

# People and Culture Committee

Tue 03 June 2025, 10:00 - 13:00

## Agenda

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### 10:00 - 10:00 1. PRELIMINARY MATTERS

0 min

*Jennifer Owen Adams*

 Agenda\_P&C\_03June2025 Final.pdf (2 pages)

#### 1.1. WELCOME AND APOLOGIES

*Jennifer Owen Adams*

#### 1.2. DECLARATION ON INTERESTS REGISTER 2024/25

*Jennifer Owen Adams*

 P&C\_1.2\_Board Members Declaration Of Interests summary 2024-25Feb.pdf (4 pages)

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### 10:00 - 10:00 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.* *Jennifer Owen Adams*

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### 10:00 - 10:00 3. ITEMS FOR APPROVAL / DECISION / RATIFICATION

0 min

#### 3.1. Minutes of the previous meeting held on the 13 March 2025

*Jennifer Owen Adams*

 P&C\_3.1\_W&CMinutes\_13Mar2025.pdf (8 pages)

#### 3.2. Committee Action Log

*Helen Bushell*

 P&C\_3.2\_Action\_Log 2025-26.pdf (1 pages)

#### 3.3. Committee Annual Report

*Helen Bushell*

 P&C\_3.3\_Committee Annual Report\_2024-25.pdf (9 pages)

#### 3.4. Committee Annual Work Programme 2025/26

*Helen Bushell*

 P&C\_3.4\_Committee Annual Work Programme 2025-26.pdf (1 pages)

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### 10:00 - 10:00 4. ESCALATED ITEMS

0 min

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## 10:00 - 10:00 5. ITEMS FOR ASSURANCE

0 min

### 5.1. Workforce Performance Report

*Debra Wood-Lawson*

 P&C\_5.1\_People & Culture Performance Report 04 2025.pdf (15 pages)

### 5.2. Director of People and Culture Report

*Debra Wood-Lawson*


 P&C\_5.2\_Exec Director of People and Culture Summary Report.pdf (14 pages)


### 5.3. Theme 1 - Staff Health and Wellbeing

 P&C\_5.3\_Employee Health and Wellbeing Jun 2025.pdf (14 pages)

### 5.4. Professional Revalidation Internal Processes

 P&C\_5.4\_Professional revalidation - Internal Processes.pdf (10 pages)

 P&C\_5.4a\_Internal Processes for Revalidation Progress Report 2024-25.pdf (24 pages)

 P&C\_5.4b\_Internal Processes for Revalidation\_Appendix 1.pdf (1 pages)

### 5.5. Primary & Community Care Academy

*Helen Farmer*

 P&C\_5.5\_Primary and Community Care Academy Presentation PDF.pdf (15 pages)

### 5.6. Committee Risk Register

*Verbal*

*Helen Bushell*

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## 10:00 - 10:00 6. ITEMS FOR DISCUSSION

0 min

### 6.1. Work Force Sustainability and Transformation (Size and shape)

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## 10:00 - 10:00 7. CONSENT AGENDA

0 min

### 7.1. PTHB Glossary

 P&C\_7.1\_Powys Teaching Health Board Glossary.pdf (5 pages)

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## 10:00 - 10:00 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: 09 September 2025

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# EOPLE AND CULTURE COMMITTEE

**TUESDAY 03 JUNE 2025,  
10:00– 12:30  
VIA MICROSOFT TEAMS  
CHAIR: JENNIFER OWEN-ADAMS**



**GIG  
CYMRU  
NHS  
WALES**

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

## AGENDA

Time	Item	Title	Attached / Verbal	Owner
	<b>1</b>	<b>PRELIMINARY MATTERS</b>		
10:00	1.1	Welcome and apologies	Verbal	Chair
	1.2	Declarations of interest <ul style="list-style-type: none"><li>Board Members Register of Interests 2042/2025</li></ul>	Verbal	All
	<b>2</b>	<b>CONSENT AGENDA BUSINESS</b>		
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.				
	<b>3</b>	<b>ITEMS FOR APPROVAL / DECISION / RATIFICATION</b>		
	3.1	Minutes of the previous meeting held, 13 March 2025	Attached	Chair
10:05	3.2	Committee Action log	Attached	Director of Corporate Governance
	3.3	Committee Annual Report	Attached	Director of Corporate Governance
	3.4	Committee Annual Work Programme 2025/26	Attached	Director of Corporate Governance
	<b>4</b>	<b>ESCALATED ITEMS</b>		
There are no items for inclusion within this section.				
	<b>5</b>	<b>ITEMS FOR ASSURANCE</b>		
10:10	5.1	Workforce Performance Report	Attached	Executive Director of People and Culture
10:25	5.2	Director of People and Culture Report	Attached	Executive Director of People and Culture
10:40	5.3	Theme 1 - Staff Health and Wellbeing	Attached	Executive Director of People and Culture
11:10	5.4	Professional revalidation - Internal Processes	Attached	Executive Director of Nursing, Quality, Womens and Family Health / Executive Medical Director / Executive Director of Allied Health Professions, Health Science & Digital
11:25	5.5	Primary & Community Care Academy	Attached	Executive Director of Primary Care, Community & Mental Health

11:50	5.6	Committee Risk Register	Verbal	Director of Corporate Governance
	<b>6</b>	<b>ITEMS FOR DISCUSSION</b>		
11:55	6.1	Workforce Sustainability and Transformation	Presentation	Executive Director of People & Culture
	<b>7</b>	<b>CONSENT AGENDA</b>		
	7.1	PTHB Glossary (For Information)	Attached	Director of Corporate Governance
	<b>8</b>	<b>OTHER MATTERS</b>		
12:20	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: 09 September 2025 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](mailto: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](mailto:PowysDirectorate.CorporateGovernance@wales.nhs.uk).**

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**POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2024/25**

Updated: February 2025

Position	Name	Nature of Interest	Nature of Declaration	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment	Date Returned	Last day in Powys Teaching Health Board
<b>INDEPENDENT MEMBERS</b>									
PTHB Chair	Carl Cooper	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2017	2025	Board Member, Social Care Wales	Remunerated Public Appointment	03/02/2025	
		Spouse/Partner/Other	Ownership or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB.	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	NIL		
			A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2025	Ongoing	Stepdaughter's partner is a Pharmaceutical Control Analyst employed by Cardiff & Vale Health Board.	Nil		
Vice Chair	Kirsty Williams	Personal	A position of authority in a Charity of Voluntary Body in the field of health and/or social care	May-22	Current	Deputy Director Samaritans Powys	None	22/05/2024	
			Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Nov-22	Current	ILEP- A Subsidiory of Cardiff University	None		
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	Feb-24	Ongoing	Commissioner for South Wales Fire and Rescue	Ministerial Appointment		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL			
Independent Member (General)	Rhoert Lewis	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Nov-21	Current	Chair NPTC Group of Colleges	NIL	08/04/2024	
				Sep-23	Current	Chair Confederal Governance UWTSO	NIL		
				Nov-21	Current	Member of National Assesmbly of Wales Cross-Party Group on STEMM	NIL		
		Spouse/Partner/Other	NIL	NIL	NIL				
Independent Member (Trade Union)	Cathie Poynton	Personal	NIL	NIL	NIL	NIL	02/04/2024		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL			
Independent Member (Information and Technology)	Ian Phillips	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	01-Aug-21	Current	Independent Chair Welsh Kidney Network	Remunerated	08/04/2024	22/08/2024
		Spouse/Partner/Other	NIL	NIL	NIL				
Independent Member (finance)	Steve Elliot	Spouse/Partner/Other	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	04/02/2024	Current	Director of Oshi's World Private Limited Company	NIL	19/08/2024	
		Personal	Ownership or part ownweship of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB.	22/09/2023	31/03/2024	Special Advisor (Finance) to Powys tHB Audit and Delivery and Performance Committees	Yes		
		Spouse/Partner/Other	A position of authority in a Charity or Voluntary Body in the field of health and/or social care	04/02/2024	Current	Trustee of Oshi's World Charity	NIL		
Independent Member (General)	Ronnie Alexander	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only	15/08/2024	
			A position of authority in a Charity or Voluntary Body in the field of health and/or social care.	2017	Current	Member of Finance, Risk and Audit Committee Hafod/Hendre Housing Association	£2500.00 per annum		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Mar-21	Current to Dec-27	Personal: Independent Monitoring Authority (IMA) – Non Executive Director	£7500.00 per annum		
		Spouse/Partner/Other	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2017	Current	Director of RA and CJ Consulting Limited	Dividend Payment only		
Independent Member (University)	Simon Wright	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	2015	Current	Personal: Academic Registrar, Cardiff University- Various Healthcare Programmes	Salaried Employment		

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		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment	08/07/2024	
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment		
<b>Independent Member (Third Sector)</b>	<b>Jennifer Owen Adams</b>	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None	30/04/2024	
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	Apr-14	Ongoing	Trustee of Impelo Dance CIO	None		
				Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None		
		Spouse/Partner/Other	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL		
<b>Independent Member (Local Authority)</b>	<b>Christopher Walsh</b>	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.			Member of Community Speed Watch Group Member of Society Genealogists Associate Member of the Association of Genealogists and Registered Archivists	NIL	09/09/2024	
			Ownership or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB		Ongoing	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner: CTW Genealogy Research and	NIL		
			A position of authority in a Charity or Voluntary Body in the field of health and/or social care.		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	NIL		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.		Ongoing	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL		
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.		Ongoing	Labour Party	NIL		
<b>Independent Member (Capital)</b>	<b>Michael Giannai</b>	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	2019	Current	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated	01/04/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
<b>Independent Member</b>	<b>Ian Thomas</b>	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Jan-23	Current	Family Fund (UK Charity)	NIL	09/01/2025	
				Jun-24	Current	Family Fund Business Services (FFBS)	NIL		
<b>EXECUTIVE MEMBERS</b>									
<b>Chief Executive Officer</b>	<b>Hayley Thomas</b>	Personal	NIL	NIL	NIL	NIL	NIL	30/05/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
<b>Executive Director of Planning, Performance &amp; Commissioning</b>	<b>Stephen Powell</b>	Personal	NIL	NIL	NIL	NIL	NIL	03/07/2024	18/10/2024
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
<b>Executive Director of Finance, Capital</b>	<b>Pete Hopgood</b>	Personal	NIL	NIL	NIL	NIL	NIL		

and Support Services		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	Ongoing	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant	22/05/2024	
Executive Director of Allied Health Professions, Health Science and Digital	Claire Madsen	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	07-Jan-19	Current	Occasional Lecturer for University of West of England.	Hourly rate	02/04/2024	
			Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	10-Jun-05	Current	Member of the The Chartered Society of Physiotherapy	NIL		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of Nursing, Quality, Women and Family Health	Claire Roche	Personal	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2018	Current	Member of the Royal College of Nursing	NIL	22/08/2024	
				1994	Current	Member of the Royal College of Midwifery			
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Medical Director	Kate Wright	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	01-Aug-91	Current	Member of the British Medical Association		12/08/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of People and Culture	Debra Wood Lawson	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	01-Nov-24	Current	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	NIL	18/11/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of Public Health	Mererid Bowley	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	NIL	NIL	Member of Faculty of Public Health	NIL	23/05/2024	
		Spouse/Partner/Other	Ownership or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB.	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	NIL		
Interim Executive Director of Operations	Joy Garfitt	Personal	NIL	NIL	NIL	NIL	NIL	No change from 2023 submission	30/09/2024
		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2012	Current	Spouse employed by PTHB within Mental Health Department	NIL		
Director of Corporate Governance/ Board Secretary	Helen Bushell	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	Nov-21	Current	School Governor – primary school (Bridgend Local Authority)	Not remunerated	03/06/2024	
		Spouse/Partner or other Relative	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Sep-16	Current	Board Director and Chair of the Board Cadarn Housing Ltd (Powys is a zonal partner)	Remunerated part time role, 2-4 days per month		
			A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	Jul-24	Oct-24	Spouse member of the PTHB Bank working occasionally for the Health Board	Paid per hour/day of work		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Sep-22	Current	Public Appointment - Youth Work strategy and implementation Board - Oct 22 - Sept 24	Remunerated 2-4 days per month		
Associate Director of Capital and Estates	Wayne Tannahill	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	1996	2016	Director of Pembrokeshire Surveyors Ltd. Sole proprietor, small architectural business, made dormant April 2016 (formally closed April 2017)		24/04/2024	
		Spouse/Partner or other Relative	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	1996	2016	Daughter Kate was Company Secretary			
Director of Strategic	Lucie Cornish								

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Improvement and Transformation		Nil	Nil	Nil	Nil	Nil	Nil	13/11/2024	
Executive Director of Planning, Performance & Commissioning	Nicola Johnson From 07/10/24	Nil	Nil	Nil	Nil	Nil	Nil	16/10/2024	
Executive Director of Primary, Community Care and Mental Health	Elaine Lorton From 30/09/2024	Personal	A position of authority in a Charity or Voluntary Body in the field of health and/or social care.	Nov-19	Current	Chair – West Wales Care & Repair	Nil	17/10/2024	
				Apr-24	Current	Independent Member – ateb	£2,960 Per Annum		

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## WORKFORCE AND CULTURE COMMITTEE

### UNCONFIRMED MINUTES OF THE MEETING HELD ON 13 MARCH 2025

#### LOCATION OR HELD VIA MICROSOFT TEAMS

<b>MEMBERS</b>		
Jennifer Owen Adams	JOA	Independent Member-Third Sector (Chair)
Chris Walsh	CW	Independent Member-Local Authority (Vice Chair)
Cathie Poynton	CP	Independent Member-Trade Union
<b>IN ATTENDANCE</b>		
Debra Wood Lawson	DWL	Executive Director of People and Culture
Mark McIntyre	MM	Deputy Director of People and Culture
Sarah Powell	SP	Assistant Director of People and Culture
Rhys Brown	RB	Head of Organisational Development
Vicky Malcolmson	VM	Head of People and Business Partnering
Vicki Cooper	VC	Chief Digital Officer
Helen Bushell	HB	Director of Corporate Governance and Board Secretary
Stella Gwynne	SG	Deputy Board Secretary
Carl Cooper	CC	PTHB Chair (Observing)
Beth Powell	BP	Corporate Governance Officer
<b>APOLOGIES FOR ABSENCE:</b>		
Hayley Thomas	HT	Chief Executive
Pete Hopgood	PH	Executive Director Finance, Capital & Estates
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Kirsten Jones	KJ	Llais
Ian Thomas,	IT	Independent Member
Claire Roche	CR	Executive Director of Nursing, Quality,
Kate Wright	KW	Executive Medical Director

## 1. PRELIMINARY MATTERS

### 1.1 WELCOME AND APOLOGIES FOR ABSENCE (W&C/24/048)

The Chair welcomed everyone to the meeting and extended her thanks to the Workforce and Corporate Governance team for the efficient distribution of the committee agenda and papers. Apologies for absence were received as recorded above.

<b>1.2 DECLARATIONS OF INTEREST (W&amp;C/24/049)</b>
CW highlighted a spelling error within his declaration on the Board Members Register. This would be amended and republished on the PTHB website.
<b>2. CONSENT BUSINESS AGENDA</b>
No items were brought onto the main agenda from the consent agenda.
<b>3. ITEMS FOR APPROVAL/DECISION/RATIFICATION</b>
<b>3.1 MINUTES OF PREVIOUS MEETING (W&amp;C/24/050)</b>
The minutes of the meeting held on 10 December 2024 were <b>CONFIRMED</b> as an accurate record.
<b>MATTERS ARISING</b>
DWL provided an update on the Workforce Future Partnership, following an evaluation exercise undertaken by the Regional Partnership Board (RPB) Executive, a meeting had been setup to review schemes. There was potential that the Workforce Future Programme would see a reduction in funding which poses a potential risk to the programme. It was anticipated that a confirmed position would be sought by the end of March.
<i>Would an update be brought back to committee on the development of the programme given staff related implications?</i>
DWL confirmed that work was being undertaken to review the impact on the Integrated and Delivery plan. An update would be provided to committee following completion of the work.
<b>Action: Executive Director of People and Culture</b>
<b>3.2 ACTION LOG (W&amp;C/24/051)</b>
HB introduced the action log and recommendation the following action for closure, given it had been added to the 2025/2026 Committee Work programme.
<b>PTHB/24/43: Deep Dive: Violence and aggression incidents</b>
The Committee <b>RECEIVED</b> the Committee action Log.
<b>4. ESCALATED ITEMS (W&amp;C/24/052)</b>
There were no escalated items on the agenda.
<b>5. ITEMS FOR ASSURANCE</b>
<b>5.1 WORKFORCE PERFORMANCE REPORT (W&amp;C/24/53)</b>
DWL introduced the report which had continued to develop and improve workforce metrics. MM presented the report and drew attention to the following areas:
<b>Staff Transformation and Sustainability of the Workforce</b>
<ul style="list-style-type: none"> <li>Retention trends remain positive,</li> <li>Continuation of reduction in staff turnover rates (Powys remains above all Wales average)</li> <li>Age profile workforce- aware of future recruitment;</li> <li>Substantial increase in performance rate of bank shifts taken;</li> <li>Work underway to target areas of high agency reliance to meet a NIL agency spend across Wards;</li> <li>High-cost agency spends had decreased</li> </ul>

- Work underway to meet Welsh Government (WG) target of NIL off -contract agency Health Care Support Workers (HCSW),
- Workforce had secured 59 HCSW to Bank work and 41 Registered Nurses (RNs), of which 14 are in the onboarding process;
- Significant improvement of overall reduction in Transactional activity across agency staff;
- A tracker had been setup to monitor individual's applications for Bank work and regular communication has continued to ensure onboarded processes are strengthened.
- Sustained performance compliance in PADR's of Statutory and Mandatory training;
- Reduction in absence levels for staff Health and Wellbeing;

Committee members sought assurance by asking the following questions:

*What follow up process is in place to monitor high sickness absence rates for individuals?*

A tracker had been established to monitor individual sickness absence. Should a high level of sickness absence be presented, a trigger point would be alerted for intervention to take place. Support would be provided to the individuals needs to maintain long term attendance .

*Given the growing workforce and growing costs, has the workforce been benchmarked against growth from 2023 to 2024, in comparison to other organisations and are there concerns in terms of an aging workforce profile?*

MM explained the service had been reflective of communities and demographics of an aging workforce; however, it was noted that Powys offer a range of flexible working patterns and Retire and Return contracts for employees. Arrangements are in place to strengthen and support individuals to start their careers such as the Aspiring Nursing programme to improved experiences and retain a newly established workforce.

*Given the potential changes across commissioning Nurses at Cardiff University, what is the challenge for Powys given recruitment of International Nurses would impact internal bank and agency use?*

MM confirmed that Powys do not commission with Cardiff University and therefore no direct impact would be anticipated. Health Education Inspectorate Wales (HEIW) had redirected funding into the Aspiring Nurse Programme which is fully utilised.

*What is the impact on the reduction of off contract expenditure in terms of financial savings?*

MM explained that the finance team provide a comprehensive report which demonstrates tracking of monthly expenditure and provides data of the progress made across all areas of agency and forms part of the variable pay discussions. The report would be shared with members outside of the meeting for their information.

DWL confirmed that in December 2024, it was agreed to establish additional vacancy controls and approval processes for any agency shifts through Out of

Hours (OOH) Gold On Call, to ensure temporary recruitment was of critical skills to demonstrate and support the financial challenge.

The Committee **RECEIVED** the Workforce Performance Report and were **ASSURED** that the organisation has appropriate mechanisms in place to record and monitor workforce data.

## **5.2 NHS STAFF SURVEY (W&C/24/054)**

DWL introduced the presentation and explained that due to prioritisation of other critical matters, the survey was deferred from a recent Board Development session and agreed it would be presented to the Workforce and Culture Committee. DWL noted that a procurement exercise had taken place to change the frequency and how the Staff survey was managed.

RB presented the survey and highlighted that Powys had 780 responses, (30% of staff), the highest response rate of the Health Boards. The majority of scores across the survey had increased with all questions against a number of themes higher than the NHS Wales average scores.

Committee members sought assurance by asking the following questions:

*The 'next steps' section states 'specific data analysis for areas of interest' have these been identified?*

RB confirmed there had been learning from the last year's survey of which individuals had asked for specific data of interest, there was a need to clarify the offer of opportunity to welcome requests should individuals wish to. The 'Free text' section received a number of staff feeling undervalued within their role, this would be an area of deep dive to understand the rationale of comments submitted.

*Out of the 125 questions, how many were answered, how long does it take to complete, and does it allow staff to complete it within their working hours?*

RB confirmed that all questions were optional and are unable to view overall how many were answered. It was noted the survey can take from 20 -40minutes to complete and engagement with line managers had taken place to allow staff to complete the survey within their working hours. The survey was also made accessible on personal devices should staff wish to complete this in their own time.

*What is the rationale for Hospital Nurses providing less positive feedback in comparison to Community Nurses being more positive?*

The analysis was yet to take place but was scheduled to be reviewed in the near future.

The Committee **RECEIVED** and **NOTED** the NHS Staff Survey.

## **5.3 DIRECTOR OF PEOPLE AND CULTURE REPORT (INCLUDING STAFF BANK SERVICE UPDATE AND THEME 2 – A GREAT PLACE TO WORK) (W&C/24/055)**

DWL provided an overview of the Workforce update which focused on Q4 performance across 2024/2025. An update on national workforce matters were also highlighted. Key themes of local work undertaken were:

- HEIW had confirmed they are committed to supporting PTHB with the ongoing success of the Aspiring Nurse Programme with further ongoing funding;
- 23% increase in Student placement opportunities over the past year;
- Speaking up safely process to move the actions within the initial Welsh Health Circular to business-as-usual operations;
- Workforce Turnover had reduced by nearly 4% in the last year, from 15.16% in January 2024 to 11.30% in January 2025;
- A release support tool for managers continue with roadshows as result of the staff survey,
- Reverse mentoring pilot underway until the end of May, an evaluation would be taken before opening a second round;
- Audit Wales review of the Workforce challenges- a number of actions had already been implemented across the health board;

Independent Members sought assurance by asking the following questions:

*How does the reverse mentoring work and who can take part?*

DWL confirmed any member of staff can take part in reverse mentoring and would be of benefit to both individuals to experience an insight of various roles.

The Committee recognised the excellent work undertaken across the Workforce directorate and congratulated the service on the progress made.

The Committee **RECEIVED** the report as an update on priorities within the Workforce section of the Integrated Plan for Q4 2024/25 and were ASSURED against delivery of those priorities.

#### **5.4 THEME 4: WELSH LANGUAGE, EQUALITY, DIVERSITY AND INCLUSION (W&C/24/56)**

VM provided a presentation on the Strategic Equality Plan which sets out priorities over a five-year period with a particular focus on Age, Sensory Loss and Neurodiversity as areas identified by staff and public consultation. VM provided members with an overview of the key activities delivered in 2024/2025

The Anti Racism Plan was shared with members, and it was noted that the Board had approved plan in 2025. The following key themes were highlighted:

- Since the approval of the plan Welsh Government had stopped funding for the 'Time to Change' campaign, it would be removed from future iterations of the plan;
- Work is underway via the workforce research project against SMART objectives which would be made clear in future planning;
- Objectives without dates, such as the Aspiring Board Members programme had now been published and appropriate local action taken.

Independent Members sought assurance by asking the following questions:

*Is there a strong demand from patients requesting verbal and written Welsh language in providing care plans?*

VM to confirm the Welsh Language verbal and written demand from patients in providing a care plan

**Action: Head of People and Business Partnering**

Members observed the need to improve the Welsh Language offer to patients and consideration would be given to improve the proactive use of a lanyard to distinguish Welsh speaking staff. CC observed that following recent discussions with a local Priest, feedback would be provided to the Director of Nursing, Quality and Family Health given that Chaplaincy provision sits under the directorate.

The Committee **RECEIVED** the Equality and Welsh Language Update and took **ASSURANCE** that actions were being implemented.

#### **5.5 COMMITTEE RISK REGISTER (W&C/24/57)**

The Committee **RECEIVED** and **NOTED** the risk register update.

#### **5.6 ANNUAL ASSESSMENT OF COMMITTEE EFFECTIVENESS (W&C/24/58)**

HB provided a summary of the Annual Committee Effectiveness surveys which are undertaken across all Committees of the Board, Advisory groups and the Board. The assessment provided detail of responses received following a Workforce and Culture focused questionnaire where members discussed the learning and action required for improvement. The following was discussed:

- To consider Transformation, Better Together programme of work to be inclusive within the agenda;
- Consider a broader title as 'Workforce and Culture' is specific and focused;
- Utilisation of Chairs Forum to share learning and opportunity to discuss joint interests.
- Change of contextual space, potential of a Joint scrutiny groups to allow Chairs to come together and analyse similar issues from various perspectives;
- Consider use of Artificial Intelligence (AI) for workforce development;
- Maximise the opportunity to change given the maturity of priority delivery;
- Think about the remit and scope of the committee, reducing reporting frequency to allow for other priority themes of reporting to be presented.

The Committee **DISCUSSED** the summary of the Committee Effectiveness survey and areas for action and improvement.

#### **5.7 REVIEW COMMITTEE TERMS OF REFERENCE (W&C/24/59)**

SG provided an overview of the Committee Terms of Reference proposed amendments and explained that further work is to be undertaken to form a final version for Board approval in May.

It was highlighted that the committee considers a broader overview of planning and implementation of Transformation, Better Together programme, Health and Wellbeing and Future Generations. The Executive lead, Committee Chair and Board Secretary would discuss potential areas of reporting to align the committees remit prior to submission to the Board in May. Members supported the Committee title change to 'People and Culture' to broaden the remit of its programme of work.

