoing monitoring of completion of the training 	<p>People & Culture Directorate</p>	<p>Q3-4 2024/25</p> <p>Ongoing monitoring of compliance</p>	<p>Complete</p> <p>86% as of October 2025.</p>

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
<p>Each NHS organisation will commit to their ongoing involvement in the Aspiring Board Members Programme, ensuring education, mentoring and support to participants who will be from a Black, Asian and Minority Ethnic background. Academi Wales, to work in partnership with NHS Wales and other appropriate organisations to develop and run an Aspiring Board Members Programme.</p>	<p>PTHB will commit to the Aspiring Board Members program, and provide any participants assigned to PTHB as part of the program with the full range of existing corporate development opportunities.</p>	<p>Corporate</p>	<p>Awaiting details of program from WG/HEIW.</p>	<p>Complete</p>
<p>Local / WRES Actions:</p> <ul style="list-style-type: none"> - absence of ethnic minority board membership - progression of ethnic minority staff to senior grades - likelihood of ethnic minority staff being appointed after shortlisting 	<p>We will undertake a review of our progression and training policies to ensure they are anti-racist and inclusive. This will include:</p> <ul style="list-style-type: none"> - Exploring in detail staff progression, including length of time in role. 	<p>People & Culture Directorate: Equality, OD & Business Partnering Teams</p>	<p>Q3 2024/25 - Q2 2025/26</p>	<p>Completed</p>

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
	<p>New Action 2025: PTHB should undertake a targeted study of its BME staff's views on their career using qualitative, in-depth interviews to best understand the experience and aspirations of our BME staff, and the challenges they face.</p>	PTHB Equality Team	Begin planning Q4 2025-26 During 2026-27	On track
	<p>New Action 2025: PTHB should take steps to record data in those areas where it currently has none (e.g. flexible working requests and their outcomes) and to improve existing data (e.g. reduce unknowns).</p> <p>Now being recorded.</p>	PTHB Workforce Team	Q4 2025-26	Complete
	<p>New Action 2025: Promote our internal training on cognitive and unconscious bias. <i>70 attendees on 7 sessions as of May 2026</i></p>	PTHB Equality Team	Q3-4 2025-26	On track
	Recruit to the international nurses' Pastoral Care Officer role, to ensure effective induction, support and onboarding of international nurses.	Community Services Directorate	Q2-3 2024/25	Complete

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
Leadership: The NHS in Wales will be anti-racist and will not accept any form of discrimination or inequality for employees or service users.				
<p>Local / WRES Actions:</p> <ul style="list-style-type: none"> - absence of ethnic minority board membership - progression of ethnic minority staff to senior grades - likelihood of ethnic minority staff being appointed after shortlisting 	<p>In light of the WRES recommendations relating to shortlisting data, the health board will undertake a review all aspects of recruitment policy and process to ensure they are anti-racist and inclusive. This will include;</p> <ul style="list-style-type: none"> - Exploring in detail, shortlisting and recruitment data to develop an organisational understanding of the underlying causes - Based on the outcome of this review, we will explore opportunities to undertake positive action to support our recruitment approach - Explore how our outreach approach can be maximised to reach a diverse field of applicants, including for executive appointments to board. 	People & Culture Directorate	Q3 2024/25 - Q2 2025/26	Complete

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
	Provide an ongoing program of events providing staff at all levels with opportunities to hear about the lived experience of individuals from Black, Asian and Minority Ethnic background to include for example, Equality Week, Refugee Week, Black History Month	People & Culture Directorate: Equality Team	Ongoing	On Track
Data & Evidence: Data in relation to race, ethnicity and intersectional disadvantage will be routinely collated, shared and used transparently, to level inequalities in health and access to health services, and provide assurance that the NHS Wales is an anti-racist and safe environment for staff and patients				
<p>NHS Boards, Trusts, and Special Authorities will continue to:</p> <ul style="list-style-type: none"> - improve workforce data quality; - facilitate and support data collection against the Workforce Race Equality Standard (WRES) indicators; - scrutinise WRES data to implement targeted anti-racist workforce actions captured within organisational anti-racist action plans, in 	<p>Request all staff to update their demographic information on ESR, aiming to achieve 90% completion (up from 86.6% in March 2023) by year end.</p> <ul style="list-style-type: none"> - Achieved target with 90.2% by end of 2023-24 financial year. - Maintain completion above 90% in future. - 92.7% 2024-25 - 93.5% 2025-26 	<p>People & Culture Directorate: Equality Team</p> <p>Communications Team</p>	<p>Completed 2024 target.</p> <p>Maintain (ongoing)</p>	On Track

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
response to evidence base through targeted structural change				
Implement systemic monitoring of concerns of workforce discrimination and bullying raised by staff through the Joint Executive Team process	A quarterly review of employee relations activity will take place and any disproportionate effect relating to minority ethnic staff will be escalated to the Director of People & Culture and built into the Joint Executive Team process	People & Culture Directorate	2025/26	On Track
Local / WRES Actions: - poor levels of declaration of ethnicity, especially by senior staff	Directly contact senior managers (Bands 8C+) and board members who have not completed this data requesting that they do so.	Corporate / People & Culture Directorate: Equality Team	Q3 2024-25	Complete
	Explore opportunities to implement recording of requests for flexible working/retirement via ESR to enable analysis of ethnicity. Operational HR team to ensure data is being captured on ethnicity with regards to flexible working/retirement requests.	People & Culture Directorate: Business Partner Team / Workforce information	Q1-2 2025/26	On Track

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
Equitable Access: We will identify and break down barriers which prevent equitable access to healthcare services for Black, Asian and Minority Ethnic people.				
Support and oversee the implementation phase of the Maternity and Neonatal Safety Support Programme (2024-2027), with the aim of delivering local and national actions to support improvements in the experiences and outcomes of women, babies and their families from Black, Asian and Minority Ethnic communities	Ensure we improve our maternity ethnicity data to have an accurate picture of our maternity population.	Women & Childrens Directorate	Ongoing	On Track
	A review of our Powys general ONS data to have an increased understanding of ethnicity, language and religion within our community.	Women & Childrens Directorate	Ongoing	On Track
	Review of our social media, information and leaflets to ensure inclusivity.	Women & Childrens Directorate	Ongoing	On Track
	Language line app has been installed on staff's phones and laptops to ensure we provide visual interpretation services.	Women & Childrens Directorate	Ongoing	On Track
	Communication - Quarterly EDI Maternity Newsletter released with 'hot topic' areas to share good practice and EDI updates.	Women & Childrens Directorate	Ongoing	On Track

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	Education - Diverse Cymru are providing us with 2 face to face sessions on EDI this year to increase staff awareness.	Women & Childrens Directorate	Ongoing	On Track
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BRAG KEY	Complete	Delayed (Major Issues)	Delayed (Minor Issues)	On Track
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Appendix 2: Summary of Workforce Demographics

Note: All the information in this section reflects the situation as of 31st March 2026.

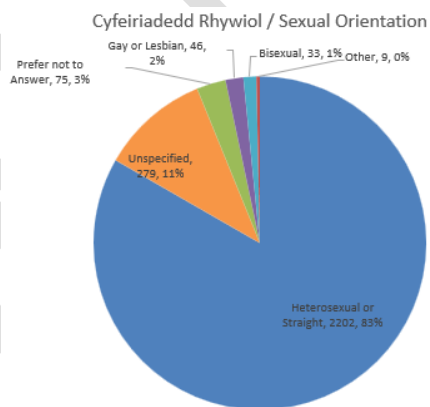
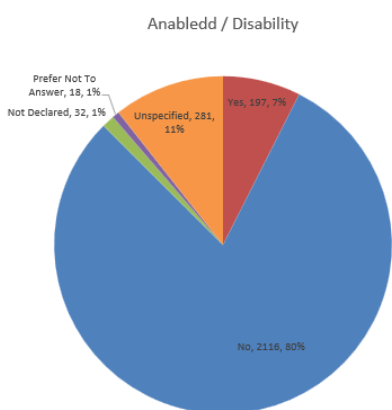
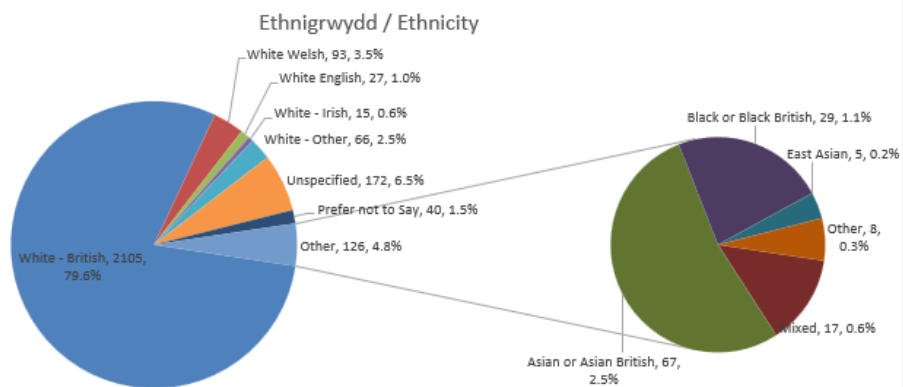
Powys Teaching Health Board employs 2,644 substantive individual members of staff, a slight increase from 2,605 in 2024, continuing a trend of gradual increase of over previous years. In this section, these staff are broken down by Relevant Protected Characteristics (see above for Sex/Gender).

Some small groups may be merged or hidden in the following graphs to preserve anonymity.

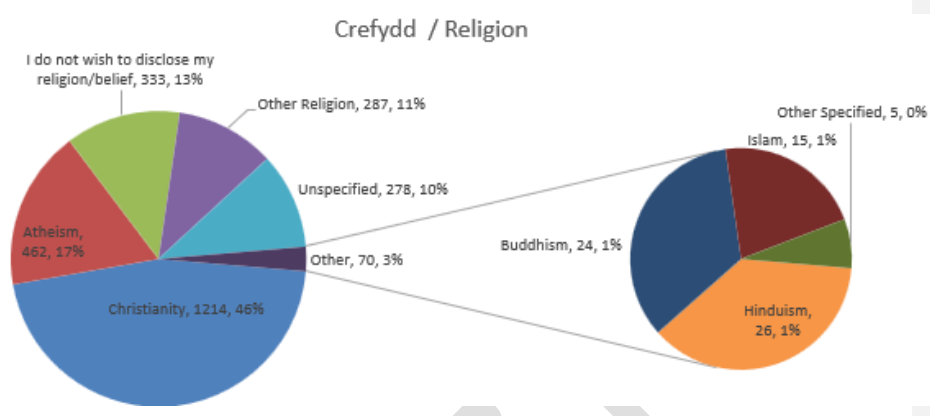
Oedran / Age



Whilst the proportion of staff in the very oldest categories has increased for the second year, the number of staff in some of the younger groups has increased, and the average age of a PTHB employee has fallen for the second year running.



NB: In the above graphs, *Unspecified* means no information is held on that individual (they did not fill this element of the form); *Not declared* and *Prefer not to answer* are separate form options for disability.



In the above graph, *Unspecified* means that no information is held on that individual (they did not fill in that part of the form). *Other Religion* means that they chose to describe their religion as 'Other'. *Other (Specified)* means the individual chose a specific named religion from among the options, but too few individuals chose these religions, and to preserve anonymity these groups have been merged. The other specific options on the form are Jainism, Judaism and Sikhism.

Compared to last year, there has been a further decrease in the number and percentage of "unspecified" returns in all categories:

Category	2023-24		2024-25		2025-26	
Ethnic Origin	199	7.9%	185	7.1%	172	6.5%
Disability	413	16%	332	12.7%	281	10.6%
Sexual Orientation	362	14.5%	313	12.0%	279	10.6%
Religious Belief	366	14.5%	314	12.1%	278	10.5%

This is a continuing trend and likely due to continuing efforts to increase data completion rates undertaken as part of the Anti-Racist action plan. Although these efforts were targeted those whose ethnicity was unspecified, it is likely at least these individuals would have had other data missing also and would then have filled all missing data fields. The fact the rate is lowest for ethnicity may suggest some participants updated only this field, though may also suggest that people feel happier disclosing their ethnicity rather than the "hidden" attributes of disability, sexual orientation and religious belief.

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There has been a noticeable increase in the number declaring their ethnicity to be other than white, from 96 in 2024-25 to 126 in 2025-26. This is likely to be partially a result of overseas recruitment but also an ongoing demographic trend.

Note on Data:

Powys Teaching Health Board uses the ESR system to collect and store this data, which does not hold data on Gender Reassignment or Pregnancy and Maternity. The data itself is also very likely influenced by the structure and limitations of the ESR system. For example, the ability to specify one's Ethnicity as 'White Welsh', 'White English' and 'White Scottish' is a comparatively recent addition; staff who have been in the organisation for a long time may not have been prompted with these options. This likely explains the significantly higher proportion identifying as 'White British' compared to the figures in other sources e.g., Census information. It is also possible that the order in which these options are presented may be a factor.

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WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.7

PEOPLE AND CULTURE COMMITTEE **11 JUNE 2026**

Subject:	Annual Welsh Language Standards Monitoring Report 2025/26
Approved and presented by:	Debra Wood-Lawson, Executive Director of People, Culture & Transformation
Prepared by:	Service Lead for Welsh Language and Equality Head of People: Business Partnering and EDI
Other Committees and meetings considered at:	Executive Committee 27 May 2026 – who endorsed the reporting to the Committee.

PURPOSE:
The purpose of this paper is to seek Committee approval of the Annual Welsh Language Standards Monitoring Report 2025–26 prior to public publication.

RECOMMENDATION(S):
The Committee is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y/N	The Equality Annual Report demonstrates broad alignment with the Health Board's wellbeing objectives, particularly in relation to reducing inequalities, improving access and strengthening workforce inclusion
2. Provide Early Help and Support	Y/N	
3. Tackle the Big Four	Y/N	
4. Enable Joined up Care	Y/N	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y/N	
7. Put Digital First	Y/N	
8. Transforming in Partnership	Y/N	

EXECUTIVE SUMMARY:

In line with the requirements of the Welsh Language Standards, all health boards must produce an annual report demonstrating how the organisation has complied with applicable standards during the reporting year. This report also aligns with the Welsh Government's *More Than Just Words* framework and the Health Board's Strategy for Welsh in Healthcare 2024–2029, supporting the delivery of bilingual services and the principle of the Active Offer.

This report outlines the steps taken by Powys Teaching Health Board (PTHB) to implement the Welsh Language Standards and summarises progress made during 2025–26 across a number of key areas:

- A major milestone has been the upgrade of telephony infrastructure, enabling callers to receive a Welsh language greeting and select their preferred language when contacting the organisation. Further infrastructure development is required to enable the effective routing of these calls. This work is underway via IT services with completion expected in the coming months.
- There has been continued growth in Welsh language learning. For the third consecutive year, participation in Welsh language training has reached a record level, reflecting increasing confidence and cultural change across the workforce. Alongside this, the ongoing delivery of Welsh in Healthcare for Managers training continues to embed understanding of the Standards and the Active Offer within leadership practice.
- Further improvements have been made to translation provision. A total of 637,259 words were translated during 2025–26, representing a **6.7% increase** on the previous year. The introduction of AI enhanced translation tools, alongside collaboration across NHS Wales, has increased capacity, improved turnaround times, and enabled the translation of a wider range of materials beyond the requirements of the Standards.
- Internal communications and engagement activity have continued, including the development of a dedicated intranet area for Welsh language learning, improving access to training and resources for staff.

Overall, the Health Board continues to support compliance with the Standards. Systems and processes are in place to ensure that the majority of standards are met in most circumstances, and PTHB performs particularly well in centrally managed areas such as communications, digital platforms and recruitment processes.

The report also identifies areas requiring continued focus. These include improving completion rates for Welsh language awareness training, which have decreased to **82.2% (a reduction of 12.5% from the previous year)**, largely reflecting renewal timeframes. In addition, the uptake of the Welsh language vacancy assessment process remains low at **7.1% of roles assessed (47 out**

of 661 vacancies) and requires further improvement to ensure roles are consistently assessed for their linguistic requirements.

While the number of staff with higher-level Welsh language skills continues to increase, the overall proportion of staff reporting Welsh language ability has remained relatively stable, reflecting growth in the workforce and changing workforce composition.

NEXT STEPS:

Subject to approval, the report will be:

- Provide ongoing oversight and assurance in relation to the delivery of the Strategic Equality Plan, workforce equality measures and identified areas for continued improvement.
- Finalised and prepared for public publication in line with statutory requirements.



Welsh Language Standards Annual Monitoring Report 2025-2026

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Foreword

I am pleased to present Powys Teaching Health Board's Welsh Language Standards Annual Report for 2025–26, which highlights a further year of steady progress in embedding the Welsh language across our organisation and services.



