

People and Culture Committee

Tue 09 December 2025, 10:00 - 13:00

Agenda

10:00 - 10:00 **1. PRELIMINARY MATTERS**
0 min

1.1. WELCOME AND APOLOGIES

1.2. DECLARATION ON INTERESTS REGISTER

1.3. Patient Story: CLIP Programme

 P&C_1.3_Patient Story CLIP Programme.pdf (12 pages)

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.

10:00 - 10:00 **3. ITEMS FOR APPROVAL / DECISION / RATIFICATION**
0 min

3.1. Minutes of the previous meeting held on the 29 September 2025

 P&C_3.1_P&CMinutes_29 September 2025 V1.pdf (10 pages)


3.2. Committee Action Log

 P&C_3.2_Action Log 2025-26.pdf (1 pages)

10:00 - 10:00 **4. ESCALATED ITEMS**
0 min

10:00 - 10:00 **5. ITEMS FOR ASSURANCE**
0 min

5.1. Director of People and Culture Report

 P&C_5.1_Exec Director of People and Culture Report.pdf (13 pages)

5.2. Workforce Performance Report

 P&C_5.2_People & Culture Performance Report.pdf (13 pages)

5.3. Theme 1 - Staff Health and Wellbeing

 P&C_5.3_Theme 1_Employee Health and Wellbeing.pdf (15 pages)

5.4. Workforce Race Equality Standard - Analysis of local PTHB Workforce Data

 P&C_5.4_Workforce Race Equality Standard Analysis of local PTHB Workforce Data Final.pdf (13 pages)


5.5. Theme 3 - Workforce Sustainability and Transformation

Lewis, Raychelle
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 P&C_5.5_Theme 3_Workforce Transformation & Sustainability Q1-2.pdf (19 pages)

5.6. Committee Risk Register

 P&C_5.6_Committee Risk Register Update.pdf (2 pages)

 P&C_5.6a App_A - Appendix A - CRR.pdf (11 pages)

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

0 min

10:00 - 10:00 7. CONSENT AGENDA

0 min

7.1. Staff Development Programme Final Internal Audit

 P&C_7.1_Staff Development Programme Final Internal Audit Report.pdf (8 pages)

7.2. Work Programme

 P&C_7.2_Committee Workplan.pdf (1 pages)

7.3. PTHB Glossary

 P&C_7.3_PTHB Glossary.pdf (6 pages)

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: 05 March 2026

Lewis, Raychelle
05/12/2025 09:45:24



Journey to leading The Single Point of Access For Mental Health in Powys Teaching Health Board

Marielle Restall – Marielle.restall@wales.nhs.uk



Lewis, Raychelle
05/12/2025 09:45:24



On May the 10th 2023 111 Press 2 Powys was launched, taking urgent mental health calls directly from the public. As an ageless service calls are taken from children, adults and older adults in distress.



- I joined PTHB and 111 Press 2 as the Team Lead in October 2023.

- The introduction of 111 Press 2 represented a significant shift toward open access, which initially faced some resistance from staff.
- It was the first area within the directorate to implement an evidence-based tool for prioritizing risk and urgency in cases requiring assessment.
- This approach marked a departure from reliance solely on pattern matching and clinical judgment based on past experience.
- Additionally, the service was among the first to introduce Wellbeing Practitioners at Band 5 without professional registration, a change that was also met with initial hesitation.
- It was quite difficult as an outsider to come in and lead a team and service where there was high amounts of scepticism.
- In October 2023 the average amount of calls per day was 18.



On 16 September 2024, a new Single Point of Access (SPOA) for Mental Health was launched.

- Originally planned as a standalone team, prior to 'go live' it was integrated with 111 Press 2 to achieve greater workforce efficiency, operational alignment, and financial sustainability.
- As a result, I became the team lead for this expanded service, which now operates with twice the original staffing levels. Due to the funding structure and tight timelines, we had to develop and implement care pathways in real time, as there was no opportunity to complete this work before the go-live date.
- The service has now been operational for just over a year.
- **Average daily inbound calls to 111 Press 2: 40**
- **Average daily outbound calls to patients following SPOA referrals: 20**





Development goal:	Measure/behaviour I will know that I have achieved my goal when:	Activities In order to achieve my goal, I will need to:
<p>Create an environment where collective Leadership thrives.</p>	<p>People willingly offering to take the lead.</p>	<p>Continue to ensure everyone’s voice is heard. Continue give feedback to ensure people feel valued. Encourage peer feedback. Continue to encourage the team to take the lead. To give responsibility back to the team for them to problem solve instead of me trying to hold everything that is difficult or uncomfortable.</p>
<p>Establish conditions for people to reflect, learn, continually improve and innovate.</p>	<p>The team are sharing ideas. The team give each other feedback. The team bring new ideas, or things they have learnt to the team to share the knowledge.</p>	<p>Create space for discussions more formally. Being explicit with the team about why I am taking the particular style and approach.</p>
<p>Ensure there is a continued culture of inclusion, helpfulness, kindness and empathy.</p>	<p>Conversations are non-discriminatory. Assumptions about people are not made based on previous encounters. All persons are talked about in helpful and supportive ways.</p>	<p>Ensure I treat my team the way in which I expect them to treat the people using our service. Ensure I do not give reinforcement to negative comments made about people using the service.</p>



NHS 111 *Wales*
PRESS 2

Create an environment where collective Leadership thrives.



The team lead on interview panels



The daily statistics are presented to the team in morning meeting so we can problem solve together on how to better meet our targets, or celebrate our successes



The team attend public engagements to hear first hand feedback from the general public so we can think together on how to move forward



NHS 111 **Wales**
PRESS 2

Establish conditions for people to reflect, learn, continually improve and innovate.

The three roles in peer group supervision

No matter how large the group is: There is always a case presenter, a moderator and peer consultants who maintain their roles during a peer group supervision session.



Case presenter

The case presenter is consulted on a recent work-related issue by the peer group. They provide their perspective on the case so that the consultants can obtain an idea of the people involved, the case dynamics, and some related details. They formulate a key question that reflects their current request and helps to identify an appropriate consultation module that will be applied in the consultation phase.



Moderator

The moderator guides the group through the different phases of peer group supervision. They monitor the guidelines of the consultation process and its respective phases. They invite the consultants to support the case presenter by asking clarifying questions. They take care to ensure that the case presenter's autonomy is preserved and that the group treats them with respect.



Peer consultants

All further participants take part as consultants in the peer group supervision session. They are guided by the moderator. The peer consultants carefully listen to the case presenter's presentation and ask clarifying questions. In the consultation phase, they share their thoughts, experiences, ideas, and perspectives according to the rules of the previously jointly agreed consultation module.

Lewis, Raychelle
05/12/2025 09:45:24



NHS 111 **Wales**
PRESS 2

Ensure there is a continued culture of inclusion, helpfulness, kindness and empathy.

Subject: SPOA - mental health service interface.
When: Occurs every Wednesday from 15:30 to 16:30 effective 28/05/2025 until 21/01/2026.
Where: Microsoft Teams Meeting

PLEASE FORWARD ON THE INVITE TO ANY SERVICES WE HAVE MISSED - IT OPENT TO ANYONE NOT JUST TEAM LEADS.

Dear Team Leads,

This meeting has been set up as a recurring meeting : every Wednesday afternoon, 3;30 – 4;30
The purpose of the meeting is for any person from any team of any discipline to bring any questions, queries, compliments or concerns around the operational functioning between the SPOA and your service.
Representatives from SPOA will be at the meeting to go through any matters you wish to bring.

This weekly meeting is being implemented to replace daily contact with the team leads at SPOA – contesting connections & pathways etc as it is important that team leads now have the time to be able to make the changes that are needed for service.

In the case of urgent clinical matters that needs to be resolved , It is important to remember that we have a shift lead on duty every day who can support with this and they can be contacted via the :

SPOA email address - spoa.mentalhealthpowys@wales.nhs.uk
Professional line - 02922770142

We hope this meeting proves useful for everyone who wishes to attend 😊

Kind regards,





What has this leadership meant to the team and service?

Lewis, Raychelle
05/12/2025 09:45:24

Team

NHS 111 **Wales**
PRESS 2

Patient-Centred Care	Holistic and Ethical Practice	Team Culture and Collaboration
<p>Patient safety is always our main priority.</p> <p>We keep the patient at the heart of everything we do.</p> <p>Coproduction is key—we work with patients, not do to them.</p> <p>We always adhere to the Mental Health Triage Scale, ensuring equity of access.</p> <p>We are an open access service that looks to include rather than exclude.</p> <p>There is no problem too big or too small.</p> <p>We validate and respect every caller, no matter the nature of the call.</p> <p>We will always advocate for our patients.</p> <p>We will make every contact count. This may be your one chance to change something for someone—patients and staff.</p>	<p>We provide holistic support to everyone. This includes emotional wellbeing, mental health, physical health, social issues, practical needs, cultural and spiritual needs—working with patient strengths and goals.</p> <p>We strive to be non-judgmental, which includes:</p> <ul style="list-style-type: none"> - Active listening without bias - Respect for individual differences - Empathy over evaluation - Neutral and supportive language - Creating a safe space for people to talk <p>If there is not a process or pathway for a unique situation, we make decisions based on ethics, law, and safety, in line with team principles.</p> <p>Our connections to other services always go forward and never come back to us (assess now, feedback later).</p>	<p>We respect and support each other.</p> <p>Everyone's voice is equally heard, regardless of job role.</p> <p>We make decisions collaboratively in the room.</p> <p>We celebrate our successes, and act with honesty and integrity.</p> <p>We learn and improve our practice and service from mistakes.</p> <p>It is everyone's responsibility to practice and defend our values and culture.</p> <p>We respectfully challenge behaviour or practice that does not align with our values.</p> <p>We treat practitioners—inside and outside our service—who are finding service change difficult with kindness and empathy.</p> <p>We are self-aware of our own needs and create and maintain an emotionally safe environment, where showing vulnerability is supported by others.</p>

Lewis, P. & P. (2015) 05/12/2015 09:45:00

Service

NHS 111 **Wales**
PRESS 2



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Perfformiad
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Performance
and Improvement

- **The Single Point of Access has been selected by Performance and Improvement Wales (previous known as The NHS Wales Executive) to be a demonstrator site for Open Access & The One At a Time Approach.**
- **PTHB was approached by Ciara Rogers National Director - Mental Health, Learning Disability and Neurodiversity, NHS Wales Performance and Improvement who thought we would be well placed to do this with the work already undertaken in developing SPOA.**
- **Lousia Kerr (Assistant Director – Mental Health and Learning Disabilities) submitted the expression of interest for this project. In this report she recognised the SPOA Teams strengths as ‘Values led service. Enthused and motivated workforce open to transformation. Co-located SPOA on one site which benefits of team environment. Strong experienced leadership.’**

Lewis, Raychelle
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What's Next?

NHS 111 **Wales**
PRESS 2



I am now the interim Service Manager for 111 Press 2 and the Single Point of Access. I am now in the position to lead leaders.



Deliver on Phase Two of the Single Point of Access – Face to Face Assessments.



Personally, I enjoy being in Powys, along with finding the commute from Swansea a lot, I am relocating to Builth Wells.

Lewis, Raychelle
05/12/2025 09:45:33



Thank you for listening.

If you or someone you know is experiencing mental health difficulties, please call **111 and press 2**.

In Powys, we have a dedicated staff caller pathway designed to protect privacy and dignity. I have complete confidence that your call will be handled with kindness, empathy, and professionalism.

Lewis, Raychelle
05/12/2025 09:45:24



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

PEOPLE AND CULTURE COMMITTEE

UNCONFIRMED MINUTES OF THE MEETING HELD ON 29 SEPTEMBER 2025

LOCATION OR HELD VIA MICROSOFT TEAMS

MEMBERS		
Jennifer Owen Adams	JOA	Independent Member-Third Sector (Chair)
Ian Thomas	IT	Independent Member (Vice Chair)
Simon Wright	SW	Independent Member
IN ATTENDANCE		
Helen Bushell	HB	Director of Corporate Governance and Board Secretary
Rhys Brown	RB	Head of Organisational Development
Vicci Cooper	VC	Chief Digital Data Officer
Paul Hooton	PH	Director of Nursing, Quality, Children and Family Health
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,
Alexandra Simmonds	AS	Deputy Director of Allied Health Professionals and Health Sciences
Hayley Thomas	HT	CEO Chief Executive
Julia Williams	JW	Workforce Retention Lead
Debra Wood Lawson	DWL	Executive Director of People and Culture
Raychelle Lewis	RL	Business & Governance Officer/PA to Director of Corporate Governance
APOLOGIES FOR ABSENCE:		
Carl Cooper	CC	Board Chair
Pete Hoggood	PH	Deputy CEO & Director of Finance
Elaine Lorton	EL	Executive Director of Primary Care, Community & Mental Health
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Cathie Poynton	CP	Independent Member-Trade Union
Chris Walsh	CW	Independent Member-Local Authority
Dr. Kate Wright	KW	Executive Medical Director

PRELIMINARY MATTERS

1. WELCOME AND APOLOGIES FOR ABSENCE (P&C/25/020)

The Chair welcomed everyone to the meeting. Apologies for absence were received as recorded above. The Chair welcomed Paul Hooton to the meeting, as the newly appointed Executive Director of Nursing, Quality, Children and Family Health.

1.2 DECLARATIONS OF INTEREST (P&C/25/021)

No declarations of interests were received in addition to those already recorded on the register.

2. CONSENT BUSINESS AGENDA (P&C/25/022)

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/25/023)

The minutes of the meeting held on 03 June 2025 were **CONFIRMED** as an accurate record.

3.2 COMMITTEE ACTION LOG (P&C/25/024)

An update was given stating there were two outstanding actions which were both deemed completed. The Committee **RECEIVED** the Committee action Log.

3.3 COMMITTEE EFFECTIVENESS CONTINUOUS DEVELOPMENT PLAN (P&C/25/025)

HB presented the report which provided a plan for continuous development, based upon the matters identified for actions within the 2024-25 annual review of Committee effectiveness. Attention was drawn to the following matters:

The Committee had undertaken its effectiveness review, including a survey at the end on 2024/25 and an action plan had been developed.

Some cross-cutting areas were identified, relevant to multiple Committees, and these continued to be monitored through the Chairs' Forum. From the perspective of this Committee, there had been two specific items for attention. One had already been completed, defining the Committee's role in Better Together, which was addressed through the terms of reference approved by the Board in May. The other, which remained ongoing, involved achieving a balance between routine agenda items and opportunities for deeper discussion of timely, relevant topics. The Committee intended to continue monitoring this balance, seeking feedback throughout the year and revisiting the matter during future effectiveness reviews.