Independent Members sought assurance by asking the following questions:

*Is the Committee missing an Independent Member for today's meeting if the Membership states 3 Independent Members to be in attendance?*

The Chair explained that the Membership was under review to look at expertise and skillset of independent members to serve on sub committees of the Board. It

was noted that the review would ensure that all sub committees are proportionate to include the correct representation of the Board.

Members observed the spacing and alignment between bullet points within the Terms of Reference to ensure it is in a readable style.

The Committee **RECEIVED** the Committee Terms of Reference;

- **ENDORSED** the proposed amendments;
- **AGREED** that the Chair of the Committee and Director of Corporate Governance would finalise the revised Terms of Reference for approval to the Board in May.

## **6 ITEMS FOR DISCUSSION (W&C/24/60)**

There were no items for discussion on the agenda.

## **7 CONSENT AGENDA**

### **7.1 INTERNAL AUDIT REPORTS (W&C/24/61)**

The Committee **RECEIVED** the following Internal Audit Reports for information.

- Staff Retention (*Reasonable Assurance*)
- Board & Committee Structure / Effectiveness (*Substantial Assurance*)

### **7.2 WORK PROGRAMME (W&C/24/62)**

HB advised this was a standard item, which showed what business is planned for Committee agendas for the year.

The Committee **RECEIVED** the Committee Work Programme for information.

### **7.3 PTHB GLOSSARY (W&C/24/63)**

The Committee **RECEIVED** the PTHB Glossary for information.

## **8 OTHER MATTERS**

### **8.1 Any Other Urgent Business (W&C/24/64)**

There was no urgent business.

### **8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND /OR OTHER COMMITTEES (W&C/24/65)**

The RIF funding which currently supports a number of work streams across Powys is subject to review by the Regional Partnership Board (RPB). Should funding be discontinued there would be implications for the deliverability of the Transformation Better Together Agenda. The Workforce and Culture Committee agreed to monitor this closely and will alert the Board of any fundamental changes that arise.

Committee members recognised the very good work being undertaken across the Health Board in terms of progress and positive direction of travel in relation to Workforce performance across a number of services.

### **8.3 COMMITTEE REFLECTIONS (W&C/24/66)**

The following reflections of the meeting were provided by the committee:

- Effective meeting with a great deal of progress made across the services;
- Insightful and Quality of reporting;
- Recognised the hard work to enable current position of the workforce;
- Potential to review frequency of staff stories to share more experiences

**8.4 DATE OF NEXT MEETING:**

03 June 2025 via Microsoft Teams

*Meeting closed at 12:26*

*Lewis, Raychelle  
29/05/2025 11:49:56*

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									
Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original target date	Revised Target Date	RAG status	
<b>OPEN ACTIONS FOR REVIEW - (03.06.2025)</b>									
<b>OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE - (03.06.2025) - NONE</b>									
<b>ACTIONS RECOMMENDED FOR CLOSURE (03.06.2025) NONE</b>									
13/03/2025	W&C/24/56	Head of People and Business Partnering	Theme 4: Welsh Language, Equality, Diversity and Inclusion	Confirmation of demand for written and/or verbal Welsh Language Care Plans	<b>03.06.2025 update:</b> We don't routinely collect information that provides us with data around the number of patients who are "requesting" to speak in Welsh, therefore its challenging to say whether we are effectively managing demand, however, analysis undertaken in 2024 whilst developing the Welsh in Healthcare Strategy from patient feedback indicated that around half of the respondents who wished to do so identified they weren't able to speak Welsh. The more than just words framework places the onus on us as a provider to offer whether requested or not and we continue to work with services to support delivery of this via training, support and awareness raising. The work we have highlighted in terms of training, support, and implementation of the vacancy assessment tool should help us in terms of identifying when we should be actively recruiting to welsh essential to continue to build on this offer as will ensuring we are actively promoting and identifying welsh speakers through lanyards/uniforms.	Jun-25		Completed	
<b>CLOSED ACTIONS</b>									
									<b>Date Closed</b>

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**GIG  
CYMRU  
NHS  
WALES**

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 3.3**

**People and Culture Committee** **Date: 03 June 2025**

<b>Subject:</b>	<b>People and Culture Committee Annual Report 2024/2025</b>
<b>Presented &amp; Approved by:</b>	Helen Bushell, Director of Corporate Governance/Board Secretary
<b>Prepared by:</b>	Corporate Governance Business Officer
<b>Other Committees and meetings considered at:</b>	N/A

**PURPOSE:**  
The purpose of this report is to provide the People and Culture Committee Report for 2024/2025.

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

- **CONSIDER** the People and Culture Committee Annual Report for 2024/2025 summarising the key areas of business activity undertaken;
- **RECOMMEND** the report to the Board for the July 2025 meeting.

Approve/Take Assurance	Discuss	Note
Y	Y	N

**ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:**

Objective	Y/N	
1. Focus on Wellbeing	N	
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	N	
7. Put Digital First	N	

Lewis, Raychelle  
29/05/2025 11:09:15

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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 2024. The purpose of the Delivery and Performance 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 2024/25 was:

<b>Name</b>	<b>Role</b>	<b>Attendance</b>
Ian Phillips	Independent Member and Chair of the Committee until August 2024	1/1
Jennifer Owen-Adams	Independent Member and Chair of the Committee from August 2024	4/4
Chris Walsh	Independent Member	3/4
Cathie Poynton	Independent Member (Trade Union)	2/4
Steve Elliot	Independent Member to ensure quorum	1/1

## 2.2 Others in Attendance

During 2024/25, the following staff attended the Committee:

<b>Name</b>	<b>Role</b>	<b>Attendance</b>
Debra Wood-Lawson	Director of People and Culture (Executive Lead)	4/4
Pete Hopgood	Director of Finance, Capital and Support Services	2/4
Kate Wright	Medical Director	3/4
Claire Roche	Director of Nursing, Quality, Womens and Family Health	1/4
Helen Bushell	Director of Corporate Governance/Board Secretary	3/4

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, attended three meetings. The Chair has a standing invite to attend Board Committees.

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

### 2.3 Meeting frequency

During 2024/25 the Committee met four times and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held no less than bi-monthly and in line with the annual plan of Board and Committee Business.

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### 3. Activity in 2024/25

#### 3.1 Main Areas of Committee Activity 2024/25

<b>Assurance</b>	
Workforce Performance Report (including Medical Job planning Annual review)	June 2024
Executive Director of People and Culture report	Every meeting
Workforce Futures: Theme 1 - Staff Health and Wellbeing	June 2024
Staff Retention & Implementation Plan	June 2024
Welsh Language Annual Report	June 2024
Equalities Annual Report	June 2024
NHS Wales Staff Survey	June 2024
Annual Work Programme	June 2024
Workforce Performance Report	October 2024
Workforce Futures: Theme 2 – Great Place to Work	October 2024
Workforce Futures: Theme 4 - Welsh Language, Equality, Diversity and Inclusion	October 2024
Temporary Service Change	October 2024
Staff Story (Ynys Y Plant)	December 2024
Workforce Performance Report	December 2024
Workforce Futures: Theme 1 - Staff Health and Wellbeing	December 2024
Workforce Futures: Theme 3 Workforce Sustainability and Transformation	December 2024
Health and Safety Assurance Update (staff focus)	December 2024
Workforce Performance Report	March 2025
NHS Staff Survey	March 2025

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Director of People and Culture Report (to include Staff Bank Service update and Theme 2: A Great Place to Work)	March 2025
Theme 4: Welsh Language, Equality, Diversity and Inclusion	March 2025
Annual Assessment of Committee Effectiveness	March 2025
Review Terms of Reference	March 2025
<b>Escalated Items</b>	
There were no items for inclusion within this section	
<b>Items for Information</b>	
Internal Audit Reports: <ul style="list-style-type: none"> <li>• Audit Wales Workforce Planning</li> <li>• Staff Retention</li> <li>• Board and Committee Structure/Effectiveness</li> </ul>	October 2024 December 2024 March 2025
<b>Corporate Governance</b>	
Committee Annual Programme of Business/Committee Frequency	
Committee Risk Register	Every meeting
Committee Work Programme	Every meeting
<b>In-Committee Items</b>	
Internal processes for revalidation	October 2024
Fitness to Practice referrals to Nursing Midwifery	October 2024

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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 2024/25, 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 construct of the Committee meeting agendas remained flexible, and the application of a risk-based approach to the selection of agenda items.
- The use of verbal updates and presentations where appropriate to ensure the timeliness of information to the Committee given the fast-moving pace of some agenda areas.
- The circulation of relevant material outside meetings where appropriate.

## **6. Planned Activity in 2025/26**

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.

<b>Workforce &amp; Culture Committee 2025-26</b>						
<b>Theme</b>	<b>Item Title</b>	<b>Duration (mins)</b>	<b>June 03/06/2025</b>	<b>September 09/09/2025)</b>	<b>December 09/12/2025</b>	<b>March 05/03/2026</b>
Governance	Minutes of previous meeting	10	✓	✓	✓	✓
Governance	Declaration of Interests		✓	✓	✓	✓
Governance	Action Log		✓	✓	✓	✓
Governance	Committee Risk Register	5	✓	✓	✓	✓
Governance	Committee Reflections	5	✓	✓	✓	✓
Governance	Annual Work Programme	15	✓			
Governance	Work Programme (updated through year)	5		✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness	10				✓
Governance	Committee Governance Action Plan	10		✓		✓
Governance	Committee Annual Report	10	✓			
Governance	Review of Terms of Reference	15				✓
Performance	Workforce Performance Report	20	✓	✓	✓	✓
Performance	Director of People and Culture Report	20	✓	✓	✓	✓
Workforce Futures	Theme 1 - Staff Health and Wellbeing	45	✓		✓	
Workforce Futures	Theme 2 Great Place to Work	35		✓		✓
Workforce Futures	Theme 3 Workforce Sustainability and Transformation	45	✓		✓	
Primary Care	Primary Care Workforce Sustainability	20			✓	
Workforce Futures	Theme 4 Welsh Language, Equality, Diversity and Inclusion	35		✓		✓
Equality, Diversity & Inclusion and Welsh Language	Equality, Diversity and Inclusion Annual Report	20	✓			
Equality, Diversity & Inclusion and Welsh Language	Welsh Language Annual Report	20	✓	✓		
Equality, Diversity & Inclusion and Welsh Language	Strategic Equality Report					
Statutory Compliance	Comms and Engagement Report for W&C	10	X			
Innovative Environments	Agile working	15		✓		
Staff Story	Staff Story (TBC if at each meeting)		X			
Health & Safety and Fire Safety	Deep Dive: Violence and aggression incidents.	20		✓		
Equality, Diversity & Inclusion and Welsh Language	Anti Racism Plan	20				
Statutory Compliance	Internal Processes for Revalidation	10	✓			
Workforce	Primary & Community Care Academy	15	✓			

IN COMMITTEE

Statutory Compliance	Fitness to Practice Referrals to the Nursing & Midwifery Council - In-Committee	10	✓			
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<b>Key</b>
Date to be confirmed
Item to be confirmed
Item deferred
Item brought forward
Going to Board
Due to Committee
Find Exec Cttee date
Added to draft agenda

# People and Culture Performance Report April 2025



GIG  
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NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

Lewis, Raychelle  
29/05/2025 11:49:56

**Subject:**

People and Culture Performance Report (April 2025)

**Approved and Presented by:**

Debra Wood-Lawson, Executive Director of People & Culture

**Author:**

Deputy Director People & Culture

**Purpose:**

This report is to provide the Workforce Performance report for April 2025

**Recommendations:**

The Committee is asked to:

- **RECEIVE** the information provided in the update;
- Take **ASSURANCE** the organisation collects, analyses and monitors relevant people and culture data.

**Executive Summary:**

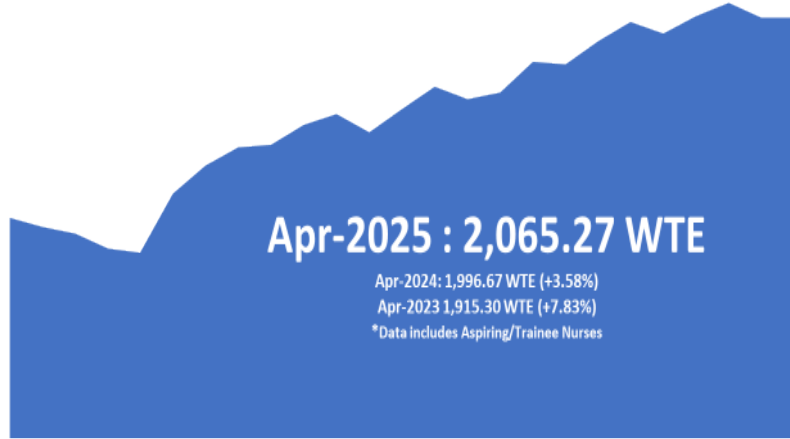
Updates are provided to the Executive and People and Culture Committee for assurance providing performance and monitoring data against key themes in relation to our workforce as follows:

- Staff Transformation & Sustainability of the Workforce
- Great Place to Work
- Employee Health and Wellbeing
- Workforce Dashboard

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# Staff Transformation & Sustainability of the Workforce

## Staff in Post WTE

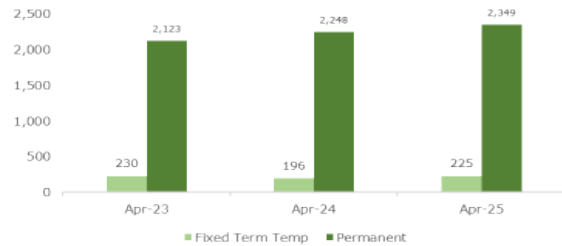


Directorate	WTE Staff in Post			Variance Apr-23 & Apr-25
	Apr-23	Apr-24	Apr-25	
Chief Executive Office	16.99	19.60	20.71	3.72
Community Care & Therapies	795.90	843.44	883.02	87.11
Community Dental Service	39.72	44.47	44.08	4.37
Corporate Governance	20.80	21.88	24.91	4.11
Estates & Works	52.24	55.81	47.11	-5.13
Facilities & Support Services	149.27	147.85	148.79	-0.48
FID Finance Directorate	35.10	32.52	32.06	-3.04
MED Medical Directorate	9.79	10.37	2.70	-7.09
Medicines Management	27.28	30.24	29.68	2.40
MHD Mental Health	358.51	391.84	411.98	53.46
NUD Nursing Directorate	31.30	30.11	27.27	-4.03
People & Culture Directorate	60.60	66.79	63.95	3.35
PHD Public Health Directorate	70.65	54.49	66.81	-3.84
PLD Planning Directorate	13.79	15.99	15.39	1.60
Primary Care	26.22	17.89	18.06	-8.16
THD Therapies & Health Sciences Directorate	63.32	60.26	59.22	-4.10
Transformation Directorate	0.00	0.00	15.30	15.30
Women and Children Directorate	141.03	153.14	160.41	19.39
<b>Grand Total</b>	<b>1,915.30</b>	<b>1,996.67</b>	<b>2,071.43</b>	<b>156.13</b>

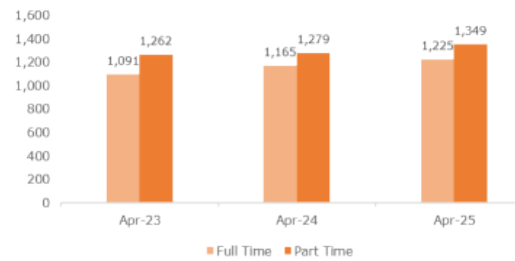
Staff Group	WTE Staff in Post			Variance Apr-23 & Apr-25
	Apr-23	Apr-24	Apr-25	
Add Prof Scientific and Technic	82.39	82.54	83.21	0.82
Additional Clinical Services	389.96	414.36	430.53	40.58
Administrative and Clerical	542.35	562.41	576.96	34.61
Allied Health Professionals	139.75	148.07	161.22	21.47
Estates and Ancillary	169.95	166.13	167.62	-2.33
Healthcare Scientists	7.61	9.21	10.21	2.60
Medical and Dental	33.48	34.36	39.44	5.96
Nursing and Midwifery Registered	549.81	578.58	600.23	50.42
Students		1.00	2.00	2.00
<b>Grand Total</b>	<b>1,915.30</b>	<b>1,996.67</b>	<b>2,071.43</b>	<b>156.13</b>

Staff in Post

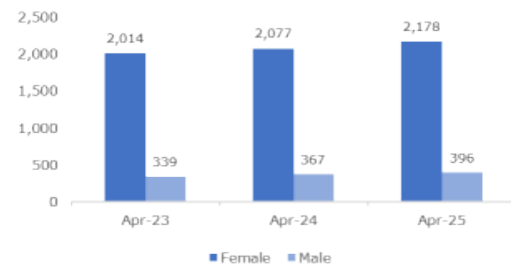
Assignment Status Headcount



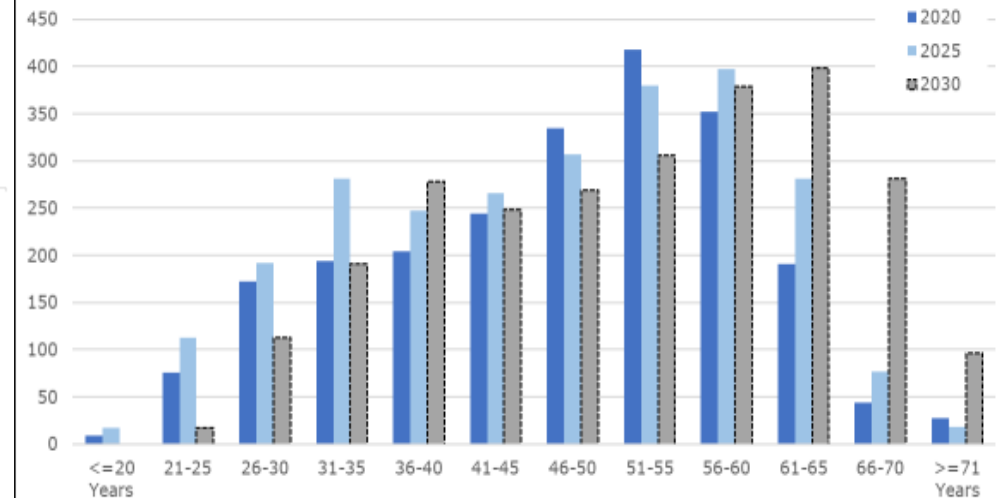
Employee Category Headcount



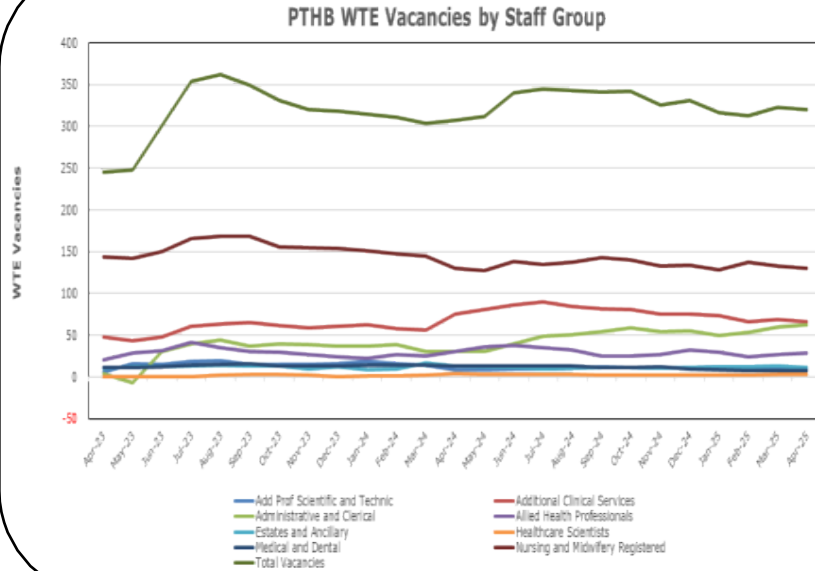
Gender Headcount



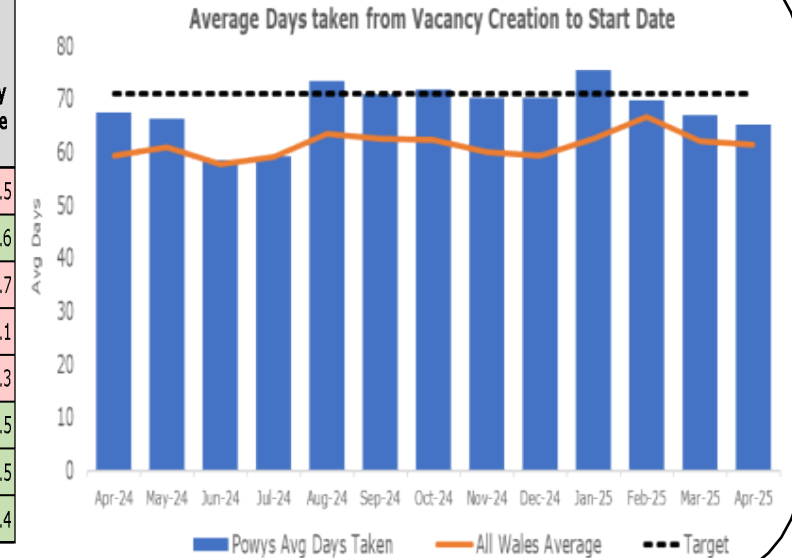
PTHB Age Profile 2020, 2025 & Predicted 2030



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TRAC Performance April 2025		Target time in days	Powys Monthly Average	All Wales Monthly Average
T0a	Notice Date to Authorisation Start Date	5	40.2	51.5
T1a	Time to Approve Vacancy Request	10	14.5	8.6
T4	Time to Shortlist	3	5.6	5.7
T5b	Time to Update Interview Outcomes	3	2.7	3.1
T9b	Time to Approve References	2	5.2	4.3
T13	Vacancy Creation to Conditional Offer	44	51.1	43.5
T14	Vacancy Creation to Ready for Start date notification	71	65.2	61.5
T23	Conditional Offer to Ready for Start date notification	27	17.8	14.4



## Average Total Bank Worked – Last 12 Months

**66.1 WTE**



Previous 12 months  
Average Worked 49.9 WTE

## Average Total Agency Worked – Last 12 Months

**74.1 WTE**

*On Con (48.4 WTE)  
Off Con (25.7 WTE)*



Previous 12 months  
Average Worked 72.2 WTE  
*On Con (49.6 WTE) & Off Con (22.6 WTE)*

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## Average Bank Worked Nursing – Last 12 Months

# 43.3 WTE



Previous 12 months  
Average Worked 32.6 WTE

## Average Agency Worked Nursing – Last 12 Months

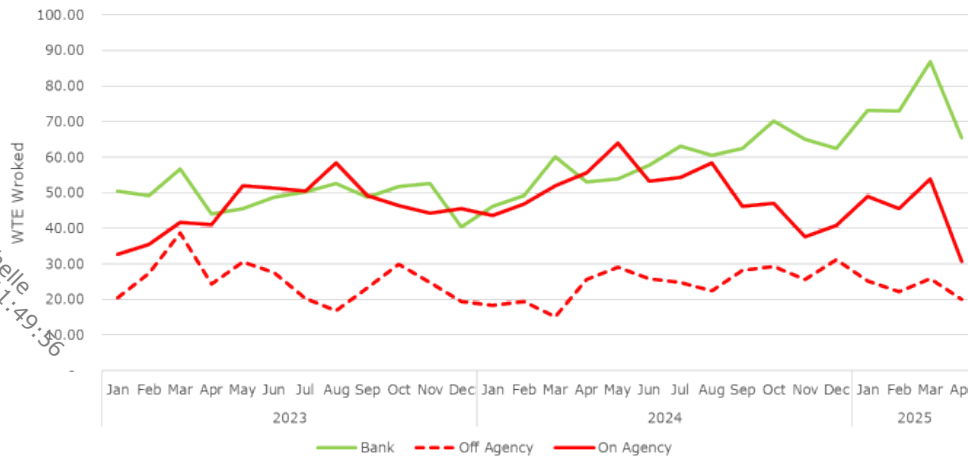
# 63.4 WTE

On Con (42.0 WTE)  
Off Con (21.4 WTE)

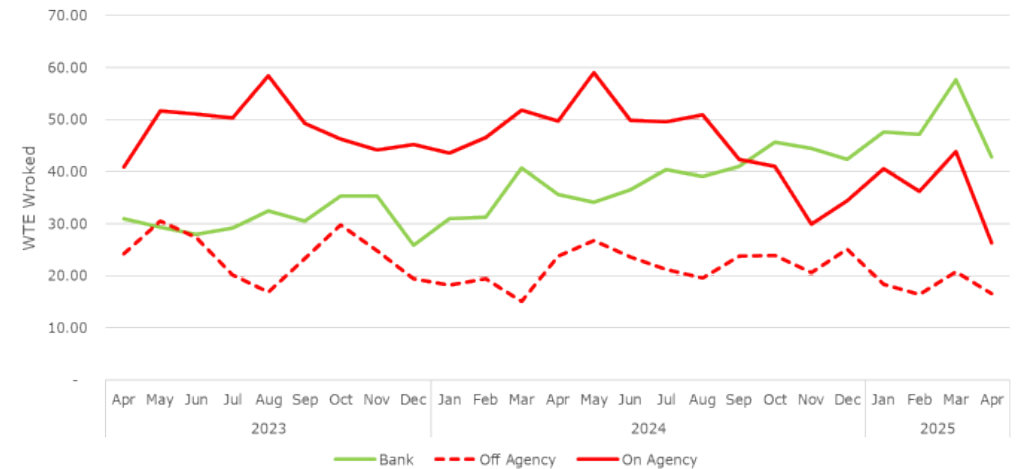


Previous 12 months  
Average Worked 71.5 WTE  
On Con (49.0 WTE) & Off Con (22.4 WTE)

### Total PTHB Agency/Bank Worked (Exc Medical)



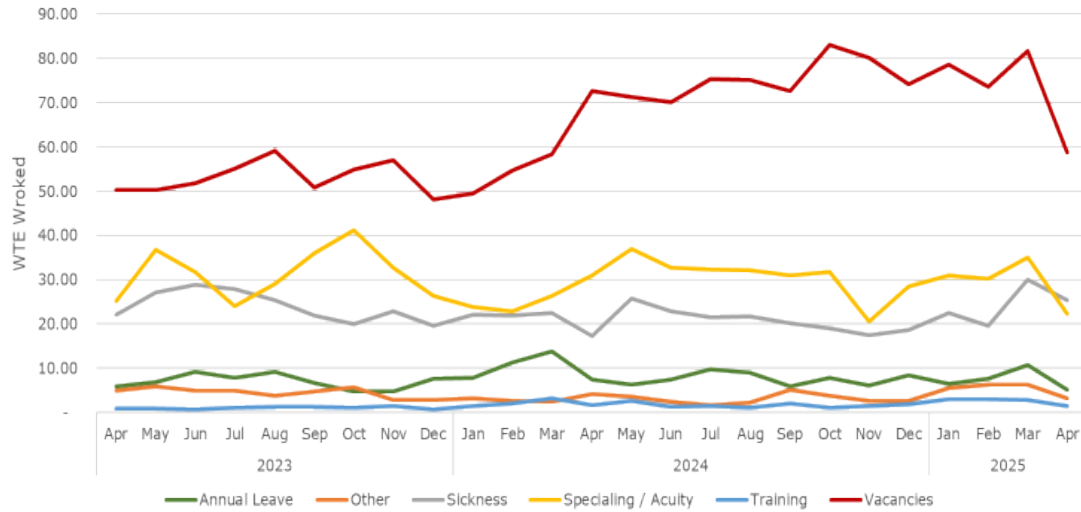
### Total Nursing Agency/Bank Worked (Exc Medical)



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# Staff Transformation & Sustainability of the Workforce

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



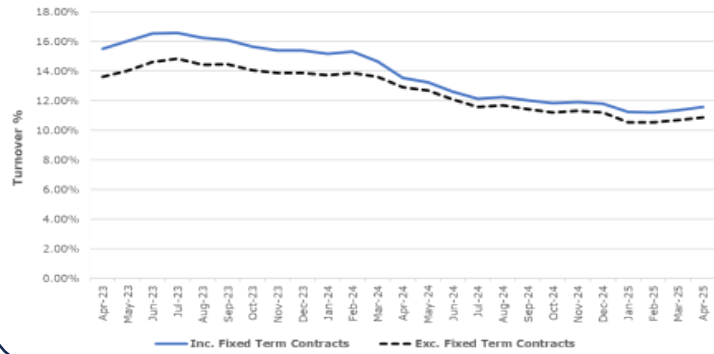
**What is the Table showing:** Total number of Bank and Agency (on/off contract) Shifts and Hours used last year and utilisation to date this year, along with a crude 12 month forecast for the financial year.