This year has seen particularly significant advances in our infrastructure and capacity to provide services in Welsh. The upgrade of our telephony systems marks a major step forward, enabling callers to be greeted in Welsh and to select their preferred language when contacting the Health Board.

This forms an important part of our response to recommendations from the Welsh Language Commissioner and demonstrates our commitment to ensuring that Welsh speakers can engage with our services confidently and routinely.

We have also continued to build momentum in staff engagement with Welsh language learning. For the third consecutive year, participation in Welsh language training has reached a record level, reflecting a sustained cultural shift and growing confidence across our workforce.

This progress, alongside improvements in translation capacity and the availability of Welsh across our digital platforms, strengthens our ability to deliver person-centred care that respects language choice.

I would like to thank colleagues across the organisation for their continued commitment to promoting and using Welsh in the workplace. Together, we are creating an environment where the Welsh language is a natural and valued part of everyday service delivery, and I look forward to building on this progress in the year ahead.

Hayley Thomas

Chief Executive Officer

Message from the Executive Director of People, Culture & Transformation:

We are pleased to present the Welsh Language Standards Annual Report for 2025–26, which outlines how Powys Teaching Health Board continues to strengthen compliance with the Standards while supporting the wider ambitions of *More Than Just Words* and our Strategy for Welsh in Healthcare.



A key theme this year has been increasing both the visibility and everyday use of Welsh across the organisation. Internal communications campaigns, face-to-face engagement, and the expansion of Welsh content on our intranet have all helped reinforce the message that Welsh is a living, working language

within PTHB, rather than simply a compliance requirement. Alongside this, the launch of a dedicated intranet area for Welsh learning opportunities has made it easier for staff to access training and support.

We have also made significant progress in our translation provision. The introduction of AI-enhanced translation tools, alongside collaboration across NHS Wales, has increased capacity, improved resilience, and enabled the translation of a broader range of materials beyond those required by the Standards. This has supported greater consistency and improved access to Welsh language content across internal policies, staff communications and digital platforms.

Whilst we celebrate these achievements, the report also highlights areas where continued focus is required, including improving completion rates for Welsh language awareness training and increasing the consistent use of the Welsh language vacancy assessment process. These priorities will remain central to our work in 2026–27.

Overall, this report reflects a maturing approach to Welsh language planning at PTHB, combining compliance, workforce development and cultural change. I would like to thank colleagues across the organisation who have contributed to this progress and who continue to champion the Welsh language in their teams and services.

Debra Wood-Lawson

Executive Director for People, Culture & Transformation
Executive Lead for Welsh Language and Equality

Lewis, Raychelle
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Executive Summary

This report outlines the steps taken by Powys Teaching Health Board (PTHB) to implement the Welsh Language Standards. It provides details of the progress made during 2025–2026, including developments across a number of key areas.

- A major milestone has been the upgrade of telephony infrastructure, enabling callers to receive a Welsh language greeting and select their preferred language when contacting the organisation.
- There has been continued growth in Welsh language learning. For the third consecutive year participation in Welsh language training has reached a record level, reflecting increasing confidence and cultural change across the workforce.
- Alongside this, the ongoing delivery of Welsh in Healthcare for Managers training continues to embed understanding of the Standards and the Active Offer within leadership practice.
- Further improvements have been made to translation provision. The introduction of AI-enhanced translation tools and collaboration across NHS Wales has increased capacity, improved turnaround times, and enabled the translation of a wider range of material, including internal communications and intranet content beyond the requirements of the Standards.
- Internal communications and engagement activity have continued. The development of a dedicated intranet area for Welsh learning has further improved access to training and resources for staff.

Overall, the Health Board continues to work to ensure compliance with the Standards. Systems are in place to ensure the majority of standards are met in most circumstances, and PTHB performs particularly well in centrally managed areas such as communications, digital platforms, and recruitment processes.

The report also identifies areas requiring continued focus. These include improving completion rates for Welsh language awareness training, following a decline linked to renewal cycles, and increasing the uptake of the Welsh language vacancy assessment process to ensure roles are consistently assessed for their linguistic requirements.

Further detail on these developments, alongside a comprehensive account of compliance against each of the Standards, is provided in Part 2 of this report.

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Background

PTHB along with other Health Boards and Trusts in Wales must comply with a set of Standards as outlined in [The Welsh Language Standards \(No. 7\) Regulations 2018](#).

Although it is the Welsh Ministers who specify the standards, it is for the Commissioner to determine which standards apply to a specific body. In November 2018, the Commissioner issued a compliance notice to PTHB which outlined the standards with which it must comply and the date by when it must be compliant. A copy of PTHB's compliance notice can be found [here](#).

Included in these Standards is the requirement for PTHB to monitor the implementation of the Standards and produce an Annual Report (this document) which provides details of how the health board has complied with the Standards.

All staff must take responsibility for implementing the Standards across PTHB. Service Leads will monitor compliance within their own service areas and will report progress to the Service Improvement Manager for Welsh Language who will provide advice and support around the implementation of the Standards accordingly. At the end of each financial year, the Service Improvement Manager for Welsh Language will draft an annual report which will be presented to the Executive Lead for Welsh Language and approved by the Executive Committee and the Board before being published on the health board's website.

The *More than Just Words* framework for the Welsh Language in Health and Social Care sits alongside the Standards and outlines how the health and social care sectors in Wales will improve their ability to provide their services in Welsh, organised around the principle of the Active Offer – the idea that it is service providers' responsibility to offer service users the opportunity to use Welsh without being asked.

Part 1: 2025-26 in Review

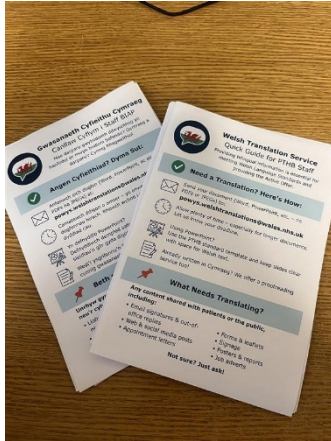
Overview

2025-26 was the second year since the introduction of our new Strategy for Welsh in Healthcare and whilst we have continued to direct efforts at increasing the level of Welsh language skills within our workforce, we have also worked to increase awareness and develop our internal use of Welsh.

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Internal Communications

The Health Board continues to run internal communications campaigns to promote understanding of the Standards and the More than Just Words framework as well as promoting opportunities for training around Welsh, like the specialist sessions put on for the Neurodiversity workforce, Neurodiversity and encouraging staff to take part in events like Dydd Miwsig Cymru the Welsh Language Commissioner's the #DefnyddiaDyGymraeg campaign to promote the use of Welsh internally.



Gweithio yn y maes Niwrowahaniaeth yng Nghymru?
Eisiau dysgu ychydig o Gymraeg i'w defnyddio yn y gwaith?
Dewch i Seshwn Blasu ar-lein i ddygu termau a geiriau defnyddiol.
Mae dewis o bump sesiwn. Sgwirch y cod QR am fwy o wybodaeth ac i gofrestru eich diddordeb.

Do you work in the field of Neurodiversity in Wales?
Would you like to learn a little Welsh to use in your work?
Come to an online Taster Session to learn some useful words and terms.
There's a choice of five sessions. Scan the QR code for more information and to register your interest.




Members of the Welsh team have also been present at face-to-face sessions across the health board to promote the work of the team.

Promotion of Welsh Learning Opportunities

We have worked hard during this year to encourage our staff to undertake language awareness and compliance training and Welsh learning opportunities, and have again broken our previous records on the number of staff participating in various learning opportunities. The following numbers undertook training this year (with increase on the previous year, itself a record year, noted):

- 8 individuals from the health board took part in the *Codi Hyder* Confidence Raising scheme.
- 36 individuals took part in the *Cwrs Croeso* introductory learning scheme with Dysgu Cymraeg.
- 14 attended the new "Cwrs Blasu" course for Welsh beginners.
- 6 completed online self-directed courses with Dysgu Cymraeg.
- 1 attended a 2 day summer course organised by Aberystwyth University.
- 3 other individuals took part in Dysgu Cymraeg schemes with the health board's support.

This total of 68 attending Welsh language training is, for the third consecutive year, a record for the Health Board, representing a sustained increase in the number of our staff undertaking Welsh training. In addition to the above:

- 26 attended Welsh language for managers or Welsh language in healthcare training (see below).

As part of these efforts, a new area of the PTHB intranet has been developed to summarise and promote learning opportunities.

Lewis Raychelle
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Learning Welsh

Equalities & Welsh Language Officer



You can view this page in Welsh by changing the language to 'Welsh' in the language menu in the top-right corner.
Gallwch weld y dudalen hon yn Gymraeg drwy newid yr iaith i 'Welsh' yn y ddewislen iaith yng nghornel dde uchaf y dudalen.

Want to learn or improve your Welsh?

It's never too late to learn Welsh or improve the Welsh you already have. Speaking Welsh is a skill that you can use at work, at home and in your community. Being able to speak to our patients in Welsh, when that is their preferred choice, will help them feel at ease and more comfortable about their treatment and care.

Welsh in Healthcare for Managers Training

This training module was introduced during 2023-24 as a part of the Powys Teaching Health Board Managers' Training Program and continues to be a cornerstone of our compliance efforts, as well as a target in our Strategy for Welsh in Healthcare. A total of 26 staff with leadership responsibility attended four sessions over the course of 2025-26, with a further 39 booked to attend courses in the first weeks of 2026-27.

Model good behavior

- Use whatever Welsh skills you have
- Begin / end meetings with Welsh greetings
- Be proactive in allowing staff to use their Welsh
- Promote internal processes in Welsh
- Do you know who the Welsh speakers are on your team?
- Consider setting personal and team objectives around Welsh and the Active Offer.



Do you have any good internal processes you'd like to share?

The course covers such subjects as:

- The moral and cultural reasons why providing services in Welsh is a necessary part of good clinical practice, touching on subjects such as Cultural Anxiety, as well as outlining the legislative and strategic requirements.
- How to appropriately consider the Welsh language in recruitment.
- How to access translation and interpretation services and why you need them.

Recruitment: Applications & Interviews

Examples of interview questions to ask:

- How would you respond if you received a telephone call from someone speaking in Welsh?
- How do you think our department can support compliance with the Welsh language Standards / patients who wish to use Welsh?



Do any of you have any questions regarding recruitment?

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The Welsh in Healthcare for managers training module is a cornerstone of our strategy for compliance with the Standards and *More than Just Words*, helping to ensure the standards become 'business as usual' across the health board.

Telephony Infrastructure Upgrades

During 2025-26 PTHB's telephone infrastructure has been upgraded to enable incoming callers to be directed to different locations according to their language preferences. This allows, for example, incoming Welsh calls from any part of the health board to be directed to locations with Welsh speaking staff, enabling the existing staff body to deal with incoming calls in the language of callers' choice. These developments were part of the wider response to the notification of an investigation by the Commissioner (Ref: CS1124) on 28th March 2023. Further system upgrades are required to enable the effective routing of Welsh language calls. Engagement with external suppliers has been ongoing to support this work, with implementation of these upgrades anticipated in the early part of 2026-27.

Welsh Language Awareness Training

The Welsh Language Awareness ESR module has been a mandatory online training session for all staff; as of the end of 2025-26 it had been completed by **82.2%** of staff, a decrease of 12.5% from the previous year. This significant drop had not been expected, but is likely a temporary consequence of natural churn in the renewal process rather than anything else (staff must renew the training every three years, and the training was introduced about three years ago). The completion figure was 96% as recently as September 2025, indicating that the decrease is associated with renewal timing rather than a sustained decline in engagement.

Welsh Translation Service

A total of 637,259 words were translated internally during 2025-26, an increase of 6.7% on 2024-25. Maintaining an internal translation service has realised considerable benefits in terms of turnaround times and consistency; further increases in productivity began to be realised towards the end of 2025-26 due to the introduction of a new AI-enhanced system and cooperative arrangement (see below).

Translation Upgrade & NHS Wales Collaboration

Since 2021 PTHB has made use of Translation Memory software (Memsource/Phrase) to increase the capacity of the translation unit. In November 2025 we joined a multi-organisational collaboration in NHS Wales to share a live Translation Memory across multiple organisations. As a part of this partnership (with organisations including NWSSP, Public Health Wales and others), this has

also led to a substantial upgrade to the system in use within PTHB, which now has AI-driven machine translation integrated into the system. Text processed by the translation unit is now typically pre-translated by AI and the Translation Memory and then verified / quality-checked by a professional human translator.

This has led to a substantial increase in capacity and now the health board has begun to translate material not previously available in Welsh, some of which is not mandated by the standards; including parts of the Intranet and internal communications. More information is covered in the relevant sections of Part 2.

As part of the new collaboration, NHS colleagues in other teams will cover PTHB translation requirements on occasions when PTHB translators are unavailable. The expectation is that in the future the Health Board will no longer routinely make use of freelance Welsh translators outside the NHS.

Strategy for Welsh in Healthcare

Published in 2023-24, our Strategy for Welsh in Healthcare 2024-2029 incorporates the requirement to develop a Five-Year Plan to increase our ability to provide Clinical Consultations in Welsh in accordance with Welsh Language Standard 110 as well as the Workforce Strategy required by *More than Just Words*, and provide overall direction and targets for the development of our bilingual workforce. The document is available on the PTHB website and sets out how we plan to develop our Welsh language capacity as an organisation over the five year period.



Strategy for Welsh in Healthcare 2024-2029

Incorporating:

- 1) A five-year plan to increase the health board's ability to carry out a clinical consultation in Welsh (Welsh Language Standard 110);
- 2) a targeted Welsh language training and workforce strategy under the *More than Just Words* Framework.

Mae'r ddogfen hon ar gael yn y Gymraeg.

Welsh Language Skill Levels at PTHB

As of 31st March 2026, the 2,644 staff at PTHB staff indicated that their ability to speak Welsh was as follows:

Welsh Language Skills by Year (Proportion and Numbers)

Year	Unknown	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5	TOTAL
2022-23	317	1,140	654	161	79	69	115	2,535
2023-24	306	1,148	625	178	91	77	97	2,522
2024-25	269	1,265	624	171	91	78	108	2,605
2025-26	203	1,343	654	163	87	79	115	2,644

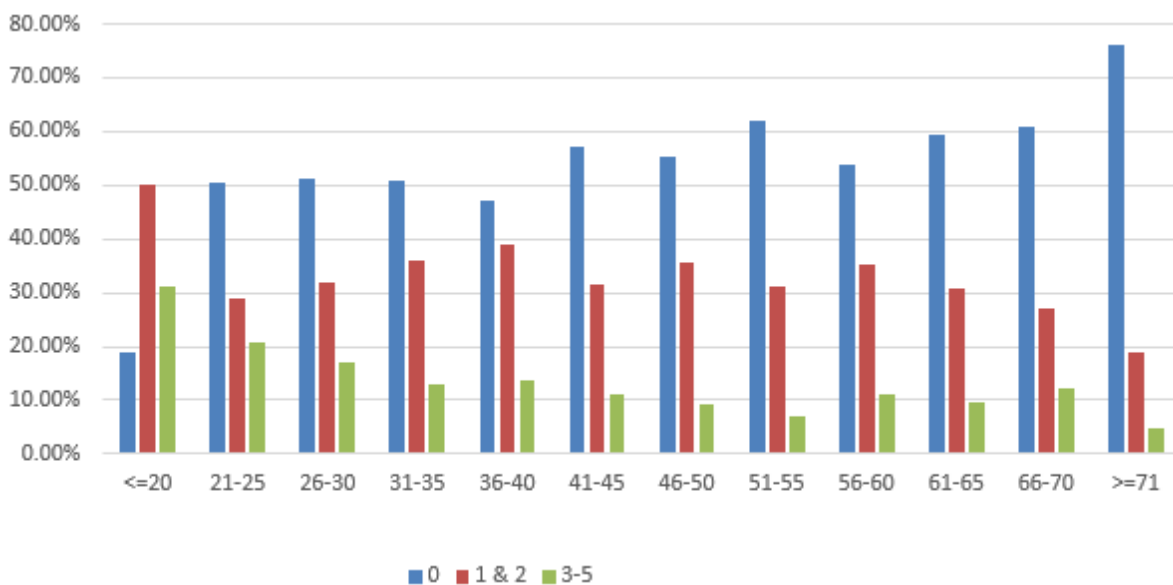
Lleoliad: Porthcawl
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The number of staff in each group has remained broadly similar to previous years. Whilst the absolute number of staff with advanced Welsh skills (levels 3+) has increased to its highest yet recorded for the second year running; this is offset by growth in the staff body overall, meaning the percentage with any level of Welsh language skills has slightly reduced.

