



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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

## PEOPLE AND CULTURE COMMITTEE

### **CONFIRMED** MINUTES OF THE MEETING HELD ON 03 JUNE 2025

#### LOCATION OR HELD VIA MICROSOFT TEAMS

<b>MEMBERS</b>		
Jennifer Owen Adams	JOA	Independent Member-Third Sector (Chair)
Ian Thomas	IT	Independent Member (Vice Chair)
Chris Walsh	CW	Independent Member-Local Authority
Cathie Poynton	CP	Independent Member-Trade Union
<b>IN ATTENDANCE</b>		
Helen Bushell	HB	Director of Corporate Governance and Board Secretary
Katelyn Falvey	KF	Head of Strategic Workforce Transformation, Planning & Resourcing
Mark McIntyre	MM	Deputy Director of People and Culture
Vicky Malcolmson	VM	Head of People and Business Partnering
Sarah Powell	SP	Assistant Director of People and Culture
Claire Roche	CR	Executive Director of Nursing, Quality,
Amanda Walters	AW	Head of Primary Care - Development and Support
Debra Wood Lawson	DWL	Executive Director of People and Culture
Dr. Kate Wright	KW	Executive Medical Director
Raychelle Lewis	RL	Business & Governance Officer/PA to Director of Corporate Governance
<b>APOLOGIES FOR ABSENCE:</b>		
Pete Hoppood	PH	Executive Director Finance, Capital & Estates
Elaine Lorton	EL	Executive Director of Primary Community Care and Mental Health
Jayne Lawrence	JL	Assistant Director of Primary Care Services
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Kirsten Jones	KJ	Llais
Hayley Thomas	HT	Chief Executive
Simon Wright	SW	Independent Member

## **1. PRELIMINARY MATTERS**

### **1.1 WELCOME AND APOLOGIES FOR ABSENCE (P&C/25/001)**

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.

### **1.2 DECLARATIONS OF INTEREST (P&C/25/002)**

No items were brought in relation to the declaration of interest.

### **2. CONSENT BUSINESS AGENDA (P&C/25/003)**

No items were brought onto the main agenda from the consent agenda.

### **3. ITEMS FOR APPROVAL/DECISION/RATIFICATION**

#### **3.1 MINUTES OF PREVIOUS MEETING (P&C/25/004)**

Committee members sought assurance by asking the following questions:  
*Could the spelling on the declaration of interest be corrected as it is spelt incorrectly in relation to being a member of a 'Community Speed Watch'?*

HB asked CW to email Bethan Powell (BP) in relation to the matter, whilst giving an update that the directorate was in the cycle of updating the declarations of interest into the Electronic Staf Record (ESR) which would be good timing to make that amendment.

The minutes of the meeting held on 13 March 2025 were **CONFIRMED** as an accurate record.

#### **3.2 ACTION LOG (P&C/25/005)**

HB introduced the action log, stating that VM had kindly provided an update in relation to the demand for written and or verbal Welsh Language care plans. No queries have been raised with a recommendation to accept closure of the action.

#### **W&C/24/56: Theme 4: Welsh Language, Equality, Diversity, and Inclusion**

The Committee **RECEIVED** the Committee action Log.

#### **3.3 COMMITTEE ANNUAL REPORT (P&C/25/006)**

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

HB updated the Committee on the report produced each year, confirming that it is a summary of all the things that the Committee has considered under the previous and current Chairs of the Committee IT and JO-A with support from DW-L and support from colleagues and Executive leads. A number of these reports were, taken to Board in May 2025 with this one being taken in July 2025.

Committee members sought assurance by asking the following questions:  
*Will there be time or space on the agenda moving forward to focus more on deep-dive discussions of emerging topics, rather than just standard reporting?*

JO-A responded stating that it will be reflected on the Work Programme later which will be about how agile each of the sub Committees of the Board need to be, including one in terms of the agenda that the whole Board is dealing with and the fact that the directorate needs to move and be as agile in responding and being ahead of the curve wherever it can in order to deliver the right support

*There was a grammatical error in the Committee Annual Report on page 3 under 'Roles and Responsibilities, could this be updated?*

HB agreed this would be updated.

The Committee:

- **CONSIDERED** the People and Culture Committee Annual Report for 2024/2025 summarising the key areas of business activity undertaken and agreed the **RECOMMENDATION** that the report would be taken to the Board for the July 2025 meeting.