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

Bank / Agency	On/Off Contract Agency	2023/24 12 Months		2024/25 12 Months		2025/26 1 Month		Crude 12 Month Forecast 2025/26			
		No of Shifts	Hours	No of Shifts	Hours	No of Shifts	Hours	No of Shifts	% Increase	Hours	% Increase
Agency	On Agency	9,318	94,606	10,234	98,617	512	5,021	6,144	67%	60,250	-39%
	Off Agency	4,787	43,908	5,887	51,229	348	3,246	4,176	41%	38,954	-24%
Agency Total		14,105	138,514	16,121	149,846	860	8,267	10,320	56%	99,204	-34%
Bank	Bank	12,994	96,082	16,603	127,286	1,328	10,667	15,936	4%	128,000	1%
Bank Total		12,994	96,082	16,603	127,286	1,328	10,667	15,936	4%	128,000	1%
Grand Total		27,099	234,596	32,724	277,132	2,188	18,934	26,256	25%	227,204	-18%

What the charts tells us	Areas of Concern	Actions/Mitigations
<p><b><u>Staff in Post</u></b>                      The organisation currently employs <b>2,065.27</b> WTE staff. Within the last 2 years (April 2023), the WTE staff employed has increased by <b>7.83%</b> (149.97 WTE). The majority of the increase continues to be seen mainly in Nursing &amp; Midwifery Registered (53.46 WTE) . Main Directorates are Community Care &amp; Therapies (87.11 WTE) and Mental Health (55.91 WTE).</p> <ul style="list-style-type: none"> <li>• 9% (225) of the workforce are currently on fixed term contracts</li> <li>• 85% (2,178) of the workforce are female.</li> <li>• 52% (1,349) work part time.</li> </ul> <p><b><u>Recruitment &amp; Vacancies</u></b></p> <ul style="list-style-type: none"> <li>• As of April 2025, the organisation has a vacancy rate of <b>12.57%</b> (391.77 WTE). When compared with April 2024 (13.54%), the overall vacancy rate has decreased by <b>0.97%</b>.</li> </ul> <p><b><u>Age Profile</u></b>                      Of the 2,574 staff currently in post, 30% (773) are over the age of 55. This is set to rise to 45% (1,154) by 2030.</p> <p><b><u>Bank &amp; Agency Usage</u></b>                      In the last 12 months a monthly average of <b>66.1 WTE</b> Bank hours were worked, 43.3 WTE of which were within Nursing. Compared to previous 12 months (49.9 WTE) bank usage has seen an increase of <b>16.2 WTE</b>.</p> <p>Agency saw a total of <b>74.1 WTE</b> worked in the last 12 months, 63.4 WTE within Nursing. Compared to the previous 12 month (72.2 WTE). Agency has increased by <b>1.9 WTE</b></p> <p>Bank has seen a steady increase over the last 24 months, where Agency has continued to fluctuate, but on contract has seen a steady decline since May 2024 . April 2025 however has seen a sharp drop in both on and Off Contract Agency.</p> <p>In the last month;</p> <ul style="list-style-type: none"> <li>• 860 Agency shifts were worked (8,267 hours)</li> <li>• 1,328 Bank shifts were worked (10,667 hours)</li> </ul> <p>The crude 12 month forecast for 2025/26, based on hours worked in April 2025, shows a decrease in Agency use of 34%, where Bank is showing an increase of 1%</p>	<p><b><u>Vacancies</u></b>                      In April 2025, the average time to hire for PTHB was <b>65.2 days</b>. In the last 13 months the organisation has failed to meet the national target 3 times. The ability to meet this target is impacted upon by multiple factors including how responsive recruiting managers and candidates are to actions and requests.</p> <p>The majority of vacancies remain within Registered Nursing. Out of a budgeted establishment of 721.82 WTE, there are 123.99 WTE vacancies (17.18%). Of these, 19.36 WTE are within Adult Wards and 7.22 WTE on Mental Health Wards.</p> <p><b><u>Bank &amp; Agency Usage</u></b>                      In the month of April 2025, vacancies continue to be the main reason for Bank and Agency requests, with 58.70 worked, followed by sickness with 25.34 WTE and Specialising 22.35 WTE.</p>	<p><b><u>International Recruitment</u></b></p> <ul style="list-style-type: none"> <li>• The 6 Internationally Educated Nurses (IENs), employed in Machynlleth hospital since arriving in Nov 24, have now all received their NMC PINs and are employed as Band 5 nurses.</li> <li>• The cohort of 6 IENs that arrived into Bronllys in early February have now all sat their OSCE exam. 5 of whom have passed and the 6th nurses will be undertaking her second resit in May 25.</li> </ul> <p>We welcomed a cohort of 6 RMNs over March and April 2025. All of these nurses have undertaken their OSCE training, provided by Swansea Bay UHB, 3 passing first time. The remaining 3 nurses are resitting their OSCE Exam in May 25.</p> <ul style="list-style-type: none"> <li>• 2 RMNs will each be employed within Llandrindod Wells, Ystradgynlais, and Bronllys.</li> </ul> <p>We have submitted our request for the FY 25/26 international recruitment campaign, and are planning to welcome the first cohort of 4 Adult nurses to Welshpool mid-June 25. A further 2 cohorts of 4 (one cohort of Adult nurses and a cohort of RMNs) will complete the nursing submission for 25/26. An additional 2 Medical doctors have been offered roles within the same International programme and once their compliance checks are complete, we will work to bring them to Powys.</p> <p><b><u>Other Recruitment Activity</u></b>                      The resourcing team held a Mental Health bank staff Open Day in Bronllys Hospital in May 2025. Some interviews were held on the day, and others scheduled for future dates, and in total resulted in 10 interested parties attending the day. 5 interviews were held on the day with further remote interviews scheduled for other interested parties.</p> <p>We will commence the 2025 Aspiring Nurse Programme in May 25, hoping to recruit up to 20 positions for the exciting programme.</p> <p><b><u>Workforce planning</u></b>                      Workforce planning sessions have taken place during February and March to capture any senior managers who are yet to be introduced to the All-Wales 6 step toolkit. Practical support/advice has been offered to support implementation. In April, a short survey was sent to managers who received training in 23/24. The survey aims to understand if any services have started workforce plans and if there is any learning to share across the organisation. If they haven't</p>

Rolling Turnover - Apr 23 to Apr 25



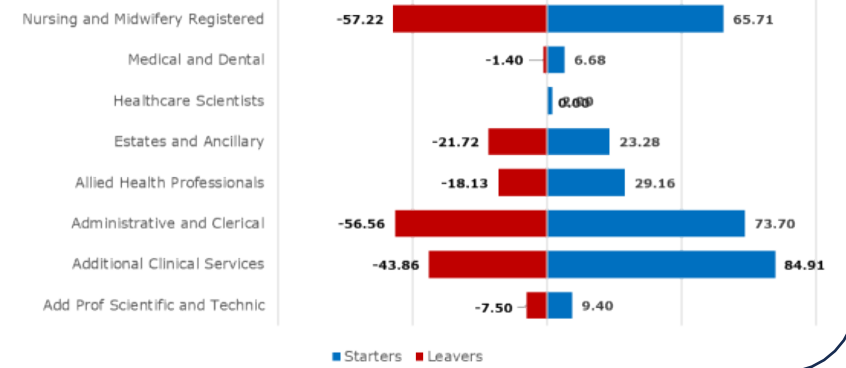
## Staff Stability - Percentage of Staff Retained over last 12 months (exc Fixed Terms)

**88%**

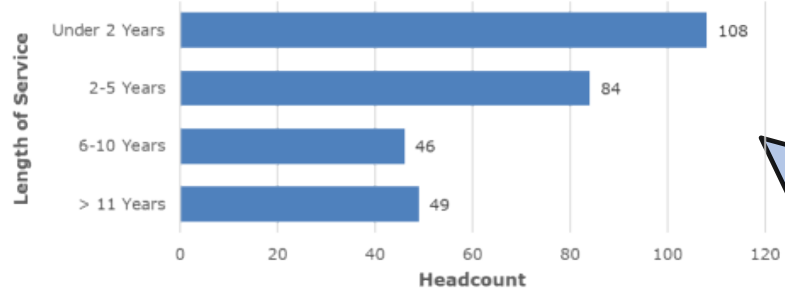
Staff Turnover :  
 Apr-25: 11.59% (10.87% Exc F/T)  
 Apr-24: 13.54% (12.91% Exc F/T)  
 NHS Wales 7.0% (Jan-25)



Leavers v Starters by Staff Group - 12 month



Leavers last 12 months by Length of Service

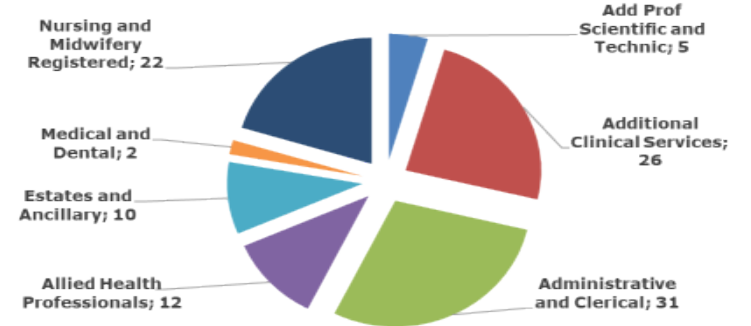


The Organisation saw a total of 287 leavers in the last 12 months, 108 (38%) left within 2 years of service, 13 of which were end of fixed term contracts.

Of the 287 leavers:

- 60 left due to Age Retirement
- 14 left on Flexi Retirement
- 176 left due to Voluntary Resignation, of which 27 were due to relocation, 15 promotion, 15 Health and 20 work life balance.
- A total of 18 staff left due to end of fixed term contracts.
- 123 Nursing staff left the organisation, 32 were Age Retirement and 74 voluntary resignation.

Leavers last 12 months with under 2 Years Service by Staff Group



PADR Compliance: Apr-25

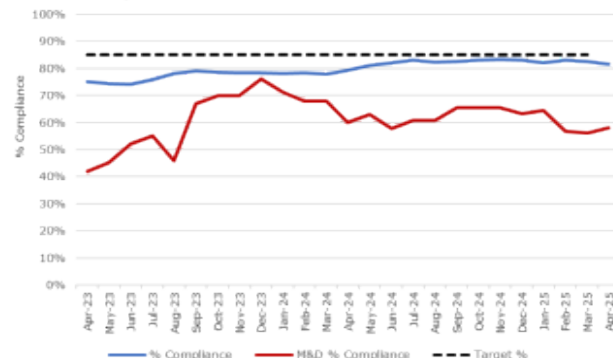
**82%**

Medical & Dental (58%)  
 NHS Wales 77.1% (Jan-25)

Apr-24 : 79% M&D: 60%  
 Apr-23: 75% M&D: 42%



PADR Compliance Trend



Mandatory & Statutory Training Compliance: Apr-25

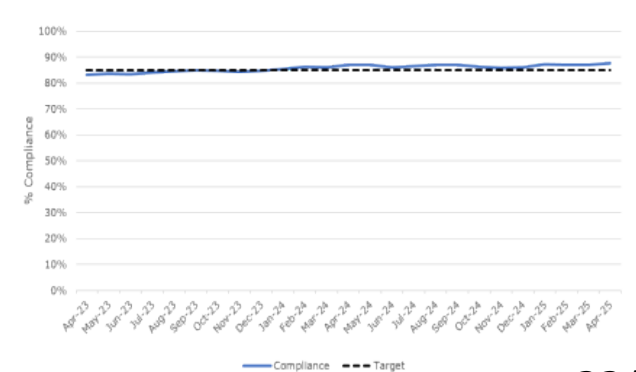
**88%**

NHS Wales 83% (Jan-25)

Apr-24 : 87%  
 Apr-23 : 83%



Mandatory & Statutory Training Compliance Trend



## 10 Core Competencies Compliance (All Levels)

Core Skills Competencies (All Levels)	Required	Achieved	Compliance %
Equality, Diversity and Human Rights - 3 Years	2,651	2,487	94%
Fire Awareness Classroom - 2 Years	5,170	4,530	88%
Health, Safety and Welfare - 3 Years	2,651	2,498	94%
Infection Prevention and Control - Level 1 - 2	2,494	2,139	86%
Information Governance (Wales) - 2 Years	2,651	2,314	87%
Moving and Handling - Levels 1 - 2	2,655	2,166	82%
Resuscitation - Levels 1 - 3	2,696	1,992	74%
Safeguarding Adults Levels 1 - 4	2,321	1,907	82%
Safeguarding Children Levels 1 - 4	2,342	2,122	91%
Violence and Aggression (Wales) - Module B - 3 Years	2,111	1,962	93%
<b>Grand Total</b>	<b>27,742</b>	<b>24,117</b>	<b>87%</b>

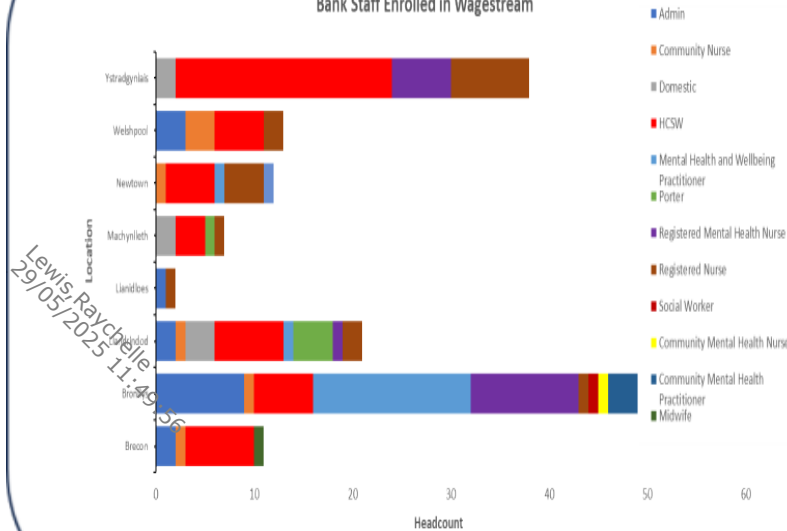
## Core Skill Level Competencies with Compliance under 85%

Core Skills Competencies Levels of Concern	Required	Achieved	Compliance %
Anaphylaxis - 1 Year	630	444	70%
Fire Awareness Classroom - 2 Years	2519	2101	83%
Infection Prevention and Control - Level 2 - 1 Year	1625	1361	84%
Manual Handling for Managers - No Renewal	213	164	77%
Moving and Handling - Level 2 - 2 Years	1588	1247	79%
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	1057	697	66%
Resuscitation - Level 2 - Newborn Basic Life Support - 1 Year	54	45	83%
Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	265	176	66%
Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	234	100	43%
Resuscitation - Level 3 - Paediatric Immediate Life Support - 1 Year	24	12	50%
Safeguarding Adults (Version 2) - Level 3 - 3 Years	475	218	46%
Safeguarding Adults Level 4 - 3 years	6	5	83%
Safeguarding Children - Level 2 - No Specified Renewal	69	39	57%
Safeguarding Children - Level 3 - 3 Years	174	134	77%
Safeguarding Children Level 4 - 3 years	7	5	71%
Violence & Aggression Module D - 1 Year	67	39	58%

## Role Specific Competencies with Compliance under 85%

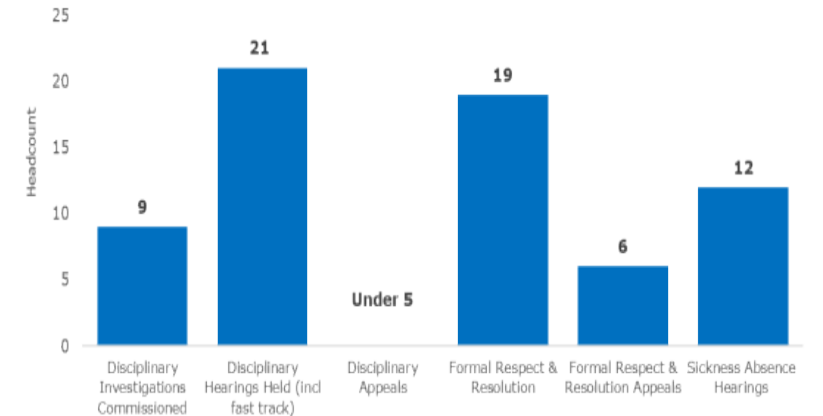
Role Specific Competencies	Required	Achieved	Compliance %
Clinical Induction - Nursery Nurse No Renewal	17	9	53%
Patient Group Directions - 1 Year	4	3	75%
Positive Behaviour Management Practical - 1 Year	17	11	65%
Positive Behaviour Management Theory - 3 years	17	13	76%
VAWDASV Ask & Act Level 2 - 2 years	939	681	73%
WARRN - 3 years	178	90	51%

Bank Staff Enrolled in Wagestream



Position	Number of Bank Staff Enrolled on Wagestream
Admin	17
Community Mental Health Nurse	1
Community Mental Health Practitioner	3
Community Nurse	7
Domestic	7
HCSW	55
Mental Health and Wellbeing Practitioner	18
Midwife	1
Porter	5
Registered Mental Health Nurse	18
Registered Nurse	19
School Nurse	1
Social Worker	1
<b>Grand Total</b>	<b>153</b>

Formal Employee Relations Activity 12 Months



# Great Place to Work

What the chart tells us	Areas of Concern	Actions/Mitigations
<p><b><u>Turnover</u></b> Turnover shows a rolling rate of <b>11.59%</b> for April 2025, a decrease of <b>1.95%</b> when compared to April 2024 (13.54%). Excluding staff on fixed term contracts, turnover in April 2025 is <b>10.87%</b>, compared with <b>13.91%</b> in April 2024.</p> <ul style="list-style-type: none"> <li>The organisation exceeds the All-Wales Position of 7.0% (Jan 2025)</li> <li>Stability Index for the Health Board decreased by 1% in the last month to <b>88%</b> (excluding fixed term contracts).</li> </ul> <p><b><u>PADR</u></b> Appraisal rates are based on the percentage headcount of staff who have had a PADR in the last 12 months (Doctors and Dentists in the last 15 months). Target is 85%.</p> <ul style="list-style-type: none"> <li>Compliance in April 2025 is at a rate of <b>82%</b>, which is an increase of <b>3%</b> when compared to April 2024 (79%).</li> <li>Medical &amp; Dental reported at <b>58%</b>.</li> <li>The health board continues to benchmark positively when compared with All Wales position of 77% (Jan 2025).</li> </ul> <p><b><u>Mandatory &amp; Statutory Training</u></b> Compliance of Mandatory and Statutory includes all role specific competencies attached to positions.</p> <ul style="list-style-type: none"> <li>The health board reported a rate of <b>88%</b> for April 2025, an improvement of <b>1%</b> when compared to April 2024 (87%), which exceeds the 85% Target.</li> <li>The health board benchmarks positively when compared with All Wales position of 83% (Jan 2025).</li> </ul> <p><b><u>Wagestream</u></b> Since commencement there have been 153 enrolments for Wagestream.</p> <p><b><u>Employee Relations</u></b> In the last 12 months there were 12 sickness absence hearings, 9 Disciplinary Investigations, 19 formal respect &amp; resolution meetings and 19 Disciplinary Hearings including fast tracks.</p>	<p><b><u>Turnover</u></b> Although organisation turnover has shown significant improvement over the last 12 months, organisational turnover continues to be higher than the All-Wales NHS position (7.0%).</p> <p>A total of 287 staff left the organisation in the last year</p> <ul style="list-style-type: none"> <li><b>38%</b> (108) of these staff left within 2 years service – 86 of which were voluntary (15 for relocation) and 13 were end of fixed terms.</li> <li><b>21%</b> (60) staff left due to age retirement.</li> <li><b>5%</b> (14) left for Flexi Retirement.</li> </ul> <p><b><u>PADR</u></b> There has been little change overall to PADR compliance in the last 12 months. Whilst there continues to be a decline in Medical and Dental compliance, this is due to a recording and reporting issue in ESR, a solution for which is being explored.</p> <p><b><u>Mandatory &amp; Statutory Training</u></b> There are 3 Core Skills Competencies that report under 50%;</p> <ul style="list-style-type: none"> <li>Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year</li> <li>Resuscitation - Level 3 - Paediatric Immediate Life Support - 1 Year</li> <li>Safeguarding Adults (Version 2) Level 3 – 3 Years</li> </ul> <p><b><u>Employee Relations</u></b> There are no distinct themes identified by directorate or service.</p>	<p><b><u>Turnover</u></b></p> <ul style="list-style-type: none"> <li>There has been a positive reduction in workforce turnover over the last 12 months, however, there has been a very slight increase in the past 2 months.</li> <li>The Workforce Retention Steering Group, chaired by the Workforce Retention Lead, recently reviewed the data in relation to leavers with under 2 years' service, holding a workshop to identify actions to improve staff experience in the first 2 years' service. Subsequent actions will be taken forward by the retention task and finish groups.</li> <li>A quarterly data triangulation has begun, to enable identification of teams that may need enhanced support from the people and culture team.</li> <li>A leaver's toolkit is under development to improve the exit questionnaire process and data collection related to turnover.</li> </ul> <p><b><u>PADR and Statutory &amp; Mandatory</u></b> The P&amp;C BP team review the monthly PADR compliance report and provide focussed intervention to managers that have compliance less than 85%. The P&amp;C BP team continue to discuss compliance at senior management meetings within services, escalating to Assistant Directors areas of concern as required. Targeted work is underway in directorates with sustained low compliance.</p> <p><b><u>Employee Relations</u></b> People &amp; Culture Business Partners and trade unions agreed a programme of work to review, redesign and implement toolkits for Workforce policies in July 2023. These toolkits support employees and managers with managing employee relation matters to apply the principle of reducing avoidable harm through processes. This work is ongoing and is monitored via the workforce policy review group. To date, the toolkit page has received 7992 views.</p> <p>People &amp; 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

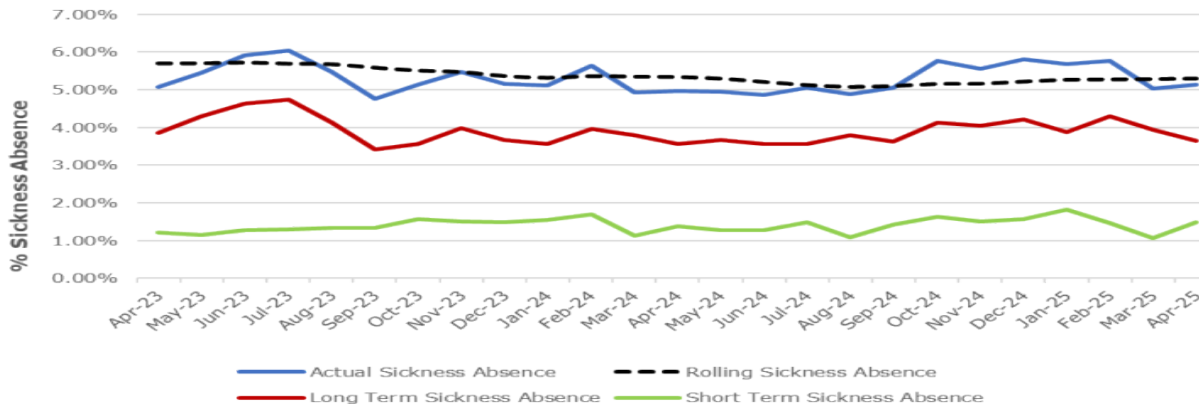
## Sickness Absence Percentage Apr-25:

**5.13% (Actual)**  
**5.30% (Rolling)**



Apr-24 - 4.96% (Actual) 5.34% (Rolling)  
Apr-23 - 5.07% (Actual) 5.70% (Rolling)  
**NHS Wales 6.3% Rolling (Jan-25)**

### Sickness Absence Rate



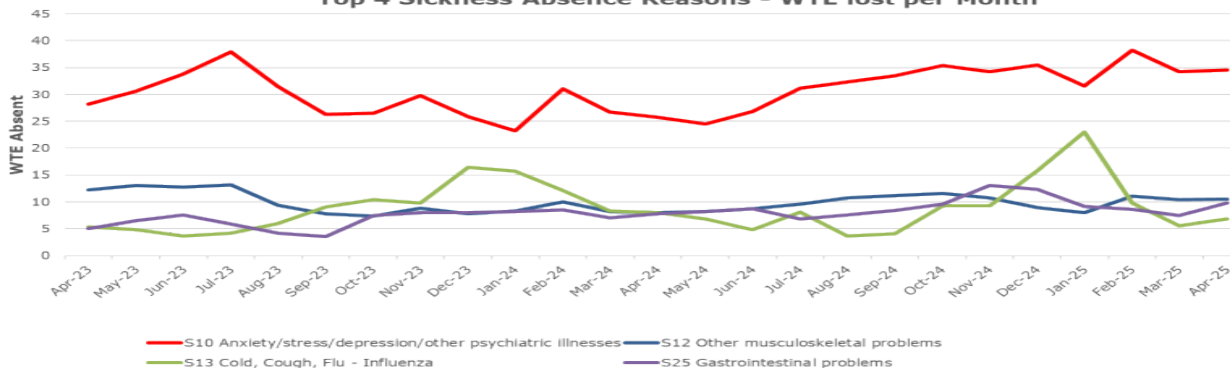
## Sickness Absence: 12 Months Average WTE of Staff lost :



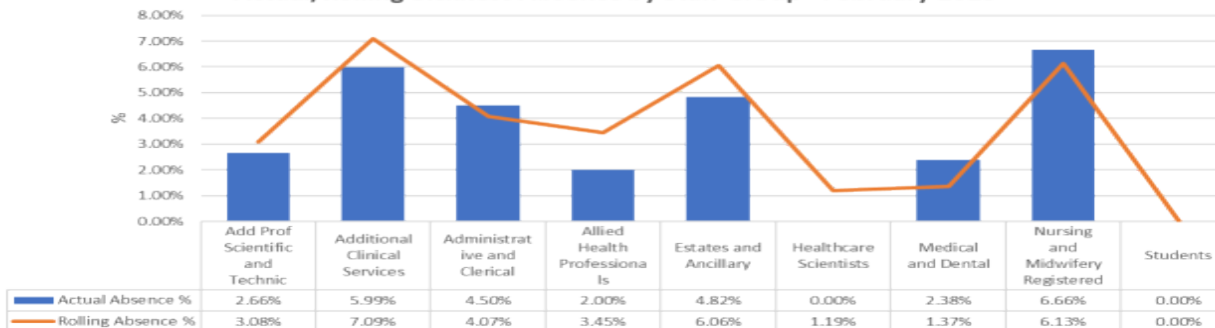
**108.6 WTE**

May-23 to Apr-24: 104.6 WTE  
May-22 to Apr-23: 109.0 WTE

### Top 4 Sickness Absence Reasons - WTE lost per Month



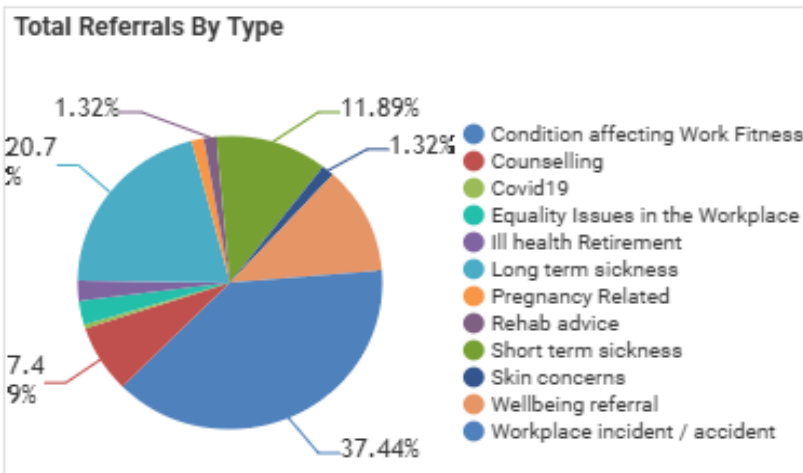
### Actual/Rolling Sickness Absence by Staff Group - February 2025



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Occupational Health VIVUP Employee Assistance Programme/Counselling Service April 2025

Occupational Health



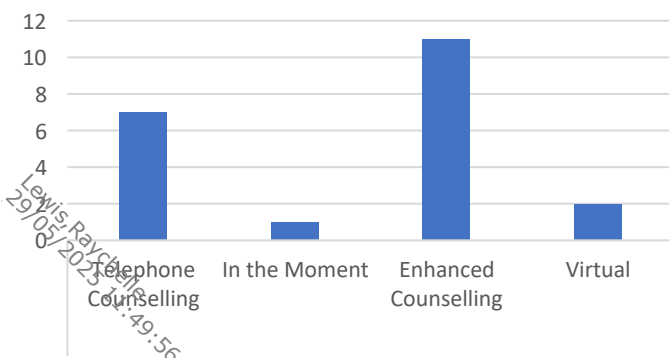
MANAGEMENT REFERRALS

230 managers accounts have been created via OPASG2 , the breakdown of the highest presenting issues in this period are and including:-

- 37% of staff with condition affecting work fitness (uniform blue)
- 11 % with short term sickness (green)
- 21 % Long term sickness (light blue)
- 7.5 % was for counselling and referred onto Vivup (red)
- 1% New category for this month is skin concerns

There has been little movement % wise since last month in the categories

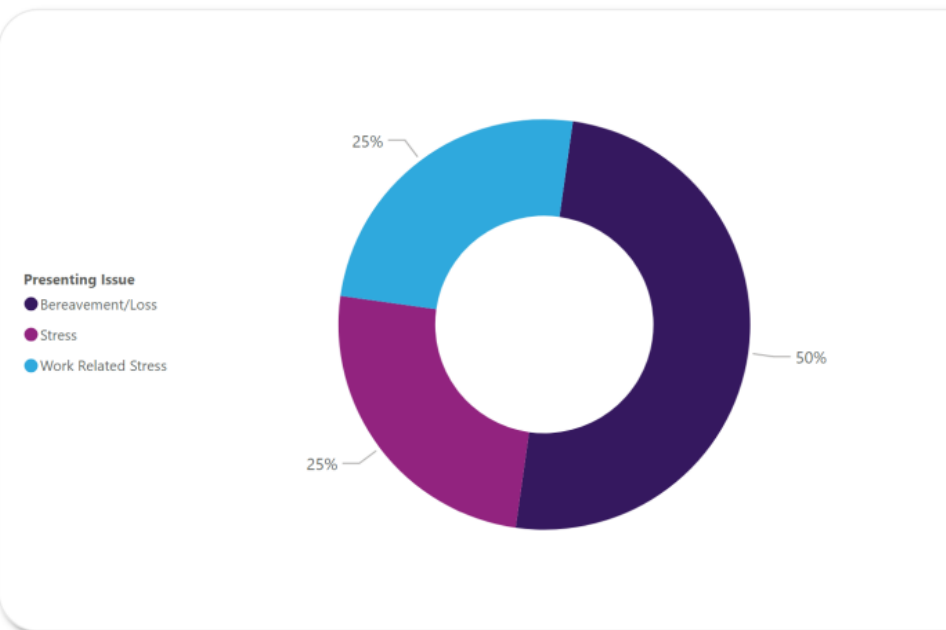
PTHB Counselling Support April 2025



**21 staff members accessed some form of counselling in April**

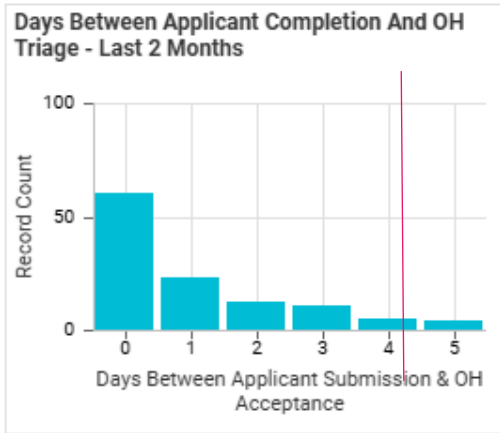
4 new staff members accessed Vivup in April – all of these staff were in work. 50% heard through Occ Health and 50% heard through their manager of the EAP service

New Clients 01 Apr 2025 - 30 Apr 2025: 4

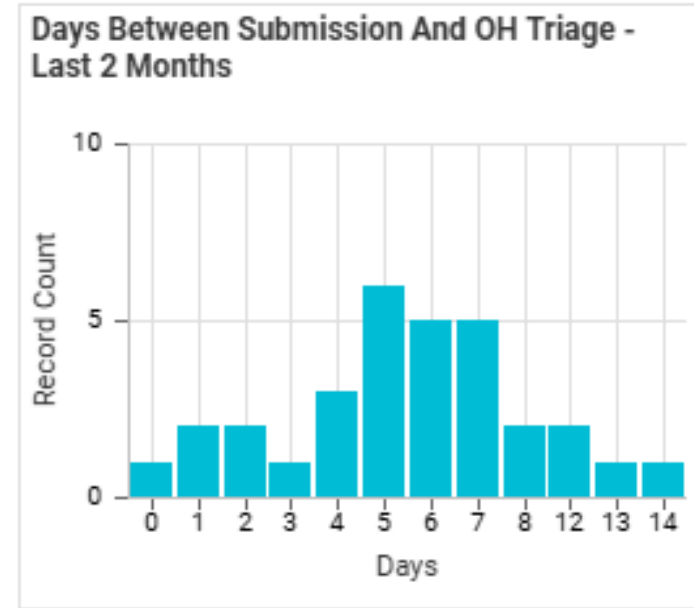
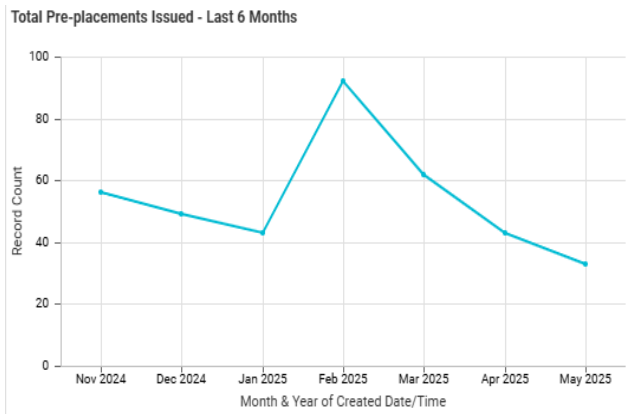


# Occupational Health OPASG2 Dashboard- Snapshot April 2025

All OH Pre-placements checks are now managed through the OPASG2 system – from the graph below you can see that there is an average of 80 pre placement in our system at the end of April 2025 – This are new posts and internal movement posts – there has been a significant number of Bank clearances requested following a recruitment drive in this area.



Initial triaging has fallen since last month from 7 days average to 0-1 days – very positive move forward



Management Referrals – total received in this period of Mar-April is 31 referrals – compared to last month period which was 29.

KPI at National Standard is that an appointment is offered within 29 days of receiving. 80% of this needs to be achieved . With the recruitment of a new OH Specialist nurse we expect to see this wait drop dramatically and also achieve over 80% by the end of May. Our new triage system is also helping to reduce this process and wait for staff members/patients.

Pre-employment checks are averaging at 2-3 weeks currently – significant difference in achieving the standard against last months data. The red line indicates that the National Minimum Standard of 80% within 7 days of acceptance is being achieved – noting that excludes applicants that need follow ups, bloods and vaccinations etc.

Lewis, Raychelle  
29/05/2025 11:49 AM

## Employee Health & Well Being

### What the chart tells us

#### **Sickness Absence**

Although rolling sickness absence over the last 2 years has seen a steady improvement, since Sept 2024 figures have started to gradually increase again.

- Actual sickness for April 2025 reported at **5.13%**, 0.21% higher than April 2024 (5.34%).
- Rolling sickness for April 2025 reported at **5.30%**, 0.27% lower compared with April 2024 (5.07%) .

The organisation saw an average of **108.6 WTE** absent in the last 12 months, which is 4.0 WTE higher when compared with the previous 12 months **104.6 WTE**.

The four top reasons for sickness identified within the charts are accountable for **56%** of all sickness reported in the last 12 months.

In the last 12 months the top 4 reasons contributed to the following WTE's lost:

- Anxiety/ Stress/ Depression saw 33.7 WTE (245 headcount) staff absent - 30% of all sickness.
- Other musculoskeletal problems 10.3 WTE (117 headcount) – 9.2% of all sickness.
- Gastrointestinal Problems – 9.4 WTE (450 headcount) staff absent – 8.4% of all sickness
- Cold, Cough, Flu Influenza – 9.2 WTE (679 headcount) staff absent – 8.2% of all sickness.

### Areas of Concern

#### **Sickness Absence**

Rolling sickness absence for the year is particularly high in:

- **Additional Clinical Services** (7.09%) *majority of days lost being due to Anxiety, Stress & Depression (27.8%), Other Musculoskeletal problems (10.5%) and Gastrointestinal problems (10.1%).*
- **Nursing & Midwifery Registered** (6.13%) *majority of days lost were due to Anxiety, Stress & Depression (30.4%), Other known causes not elsewhere classified (11.9%) followed by Cold, Cough and Flu (9.5%).*
- **Estates & Ancillary** (6.06%) *majority of days lost were due Anxiety, Stress & Depression (28.1%) and Other Musculoskeletal problems (16.9%)*

### Actions/Mitigations

The P&C BP team are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed.

Sickness absence is monitored via directorate SMT meetings and escalated to AD's where necessary.

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.

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. This has included delivery of several bespoke sessions to directorates.

*Between February and April 2025, Powys Teaching Health Board (PTHB) piloted a tri-disciplinary **Mindfulness-Compassion-ACT** wellbeing programme to tackle rising staff stress, burnout and absence. Delivered by three PTHB practitioners, the initiative provided 130+ confidential interventions—including one-to-ones, group seminars and drop-ins—to over 52 clinical and non-clinical colleagues. The pilot is currently being evaluated*

There has been an increase in the numbers ; now at 171 of staff signing up to VIVUPS YourCare app where they can monitor their wellbeing and access additional support resources. During this period 6 staff used the GP virtual appointment service through VIVUP

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# Workforce Monthly Dashboard – April 2025

The tables below give a breakdown for the month by Staff Group and Directorate

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 %	External 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	83.21	95.66	12.45	13.01%	2.66%	3.08%	1.47	1.21	0.62	1.83	80%	86%	2.40	0.40	-	-	11.88%	9.90%
Additional Clinical Services	396.53	472.62	76.09	16.10%	5.99%	7.09%	20.41	4.97	13.65	18.63	77%	88%	-	5.00	-	1.00	10.74%	10.16%
Administrative and Clerical	573.96	608.16	34.20	5.62%	4.50%	4.07%	7.27	-	-	0.00	86%	94%	5.20	5.00	-	-	10.77%	9.87%
Allied Health Professionals	160.45	185.49	25.04	13.50%	2.00%	3.45%	1.76	1.59	3.92	5.51	89%	88%	2.00	4.11	-	-	11.83%	10.70%
Estates and Ancillary	167.62	178.73	11.11	6.22%	4.82%	6.06%	8.91	-	-	0.00	81%	86%	0.93	2.00	-	0.67	14.97%	14.06%
Healthcare Scientists	10.21	12.32	2.11	17.10%	0.00%	1.19%	0.29	0.60	-	0.60	100%	96%	-	-	-	-	0.00%	0.00%
Medical and Dental	39.44	46.24	6.80	14.70%	2.38%	1.37%	-	3.28	4.24	7.52	58%	68%	0.80	-	-	-	7.08%	5.31%
Nursing and Midwifery Registered	597.83	721.82	123.99	17.18%	6.66%	6.13%	25.36	11.55	12.62	24.16	80%	85%	2.89	2.20	-	-	10.89%	10.75%
Students	-	-	-	-	0.00%	0.00%	-	-	-	0.00	100%	94%	-	-	-	-	0.00%	0.00%
<b>Grand Total</b>	<b>2,029.27</b>	<b>2,321.04</b>	<b>291.77</b>	<b>12.57%</b>	<b>5.13%</b>	<b>5.30%</b>	<b>65.46</b>	<b>23.20</b>	<b>35.06</b>	<b>58.26</b>	<b>82%</b>	<b>88%</b>	<b>14.23</b>	<b>18.71</b>	<b>0.00</b>	<b>1.67</b>	<b>11.21%</b>	<b>10.44%</b>

Staff in Post excludes Student Nurses, Aspiring Nurses, Career Breaks and External Secondments

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 %	External Starters in Month WTE	Leavers in Month WTE	Substantive to Bank in Month	Bank to Substantive in Month	12 month Rolling Turnover Rate	12 month Rolling Turnover Rate (Exc. Fixed Terms)
Chief Executive Office	20.71	26.02	5.31	20.42%	5.31%	3.92%	-	-	-	0.00	100%	79%	-	-	-	-	24.39%	19.51%
Community Care & Therapies	854.25	1016.51	162.26	15.96%	5.14%	5.27%	31.58	4.68	13.36	18.04	83%	89%	4.29	10.71	-	-	12.51%	11.95%
Community Dental Service	44.08	55.75	11.67	20.92%	1.62%	3.09%	-	-	-	0.00	76%	84%	-	-	-	-	7.94%	7.94%
Corporate Governance	23.91	13.03	-10.88	-83.53%	2.27%	1.09%	0.40	-	-	0.00	96%	90%	1.00	-	-	-	0.00%	0.00%
Estates & Works	47.11	48.21	1.10	2.29%	2.71%	2.01%	-	-	-	0.00	90%	95%	1.00	0.00	-	-	10.00%	10.00%
FID Finance Directorate	32.06	35.03	2.97	8.47%	3.19%	1.78%	-	-	-	0.00	79%	91%	-	1.00	-	-	2.94%	2.94%
Facilities & Support Services	148.79	149.75	0.96	0.64%	4.58%	6.94%	8.80	-	-	0.00	78%	85%	0.93	2.00	-	0.67	16.18%	15.69%
MED Medical Directorate	2.70	3.24	0.54	16.81%	0.00%	1.35%	-	-	-	0.00	100%	62%	-	-	-	-	15.38%	0.00%
MHD Mental Health	404.18	511.44	107.26	20.97%	5.76%	6.87%	20.90	17.92	21.70	39.62	70%	82%	2.80	4.00	-	1.00	8.45%	8.03%
Medicines Management	29.68	29.14	-0.54	-1.85%	0.00%	1.14%	0.24	0.51	-	0.51	100%	96%	0.40	-	-	-	10.81%	8.11%
NUD Nursing Directorate	27.27	29.19	1.92	6.59%	10.23%	7.63%	-	-	-	0.00	97%	91%	1.00	-	-	-	9.09%	9.09%
PHD Public Health Directorate	66.81	79.41	12.60	15.87%	10.35%	5.70%	0.68	-	-	0.00	93%	97%	-	-	-	-	11.47%	11.47%
PLD Planning Directorate	15.39	17.60	2.21	12.58%	0.83%	3.57%	-	-	-	0.00	88%	92%	-	-	-	-	18.75%	18.75%
People & Culture Directorate	62.35	53.04	-9.31	-17.56%	4.85%	3.96%	1.68	-	-	0.00	97%	89%	0.80	-	-	-	7.30%	5.84%
Primary Care	18.06	16.04	-2.02	-12.59%	10.22%	7.78%	-	-	-	0.00	84%	92%	-	0.40	-	-	23.81%	23.81%
THD Therapies & Health Sciences Directorate	59.22	53.12	-6.10	-11.48%	3.09%	3.50%	-	-	-	0.00	78%	93%	1.00	-	-	-	15.04%	12.03%
Transformation Directorate	15.30	25.90	10.60	40.93%	0.00%	2.53%	-	-	-	0.00	100%	93%	1.00	-	-	-	32.56%	23.26%
Women and Children Directorate	157.41	158.62	1.21	0.76%	5.60%	4.67%	1.17	0.09	-	0.09	87%	89%	-	0.60	-	-	9.28%	8.76%
<b>Grand Total</b>	<b>2,029.27</b>	<b>2,321.04</b>	<b>291.77</b>	<b>12.57%</b>	<b>5.13%</b>	<b>5.30%</b>	<b>65.46</b>	<b>23.20</b>	<b>35.06</b>	<b>58.26</b>	<b>82%</b>	<b>88%</b>	<b>14.23</b>	<b>18.71</b>	<b>0.00</b>	<b>1.67</b>	<b>11.59%</b>	<b>10.87%</b>



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 5.2**

<b>EXECUTIVE COMMITTEE</b>		<b>3 June 2025</b>
<b>Subject:</b>	Executive Director of People and Culture – Summary Report	
<b>Approved and presented by:</b>	Debra Wood-Lawson, Executive Director of People and Culture	
<b>Prepared by:</b>	Assistant Director People and Culture/OD	
<b>Other Committees and meetings considered at:</b>	N/A	
<b>PURPOSE:</b>		
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 2023/24.		
<b>RECOMMENDATION(S):</b>		
The Committee is asked:		
<ul style="list-style-type: none"> <li>- To take <b>ASSURANCE</b> against delivery of those priorities. The paper also provides an update on any workforce areas identified nationally.</li> <li>- To <b>RECEIVE</b> this report as an update on priorities within the Workforce section of the Integrated Plan for Q4 2024/25 that are not part of the committee’s agenda and take ASSURANCE against delivery of those priorities.</li> </ul>		
<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
Y		

<b>ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:</b>		
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		

## EXECUTIVE SUMMARY:

This paper provides an update on priorities within the Workforce section of the Integrated Plan for since December 2024. The report also includes updates on other aspects of Workforce matters, both local and national.

- Transformation and Sustainability of our Workforce
- A Great Place to Work
- Employee Health and Wellbeing- Separate agenda item
- Welsh Language, Equalities - Separate agenda item
- Workforce Futures -Partnership
- Workforce HR business partners and workforce resourcing

National Updates:

- National Work Programmes in place
- Review Statutory & Mandatory Training
- The Strategic Nursing Workforce Plan 2025/2030

## HEADING: KEY ACTIVITIES FOR Q4

### Transformation and Sustainability of Our Workforce

- **Workforce Planning – Building the knowledge and capability of our managers.** The People & Culture (P&C) Directorate deployed an intensive piece of work to roll out workforce planning training to senior managers and leaders earlier last year to ensure there was adequate support available for developing the skills and capabilities of our staff to drive the development and delivery of strategic workforce plans.
- Workforce planning (WFP) training is available for managers to access through multiple modalities, such as 1-hour information and awareness session, through to more detailed training accessed via online or face to face classroom-based training.
- The P&C Business Partnering team have undertaken a gap analysis to understand who has undertaken the training to date and who, from those identified as a senior leader who should attend, has yet to complete the training. Targeted discussions with Assistant Directors have taken place with an identified list of senior managers to prioritise in relation to training delivery. 39 senior managers have completed the full training to date with leadership teams from across Mental Health, Womens & Childrens, Digital and Corporate Nursing receiving the 1-Hour awareness sessions.
- Our training approach has continued to develop based around service needs and has included the development of a bespoke awareness session and more recently, targeted practical follow up sessions to explore the 6-step toolkit in more detail. We have also strengthened our evaluation methods to assess the impact of the training on building workforce planning capability.

- These insights will inform future enhancements to the training offer and help identify where additional targeted support may be required.

### **International Recruitment – Progress and Forward view.**

- During the **2024/25 financial year**, three cohorts of Adult Field Internationally Educated Nurses (IENs), comprising six nurses per cohort, have been successfully recruited:
  - Cohort 1: 6 Deployed to Newtown Hospital (August 2024)
  - Cohort 2: 6 Deployed to Machynlleth Hospital (November 2024)
  - Cohort 3: 6 Joined Brecon Hospital (February 2025) – of these, five have successfully passed the OSCE exam; one nurse is scheduled for a resit.
- In addition, six Registered Mental Health Nurses (RMNs) arrived in Powys between March and April 2025, following completion of their OSCE preparation with Swansea Bay UHB. Three passed their OSCE on the first attempt; the remaining three are due to complete resits. These nurses are equally distributed across Llandrindod Wells, Bronllys, and Ystradgynlais hospitals. Mental Health services also benefited from the successful recruitment of two doctors during 2024/25.

### **2025/26 Planned Activity:**

- A further eight Adult Field IENs have been interviewed and offered positions to commence across 2025/26. The first cohort of four is expected to arrive in June 2025, with deployment planned for Maldwyn Ward, Welshpool. The remaining four will arrive later in the year.
- An additional four internationally educated RMNs will be recruited during the 2025/26 financial year. Preparations are underway for an in-country recruitment event in India, planned for July 2025, to support this RMN recruitment.
- A further two doctors have been interviewed and accepted offers and will join Powys in 2025/26 – one assigned to Ystradgynlais, the other to Welshpool.