Year	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5
2022-23	51.4	29.5	7.3	3.6	3.1	5.2
2023-24	51.8	28.2	8.0	4.1	3.5	4.4
2024-25	54.1	26.7	7.3	3.9	3.3	4.6
2025-26	55.0	26.8	6.7	3.6	3.2	4.7

Separate analysis of the workforce dataset (see Equality Annual Report 2025–26) indicates an increase in the diversity of the workforce, including growth in the number of staff recruited internationally. This shift in workforce composition may be contributing to the overall proportion of staff with Welsh language skills remaining relatively stable, despite record levels of participation in training and an increase in overall staff numbers

Welsh Language Skills by Age (Unknowns Removed)



Showing the distribution of skill levels by age continues to show that younger staff are likely to show a higher level of ability in Welsh than their older colleagues,

particularly at the advanced 3-5 levels with staff aged 20 or younger eight times more likely to show these advanced skills than their oldest colleagues aged 71+.

This data has been broken down by geographical base (for the 9 main PTHB hospital sites) in Appendix 1 (note that not all PTHB staff are shown in as some are based in other locations). The distribution of Welsh skills amongst PTHB staff is uneven, with two sites (Ystradgynlais and in particular Bro Dyfi (Machynlleth) hospitals) showing significantly higher levels of staff skills than other sites. This is in line the 2021 census which showed that the proportion locally varies from as low as 7% in Knighton and Presteigne to as high as 33% in Ystradgynlais and 48% in Machynlleth.

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Part 2: Compliance with the Welsh Language Standards

In addition to the examples provided above, the following provide details of steps PTHB has taken to ensure or improve compliance with the Welsh Language Standards during 2025-26:

Service Delivery Standards

Standards	Situation as of 2025-26	Proposed Actions during 2026-27
Standards 1-7 relating to correspondence sent by the health board	<p>As per the standards and our internal PTHB policy, we have continued to proactively ensure standard correspondence is sent out bilingually as a matter of course.</p> <p>Regarding non-standard correspondence, the requirement to deal with this locally on a case-by-case basis is promoted via induction, language awareness courses and internal departmental action plans.</p> <p>A considerable quantity of communication with the health board takes place over social media, which is managed by the communications team who have a Welsh speaker in post able to ensure that any correspondence received using that platform can be addressed in Welsh without recourse to translation.</p>	<p>Continue to ensure that correspondence is proactively translated as required, and to promote compliance with these standards via induction, language awareness courses and internal departmental action plans.</p> <p>Steps to increase Welsh language skills via the vacancy assessment app and training prioritisation should improve the health board's ability to quickly respond to Welsh correspondence.</p>
Standards 8 – 20 relating to telephone calls made and received by the health board	<p>The introduction of new telephony infrastructure in the past year means callers to the health board are now prompted with a Welsh greeting as per Standard 8 and offered a choice of language as per Standard 9; the Health Board is fully compliant with these two standards for the first time.</p>	<p>Ensure the new system is put in place and operational as soon as possible during 2026-27.</p>

	<p>A multi-site call flow has been established that will enable incoming calls requesting to use Welsh to be diverted from sites across the health board to those which have Welsh speakers available among the call handling staff. It is anticipated this element of the system will be online early in 2026-27.</p>	
<p>Standards 20-22CH relating to meetings that are not open to the public</p>	<p>This requirement is promoted on an ongoing basis and individual teams have implemented processes as per their individual requirements.</p> <p>The Manager's Resource and Guidance document includes information on holding meetings with members of the public. Where Welsh speaking staff are not available to attend meetings, staff have access to interpretation services who can assist, and details of the approved interpretation services are available to staff on the intranet and have been promoted to staff.</p> <p>The Welsh in Healthcare for Managers training session covers the requirements of these standards and ensures managers are aware of the need to proactively offer persons invited to meetings the opportunity to use the Welsh language.</p>	<p>Continue to monitor compliance levels and feedback.</p>
<p>Standards 23-25 relating to in-patients and case conferences</p>	<p>In-patient language choice can be recorded via several channels across PTHB. Our WPAS and WCCIS electronic systems both have capacity to record patient language choice. Many of our service user referral forms also asks patients for their preferred language choice, and case conferences are routinely carried out with the assistance of interpretation.</p>	<p>Ensure any new systems are developed in line with these requirements, including any national systems to which PTHB contributes.</p> <p>PTHB will develop a policy approach to comply with Standard 24 (this has been delayed due to staffing issues).</p>

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<p>Standards 26-32 relating to meetings and events that are open to the public</p>	<p>The requirement to ask the public if they would like to use Welsh at our meetings is outlined in guidance documentation on holding meetings and events.</p> <p>Uptake of this offer is rare, e.g. Participants at the AGM of the board were invited to use Welsh in questions, and all information provided was in Welsh; however, no questions in Welsh were received.</p> <p>The 'Welsh Language - Communication and Marketing' procedural guidelines which includes information on how to comply with the Standards when arranging meetings which are open to the public continues to be promoted to managers and staff within their teams; the new Welsh in Healthcare for Managers training session covers the requirements of these standards and ensures managers are aware of the need to proactively offer persons invited to meetings the opportunity to use the Welsh language.</p>	<p>Continue to monitor compliance levels and feedback.</p>
<p>Standards 33-38 relating to publicity and advertising, displaying material in public, producing and publishing document and forms.</p> <p>(Standards 47-49 relating to signage; also, Standards 111 - 113 relating to signage)</p>	<p>Periodic site visits have been carried out of the 9 main hospital sites, assessing compliance with a range of standards including those related to signage, information displays and documents or leaflets.</p> <p>Fixed signage has been bilingual as a matter of course long before the introduction of the Welsh Language Standards, and no examples of non-compliance were found with regards fixed signage.</p> <p>New Dementia friendly signage has been installed at Bronllys hospital which is fully compliant with the Welsh Language Standards:</p>	<p>Continue to visit sites to assess compliance and escalate issues.</p>

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Large quantities of documents, signage and public information is routinely published in Welsh and/or bilingually within the health board. The images in this section show some of the materials published during 2025-26.

Gwobrau People's Choice Awards
Dewis y Bobl

Ydych chi'n glaf, gofalwr neu'n berthynas sydd wedi derbyn gofal eithriadol neu ragorol?
Oes aelod o staff neu dim wedi gwneud gwahaniaeth cadarnhaol i'ch gofal lechyd neu wedi mynd yr ail filltir i'ch cefnogi?
Enwebwch aelod o staff neu dim ar gyfer Gwobr Dewis y Bobl!
Sganwch y cod QR neu e-bostwch
PT18@PeoplesExperience@wales.nhs.uk

Are you a patient, carer or relative who has received exceptional or outstanding care?
Has a member of staff or team made a positive difference to your healthcare or gone above and beyond to support you?
Nominate a staff member or team for a People's Choice Award!
Please scan the QR code or email
PT18@PeoplesExperience@wales.nhs.uk

SHARE

Bwrdd Iechyd Addysgu Powys

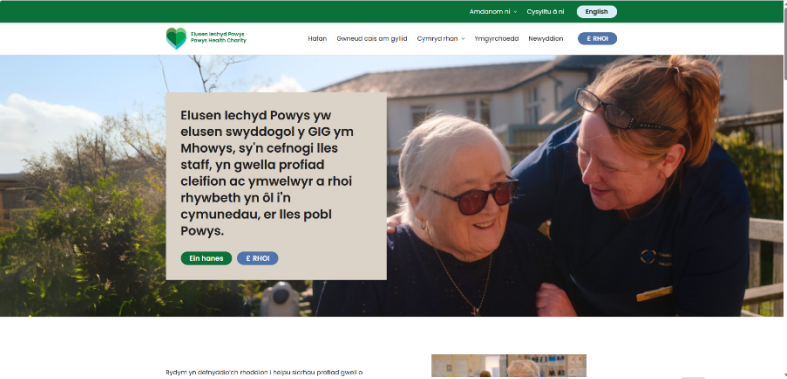
Adroddiad Blynyddol Cyfarwyddwr Iechyd y Cyhoedd 2025

Atal yr Ataliadwy:
Fframwaith Strategol Iechyd y Boblogaeth ar gyfer Powys 2025-2035

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	<p>Temporary signage and information displays has seen a significant improvement since 2024-25 with a greater proportion of signage now displayed bilingually.</p> <p>It should be noted that a significant proportion of information posters on display in PTHB sites come from sources which do not have Welsh language standards and provide information in English only; for example, UK charities such as The Alzheimer’s Society, or small local voluntary or charity groups. In line with the Code of Practice for the Welsh Language Standards (No. 7) published by the Welsh Language Commissioner, displaying this information does not consist of a breach of the standards, where PTHB (or another organisation which has received a Welsh Language Standards Compliance Notice) did not produce the information in the first place.</p>	
Standards 39-46 relating to the health board’s website, apps and social media	<p>To the best of our current knowledge, the PTHB website and main social media channels are operated in full compliance with the standards.</p> <p>Our new Powys Health Charity website, established during 2025-26, is fully Bilingual.</p>	Continue to ensure compliance remains high.

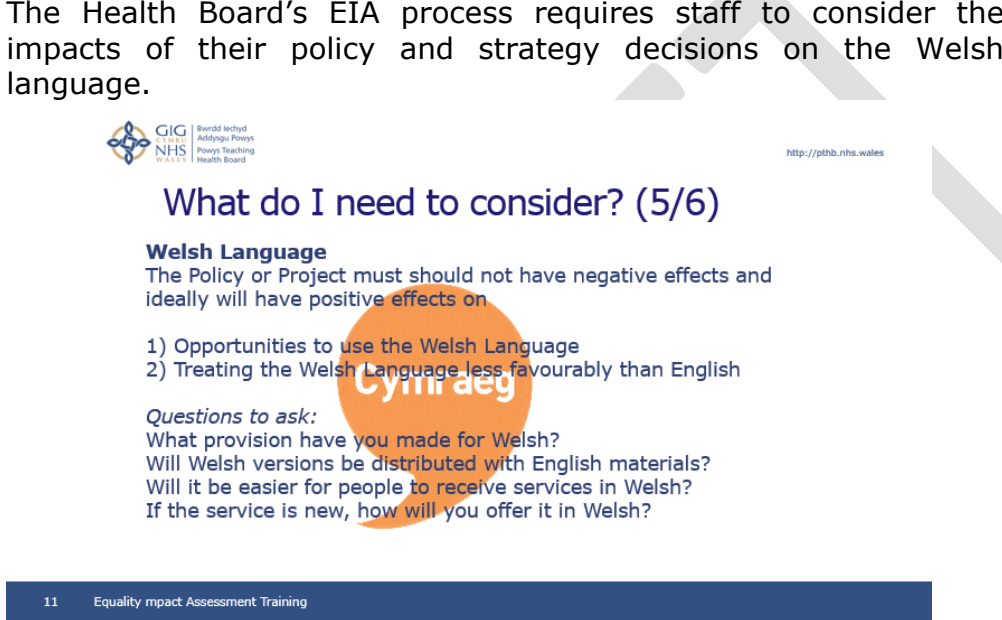
Lewis, Raychelle
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Standards 47-49 relating to signage	See Standards 33-38 above.	See Standards 33-38 above.
Standards 50-53 relating to receiving visitors	A sign has been provided to each reception area in the health board (where there was not already a sign present), inviting visitors to use the Welsh language (Standard 52); badges/lanyards were also widely also distributed to Welsh speaking staff (Standard 53).	Once the new telephony system is installed and functioning it will be possible to offer a telephone reception service (as per the Welsh Language Commissioner's code of practice) at all reception areas.
Standards 54-59 relating to grants, tenders and procurement	PTHB remains compliant with these standards as per NHS Wales standard procurement and practice.	Continue to ensure compliance.
Standards 60-62 relating to the organisation's corporate image	PTHB's corporate identity is wholly bilingual, with the Welsh appearing above the English in our logo.	Continue to ensure compliance.
Standard 63 relating to education courses offered by the health board	Managers are informed of this standard as part of the Welsh in Healthcare for Managers training program.	Continue to ensure compliance.

Standard 64 relating to public address systems	As of 31 st March 2026, there are currently no public address systems in operation within PTHB.	N/A																																																															
Standards 65-68 relating to primary care	<p>As per Standard 65, a dedicated area of the website exists to provide the public with information on primary care services able to offer some or all services in Welsh. The "Iaith Gwaith" logo enables providers to identify that they are able to offer services in Welsh:</p> <p>List of GP Practices in Powys Use the table below to find all GP Practices in Powys. Click on a practice to find more details.</p> <p>Find your local NHS service</p> <p>Show <input type="text" value="10"/> entries Search: <input type="text"/></p> <p>Previous 1 2 3 Next</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> <th>Address</th> <th>Town</th> <th>Postcode</th> <th>Telephone</th> <th>Fax</th> </tr> </thead> <tbody> <tr> <td>W96001</td> <td>Montgomery Medical Practice</td> <td>Well Street, Montgomery</td> <td>Powys</td> <td>SY15 6PF</td> <td>01686 668217</td> <td></td> </tr> <tr> <td>W96001a</td> <td>Ladywell Surgery</td> <td>St Davids House, New Road</td> <td>Newtown</td> <td>SY16 1RB</td> <td>01686 623791</td> <td>01686 629215</td> </tr> <tr> <td>W96002</td> <td>Pengorof Surgery</td> <td>Gerof Road, Ystradgynlais</td> <td>Powys</td> <td>SA9 1DS</td> <td>01639 843221, 01639 843221</td> <td>01639 846920, 01639 846920</td> </tr> <tr> <td>W96002a</td> <td>Abercrave Surgery</td> <td>Heol Tawe, Abercrave</td> <td>Swansea</td> <td>SA9 1TJ</td> <td></td> <td></td> </tr> <tr> <td>W96002b</td> <td>Ystalyfera Surgery (Swansea)</td> <td>Wern Road, Ystalyfera</td> <td>Swansea</td> <td>SA9 2LX</td> <td></td> <td></td> </tr> <tr> <td>W96003</td> <td>Ty Henry Vaughan</td> <td>Bridge Street, Brecon</td> <td>Powys</td> <td>LD3 8AH</td> <td>01874 622121</td> <td>01874 623742</td> </tr> <tr> <td>W96003a</td> <td>Sennybridge Health Centre</td> <td>Defynnog Road, Sennybridge</td> <td>Brecon</td> <td>LD3 8RU</td> <td>01874 636559</td> <td></td> </tr> <tr> <td>W96004</td> <td>Wylcwm Street Surgery</td> <td>Wylcwm Street, Knighton</td> <td>Powys</td> <td>LD7 1AD</td> <td>01547 528523</td> <td>01547 529347</td> </tr> </tbody> </table> <p>The PTHB in-house translation service continues to be offered to primary care providers as per Standard 66 along with the opportunity to order badges / lanyards with the 'Iaith Gwaith' logo free of charge.</p>	Code	Name	Address	Town	Postcode	Telephone	Fax	W96001	Montgomery Medical Practice	Well Street, Montgomery	Powys	SY15 6PF	01686 668217		W96001a	Ladywell Surgery	St Davids House, New Road	Newtown	SY16 1RB	01686 623791	01686 629215	W96002	Pengorof Surgery	Gerof Road, Ystradgynlais	Powys	SA9 1DS	01639 843221, 01639 843221	01639 846920, 01639 846920	W96002a	Abercrave Surgery	Heol Tawe, Abercrave	Swansea	SA9 1TJ			W96002b	Ystalyfera Surgery (Swansea)	Wern Road, Ystalyfera	Swansea	SA9 2LX			W96003	Ty Henry Vaughan	Bridge Street, Brecon	Powys	LD3 8AH	01874 622121	01874 623742	W96003a	Sennybridge Health Centre	Defynnog Road, Sennybridge	Brecon	LD3 8RU	01874 636559		W96004	Wylcwm Street Surgery	Wylcwm Street, Knighton	Powys	LD7 1AD	01547 528523	01547 529347	Ensure this section of the website remains current by annually prompting providers to review the information to ensure it is kept up to date.
Code	Name	Address	Town	Postcode	Telephone	Fax																																																											
W96001	Montgomery Medical Practice	Well Street, Montgomery	Powys	SY15 6PF	01686 668217																																																												
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Policy Making Standards

<p>Standards 69 – 78A relating to policy making decisions</p>	<p>The Health Board’s EIA process requires staff to consider the impacts of their policy and strategy decisions on the Welsh language.</p>  <p>Examples of mitigations and changes made during 2025-26 include the identification of the DBS policy as coming under Standard 82, and the Primary Care policy considerations under Standard 78 (see Appendix 3 for Standard 78A).</p>	<p>PTHB will participate in any All-Wales EIA project and ensure that the requirements of the standards are incorporated into any such work.</p> <p>All consultation undertaken as part of the Better Together Program will consider the potential impacts on Welsh of any changes to service provision in Powys.</p> <p>Continue to record positive changes made to improve Welsh language access and provision of services.</p>
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Operational Standards