### **3.4. COMMITTEE ANNUAL WORK PROGRAMME 2025/26 (P&C/25/007)**

HB informed the Committee that the Annual Work Programme is set at the start of each year to align with the Committee's Terms of Reference and key strategic risks, based on gathered intelligence. It was noted that the Programme is agile, aiming to ensure the directorate covers the full scope of the Committee's functions efficiently. This approach is intended to maximise time for discussion and exploration—for example, through the addition of the new agenda item 6.1 on Workforce Sustainability on today's committee. This Work Programme will remain under monitoring.

The Committee:

- **RECIEVED** the Committee Annual Work Programme 2025/26 for the year ahead

### **4. ESCALATED ITEMS (P&C/25/008)**

There were no escalated items on the agenda.

### **5. ITEMS FOR ASSURANCE**

#### **5.1 WORKFORCE PERFORMANCE REPORT (P&C/25/009)**

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

DWL introduced the report which had continued to develop and improve workforce metrics. KF presented the report and drew attention to the following areas:

#### **Staff Transformation and Sustainability of the Workforce**

- Variable pay data – Seeing improvement in nurse bank use. Steady decline in on contract use in the last year. Sharp drop in both on and off agency use in April this year. Projections indicating being on target to deliver on the ministerial targets of no Health Care Support Workers (HCSW) use and no admin agency use by September of this year on a reduction of 30% for all other agencies use by the end of the financial year.

- Above the All Wales average consistently on Performance Appraisal and Development Review (PADR) compliance and of Statutory and Mandatory training

Committee members sought assurance by asking the following questions:

*Is the word 'Transformation' a way to disguise management and if that word has a different currency in Powys.*

DW-L replied stating that if you look across other Health Boards and even in local Government, 'Transformation is seen as trying to distinguish the level of change that is needed by an organisation or by a system versus service improvement and that the hope but utilising that word the directorate is signalling an intent that shows change is required and that the use of the word is deliberate in order to signal what the directorate thinks that road ahead will look like regardless of the specifics

JO-A added that the term is a comprehensive response and that it is about cultural transformation as well and not just about the numbers, that it is about behaviours and culture as well. The term is used to show the need to act.

CP joined at 10:22

*Could you provide more information on the banking agency usage coming down and if this could be put in the context of a monetary value?*

DW-L stated that the report does not present the information on the monetary value, this information is held in other reports such as the Finance Report, looking at the business case for 'Temporary Service Changes' there was quite a lot within that report talking about the impact of agency on the wards. The monetary value will never be reported for this committee due to being covered elsewhere.

*What is the linkage and the crossover between different Committees, and could it be referenced that it has already been covered off elsewhere?*

DW-L agreed that putting a footnote on the report would be beneficial for anybody that does not make the connection and that a Joint Committee on an annual basis might be beneficial between People and Culture (P&C) and Patient Experience and Quality (PEQS) to allow triangulation of data.

HB commented that debates have occurred at Board level as to what extent information is devolved and that there is a strong view that it is kept at Board level as reiterated about the ability to engage everyone and triangulate all the information across.

The Committee **RECEIVED** the information provided in the update and took **ASSURANCE** that the organisation collects, analyses, and monitors relevant people and culture data.

## **5.2 DIRECTOR OF PEOPLE AND CULTURE REPORT (P&C/25/010)**

The purpose of the paper is for the Committee to **RECEIVE** an update on priorities within the Workforce section of the Integrated Plan for 2023/24.

DWL took the report as read and pulled out the key headlines from the report.

**Workforce Planning and Support.** Considerable progress made in workforce planning, with continued focus on:

- Supporting workforce planning efforts.
- Upskilling managers, especially in areas undergoing transformational change.
- Targeted follow-up ("mop-up") for individuals yet to engage.

### **International Recruitment**

- Three cohorts of internationally educated nurses onboarded.

Recruitment includes:

- Registered Mental Health Nurse (RNM) and two doctors.
- Further eight nurses and more RNM's/Doctors expected this year.
- Service design, upskilling, retention, and projections.
- Aspiring Nurses programme highlighted as a success, with plans to recruit nineteen more this year.
- Workforce Futures programme has been refocused due to potential funding cuts.

Reduction from five themes which will be:

1. Pipeline – Carers and the work done with schools. This is a priority.
  2. Transformational change – Transformational skill and leadership around transformation to help change the culture with the communities and staff.
- Workforce Business Partners actively supporting change processes linked to Better Together.
  - Emphasis on early assessment to prevent unnecessary disputes.
  - National review of statutory and mandatory training underway.
  - New strategic nursing workforce plan published.
  - Health Education and Improvement Wales (HEIW) reviewing all workforce plans for funding and deliverability.