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### International recruitment summary

Recruitment Activity	Cohort/Detail	Location	Timeline	Notes
Adult Field IENs (2024/25)	Cohort 1 – 6 nurses	Newtown Hospital	Aug 2024	Completed
	Cohort 2 – 6 nurses	Machynlleth Hospital	Nov 2024	Completed
	Cohort 3 – 6 nurses	Brecon Hospital	Feb 2025	5 passed OSCE; 1 resit pending
RMN IENs (2024/25)	6 nurses	Llandrindod, Bronllys, Ystradgynlais	Mar–Apr 2025	3 passed OSCE; 3 resits pending
Doctors (2024/25)	2 doctors recruited	Mental Health Services	Throughout 2024/25	Completed
Adult Field IENs (2025/26 Planned)	Cohort 1 – 4 nurses	Maldwyn Ward, Welshpool	June 2025	Compliance checks & Onboarding
	Cohort 2 – 4 nurses	To be confirmed	To be confirmed	Compliance checks/onboarding
RMN IENs (2025/26 Planned)	4 nurses	To be confirmed	2025/26	Recruitment planning underway
Doctors (2025/26 Planned)	1 doctor	Ystradgynlais	2025/26	Offer accepted
	1 doctor	Welshpool	2025/26	Offer accepted
In-Country Recruitment Campaign	India event planning	India	July 2025 (planned)	Planning stage

- Aspiring Nurse Programme:** The September 2023 cohort of 17 Aspiring Nurses all progressed successfully into year 2 last September and are now studying full time with Bangor University. They are currently undertaking full time academic study and clinical placements.
- Our newest cohort (September 2024) of Aspiring Nurses saw the recruitment and onboarding of 19 new recruits (one of which was a Welsh Language Essential role, a first in Wales) and they are now well into the first year of their learning pathway. Of the original 19 recruited, five have unfortunately withdrawn from the course due to personal circumstances. Currently, there are 12 working in the adult general wards and two in the Mental Health Wards. This cohort will complete the first year of their course with Llandrillo College and, subject to successful progression, will continue into Year 2 of the degree programme. Following discussions with our education commissioners at HEIW, a new arrangement has been agreed for this cohort: Years 2 and 3 of the Aspiring Nurse Programme will now be delivered in partnership with The Open University in Wales. This represents a change from the 2023 cohort, who progressed to Years 2 (and 3) with Bangor University. We view this as an exciting development that will provide our Aspiring Nurses with a more flexible and collaborative route to achieving their professional registration.

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- HEIW has confirmed its continued commitment to supporting the success of the Powys Aspiring Nurse Programme through further ongoing funding. Recruitment for the September 2025 cohort will begin in May 2025, with onboarding scheduled for August 2025. In preparation, we launched an early recruitment initiative via our bank recruitment campaign earlier this year. This encouraged prospective applicants to join the Temporary Staffing Unit to gain valuable knowledge and experience, enhancing their readiness and suitability for the programme.
- Our main recruitment campaign has now formally launched, including an advertisement featured in a local information booklet distributed to households across Powys. In addition, a series of information webinars and in-person events are scheduled throughout May and June to engage potential candidates and provide further details about the programme.

### **Clinical Education: Inter Professional Education (IPE).**

- The Practice Education Facilitators (PEFs) are involved in the IPE workstream 1 – Updating of the All-Wales IPE Principles and IPE workstream 3 – Planning and organisation of IPE conference in September 25. Initiated an IPE Events Calendar, including student and clinical educator events.
- Created and designed an IPE Case Study Day scheduled for delivery on the 30 June. This will involve OT, Physio, SALT, Nursing & Dietetics to promote an understanding of the roles required within a community rehabilitation service. Involves: peer to peer learning, opportunity to develop a simulated patient assessment, intervention planning and collaborative patient education programme as well as a simulated session on best practice communication with patients and care givers. An external speaker from Marie Curie will be attending on the day to deliver a short session.
- Discussions and links being made with primary care and third sector –this currently includes external training sessions from Marie Curie, and (hopefully) spoke placements.
- Interprofessional placement exchanges across professions to enable broader student understanding of the intricacies of IP working – an example includes a third year OT student placed within the Living Well Service. The clinical supervision was overseen by a senior Physiotherapist (both professionals are regulated by the HCPC) in a long arm supervision capacity, with the HEIW signing off clinical competencies to enable placement.
- Interprofessional internal training opportunities such as AHP students attending HCSW training – commencing on 7 May.
- Currently working on for 25/26:
  - Working with CTMHB to deliver cross hospital teaching sessions.
  - Development of an internal IPE group.
  - Development of IPE Student Toolkit
  - PEF involvement in a HEIW led working group for embedding mental health into all AHP placements.

### **Resuscitation Update:**

After four months in post the resuscitation officer has continued to focus on BLS training delivery and has trained over 400 staff, which has stabilised the organisation's risks around staff currency. This has included working with whole departments and teams as well as open courses. Work has also continued in relation to the governance of resuscitation in PTHB, including the finalisation of a new policy. A paper is currently being developed to outline the approach to returning the delivery of training from CTMUHB, including a timeline, which will likely span the next 12 months.

- **The Academy Career and Education Enterprise scheme (ACEES)** - see detailed update in the Workforce Futures section below.

## **Great Place to Work:**

### **Workforce Retention**

- Powys Teaching Health Board's turnover was 11.04% at end of March 2025 (incl fixed terms), this indicates a reduction of 3.69% turnover in the last financial year.
- A local workforce retention improvement plan has been developed which incorporates the national Nurse retention actions and other local initiatives that will impact workforce retention. Actions are undertaken and monitored through a range of task and finish groups.
- A 'Stay conversations' pilot, jointly with Hywel Dda UHB has commenced
- Retention resources have been refreshed and communicated via our SharePoint link: [Workforce Retention Resources](#).
- A range of staff engagement sessions/ conversations have been held, and subsequent feedback has been provided.
- We continue to raise the profile and importance of workforce retention through regular engagement with managers around their service areas retention data.

Looking forward to 2025/26 key activities we plan to undertake:

- Finalise the leavers toolkit, which incorporates a new approach to gathering exit information.
- Evaluate the stay conversation pilot.
- Continue to progress with the National Nurse Retention actions.
- Quarterly triangulate data to identify areas requiring support to improve staff experience.

### **Speaking Up Safely**

- Speaking up safely process are in place with nine minor concerns raised so far and allocated to senior managers to review.
- A paper has been written for Executives to move the actions within the initial Welsh Health Circular to business-as-usual operations, which includes the establishment of a quarterly governance group to ensure a continuous focus on the embedding of a speaking up safely culture in PTHB.

- The 'Our Voice' portal has had 227 views in the last 90 days, and continues to be promoted through staff roadshows etc.
- A Speaking up Safely online training session has been developed to provide staff some tools and resources to take back to their teams and discuss in team meetings. A trial of this has been delivered in the People and Culture team, with two courses per month advertised through February and March. Future dates have been advertised.

### **Clinical Leadership Immersive Programme (CLIP) Q4 Data**

- 13 participants have completed the three in-person training sessions for CLIP Tier 2. Furthermore, fourteen individuals have returned approximately six months after completing CLIP to present to a range of stakeholders what their key learnings from CLIP were and how they have implemented these learnings into their practice
- Throughout the year we have seen some incredible reflections from staff highlighting how the course has helped them be more effective:
  - *Accountability: "I'm much more aware of my accountability and other colleagues' accountability. It has highlighted the impact not only of clearly being accountable, but also what accountability can bring with it."*
  - *Decision-Making: "I am now going to accept my decision without judging myself. I may make a wrong at times but I can learn from it."*
  - *Risk Appetite: "I am more willing to take calculated risks for possible improvement impacts."*
  - *Self-Awareness: "It has really boosted my journey of self-discovery. I can honestly say that I do not feel like the same person that I was on day one."*

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**2025/26 Year - Plan Going Forward**

Tier 1	Tier 2	Tier 3
A lesson plan for Tier One has been written and approved by the Head of Organisational <u>Development.</u>	To continue delivering to a high standard.	Create an immersive Introduction to Change Management course – this is currently undergoing development.
Advertise a pilot session for the course and evaluate content/approach of delivery.	Gather a more in-depth reflection into the impact of individuals going on to the course for the people who work with them – e.g. line managers.	Liaise with a range of stakeholders to create a challenging, realistic, and rewarding scenario-based learning. The programme lead has already started to do this.
Implement delivery at a rate of one course per month.	Map which services our most attendees sit in and engage with service leads to promote CLIP.	Attend HIEW Clinical Leadership Programme to ensure that Tier 3 is an appropriate stepping stone platform.

**Intensive Learning Academy in Leading Digital Transformation (ILA) – PTHB working in partnership with University South Wales**

- Since the Intensive Learning Academy (ILA) began, over 530 staff across Health and Social Care have benefited from formal qualifications and free short courses through this opportunity.
- Below is a summary of some of the courses and learning events attended by staff during 2024/25 – all of which were either at a %course fee reduction or free to attend.

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Course Name	ILA PTHB Participants Apr 2024-Mar 2025
MSc Leading Digital Transformation	<b>1 (3 have completed, 4 are ongoing)</b>
PRINCE2	<b>3</b>
MSP	<b>1</b>
Agile PM	<b>15</b>
Agile PM PMQ	<b>4</b>
Change Management Practitioner	<b>7</b>
<b>ILM Management &amp; Leadership</b>	
Level 3	<b>26 (and 3 PAVO)</b>
Level 5	<b>6</b>
Level 7	<b>3</b>
<b>ILM Coaching &amp; Mentoring</b>	
Level 5	<b>4</b>
<b>Short Courses</b>	
Benefits Management	<b>2</b>
Critical Thinking	<b>3</b>
Managing Risk	<b>9</b>
Intro to Agile	<b>2</b>
Intro to Data Visualisation	<b>5</b>
<b>Learning Lunches</b>	
Various	<b>107</b>

Employee Health and Wellbeing - Specific Agenda item

Welsh Language, Equalities – Specific Agenda item

### Workforce Futures -Partnership

- The Regional Partnership Board (RPB) introduced an *Evaluation, Prioritisation and Assurance Framework* process for the Regional Integration Fund (RIF) in October/November 2024. The majority of posts within the Academy team are funded by the RIF. Following a delay to decision making in December 2024, the RPB requested the Workforce Futures Programme be “reshaped” by the end of February to secure funding beyond Q1 2025/26. The programme reshape was led by SROs Debra Wood-Lawson and Nina Davies, Director of Social Services and Wellbeing (PCC). The reshaped programme will focus on delivery of transformational efforts across the partnership:
  - **Pipeline** – a focus on workforce models and supply, including the Academy Careers Education Enterprise Scheme as well as how our voluntary sector and unpaid carers are embedded as part of our wider workforce.
  - **Transformation Skills and Development** – focus on targeted support towards identified transformation initiatives, including development of leadership capability, sustaining and supporting people through change, transformation training needs and developing the capability to adapt to and embed the new ways of working.

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- The outcome of the RPB Board meeting held in March was to fund the Workforce Futures Programme to the end of Q2. The RIF resource plan funding for the remainder of the financial year is due to be completed by the RPB during Q1.
- **The Academy Careers Education Enterprise Scheme (ACEES)** has continued to grow and develop through the 2024/25 academic year. The whole school approach for Years 7-13 has informed pupils of the breadth of roles available to everybody within health and social care and raise awareness of the importance of Welsh language in the workplace. The Academy team engaged with all Powys secondary schools and one Welsh medium school on the border. Using the theme - "Living well with dementia", the team **engaged with 5507 learners**. Of these, a quarter were interested in finding out about a career in health and social care, almost a third of students answered they would be likely to choose health care and social care related subjects or qualifications, and more than half were likely to be interested in going into a career in health and social care (this is more than double from last year showing a year-on-year increase in interest in the health and social care sector).
- The Academy has continued to offer the enhanced programme for pupils in school years 12 and 13 studying a level 3 health & social care qualification. The enhanced programme includes sessions on practical skills, physiological conditions, a scenario-based learning opportunity and Dementia Friends training. The Careers Festival held as part of the Y12/13 enhance programme provided learners with an opportunity to engage with professionals from a variety of roles in health and social care in Powys (Dementia lead nurse, Specialist speech and language therapist, Sensory loss impairment practitioner, Joint Health & Social Care Trainer, WeCare Wales Care Career Connector, Practice & Learning and Development Officer). There were **211 learner contacts as part of the enhanced programme**. All sessions received high evaluation scores with the practical skills session being reported as the most enjoyable to learners. Learners reported that their knowledge and understanding had increased across all sessions.
- Below is a social media post from Gwernyfed High School after the Careers Festival in Brecon:

*A Productive Day of Learning! Our Year 12 Health and Social Care students had an amazing day exploring careers in the health sector! They had the opportunity to ask questions about career progression and entry routes. It wasn't just theory—students also got hands-on experience, trying out practical skills and getting a real feel for the industry. A huge thank you to the professionals who shared their knowledge and inspired our learners!*

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- **Impact of ACEES**

- There has been a significant increase in applications for Year 12 Health and Social Care/Medical Science places in Powys in 2024/25 and confirmed enrolments 10th October 2024 were 84 (47% increase on previous year).
  - Increase in PTHB Apprenticeship applications, including 8 who cited ACEES in their applications.
  - Increase in enquiries about social care and wider local authority work experience.
  - Health Education and Improvement Wales interest in scale and spread opportunities. Approached by over the border schools with a high proportion of Powys learners to deliver ACEES programme.
- Planning is underway for the 2025/26 scheme. The theme will be learning disability. As part of the enhanced programme for Year 12 and 13 learners, participants will become certified "Learning disability champions" and participate in a scenario demonstrating a person-centred approach into caring for somebody with a learning disability. This supports delivery of the level 3 curriculum, Mwy na geiriau (the follow-on strategic framework for Welsh language services in health and social care) and provides learners with an experience that cannot be replicated in a school classroom. In so doing, the scheme builds preparedness for further study or the workplace and seeks to retain young people in Powys.
  - **Exploring Caring** is an innovative course that was developed in partnership with Credu, Accessibility Powys and PAVO, designed for anybody at any point in their caring journey. Unpaid carers from across Powys were invited to join the Academy team to:
    - Learn, develop and practice the use of tools and strategies to support each carer on their individual caring journey and across other parts of their life;

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- Have an opportunity to build a network of connection and support through relationships built between participants whilst carers engage and interact in the group;
  - Examine the impact that caring has, practically and psychologically;
  - Develop self-awareness, self-compassion and self-care.
- When asked if the participants in the Exploring Caring course felt more confident in their caregiving role after the programme all those that responded said yes. These are the comments made:
    - *I was not 'unconfident' before but sharing experiences affirmed the situation that we often face and highlighted skills that could be employed.*
    - *I found the course very empowering and helped give me confidence in my caring role*
    - *The has enabled me to have a better insight to the caring field, both personally and in my line of work*
    - *I feel the course allowed me to acknowledge that I as the carer need to take time out for myself to look after my own wellbeing even if that is just for 10 minutes a day. This has then enabled me to face any challenges that I may face with being a carer with a more energised but also relaxed mindset and a different approach to difficult conversations which I learnt from attending the sessions.*
  - The Workforce Futures Programme Board will receive an evaluation report and determine next steps.

### **Workforce HR business partners and workforce resourcing**

- In Q4 24/25 the HRBP team implemented a new approach to site visits across the organisation. The aim of site visits was to increase visibility, build relationships and share information with managers and staff, along with gathering any local intelligence around emerging issues for staff and managers on the ground.
- Since January, ten site visits have been conducted with 4 individuals dropping in to speak to the team. Recognising the need for visibility and relationship building balanced with value and impact, from April onwards, the team will be offering a revised approach of 1 Thursday per month on a different site across the county, with a digital drop in available via teams for the remaining Thursdays in that month.
- All policies that are due for review or the review date has passed remain extant. Two of the policies due for review are NWSSP policies. All policies which have a review date passed are currently under review. 14 National policies are due for review but remain extant.

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- 27 Supporting toolkits have been developed in partnership and published to the intranet. The HR toolkits page has in excess of 7000 views since publication
- Job Evaluation: On average, there have been **11** requests per month throughout 24/25 for either new role or re-evaluations. Work is underway with the information team to digitise the job evaluation request process. This has been delayed due to limited capacity within the information team until January. Work is underway to launch a new JD template and develop sessions for managers on streamlining JD's
- Employment Tribunal Activity during 24/25: 3 requests for Early Conciliation have been received in this financial year. 1 tribunal case was closed and there is 1 active ET case. health board successfully won a case for recovery of costs to the amount of £20k (applicant is appealing decision)

### Employee Relations Activity for 2024/25

Activity between 01/04/24 and 31/03/25	Cases	Comments
Initial Assessments Completed	38	Of the 38 initial Assessment: 16 resulted in no further action 15 Fast Tracks were offered (Its anticipated that 2 of these will proceed to a hearing in 2025/26 financial year) 7 Disciplinary investigations were commissioned
Disciplinary Investigations commissioned	13	Of the 13 Investigations: 4 proceeded to a hearing 4 resulted in no further action or an alternative process 3 are active investigations 2 left employment  <i>NB: 6 of these were related to initial assessments completed in the previous financial year</i>
Disciplinary Hearings Held (includes fast track hearings)	18	of the 18 hearings held: 13 of these were fast tracks 5 received a sanction ( 1 of which was commissioned the previous financial year) and 1 appealed
Disciplinary Appeal Hearings	2	1 appeal from the previous financial year both of which were upheld in relation to the original outcomes
Formal Respect and Resolution Requests	16	4 remain active
Formal Respect and Resolution Appeal Requests	4	1 appeal is active / 1 appeal on hold subject to a review of organisational position (annual leave payments for enhanced shifts)

### National Updates:

At an All-Wales level the following **National Work Programmes** are still in progress:

- Band 2/3 JD reviews
- Sexual Harassment Policy and expected training development plans
- Registered Nurse Associate
- Preceptorship

**Review of NHS Statutory and Mandatory Training:** At the request of Welsh Government a review of NHS **Statutory & Mandatory Training** is

being undertaken by 'Consultant Consortium' (CC) with an aim to report the findings and recommendations in May 2025.

**The Strategic Nursing Workforce Plan:** <https://heiw.nhs.wales/files/strategic-nursing-workforce-plan-2025/2030>.

**The recently published plan** outlines a series of targeted actions over the next five years, to be implemented in collaboration with **Welsh Government, Health Boards and Trusts, Primary Care, the Royal College of Nursing, and other key stakeholders**. These actions focus on three key areas:

### 1. Growing the Workforce

- Expanding the workforce to meet increasing demand.
- Implementing **innovative recruitment and retention strategies** to attract new talent and retain experienced nurses.

### 2. Supporting the Workforce

- **Prioritising nurse wellbeing** to build a resilient workforce.
- Enhancing **educational programmes** and career development opportunities.
- **Promoting a positive and supportive work environment** to improve job satisfaction and patient outcomes.
- Championing **diversity and inclusion** within the nursing workforce.

### 3. Transforming the Workforce

- Introducing **new workforce models** for both community and hospital settings.
- Strengthening **skills and knowledge in genomics, data literacy, and automated healthcare**.
- Aligning workforce capabilities with **prevention-focused healthcare strategies** to improve public health.

#### NEXT STEPS:

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

#### IMPACT ASSESSMENT

# People and Culture

## 03 June 2025

### 'Employee Health and Wellbeing'

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

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

**Presented by:** Sarah Powell, Assistant Director of People and Culture

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<b>Subject:</b>	Update against the 'Workforce Futures' priority in the integrated plan. <b>Strategic Priority 12: Employee Health and Wellbeing</b>
<b>Approved and Presented by:</b>	Debra Wood-Lawson, Executive Director of Workforce and OD
<b>Author:</b>	Head of Organisational Development Assistant Director of Organisational Development
<b>Purpose:</b>	This presentation is to provide an assurance update against the Integrated plan for the Employee Health and Wellbeing priority.
<b>Recommendations:</b>	The Committee is asked to: <ul style="list-style-type: none"><li>• <b>REVIEW</b> the information provided in the update;</li><li>• Take <b>ASSURANCE</b> of delivery against the plan.</li></ul>
<b>Executive Summary:</b>	Updates are provided to Executive and Workforce and Culture Committee for assurance against delivery within the integrated plan. The information in the slide deck has been developed to provide a detailed update against the 'Health and Wellbeing' priority.



# Strategic Priority 12: 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	Q1 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
14.2) 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
14.3) Provide a range of offers that deliver on the HEIW Staff Health and Wellbeing Framework (SHWF)	14.3.1) Complete Match and Gap of PTHBS Wellbeing plan/ staff experience framework against HEIW's SHWF
14.4) Targeted Support for managers to reduce short term absence through Managing attendance at work policy	14.4.1) Pilot and evaluate a mindfulness / wellbeing programme of offers to support return to work /stay in work ** 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
14.7) Re-tender Occupational Health Employee Assistance Platform (EAP)	14.7.1) Write tender specification and go out to the market

# Wellbeing Roadshows



**Wellbeing Roadshows and road runs took place across the county, from September 2024 to end of March 2025.**

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

Workforce Retention, Business Partners/Advisors, E-Systems, Research & Development, Occupational Health stand, Chat 2 Change/OD/Wellbeing, UNISON, Charitable Funds, PAVO, MIND, Health Care Academy/Training, Welsh Language & Equality, Dieticians, Library, Apprentices, Carers Wales/Volunteering, Flu Vacc team and Bracken Trust.

**Over 350 staff attended which represented 82% of staff on duty on the days the roadshow were at the site.**

In addition to the Roadshows, wellbeing road runs took place across the county to Outreach centres in the North, Mid and South.

## Themes

Consistent feedback includes:

- Staff on fixed-term contracts not feeling valued
- Appreciative of the visible support that the roadshows provide
- VIVUP is useful, and most staff access it.



# Wellbeing Action Plan



PTHB has aligned itself to HEIW's Health & Wellbeing '**Best Practice Guide for Organisations**', utilising the following themes:

1. Making work, work
2. Workforce design
3. Relationships
4. Strategy
5. Manager & Leader
6. Measuring impact
7. Resources



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## **Progress**

- Map and gap has been undertaken against the recommendations in the Best Practice Guide – and PTHB already has a good offer against many of the themes.
- 25/26 Wellbeing Action Plan (based on gaps and Staff Survey outcomes) created and will be shared in the Strategic Engagement and Wellbeing Group.

## **Actions include but not limited to:**

- Following deep dive into sickness, working with HRBPs and OH to develop specific Wellbeing, Stress Management and Menopause interventions; utilising Bank Mindfulness Practitioners.
- 24/25 Reverse Mentoring evaluation, and round 2.
- Staff Excellence Awards 2025.
- Wellbeing Conversation Guide trials with managers.
- Creation of Stay and Exit interview resources.
- Continuation of Wellbeing Roadshows/Road Runs.
- Stock Wellbeing Hubs and map Wellbeing facilities.

# Compassionate Leadership

- **PTHB Board Chair and CEO signed the Compassionate Leadership Pledge on 27<sup>th</sup> 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
- **592** Staff in total attended (**456** from PTHB) since March 2023
- Delivered as a workshop at PAVO Conference (November 2024): 2 PAVO staff and 5 Voluntary sector staff (not included on graph) attended with good feedback on the impact of the session:

*“I found it well presented and very interesting. I shall look at adding to my knowledge on the subject and using it in my job”*

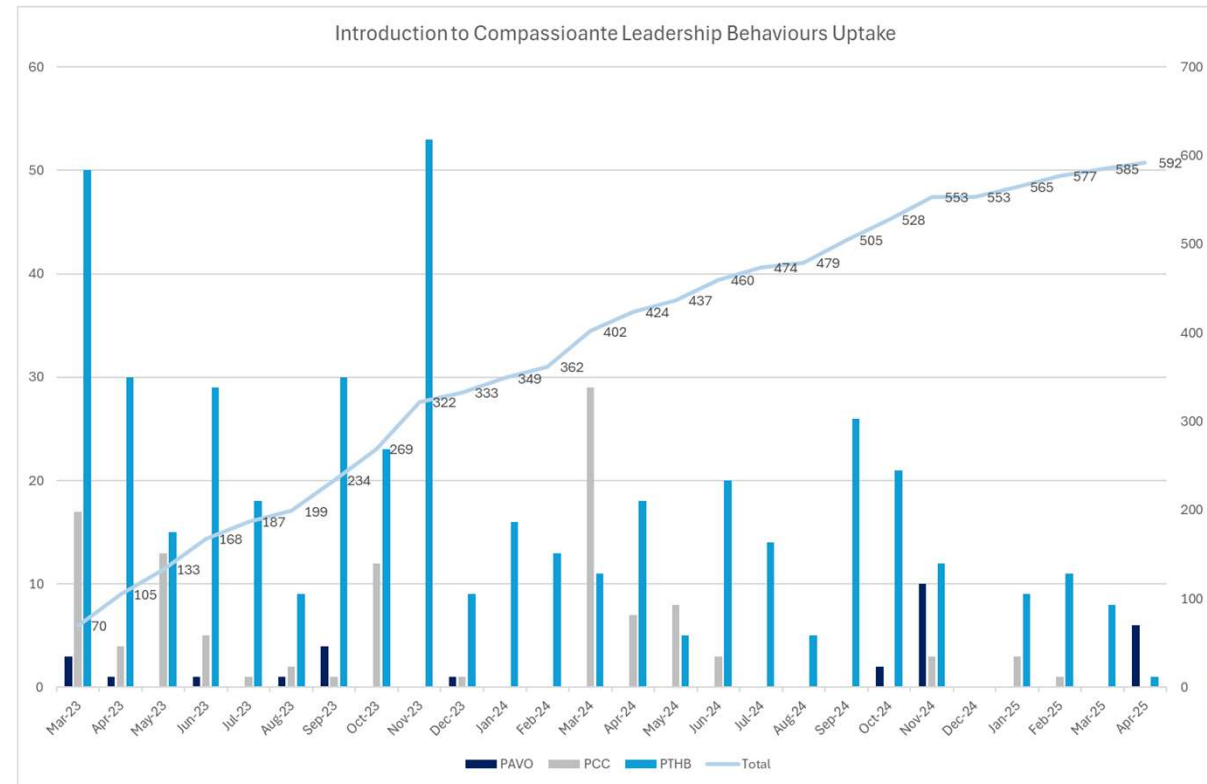
6 Feedback responses: 5 x Very Useful/Interesting, 1x Somewhat

Evaluation	Responses	PCC	PTHB	PAVO
Average Session score		4.6/6	5.0/6	4.7/5* <small>*PAVO Conference workshop</small>

Feedback generally positive except PCC/PAVO colleagues highlighting health focus of examples. This has been rectified.