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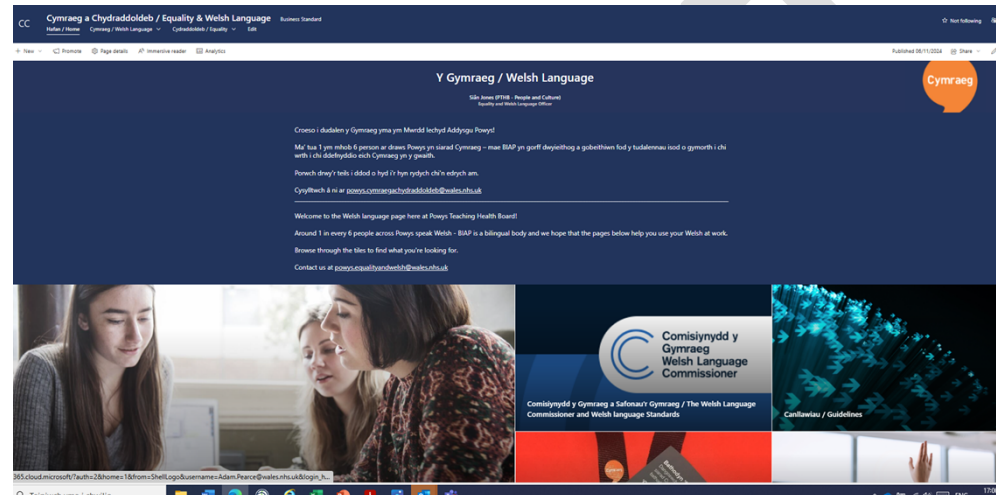
<p>Standard 79 relating to a policy on the internal use of the Welsh language</p>	<p>Powys Teaching Health Board's Welsh Language in the Workplace policy meets the requirements of this standard. It is promoted via induction and the Welsh in Healthcare for Managers training session.</p> <div style="text-align: center;">  <p>WELSH LANGUAGE IN THE WORKPLACE POLICY</p> <table border="1" data-bbox="598 501 1021 782"> <tr><td>Document Reference No:</td><td colspan="2">PTHB /HR 109</td></tr> <tr><td>Version No:</td><td colspan="2">1</td></tr> <tr><td>Issue Date:</td><td colspan="2">July 2023</td></tr> <tr><td>Review Date:</td><td colspan="2">July 2026</td></tr> <tr><td>Author:</td><td colspan="2">Service Improvement Manager for Equality and Welsh Language</td></tr> <tr><td>Document Owner:</td><td colspan="2">Service Improvement Manager for Equality and Welsh Language</td></tr> <tr><td>Accountable Executive:</td><td colspan="2">Director of Workforce and Organisational Development</td></tr> <tr><td>Approved By:</td><td colspan="2">Executive Committee</td></tr> <tr><td>Approval Date:</td><td colspan="2">12 July 2023</td></tr> <tr><td>Document Type:</td><td>Policy</td><td>Non-clinical</td></tr> <tr><td>Scope:</td><td colspan="2">PTHB-wide</td></tr> </table> <p style="font-size: small; text-align: center;">The latest approved version of this document is online. If the review date has passed please contact the Author for advice.</p> <p style="font-size: x-small; text-align: center;">Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board Bwrdd Techedd Addysgu Powys yw enw gweithredol Bwrdd Techedd Lleol Addysgu Powys</p> </div>	Document Reference No:	PTHB /HR 109		Version No:	1		Issue Date:	July 2023		Review Date:	July 2026		Author:	Service Improvement Manager for Equality and Welsh Language		Document Owner:	Service Improvement Manager for Equality and Welsh Language		Accountable Executive:	Director of Workforce and Organisational Development		Approved By:	Executive Committee		Approval Date:	12 July 2023		Document Type:	Policy	Non-clinical	Scope:	PTHB-wide		<p>Continue to promote the Welsh in the Workplace Policy. The Policy will be reviewed and renewed in 2026-27.</p>
Document Reference No:	PTHB /HR 109																																		
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Scope:	PTHB-wide																																		
<p>Standards 80 – 81 relating to employment documents</p>	<p>Contracts (Standard 80) are standardised and automatically provided bilingually through the TRAC system.</p> <p>Other Employment documents have been made available in Welsh on the Health Board intranet; awareness of these is promoted via induction and the Welsh in Healthcare for managers training session.</p>																																		
<p>Standard 82 - relating to operational policies</p>	<p>Following the increase in translation capacity, we have been working through these and during 2025-26 the following additional policies have been made available in Welsh:</p>	<p>Complete all outstanding policies as they come up for review, to ensure</p>																																	

	<ul style="list-style-type: none"> - Flexi Hours Policy - Recruitment and Selection Policy and Procedure <p>We will continue to translate internal policies to which this standard applies as they are reviewed, to ensure 100% compliance in the future.</p>	100% compliance with Standard 82 in the future.
Standards 83-88 – relating to disciplinary, grievance and other internal processes.	All these requirements continue to be met via the existing relevant all-Wales and PTHB policies; awareness of these is promoted via induction and the Welsh in Healthcare for managers training session.	Continue to ensure all policies reflect these requirements.
Standard 89 relating to bilingual computer software interfaces	Cysgliad and Welsh interfaces for Windows, Office and ESR remain available to staff. Details on accessing these are available on the health board staff intranet, and awareness of these is promoted via induction and the Welsh in Healthcare for managers training session.	Continue to promote these via staff induction and training/awareness sessions.

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Standards 90 – 95 relating to the intranet

Our intranet has been designed from the start to be wholly compliant with the Standards related to the intranet (to the extent that the architecture allows). The Welsh versions of intranet pages (where they exist) can be accessed by clicking 'Welsh' on the languages tab:



As well as the pages relating to the use of Welsh at work (see above), the homepage of the intranet is available in Welsh as are pages relating to OD and clinical education (Training) and all other sites as specified by the Standard 81.

Following the increase in translation capacity we are now making additional internal material available in Welsh over and above the requirements of the Standards. This includes additional areas of the intranet, such as all the Equality pages and various landing pages, as well as the staff "Team Focus" Newsletter and the new Equality and Welsh newsletter.

Continue the translation of additional areas of the intranet over and above those mandated by the Standards, as capacity allows.

Standards 96 – 101 relating to staff

See the section above for staff skills reporting responsibilities.

Continue to promote existing and new training options to staff across

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<p>Welsh language skills and training</p>	<p>PTHB have continued to promote and, where appropriate, financially support learning of Welsh in line with the standards.</p> <p>PTHB maintains a strong working partnership with Dysgu Cymraeg and Coleg Cambria to provide Welsh learning opportunities to staff. Staff also attend courses hosted by other neighbouring providers e.g. Aberystwyth University, Coleg Gwent and USW.</p> <p>During 2025-26:</p> <ul style="list-style-type: none"> - a total of 8 (-9) individuals from the health board took part in the <i>Codi Hyder</i> Confidence Raising scheme. - 36 (+24) individuals took part in the <i>Cwrs Croeso</i> introductory learning scheme with Dysgu Cymraeg. - 14 attended the new "Cwrs Blasu" course for Welsh beginners. - 6 (+2) completed online self-directed courses with Dysgu Cymraeg. - 1 individual attended a 2 day summer course organised by Aberystwyth University. - 3 (+1) other individuals took part in Dysgu Cymraeg schemes with the health board's support. <p>This combined total of 68 confirmed courses is a new high for PTHB, an increase of 30 from the previous record of 38 in 2024-25 (n.b. Some courses attended in 2024-25 had no attendees in 2025-26, so the overall total is different from that implied by the changes in individual courses).</p>	<p>PTHB to maintain this level of engagement.</p>
<p>Standards 102-103 relating to Welsh language awareness training</p>	<p>The Welsh Language Awareness ESR module has been a mandatory online training session for all staff; as of the end of 2025-26 it had been completed by 82.2% of staff, a decrease of 12.5% from the previous year. This significant drop had not been expected, but is likely a temporary consequence of natural churn in the renewal process rather than anything else (staff must renew the training every three years, and the training was introduced about three</p>	<p>Continue to monitor and encourage completion of the mandatory training module.</p>

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	years ago), as the completion figure was 96% as recently as September 2025.	
Standards 104-105 relating to identifying Welsh speaking staff	<p>Badges and lanyards to identify Welsh speaking staff and Welsh learners are available to all staff, which can also be embroidered into clinical staff uniforms. This enables patients to readily identify Welsh speaking staff and increases their confidence in the health board's ability to provide services in Welsh.</p> <p>Bilingual email signature templates are available on the Welsh language resource intranet page and in the Managers Guidance and Resource document. Use of these identifiers is encouraged via staff induction and training.</p>	
Standards 106 – 109 relating to recruitment	<p>During the later part of 2024-25 a new electronic assessment process was introduced to ensure that vacancies are appropriately assessed for their Welsh language requirements. Whilst this system has been useful in standardising the approach it has revealed that only a minority of managers are utilising it, with the number of roles assessed being quite small. The introduction of a Vacancy Approval procedure during 2025-26 has improved the ratio, though it remains comparatively low. 47 of 661 Vacancies were assessed during 2025-26 (7.1%).</p> <p>The health board's policy is that all vacancies have the Welsh language requirement specified, and are advertised in Welsh as well as English as per Standards 106 and 106A; as a matter of course applicants to all vacancies are invited to apply in Welsh.</p> <p>107A a-c are all provided in Welsh as a matter of standard practice. The health board does not currently translate all job descriptions (107A ch) due to financial and capacity constraints. Whilst translation capacity has increased due to the introduction of AI into</p>	<p>Ensure greater uptake of the Welsh language skills assessment tool for vacancies during 2026-27.</p> <p>Continue to ensure Welsh essential vacancies on programs like apprenticeships and aspiring nursing programs are a fixture in 2026-27.</p>

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	<p>the process, this has not yet proven sufficient to enable to the translation of job descriptions.</p> <p>During 2025-2026 PTHB advertised 661 vacancies: 3 posts were advertised with Welsh language skills. 640 posts were advertised with Welsh language skills as desirable. 18 posts were advertised with Welsh language skills as not required. Examples of roles advertised with Welsh language skills as essential included</p> <ul style="list-style-type: none"> - Business Support Assistant in the Living Well Service - Aspiring Nursing Program - Apprenticeships Program 	
Standards 110-110A relating to a plan for bilingual clinical consultations	Our Strategy for Welsh in Healthcare 2024-2029 was designed to meet the requirements of this strategy. This comprehensive document incorporates the requirement to develop a Five-Year Plan to increase our ability to provide Clinical Consultations in Welsh in accordance with Welsh Language Standard 110 as well as the Workforce Strategy required by More than Just Words, and provide overall direction and targets for the development of our bilingual workforce. The document is available on the PTHB website and sets out how we plan to develop our Welsh language capacity as an organisation over the next five years.	Ensure the Strategy for Welsh in Healthcare is embedded and promoted across the health board.
Standards 111 - 113 relating to signage	(See Standards 33-38 above).	(See Standards 33-38 above).
Standard 114 - relating to recorded workplace messages.	This standard is not applicable to PTHB as there are not recorded workplace announcement systems in place on our sites.	N/A

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Record Keeping and Supplementary Standards

<p>Standard 115 - relating to complaints.</p>	<p>During 2025-2026 PTHB a formal inquiry was received concerning a lack of provision of services in Welsh and a failure to make an Active Offer by our Complex Care nursing team; this was isolated to an individual mistake by a member of staff as the service could have been provided had the Active Offer been made. This has now been resolved within the team, and the need to make the Active Offer added to the Complex Care team's Quality Assurance framework.</p> <p>An additional informal contact was made concerning compliance with the Welsh language standards, relating to the absence of signage in Welsh at a Primary Care setting within the Health Board. Although as this was not a managed practice and the Standards therefore did not directly apply, the concern was able to be resolved and the issue addressed with the assistance of the Health Board's Welsh and Primary Care teams; training and awareness sessions were provided to the practice in question and the existence of the health board's translation service, which practices are able to use, was highlighted.</p> <p>PTHB continues to follow the conditions set out in NHS Wales 'Putting Things Right' policy, which include information on dealing with complaints made in Welsh and relating to Welsh language provision. Copies of these documents can be found here.</p>	<p>N/A</p>
<p>Standards 116-121 relating to Record keeping and supplementary matters.</p>	<p>For Standard 116, see 'current Welsh Language Skill levels at PTHB' above. For Standard 117, see under Standard 106.</p>	<p>N/A</p>

Moving Forward: Priorities for 2026-27

Our Strategy for Welsh in Healthcare sets out our priorities and targets over the current five-year period in terms of improving the Welsh language skills of our workforce, which in turn will improve our ability to comply with the standards.

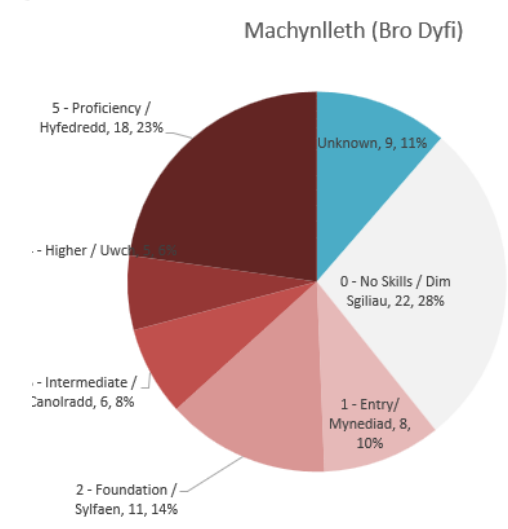
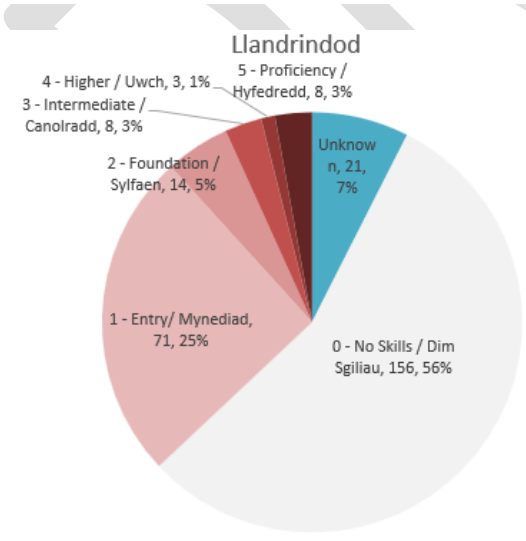
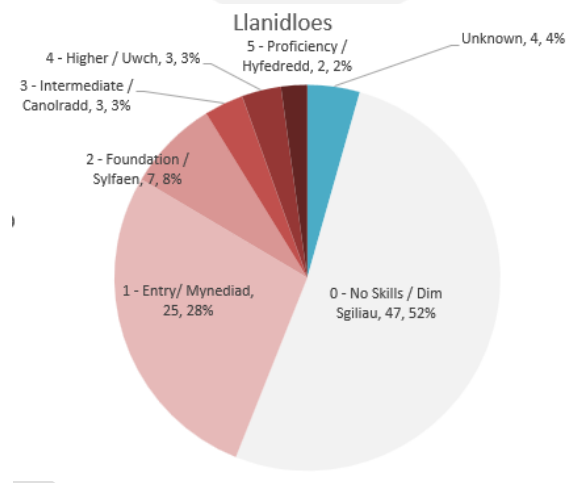
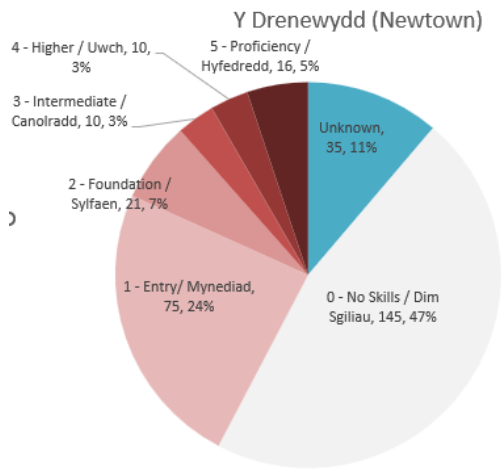
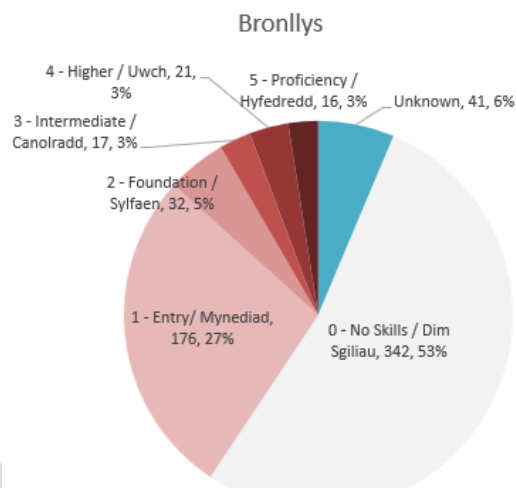
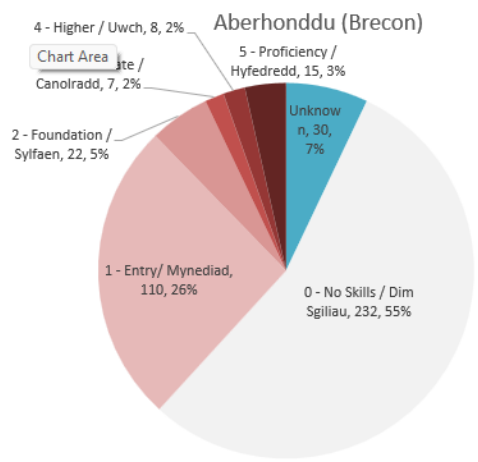
The 'Proposed Actions during 2026-27' column in the above section suggests further avenues of work during the next financial year. These include:

- Revamp and relaunch our Welsh Language Service Leads group to ensure collective responsibility for Welsh compliance is improved across the organisation.
- Ensure that the delayed telephony system is established as soon as possible and that the telephone reception system can be offered across the health board.
- Ensure that the Better Together program and associated consultation takes into account the need to assess any potential service changes for impact on the Welsh Language.
- Develop a Policy to meet the needs of Standard 24, concerning the language preferences of those unable to express a language preference.
- Review and renew our Welsh in the Workplace Policy.
- Improve the numbers completing Welsh language Vacancy assessments above our 7.1% baseline.
- Complete the translation of any outstanding policies to which Standard 82 applies in order to ensure full compliance.
- Complete our 3 year review of the Strategy for Welsh in Healthcare (for 2026-27).