Committee members sought assurance by asking the following questions:

*What work is being done on the Workforce Futures which is part of the report, with particular interest in the Academy Careers Education Enterprise Scheme and if there is any data around the realisation of the programme?*

DW-L stated that The Workforce Futures programme, through the Academy Careers Education Enterprise Scheme, has grown from 1,000 to over 5,000 learners, with wider impact on families and communities. Early outcomes include increased interest in health subjects, more apprenticeship applications, and greater engagement in healthcare careers, volunteering, and further study. Work is ongoing with the council and Paavo to track outcomes, and there are plans to offer life skills like basic lifesaving and carer support training.

KW joined at 10:57

SP responded to IT, suggesting that a separate meeting outside of the Committee would be beneficial to share PowerPoint slides previously presented in various forums, enabling a more comprehensive update. It was noted that a more robust data set is expected in September 2025. The increased interest in apprenticeships last year has led to a renewed campaign this year, including in-school sessions and monthly newsletters for those who sign up. Participants also receive training awards to enhance their portfolios.

*How many attempts do the overseas nurses get to do their Objective Structured Clinical Examination (OSCE), and what procedure does Powys Teaching Health Board (PTHB) put in place for those who are unsuccessful.*

DW-L gave an update that Overseas nurses are permitted up to three attempts to pass the Objective Structured Clinical Examination (OSCE). At Powys Teaching Health Board (PTHB), there is a strong success rate—many nurses succeed on their first attempt, with the most recent cohort all passing first time, which is notably above average. The success reflects the tailored support and preparation provided by the team. In the rare event that a nurse does not pass after multiple attempts, PTHB carefully reviews visa restrictions and explores alternative sponsored roles that do not require OSCE completion. However, to date, PTHB have not encountered such a case. The focus remains on delivering high-quality support to enable timely registration and integration into the workforce.

*Are the new workforce models—mentioned under 'transforming the workforce' in the new strategic workforce plans—for community and hospital settings available to view, and if so, where can they be accessed?*

DW-L gave assurance that there is work underway at both national and local levels to develop new workforce models. Nationally, various programmes are exploring new roles and models—such as Band 4 Associate roles and Physician Associates—but some of these require legislative change. These roles already exist in England, and PTHB can share relevant national materials by liaising with colleagues. Locally, it is still in the preliminary stages. Today marks the beginning of Level 2 engagement activity under the "Together" programme, where PTHB is actively listening to stakeholders. This engagement will help shape options for service and workforce design in targeted areas.

*Can you provide an update on the digitisation of the job evaluation process, and clarify how job evaluation is currently conducted—specifically, is it a structured process or can it be requested by anyone at any time?*

**ACTION:** DW-L to send notes to IT.

The Committee took **ASSURANCE** against the delivery of the priorities and **RECEIVED** the 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.

### **5.3 THEME 1 – STAFF HEALTH AND WELLBEING (P&C/25/011)**

SP provided an overview of the Staff Health and Wellbeing presentation. Key themes of local work undertaken were:

- **Staff Engagement:** Roadshows reached 350 staff, with wider service representation (Digital, Systems, Business Partners). Staff valued face-to-face engagement and raised concerns about fixed-term contracts.
- **Well-being Support:** A 12-week pilot saw 130 interactions and reduced staff distress. Positive feedback supports plans for expansion and flexible delivery.
- **Leadership & Team Development:** 450 staff joined Compassionate Leadership sessions, linked to the Managers Programme. Team Climate Surveys help target support.
- **Staff Survey Response:** Burnout, staffing, and workload concerns led to themed monthly campaigns offering practical tips and prompts.
- **Occupational Health:** New electronic OH system reduced referral times to three to four weeks (target: two weeks). Around seventy-four pre-employment checks processed monthly.
- **Digital Well-being:** VIVA app supports health tracking and GP access (including for dependents). Uptake is growing with strong feedback.
- **Reverse Mentoring:** Pilot shows early success in improving understanding between leaders and frontline staff.

MM informed the Committee that the staff support initiatives are not only helping employees stay at or return to work but also align with national workforce targets set by Welsh Government—specifically around reducing staff absences and achieving age-related goals. Encouragingly, current absence levels are already 1% below the NHS Wales average. However, continued focus is needed to meet external expectations, and the outlined work is key to demonstrating progress under national scrutiny.

Committee members sought assurance by asking the following questions:

*Are the wellbeing initiatives such as mindfulness and compassionate leadership shared with or made available to partner organisations, or are they intended solely for internal use—for example, as targeted support for individuals returning from sickness absence?*

SP confirmed that PTHB have shared some initiatives like the Powers Balance programme with partner organisations, particularly through Workforce Futures. The Vivup platform is also jointly used with the Council. While the current pilot is focused internally to refine the model, there is strong external interest, including from another Health Board, which is encouraging for future wider rollout.

