PEOPLE AND CULTURE COMMITTEE

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

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

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

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

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

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

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

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

No items were requested for inclusion in the main agenda.

3 ITEMS FOR APPROVAL / RATIFICATION

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

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

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

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

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

The Committee **RECEIVED** the Action Log

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

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

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

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

There were no escalated items on the agenda.

5 ITEMS FOR ASSURANCE

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

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

CM joined: 10:43

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

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

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

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

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

Action: Assistant Director of People & Culture

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

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

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

KW noted that a positive working relationship remained in place with Cwm Taf Morgannwg University Health Board (CTMUHB), but that higher-level resuscitation training had been brought back in-house to improve sustainability, resilience, and staff familiarity with equipment. Funding for a resource officer had supported this transition, recruitment was underway following a vacancy, and further trainer development formed part of the work plan to support a sustainable in-county service.

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

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

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

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

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

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

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

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

The Committee is asked:

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

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

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

- Reduced turnover, lower agency use and continued strong statutory and mandatory training compliance.

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

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

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

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

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

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

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

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

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

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

MM noted that the reduction in long-term sickness absence reflected earlier intervention and closer case management for staff absent for four weeks or more. The Committee was advised that this included structured discussions with managers and staff to support return to work, phased return or redeployment where appropriate, and to enable timely employment decisions where a return was unlikely.

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

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

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

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

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

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

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

The Committee:

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

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

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

- **Wellbeing and staff engagement:** Positive feedback was received from wellbeing roadshows, with follow-up action planned to strengthen future health check provision and refresh wellbeing priorities in response to staff survey findings, Health Education and Improvement Wales (HEIW) feedback and stay interviews.
- **Leadership development and culture:** Reverse mentoring and the renamed Compassionate Leadership programme continued to support leadership development across health, social care, and primary care, with further roll-out planned following positive feedback.
- **Support for working carers:** Work continued through partnership arrangements, an online network and improved access to information to strengthen support for staff with caring responsibilities.

SW joined: 11:48

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

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

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

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

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

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

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

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

Action: Assistant Director of People & Culture

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

The Committee:

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

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

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

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

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

SP highlighted that The ACEEs programme was already engaging Additional Learning Needs (ALN) settings and was exploring wider inclusion with council education colleagues, including home-educated pupils and young people leaving

care. However, this needed to be balanced against Regional Integration Fund (RIF) exit planning and uncertainty around future resource.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Independent Members asked the following questions for assurance:

How is assurance provided that allyship is being promoted to support inclusion and organisational maturity?

VM confirmed that a deep dive into Race Equality Employment Standard (REES) findings had been undertaken, but low staff numbers made it difficult to identify clear themes. Further qualitative work with staff networks and minority staff groups was planned to better understand lived experience and identify how allyship and inclusion could be strengthened.

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

The Committee:

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

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

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

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

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

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

DWL noted that the EDI and Welsh Language teams delivered a wide range of proactive work despite limited capacity, with significant reach across the

organisation. It was noted that the work compared positively with similar teams elsewhere, while recognising the need to balance ambition with available resources and respond to increasing national expectations, particularly around workforce race equality.

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

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

The Committee:

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

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

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

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

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

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

The Committee:

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

6 ITEMS FOR DISCUSSION

There are no items for inclusion within this section

7 CONSENT AGENDA

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

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

8 OTHER MATTERS

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

No other business was raised.

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

The following feedback was noted:

- That agile agenda management enabled appropriate scrutiny of key items, particularly the annual reports, with future timings to be reviewed to support proportionate discussion.
- That the Committee was chaired very well.
- Noted the progress made and encouraged further focus on demonstrating impact and outcomes as the work continues to mature.

7.3 DATE OF NEXT MEETING (P&C/26/001)

Date of the next meeting: 08 September 2026 at 10:00 via Microsoft Teams

Meeting closed at 13:01