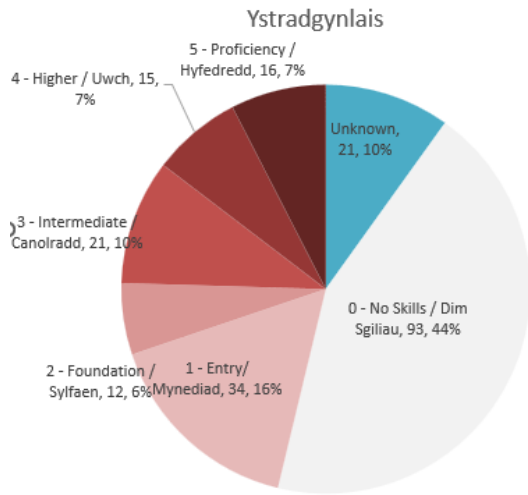
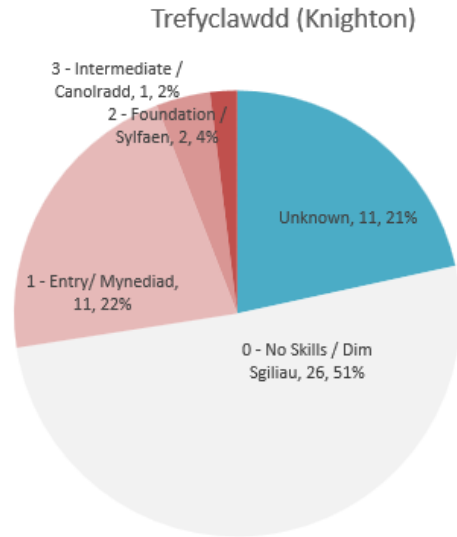
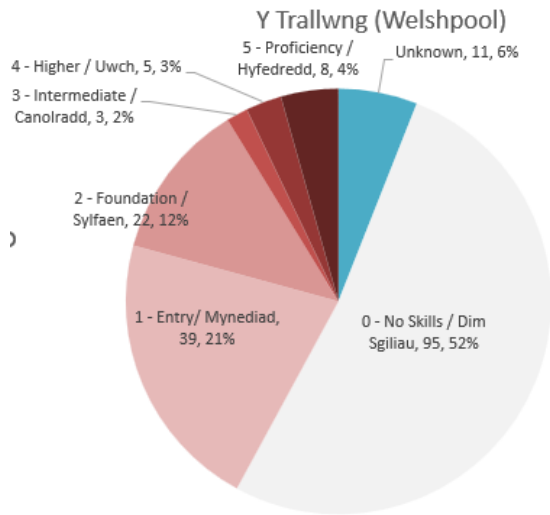
For further information on the details of this report and for further information on PTHB's implementation of the Welsh Language Standards, please contact the Equality and Welsh Language team by emailing powys.equalityandwelsh@wales.nhs.uk.

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Appendix 1: Welsh Language Skill Levels at PTHB by Base 2026



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Appendix 2: More than Just Words Report

Delivering the actions in the More than just words Plan 2022-27: For the period April 2025 – March 2026

NB: Actions for which PTHB are not directly responsible are not included in this report.

Organisation	Powys Teaching Health Board
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Completed by:	Welsh and Equality Service Lead	Date: May 2026
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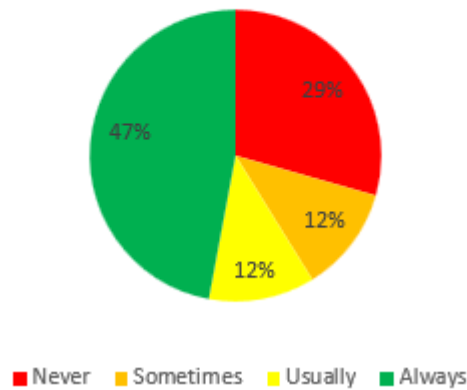
KEY DATA:	All data reflects the situation as of 31st March 2026, or numbers during 2025-26 unless otherwise specified.								
Welsh Language Skills of staff	As of 31 st March 2026, the 2,644 staff at PTHB staff indicated that their ability to speak Welsh was as follows:								
	Year	Unknown	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5	TOTAL
	2025-26	203	1343	654	163	87	79	115	2,644
	For more Information see the relevant section of the 2025-26 Annual Report.								
Number of staff completing training	Courtesy Course ("Cwrs Croeso"): 36 Confidence Building Course: 8 Welsh Language Awareness Course: 82.2%								

Patient / Service User Surveys e.g. secret shopper surveys

Number and details of surveys

The PTHB Patient Experience survey asks patients what their preferred language for communication is, and whether they were able to use that language. The responses for those who answered Welsh in 2025-26 were as follows:

Oedd modd defnyddio Cymraeg /
Were you able to use Welsh?



This is a similar rate to previous surveys.

A more comprehensive analysis of Civica feedback will form a part of our review of the Strategy for Welsh in Healthcare at the end of 2026-27.

Feedback / Actions taken in response to feedback

During 2025-2026 PTHB a formal inquiry was received concerning a lack of provision of services in Welsh and a failure to make an Active Offer by our Complex Care nursing team; this was isolated to an

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individual mistake by a member of staff as the service could have been provided had the Active Offer been made. This has now been resolved within the team, and the need to make the Active Offer added to the Complex Care team's Quality Assurance framework.

An additional informal contact was made concerning compliance with the Welsh language standards, relating to the absence of signage in Welsh at a Primary Care setting within the Health Board area. Although as this was not a managed practice and the Standards therefore did not directly apply, the concern was able to be resolved and the issue addressed with the assistance of the Health Board's Welsh and Primary Care teams; training and awareness sessions were provided to the practice in question and the existence of the health board's translation service, which practices are able to use, was highlighted.

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Ref	Description of Short Term and Medium Term Action	Guidance completing response for the	Lead Accountability	Progress Report for 2025/26 (reporting period 1/4/25 – 31/3/26): What new and additional activities were delivered during 2025/26?	Examples of good practice / work done in partnership.
Culture and Leadership					
2.	Over time, we expect all health and social care staff to gain an appreciation of the positive difference that learning and using Welsh can make to the care experience. In the meantime we'll bolster language awareness courses with a behavioural-science communications approach so that everything we say about Cymraeg as leaders, and as	HEIW and SCW to provide a response – on the work they are taking forward to support this agenda. We request that health bodies and social services also provide information on how they are supporting this	Welsh Government / HEIW / SCW	During 2025–26, PTHB continued to promote Welsh language awareness through sustained internal communications campaigns aligned with <i>More than Just Words</i> , including promotion of Dydd Miwsig Cymru and the Welsh	Examples of Good Practice: <ul style="list-style-type: none"> Regular promotion of national campaigns including Dydd Miwsig Cymru and #DefnyddiaDyGymraeg.

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	<p>organisations and partnerships contributes to this strategy. This approach will build on the training and on the positive narrative outlined in the plan.</p> <p><i>(Short to medium term)</i></p>	<p>action, and good practice they want to share regarding the promotion of the Welsh language across all settings.</p>		<p>Language Commissioner's #DefnyddiaDyGymraeg campaign. Members of the Welsh language team delivered face-to-face engagement sessions across the health board, reinforcing positive behavioural messages about the everyday use of Welsh. Mandatory Welsh Language Awareness training remained in place for all staff, supporting a consistent organisational narrative about the importance of Welsh in care delivery.</p>	<ul style="list-style-type: none"> • Face-to-face engagement sessions delivered by the Welsh language team across multiple sites. • Welsh language awareness embedded in corporate communications and internal messaging.
3	We'll expect those in leadership roles to take part	Welsh Government is exploring how to	Chairs	Our Executive Lead for Welsh has been	

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	<p>in our Leading in a Bilingual Country programme. This programme works towards embedding the spirit of Cymraeg 2050 in organisational culture and policymaking. All too often, Welsh is viewed as just an issue of translation or as a 'tick box' in policy development. This values-based programme goes beyond understanding the possible impact of language on all aspects of our work to using what levers we have to increase its use.</p> <p><i>(Medium term)</i></p>	<p>take forward a "train the trainer" approach to the future delivery of the Leading in a Bilingual Country Programme.</p> <p>No further response needed at this stage – unless there are specific examples of how outputs from the Leading in a Bilingual Country Programme are continuing to make a difference to leadership roles in the organisation; and / or there have been leadership programmes / training that have been delivered by health and social care bodies focusing specifically on</p>	<p>and Chief Executives of health and social care bodies</p>	<p>participating in the <i>Leading in a Bilingual Country</i> program.</p>	
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		leadership in a bilingual context.			
Theme 1: Welsh language planning and policies including data					
5	<p>Identify and develop research and data that will strengthen our understanding and knowledge based on the experiences of Welsh language speakers accessing and receiving services, to support evidence-based policy and Welsh language planning in health and social care. This to include ability to provide bilingual services and to evidence how More than just words supports improved outcomes for individuals. (This action aligns with the work set out in section 4 on mapping the data and creation of the dashboard)</p> <p><i>(Medium term)</i></p>	<p>Welsh Government has commissioned Alma Economics to identify key data on Welsh Language in health and social care which will help to identify data gaps in relation to monitoring outcomes, impact and progress.</p> <p>Health and social care bodies are asked to provide results of surveys of patient experiences of accessing and receiving services such as Mystery Shopper etc.</p>	<p>Welsh Government / Universities, Citizen Voice Body for health and social care and think tanks</p>	<p>See section above. Recent changes to Civica question structure made at an All-Wales level (and carried out without consultation with PTHB) have made the analysis of this data considerably more difficult and time-intensive.</p>	<p>PTHB were able to identify that existing NHS staff records record staff language ability over time, providing a unique opportunity to record and share the role of language attrition in the staff body of the Welsh NHS.</p>

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		Llais / universities / health and social care think tank organisations to highlight developments that look to strengthen our understanding and knowledge of the experiences of Welsh language speakers accessing and receiving services.			
6	Develop tools to support mainstreaming Welsh Language considerations into planning and policies especially in the priority areas and high levels of interactions with services. This to include establishing Welsh language care pathways for vulnerable individuals in identified priority groups such as older people, children, mental health, speech therapy, learning difficulties, and stroke services.	Welsh Government has worked collaboratively with the Office of the Welsh Language Commissioner to establish a new strategic Health Forum with the health sector aimed at improving clinical care services through the medium of Welsh.	Welsh Government / Health and social care bodies	Across Powys, care pathways reflect the needs of Welsh-speaking patients recording, language choice as part of routine care. At the point of access to services, patients should be offered the opportunity to express a language preference. However our analysis of Patient	

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	<i>(Long term)</i>	Health and social care bodies are asked to provide evidence of Welsh language care pathways for the priority groups particularly, or any new mainstreaming tools.		experience and flow carried out as part of the development of our Strategy for Welsh in Healthcare found that 1) a lack of Welsh speaking staff in many departments means that staff are reluctant to do this, and that when done, it often cannot be met as the staff do not exist who are able to meet the need; 2) that many data recording and other bottleneck issues are beyond the means of PTHB to directly influence. We therefore made the decision to focus on increasing skills rather than patient pathways in our Strategy for	
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				Welsh in Healthcare.	
8	An agreed national framework for the collection and collation of data on the language skills of all staff working in health and social care in Wales will be developed and implemented. This should be mandatory wherever possible and would need to align with systems and approaches currently in place for the collection, collation of data across the health and social care sectors including services that are provided in Welsh <i>(Medium term)</i>	Health and social care bodies should provide an overview of how they are currently collecting and collating data on the language skills of all staff (as well as key data for the reporting period).	HEIW / SCW / DHCW / health and social care bodies including independent primary care contractors.	PTHB continued to collect comprehensive data on staff Welsh language skills via ESR, supporting both compliance and workforce planning. Data quality and coverage remain strong.	Breakdown of skills per site in subsequent annual reports supports our local geographical emphasis.
10	That action 30 of the 'Health and Social Care Workforce Strategy' - to develop workforce planning guidance for Welsh language skills identification and development in the health and social care workforce - is progressed at the earliest opportunity. This guidance	The HEIW Workforce Planning for the Welsh Language Guidance has been published. Health and social care bodies should provide examples of how this guidance has been used	HEIW / Social Care Wales	The Welsh Vacancy Assessment Tool should be facilitating the delivery of this element across the health board and usage of the tool has improved, though is still much	

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	<p>should consider the required number of staff with Welsh language skills and the nature of those skills in different health and social care contexts and within the priority areas of need identified. The guidance is used as part of annual workforce planning by Health Boards, Local Authorities, HEIW, Social Care Wales and other employers as appropriate. Furthermore, that the guidance inform the work of the relevant regulators and inspectorate as appropriate (<i>Short term</i>)</p>	<p>across different settings / policies.</p>		<p>lower than we would like. Ensuring greater usage and the relaunch of the Service Leads group to encourage greater ownership internally are key priorities for 2026-27.</p>	
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Theme 2: Supporting and developing the Welsh language skills of the current and future workforce

13	<p>Health and social care organisations to identify workforce skills gaps in key areas and develop plans to address them. This will be embedded in workforce and skills plans developed and delivered within individual organisations and involve</p>	<p>Health and social care bodies should provide examples of how they have identified workforce skills, where the gaps exist, and whether they have plans in place to address them.</p>	<p>Health and social care bodies, HEIW and SCW</p>	<p>The Welsh Vacancy Assessment Tool should be facilitating the delivery of this element across the health board and usage of the tool has improved, though is still much lower than we</p>	
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	close working with HEIW and SCW. <i>(Medium term)</i>			would like. Ensuring greater usage and the relaunch of the Service Leads group to encourage greater ownership internally are key priorities for 2026-27.	
14	We'll expect all NHS and social care colleagues to follow a language 'awareness' course which will explain how important Cymraeg is in service delivery and as a patient need. Following the introduction of Welsh language awareness training for all health and social care professional, we'll expect that this training is provided across all disciplines for trainees and introduced as part of the induction process for new employees in the health and social care workforce who have not already undertaken the training.	Health and social care bodies should provide key data on take up of Welsh Language Awareness Courses. This includes data on providing the course as part of the induction process.	Health and social care bodies	Welsh Language Awareness training remained mandatory for all staff. Compliance fell to 82.7% this year but this is likely due to the three-year renewal cycle.	Regular reminders and reporting to support compliance; line managers across the Organisation are provided a monthly update on compliance levels in different areas of the organisation.