The Committee **REVIEWED** the information provided in the update and took **ASSURANCE** of delivery against the plan.

## **5.4 PROFESSIONAL REVALIDATION – INTERNAL PROCESSES (P&C/25/012)**

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.

KW Provided assurance that professional revalidation and concern-handling processes are in place across the Health Board. The key themes were:

- **Integrated Overview:** This is the first time all professional revalidation data (nursing, midwifery, AHPs, medicine, dentistry, pharmacy) has been presented together in one report, rather than by individual profession.
- **Professional Scope:** Covers processes for nursing, midwifery, allied health professionals, and medicine.
- Physician Associates will be incorporated into revalidation processes soon, under the General Medical Council (GMC), with oversight by the Medical Director.
- Dentistry and pharmacy revalidation remains the individual's responsibility, and their processes are outlined in the paper.
- **Governance and Oversight:** Appendices include detailed nursing revalidation procedures, and the annual report submitted to the Revalidation Support Unit.

Committee members sought assurance by asking the following questions:

*Is the CPD (Continuing Professional Development) requirement only for dentists working in the NHS, or does it also apply to those in private practice?*

KW stated that the CPD requirement is set by the General Dental Council (GDC) and therefore applies to all registered dentists — both NHS and private. Both NHS and private dentists are required to complete CPD to maintain their professional registration.

*When something is flagged as amber in the report, what actions do we take in response — do we monitor it more closely or give it more attention?*

KW gave reference to 2.1.8, stating the amber rating is about the involvement of a lay individual in the revalidation process. This has been discussed with the Revalidation Support Unit. While involving a lay person is recommended as good practice, it is not mandatory, and not all health boards include this. Therefore, the amber rating might be a bit harsh, and the area could potentially be considered green based on current practice and context.

*When doctors' constraints are identified during appraisal (as mentioned in section 2.3.10), and these are reported to the Board, are they also included in the risk register where appropriate?*

KW confirmed that they are currently waiting for guidance from the revalidation support unit on how to formally report doctors' appraisal constraints. Meanwhile, we review and note them but will wait for the official guidance before including them in the risk register.

*Is a 70% appraisal completion rate for consultants typical, and what actions are taken for those consultants who do not have timely appraisals?*

KW confirmed that medical appraisal is a requirement for revalidation, typically needing five appraisals in a five-year cycle. While most doctors meet this, some may have deferrals if they have not completed all appraisals, though deferral numbers are low. An audit confirmed that appraisal standards align with other health boards. The health board also meets quarterly with HEIW's appraisal unit

to monitor progress and provide support to doctors who may be struggling, ensuring robust processes are in place.

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

### **5.5 PRIMARY & COMMUNITY CARE ACADEMY (P&C/25/013)**

The purpose of this presentation is to present the Committee with a detailed account about the Primary and Community Care Academy.

The Primary Community Care Academy in Powys plays a crucial role in delivering targeted education and training for primary and community care staff, especially independent contractors with limited access to development opportunities. Operating within a national framework and governed through HEIW and local leadership, the Academy focuses on multi-professional education and career pathway development across eight key programs. It has successfully trained large numbers of learners through hybrid and face-to-face formats, overcoming early challenges like resource limitations and awareness.

Key future priorities include team development, expanded career pathways in optometry and dental care, genomics education, and enhanced simulation training. The Academy also supports workforce recruitment and retention, notably through its highly effective General Practice Nursing Foundation program, making it a vital contributor to workforce sustainability and professional growth in Powys primary care.

Committee members sought assurance by asking the following questions:

*How can future reports better evaluate and demonstrate the impact of the Academy's programs and new roles beyond just volume metrics? Also, how can the Health Board strengthen its connection with the Academy to leverage its size and purchasing power for training—whether by commissioning or purchasing training—to ensure better alignment and integration with wider workforce planning?*

AW confirmed that the Academy works closely with the clinical education team with different programmes and that the Academy shares resources.

*Are some practices are less engaged with the Academy's training and support than others, and if so, what strategies are in place to identify those less engaged practices and provide them with additional support?*

AW confirmed that some practices are less engaged, especially initially. The Academy actively addresses this by regularly attending practice managers' monthly meetings and conducting outreach visits to practices that could benefit from more support. Although participation cannot be mandated for independent contractors, the team focuses on engagement and communication to encourage involvement. Further updates can be provided, and collaboration on visits could help give less engaged practices a helpful nudge.