## Compassionate Leadership Modular Programme

- Incorporated into PTHB Manager’s Programme (**28 attendees in Q1 and Q2**)
- Pilot numbers were **PCC – 13, PTHB 20**



**PAVO – 16 (36%) PCC – 107 (22%) PTHB – 456 (23%)**

# NHS Wales Staff Survey

### 01 YOU SAID

The 2024 NHS Wales Staff Survey highlighted that employees, at times, feel overwhelmed by their workload, which negatively impacts their mental and physical wellbeing. There were mentions of burnout and stress due to high demands and insufficient staffing. However, staff did appreciate the wellbeing initiatives.



### 02 WE DID / WILL DO

The wellbeing of staff is extremely important to PTHB; the Wellbeing Action Plan has been updated to reflect the survey outcomes and feedback has been given to senior leadership & service leads across the organisation.



### 03 RESOURCES

**Manager's Programme** - includes a dedicated module based around wellbeing.

**Vivup** - [www.vivup.co.uk](http://www.vivup.co.uk) - staff benefits and 24/7 confidential support

**Silvercloud** - self-referral CBT support - [nhs.wales.silvercloudhealth.com/signup/](http://nhs.wales.silvercloudhealth.com/signup/)


**Health & Wellbeing (StayWell) page** - links to a range of useful information

**Meaningful conversation guide** - how-to guide for wellbeing conversations

### 04 TOP TIPS

- Make use of your 15 minute wellbeing break
- Talk to colleagues - a problem shared is a problem halved.
- Stay hydrated, eat sensibly and exercise.
- Join Chat to Change - a place for staff voice email: [chat2change.powys@wales.nhs.uk](mailto:chat2change.powys@wales.nhs.uk)
- Join the Staff Facebook group (StayWell in PTHB)
- 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!

## STAFF WELLBEING



### 05 SUPPORT

**Vivup 24/7 phonenumber**  
0330 380 0658

**Occupational Health**  
[Powys.OccupationalHealthAdmin@wales.nhs.uk](mailto:Powys.OccupationalHealthAdmin@wales.nhs.uk)  
01874 712 600



### 06 CONTACTS

**Training and Wellbeing**  
[powys.od@wales.nhs.uk](mailto:powys.od@wales.nhs.uk)

**Workforce/HR**  
[pthbworkforce.generalenquiries@wales.nhs.uk](mailto:pthbworkforce.generalenquiries@wales.nhs.uk)  
01874 712 580



- The most recent NHS Wales Staff Survey was conducted in October and November 2024.
- PTHB received **780** responses, representing **30%** of staff—the highest response rate among the Health Boards. In the 2023 survey, there were 673 responses (28%).
- Our **Engagement Index Score** is **75%** - the highest of the Health Boards.

## Wellbeing

- In the Survey, Staff said they (at times) felt overwhelmed by their workload, which negatively impacts their mental and physical wellbeing. There were mentions of **burnout** and **stress** due to high demands and insufficient staffing.
- However, staff did appreciate the wellbeing initiatives such as the Wellbeing Roadshows and Road-runs.
- Although there were improvements from last year's % scores, some of PTHB's lowest scoring questions were around stress and burnout (see below right).

## PTHB has done/will do:

- The wellbeing of staff is extremely important to PTHB; the **Wellbeing Action Plan** has been updated to reflect the survey outcomes and feedback has been given to senior leadership & service leads across the organisation.
- There are a wide range of resources, support mechanisms and information sources which have been collated into a PDF (see above right) with clickable links and shared across PTHR

Question	Year	Positive responses (%)	Positive responses (%) - NHS Wales average	Negative responses (%)
20a) How often, if at all, do you find your work emotionally exhausting?	2023	24.9%	18.8%	31.8%
	2024	24.0%	21.0%	30.5%
20b) How often, if at all, do you feel burnt out because of your work?	2023	33.2%	26.0%	26.6%
	2024	36.6%	30.8%	24.7%
20c) How often, if at all, does your work frustrate you?	2023	17.9%	15.5%	36.6%
	2024	20.9%	20.3%	31.7%
20d) How often, if at all, are you exhausted at the thought of another day/shift at work?	2023	42.9%	31.9%	23.5%
	2024	46.8%	39.6%	20.9%
20e) How often, if at all, do you feel worn out at the end of your working day/shift?	2023	24.7%	17.6%	35.9%
	2024	25.4%	21.7%	30.9%

# Team Climate Survey

## Team Climate Survey

Since 2022, 82 individual teams across 6 larger service areas/Directorates. 575 responses in total.

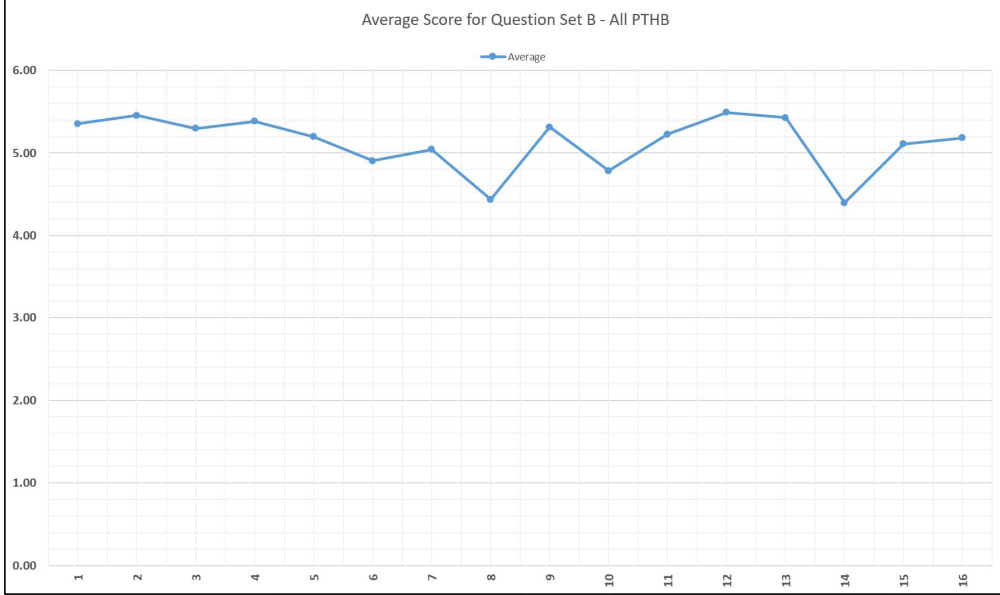
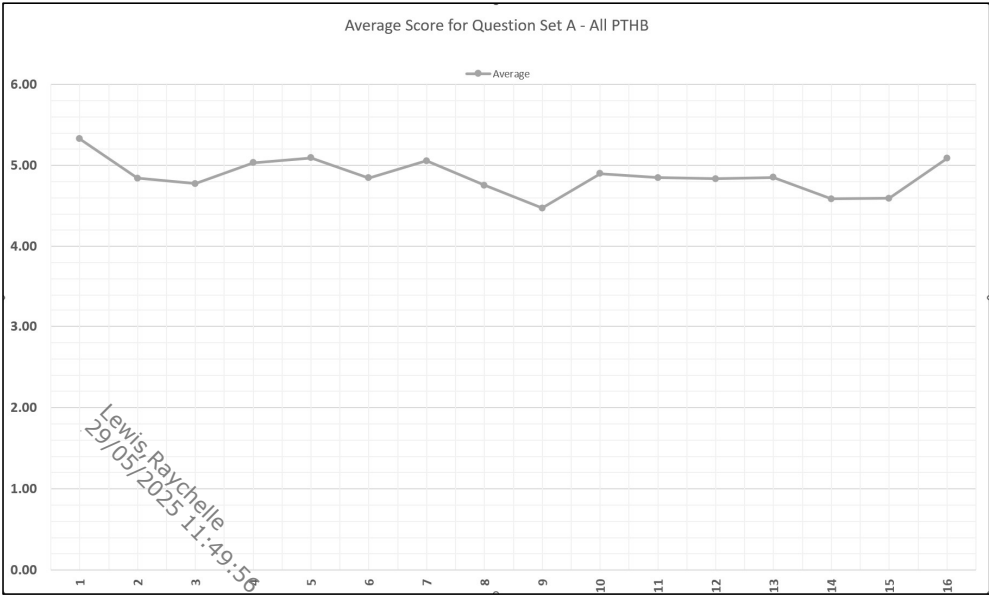
Last quarter had the survey delivered in the Integrated Autism Service

Cumulative PTHB Charts show a continuation of high scores with **highest scoring questions:**

- I can see my colleagues as people I can turn to for help
- Our team is clear about why it exists within PTHB and what it must do
- When I make mistakes, I am open and honest about them in order to learn how to reduce them in the future

And **lower scoring questions:**

- We hold each other to account for our behaviours and actions
- At the end of the working week, I feel a sense of progress
- I look forward to team meetings



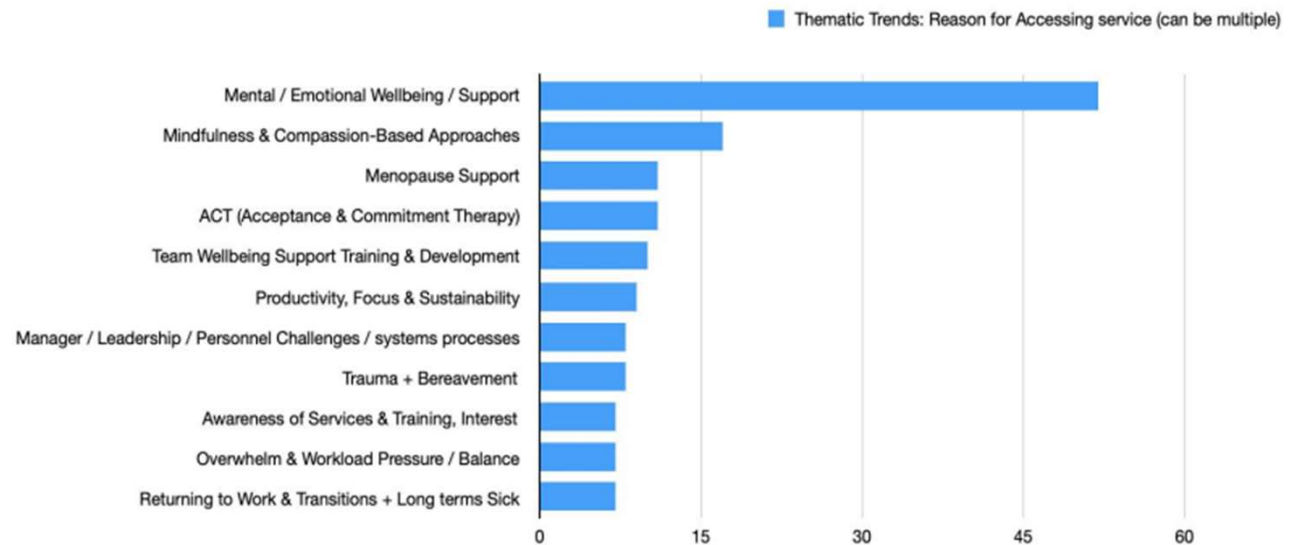
# Develop the capability of managers in relation to Managing Attendance at work policy to support staff to return to work or stay in work

- The managing attendance at work toolkit has been developed and reviewed in partnership to ensure managers have a point of guidance and actively consider options such as redeployment, adjusted hours or duties to support staff remaining in or returning to work.
- The toolkit is now published and readily available to managers via the Human Resources intranet site. A new reasonable adjustment guidance and “Health Passport” has been developed in partnership and added to the toolkit to support managers and staff to have structure discussions around reasonable adjustments and how to implement them - [Managing Attendance at Work](#)
- The Business Partner team review absence data to recommend to Assistant Directors targeted intervention in relation to Managing Attendance at Work. This has included several training sessions on the application of the managing attendance at work policy to ensure managers are aware of and exhausting all supportive measures outlined within the document to support staff to remain in or return to work .
- Further to this, there has been targeted intervention in the form of temporary enhanced HR support for areas with higher levels of long term and short-term absence. This has enabled a detail review of absence cases with recommendation being made around facilitating a return to make a timely decision on employment.
- Frequent absence is monitored on a monthly basis by HR advisors who follow up with managers regularly to ensure appropriate action in line with the policy is undertaken. Any areas that maintain high levels of frequent absence are escalated to Assistant Business Partners to discuss with service managers.

# Mindfulness/Self-Care Pilot

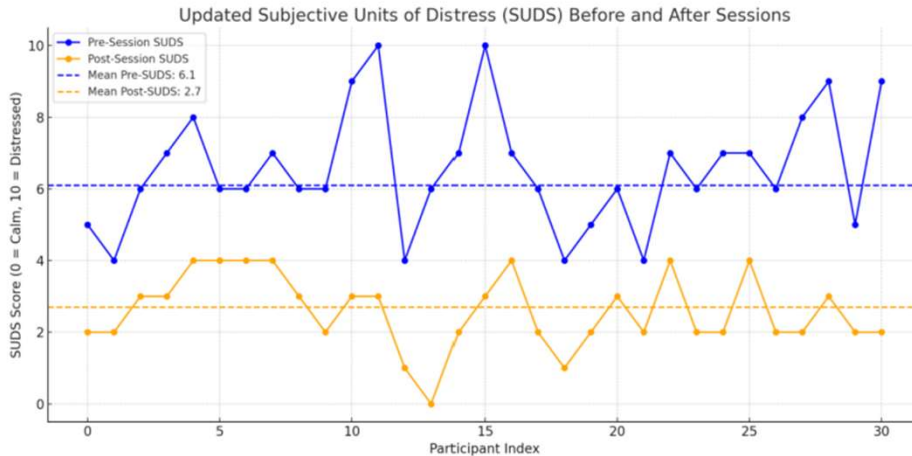
- During **February and March 2025**, Powys Teaching Health Board (PTHB) implemented a tridisciplinary wellbeing/ self-care initiative, led by 3 Bank -Mindfulness Practitioners.
- Providing employees with structured, flexible support through **individual sessions, group seminars, and drop-ins**. During this short period of intervention the programme **has shown notable decreases in distress, overwhelmingly positive qualitative feedback**, and a clear alignment with staff needs related to burnout, trauma, menopause, neurodiversity, and workplace challenges.

Feb. - Apr. 2025	Engagement (Number of Staff)
1. Total Interventions Logged	130+
2. Individual Staff Engaged	52+
3. Individuals/Teams Requiring Further Input	28x
4. SUDS-Assessed Sessions	31
5. Further Sessions Booked	17 + 1 team session
6. Group Seminars Held	Low but impactful uptake



# Mindfulness/Self-Care Pilot

- Subjective units of distress (SDUDS) 31 sessions



SUDS	Mean Value
Pre-Session SUDS:	6.1
Post-Session SUDS:	2.7
Average Reduction	55.70%
Group Session (MPower)	100% Reduction reported

## Main outcomes from the pilot:

- ✓ Safe, trusted space to speak openly
- ✓ Highly valued non-judgmental approach
- ✓ An immediate sense of calm, clarity, and emotional regulation
- ✓ Appreciation for practical tools: breathing exercises, compassion circles
- ✓ Clarity through Acceptance Commitment Therapy (ACT) diffusion and values work
- ✓ Requests for continuity and more follow-ups

## Participants voice:

*I came in feeling overwhelmed, but I'm leaving with calm and control."*

*"You understood, you didn't patronise or fix—you just listened."*

*"Even after one week, I'm using the tools. It's already helping me."*

Slide 11

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RBO

[@Sarah Powell (PTHB - WOD)]

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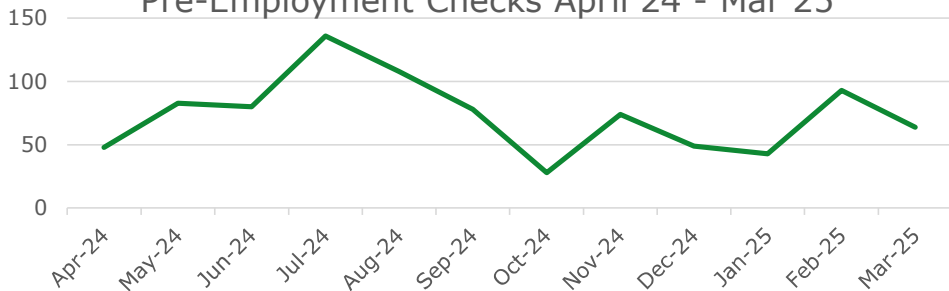
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## Access & Activity: Occupational Health (OH)

- ❖ The All Wales Occupational Health OPASG2 Management System has been implemented into PTHB and is now being used to manage and record Vaccine and Immunisation status, Management and Self referrals, Health Surveillance and is bi-directional with Trac for Pre-employment and onboarding processes.
- ❖ Management referrals are solely dealt with via the portal with **242 managers accounts being set up to date** – with a total of **230 new referrals being received online since July 2024**.
- ❖ As part of the Non-Pay deal WHC:
  - Currently undertaking a self assessment against the Safe Effective Quality Occupational Health Service (**SEQOHS**) **5 domains** (with 36 assessment areas to evidence)
  - Implementation of the **All Wales** NHS Occupational Health (OH) Scope of Practice and Minimum Service Standards **x 19** and setting up a dashboard within OPASG2 for the 5 KPIs

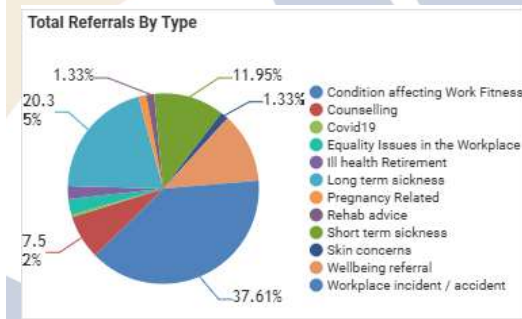
Pre-Employment Checks April 24 - Mar 25



All OH Placements (with the exception of Overseas Nurses) are all managed through OPASG2 system. This includes new posts and internal movements. Totalling **884 (74 per month)** movements within the year including Bank Staff and Aspiring Nurses.

**Management Referral waiting times are currently 4-6 weeks** – a reduction from 7-9 weeks in early 2024 to see a consultant physician. OH now offer up to 8 additional appointments with a consultant over 3 sessions in a week. This includes new and follow up patient appointments. Most frequent topics include Conditions affecting Work Fitness and Long Term Sickness

A new internal triage system for pre-placements and management referrals has decreased our waiting times for applicants.



# Access & Activity: Occupational Health

**Staywell Wellbeing intranet pages:** just over 2500 visits last 30 days and just over 6000 last 90 days

**Staff Benefits Main Page – Includes Vivup EAP:** 94 visits last 30 days, 311 last 90 days



In September we launched the new **Menopause Helpline and virtual/ telephone GP consultations** for staff ( 6 staff used the GP service during Feb and March '25)

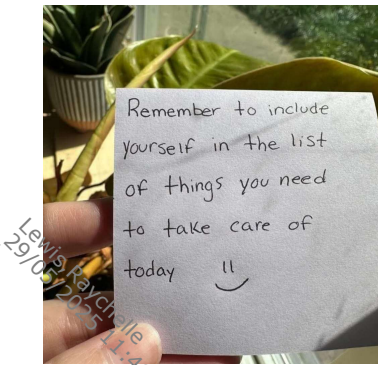
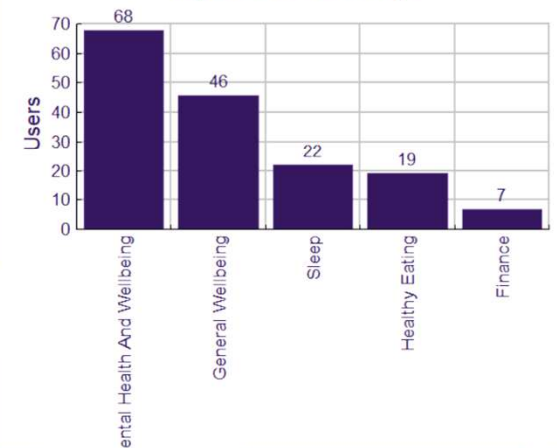
Mindful Monday posts are shared via the PTHB StayWell Facebook page – posts to inspire calm, inspire, rebalance and acknowledgement; attract likes and comments from staff members who you don't see engaging in other posts and feedback that 'I look forward to seeing what you will post' shows positive engagement from staff via social media

**VIVUP Your Care App** is an area where staff can monitor their own wellbeing and take steps to ensure they stay well. Since its launch in the summer of 2024 its currently used by **171 employees**. Mental Health and Wellbeing along with General Wellbeing are the top resources accessed

Book a consultation with an experienced GP at a time that suits you through the Health Hero GP service – available via the Your Care Wellbeing Platform



Top Resource Usage





**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 5.4**

**People and Culture Committee** **03 June 2025**

<b>Subject:</b>	<b>Professional Revalidation – Internal Processes</b>
<b>Approved and presented by:</b>	Claire Roche, Executive Director of Nursing, Quality, Women and Family Health Kate Wright, Executive Medical Director Claire Masden, Executive Director of Allied Health Professions, Health Scientists and Digital Mererid Bowley, Executive Director of Public Health
<b>Prepared by:</b>	Head of Professional Practice & Standards (Nursing) Assistant Director of Nursing, Safeguarding Deputy Director of Allied Health Professions and Health Sciences
<b>Other Committees and meetings considered at:</b>	Executive Committee – 28 May 2025 who supported the paper to the P&C Committee.

**PURPOSE:**

The purpose of this paper is to present the Committee with a detailed account of the internal processes the Health Board has for revalidation and fitness to practise.

**RECOMMENDATION(S):**

The People & Culture Committee is asked to:

- Take **ASSURANCE** that robust processes are in place to ensure revalidation is monitored routinely and fitness to practice referrals are reported when it is necessary.

<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
Y	N	N

**ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:**

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	N	
7. Put Digital First	N	

**EXECUTIVE SUMMARY:**

Revalidation is essential for maintaining public confidence, ensuring the safety and quality of care, and fostering professional development for healthcare professionals. It is a periodic process where professionals demonstrate their continued competency and commitment to upholding standards. When standards of practice or concerns about registrants are identified, referral to the regulating body of the registrant is crucial for protecting and preserving the safety and well-being of the public.

This paper outlines the revalidation and fitness to practise referral processes undertaken within the Nursing and Midwifery Directorate, the Medical Directorate, the Allied Health Professions and Healthcare Sciences Directorate and the Public Health Directorate for professionally registered staff employed within Powys Teaching Health Board (PTHB).

The paper does not include professional memberships for non clinical staff – this is monitored through recruitment, line management relationships and data entry into ESR. Monitoring of these professional memberships is followed up on a periodic basis tied to renewal dates.

**Revalidation process:**

Revalidation is the process that all professionally registered staff follow to maintain their registration with their respective regulating bodies. It requires registrants to reflect on professional standards of practice and behaviour, promotes good practice and strengthens public confidence in the healthcare professions.

It is the responsibility of the employee to ensure they prepare for revalidation and always maintain their registration whilst employed within PTHB.

The Health Board is responsible for ensuring that all staff are appropriately registered and remain so during their employment, and that Line Managers undertake revalidation checks and provide support to registrants to revalidate.

There are robust processes in place to ensure that this happens which include:

- New applicants for posts within PTHB are required to provide details of their professional qualification and registration details as part of the application process.
- Registration status and professional revalidation is checked on recruitment by NHS Wales Shared Services Partnership (NWSSP) as part of pre-employment checks and prior to individuals commencing in post. Successful candidates whose evidence of registration cannot be verified are not allowed to commence work in the post until it can be verified.

- All Line Managers/appointing officers are responsible for ensuring newly appointed staff have appropriate registration.
- All Line Managers are required to put in place an active follow-up process, ensuring regular checks of registration, and to check continued registration as part of the routine appraisal or PADR process, during
- sickness reviews or keeping in touch days for those staff who are absent from work.
- PTHB's Electronic Staff Record (ESR) notify registrants and their Line Managers when their registration and revalidation is due.

Staff who have concerns about their ability to maintain their revalidation and/or registration requirements, must raise this with their Line Manager in sufficient time to allow the matter to be addressed so that their registration does not lapse.

Staff may hold multiple registrations with one professional regulatory body e.g. dual NMC registration as a nurse and as a midwife or hold multiple registrations with different professional bodies such as an NMC registration as a nurse and HCPC registration as a paramedic. In this instance, the individual is responsible for ensuring they meet the validation requirements for each protected title within each professional body that they are registered with.

The Health Board is only responsible for ensuring staff are correctly registered for regulated activity that the staff member is employed to do. It is the individual's personal responsibility to maintain any additional professional registration for activities conducted outside of their employment with PTHB.