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	<i>(Medium term)</i>				
15	<p>The National Centre for Learning Welsh develop further their plans to offer Welsh language training to the health and social care sectors and provide an enabling environment on the use of Welsh in workplaces. This should complement informal language learning through on-line tools and apps to be made available across the sector. It could be modelled on recently announced developments for the education workforce. This should include tailored provision to support practice in health and social care and identify opportunities (along with relevant employers) to support staff confidence to make more use of their Welsh language skills (at whatever level) in the workplace. We further recommend that Welsh Government explore what resources are required to</p>	<p>National Centre for Learning Welsh to provide an update on key actions, take up of specific courses, and outcomes.</p> <p>Health and social care bodies are asked to describe how they've worked strategically with National Centre for Learning Welsh to meet their own priorities.</p>	<p>Welsh Government / National Centre for Learning Welsh</p>	<p>A record number of staff accessed Welsh language learning during 2025-26, reflecting sustained growth in confidence and engagement across the workforce.</p> <ul style="list-style-type: none"> - 8 individuals from the health board took part in the <i>Codi Hyder</i> Confidence Raising scheme. - 36 individuals took part in the <i>Cwrs Croeso</i> introductory learning scheme with Dysgu Cymraeg. - 14 attended the new 	<p>Launch of a dedicated Welsh learning intranet area.</p>

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	<p>deliver adequate support for such a scheme including supporting employers to release key staff to undertake substantive Welsh language learning. (<i>Medium term</i>)</p>			<p>“Cwrs Blasu” course for Welsh beginners.</p> <ul style="list-style-type: none"> - 6 completed online self-directed courses with Dysgu Cymraeg. - 1 attended a 2 day summer course organised by Aberystwyth University. - 3 other individuals took part in Dysgu Cymraeg schemes with the health board’s support. <p>PTHB collaborates strategically with other NHS Wales organisations</p>	
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				(DCHW and Public Health Wales), and with the National Centre for Learning Welsh, to provide courses. This multi-organisational partnership ensures training numbers are sustainable from small NHS organisations.	
16	Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities <i>(Medium term – guidance to be developed and shared in the short term)</i>	All health and social care bodies to provide an update on work being taken forwards to define Welsh language skills required in all job adverts, as well as key data on whether posts are being advertised as Welsh desirable and Welsh essential.	Health and social care bodies	All vacancies continued to meet Welsh Language Standards requirements in terms of being advertised bilingually and of having their Welsh language requirements specifically noted in the job description. Use of the Welsh Language Vacancy Assessment Tool	

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				improved following governance changes, although further improvement is required to ensure all vacancies are appropriately assessed.	
17	Gradual introduction of a minimum "courtesy" level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have on individuals accessing and receiving health and social care services. By the end of the life of this plan, all staff working in health and social care should have courtesy level Welsh. (<i>Short term-introduction</i>)	National Centre for Learning Welsh to provide data on the new courtesy course (as part of the health and social care scheme) and take up across the organisations. Health and social care bodies to also provide information on other courtesy courses being developed (not by the National Centre for Learning Welsh)	National Centre for Learning Welsh Health and social care bodies	36 individuals took part in the Cwrs Croeso courtesy level. This is a 200% increase on last year, though still low compared to the theoretical target total of 1,343 staff at Level 0. PTHB has previously advised that this model of training delivery will not be able to provide a high level of coverage, for which an eLearning module will be	

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		and delivered locally, and key data on take up.		necessary, and the central provision of a means to record this level.	
18	Organisations to develop and implement a targeted Welsh language training and workforce strategy – with initial focus on addressing gaps in More than just words key priority areas and those who lack confidence (need to consider the potential for working with team leaders / managers /employers to also create the conditions for individuals to use their Welsh) <i>(Medium term)</i>	Health boards to provide an update on work to support the delivery of Standard 110, and how they are increasing the use of Welsh across clinical settings.	Health and social care bodies	The Strategy for Welsh in Healthcare 2024–2029 continues to meet the requirements of Standard 110 and provides a coordinated approach to workforce development.	
19	Instigate a national awareness and promotion campaign to make staff more aware of the positive difference that learning and using Welsh can make to the services they provide. This to include recruitment	Health and social care bodies to provide information on promotion campaigns they are delivering to raise awareness of the difference learning	Welsh Government/ SCW and HEIW	Welsh language skills continued to be promoted as a valuable professional asset across the organisation; they are promoted	

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	<p>campaigns articulating the importance of the Welsh language. The campaigns to involve role models and case studies on the difference use of Welsh has in improving outcomes for individuals.</p> <p><i>(Medium term)</i></p>	<p>Welsh can make. This should include case studies and awards which feature the Welsh language.</p>		<p>internally via a range of strategies which have led to a record level of attendance for the third year running. Case studies inform our Welsh in Healthcare/Welsh for Managers training programs.</p>	
20	<p>Careers Wales / HEIW and SCW to promote the importance and opportunities Welsh language skills can provide within careers in health and social care utilising the Tregyrfa portal resources and through roadshows and engagement sessions with young people.</p> <p><i>(Short/medium term)</i></p>	<p>HEIW to provide information on Tregyrfa, including data on numbers accessing the site. HEIW to also provide information on roadshows and engagement events held with educational institutions.</p> <p>Careers Wales to provide information on initiatives</p>	<p>Careers Wales / HEIW and SCW / health and care bodies</p>	<p>The Academy Careers Enterprise scheme continues to engage with secondary School pupils across the Health Board Area, and one school (Ysgol Gymraeg Ystalyfera) in an adjacent area which receives a significant number of pupils resident in Powys .</p> <p>During the 2024/2025</p>	<p>The Academy Careers Enterprise Scheme achieves an unusually high level of coverage and penetration across a rural health board area, reaching the majority of secondary school age pupils.</p>

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		<p>promoting the importance of Welsh language skills in health and social care careers, including data on attendee numbers for any events / roadshows / engagement sessions.</p> <p>Health and care bodies to provide information on roadshows and engagement with young people, including data on attendee numbers.</p>		<p>academic year the scheme was delivered to 4,318 pupils in English medium settings plus 1,189 in Welsh medium (these sessions were delivered in Welsh); for a total of 5,507.</p> <p>As part of this scheme representatives from Powys Teaching Health Board have given presentations on careers in Health and Social Care presented to almost every secondary school pupil in Powys, and in some neighbouring counties where pupils living in Powys attend school. These</p>	
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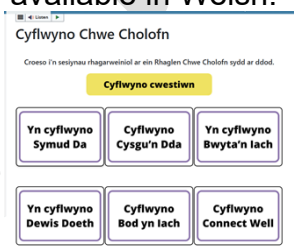
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				presentations include several slides including a video on the importance of Welsh language skills in healthcare. The presentations are given in Welsh in Welsh medium settings.	
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Theme 3: Sharing best practice and an enabling approach

29	We'll collate and share examples of innovative good practice which is accessible across the sector utilising existing portals and hubs including the Research and Innovation Hubs. <i>(Short term)</i>	Health and social care bodies should provide examples of where and how they have shared good practice, including internally as well as with other organisations. Health and social care bodies to also provide information on whether they have used Hwb Iaith to share good practice. They should also provide	Welsh Government / Welsh language officers	Tregyrfa (Hwb Iaith) is promoted in the ACEEs presentations and PTHB information is integrated into Hwb Iaith. PTHB has used the Research and Innovation Hubs to promote good Welsh language practice:	
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		evidence of utilising the Research and Innovation Hubs and explain why if they haven't.			
30	<p>We'll use our Bilingual Technology Toolkit to ensure that when we procure and/or develop new digital services, they will include a bilingual user interface wherever possible. For information and advice websites we'll bring translators closer to content creation, drafting in Welsh and English together, so that we communicate clearly in both languages.</p> <p><i>(Short term)</i></p>	Health and social care bodies should provide specific examples of where and how the principles of the Bilingual Toolkit has been used.	DHCW / health and social care bodies	<p>PTHB-based digital interfaces like SilverCloud and the powys Living Well Service are available in Welsh:</p> 	
32	<p>We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and develop initiatives</p>	Health and social care bodies to provide information on examples of good practice shared as part of existing networks, awards and events.	Welsh Government, Health and social care bodies	Powys regularly attends and contributes to meetings of the NHS Welsh language managers. Through this network, innovations	

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	to celebrate success including promoting More than just words within existing awards and accolade schemes. <i>(Short term)</i>			developed in Powys have been adopted by other health boards innovations e.g. the Vacancy Assessment app, a form of which is being used in DCHW and potentially other organisations. During 2025-26 PTHB joined an NWSSP-led collaboration on Translation Memory and Machine Translation which has led to a significant increase in local capacity on a cost-neutral basis.	
35	Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos	Health and social care bodies to update on work being taken forwards to support and promote the identification of	Welsh Government / DHCW / health and social care	All Welsh speakers in the health board have been individually contacted via email and offered to be sent a laith Gwaith	

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	<p>of belonging. We'll extend the Iaith Gwaith project across Wales to allow workers who can offer or partially offer services in Welsh to readily identify themselves by wearing Iaith Gwaith badges or lanyards.</p> <p>We'll also in our ICT systems capture, display and share information that let us know as individuals and staff who can speak Welsh and what services they will be offering in Welsh — so we can use our Welsh with them.</p> <p>(Consideration would need to be given to additional funding / resources to enable this to be delivered.)</p> <p><i>(Short term)</i></p>	<p>Welsh speaking staff – including any work in relation to digital systems locally.</p> <p>DHCW to update on work happening at a national level to support this agenda.</p>	<p>bodies</p>	<p>Lanyard. A digital interface on the Welsh team's sharepoint page enables staff to request these easily from any part of the organisation. Their use is promoted at induction and via Welsh managers' training.</p>	
<p>37</p>	<p>We'll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to</p>	<p>Health and social care bodies and NWSSP to update on work being taken forwards to develop</p>	<p>Welsh Government / health and social</p>	<p>Our cross-organisational Translation Memory /AI translation</p>	

	<p>support staff to use their Welsh skills, for example Gair i Glaf. This to include in the short-term Welsh language officers and translators working together on collation of terms and translation capacity and capability.</p> <p><i>(Short term- joint working on developing standard terms)</i></p>	and support the implementation of these resources.	care bodies / NWSSP	<p>collaboration ensures terminological consistency across the various other NHS organisations in the collaboration.</p>	
42	<p>All health bodies and local authorities to appoint a person to be responsible for ensuring delivery on the actions and targets set in the plan.</p>	<p>All health bodies and local authorities to list the person responsible for ensuring delivery of the actions.</p>	<p>All health bodies and local authorities</p>	<p>The Executive Director for People & Culture (Debra Wood-Lawson) is the executive board member with overall responsibility for Welsh language planning and delivery.</p> <p>The Service Lead for Welsh Language and Equality is operationally responsible for Welsh Language compliance within</p>	

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				Powys Teaching Health Board.	
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Appendix 3: Standard 78A Report 2021-26

Context

Standard 78: *You must publish a policy on providing a primary care service which requires you to take the following into account when you make decisions in relation to providing a primary care service— (a) what effects, if any (and whether positive or negative), the decision would have on— (i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language; (b) how that decision could be taken or implemented so that it would have positive effects, or increased positive effects, on— (i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language; and (c) how the decision could be taken or implemented so that it would not have adverse effects, or so that it would have decreased adverse effects on— 30/11/2019 (i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language.*

Standard 78A: *On the expiry of 5 years after publishing the policy in accordance with standard 78 (whether or not revisions have been made to that policy) and on the expiry of each subsequent period of 5 years you must — (a) assess to what extent you have complied with the policy; and (b) publish that assessment on your website within 6 months of the end of the period.*

The Welsh Language Commissioner's Code of Practice on Standard 78 clarifies that the standard can be met by means of a wider policy on decision making or policy making, and that the Health Board is not required to have a stand-alone policy in this area. Consequently, it is PTHB's current position that this requirement is covered by our existing Equality Impact Assessment process and policy, which explicitly asks for the assessment of the impact on Welsh.

Activity in 2020-25

During the five year period under consideration, a single decision on Primary Care provision took place which fell under the scope of this policy. In late 2022, Crickhowell Group Practice applied to Powys Teaching Health Board to close its Belmont Branch Surgery in Gilwern, citing GP retirements, premises ownership issues and wider workforce pressures. Following a formal engagement process with patients and stakeholders, the Health Board approved the application at its public meeting in May

2023, having concluded that no viable alternatives were available to sustain the branch. The Belmont Branch Surgery closed permanently on 30 November 2023, with all patients remaining registered with Crickhowell Group Practice and GP services continuing to be provided from the Crickhowell War Memorial Health Centre, supported by an agreed mitigation plan to address access and patient support concerns. Whilst the practices in question were physically located in Aneurin Bevan Health Board, their patients include some living in Powys.

During the engagement process, stakeholders were explicitly asked their views on the provision of services in Welsh. An analysis of the Welsh speaking profile of the local area revealed that the practice in question was located in an area with a higher than average number of Welsh speakers for Monmouthshire, but much lower than the Powys and Wales averages. During the consultation nevertheless some individuals indicated that this was important to them. It was noted that the practice in question was not currently providing any of its services in Welsh, and that its closure would not therefore have a negative impact on provision. The conclusion of the process, with respect to Welsh, was that the impact of a closure would be at worst neutral, and potentially positive, as the centralisation of the group's services would make it easier to provide services to a wider range of patients, and increase the chances of Welsh speaking patients being able to be matched with Welsh speaking staff.

In response to a request, the Health Board provided the Welsh Language Commissioner with a copy of documentation related to this consultation and restructure proposal in November 2023. No comments were received in response to this submission.

Assessment

Based on the above, our current position as of May 2026 is that the existing PTHB approach in this area is proportionate to the size and scope of PTHB as an organisation and the frequency with which decisions on Primary Care provision are made; and that Powys Teaching Health Board has complied with Standards 78 and 78A.

Lewis, Raychelle
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<p>Subject:</p>	<p>Assurance and Achievements Report: Primary & Community Care Academy 2025/2026</p>
<p>Approved and Presented by:</p>	<p>Elaine Lorton, Executive Director Primary Care, Community and Mental Health</p>
<p>Prepared by:</p>	<p>Assistant Director of Primary Care Primary & Community Care Academy Manager Education & Training Development Officer</p>
<p>Purpose:</p>	<p>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</p>
<p>Recommendations:</p>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Take ASSURANCE the Primary and Community Care Academy operates as per its plan.
<p>Executive Summary:</p>	<p>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).</p> <p>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.</p> <p>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.</p> <p>Priorities for 2026/27 are set out, with an emphasis on maintaining flexibility to respond effectively to emerging system pressures and evolving priorities.</p>



Vision

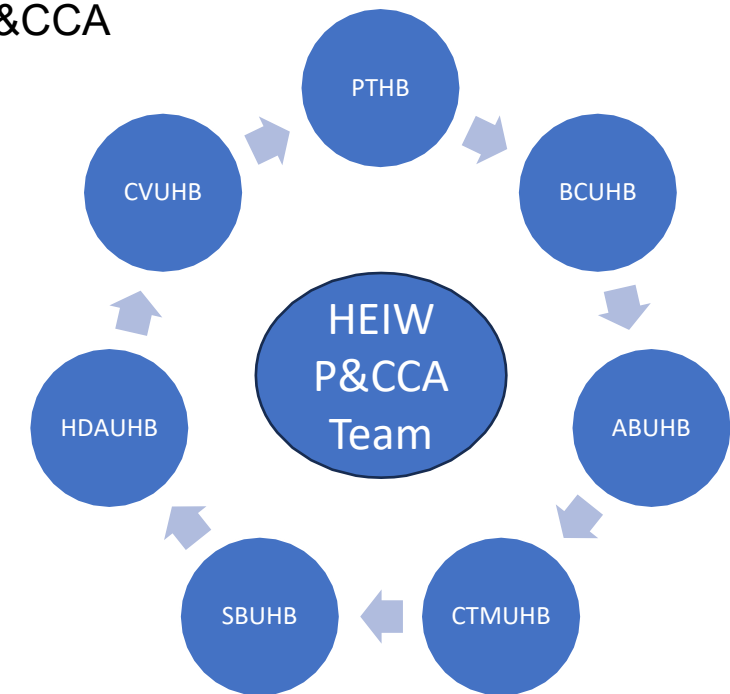
“To facilitate the delivery of high-quality education and training for people working in primary and community care to support the delivery of excellent evidence based person-centred care”.

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.