Committee members sought assurance by asking the following questions:

Clarity was sought on who oversees Committee inductions, whether all Committees are covered by an induction process, and if there is a consistent approach to supporting Committee members through induction and training.

Lewis, Raychelle
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HB explained that there had not been any formal Committee wide inductions scheduled. Instead, inductions were managed according to need. In some instances, individual members received tailored induction sessions, while, in other cases, induction activities for each Committee were delivered over a period of two or three years, depending on factors such as Committee changes, focus, and membership. It was confirmed that individual requirements were always addressed as necessary.

The Chair and newly appointed Vice Chair agreed to meet to discuss relevant matters concerning the People and Culture Committee with the aim of ensuring ensure both were aligned and fully briefed,

Action: JOA and IT

The Committee:

- a. **RECEIVED** the Continuous Development Plan 2025-26 and;
- b) took **ASSURANCE** that the implementation of continuous development actions will be monitored throughout the year as a key principle of good corporate governance.

4. ESCALATED ITEMS (P&C/25/026)

There were no escalated items on the agenda.

5. ITEMS FOR ASSURANCE

5.1 WORKFORCE PERFORMANCE REPORT (P&C/25/027)

MM introduced the Workforce and Performance report drawing the Committee's attention to slides three and four of the performance pack, which addressed the use of agency staff and sickness absence.

- Slide three showed a positive trend in agency usage, averaging 68.9 full-time equivalents over 12 months.
- Slide four highlighted a marked reduction in both on and off contract agency staff since the start of the financial year. Bank staff usage rose, effectively replacing agency costs and supporting the Welsh Government's target of a 30% reduction in agency spending.
- Sickness absence saw a slight 0.3% year-on-year increase, though long-term absences have decreased due to proactive steps. Efforts continue to reduce short-term absences and lower the overall rate. Agency use and sickness absence remain priorities.

Committee members sought assurance by asking the following questions:

Beyond the small sample of nine staff members shown in the sickness absence data where stress and anxiety are the most significant issues, is there is any broader information or intelligence about how staff across the entire organisation are currently feeling, particularly regarding stress and anxiety levels?

MM emphasised the challenges in interpreting sickness absence data, as the broad category of "stress, anxiety and depression" encompassed a range of personal reasons. A previous in-depth review had revealed that work related stress accounted for only a small proportion of cases. Staff surveys had provided some insight, but these only reached around a third of employees, making it difficult to assess overall wellbeing. It

was suggested that this analysis should be repeated, as more than a year had passed since it was last conducted.

DW-L noted the difficulty in distinguishing work-related from personal stress on fit notes, as highlighted by trade unions. Employee relations cases and team climate surveys help identify issues, and collaboration with trade unions provided early warning of potential sickness absence problems.

SP advised of additional funding allocated from charitable funds, which had been directed towards wellbeing support for staff currently absent from work. This initiative aimed to assist those feeling overwhelmed, facilitating their return to the workplace and helping to prevent further instances of sickness absence.

Given the current age profiling within the workforce, which shows a normal distribution peaking in the 61 to 65 age bracket and reflects a shift towards an ageing population, does this trend towards an older workforce present challenge for the organisation in the future, and what measures are being put in place to address and mitigate these potential issues?

MM acknowledged the complexity of managing an ageing workforce, noting ongoing efforts in future workforce planning. The organisation developed various pipelines, including programmes like ACEES (Academy, Careers, Education and Enterprise Scheme), apprenticeships, and aspiring nurse schemes, to address demographic shifts and attract new talent. Lessons from COVID, such as the impact of sudden staff retirements, reinforced the need for careful monitoring and a diversified approach. Workforce planning remained a central and continuous focus.

In relation to 'a great place to work', have compliance levels within the organisation declined over time, and were the current 'amber' and 'red' indicators previously rated as 'green'?

MM stated that workforce compliance is improving, with ongoing monitoring of competencies and prompt escalation of any issues. A more detailed breakdown of trends could be provided at future meetings if needed, though this may require additional slides.

DW-L highlighted challenges with overloaded statutory and mandatory training records, making it difficult to track essential induction versus role-specific training and compliance rates. Role-specific competencies are being reviewed and will be presented to the Executive Committee. This aims to support a more risk-based approach, addressing the limitations of current government reporting.

Are agency reduction targets likely to decrease further, or remain fixed this year? Has the rise in bank hours, particularly due to the higher number of part-time staff, led to less agency use, and is this increase mainly from PTHB staff or with help from other Health Boards?

MM confirmed that the national target for agency reduction remains unchanged, with a 30% cut and ending off contract agency use for healthcare support workers set for this year. More ambitious internal goals exist, but these national targets are the key focus. Bank workers are not counted as employees in whole-time equivalent figures, and most bank staff are engaged solely on bank contracts through targeted local recruitment. While

some substantive staff pick up extra bank shifts, this group is small compared to those working only on bank contracts.

DW-L confirmed that while currently on track with the 30% target, achieving the required financial savings would actually mean a reduction closer to 50%. Efforts are being intensified, with a focus on retention and ensuring all necessary actions are in place to improve bank staffing and reduce agency reliance.

Does the appraisal completion rate exclude staff on long-term absence, or are all employees counted? Could including absent staff affect target achievement?

MM clarified that appraisal completion targets apply to all staff, regardless of whether they are currently available (such as those on long-term absence). Although internal analysis shows that staff unavailable due to sickness typically account for 4–5%, this is not excluded from the official measure or national target. Appraisal rates have recently dipped from 83% in July 2025 to 80% against an 85% target. Seasonal factors such as holidays were cited, and monitoring and escalation to managers continues each month to maintain focus on these important discussions.

The Committee:

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

5.2 DIRECTOR OF PEOPLE AND CULTURE REPORT (P&C/25/028)

DW-L provided an update on activities relating to priority areas not featured on the current agenda. Efforts to reduce agency spend continued, with the executive assessment identifying that site reconfiguration could have the most significant impact due to the challenges in moving staff across geographically spread wards.

There had also been targeted recruitment, including the over recruitment of healthcare support workers, to strengthen the substantive workforce and reduce reliance on agency staff. Substantial work had been undertaken with universities to support placements for nursing, dental, and medical students, aiming to encourage future applications from those gaining experience within the service.

The organisation had secured additional charitable funding to extend the provision of mindfulness, acceptance, and compassion practitioners for a further two years, which had positively influenced staff well-being. Forty-four staff members had accessed counselling services, and occupational health standards were being met, with low waiting lists maintained. Despite resource pressures, well-being roadshows had been reprioritised and relaunched in September, attracting strong participation from staff.

In terms of partnership work, the organisation had secured funding to focus on work with schools and to develop transformation skills across partner organisations. Careers festivals were being planned, and efforts were underway to expand engagement with primary schools. There had been significant face-to-face interaction with staff regarding the Better Together programme, with nearly all staff surveyed aware of the initiative. Feedback indicated varied perspectives on the pace and personal impact of organisational change, which would be considered in future planning.

Reference was made on national updates, including ongoing reviews of statutory and mandatory training, and the development of a leadership and management competency framework, drawing on approaches from National Health Service (NHS) England. The organisation responded to new legislative duties by completing an annual report on social partnership, detailing work with trade unions and consensus building for strategic changes.

Committee members sought assurance by asking the following questions:

Is it permissible, or indeed common practice, for the Health Board to proactively recruit from other health board areas when there is a need to attract individuals to join our organisation, or is this generally viewed as inappropriate?

DW-L explained that while it would be seen as unethical to openly recruit staff from other health boards (such as by setting up in their canteens), there are subtle ways to market the organisation. It was emphasised that our health board offers something unique compared to others, with different priorities and presentations. This distinctiveness can attract those seeking an alternative to typical health board environments. The importance of highlighting these unique aspects as a selling point was stressed, suggesting that people need to experience the organisation's special qualities first-hand. The organisation already participates in recruitment activities at universities to engage potential candidates.

Considering that pre-employment checks typically take between two and three weeks due to the availability of clinical staff, to what extent has this delay affected service delivery, and has it led to an increased reliance on agency staff? In relation to the reduced employee costs achieved through the all-Wales framework, how substantial have these savings been for Powys?

SP explained that the team utilises a flexible bank clinical nurse (Band 5) to cover gaps when required. Delays are often due to applicants taking time to return information, which is a common benchmark across other health boards. The Health Board is meeting national targets, so this is not a significant concern. By re-contracting through the all-Wales framework, the Health Board has achieved cost savings of approximately £4 per head compared to the previous year, indicating a successful procurement exercise.

The Committee:

- **RECEIVED** this report as an update on priorities within the Workforce section of the Integrated Plan 2025/26 since the July 2025 that are not part of the Committee's agenda and;
- took **ASSURANCE** regarding delivery of those priorities. The paper also provides an update on any workforce areas identified nationally.

5.3 THEME 2 – A GREAT PLACE TO WORK (P&C/25/029)

JW, introduced the newly released leavers toolkit, launched on 01 July 2025, which included exit interview guidance and resources for managers. The toolkit aimed to improve the recording of staff departure reasons and introduced a leavers questionnaire to gather feedback for service improvements. The Nurse Retention plan was shared highlighting progress on most actions, with some delays in providing protected time for preceptorship and supervision due to a shortage of trained staff, a challenge shared by

several health boards. Most actions had progressed, with final sign-off expected at the next meeting, and the goal remained to complete all actions by the end of the financial year.

RB updated the Committee on staff experience and development drawing attention to the following key themes:

- The Speaking Up Safely Framework for Wales, launched in 2023, had seen most of its thirteen actions embedded into regular practice, overseen by a quarterly peer group.
- An independent whistleblowing service is now available, but no concerns have been raised since its introduction.
- A three-hour online Speaking Up Safely course has run six times with 63 participants, fostering team discussion. Clinical leadership training continues, with 77 completing Tier 2 for team leads and a successful pilot of Tier 1 for Band 5 staff.
- The managers programme, running four times a year, supports those moving from clinical to management roles, and a two-day coaching course has helped around 70 managers adopt better problem-solving techniques and reduce stress.
- The annual NHS staff survey aimed to improve on its 30% response rate with broader engagement methods.
- A reverse mentoring pilot of junior staff mentoring senior leadership received positive feedback, with future cohorts under consideration.

Committee members sought assurance by asking the following questions:

An explanation on what Vivup was requested.

The Committee were informed that Vivup primarily serves as a 24/7 procurement platform for counselling services, while also offering staff engagement and well-being tools accessible to all staff members. Staff have access to a range of self-help tools, including videos, apps supporting health and well-being, and GP services. Additionally, the Vivup app provides access to 'Speaking Up Safely' modules and is a national company now operating in some other health boards across Wales.

What proportion of staff in bands two and five (and other relevant bands) do the 77 participants represent, and does this meet the programme's targets? Could future reports show how participant numbers compare to set targets for each staff band?

In the band 6-7 group, there are roughly 500 staff eligible for the clinical programme, and nearly 20% have completed it in the first year. There is no data available for bands 2-5, but the aim is for the programme to continue over the long term to reach all intended participants. The programme's reach is expanding, with initial hesitancy giving way to increased interest as more staff hear positive feedback. Notably, all district nursing team leads now include the course in their development plans.

Assurance was sought about using "The 7 Habits of Highly Effective People" for the programme, due to its 1980s American corporate origins, perceived moralistic tone, and concerns over gendered content and appropriateness.

RB clarified that the leadership programme is not strictly based on "The 7 Habits of Highly Effective People" book, nor are staff expected to fully embrace all its teachings. Instead, elements from the book have naturally emerged in discussions, particularly those habits relevant to staff experiences, such as focusing on what is within their control and prioritising effectively. These concepts have resonated with participants without delving

into the author's background or the book's detailed content. Feedback from staff indicates they find practical value in these habits, which is why they feature in the programme.

How do 'stay conversations' align with regular business as usual performance processes, such as performance review meetings and one-to-ones?

Stay conversations are not intended to be part of formal performance appraisals (PADR), which focus on performance. Instead, these conversations are integrated into regular one-to-one meetings. Their aim is not to increase managers' workload or add extra tasks, but to guide managers on discussing what contributes to staff happiness and what may cause unhappiness in their roles. The emphasis is on encouraging more meaningful conversations, rather than focusing solely on task-oriented discussions.

The Committee:

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

5.4 VIOLENCE AND AGGRESSION INCIDENTS (P&C/25/030)

MM delivered an overview of violence and aggression incidents reported within the Health Board, noting that overall numbers have stayed consistent, with increased reporting following efforts to promote Datix use.

Most incidents involved aggressive behaviour or physical assault, mainly concentrated in mental health wards, often related to a small number of patients. Restrictive practices were limited to mental health settings, with fewer incidents elsewhere. High training compliance was maintained, though some staff missed sessions due to absence. Ongoing monitoring and collaboration with safeguarding teams ensure appropriate interventions.

No major issues were found, but there is a continued focus on staff training, incident review, and adapting training for changing patient needs.

HT acknowledged concerns regarding risk assessment in high-risk settings, particularly in mental health, and noted that 10.3% of incidents had occurred in patients' homes. The importance of ensuring effective lone worker protection was highlighted.

Two points were raised in relation to the report, one being the frequent occurrence of multiple incidents involving the same patient, and the need to support staff with conflict resolution and training, especially in diverse settings. Additionally, it was questioned whether public messaging and board commitment to safety were sufficiently visible, referencing signage, environmental design, and the lack of security personnel in their older estate. It was concluded by reflecting on the expectation that existing staff manage security and reiterated the importance of supporting staff dealing with challenging patients

Committee members sought assurance by asking the following questions:

Does the reporting system distinguish between violence and aggression by patients versus family carers in patients' homes, especially for district nursing teams?

The reporting system does not clearly distinguish whether violence and aggression in patients' homes are caused by patients or family carers, as this relies on details in

narrative fields rather than specific categories. Each incident must be reviewed individually, but serious cases are followed up by the Violence and Aggression Lead, to identify causes and learning points.

Regarding the new well-being offer, are there a set of impact measures in place to assess how the new training offer is being received by staff and what kind of impact it is having?
The new wellbeing project had launched the previous week, with baseline data collected. Initially focused on Felindre Ward, over twenty-five staff will participate in weekly sessions with the well-being team for at least four weeks. These include one-to-one coaching, Strength Deployment Inventory, and a team climate review over three months. Workforce members were present on the ward weekly to build rapport. The gradual approach will include a midpoint evaluation, with the project running until Christmas.

CR highlighted the importance of triangulating incident data with staff well-being, noting that although the health board does not have a large district general hospital or emergency department, vigilance regarding violence and aggression remained crucial. Despite a low number of incidents, there had been occasions requiring close cooperation with police and local authorities. Further information was given to the Committee about the "obligatory responses to violence in healthcare" memorandum, signed by all Welsh police forces, which ensured police support for reported cases. The need to capture both physical and verbal aggression was emphasised, especially as more interactions were taking place via telephone through services like 111 press 2. The report was important for the Committee, and it was anticipated that it would evolve as healthcare delivery became increasingly virtual.