*How do we ensure strong connection and integration between the health board and primary care—especially nursing—so that nurses can transition and develop careers across both settings, supporting multiple career pathways and strengthening services?*

AW confirmed that a meeting with CR after the Committee to have a conversation on how to strengthen the connection and integration between other members would be beneficial.

*How can we continue to engage primary care effectively, especially GPs who are risk-averse, to ensure they participate in training focused on quality and safety?*

AW confirmed that the Academy is good in respects to, when they receive a 'No' that it is taken as a 'Not for now' and will revisit at another time. The Academy does keep records on training participation to learn what works and what does not and are open to discussing with IT how to better use this data to improve future offerings.

AW left the meeting at 12:19

The Committee **RECEIVED** the information provided in the report and took **ASSURANCE** the Primary and Community Care Academy (Powys) is facilitating Multi-professional Education and Training in Primary & Community Care.

#### **5.6 COMMITTEE RISK REGISTER (P&C/25/014)**

HB provided a brief update on the transition to a revised risk management framework approved by the board in March. The Committee Risk register is moving from the current corporate risk register to new strategic and organisational risk registers, with updated risk details being developed. The updated risk information will not be presented today due to this transition, but the matter is acknowledged to ensure risk is not absent from the committee.

The Committee **RECEIVED** the verbal summary of the Committee Risk Register.

#### **6 ITEMS FOR DISCUSSION**

##### **6.1 WORK FORCE SUSTAINABILITY AND TRANSFORMATION (P&C/25/015)**

This report is to provide an overview of the workforce establishment of PTHB, the requirements of the recently published Performance and Productivity Ministerial Advisory Group and Level 4 de-escalation criteria and consider current approaches and assurance levels to the Health Boards response.

DW-L gave a short introduction on the workforce growth update linking to earlier discussions and the Welsh Government action plans. It was noted to the Committee that the work is ongoing but timely, involving detailed workforce analysis and raising key questions.

VM gave a summary of the key themes from the detailed workforce growth report:

##### **Workforce Growth Overview:**

- Budgeted establishment and vacancies both grew by 25% from 2019 to 2024, despite more Whole Time Equivalent (WTE) staff working.

### **Growth Drivers:**

- Growth in admin & clerical, professional & technical, healthcare scientists, and clinical services.
- Largely driven by external funding (public health, transformation, mental health, community services).
- Internal budget shifts also contributed but are harder to track.

### **Challenges:**

- Tracking internal budget changes is difficult due to code changes and lack of central monitoring.
- Heavy reliance on manual data review and organisational memory.
- Need clearer distinction between internal and external funding.

### **Highlights:**

- Admin growth linked to public health and digital services.
- Clinical growth driven by aspiring nurse program and community services.
- Mental health investments increased professional roles.
- Healthcare scientist growth tied to audiology and external funds.

### **Controls:**

- Budget scrutiny, vacancy approvals, monthly workforce reports in place.
- Additional controls for financial recovery, including vacancy and agency contract scrutiny.

### **Next Steps:**

- Further work to understand investment impacts.
- Review if reporting meets Welsh Government requirements.
- Improve workforce reporting and streamline external funding tracking.

### **Questions for Committee:**

- Is the analysis sufficient for assurance?
- Are controls adequate for managing workforce changes?
- How should future reporting align with government guidance?
- What further actions or information are needed?

DW-L made comment that a monthly version of this workforce data is likely to be required, as per the Ministerial Advisory Group (MAG) recommendations (22 or 23), even though public meetings are not held monthly. There's ongoing discussion and some pushback, but an all-Wales reporting template is expected. The key next step is deciding whether this data should be integrated into the existing performance report or remain separate.

The Committee **RECEIVED** the information provided in the report and **DISCUSSED** the report.

## **7 CONSENT AGENDA**

### **7.1 PTHB GLOSSARY (P&C/25/016)**

PTHB Glossary

**Purpose:** For Information

## **8 OTHER MATTERS**

### **8.1 Any Other Urgent Business (P&C/25/017)**

There was no urgent business.

**8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND /OR OTHER COMMITTEES (P&C/25/018)**

No items.

**8.3 COMMITTEE REFLECTIONS (P&C/25/019)**

The committee provided the following reflections of the meeting:

- The papers provided were highly informative.
- There is an opportunity to review the agenda structure, as it currently includes a large number of items. Streamlining the agenda could allow for more focused discussion and reflection on each paper.
- Item 6.1 would have benefited from additional time on the agenda to enable a more in-depth discussion.

**8.4 DATE OF NEXT MEETING:**

9 September 2025 via Microsoft Teams

*Meeting closed at 12:47*