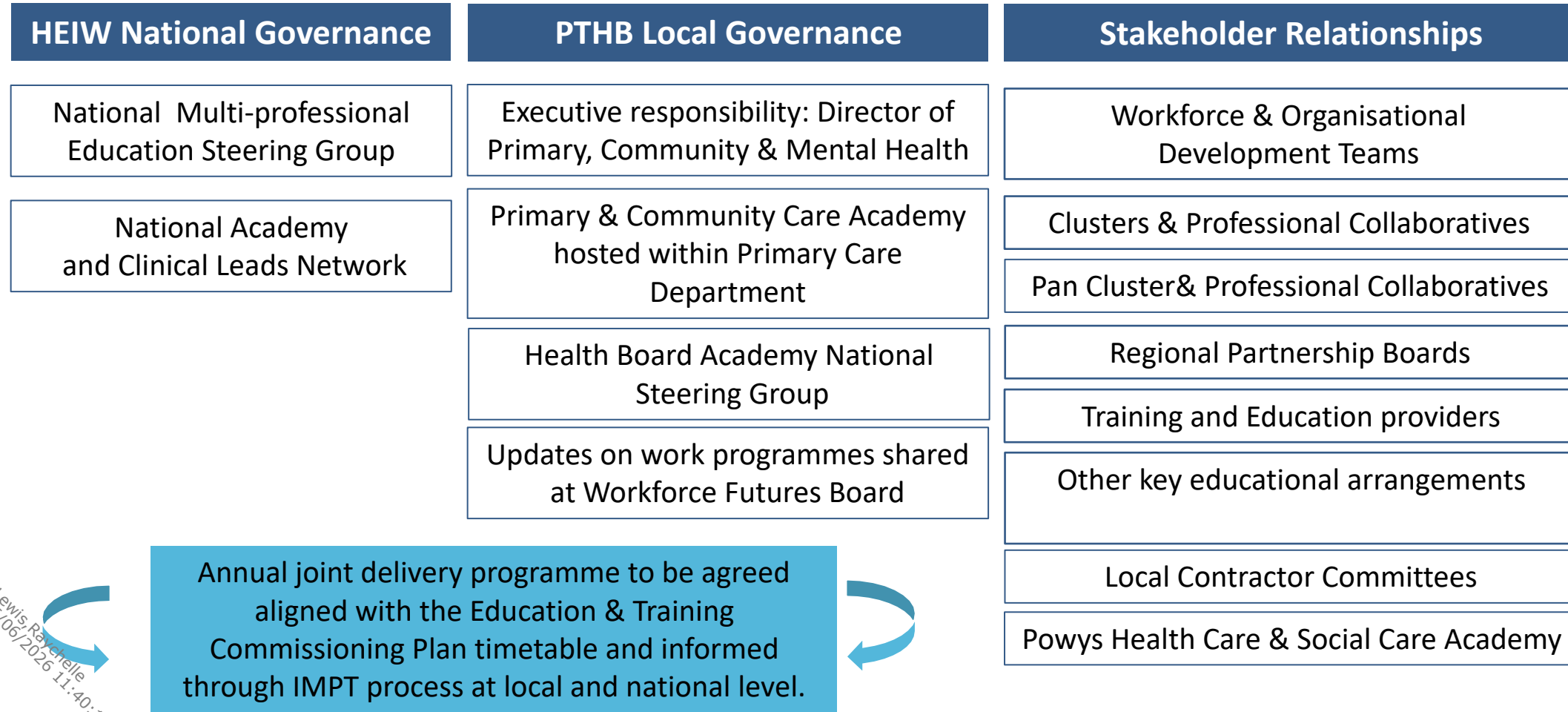
Benefits to users

- **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)



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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

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)

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%

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.

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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

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- 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



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NHS
WALES**

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Powys Teaching
Health Board

Agenda item:5.9

People and Culture Committee	Date: 11 June 2026
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Subject:	Committee Risk Register
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Corporate Governance, Risk and Assurance Manager
Other Committees and meetings considered at:	
Appendices :	Appendix A – Committee Risk Register

PURPOSE:

The purpose of the Committee Risk Register is to draw together relevant risks for the Committee from the Strategic Risk Register (SRR), to provide a summary of the significant risks to delivery of the health board’s strategic objectives. This copy of the Committee Risk Register is based upon the SRR received by the Board on 25 March 2026.

RECOMMENDATION(S):

The Committee is asked to:

- **RECEIVE** the corporate risks within the committee’s remit;
- **DISCUSS** any relevant issues; and
- take **ASSURANCE** that risks are being managed in line with the Risk Management Framework.

Approve/Take Assurance	Discuss	Note
Y	Y	X

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	The corporate risks are a reflection of the significant risks to the delivery of the health board’s strategic objectives and therefore underpin all 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	

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COMMITTEE RISK REGISTER

The Committee has routinely received a Committee Risk Register which draws together relevant risks from the Corporate Risk Register (CRR) to provide a summary of the significant risks to the Health Board's within the Committee's remit.

This copy of the Committee Risk Register is based upon the received by the Board on 25 March 2026.

The Committee Risk Register is attached at **Appendix A.**

NEXT STEPS:

The Committee will continue to seek assurance on the ongoing development and management of patient experience, quality and safety risks as set out above.

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Health Board

Committee Risk Register

People and Culture Committee

June 2026

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P&C Committee Risk Register

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People and Culture Committee
11 June 2026
Agenda Item: 5.9a
Appendix A

STRATEGIC RISK DASHBOARD

Risk Lead	Risk ID	Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	At Target ✓/✗	Lead Board Committee	Link to Strategic Priorities:
EDP&C	SRR 006	Workforce	The Health Board is unable to recruit and retain an appropriate workforce.	4 x 4 = 16	➔	Cautious	✗	People and Culture	Cross-cutting (All SPs and WBOs)

KEY:

Executive Lead	
<i>EDP&C</i>	Executive Director of People, Culture and Transformation
Trend	
✱	New risk
➔	Risk score unchanged since last report
↓	Risk score decreased since last report
↑	Risk score increased since last report

RISK HEAT MAP

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Almost certain 5					
Likely 4				SRR 006 – Workforce	
Possible 3					
Unlikely 2					
Rare 1					
LIKELIHOOD X IMPACT	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5

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SRR 006	There is a risk that the Health Board is unable to recruit and retain an appropriate workforce																									
Current Risk Score: 16	Risk rating detail: (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L2 x I4 = 8	Risk Category: Workforce Boards Risk Appetite: Cautious																								
Executive Lead: Executive Director People & Culture		Assuring Committee: People & Culture Committee																								
Latest review date: February 2026 Added to register: July 2024 Link to Strategic Priorities and Wellbeing Objectives: Cross-cutting risk relevant to all SPs and WBOs	<p style="text-align: center;">Risk Score Trajectory</p> <table border="1"> <caption>Risk Score Trajectory Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Jan 25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Mar 25</td> <td>8</td> <td>16</td> </tr> <tr> <td>July 25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov 25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Mar 26</td> <td>8</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 24	8	16	Nov 24	8	16	Jan 25	8	16	Mar 25	8	16	July 25	8	16	Nov 25	8	16	Mar 26	8	16	Drivers/causes of risk: <ul style="list-style-type: none"> Demographics of the workforce and within our communities leading to challenging labour market. No university within the Powys footprint to provide regular supply of newly qualifying clinicians. Rurality and commutability of sites. Risk materialising would result in: <ul style="list-style-type: none"> Higher agency costs associate with variable pay spend Inability to sustain high quality services and patient safety
Month	Target Score	Risk Score																								
July 24	8	16																								
Nov 24	8	16																								
Jan 25	8	16																								
Mar 25	8	16																								
July 25	8	16																								
Nov 25	8	16																								
Mar 26	8	16																								

Controls (What are we currently doing about the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
6.1	Safecare has been implemented to support and monitor safe staffing levels on wards.	Briefing at daily huddle between Community Service Managers and TSU.	Reasonable	Assistant Directors
6.2	A programmed schedule of staffing huddle meetings take place during the week between the TSU and services to plan and review rosters for the week ahead and prioritise areas requiring additional staffing.	Routine schedule published to include all relevant staff. It is managed by the resourcing team with a rota in place of TSU staff to attend.	Reasonable	Assistant Directors
6.3	A Variable Pay Group has been established and meets twice monthly. A range of performance measures have been developed to monitor variable pay levels. Agency Operationalising Meetings schedule now completed and workstreams incorporated into this group.	Minutes and papers from meetings. Escalation of current vacancies within areas of high variable pay spend. Adult and MH Ward managers have been engaged to fully understand and agree existing vacancies and encouraged to actively advertise vacant posts. Wider vacancy 'deep dive' investigation completed and presented to variable pay group.	Reasonable	Deputy CEO

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6.4	Workforce projections have been developed for all clinical staff groups with a detailed focus on Nursing (both Registered and HCSWs) across Adult Wards and Community teams and Mental Health Wards and Community Teams, projecting future staffing levels against known recruitment pipelines, such as Grow our own and international recruitment.	Workforce performance reports produced routinely and shared appropriately. Deep Dive Reports developed annually, or as required.	Substantial	Lead Executive Directors
6.5	Regular reporting of 'Time to Hire' and recruitment KPI's included within Workforce Performance Reports.	Workforce performance reports produced routinely and shared appropriately.	Substantial	Workforce & Culture Committee
6.6	Monthly vacancy reporting in place identifying vacant posts against the financial ledger.	Workforce performance reports produced routinely and shared appropriately.	Substantial	Workforce & Culture Committee
6.7	Workforce planning training delivered and an ongoing offer available.	38 staff have completed the full training to date with staff from MH, W&C, Digital and Corporate nursing receiving a 1-hour overview session.	Reasonable	Deputy Director People & Culture
6.8	Intranet page with information on Workforce Planning set up for managers.	SharePoint site: Workforce Planning (sharepoint.com)	Substantial	N/A
6.9	Wage stream available for Bank staff.	System in place and usage report included within the Workforce Performance Report. Programme recently re-publicised across ward areas, and reminded staff of availability of the service.	Substantial	Executive Committee
Mitigating Actions (What more will we do?)				

Action	Lead	Action update	Deadline	Action on Target
<p>Workforce Planning: Roll out the organisationally agreed workforce planning model by delivering training which supports services to develop their resource plans.</p>	tbc	<p>Ongoing support available to service leads in the development of workforce plans. HEIW funded role advertised – Workforce Planning Manager, to operationally support service areas in the development of workforce plans. Advert unsuccessful over two campaigns so tasking subsumed within existing resource.</p>	Ongoing	On track
<p>Candidate Journey application to induction Review the end-to-end candidate journey from application to induction, identifying changes or omissions within the current process that are required to improve the candidate journey. To be extended to include local KPIs for recruitment to the Bank.</p>	tbc	<p>Recruitment Improvement Board continues to work through different elements of the Recruitment journey on an all-Wales basis, meeting quarterly. End-to-end review of Bank recruitment complete with changes immediately implemented. Weekly monitoring and escalation process in place.</p>	Ongoing	On Track

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<p>Increase bank supply: Targeted Recruitment Open days taking place at all Hospitals and will continue throughout the year.</p> <p>Rolling adverts and targeted Bank adverts for Registered Nurses and HCSW posts.</p>	<p>tbc</p>	<p>Rolling adverts out each week and shortlisting against applicants each Friday, alternating between RNs, HCSWs and both General and Mental Health fields.</p> <p>Further adverts created to target areas of high agency spend, such as 111#2 service.</p>	<p>Ongoing</p>	<p>On Track</p>
<p>International Recruitment Continue international nurse recruitment to a target of 8 Adult nurses and 4 Mental Health Nurses for the FY 25/26.</p>	<p>tbc</p>	<p>5/26 International recruitment programme commenced, with 8 RNs having arrived in the country, 4 of whom have already completed OSCE and gained their NMC PIN, the remaining 4 are currently undertaking their training. 4 RMNs were interviewed in November 2025 and intended to arrive in approx. February 2026, undertaking OSCE training in Cardiff before travelling to Powys in March 2026.</p> <p>This brings us to a total of 45 Internationally Educated Nurses recruited.</p>	<p>Ongoing</p>	<p>On Track</p>

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Additional information:

Rationale for current score:

- The risk has been fully reviewed and assessed as a new risk in July 2024.
- As of 31st January 2026, the Health Board contracted vs budgeted establishment showed a vacancy rate of 11.48%. After the use of overtime, additional hours, agency, and Bank this fell to 7.29%.
- The challenges in recruitment are more pronounced in clinical roles with vacancies running at 10.36% for registered Nursing and Midwifery, 23.89% for Healthcare Scientists, 8.95% for Allied Health Professionals, 12.88% for Additional Clinical Services, 17.72% for Medical and Dental and 7.96% for Add Prof Scientific & Technic.
- To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in January 2026 from information held on the Health Roster/TSU systems:
 - Add Prof Scientific & Tech : 4.33 WTE
 - Additional Clinical Services: 2.90 WTE
 - Nursing & Midwifery Registered: 17.61 WTE
 - Healthcare Scientists: 1.25 WTE
 - Allied Health Professionals: 14.57 WTE
 - Medical & Dental: 6.23 WTE

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Anti-Racism Action Plan Final Internal Audit Report 2025/26

Powys Teaching Health Board



Reasonable Assurance

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Review Reference	PTH-2526-17
Fieldwork	January 2026
Executive Sign Off	25 February 2026
Audit Committee	March 2026
Executive Lead	Debra Wood-Lawson, Executive Director of People and Culture
Audit Team	Ian Virgil, Head of Internal Audit Lucy Jugessur, Deputy Head of Internal Audit

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Executive Summary

Purpose

The purpose of our review was to assess the systems and processes in place for implementation and embedding of the Health Board Anti-Racism Action Plan.

Overview

In June 2022, the Welsh Government published its Anti-Racist Wales Action Plan, setting out Wales-wide objectives to incorporate anti-racist principles into the public sectors services and employment practices. Under the plan, public sector organisations are required to develop local action plans showing how they will work to achieve the various Wales-wide objectives locally over the timescales identified in the plan.

The Anti-Racism Action Plan is published on the Health Board's website and covers the period 2024-26. This has been shared with the Health Board's Minoritised Ethnicity Staff Network and the Workforce Policy Review Group which facilitates Trade Union input into the process. The plan has also been written to ensure alignment with the Welsh Government Anti-Racism Plan. The Anti-Racism Action Plan is owned by the Equality Team within the People and Culture Directorate and feeds into the Health Board's Strategic Equality Plan.

In the 2021 census, 94.9% of the population of Powys described their Ethnicity as White (Welsh, English, Scottish or British), rising to 97.7% when including all other White groups (including Irish, European and all Traveller groups). These figures are among the highest in Wales and correspondingly the proportion of the population identifying as Black, Asian or other non-white groups is one of the lowest in Wales at just 2.2%, compared to 6.2% for the whole of Wales. As of 31st March 2025, the Electronic Staff Record reports 3.7% of staff (a total of 96 individual staff members) identified as Black, Asian, mixed-race, or other non-white ethnic Minorities, or specified their ethnic group as 'other'. A further 55 staff identified as White but of non-UK or Irish ethnicity, and 185 were unknown.

Our review has noted that work to date has largely focused on validating the current position for the Health Board and understanding the reasons for any apparent outliers in reported information. However, good progress has also been made in the areas of training, recruitment, and in reviewing local policies to ensure that they are inclusive. The Health Board should now be in a position to drive forward further actions outlined in the plan.

We have concluded **reasonable** assurance on this area. The matters requiring management attention are:

- The Action Plan contains several actions that appear significantly overdue against the target completion date but are shown as still being on track.
- Reporting on progress of the Action Plan is to the People & Culture Committee but currently this is only formally scheduled annually.
- The Black, Asian and Ethnic Minority Network currently lack sufficient numbers, and require a more formal approach to enable it to play a key role in helping to take the actions forward.
- Communication of the Action Plan and events designed to support its messages have been limited to date.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

Objectives The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Related Findings

Assurance

	Objectives	Related Findings	Assurance
1	The Health Board has an Anti-Racism Action Plan in place that has been approved and endorsed by the Board.	-	Substantial
2	Actions to achieve the Anti-Racism Action Plan have been documented and progress is monitored by the Board and/or an appropriate Committee.	1,2	Reasonable
3	Work has been undertaken, through training and communications, to embed the requirements of the Anti-Racism Action Plan across the Health Board.	3,4	Reasonable
4	The Health Board's Integrated Medium-Term Plan and other strategic documents reflect the requirements of the Anti-Racism Action Plan.	-	Reasonable

Management Actions

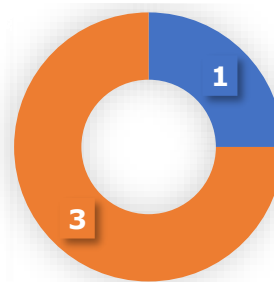


High Priority



Medium Priority

Themes



■ Communication & Engagement

■ Governance

Risk Types

Legal & Regulatory Non-Compliance

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Findings & Agreed Action Plan

Objective 1: The Health Board has an Anti-Racism Action Plan in place that has been approved and endorsed by the Board.

Substantial

Overview / Summary of Observations

The Anti-Racism Action Plan was approved at the Board meeting held on 29 January 2025 and the minutes of the meeting confirm the approval. Questions were asked by the Board on whether a Minority Ethnic Staff Network had been established. It was confirmed that this group was in place but that the Network was low on numbers. The plan had been shared with members of the network, and a wider Teams group that included just under 20 members from a minority ethnic background, but no comments on the plan were received. The Board also confirmed that detailed scrutiny of the plan would be via the Workforce and Culture Committee (now retitled the People and Culture Committee).

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Objective 2: Actions to achieve the Anti-Racism Action Plan have been documented and progress is monitored by the Board and/or an appropriate Committee.

Reasonable

Overview / Summary of Observations

The Anti-Racism Action Plan was last updated in November 2025 and will be updated again in order to be submitted to the next People & Culture Committee meeting in March 2026. Work to date on the plan has largely focused on validating the current position and the reasons for it rather than introducing proactive actions to address it. However, the Health Board now has a range of training courses to educate staff in adopting an anti-racist approach, and recruitment practices and local policies have been reviewed to ensure that they are fair and inclusive. Review of the status of the specific actions within the plan did highlight some discrepancies where the status of the action was shown as on track, despite the target date for completion being apparently overdue.