Are we aware of any under reporting incidents by staff, and how do we encourage staff to report these incidents?

The recognised risk of under reporting incidents was acknowledged, noting that significant efforts had been made in recent years to encourage staff reporting, with services consistently reinforcing the importance of reporting all incidents. While there was reassurance about the current level of reporting, the risk of under-reporting remained and continued to be addressed.

Is there any data on how staff are affected by violence and aggression from members of the public, as well as from staff colleagues?

The violence and aggression data under discussion specifically pertains to incidents involving patients, while any incidents occurring between staff members are addressed through a separate policy and reporting process.

The Committee:

- **REVIEWED** the information provided in the update;
- took **ASSURANCE** that appropriate monitoring of incidents is undertaken and relevant actions are in place.

5.5 COMMITTEE RISK REGISTER (P&C/25/031)

HB presented the Committee's Risk register, noting that it contained a single but significant strategic risk, risk SRR006, concerning the ability to recruit and retain a suitable workforce. DW-L was identified as the Executive Lead and Senior Risk owner,

managing this risk with colleagues across the organisation. The risk rating had remained unchanged at sixteen, with the Board's cautious risk appetite still in place.

The approach to assurance around controls was continuing to develop and contributed to the Board Assurance Framework. All controls for this risk were rated as reasonable or substantial, and that actions were on track, albeit ongoing in some cases.

DW-L commended the team for their creativity and innovation in addressing workforce challenges, noting that while some solutions such as student streamlining present complexities, persistent collaboration has led to successes like the development of an Aspiring Nurse's Programme. It was highlighted that a one size fits all approach for Wales does not always suit Powys, particularly regarding student pathways. The subsequent discussion emphasised the Committee's proactive triangulation of information, assurance from Executive updates, and effective risk mitigation strategies.

The Committee:

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

6. ITEMS FOR DISCUSSION (P&C/25/032)

There were no items for discussion.

7. CONSENT AGENDA

7.1 INTERNAL AUDIT REPORT (P&C/25/033)

No items

(For Assurance)

7.2 WORK PROGRAMME (P&C/25/034)

(For Information)

7.3 PTHB GLOSSARY (P&C/25/035)

Purpose: For Information

8. OTHER MATTERS

8.1 Any Other Urgent Business (P&C/25/036)

There was no urgent business.

8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND /OR OTHER COMMITTEES (P&C/25/037)

No items.

8.3 COMMITTEE REFLECTIONS (P&C/25/038)

The Committee provided the following reflections of the meeting:

- Agenda was linked together very well.
- Good to hear a range of voices during the Committee

8.4 DATE OF NEXT MEETING:

9 December 2025 via Microsoft Teams

Meeting closed at 12:20

Raychelle Lewis
RAG Status:



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

PEOPLE AND CULTURE COMMITTEE								
Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original target date	Revised Target Date	RAG status
OPEN ACTIONS FOR REVIEW - (09.12.2025)								
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE - (09.12.2025) - NONE								
ACTIONS RECOMMENDED FOR CLOSURE (09.12.2025) NONE								
29/09/2025	(P&C/25/025)	JO-A	Committee Governance Action Plan	The Chair and Vice Chair to arrange a meeting together, during which the Vice Chair will brief on relevant matters concerning the People and Culture Committee. The aim will be to ensure both were aligned and fully briefed, particularly in the context of the process being extended to vice chairs.	9 Dec 2025 Update: Chair has actioned and therefore completed	Dec-25		Completed
CLOSED ACTIONS								Date closed

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GIG
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WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.1

PEOPLE AND CULTURE COMMITTEE **09 DECEMBER 2025**

Subject:	Executive Director of People and Culture – Summary Report
Approved and presented by:	Debra Wood-Lawson, Executive Director of People and Culture
Prepared by:	Assistant Director People and Culture/OD
Other Committees and meetings considered at:	Executive Committee – 03 December 2025 who supported the report to the Committee.

PURPOSE:
The purpose of this paper is for the People and Culture Committee to receive an update on priorities within the Workforce section of the Integrated Plan for 2025/26

RECOMMENDATION(S):
The Committee is asked:

- To take **ASSURANCE** against delivery of those priorities. The paper also provides an update on any workforce areas identified nationally.
- To **RECEIVE** this report as an update on priorities within the Workforce section of the Integrated Plan 2025/26 since the July 2025 that are not part of the committee’s agenda and take **ASSURANCE** against delivery of those priorities.

Approve/Take Assurance	Discuss	Note
Y		

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

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

EXECUTIVE SUMMARY:

This paper provides an update on priorities within the Workforce section of the Integrated Plan for since September 2025. The report also includes updates on other aspects of Workforce matters, both local and national.

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

National Updates:

- Update: Band 2/3 Health Care Support Worker (HCSW)
- All Wales Anti-Sexual Harassment Policy
- All Wales Flexible Working Policy
- Employment Rights Bill
- National position on pay ballots

HEADING: KEY ACTIVITIES FOR SEPTEMBER TO NOVEMBER 2025

Transformation and Sustainability of Our Workforce Separate Agenda Item

Great Place to Work

Retention update:

- A small pilot of the Stay Conversations template has been completed and an evaluation has taken place. Although the pilot was relatively small (17 staff members in 3 teams), the employee follow-up responses does restrict the ability to conduct a comprehensive evaluation. Nevertheless, the available post-conversation feedback suggests positive outcomes, for instance, all respondents reported feeling more supported by their manager, and 62.5% indicated that the 'stay' conversation had strengthened their decision to remain with PTHB for the foreseeable future. These findings highlight early signs of success for the 'stay' conversation initiative. The full evaluation will be shared with the Retention Steering group mid-November before the template is made available to all managers and staff
- Leaver's toolkit and exit interview guidance was released in July. Within the leavers toolkit was a new leavers questionnaire. The toolkit and questionnaire have been reviewed alongside trade union representatives with slight alterations made, but the consensus is that new questionnaire is a positive move forward in ensuring staff feedback is taken forward appropriately

- A quarterly 'hotspot' review of areas experiencing turnover is taking place in collaboration with OD and HR
- A new PTHB Talent and Succession Planning template has been developed and is being trialled
- A local workforce retention improvement plan is in place and embedded actions are progressing well

Reverse mentoring Programme Evaluation Cohort #1

- A leadership development initiative where senior leaders (mentees') were mentored by frontline/operational staff. Purpose: to provide insight into workforce challenges, improve leadership approaches, and foster inclusivity with a focus on wellbeing
- Applications received Sept–Oct 2024, with the programme running for 6/7 months between December and end of June 2024. Feedback and evaluation took place during Aug 2025
- Who Was Involved: Mentors were drawn from Junior/frontline staff (self-application) Mentees were invited from Executive Directors and include the CEO.

Feedback & Key Learnings

- Mentors gained confidence and skills; enjoyed rich conversations on wellbeing and workplace issues
- Challenges: Scheduling with Execs, clarity of expectations, logistics
- Mentees valued fresh perspectives and insight into frontline challenges.
- Improvements needed: More mentor training, clearer purpose, better matching, structured feedback sessions
- Mentors' confidence increased; some used experience for career progression (3 changed jobs)

Next Steps

- Launch Cohort #2 applications in Nov/Dec 2025, opening up to Deputy and Assistant Directors
- Match participants for start in 2026.
 - Improve training, matching, and feedback processes.
 - Provide group face-to-face feedback at end of next cohort

Speaking up Safely

- During the period Sept to Nov – only 1 SUS concern has been submitted and dealt with via the SharePoint/ SUS portal
- Over the past quarter the group has struggled to meet due to various reasons. A review of the group membership is being undertaken

NHS Staff survey

The NHS Wales Staff Survey 2025 opened on Monday 6 October and will close Monday, 1 December

- The survey can be completed online [NHS Wales Staff Survey - HEIW](#) , via the phone or paper
- As of 12 Nov, we are at 25% (672 responses), just 5% to go to equal last year. On the same date last year, we were at 19.9% with 512 responses.
- This year HEIW have allocated £1000 to each Health Board to help with promotion/completion and PTHB will donate £1 for every PTHB colleague who completes the survey to our Powys Health Charities. If more than 1000 colleagues complete the survey, then UNISON has kindly offered to keep the donations in place.
- These donations will support our Festive Fundraiser to bring seasonal cheer to patients in hospital over Christmas



Management and Leadership Development

- Clinical Leadership Immersive Programme (CLIP) Level 2 programmes aimed at B6&7s have continued to run from September to November. 19 Clinicians have started the programme in this time. All 14 who started in September and October completed the face-to-face days, November's Cohort concludes soon, and all attendees (6) are expected to complete the face-to-face days. 5 attendees from April's cohort completed their scheduled presentations in September and therefore completed the full course. Presentations for July, September, October, and November courses are scheduled.
- CLIP Level 1 was piloted in August and September with the majority of attendees (19) from the Preceptorship programme. The next course will take place at the end of November, (currently 7 enrolled) and future courses are being advertised for Q4.
- Running CLIP courses for HEIW is in the application phase with 14 applicants to date. 5 possible cohort dates provided in Q4 with 2 front runners for viable courses and a third option to be discussed further in terms of delivery with a targeted group within Swansea Bay Health board for their Primary Care workforce. Confirmation of cohorts and dates will be concluded by late November to allow rostering and backfill to take place.

- Powys Managers Programme - two cohorts started within Q1&2 with 11 participants starting the process. In the summer we undertook an evaluation of the manager's programme. The responses show the course content and delivery is of a good level, is meeting the intended learning outcomes and pitched at an appropriate level for those who are attending. A majority of people leave the sessions confident to apply or at least try to implement the principles. Overall, the changes reported indicate a developing use of compassionate behaviors and the added value of continuing these courses for the organisation. People need time to learn to manage and be encouraged with supportive direction on how to lead effectively with compassion at the forefront. The increased awareness of compassionate leadership behaviors and the skills a manager requires within the organisation is gaining traction and therefore cultural pockets of change are occurring as reported throughout the evaluation.

Employee Health and Wellbeing Separate Agenda Item

Welsh Language, Equalities

- Powys Teaching Health Board has continued to make significant progress in advancing equality and inclusion across its workforce. An in-depth analysis of workforce data has been completed to inform the organisation's response to the Workforce Race Equality Standard, ensuring that future actions are evidence-based and targeted.
- The Health Board has also signed the Hate Crime Charter and begun disseminating its principles across the organisation, supported by the rollout of Cognitive and Unconscious Bias training, with multiple sessions already scheduled. In addition, the Health Board has finalised its application for Disability Confident Level 2, which will be submitted shortly, further demonstrating its commitment to fostering a supportive and inclusive working environment for all staff.
- Alongside its equality work, the Health Board has strengthened its commitment to the Welsh language in both service delivery and employment practices. The recent upgrade of telephony systems now ensures automated bilingual greetings for all callers, with an additional feature being introduced to route calls directly to Welsh-speaking call handlers where appropriate.
- The organisation has also completed a data submission to the Welsh Language Commissioner, providing an update on progress made under its Welsh in Healthcare Strategy.

- Furthermore, the way job adverts promote the Welsh language has been revised to ensure the language is represented more positively and prominently to potential applicants, and senior managers from PTHB will be participating in the Leading in a Bilingual Country programme, supporting Powys Teaching Health Board's goal of normalising the use of Welsh across all aspects of its work.

Workforce Futures -Partnership

Pipeline: Academy Careers Education Enterprise Scheme (ACEES) – 2025/26 Update

- 11 of 13 Powys secondary schools engaged in whole school approach, plus Ystalyfera and Bishops Castle
- Enhanced programme for Health & Social Care and Medical Science learners with this year's theme: Learning Disabilities supported by the PTHB lead nurse
- ALN settings programme planned January –March 2026 on Personal Hygiene and workplace readiness.
- Primary school pilot launching January 2026 in 10 schools (Years 5 & 6).

Impact to date:

- Learner contacts to date: 2,712 (2,487 English, 192 Welsh). Positive feedback highlights improved career awareness, teamwork, and Welsh language importance. Year 12/13 students trained as Learning Disability Champions.

Upcoming Activities:

- Careers Festivals in February 2026 (North & South Powys) for Year 12/13 learners.
 - ALN programme delivery in March 2026.
 - Continued engagement with NEETs, home-educated learners, and supported accommodation students.

Key Insights:

- Health & Social Care ranks 6th most popular Powys subject choice and 2nd as first choice for post-16 learners (survey response rate = 76%).

Transformation Skills and Development: –

A continuous focus on targeted support for key transformation initiatives, ensuring that:

- Leadership capability is strengthened to drive and sustain change.
- People are supported through transition, with emphasis on wellbeing and resilience.
- Transformation training needs are addressed, equipping teams with the skills to adapt and embed new ways of working. Change management training has been delivered, and Business Process Re-engineering (BPR)

training is also available via University South Wales as part of the Intensive Learning Academy partnership

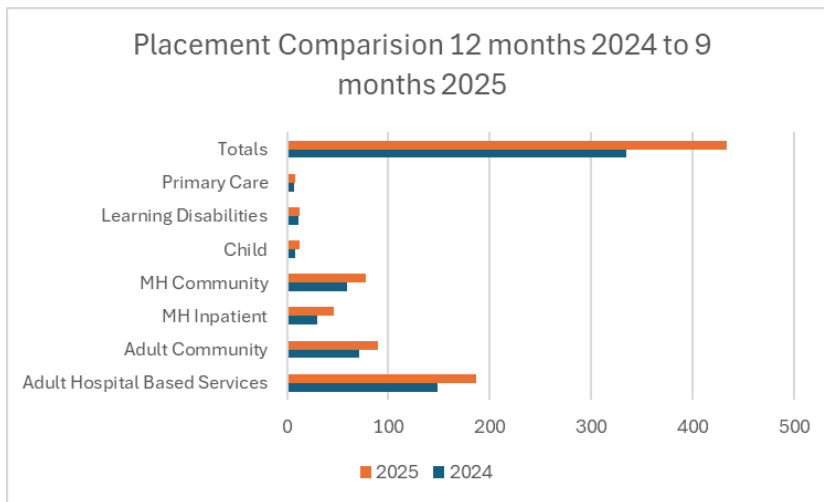
- Organisational Development expertise is provided to both Powys Teaching Health Board (PTHB) and Powys County Council (PCC) Social Care senior leadership, fostering collaboration and alignment across health and social care. Sessions with operational teams are currently being planned.