The [PTHB / CDP 014 Registration Policy](#) clearly states the procedure for dealing with instances of lapsed registrations and any individual who fails to renew or maintain their registration within the specified timescales may be disciplined under [HR010: All Wales Disciplinary Policy and Procedure](#) for failing to do so.

### **Fitness to Practise process:**

All staff employed by the Health Board must uphold the professional standards of practice and behaviour as declared in their professional Code of conduct in order to be registered to practise with their regulating body. Any lapses in standards or behaviour that contravene the Code are raised to their Head of Profession. If there is sufficient concern or evidence that referral to the Professional Regulating Body is deemed necessary, then it is the responsibility of the Head of Profession to contact the regulating body to discuss the concerns and make a referral if appropriate. Fitness to practice concerns are escalated to the Executive and Deputy or Head of Profession. This process will be conducted alongside discussion with Workforce colleagues and following the [HR010: All Wales Disciplinary Policy and Procedure](#).

The Health Board make use of Agency Workers for short term assignments. Agency Workers are not employees, therefore the Health Board does not hold the same professional responsibilities associated with substantive or temporary employees. The nature of their interim/short term assignments and the contractual terms of their engagement mean they sit under a different governance framework. Any concerns regarding the professional standards and behaviour of Agency Workers are reported to Temporary Staffing Unit, who are responsible for discussing with the appropriate Executive Director/Deputy or Head of Profession with clinical/professional responsibility. If it is deemed necessary, then the Head of Profession may contact the individuals regulating body to discuss the concerns and make a referral if appropriate.

### **Service area – Nursing and Midwifery**

NMC registrants all hold individual revalidation dates. They are required to revalidate every three years to maintain their registration and must meet specific requirements to show that they are keeping their skills and knowledge up to date and maintaining safe and effective practice.

This will include evidence of:

- Completed practice hours (450 practice hours, or 900 hours if renewing two registrations such as for both a nurse and midwife)
- 350 hours of CPD of which 20 hours must be participatory learning
- Five pieces of practice-related feedback
- Five written reflective accounts
- Confirmation of reflective discussions
- A health and character declaration

All Heads of Service/Nursing are required to submit any NMC lapses and referrals monthly to the Deputy Director of Nursing. Regulation and revalidation are then discussed with the Executive Director of Nursing at the bi-monthly Professional Nursing and Midwifery Oversight Group (PNMOG) which provides professional leadership, vision and governance for the delivery of Nursing and Midwifery across Powys. Heads of Service/Nursing must notify the Deputy Director of Nursing of any instances of NMC lapses or referrals outside of the monthly return or bi-monthly meetings which are then reviewed and managed on a case-by-case basis. A flow chart (Appendix 1) has been produced as an addition to PTHB/CDP 014 Registration Policy to support Line Managers. All activity is tracked by the Deputy Director of Nursing until a completed outcome.

The Deputy Director of Nursing meets bimonthly with an NMC representative for advice and support for arising issues or case management but is contactable at any time for urgent matters. The NMC representative is also invited to provide professional updates to the Professional Nursing and Midwifery Oversight Group (PNMOG). The Nursing intranet page continues to mature and NMC updates will also be made available on this page, therefore making updates more accessible to our nursing profession.

## Service area - Allied Health Professions & Healthcare Sciences

While terminology differs (renewal rather than revalidation), Allied Health Professionals and Healthcare Scientists (AHP's & HS's) complete a similar process to renew their registration with the appropriate professionally aligned regulator, on either a statutory (HCPC) or voluntary (AHCS; BACP etc.) basis.

Renewal timelines vary by regulator, with bi-annual renewal being most common. Registrants must continually demonstrate competence and meet proficiency standards. CPD audits may be conducted as part of the renewal process and there is a random selection process for this.

All Professional Heads of Service complete a registration compliance audit, overseen by the Head of Therapies. From 2025, a quarterly spot check audits the registration status for 30% of the workforce, led by the Deputy Director of AHP & Health Sciences, with concerns escalated to the Executive Director.

Regulation and revalidation are routinely discussed at the bi-monthly Professional Heads meeting, chaired by the Executive Director. Any registration lapses identified between meetings are escalated by the Head of Therapies or Professional Heads for case-by-case review by the directorate.

The linked document below was produced as an addition to PTHB/CDP 014 Registration Policy to support Professional Heads, the document is currently in the process of being updated to reflect recent process improvements.

[T&HS 004 HCPC Registration Supplementary Guidance 2021.pdf](#)

Fitness to practice concerns are escalated to the Executive and Deputy AHP & HS directors for case-by-case review. Each case is logged by the relevant Professional Head using a timeline template, submitted ahead of the bi-monthly Professional Heads meeting to support monitoring, identify themes, and share key learning (template link below)

[AHP & HS Professional Concerns Record - PTHB.docx](#)

The Executive and/or Deputy Director of AHP & HS meet frequently with regulatory body representatives to discuss regulatory activities and new initiatives, inviting the Head of Therapies and other Professional Heads to these meetings to further provide opportunities to discuss FTP case management and educate new Professional Heads.

In addition, AHP and HS intranet pages provide links to the main regulatory bodies, key documents and any updates and training opportunities from the regulatory bodies.

## Social Work

Social Workers in Wales renew registration every three years, confirming their intention to practise, fitness to do so, and ongoing competence. Social Workers in PTHB are also professionally responsible to the EDAHPHS. While most social workers and managers don't require endorsement for standard renewals, it may be needed in some cases by an approved senior professional.

Registrants may be asked by Social Care Wales to provide CPD evidence for renewal and are expected to regularly discuss development with their line manager.

The Professional Lead for Social Work escalates any lapses or referrals to the Executive Director of AHP & HS, with regulation, revalidation, and fitness to practise concerns discussed in regular 1:1s.

## Service area - Medical

### Medical

Doctors practicing medicine in the UK must hold registration with the General Medical Council, with a license to practise. To maintain a license a doctor must demonstrate, through a 5-year cycle of annual appraisal and revalidation, that they are fit to practise. The minimum requirements for revalidation are achieved by reflecting on learning and identifying development needs, discussing and reflecting upon significant events, complaints and compliments, engaging in audit and quality improvement and undertaking patient and colleague feedback exercises.

Duties of Doctors "Good Medical Practice" (General Medical Council (GMC), 2024) describes the duties of all doctors registered with the GMC and provides the framework for annual professional appraisal, revalidation and other supporting guidance. Doctors are personally accountable for their professional practice and for ensuring that the principles of "Good Medical Practice" are adhered to. GMP has four domains, each encompassing further detailed guidance:

1. Knowledge, skills and performance
2. Safety and quality
3. Communication, partnership and teamwork
4. Maintaining trust

GMC guidance for employers of includes that employers should have established:

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- Responsible Officer arrangements, with the Responsible Officer supported by the systems required to enable the Responsible Officer role to be discharged. For PTHB this is the Medical Director.
- An up-to-date appraisal system which reflects the “Good Medical Practice” requirements for doctors
- Clinical governance systems which provide doctors with the supporting information they require for annual appraisal and revalidation (including patient feedback)
- Systems and policies for identifying and responding to concerns about doctors
- Robust links with other organisations where doctors may be employed or working in other capacities, so that information about clinical practice (and any concerns) can be shared between Responsible Officers

The Health Board is required to submit an annual Revalidation and Appraisal Report to the Revalidation Support Unit in HEIW. It is designed to enable Designated Bodies in Wales to self-assess and report key detail on Health Board process. The submission for 2024/25 is attached in appendix 2.

### **PTHB appraisal and revalidation process**

The Health Board has a number of trained appraisers supported by HEIW. An appraisal lead was appointed in 2023. He has a small sessional commitment from existing SPA time and liaises with HEIW and individual appraisers whilst also supporting doctors in their revalidation process. Doctors are encouraged to complete the essential items for revalidation early in the revalidation cycle to ensure that each doctor is ready for revalidation.

Prior to revalidation, appraisal files are reviewed before being considered in a revalidation meeting led by the Responsible Officer. A member of non-clinical staff attends to help assure consistency of decision making.

The Responsible Officer makes a recommendation for revalidation to the GMC. The ultimate decision to revalidate is made by the GMC.

Where the requirements to revalidate have not been met a deferral may be recommended. This is a neutral act, and doctors are given clear advice on what additional action is needed.

The Revalidation Support Unit holds 6 monthly meetings with representation from all Health Boards and the GMC. These support sharing of learning and good practice and allow benchmarking of decision making for revalidation.

### **Physicians Associates**

From December 2024 Physicians Associates (PAs) could register with the GMC. From December 2026 it will be a legal requirement for a PA to be registered with the GMC. They will be subject to revalidation, and it has been agreed that the Medical Director will assume responsibility.

### **Dental**

Annually dentists pay a registration fee, declare their CPD hours and make a declaration to the GDC that they have indemnity cover. They must:

- Complete at least 10 hours of verifiable CPD every 2 years
- Complete 100 hours of verifiable CPD over 5 years
- Have a PDP
- Carry out reflective learning and choose topics relevant for practice

A number of highly recommended topics include 10 hours of medical emergency training, 5 hours disinfection and decontamination and 5 hours of radiography and radiation protection all within a 5-year cycle.

Other recommended topics include legal/ethical issues, complaints handling, oral cancer, safeguarding (children and adult

The revalidation process is the responsibility of individual practitioners and is not directly overseen by the Health Board.

## **Pharmacists**

Pharmacists and pharmacy technicians practising in Wales are required to complete annual revalidation to maintain their registration with the General Pharmaceutical Council (GPhC). This process ensures that professionals remain competent and up to date in their practice.

Registrants must submit the following through their myGPhC account:

- Four Continuing Professional Development (CPD) records: At least two should be planned learning activities, such as attending a workshop or completing an online course. The remaining can be unplanned, like learning from day-to-day experiences.
- One Peer Discussion record: An account of a reflective conversation with a peer about your practice.
- One Reflective Account: A reflection on how your practice meets one or more of the GPhC's standards for pharmacy professionals. For 2025, the standards to focus on are:
  - Standard 1: Provide person-centred care
  - Standard 2: Work in partnership with others
  - Standard 5: Use professional judgement

The pharmacist or technician is fully accountable for completing and submitting their revalidation. Employers can and should support, but not manage, the process.

## Service area – Public Health

Consultants in Public Health must hold appropriate specialist registration with either:

- General Medical Council (GMC) or
- General Dental Council (GDC) or
- UK Public Health Register (UKPHR)

To maintain a registration to practice as a Consultant in Public Health, individuals registered with General Medical Council or General Dental Council must follow the requirement as set out above under Medical or Dental. Consultant in Public Health register and revalidate with the UK Public Health Register (UKPHR) must maintain their professional registration that they are fit to practice achieved by reflecting upon significant events, complaints and compliments, engaging in audit and quality improvement and undertaking colleague feedback exercises. These are demonstrated through:

- Annual renewal of registration
- Five-yearly revalidation.

The requirements for revalidation include:

- Annual Professional Appraisal based on the “Good Public Health Practice” framework
- Annual Personal Development Planning
- Health & Conduct Declaration
- Confirmation of Indemnity Arrangements
- Evidence of CPD within a five-year registration cycle
- Colleague feedback – demonstrated by completion of a 360-feedback report completed with cycle using a tool approved by UKPHR
- Confirmation of Compliance via reference

The “Good Public Health Practice” framework sets out the required standards of practice for all registered Public Health professionals in the UK.

All Consultants in Public Health must take part in CPD as a condition of their Professional registration, this is normally in accordance with the Faculty of Public Health requirements (CPD Policy) or other recognised body.

Consultants in Public Health access professional appraisal through either the Health Board’s trained medical appraisals process (as above) or through Public Health Wales trained appraisers supported by HEIW.

Compliance with Faculty of Public Health CPD Policy and requirements, undertaking of annual professional appraisal and revalidation requirements and

compliance are routinely discussed with individual staff members during the regular PADR process, and monitored by the Executive Director of Public Health.

**Number of lapses/referrals in 24/25**

<b>Service Area / Professional Regulating body</b>	<b>No of registration lapses 24/25</b>	<b>No of referrals to professional body 24/25</b>	<b>Comments (concerns or issues to raise)</b>
Nursing / NMC	1	2 (1 closed within 7 days, 2 remain open, 1 from previous year/s)	1 Registration lapse resolved within 72 hours. HR processes enacted in line with PTHB policy.
Allied Health Professionals / HCPC	0	1 (1 agency FTP referral, case passed to provider. 3 cases remain open from prior year/s)	No PTHB actions outstanding. Concerns raised to HCPC regarding poor case management; prolonged delays & poor communication
Healthcare Scientists / HCPC	0	0	No concerns or issues for escalation
Social Workers	1	0	1 Registration lapse now resolved. HR processes enacted in line with PTHB policy.
Public Health	0	0	

**NEXT STEPS:**

1. In the absence of the Deputy Director of Nursing, the Assistant Director of Nursing, Safeguarding will continue to maintain monitoring, scrutiny and oversight of revalidation compliance and referrals to regulator.
2. Deputy Director of AHP & HS to continue to maintain robust monitoring; scrutiny and oversight, meeting with HCPC representatives to obtain updates on outstanding cases and actions taken by the regulator to improve timely investigation and communication.
3. Deputy Director of AHP & HS to continue to maintain robust monitoring; scrutiny and oversight for Social Workers and develop supplementary guidance document in keeping with other professions within the AHP & HS directorate portfolio.

**IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT**

## REVALIDATION PROGRESS REPORT (RPR) 2024-25

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

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

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## Part 1 - Appraisal Figures

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Appraisal Completion Figures	Number of prescribed connections	Number of doctors exempt from appraisal due to extenuating circumstances	Number of completed appraisals (summary agreed)
<b>General Practitioners</b>	127	0	114
<b>Consultants</b> (including honorary contract holders)	23	0	16
<b>Staff grade, associate specialist, specialty doctor</b> (including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere)	5	0	2
<b>Doctors with practising privileges</b> (for independent healthcare providers only); all doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)	0	0	0
<b>Temporary or short-term contract holders</b> (including trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts)	1	0	1
<b>Other</b> (including some management/leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc.)	0	0	0
<b>Trainee doctor on national postgraduate training scheme</b> (for Deaneries only)	0	0	0

In this section you are required to provide your appraisal completion figures for the period 1<sup>st</sup> April 2024-31<sup>st</sup> March 2025. **Only doctors with whom the DB has a prescribed connection should be included in this section. Each doctor should be included in only one category.**

## Part 2 – Quality Assurance of Processes

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

2.1 Revalidation processes - what level of assurance does the DB have?		
2.1.1 there are sufficient support structures in place to support the RO and revalidation team	Level of Assurance (RAG):	<b>GREEN</b>
Evidence for rating assessment / future plans		
<p>There are 4 part time Assistant Medical Directors (AMD) in place, taking total to 1.4 wte. An Appraisal Lead is in post. 2 AMDs have undertaken RO training.</p> <p>The AMDs continue to perform an initial review of appraisal portfolios, as part of the overall “revalidation ready” assessment, before consideration by the MD/RO. The AMDs also lead on monitoring MARS and ORBIT in order to identify doctors who might be having difficulties in meeting their revalidation obligations. The Appraisal Lead encourages doctors to undertake all relevant activities in good time. Have built up resilience in the support team with the Corporate Business Manager and Admin Support to support the revalidation process.</p>		
2.1.2 revalidation recommendation decisions are made timely and in line with GMC RO regulations	Level of Assurance (RAG):	<b>GREEN</b>
Evidence for rating assessment / future plans		

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The Revalidation support team has systems in place to monitor appraisal progress and to identify doctors who will be coming under notice. This allows support to be offered to doctors who are not ready to be recommended for revalidation. The RO and AMD continue to review the appraisal portfolios of doctors under notice to identify those who can be pro-actively recommended for revalidation.

Regular review meetings are held to monitor progress; this meeting include a lay person (non-clinical staff member) – this ensures consistency and quality of the revalidation decision making process.

2.1.3 revalidation deferral decisions are made and managed appropriately

Level of Assurance (RAG):

**GREEN**

Evidence for rating assessment / future plans

There have been 7 deferrals since the last review. These have been due to lack of 360 feedback and QIA evidence and due to interruption to practice.

The regular review meetings help to provide support proactively and deferral decisions are taken collectively in the review meetings.

The AMDs perform an initial review of appraisal portfolios, as part of the overall “revalidation ready” assessment, before consideration by the RO. The RO then does a second review of the appraisal portfolios of each of the doctors with a prescribed connection to PTHB, prior to recommendation.

Doctors are informed following (any type of revalidation) recommendation to the GMC. Where deferral has been necessary written guidance is given to doctors on actions needed.

2.1.4 there are processes in place for reviewing Whole Practice Appraisal (WPA) in the context of appraisal and revalidation

Level of Assurance (RAG):

**GREEN**

Evidence for rating assessment / future plans

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Use of existing systems to appropriately explore, review and document Whole Practice Appraisal (WPA), including MARS. WPA captured on standard PTHB revalidation check list. The RO reviews the quality of the evidence provided in relation to WPA.

Importance of WPA has been emphasised to AMDs and has been a key focus for the appraisal lead since commencing in post.

2.1.5 the RO role can be covered in the event of unplanned absence

Level of Assurance (RAG):

**GREEN**

Evidence for rating assessment / future plans

The AMDs provide a permanent presence for review of appraisal portfolios and making revalidation recommendations, review meeting and recommendations for revalidation are made in sufficient time to ensure completion of the automated GMC process and to mitigate against any unplanned absence.

2.1.6 revalidation processes are reviewed for effectiveness and quality, and key issues arising from reviews and quality improvement activity are progressed

Level of Assurance (RAG):

**GREEN**

Evidence for rating assessment / future plans

Actions and feedback from review processes are considered by the team and processes refined accordingly – key issues are progressed through the appraisal and revalidation review group mechanism.

Important areas for learning will be shared through the learning from experience group.

Following a presentation at the Revalidation support Network where it was highlighted that PTHB had a low number of deferrals, an audit was carried out on number of appraisals undertaken in the most recent revalidation cycles. It was found that the vast majority of doctors had undertaken either 5 appraisals or 4 plus an approved missed appraisal, providing reassurance that the threshold for revalidation was not low.

2.1.7 all revalidation processes consider equality, diversity and inclusivity issues and are fair and non-discriminatory	Level of Assurance (RAG):	<b>GREEN</b>
Evidence for rating assessment / future plans		
There are no known equality, diversity, and inclusivity issues. Equality and Diversity training remains a part of the Health Board's mandatory training. As mentioned previously, a lay person attends the appraisal and revalidation review group to provide additional / further assurance in this area.		
2.1.8 the DB takes into consideration public and patient views regarding revalidation processes	Level of Assurance (RAG):	<b>AMBER</b>
Evidence for rating assessment / future plans		
While there continues to be no current involvement of patients or the public in these local processes, there are no known local issues or concerns which have been raised by patients or the public. The addition of a lay representative, although a member of Health Board staff, provides additional assurance in this area.		
2.1.9 the DB engages with national activity relating to revalidation (e.g., Wales Revalidation Appraisal Group (WRAG) and RO meetings, quality assurance events)	Level of Assurance (RAG):	<b>GREEN</b>
Evidence for rating assessment / future plans.		

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PTHB RO attends the Wales RO Network meetings. Wales Revalidation and Appraisal Group (WRAG) meetings delegated to AMDs and appraisal lead but also attended by RO when possible.

RO is active in the All-Wales Medical Director Group where issues relating to appraisal and revalidation are often discussed. Regular meetings with GMC liaison officer are also a forum for sharing of important national activity.

2.1.10 thresholds applied for revalidation recommendations are in line with those of other DBs

Level of Assurance (RAG):

**GREEN**

Evidence for rating assessment / future plans.

The RO follows GMC guidelines and processes and liaises with the GMC Liaison Officer when specific issues arise.

Sharing of practice via Wales RO Network

No known benchmarking issues. No concerns raised by GMC.

Revalidation and deferral rates are similar to other Health Boards and the Welsh average position.

Anonymised informal discussion is possible through AWMD group.

Following a presentation at the Revalidation support Network where it was highlighted that PTHB had a low number of deferrals, an audit was carried out on number of appraisals undertaken in the most recent revalidation cycles. It was found that the vast majority of doctors had undertaken either 5 appraisals or 4 plus an approved missed appraisal, providing reassurance that the threshold for revalidation was not low.

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

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

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To provide resilience to the revalidation support at PTHB, the Corporate Business Manager and Admin Support officer are also assisting with the process – training on the orbit and Mars system was identified and undertaken. A review of the processes and filing structure will be undertaken in 2025/26; with conversations already commencing in 2024/25 with peers in a neighbouring health board.

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

2.2.1 there is sufficient support for doctors to enable them to be appraised? Including number of available Appraisers, information about appraisal, support with MARS, access to relevant data etc.

Level of Assurance (RAG):

**GREEN**

Evidence for rating assessment / future plans

All doctors with a prescribed connection to PTHB can raise any issues directly with the MD/RO or AMDs/Deputy RO.

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

There can be fragility due to the need for an individual to rotate appraisers. This has been mitigated for by securing appraisals from neighbouring Health Boards.

2.2.2 there is a robust induction process for doctors including appraisal and revalidation guidance for the organisation

Level of Assurance (RAG):

**GREEN**

Evidence for rating assessment / future plans

New doctors are included in the wider PTHB induction process for all new staff.

Work is ongoing to strengthen induction for newly appointed doctors. The appraisal lead will help to support the guidance for appraisal at induction.

2.2.3 all doctors requiring appraisal are appraised when they should be	Level of Assurance (RAG):	<b>GREEN</b>
Evidence for rating assessment / future plans		
All Allocated Quarter change requests are considered by the RO or the Deputy RO. Through the appraisal review meetings provide opportunity to bring AQs into their expected time frame where there has been slippage.		
2.2.4 reasons for non-completion are documented, and non-engagement is managed appropriately	Level of Assurance (RAG):	<b>GREEN</b>
Evidence for rating assessment / future plans		
RO and Deputy RO review all portfolios for revalidation and records position using standard PTHB template developed for this purpose. Reasons for non-completion and/or non-engagement are recorded, with follow-up action led by the RO, on a case-by-case basis. The appraisal lead aims to proactively support doctors who appear not to have sufficient evidence to revalidate well in advance to give them opportunity to bring all of the required evidence to appraisal.		
2.2.5 Appraisers are fit for purpose, appropriately trained and up to date	Level of Assurance (RAG):	<b>GREEN</b>
Evidence for rating assessment / future plans		
Appraisers are trained and attend continuation training, in line with all-Wales policy and practice. The appointment of the appraisal lead is strengthening this process.		

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2.2.6 Appraisers are supported and managed in their role, and are performing the role appropriately	Level of Assurance (RAG):	<b>GREEN</b>
Evidence for rating assessment / future plans		
Appraisers are supported by RO, AMD and the appraisal lead as required. No known concerns.		
2.2.7 appraisal outputs (summary and PDP) meet agreed standards	Level of Assurance (RAG):	<b>GREEN</b>
Evidence for rating assessment / future plans		
The RO reviews all appraisal summaries prior to revalidation recommendation to the GMC. There has been sharing of templates with neighbouring Health Board to assure standards maintained and consistency. WRAG provides useful forum for peer review.		
2.2.8 appraisal and its outputs are having a positive impact on individuals and on the organisation	Level of Assurance (RAG):	<b>GREEN</b>
Evidence for rating assessment / future plans		
During the revalidation period, all Doctors are required to demonstrate Quality Improvement activity which is shared through local service groups and more widely through the Learning from Experience group.		
The RO submits an annual report on appraisal and revalidation through to the Executive Committee and the Patient Experience, Quality & Safety Committee.		
Review of appraisals provides the RO with insight into areas for learning and improvement that can be shared anonymously via the learning group.		
Please outline any areas identified for development relating to <b>2.2 Underpinning systems: appraisal</b>		

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Noting some retirements, new appraisers will be appointed and inducted. Once guidance is in place regarding reporting of constraints, this will be included in health board appraisal and revalidation reporting.

<b>2.3: Underpinning systems: governance. What level of assurance does the DB have:</b>		
2.3.1 That appropriate checks, including regarding their appraisal status and any outstanding concerns, are carried out prior to establishing a connection with a doctor?	Level of Assurance (RAG):	<b>GREEN</b>
Evidence for rating assessment / future plans		
<p>To be in line with GMC guidance, doctors need to declare any restrictions on their practice during the initial application processes.</p> <p>Checks are completed by the medical lead within the PTHB Workforce and OD Team; any concerns are raised with the MD/AMD. (In this general context, the MD also personally reviews all applications for inclusion on the Powys MPL).</p>		
2.3.2 That the DBs GMC Connect list is up to date (in terms of both joiners and leavers), and cross-checked against your staff records and / or the MPL?	Level of Assurance (RAG):	<b>GREEN</b>
Evidence for rating assessment / future plans		
<p>RO advised about all doctors newly joining the health board as employees. GMC Connect list kept under routine review with follow-up with individual doctors by the MD/RO, as indicated (e.g. for doctors who have retired) with the help of colleagues providing support to the revalidation process.</p>		
2.3.3 That where concerns arise about doctors with whom you have a prescribed connection; these are managed and inform the revalidation recommendation appropriately?	Level of Assurance (RAG):	<b>GREEN</b>
Evidence for rating assessment / future plans		

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

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

The RO submits an annual report to the Executive Committee and Workforce and Culture Committee.		
2.3.10 That doctors' constraints identified at appraisal are reported to the Board for consideration i.e., to be included in risk register if appropriate?	Level of Assurance (RAG):	<b>AMBER</b>
Evidence for rating assessment / future		
<p>Constraints narratives are reviewed as part of the review of appraisal portfolios at revalidation. Local GPs also have pathways into the HB to express any concerns regarding constraints, including at the LMC and the HB cluster leads meetings (RO in attendance at both). (HEIW produces a consolidated report on constraints from primary and secondary care, although this is not broken down into DB specific data). Pending guidance on reporting of constraints, the appraisal lead will be tasked with providing a report summarising constraints. This will be taken to the learning group and any escalated items to the PEQS committee.</p>		
2.3.11 That governance processes are having a positive impact, and informing revalidation appropriately?	Level of Assurance (RAG):	<b>GREEN</b>
Evidence for rating assessment / future		
<p>PTHB has a relatively low number of doctors with a prescribed connection. The RO personally reviews the appraisal portfolios at the point of recommendation. Wider work has been completed in relation to WPA. There are no known concerns or incidents associated with the revalidation process in-year.</p>		
Please outline any areas identified for development relating to <b>2.3 Underpinning systems: Governance</b>		
A report summarising important constraints will be a priority for the appraisal lead.		