As noted above, reporting of progress against the Action Plan should be to the People & Culture Committee but this only happened last in March 2025, and the plan is next due at the Committee in March 2026. The December 2025 meeting of the Committee did include a deep dive into the results of a specific piece of work linked to the plan and the situation can be complicated by a crossover with reporting against the Strategic Equality Plan and other Equality and Diversity initiatives.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Updating of Actions</p> <p>The action plan contains 38 actions of which 13 are fully complete. 21 are shown as being on-track and four are delayed due to minor issues. Of the 25 actions therefore still to be completed, six were significantly overdue the date for completion shown in the plan, with five of these being identified as still on-track and one delayed for minor issues.</p> <p><i>Lewis Raychelle 05/06/2026 11:40:19</i></p>	<p>The Action Plan does not provide an accurate picture of the current position with required actions.</p>	<p>The Action Plan will be updated to either show these actions as delayed or to amend the dates for completion with justification provided for the revision.</p> <p>Expected Evidence of Implementation: Updated Action Plan</p>
<p>Theme: Governance</p>	<p>Medium Priority</p> <p>Control Design</p>	<p>Officer: Service Lead for Welsh Language & Equalities Target Implementation Date: March 2026</p>

Key Findings	Risk & Impact	Agreed Management Action
<p>2 Reporting to Committee</p> <p>Reporting of the Action Plan should primarily be through the People & Culture Committee. The Plan was taken last to the Committee in March 2025 and is scheduled to be reviewed again in March 2026. A deep dive into a major piece of work relating to one of the actions was also received by the Committee in December 2025.</p> <p>Reporting on the plan is complicated by a degree of crossover with other reporting regimes – notably the Strategic Equality Plan and Workforce Futures; Theme 4 – Welsh Language, Equality, Diversity and Inclusion. In addition, the People Update Report from the Director of People & Organisational Development which is reported to each Committee, includes a section on Welsh Language and Equalities.</p>	<p>Progress against the action plan is not being appropriately monitored on a sufficiently regular basis leading to a greater risk of actions not being achieved.</p>	<p>The Anti-Racist Action Plan will be reported to the People & Culture Committee on at least a six-monthly basis.</p>
<p>Theme: Governance</p>	<p>Medium Priority</p> <p>Control Design</p>	<p>Expected Evidence of Implementation: People & Culture Committee Reports</p> <p>Officer: Service Lead for Welsh Language & Equalities / Director of People, Culture & Transformation</p> <p>Target Implementation Date: April 2026</p>

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Overview / Summary of Observations

The Health Board is aware of the need to go further in embedding the Anti-Racism actions into the daily operation and culture of its work. Although the introduction of a number of training courses is recognised as a good start, work to date has largely focused on validating and investigating the reasons for any apparent discrepancies or variations in the care, treatment and career rewards and opportunities of BME staff when compared to white staff. A priority for the Health Board in the coming year is to undertake a targeted study of its BME staff's views on their career using qualitative, in-depth interviews to best understand the experience and aspirations of BME staff, and the challenges they face.

The role of the Ethnic Group Network is fundamental to the successful embedding of the actions in the Anti-Racism Plan. Currently there are only three members of the Network and although the Network is now meeting on a reasonably regular basis, the low membership and the lack of any formality to its current arrangements restricts the opportunity to contribute to taking the actions in the Anti-Racism Action Plan forward.

Communication on the Anti-Racism Action Plan and approach to date have been largely limited to a news post on the staff intranet when first launched. One of the actions in the Action Plan is also to "Provide an ongoing program of events providing staff at all levels with opportunities to hear about the lived experience of individuals from Black, Asian and Minority Ethnic background to include for example, Equality Week, Refugee Week, Black History Month". As at November 2025 this is shown as on-track and ongoing, but our review has only identified links to events that are being delivered externally, rather than the Health Board having its own programme of events.

Key Findings	Risk & Impact	Agreed Management Action
<p>3 Black, Asian and Minority Ethnic Staff Network</p> <p>Currently the Black, Asian and Minority Ethnic Staff Network has only three members and although meetings are now being held on a more regular basis, there is no formal structure to the role and remit of the Network.</p> <p>We acknowledge that membership of the Network is voluntary and that the BME population across the Health Board is comparatively very low. We also acknowledge that efforts have been made to promote interest in, and membership of, the Network by the Health Board.</p> <p><i>Lewis, Raychelle 05/06/2026 11:40:19</i></p> <p>Theme: Governance</p>	<p>The Black, Asian and Minority Ethnic Staff Network is not sufficiently effective due to insufficient membership and a lack of formality in the way that it operates.</p> <p>Medium Priority</p> <p>Control Design</p>	<p>The Health Board will continue to promote interest in the network across all staff and will ensure that internationally recruited nurses are particularly made aware of its existence.</p> <p>The remit and purpose of the network will be formalised, and a plan or framework of specific agenda items will be developed for the Network to consider, while still leaving room for emerging and/or immediate issues to be discussed as appropriate.</p> <p>Expected Evidence of Implementation:</p> <p>Increased membership (or ability to evidence active promotion of the network) and formality of Network.</p> <p>Officer: Service Lead for Welsh Language & Equalities</p> <p>Target Implementation Date: June 2026</p>

Key Findings	Risk & Impact	Agreed Management Action
<p>4 Communications and Events</p> <p>The Health Board did publicise the Anti-Racism Action Plan to all staff via the intranet when first launched. In addition, the Equality and Welsh Language SharePoint site has been used to publicise a number of events. However, these are almost exclusively being delivered by external parties – for example the links to Black History Month are to sessions being run by DHCW that are open to all NHS Wales staff. Whilst it is right to publicise the event and allow staff to be aware of, and take advantage of it, it does also clearly highlight the lack of something specific in this regard from the Health Board. The Equality and Welsh Language Newsletter for January 2026 highlights a number of successes for 2025, none of which relate to anti-racism.</p>	<p>The Health Board is unable to demonstrate that it is actively and regularly promoting an anti-racist approach and culture.</p>	<p>In line with the stated action in the Anti-Racism Action Plan the Health Board will increase the amount and regularity of communication, supported by a programme of events delivered both internally and externally, to publicise and demonstrate commitment to an anti-racist culture and approach.</p>
<p>Theme: Governance</p>	<p>Medium Priority</p> <p>Control Design</p>	<p>Expected Evidence of Implementation:</p> <p>A plan of regular communications and programme of events (including some delivered by the Health Board).</p> <p>Officer: Service Lead for Welsh Language & Equalities</p> <p>Target Implementation Date: June 2026</p>

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Objective 4: The Health Board's Integrated Medium-Term Plan and other strategic documents reflect the requirements of the Anti-Racism Action Plan.

Reasonable

Overview / Summary of Observations

There is evidence of the key messages and actions from the Anti-Racism Action Plan featuring in key Health Board plans and documents. In addition, one of the specific actions in the Action Plan has been to introduce an anti-Racism Checklist which has been used to audit all local policies.

However, the degree of specific and explicit reference is limited by other plans and initiatives which target similar areas such as the Strategic Equality Plan, and also that much of the detailed work on inequalities and inclusion has focused on disabilities, neurodiversity, women and the elderly.

While these measures should benefit all staff, no matter their ethnic background, it is anticipated that as the measures in the Anti-Racism plan become better embedded across the Health Board, the read-across from the plan to other key documents should become more explicit. As this is an action that the Health Board is taking forward, we have not raised a separate finding.

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Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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Health Board

Agenda item: 7.2

People and Culture Committee **Date: 11 June 2026**

Subject:	People and Culture Committee Annual Report 2025/2026
Presented & Approved by:	Helen Bushell, Director of Corporate Governance/Board Secretary
Prepared by:	Corporate Governance Business Officer
Other Committees and meetings considered at:	N/A

PURPOSE:
The purpose of this report is to provide the People and Culture Committee Report for 2025/2026.

RECOMMENDATION(S):
It is recommended that the Committee:

- **CONSIDER** the People and Culture Committee Annual Report for 2025/2026 summarising the key areas of business activity undertaken;
- **RECOMMEND** the report to the Board for the July 2026 meeting.

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

Objective	Y/N	
1. Focus on Wellbeing	Y	
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	

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1. Introduction

The People and Culture Committee has been established by the Board in order to provide advice and assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales.

This report summarises the key areas of business activity undertaken by the People and Culture Committee over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

2. Roles and Responsibilities

The Terms of Reference for the People and Culture Committee were reviewed and agreed by the Board in March 2026. The purpose of the People and Culture Committee is to:

Provide accurate, evidence based (where possible) and timely advice to the Board and its committees on all matters relating to staff and workforce planning of the Health Board;

- Enhance the environment that supports and values staff in order to engage the talent and encourage the leadership capability of individuals and teams working together to drive to delivery of safe, improved healthcare;

In respect of the development of the following matters consistent with the Board's overall strategic direction:

- advise the Board on all compliance with legislation, guidance, and best practice;
- to provide assurance to the Board the Organisational Development Framework, Work Futures Strategic Framework and Strategic Equality Plan are consistent with the Board's overall strategic direction and with the requirements laid out by NHS bodies in Wales;
- to provide assurance to the Board on the organisation's ability to create and manage strong, high performance, culture, and values;
- the Committee is responsible for providing advice to the Board and Committees on:

It is expected that the committee will also annually review its own terms of reference and report any changes to the Board for ratification.

2.1 Membership of the Committee

The membership of the Committee during 2025/26 was:

Name	Role	Attendance
Jennifer Owen-Adams	Independent Member and Chair of the Committee from August 2024	3/4
Ian Thomas	Independent Member and Vice Chair of the Committee	4/4
Chris Walsh	Independent Member (Local Authority)	2/4
Cathie Poynton	Independent Member (Trade Union)	3/4
Simon Wright	Independent Member (University) (from 09/06/2025)	3/4

2.2 Others in Attendance

During 2025/26, the following staff attended the Committee:

Name	Role	Attendance
Debra Wood-Lawson	Director of People and Culture (Executive Lead)	4/4
Pete Hopgood	Director of Finance, Capital, and Support Services	2/4
Claire Roche	Director of Nursing, Quality, Womens and Family Health until 06 October 2025	2/2
Paul Hooton	Director of Nursing Quality, Womens and Family Health from 06 October 2025	1/3
Helen Bushell	Director of Corporate Governance/Board Secretary	4/4

Other Directors and officers attended during the year to present reports which related to their areas of responsibility as required.

The Chief Executive, Hayley Thomas was also invited to attend every meeting and attends at least annually.

The Chair of the Board, Carl Cooper, has a standing invite to attend Board Committees.

The Director of Corporate Governance or their representatives attended every meeting.

2.3 Meeting frequency

Throughout the 2025/26 period, the Committee convened on four occasions, achieving quorum each time. On one occasion, due to the Chair's unavailability, Ian Thomas, a fellow Board member, was invited to serve as a temporary Chair of the Committee.

The terms of reference for the Committee require meetings to be held at least three members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

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3. Activity in 2025/26

3.1 Main Areas of Committee Activity 2025/26

Assurance	
Workforce Performance Report	June 2025
Executive Director of People and Culture report	Every meeting
Workforce Futures: Theme 1 - Staff Health and Wellbeing	June 2025
Professional revalidation – Internal Process	June 2025
Primary & Community Care Academy	June 2025
Workforce Sustainability and Transformation	June 2025
Committee Governance Action Plan	September 2025
Workforce Futures: Theme 2 – Great Place to Work	September 2025
Violence and Aggression Incidents	September 2025
Workforce Performance Report	December 2025
Staff Story (CLIP Programme)	December 2025
Workforce Futures: Theme 1 – Staff Health and Wellbeing	December 2025
Workforce Race Equality Standard – Analysis of local PTHB Workforce Data	December 2025
Workforce Futures: Theme 3 – Workforce sustainability and Transformation	December 2025
Workforce Performance Report	March 2026
Workforce Futures: Theme 2 – Great Place to Work	March 2026
Workforce Futures: Theme 4 – Welsh Language, Equality, Diversity and Inclusion	March 2026
Review Terms of Reference	March 2026
Escalated Items	
There were no items for inclusion within this section	
Items for Information	
Internal Audit Reports:	

<ul style="list-style-type: none"> • Staff Development Programme Final Internal Audit • Staff Development Programme Final Internal Audit Report 2025/26 	<p>December 2025 March 2026</p>
Corporate Governance	
Committee Risk Register	Every meeting
Committee Work Programme	Every meeting
In-Committee Items	
Workforce measures to support financial recovery	September 2025

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3.2 Work programme and action log

The Committee Work Plan ensures that the Committee discharges its responsibilities in a planned manner. It assists with agenda planning and is updated during the year to ensure that the Committee considers any additional items which may arise during the year.

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee reported to the Board through a Committee Chair's report, providing an overview of items considered by the Committee and highlighting any cross-committee issues / themes or items needing to be brought to the Board's attention. The Committee Chair's report and confirmed minutes are published on the website.

4. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2025/26, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs report or that are already visible in the corporate risk register.

The Chair of the Committee reports into the Board via a report from Committee Chairs, where any significant issues are brought to the attention of the Board.

5. Committee Effectiveness

During the year, the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach.

The Committee continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board.

The key adaptations made this year included:

- The approval of revised Terms of Reference in May 2025 which provided clarity regarding the Committees role in regard to Better Together and transformation
- Confirmation of updated Committee membership as of May 2025
- Introduction of streamlined and standardised assurance reporting approach to the Board across all Committees
- Application of a risk-based approach to planning agendas
- Time created within the work programme and therefore agendas for allow for discussion of strategic items and relevant deep dives/topic areas

6. Planned Activity in 2026/27

The Committee has developed its annual work programme and is committed to continuing to develop its function and effectiveness as per its terms of reference. The Committee welcomes any feedback from the Board in relation to its annual work programme.

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Powys Teaching Health Board Glossary (Last updated May May 26)

Acronym	
ADoECP	Associate Director of Estates, Capital & Property
CEO	Chief Executive Officer
DCG	Director of Corporate Governance
DIT	Director of Improvement & Transformation
EMD	Executive Medical Director
ED PH	Executive Director of Public Health
ED P&C	Executive Director of People and Culture
ED PP&C	Executive Director of Planning, Performance and Commissioning
ED FCSS	Executive Director of Finance, Capital & Support Services
ED AHPHSD	Executive Director of Allied Health Professions, Health Sciences and Digital
ED NQW&FH	Executive Director of Nursing, Quality, Women and Family Health
EDPCCMH	Executive Director of Primary Care, Community & Mental Health
ABUHB	Aneurin Bevan University Health Board
AFC	Agenda for Change
AGW	The Auditor General for Wales
AHPs	Allied Health Professionals
ALN	Additional Learning Needs
AO	Accountable Officer
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
CAAP	Clinical associate in applied psychology
CAMHS	Child and Adolescent Mental Health Services
CCN	Childrens Community Nursing
CEMT	Chief Executive Management Team
CHC	Continuing Health Care

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CIW	Care Inspectorate for Wales
CLIP	Collaborative Learning in Practice
CNO	Chief Nursing Officer
CPD	Continued Professional Development
CPR	Child Practice Review
CRR	Corporate Risk Register
CSP	Clinical Service Plan
CTMUHB	Cwm Taff 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
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
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

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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
HIW	Healthcare Inspectorate Wales
HP	Health Protection
HPF	Healthcare Professionals Forum
IBG	Investment Benefit Group
ICB	Integrated Care Bpard
ICF	Integrated Care Funding
IEN	Internationally Educated Nurse
IG	Information Governance
IM	Independent Members
IMTP	Integrated Medium-Term Plan
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
LoF	League of Friends
LA	Local Authority
LHB	Learning Health Board
LMC	Local Medical Committee
LPPF	Local Partnership Forum
LRF	Local Resilience Forum

LTA	Long Term Agreement
MAC	Mindfulness, Acceptance and Compassion Team
MD	Ministerial Direction
MD's	Minimum Data Set
MDTs	Multi-Disciplinary Teams
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
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
PEQS	Patient Experience, Quality and Safety Committee
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
RaTS	Remuneration and Terms of Service Committee
RCN	Royal College of Nursing
RIIC	Research, Innovation & Improvement Coordination
RIF	Regional Investment Fund
RISP	Radiology Information System Procurement
RJAH	Robert Jones and Agnes Hunt
RN	Registered Nurse
RPB	Regional Partnership Board
RTT	Referral to Treatment
RTS	Routemap To Sustainability
RMF	Risk Management Framework
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	Shrewsbury and Telford Hospital NHS Trust
SPB	Strategic Programme Board
SRO	Senior Responsible Owner
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
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
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
WVT	Wye Valley Trust
WCD	Written Controlled Document
YTD	Year to Date

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