Other areas worth noting:

Clinical Education

- Education and clinical placements have expanded significantly, strengthening future workforce supply. In 2025, the Health Board supported over 220 placements in nursing, midwifery and allied health professions.
- The Collaborative Learning in Practice (CLiPP) model has increased placement capacity by 23% and enhanced the student learning environment. Rolling out CLiPP across community and mental health settings has cemented Powys as an attractive location for learners, contributing positively to long-term recruitment.
- Practice Education Facilitators (PEFS) have identified the Placement Allocation meetings which take place every third Thursday is working well and is ensuring engagement with the clinical areas and HEIs, this move has been hugely positive.
- Increasing engagement with services such as Mental Health e.g. Eating Disorder Specialist Services identification of wanting to have a 'grow our own' student for management placement led to a new clinical area for placement activity as a pilot.
- PEFS have seen a growth of Pan Powys clinical areas in 2025 for student placements.
- Two medical practices have made contact for engagement with student placements; one is the process of having PA/PS training whilst the other is about to undergo an educational audit. One practice in Mid Powys is in the pipeline which will mean 100% practices engaged with student placements in the Mid Powys region. PTHB have the highest number of GP practices engaged with placement activity (by GP / Area) in Wales. This is attributed to the engagement by the PEFs with Primary Care. PTHB is the only Health Board in Wales with local PEFs retaining allocation of students to these clinical areas and not HEIW Primary PEF led. This affords PTHB 'grow our own' students an unique primary care placement opportunity

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- Recent PEF feedback from Higher Education providers:

Open University

- Professional, supportive, and flexible team; excellent student guidance and proactive support; strong communication and collaboration. Quote: "The whole team are professional, supportive, responsive and flexible in their work... go 'the extra mile'."

Aberystwyth University

- Exceptional commitment and partnership; quick, caring responses; effective placement planning. Quote: "Your team's consistent responsiveness... embodies the compassionate values we seek to nurture."

Wrexham University

- Unwavering support for staff and students; proactive time management; timely escalation of concerns. Quote: "I especially appreciate the way you have coordinated Teams meetings... promptly and effectively."

Bangor University

- Helpful and approachable team; regular meetings; reliable support for placements. Quote: "I have always found them very helpful and approachable with any requests for placing students within Powys."

Resuscitation Update:

- The Resuscitation Officer (RO) continues to deliver regular face-to-face Level 2 resuscitation sessions at Bronllys, Llanidloes, Ystradgynlais and Spa Road. To date, 943 PTHB staff have attended the 88 sessions held since January 2025. The RO provides updates on adult and child Basic Life Support/ choking/ new Zoll AED use, as well as more advanced airway manoeuvres, human factors of resuscitation and scene management.

- Level 3 resuscitation training (ILS) is commissioned from CTMUHB at present. Work is underway to ensure continued access to Level 3 training opportunities post-March 2026.
- Newly purchased Zoll 3 defibrillators (28) are in place across the PTHB clinical estate, replacing the Phillips FR2. The RO is undertaking site visits to ensure staff familiarisation with the Zoll model and retrieve the FR2 models.
- In addition to the ESR bookable resuscitation session, a number of bespoke resuscitation sessions have been delivered to specific service areas thus providing minimal disruption to clinical working days. The RO has attended the District Nurse Study Day, Mass Vaccination Team study day, Midwifery update day, Theatres audit day, Occupation Health audit day and delivered 3 sessions to Powys GPs at Protected Learning Time sessions. In addition, a resuscitation update/ managing the unwell patient sessions at Brecon and Newtown Hospitals specifically for Internationally trained nursing staff to acquaint new starters with local procedures and provide familiarity with the resuscitation equipment on their ward was well received. Similar training events will take continue into the New year
- Ongoing projects include review of current SLA arrangements with CTMUHB with a view to greater PTHB training autonomy and cost-effectiveness, resuscitation policy update and planned resuscitation representation at Powys Health, Care and Social Care Academy Careers Festivals.

Staff Development Programme – Internal Audit Report (2025/26)

- The internal audit reviewed processes for developing and delivering the Staff Development Programme, aligned with the Manager’s Charter and Compassionate Leadership principles.

The following areas were audited:

- PTHB Manager’s Programme – Four modules on compassionate leadership + six managerial modules.
- Clinical Leadership Immersive Programme (CLIP) – Three-tier structure (tiers 1 & 2 active; tier 3 on hold).

Overall Conclusion:

- **Substantial assurance:** Robust processes exist for programme development, communication, and governance.
- **Key risk:** Sustainability due to reliance on fixed term funded posts (two contracts end March 2026; one vacancy).
- **Main improvement area:** Lack of structured feedback loop and action tracking to enhance programme effectiveness

The outcome of the audit will be presented at the Audit, Risk and Assurance Committee meeting in January 2026.



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Library Services

- New national webinar on MIDIRS database planned for 27 November.
- Digital access sessions delivered for Aspiring Nurses where there is high demand for laptop loan scheme (17/19 devices on loan).
- Evidence support is ongoing for social models of health and deprescribing antipsychotics.
 - Updated AI guidance and produced revised *Little Library Book of Rural Health* for Rural Healthcare Conference.
 - 50% increase in new library user registrations this quarter.
- Active role in NHS Wales Libraries & Knowledge Services (NHSWLKS) partnership: developing 2026–2035 strategy, national audits, and training needs analysis

Medical & Dental Education

- **Dental Education:** Community Dental Service pilot for final-year Cardiff dental students in South Powys launched in September. Initial feedback is positive; Cardiff University will evaluate the pilot.
- **Undergraduate Medical Education:** Annual review (7 November) confirms strong feedback for psychiatry placements. Student numbers remain reduced (8 vs. 16 pre-pandemic) due to transport and allocation issues, impacting SIFT income. Swansea University keen to restart psychiatry and paediatric placements; meeting scheduled for December.

The Intensive Learning Academy (ILA) in Digital Transformation

- The Intensive Learning Academy (ILA) for Digital Transformation was launched by the University of South Wales in partnership with PTHB and the Regional Partnership Board and other public service organisations as part of the post-Covid digital transformation strategy. It was designed to upskill leaders and managers in health and social care to drive innovation and adopt digital-first approaches.
- The MSc in Leading Digital Transformation (a core part of ILA) has been running since 2021 as a two-year part-time course delivered by the University of South Wales in partnership, to date has supported:
 - 108 MSc learners
 - 7 PhD candidates
 - Over 3,000 CPD participants during 2025/26.

This demonstrates a significant investment in digital capability building across the region, ensuring readiness for future service transformation. Strengthening links between health, social care, and academia.

- The CPD uptake shows strong engagement from frontline staff and leaders.

National Updates:

- Update: Band 2/3 Health Care Support Worker (HCSW)
- All Wales Anti-Sexual Harassment Policy
- All Wales Flexible Working Policy
- Employment Rights Bill
- National position on pay ballots

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

- Welsh Government (WG) has reached a final position regarding the Band 2/3 HealthCare Support Worker Framework in advance of the Welsh Partnership Forum Meeting to be held on Wednesday 19th November.
- WG has confirmed that they are now in a position to ratify the agreement and underwrite the costs on the basis set out below.
 - *"Organisations implementing the All-Wales Framework Agreement should undertake full assessments and validate their positions and financial impacts in accordance with the timelines and processes set out in that Framework.*
 - *Welsh Government agrees to underwrite the non-recurrent costs of both recognition payments and the corrective payments and pay impacts in the 2025-26 financial year on an actual basis. Organisations will be required to fund the recurrent impacts of the Framework Agreement themselves and should factor this into their service, workforce, and financial planning for 2026-27."*
- PTHB's current position: We have adopted a proactive approach by piloting the validation process at Ystradgynlais both in the general and mental health wards. Initial feedback from ward managers has been positive and an initial consistency check has taken place as a tripartite supported by Nursing, Staff Side and People and Culture. Meetings have been scheduled for week commencing 10 November with General and Mental Health ward managers with the aim of progressing validation exercises for the HCSW in these areas, alongside this a dedicated share point page with FAQ's and a general communication is being developed for publication.
- In parallel to the validation exercise to enable the organisation to understand the position of its current workforce, discussions are taking place with services to consider how these roles may influence the overall skill mix within the workforce. Over the coming weeks we will work through the newly agreed framework timelines.

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All Wales Anti-Sexual Harassment Policy

- This policy reinforces the commitment to listen, to act swiftly and fairly, and to build a culture rooted in respect, inclusivity, and accountability. Everyone has the right to feel safe at work and through this policy, we are determined to make that right a lived reality for all.”
- This policy sets out to:
- Raise awareness and provide guidance for staff to identify behaviours that constitute sexual harassment with the explicit aim of preventing cases of sexual harassment in the first instance.
- Help and encourage reporters of harassment or sexual harassment to ask for help and report the incident safely.
- Inform managers and employees of the processes to follow where acts of sexual harassment occur.
- Raise awareness of the serious and harmful impacts of sexual harassment, and the need to deal with cases in a sensitive, supportive, timely and robust manner.
- Ensure that managers are aware of their duty to take a proactive approach to preventing sexual harassment in the workplace.
- Help managers refer reporters of sexual harassment to appropriate support.
- Help employees understand where they can find appropriate support.
- Support the NHS Wales in increasing the reporting of incidents of sexual harassment.

All Wales Flexible Working Policy

- This Policy sets out the principles underpinning flexible working arrangements that allow people to balance work responsibilities with other aspects of their lives and describes the processes to be followed when making or considering a request.
- Flexible working opportunities should be considered for all employees and made available as far as practicable, regardless of role, shift pattern, team or pay band and should also be considered for employees who work on rotation. It is not sufficient for departments who have a traditional way of working to reject an application for flexible working just because it has not been tried before or because 'this is how it has always been done.

Employment Rights Bill

- In October, the Government launched four consultations on how measures within the Employment Rights Bill should work in practice

The 4 consultation areas are:

By 18 December

- Duty to inform workers of right to join a union (a new duty on employers to give a written statement to their workers, informing them of their right to join a trade union at the start of their employment and at other times)

- Trade union right of access (a new framework for trade unions to access workplaces physically, and to communicate with workers in person or digitally)

By 15 January

- Enhanced dismissal protections for pregnant women and new mothers (legislation which will make it unlawful to dismiss pregnant women, mothers on maternity leave, and mothers who return to work for at least a 6-month period after they return – except in specific circumstances)
- Leave for bereavement, including pregnancy loss (a new day-one right to unpaid bereavement leave for employees who experience the loss of a loved one, including pregnancy loss before 24 weeks)

National position on pay ballots

- Following confirmation of the separate Trade Union positions, Staff Side for NHS Wales have written to the Cabinet Secretary confirming that they have voted to collectively reject the “offer” and seeking agreement to negotiate. The Cabinet Secretary has responded to acknowledge but has not, at this stage, agreed to negotiate. The following is the position from respective trade unions /professional bodies as at 17th Novemebre 2025.
 - Unite – outcome: reject.
 - Unison – outcome: reject
 - GMB – outcome: reject
 - RCN (Royal College of Nursing) – outcome: reject
 - RCN (Royal College of Nursing) – outcome: reject
 - SOR (Society of Radiographers) – outcome: accept
 - CSP (Chartered Society of Physiotherapy) – outcome: accept
 - RCN and RCM have both said they will not be moving to ballot until further talks with Welsh Government have taken place.

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People and
Culture
Report
October
2025



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WALES

Bwrdd Iechyd
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Powys Teaching
Health Board

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Staff Transformation & Sustainability of the Workforce

Staff in Post WTE

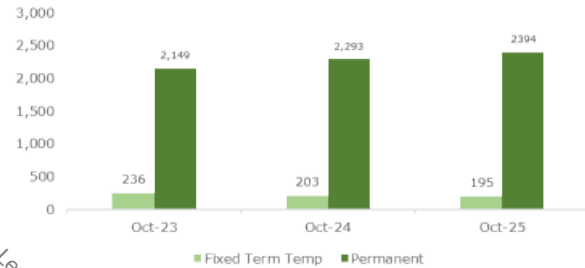


Directorate	WTE Staff in Post			Variance Oct-23 & Oct-25
	Oct-23	Oct-24	Oct-25	
Chief Executive Office	20.00	19.61	21.71	1.71
Community Care & Therapies	816.39	871.14	928.53	112.14
Community Dental Service	41.34	46.08	46.04	4.70
Corporate Governance	20.80	21.68	24.91	4.11
Estates & Works	54.36	54.41	48.71	-5.65
Facilities & Support Services	147.34	149.34	139.69	-7.65
FID Finance Directorate	35.09	32.86	34.66	-0.43
MED Medical Directorate	10.49	8.50	1.32	-9.17
Medicines Management	29.65	30.65	30.88	1.23
MHD Mental Health	377.74	402.91	414.91	37.17
NUD Nursing Directorate	32.75	29.35	28.64	-4.11
PHD Public Health Directorate	61.99	62.25	68.65	6.65
PLD Planning Directorate	13.99	13.39	14.84	0.85
People & Culture Directorate	67.60	73.15	60.29	-7.31
Primary Care	19.29	17.96	15.49	-3.80
THD Therapies & Health Sciences Directorate	63.99	57.92	63.02	-0.97
Transformation Directorate			21.06	21.06
Women and Children Directorate	141.74	156.14	155.88	14.14
Grand Total	1,954.55	2,047.35	2,119.22	164.68

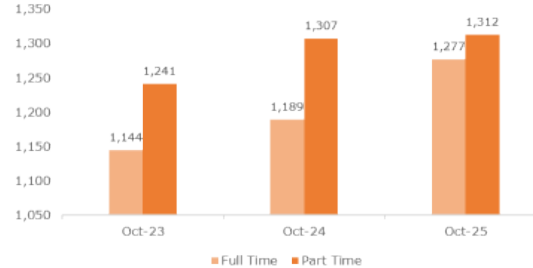
Staff Group	WTE Staff in Post			Variance Oct-23 & Oct-25
	Oct-23	Oct-24	Oct-25	
Add Prof Scientific and Technic	80.49	82.10	89.53	9.04
Additional Clinical Services	415.53	428.32	433.06	17.53
Administrative and Clerical	550.59	576.11	578.36	27.77
Allied Health Professionals	144.32	160.03	167.65	23.33
Estates and Ancillary	164.62	167.42	166.52	1.90
Healthcare Scientists	7.21	11.21	10.21	3.00
Medical and Dental	33.96	35.82	39.46	5.51
Nursing and Midwifery Registered	556.82	585.35	631.63	74.81
Students	1	1.00	2.80	1.80
Grand Total	1,954.55	2,047.35	2,119.22	164.68