Lewis Raychelle  
29/05/2025 11:49:08

## Part 3 – Progress against Revalidation Quality Assurance Review action plan

Lewis, Raychelle  
29/05/2025 11:49:06

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

Part 3 - progress against Revalidation Quality Assurance Review action plan		
DB action pan and comments/progress		Date of Visit:
Action	Most recent progress/status	
Proactive planning for revalidation	Appraisal lead proactively discussing with appraisers and appraisees regarding forward planning for 360 feedback and in advice on any missing requirements for revalidation.	
Building resilience into appraiser team	Appraisal lead has commenced discussion on cross use of primary /secondary care appraisers. Not yet progressed but no concerns raised on availability of appraisers.	
Developing appraisal awareness/education	Encourage appraisers to regularly update with appraiser training and encourage new doctors to take up appraiser roles.	
Constraints	Appraisal lead will work with appraisers to provide a summary of themes from constraints, pending guidance on reporting of constraints.	

Lewis Raychelle  
29/05/2025 11:49:06

## Part 4 – Internal Quality Assurance and Other Projects

Lewis, Raychelle  
29/05/2025 11:49:06

Please provide details of any internal quality assurance exercise, quality improvement or revalidation or appraisal project the DB have undertaken

Following a presentation at the Revalidation support Network where it was highlighted that PTHB had a low number of deferrals, an audit was carried out on number of appraisals undertaken in the most recent revalidation cycles. It was found that the vast majority of doctors had undertaken either 5 appraisals or 4 plus an approved missed appraisal, providing reassurance that the threshold for revalidation was not low.

Lewis Raychelle  
29/05/2025 11:49:06

## Part 5 – Board Statement of Compliance

Lewis Raychelle  
29/05/2025 11:49:06

On behalf of the DB (Chief executive or chairman, or executive if no board exists) I can confirm that:

The organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013)	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree
We are satisfied with the level of assurance we have about these systems and processes, both now and throughout the year, and the way in which they support and inform revalidation	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree
We are satisfied with the organisation's progress in terms of revalidation, and that there is a clear plan in place to guide further quality improvements	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree

**Or:** we have concerns about any of the above, as described below:

Lewis Raychelle  
29/05/2025 11:49:06

## Part 6 - Submission Declaration

Lewis, Raychelle  
29/05/2025 11:49:06

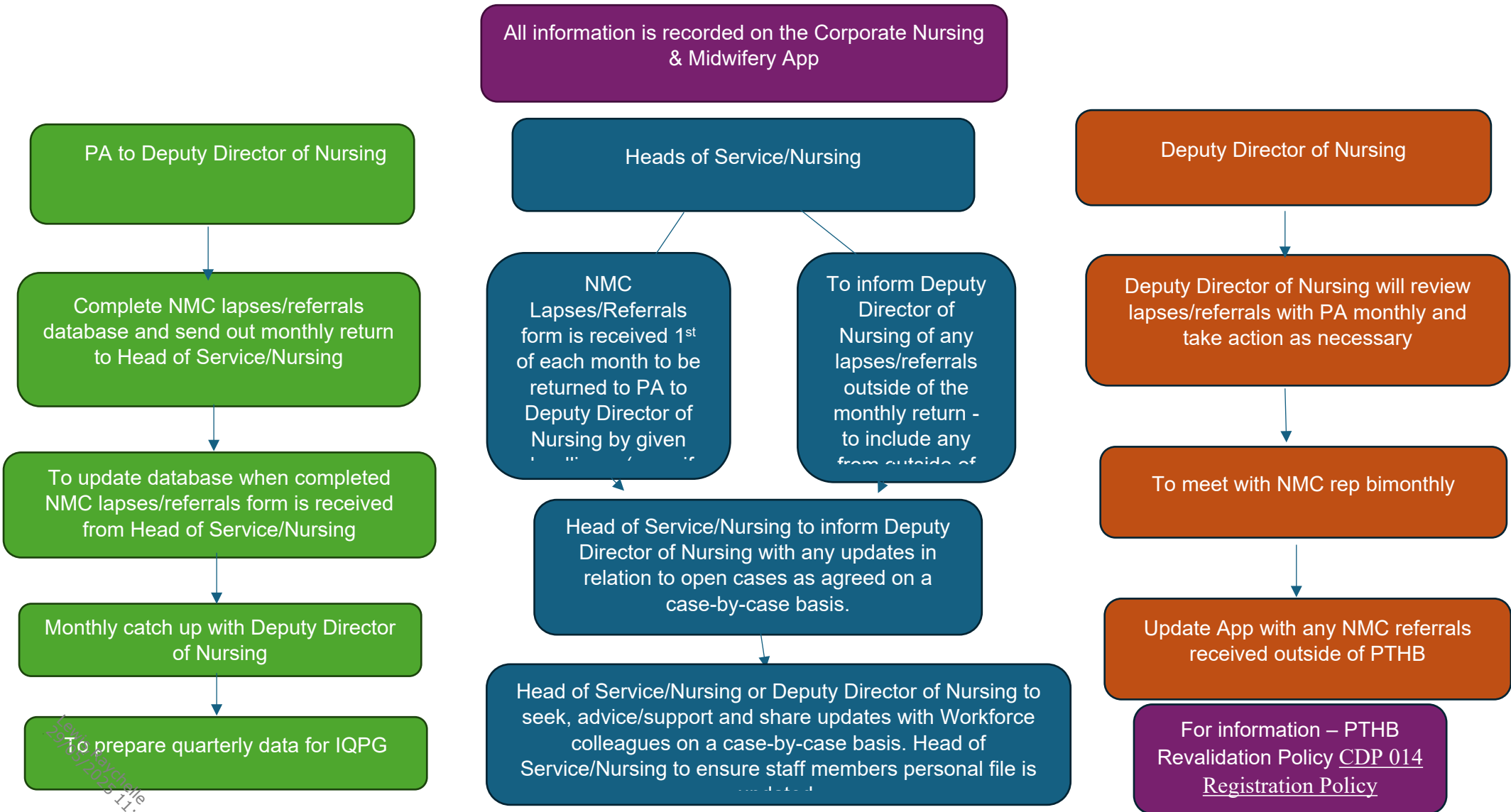
**Completed report authorised by Responsible Officer**

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

Agree

Lewis, Raychelle  
29/05/2025 11:49:06

### NMC Lapses & Referrals Process



# Primary and Community Care Academy Powys



[Welcome to the Primary & Community Care Academy](#)[hyperlink]

**Subject:**

Primary and Community Care Academy (Powys)

**Approved and Presented by:**

Elaine Lorton, Executive Director of Primary Care, Community and Mental Health

**Author:**

Head of Primary Care  
Head of Primary & Community Academy

**Purpose:**

This report is to provide an overview of the work of the Primary and Community Care Academy (Powys).

**Recommendations:**

The Committee is asked to:

- **RECEIVE** the information provided in the report;
- Take **ASSURANCE** the Primary and Community Care Academy (Powys) is facilitating Multi-professional Education and Training in Primary & Community Care.

**Executive Summary:**

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

The report is provided to the Committee to raise awareness of the work of the Primary and Community Care Academy (Powys)

Lewis Raychelle  
29/05/2025 11:49:56

# Who we are and what we do

## Vision

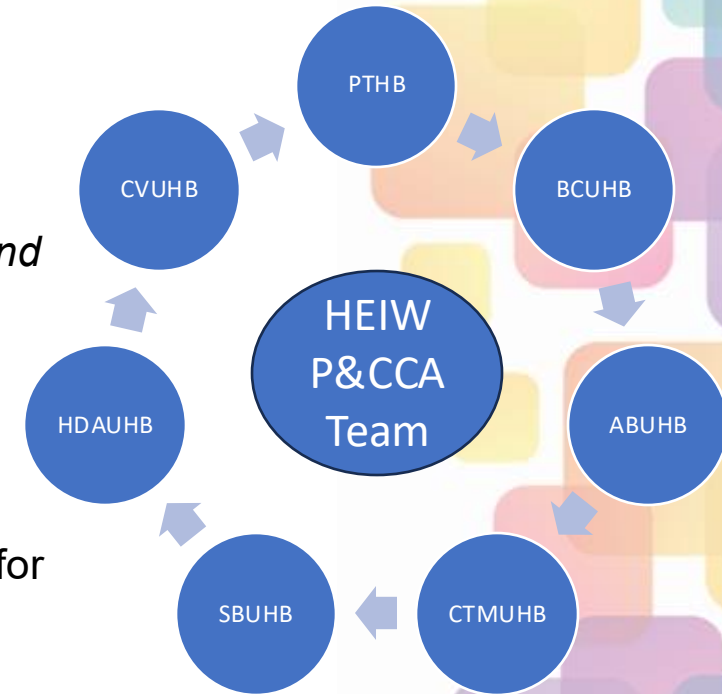
*“To facilitate the delivery of high-quality education and training for people working in primary and community care to support the delivery of excellent evidence based person-centred care”.*

## Background

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

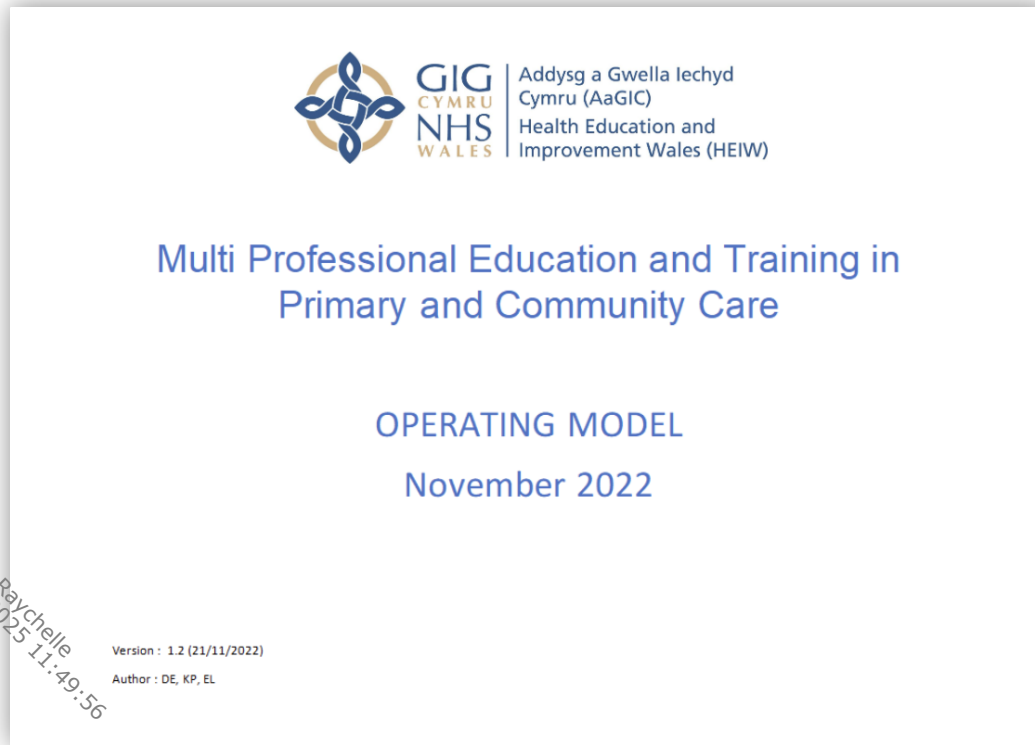
## Benefits to users

- **Funded** training & education
- **Collaborative** efforts to develop education programmes – e.g. GPN foundation programme
- **Shared resources** with internal and external teams / organisations
- **↑ Increased purchasing power** by collaborating with **other P&CCA's**
- Primary & Community Care **focused**
- Demonstrates **HB support to Primary Care**



# Operating Model

Multi-professional Education and Training in Primary & Community Care



HEIW Funded roles



To deliver on the  
"Operating Model"



Executive sign off

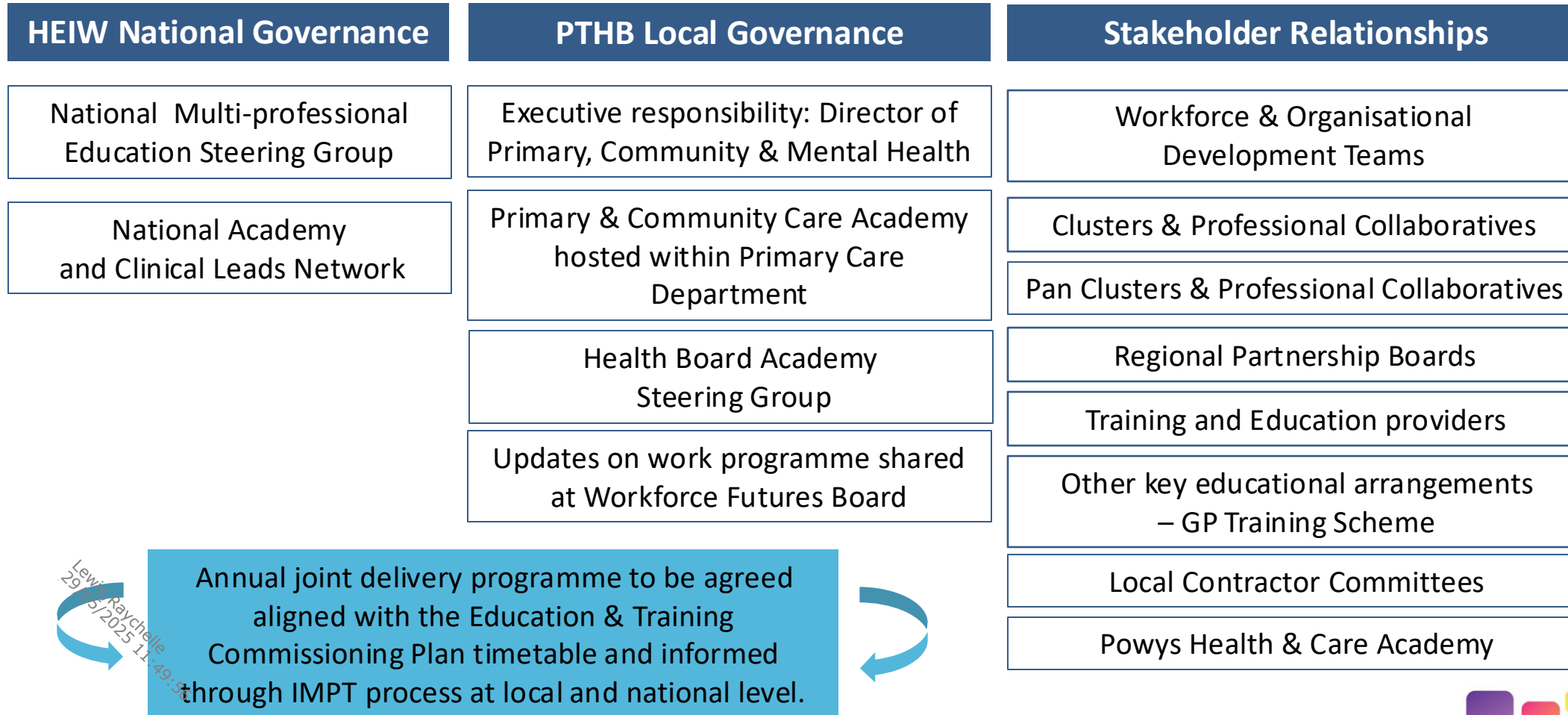


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a Chymunedol **Powys**

Primary & Community  
Care Academy **Powys**

# 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)



## References

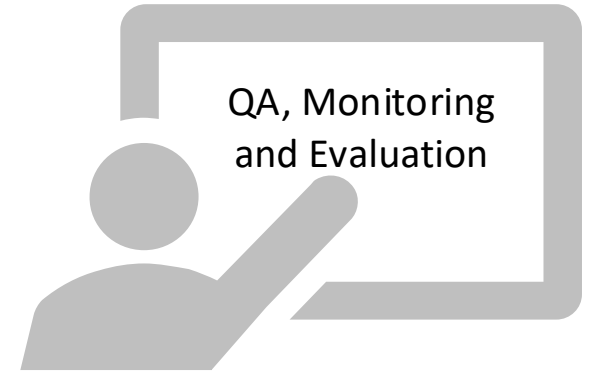
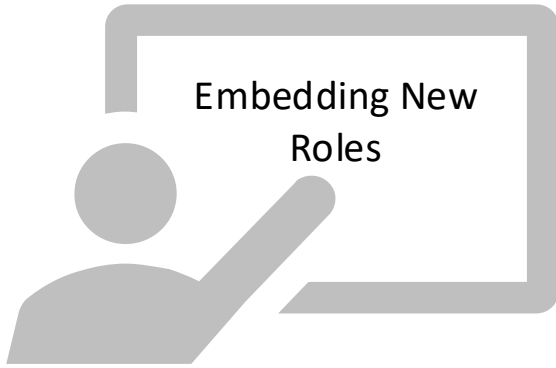
(HEIW 2022) Multi Professional Education and Training in Primary and Community Care OPERATING MODEL  
(HEIW & PTHB 2022) Delivery Agreement for the PTHB Primary & Community Care Academy



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Care Academy **Powys**

# Academy Functions



# Primary & Community Care Academy: 8 Key HEIW National Workstreams

GP Nurse  
Foundation  
Programme

ACP Digitisation

ACP MSK  
Competency  
Framework

GP Integrated Care  
Fellowship

Independent and  
Supplementary  
Prescribers  
Support Network

Practice  
Management  
Development  
Programme


UCP Competency  
Development  
Framework

Undergraduate  
Nursing  
Placements in  
General Practice

Lewis, Raychelle  
29/05/2025 11:49:56

# P&CCA Team



HEIW Funded roles Permanent	HEIW Funded Roles Temporary (1yr fixed)	Primary Care Dept Role Permanent
<p><b>Helen Farmer</b> P&amp;CCA Manager (1 x WTE)</p>	<p><b>Helen Donegan</b> Clinical Skills Trainer (0.8 WTE)</p>	<p><b>Caroline Walker</b> Senior Administrator (1 x WTE) Also supports wider PC Team</p>
<p><b>Beth Havard</b> Education, Training &amp; Development Officer (1x WTE)</p>		
<p><b>Dr Wendy Slater</b> Multiprofessional Education Lead (0.5 WTE)</p>		



Helen Farmer    Wendy Slater    Beth Havard    Helen Donegan    Caroline Walker

Lewis, Ray, Dafydd  
29/05/2023 11:49:36



# How is our work / training funded

Staffing groups	Funding Stream Annual Bids / Allocations
*HCSW	HEIW
*Admin & Practice Management	HEIW
*Nursing / Allied Health & Midwifery	HEIW – Advanced & Extended Practice Allocation
Optometry	HEIW
Dental	HEIW
Community Pharmacy	HEIW
Medical	HEIW

\* Collaborative bid process with Clinical Education and Health & Care Academy – to avoid duplication and share resource where applicable

# Number of courses and learner contacts (Apr 24 - Apr 25)


Training Type	No. of subjects offered	No. of learner contacts
Protected Learning Time for General Medical Services	29	1077
Multiprofessional and occupation specific training	70	640



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# Risks and Mitigations

Risks	Mitigations
Limited simulation training skills in team	Team trained in HEIW Simulation.
Limited HEIW funding and resources Risk of £ reduction Training room availability	Working to ↑ 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 	Collaborate with Comms Team Primary Care Facebook NHS Jobs Practice in Powys website
Insufficient staff release time to attend training	Prioritise PLT sessions Lunch 'n' Learn sessions Primary & Community Care Nurse Education Forum Vary days and times – inclusive of P/T staff and case loads
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 booking systems Tours of SharePoint and how to book training Advanced & Extended Practice Workshops Training Needs Analysis

# Opportunities & Focus for 2025/6

- **Strengths Deployment Inventory**  
Academy Staff x2 Trained – enabling Personality Profiling for Primary Care and Cluster Teams to help improve collaborative team working
- **Optometry Career Development**  
Optical Assistant Qualification in Powys – starting block of a career pathway for aspiring opticians
- **Dental Services**  
Training for Aspiring / Existing Dental Practice Managers
- **Multiprofessional genomics training**  
HEIW sessions on the "*Introduction to Genomics*" and "*Pharmacogenomics*" June 2025  
*Funded MSc modules* available across Wales to any registered Health Care Professional including Medical, Nursing, Midwifery, AHP, Dental, Optometry and Pharmacy
- **Development and roll out of non-clinical and clinical simulation scenarios**  
Focus - Communication & teamworking

Lewis, Rhys  
29/05/2025 11:49



# Recruitment support



Working within Powys Teaching Health Board

Interested in Working in Powys But haven't found a suitable position on our website? If you're interested in a position advertised on our website or

[VIEW FULL JOB DESCRIPTION»](#)

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Primary & Community Care Academy **Powys**

**PRIMARY CARE JOBS**

**Medical Receptionist**

- Newtown Medical Practice
- Full Time
- Permanent
- Salary: £23,934 to £26,252
- Closing: 28/02/2025

**PRIMARY CARE JOBS**

**Practice Manager**

- Builth & Llanwrtyd Wells Medical Practice
- Permanent
- Builth Wells
- 37hrs
- Band 7
- Salary: Dependant on experience
- Closing: 17/11/2024

Contact:  
Daintry.Ristic@wales.nhs.uk  
01982 552207

**PRIMARY CARE JOBS**

**Dispenser**

- Brecon Medical Group Practice
- Brecon
- 37.5 or 36 hrs over 4 days
- Salary: £24,051 Per Annum
- Closing 14/06/24

For further information please contact  
Denise McNamara  
denise.mcnamara@wales.nhs.uk

For application form please scan QR Code

**PRIMARY CARE JOBS**

**Senior Dental Officer**

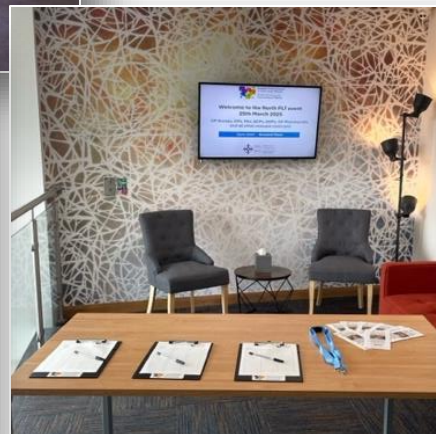
- Brecon
- Full Time
- Salary: £74,531 - £87,175
- Closing 03/03/24

For further information please contact  
Dr Warren Tolley  
warren.tolley@wales.nhs.uk

[Ymarfer ym Mhowys / Practice in Powys \[hyperlink\]](#)

# Spotlight – GMS Protected Learning Time – March 2025

Clinical Training	Non- Clinical Training
National Cellulitis Improvement Programme	Understanding the Unique Needs of an individual with a Learning Disability
Anti-microbial stewardship & medicines update	
Prescribing for cows milk intolerance	Resilience in the workplace
Cauda Equina Syndrome – Lessons learnt & 'Getting it Right First Time' Programme	



*With thanks to our PTHB colleagues who helped deliver the training with us!*



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

# Spotlight – GPN Foundation Programme

Supporting nurses – either newly qualified or career changers – to acquire specialist GPN skills, delivering care unique to the needs of primary care patients.

- Powys Academy developed course with All Wales Primary Care and Bangor University
- 3 successful cohorts with a 4th cohort approved for 2025/26
- 100% pass rate of programme
- 100% Nurses retained within Powys following completion
- 9 GP Nurse roles embedded into Powys from the programme since inception in 2022/23



Lewis, Rachaelle  
29/05/2025 11:49:36

# Feedback from Learners – Clinical & Non-Clinical

*"Clinical team buzzing here today, not sure what was in their drinks yesterday but all very enthusiastic about their new knowledge"*

*"Just wanted to share that Team XXX thoroughly enjoyed the clinical PLT session yesterday. Just a quick message to say a brilliant afternoon "*

*"Thank you for all your efforts arranging, planning, sorting etc – not easy with such a large audience"*

*"Really enjoyable and insightful training"*

*"Excellent tips about looking after your own wellbeing and how important this is in order to be the best possible version of yourself whilst at work"*

*"Had opportunities for discussions on how we can relate the course to our experiences in our own practice".*

*"This was realistic to the experiences that we would have in our practice frequently so it was good to be able to link the skills and phrases we had learnt into a scenario"*



Lewis, Rhys  
29/05/25 11:49:56



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

## Powys Teaching Health Board Glossary (May 25)

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
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
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
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
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
GNCC	General Nursing Complex Care Team
H&S	Health and Safety

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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
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
LPF	Local Partnership Forum
LRF	Local Resilience Forum
LTA	Long Term Agreement
MD	Ministerial Direction
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

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29/05/2019 14:36

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
OOC	Out of County
OOH	Out of Hours
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
PA	Physician Associate
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
PCC	Powys County Council
PEQS	Patient Experience, Quality and Safety Committee
PHE	Public Health England
PHW	Public Health Wales
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
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
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
TI	Targeted Intervention
ToR	Terms of Reference
TRAC	Online Recruitment Management System
T&V	Transformation & Value
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
WTE	Whole Time Equivalent
WVT	Wye Valley Trust
YTD	Year to Date

Lewis, Raychelle  
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