Staff in Post

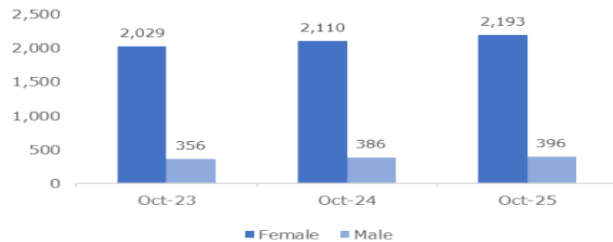
Assignment Status Headcount



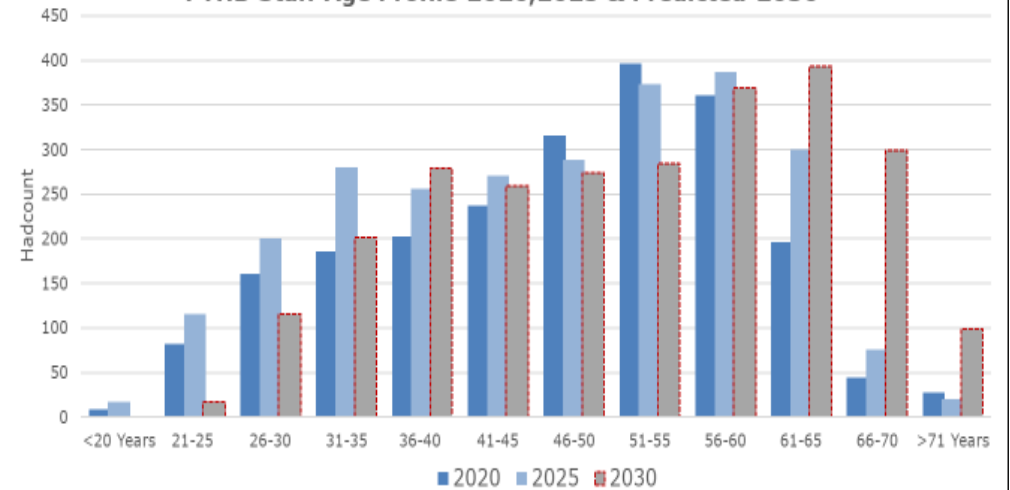
Employee Category Headcount



Gender Headcount

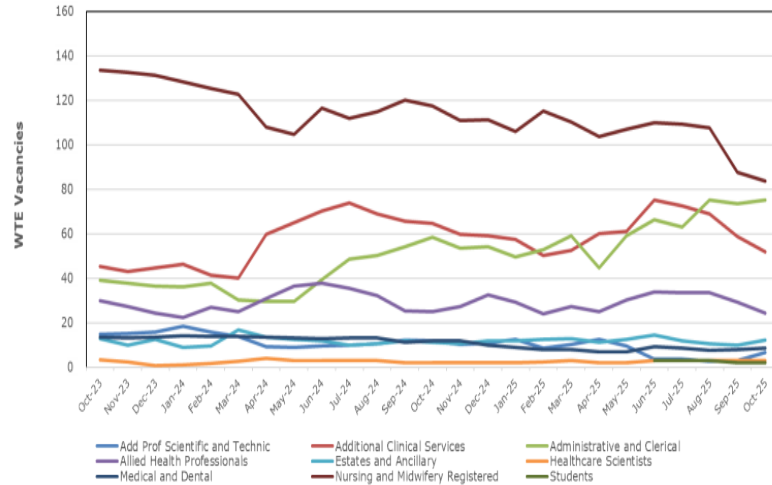


PTHB Staff Age Profile 2020, 2025 & Predicted 2030



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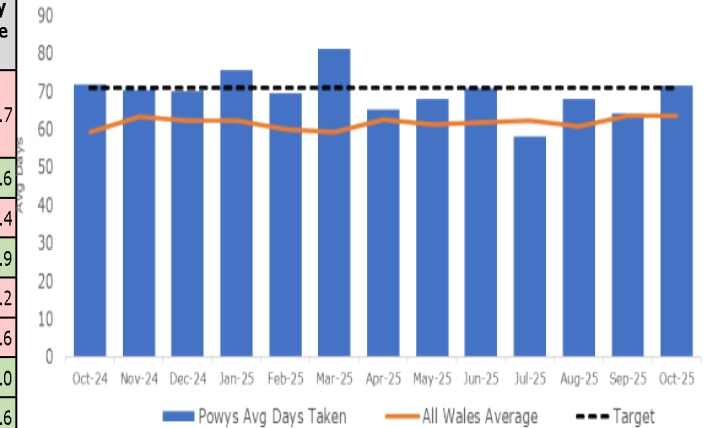
PTHB WTE Vacancies by Staff Group



TRAC Performance October 2025

		Target time in days	Powys Monthly Average	All Wales Monthly Average
T0a	Notice Date to Authorisation Start Date	5	55.6	49.7
T1a	Time to Approve Vacancy Request	10	21.7	8.6
T4	Time to Shortlist	3	7.0	7.4
T5b	Time to Update Interview Outcomes	3	2.5	2.9
T9b	Time to Approve References	2	4.7	5.2
T13	Vacancy Creation to Conditional Offer	44	44.1	44.6
T14	Vacancy Creation to Ready for Start date notification	71	71.6	64.0
T23	Conditional Offer to Ready for Start date notification	27	25.1	18.6

Monthly Average Days taken from Vacancy Creation to Start Date



Average Total Bank Worked – Last 12 Months

73.7 WTE

Previous 12 months
Average Worked 55.8 WTE



Average Total Agency Worked – Last 12 Months

60.2 WTE

*On Con (39.7 WTE)
Off Con (20.5 WTE)*

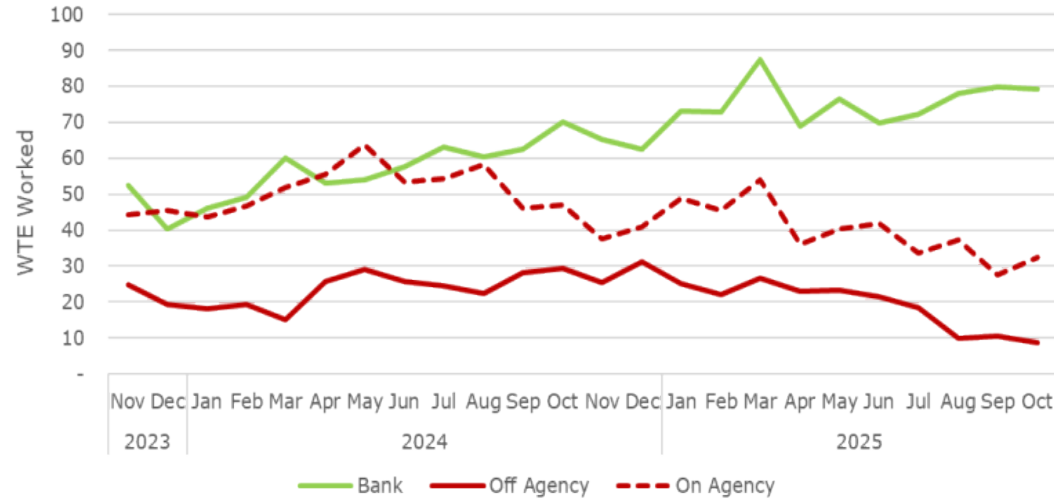
Previous 12 months
Average Worked 74.4 WTE
On Con (50.9 WTE) & Off Con (23.5 WTE)



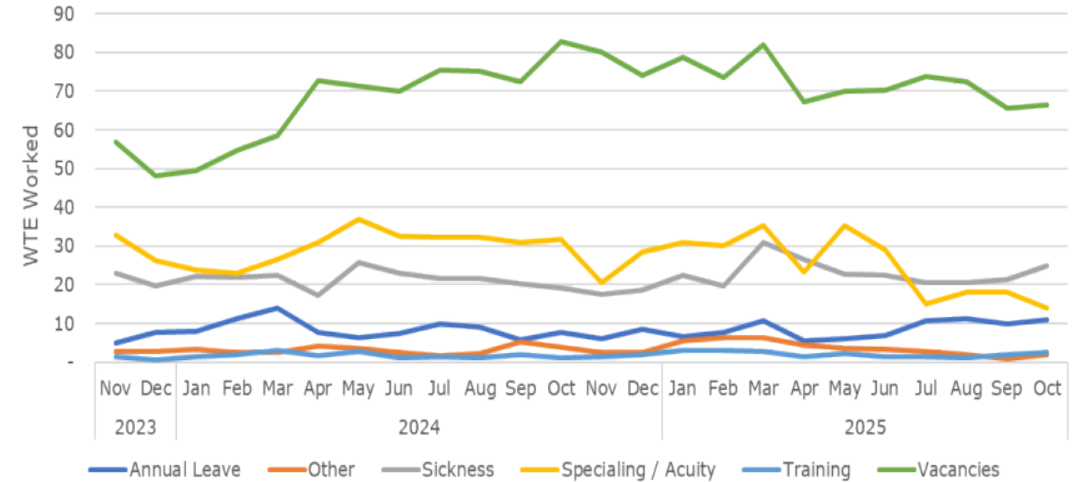
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Staff Transformation & Sustainability of the Workforce

Total PTHB Bank/Agency WTE Worked



Total PTHB Bank/Agency WTE Worked 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 / Agen	On/ Off Contract Agency	2023/ 24 12 Months		2024/ 25 12 Months		2025/ 26 7 Months		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	10,239	98,655	4,429	40,623	7,593	35%	69,639	-29%
	Off Agency	4,787	43,908	5,903	51,384	2,091	18,810	3,585	65%	32,245	-37%
Agency Total		14,105	138,514	16,142	150,039	6,520	59,433	11,177	44%	101,885	-32%
Bank		12,994	96,082	16,613	127,362	10,981	85,411	18,825	-12%	146,419	15%
Bank Total		12,994	96,082	16,613	127,362	10,981	85,411	18,825	-12%	146,419	15%
Grand Total		27,099	234,596	32,755	277,401	17,501	144,844	30,002	9%	248,304	-10%

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What the charts tells us

Staff in Post

The organisation currently employs **2,117.38** WTE staff. Within the last 2 years (October 2023), the WTE staff employed has increased by **8.02%** (164.68 WTE). The majority of the increase continues to be mainly in Nursing & Midwifery Registered (74.81 WTE) . Main increases in Directorates are Community Care & Therapies (112.14 WTE) and Mental Health (37.17 WTE).

- 7.5% (195) of the workforce are currently on fixed term contracts
- 84.7% (2,193) of the workforce are female.
- 50.7% (1,312) work part time.

Recruitment & Vacancies

- As of October 2025, the organisation has a vacancy rate of **11.20%** (267.18 WTE). Compared with October 2024 (13.10%), the overall vacancy rate has decreased by **1.90%** (35.33 WTE).

Age Profile

Of the staff currently in post, 30.2% (783) are over the age of 55. This is set to rise to 44.8% (1,190) by 2030. Of the 1147 headcount of Nursing staff currently in post, (342) 29.8% are currently over the age of 55, this is set to rise to 39.7% by 2030.

Agency & Bank Usage

Agency saw a monthly average of **60.2 WTE** worked in the last 12 months. Compared to the previous 12 months, there has been a marked decrease of nearly 19.1% (14.2 WTE). Agency continues to see a downward trend, particularly in off contract.

In the last 12 months a monthly average of **73.7 WTE** Bank hours were worked, this is an increase of 28% (21.6 WTE), when compared to the previous 12 months. Bank use continues to see a steady increase over the last 24 months.

Booking reasons of Vacancies and Specialing/Acuity for Agency/Bank continues to see a decline since April 25.

Between April and October 2025;

- 6,520 Agency shifts were worked (59,443 hours), this shows a crude forecast for 25/26 of 32% reduction based on last years figures
- 10,981 Bank shifts were worked (85,411 hours). Based on last years figures, forecast shows an increase of 15%.

Areas of Concern

Recruitment & Vacancies

In October 2025, the average time to hire for PTHB was **71.6 days**. In the last 12 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.

The vacancy rate for October 2025 is 11.20% (267.18 WTE). The majority of vacancies remain within Registered Nursing. Out of a budgeted establishment of 715.79 WTE, there are 83.76 WTE vacancies (11.70%). Of these, 1.24 WTE are within Adult Wards and 7.57 WTE on Mental Health Wards..

Vacancy figures exclude WTE for the following areas:

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

Vacancy rate is calculated by deducting the Contracted staff in post from the Budgeted Established.

Agency

Considerable improvement has been seen in Agency use in the last 12 months. Nursing has seen a decrease of 32.8% (22.7 WTE).

All Community Wards have seen a significantly reduced use of Agency, with Machynlleth and Ystradgynlais seeing no agency use in the last 2 months. MH wards have also seen an improvement over the last couple of months, with Tawe ward seeing no Agency use in the last 3 months.

AHP Agency use has seen an increase on last year, however, this is related to the recording of Agency use on the Health Roster that had not previously been captured.

Actions/Mitigations

International Recruitment

- All the Adult Internationally Educated Nurses (IENs) scheduled for recruitment in 25/26 have arrived into Powys. The final 4 have completed their OSCE training on their first attempt and will be split across Llanidloes and Brecon hospital wards.
- This is in addition to the 4 IENs that are now working as Band 5 nurses in Welshpool hospital after successfully passing their OSCE exam and receiving their NMC PINs.
- A further cohort of 4 Mental Health IENs are currently being recruited and expected to arrive into Powys early in the 2026 calendar year, with the aim of completing their OSCE exam before the end of the current financial year.
- We have also welcomed 2 International Medical professionals during 2025. One started working on the MH ward at Bronllys Hospital but as planned, is shortly relocating to work with our team in Ystradgynlais. The second medic is working with our teams in the North of the county, Newtown.
- It is hoped to recruit a further Medic Internationally from the Annual ANCIPS conference in India in January 2026.
- There is an expectation that there will be no centrally organised nursing recruit from overseas in the next financial year.

Other Recruitment Activity

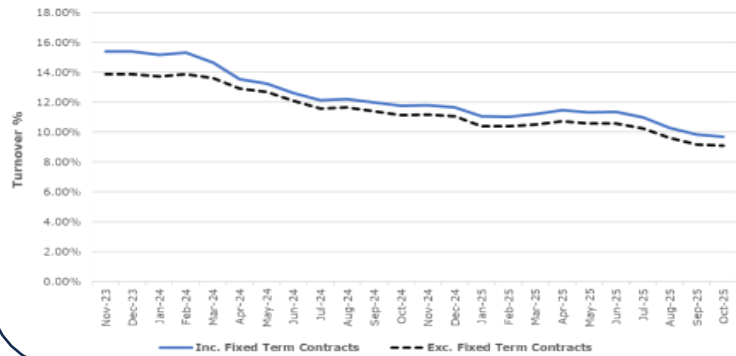
- The resourcing team continue to identify the need by location and speciality of Bank staff and have held 2 open days during Q1&2. This is accompanied by rolling adverts, alternating between Adult and Mental Health Nurses and Healthcare Support Workers which continues to supply the Temporary staffing Unit.
- The 2025 Aspiring Nurse programme successfully selected 13 candidates who commenced the programme in August 2025. This cohort is made up of 12 Adult and 1 Mental Health HCSWS who have embarked on a journey to registration.

Workforce planning

- The Workforce Planning intranet page has recently undergone a refresh to improve accessibility and ease of use. Managers seeking further development opportunities are encouraged to access the HEIW Ty Dysgu platform, which provides a range of valuable resources and online training modules.
- People & Culture Business Partners remain available to guide and support managers throughout the workforce planning process, offering tailored advice and expertise.

Great Place to Work

Rolling Turnover Trend



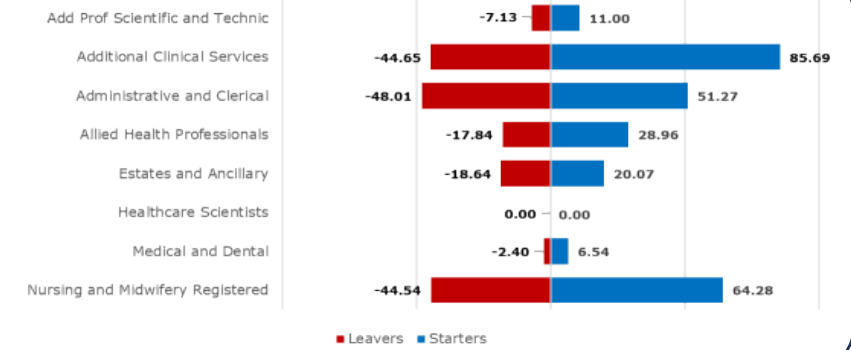
Staff Stability - Percentage of Staff Retained over last 12 months (exc Fixed Terms)

90%

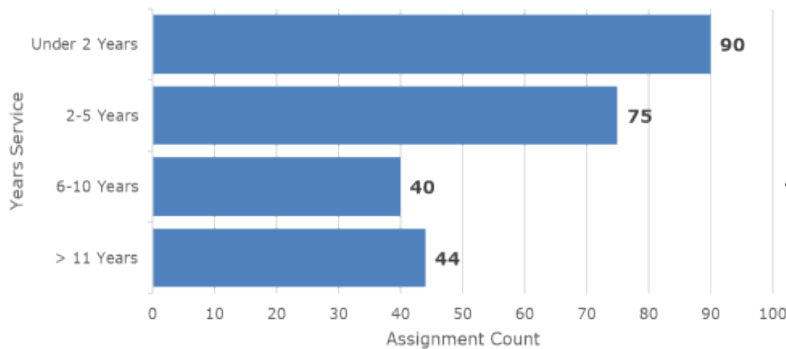
Staff Turnover :
 Oct-25: 9.68% (9.09 % Exc F/T)
 Oct-24: 11.75% (11.4% Exc F/T)
 NHS Wales 6.3% (Aug-25)



Leavers v Starters by Staff Group - 12 month



Total Leavers in last 12 months by Length of Service

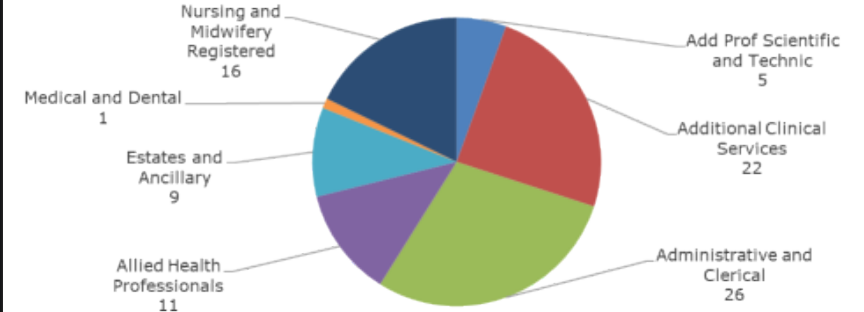


The Organisation saw a total of 249 leavers in the last 12 months, 90 (36%) left within 2 years of service, 13 of which were end of fixed term contracts.

Of the 249 leavers:

- 56 left due to Age Retirement
- 8 Flexi Retirement
- 5 Voluntary Early Retirements
- 139 Voluntary Resignation, of which 22 were due to relocation, 14 promotion, 8 Health, 17 work life balance and 8 were Pay and Reward related.
- A total of 15 staff left due to end of fixed term contracts.
- 104 Nursing staff left the organisation, of which 32 left within 2 years service. 30 of the 104 were Age Retirement, 4 Flexi Retirement, and 55 voluntary resignation.

Leavers in last 12 months with less than 2 Years Service by Staff Group



PADR Compliance: Oct-25

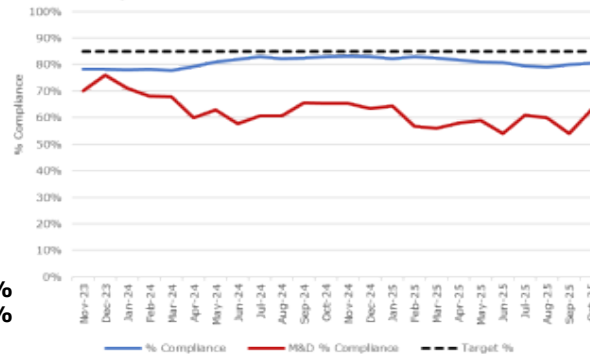
81%

Medical & Dental (63%)
 NHS Wales 77% (Aug-25)

Oct-24 : 83% M&D: 66%
 Oct-23 : 78% M&D: 70%



PADR Compliance Trend



Mandatory & Statutory Training Compliance: Oct-25

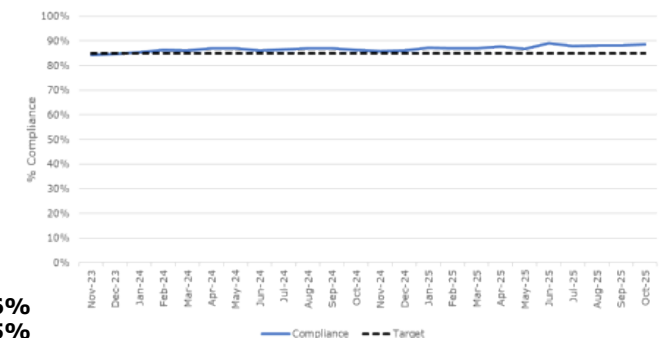
89%

NHS Wales 84% (Aug-25)



Oct-24 : 86%
 Oct-23 : 85%

Mandatory & Statutory Training Compliance Trend



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10 Core Competencies Compliance (All Levels)

Core Skills Competencies (All Levels)	Modules Required	Modules Achieved	Compliance %
Equality, Diversity and Human Rights - 3 Years	2,614	2,469	94%
Fire Safety - 2 Years	5,225	4,567	87%
Health, Safety and Welfare - 3 Years	2,614	2,472	95%
Infection Prevention and Control - Levels 1 & 2	2,463	2,164	88%
Information Governance (Wales) - 2 Years	2,614	2,325	89%
Moving and Handling - Levels 1 & 2	2,603	2,036	78%
Resuscitation - Levels 1 - 3	3,284	2,420	74%
Safeguarding Adults Levels 1 - 4	2,292	1,920	84%
Safeguarding Children Levels 1 - 4	2,383	2,165	91%
Violence and Aggression (Wales) - Modules B & D	2,171	2,025	93%
Grand Total	28,263	24,563	87%

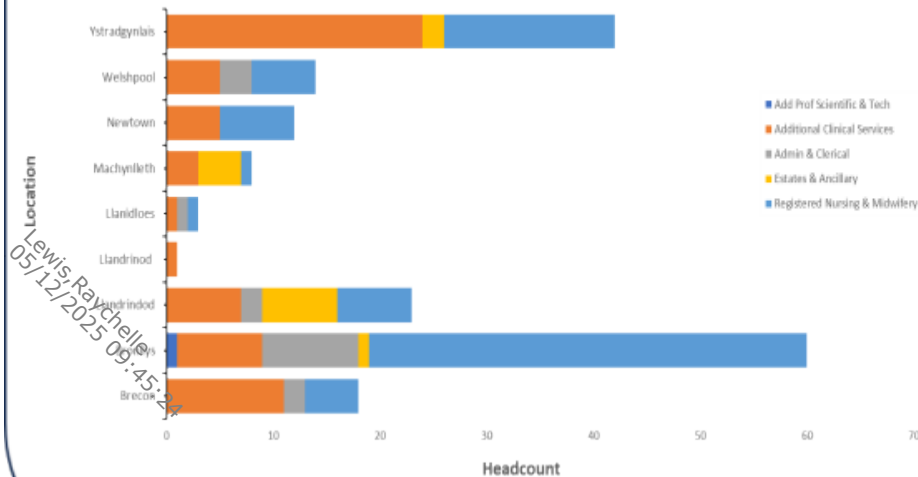
Core Skill Level Competencies with Compliance under 85%

Core Skills Competencies Levels under 85%	Modules Required	Modules Achieved	Compliance %
Anaphylaxis - 1 Year	638	473	74%
Fire Awareness Classroom - 2 Years	2611	2170	83%
Manual Handling for Managers - No Renewal	191	139	73%
Moving and Handling - Level 2 - 2 Years	1640	1209	74%
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	1094	752	69%
Resuscitation - Level 2 - Newborn Basic Life Support - 1 Year	49	34	69%
Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	252	163	65%
Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	246	92	37%
Resuscitation - Level 3 - Paediatric Immediate Life Support - 1 Year	22	8	36%
Safeguarding Adults (Version 2) - Level 3 - 3 Years	471	225	48%
Safeguarding Children - Level 2 - No Specified Renewal	62	37	60%
Safeguarding Children - Level 3 - 3 Years	194	150	77%
Safeguarding Children Level 4 - 3 years	6	5	83%
Violence & Aggression Module D - 1 Year	85	63	74%

Role Specific Competencies with Compliance under 85%

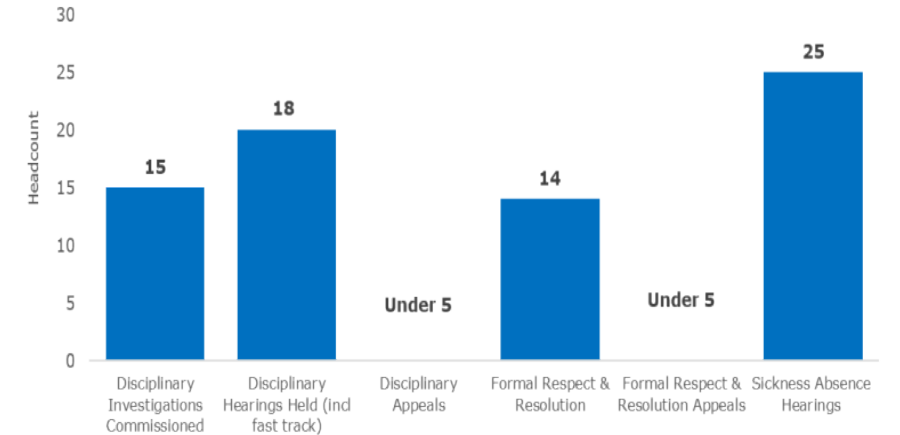
Role Specific Competencies under 85%	Modules Required	Modules Achieved	Compliance %
WARRN - 3 years	184	103	56%
Clinical Induction - Nursery Nurse No Renewal	16	9	56%
Positive Behaviour Management Practical - 1 Year	17	10	59%
Positive Behaviour Management Theory - 3 years	17	12	71%
VAWDASV Ask & Act Level 2 - 2 years	665	501	75%

Bank Staff Enrolled in Wagestream



Staff Group	Count of Bank Staff Enrolled on Wagestream
Add Prof Scientific & Tech	1
Additional Clinical Services	65
Admin & Clerical	17
Estates & Ancillary	14
Registered Nursing & Midwifery	84
Grand Total	181

Formal Employee Relations Activity for the last 12 months



Great Place to Work

What the chart tells us	Areas of Concern	Actions/Mitigations
<p><u>Turnover</u> Turnover shows a rolling rate of 9.7% for October 2025, a decrease of 1.7% when compared to October 2024 (11.4%). Excluding staff on fixed term contracts, turnover is 9.1%, compared with 11.4%.</p> <p><u>Stability Index</u> Stability Index for the Health Board continues this month to be 90% (excluding fixed term contracts).</p> <p><u>PADR</u> 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%. <ul style="list-style-type: none"> Compliance in October 2025 is at a rate of 81%, which is a decrease of 2% when compared to October 2024 (83%). Medical & Dental reported at 63%, a decrease of 3% when compared to October 2024 (66%). All staff groups report below the 85% Target. The health board continues to benchmark positively when compared with All Wales position of 77% (August 2025). </p> <p><u>Mandatory & Statutory Training</u> Compliance of Mandatory and Statutory includes all role specific competencies attached to positions. <ul style="list-style-type: none"> The health board reported a rate of 89% for October 2025, an improvement of 3% when compared to October 2024 (86%), which exceeds the 85% Target. All staff groups report as exceeding the 85% target, with exception to Medical & Dental who have a 67% compliance rate. The health board benchmarks positively when compared with All Wales position of 84% (August 2025). </p> <p><u>Wagestream</u> Since commencement there have been 181 enrolments for Wagestream.</p>	<p><u>Turnover</u> Although organisation turnover has shown significant improvement over the last 12 months, organisational turnover continues to be higher than the All-Wales NHS position (6.3%).</p> <p>A total of 249 staff left the organisation in the last year, of which 90 had under 2 years services. 104 of the 249 were Nursing staff.</p> <p><u>PADR</u> The chart shows overall PADR compliance remaining relatively stable between 78–83% and has consistently been above the national average. However, compliance remains below the target of 85%. It is recognised that performance in this area, while stable, has remained largely stagnant over the past 12 months.</p> <p><u>Mandatory & Statutory Training</u> There are 3 Core Skills Competencies that report under 50%; <ul style="list-style-type: none"> Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year Resuscitation - Level 3 - Paediatric Immediate Life Support - 1 Year Safeguarding Adults (Version 2) Level 3 – 3 Years. </p> <p><u>Employee Relations</u> There are no distinct themes identified by directorate or service.</p>	<p><u>Turnover</u></p> <ul style="list-style-type: none"> There continues to be a positive reduction in workforce turnover. A quarterly data triangulation is in place, to enable identification of teams that may need enhanced support from the people and culture team. A leaver’s toolkit has been created to support a smooth and structured offboarding process. It includes manager guidance for conducting exit conversations, a checklist, and a new leavers questionnaire. The questionnaire invites staff to share their views and provides valuable insights that help the organisation learn and improve. An evaluation of the Stay Conversation pilot will be reviewed by the Workforce Retention Steering group, following which the resource will be made available to all teams and managers. <p><u>PADR and Statutory & Mandatory</u></p> <ul style="list-style-type: none"> The P&C BP team review the monthly PADR compliance report and provide focussed intervention to managers that have compliance less than 85%. Following targeted support over the last 6/7 months from the Business Partner team to four areas in the Community Services Group, each area has recorded an improvement in its PADR compliance percentage. Through continued engagement at directorate meetings, barriers to achieving the compliance target will continue to be explored with services. <p><u>Employee Relations</u> In Q3, the BP team are conducting a review of disciplinary cases to identify key lessons to reflect on as a team and to share with senior decision makers. The focus of this work is to foster a culture of timely, fair, and proportionate action—reducing avoidable harm and ensuring decisions are both robust and compassionate.</p>

Employee Health & Well Being

Sickness Absence

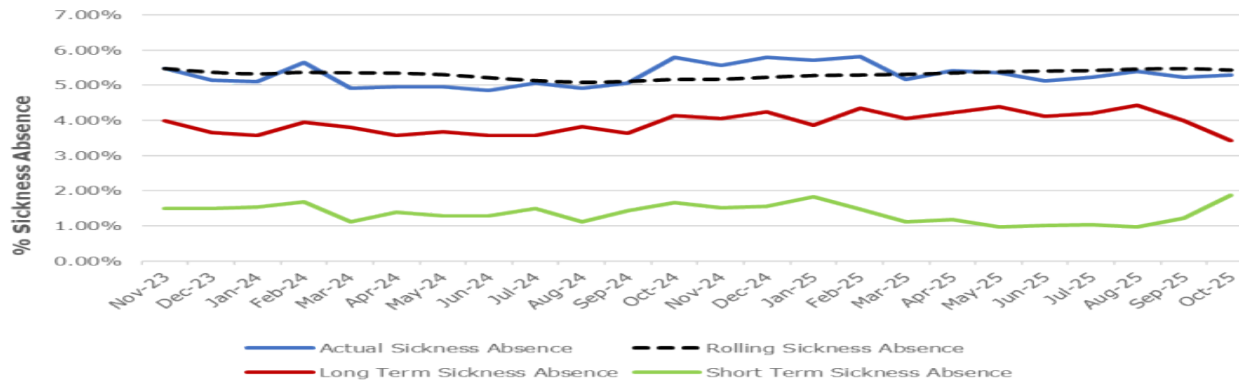
Sickness Absence Percentage Oct-25:

5.30% (Actual)
5.43% (Rolling)



Oct-24 – 5.80% (Actual) 5.16% (Rolling)
Oct-23 – 5.14% (Actual) 5.51% (Rolling)
NHS Wales 6.2% Rolling (Aug-25)

Sickness Absence Rate



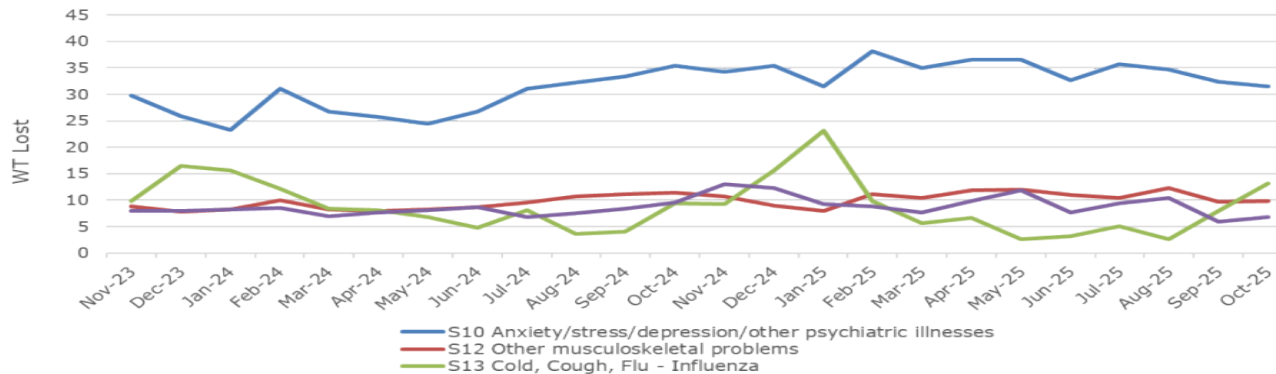
Sickness Absence: 12 Months Average WTE of Staff lost :

113.1 WTE

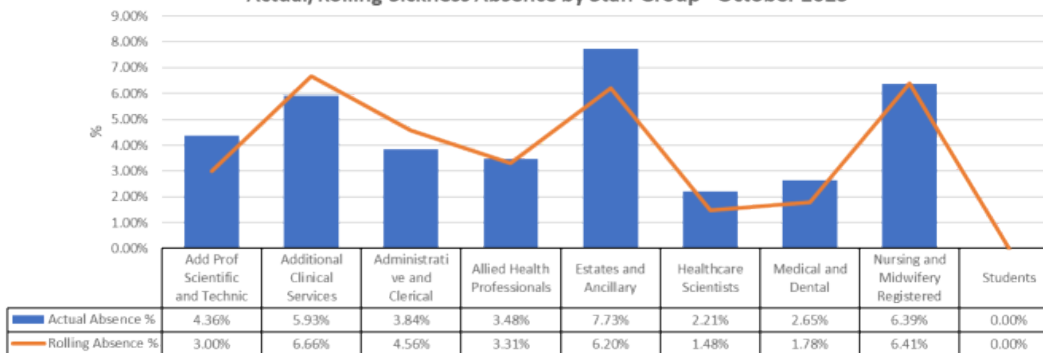


Nov-23 to Oct-24: 103.8 WTE
Nov-22 to Oct-23: 106.6 WTE

Top 4 Absence Reasons (WTE Lost by Month)



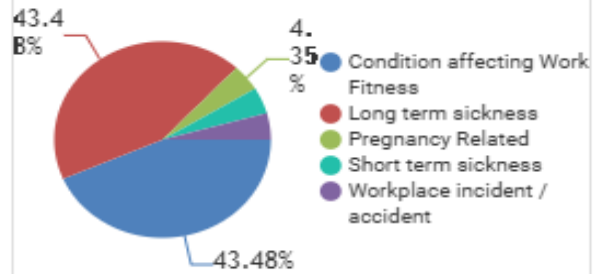
Actual/Rolling Sickness Absence by Staff Group - October 2025



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Occupational Health Internal Management Referrals

Breakdown of Reason for Referral (one month)



MANAGEMENT REFERRALS DIRECTLY INTO OCC HEALTH n=23 (previous month in brackets)

- 44% (33%) of staff with condition affecting work fitness (uniform blue)
- 4% (14%) with short term sickness (Turquoise)
- 44% (22%) Long term sickness (Red)
- 4% (13%) Workplace Incident / Accident (Purple)
- 4% () Pregnancy related

The main movement since September is shown to be people wanting access to Counselling and also Long Term Sickness referrals

Occupational Health VIVUP Employee Assistance Programme/Counselling Service October 2025

Did Not Attend	In The Moment Support	Rearranged Appointment	Telephone Assessment	Telephone Counselling (50 min)
2	1	2	3	13

22 clients accessed counselling support with 1 new client in Oct 2025

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Vivup – Oct 2025 Presenting Health Issues – 1 new clients

Occupational Health OPASG2 Dashboard- Snapshot October 2025

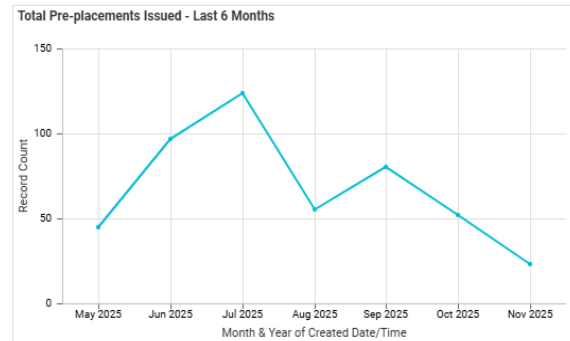
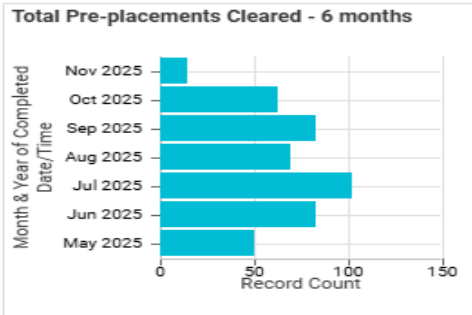
Pre-placement Health Assessment

All OH Pre-placements checks are now managed through the OPASG2 system – from the graphs below that **52 pre-placements were issued in October 2025** – These are new posts and internal movement posts. 63 were cleared in October – these would have included the back log from August. The vacancy freeze has started to show in the October data

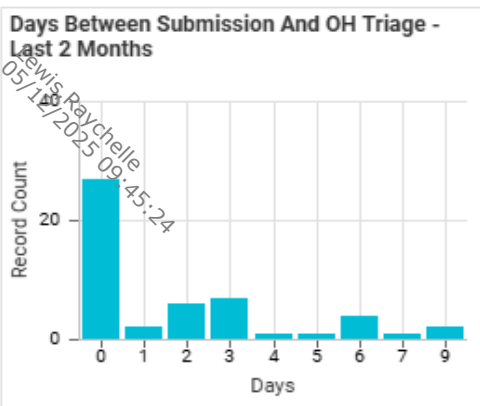
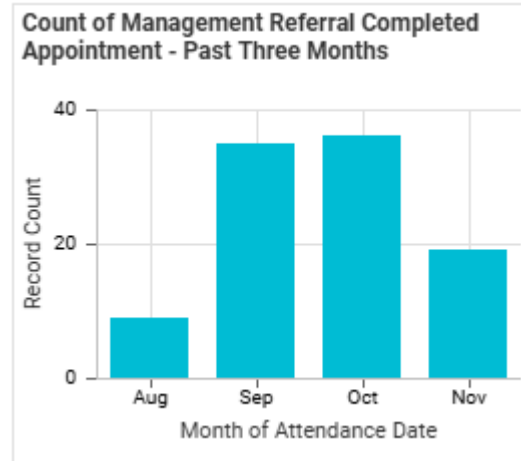
Management Referrals seen in month

36 Management referrals were seen in October 2025, these are new referrals, Ill health retirement and follow up appointments as necessary

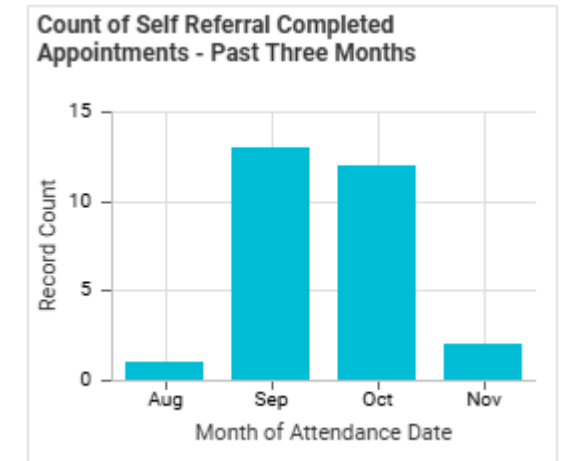
12 Self referrals were also seen in October 2025 – it is noted that management report of work place adjustments do not follow a self referral.



Pre-employment checks are averaging at 3 weeks currently due to the departmental skill mix and the high number of DNA appts currently. The National Minimum Standard of 80% within 7 days of acceptance is being achieved – from the graph above suggests that a majority of pre-placements are triaged at 0 days between applicant submission and OH triage.



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



Employee Health & Well Being

What the chart tells us

Sickness Absence

Actual sickness has continued to report above 5% since September 2024.

- Actual sickness for October 2025 was **5.30%**, 0.50% lower than October 2024 (5.80%).
- Rolling sickness reported at **5.43%**, 0.27% higher compared with October 2024 (5.16%) .

The organisation saw an average of **113.1 WTE** staff absent in the last 12 months, which is 9.3 WTE higher when compared with the previous 12 months **103.8 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 268 episodes - 30.6% of all sickness.
- Other musculoskeletal problems 137 episodes- 9.3% of all sickness.
- Gastrointestinal Problems – 534 episodes – 8.4% of all sickness.
- Cold, Cough, Flu – Influenza – 777 episodes – 7.8% of all sickness.

The health board continues to benchmark positively when compared with All Wales position of 6.2% (August 2025).

Occupational Health

Pre employment checks are starting to decrease – this is mainly due to the internal recruitment freeze / criteria
October's management referral numbers are on a par with september

We are meeting the All Wales minimum standards/ KPIs
Minimal update of the VIVUP service during October from new clients

Areas of Concern

Sickness Absence

Rolling sickness absence for the year is particularly high in:

- **Additional Clinical Services** (6.66%) *majority of days lost being due to Anxiety, Stress & Depression (34.4%), Other Musculoskeletal problems (11.1%) and Gastrointestinal problems (9.6%).*
- **Nursing & Midwifery Registered** (6.41%) *majority of days lost were due to Anxiety, Stress & Depression (29.4%), Other known causes not elsewhere classified (10.4%) followed by Back problems (9.4%).*
- **Estates & Ancillary** (6.20%) *majority of days lost were due Anxiety, Stress & Depression (27.3%), Benign and malignant tumours, cancer (15.0%) and Other Musculoskeletal problems (10.2%)*

Occupational Health

There are a number of DNAs for Pre Employment check appointments – which then delay clearances.

Actions/Mitigations

- The managing attendance at work toolkit is readily available to managers via the Human Resources intranet site 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. A reasonable adjustment guidance document and "Health Passport" has been added to the toolkit to support managers and staff to have structured discussions around reasonable adjustments and how to implement them.
- 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 detailed review of absence cases with recommendation being made around facilitating a return to make a timely decision on employment. In some cases, this has resulted in further intervention in the form of bespoke wellbeing support.
- The Business Partnering team have refined their approach to monitoring and escalation of frequent short-term absence. Any areas that maintain high levels of frequent absence are escalated to Assistant Business Partners to discuss recommended targeted intervention with service managers.
- The **Mindfulness-Compassion-ACT** wellbeing programme to tackle rising staff stress, burnout and absence continues to see steady numbers of sessions being delivered. . Staff can self – refer into the generic email and will be triaged by one of the practitioners . Group and 1:1 sessions/ support are promoted via sharepoint or weekly communications.
- Staff and managers can directly access 24/7 counselling / VIVUP support along with a Virtual GP appointment for themselves and anyone in their family that is U18

Workforce Monthly Dashboard –October 2025

- Staff in Post excludes Aspiring Nurses for Cohort 2024, Career Breaks and External Secondments

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	89.53	96.13	6.60	6.86%	4.36%	3.00%	0.95	1.06	2.26	3.32	82%	88%	0.00	2.20	-	-	8.09%	9.39%
Additional Clinical Services	431.06	482.74	51.68	10.71%	5.93%	6.66%	26.89	0.50	9.97	10.47	76%	90%	9.44	1.80	-	1.67	10.12%	10.82%
Administrative and Clerical	578.76	653.95	75.19	11.50%	3.84%	4.56%	8.43	-	-	0.00	84%	94%	4.10	2.52	-	1.00	8.32%	7.70%
Allied Health Professionals	167.65	192.02	24.37	12.69%	3.48%	3.31%	1.18	0.24	8.79	9.03	81%	87%	4.60	-	-	-	10.96%	11.38%
Estates and Ancillary	165.88	177.93	12.05	6.77%	7.73%	6.20%	13.65	-	-	0.00	81%	88%	0.00	1.72	-	-	11.24%	10.81%
Healthcare Scientists	10.21	13.32	3.11	23.32%	2.21%	1.48%	0.40	-	0.60	0.64	82%	90%	-	-	-	-	0.00%	0.00%
Medical and Dental	39.46	47.84	8.38	17.51%	2.65%	1.78%	-	4.85	2.67	0.00	63%	67%	0.00	-	-	-	6.39%	6.84%
Nursing and Midwifery Registered	632.03	715.79	83.76	11.70%	6.39%	6.41%	27.64	6.95	10.83	17.78	80%	86%	4.60	3.80	-	3.00	7.34%	8.33%
Students	2.80	4.84	2.04	42.15%	0.00%	0.00%	-	-	-	0.00	67%	89%	-	-	-	-	0.00%	0.00%
Grand Total	2,117.38	2,384.56	267.18	11.20%	5.30%	5.43%	79.15	13.60	35.12	48.72	81%	89%	22.74	12.04	0.00	5.67	8.75%	9.09%

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	21.71	26.02	4.31	16.58%	0.44%	3.71%	-	-	-	0.00	84%	85%	0.00	1.00	-	-	14.88%	9.76%
Community Care & Therapies	927.53	1017.37	89.84	8.83%	4.85%	5.35%	31.66	0.34	13.88	14.21	80%	90%	13.64	3.80	-	4.67	8.79%	9.22%
Community Dental Service	46.04	55.75	9.71	17.42%	1.42%	2.03%	-	-	-	0.00	73%	82%	0.00	-	-	-	4.79%	7.63%
Corporate Governance	24.91	20.88	-4.03	-19.32%	4.73%	1.99%	-	-	-	0.00	85%	96%	0.00	-	-	-	0.00%	0.00%
Estates & Works	48.71	48.21	-0.50	-1.03%	2.45%	2.46%	-	-	-	0.00	94%	95%	0.00	-	-	-	8.69%	7.92%
FID Finance Directorate	34.66	35.03	0.37	1.06%	2.89%	2.01%	-	-	-	0.00	86%	87%	1.00	-	-	-	2.96%	2.78%
Facilities & Support Services	139.05	149.75	10.70	7.15%	9.17%	6.74%	12.43	-	-	0.00	79%	87%	0.00	1.72	-	-	12.03%	11.65%
MED Medical Directorate	1.32	3.24	1.92	59.19%	0.00%	1.58%	0.05	0.05	-	0.00	71%	59%	-	-	-	-	26.52%	18.18%
MHD Mental Health	414.31	527.36	113.05	21.44%	6.77%	6.68%	29.54	12.80	21.25	34.05	71%	83%	3.60	1.60	-	-	7.22%	8.07%
Medicines Management	30.88	31.14	0.26	0.83%	4.43%	1.60%	-	-	-	0.00	84%	95%	-	1.20	-	-	13.71%	16.22%
NUD Nursing Directorate	28.64	34.55	5.91	17.11%	2.84%	5.71%	-	0.41	-	0.00	97%	95%	-	-	-	-	3.45%	2.99%
People & Culture Directorate	60.29	79.82	19.53	24.47%	7.35%	8.23%	2.62	-	-	0.00	88%	96%	1.00	-	-	1.00	13.38%	13.58%
PHD Public Health Directorate	68.65	17.60	-51.05	-290.04%	0.00%	1.08%	0.45	-	-	0.00	80%	94%	1.00	-	-	-	7.09%	6.67%
PLD Planning Directorate	14.84	64.47	49.63	76.98%	3.21%	4.12%	-	-	-	0.00	91%	89%	-	1.00	-	-	7.14%	7.19%
Primary Care	15.49	16.04	0.55	3.41%	10.71%	11.42%	0.45	-	-	0.00	88%	94%	-	0.47	-	-	20.73%	26.32%
THD Therapies & Health Sciences Directorate	63.02	68.52	5.50	8.03%	3.51%	3.55%	-	-	-	0.00	79%	97%	-	-	-	-	13.12%	8.96%
Transformation Directorate	21.06	29.64	8.58	28.96%	0.00%	0.88%	-	-	-	0.00	73%	84%	-	-	-	-	23.38%	13.04%
Women and Children Directorate	156.28	159.17	2.89	1.81%	5.91%	5.77%	1.94	-	-	0.00	92%	88%	2.50	1.25	-	-	6.30%	7.75%
Grand Total	2,117.38	2,384.56	267.18	11.20%	5.30%	5.43%	79.15	13.60	35.12	48.72	81%	89%	22.74	12.04	0.00	5.67	8.75%	9.09%



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Addysgu Powys
Powys Teaching
Health Board

People and Culture Committee

09 December 2025

'Employee Health and Wellbeing'

Lewis, Raychelle
05/12/2025 09:45:24

Subject:
Approved and Presented by:
Author:
Purpose:
Recommendations:
Executive Summary:

Update against the 'Workforce Futures' priority in the integrated plan.
Strategic Priority: Employee Health and Wellbeing

Debra Wood-Lawson, Executive Director of People and Culture

Rhys Brown, Head of OD
 Sarah Powell, Assistant Director of People and Culture

This presentation is to provide an assurance update against the Integrated Plan for the Employee Health and Wellbeing priority.

The Committee is asked to:

- **REVIEW** the information provided in the update;
- Take **ASSURANCE** of delivery against the plan.

Updates are provided to People and Culture Committee for assurance against delivery within the integrated plan. The information in the slide deck has been developed to provide a detailed update against the 'Health and Wellbeing' priority.

Lewis, Raychelle
 05/12/2025 09:45:24



Strategic Priority: Employee Health and Wellbeing

Integrated Plan Intended Outcome/Impact

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

Key Areas of Delivery	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 14.1.3) Develop and promote the offer for working carers
14.2) Deliver the Compassionate Leadership model to underpin approach to staff wellbeing	14.2.1) Deliver monthly Compassionate leadership intro sessions for both Health and Care staff ** subject to RIF funding
14.4) 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 14.7.2) Award and implement EAP

Wellbeing Roadshows



Wellbeing Roadshows and road runs are currently taking place across the county, (16 September, 2025 until the end of January 2026). Sites covered to date are: Ystradgynlais, Newtown hospital and Park Street offices, Bronllys, Machynlleth, Llandrindod hospital and Spa road.

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

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

238 staff have attended to date which represents 82% of staff on duty on the days the roadshow were at the site.

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

Themes emerging:

Consistent feedback includes:

- Appreciative of the visible support that the roadshows provide
- VIVUP is useful, and most staff access it.



Support for Working Carers



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

Wellbeing Activity



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



Lewis, Raychelle
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Progress

- 25/26 Wellbeing Action Plan

Key actions include but not limited to:

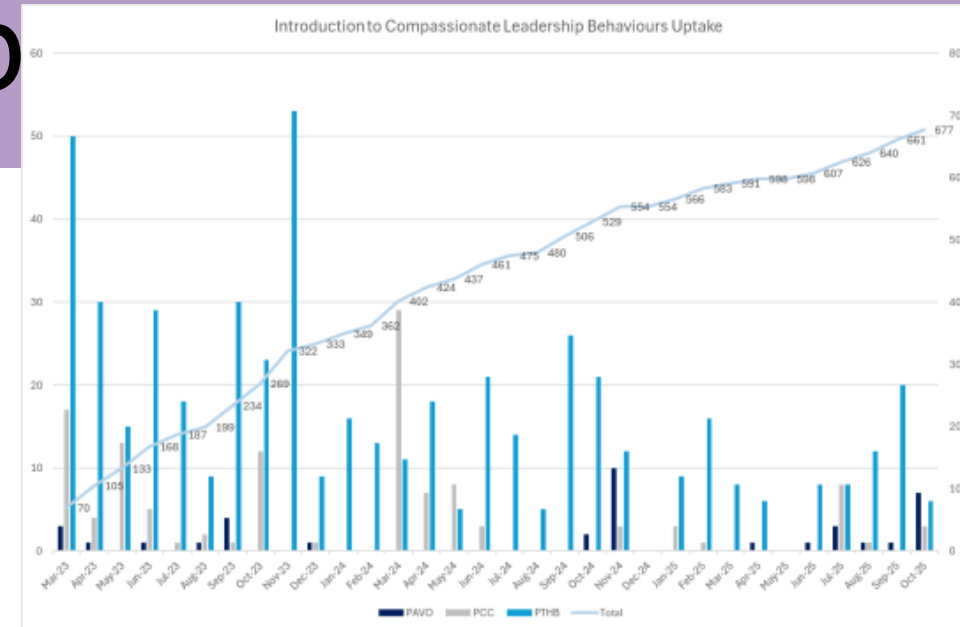
- Suite of offers and sessions for Wellbeing including: Stress Management and Menopause interventions along with utilising Bank Mindfulness Practitioners. See MAC offer update
- 2024/25 Reverse Mentoring evaluated, and round 2 due in 2026 (looking to include AD/DDs)
- Wellbeing Conversation Guide trials with managers
- Creation of Stay and Exit interview resources – these are in use and being regularly reviewed
- Mapping with C2C group the Wellbeing facilities at main sites – e.g. wellbeing hubs, agile spaces, water, showers

Compassionate Leadership

PTHB Board Chair and CEO signed the Compassionate Leadership Pledge on 27 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
- 677 Staff in total attended (521 from PTHB) since March 2023

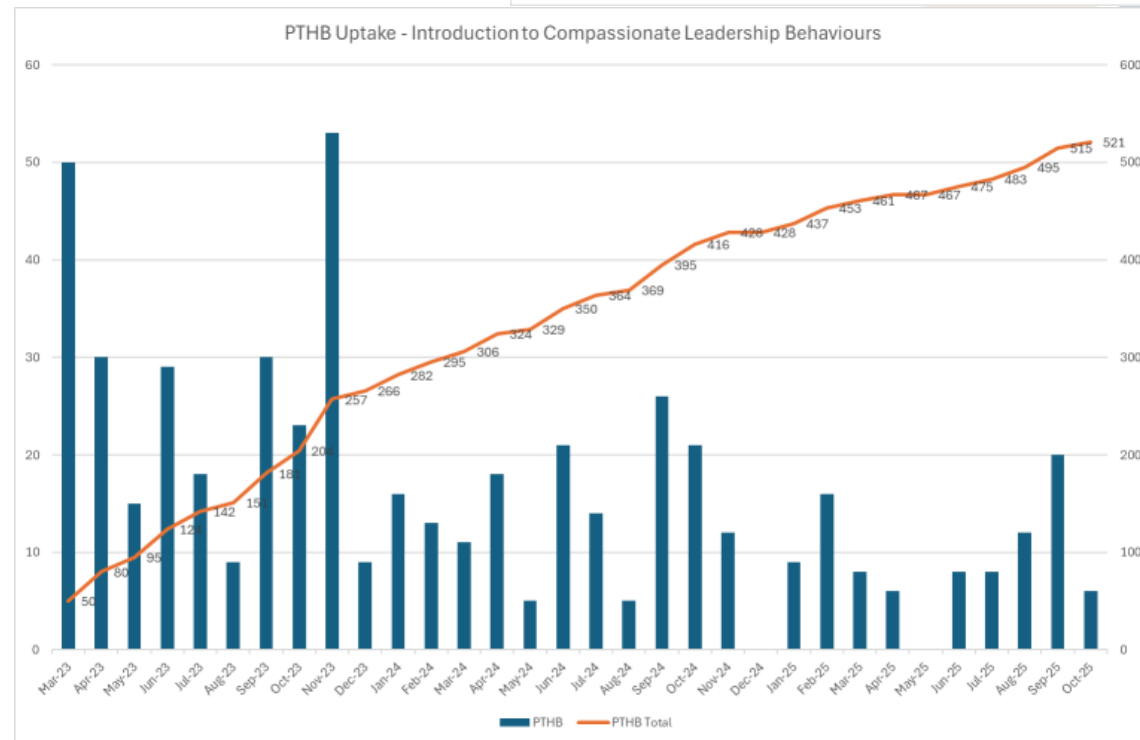


“I found it well presented and very interesting. I shall look at adding to my knowledge on the subject and using it in my job”

Lewis Raychelle
05/12/2025 09:24

Evaluation:

Feedback generally positive, with overall score of 5.1/6 course rating during its lifetime



NHS Wales Staff Survey 2025

The 2025 NHS Wales Staff Survey opened **Monday 6 October (09:00)** and closes **Monday 1 December (23:59)**

Engagement & communication:

- Physical posters sent to every site, with extra for wards and clinical spaces
- Key information, 'how to guides' and FAQs on SharePoint and Facebook, with regular emails going to key senior staff
- Use of Chat 2 Change network to promote survey and encourage uptake
- Secured (up to) £1000 of funding from HEIW – which has been used in a promotion of 'Every response = £1 towards the Health Charity's Festive Fundraiser'
- Focused communications in final weeks – explaining anonymity, reasons to complete the survey and past successes

2025 (as at 19/11)

Total responses: 747

Response rate: 28.3%

Elusen Iechyd Powys Powys Health Charity

GIG Cymru Arolwg Staff NHS Wales
Mae eich llais yn bwysig Your voice matters

1 bauble is lit for every 10 responses to the staff survey

Click this link: NHS Wales Staff Survey

How to Complete the Survey Online

- 1** • Click on a link or QR code which will take you to the NHS Wales Staff Survey Landing page.
• Select a Welsh or English Survey.
- 2** • Complete the questions in the Survey.
• The Survey takes approximately 30 minutes to complete.
• If you need any support, your Staff Survey Partnership Lead will be able to assist.
- 3** • When you have submitted the Survey, you will receive a message of approval showing that you have completed the survey. You will also receive a thank you message.

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 is readily available to managers** via the Human Resources intranet site 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. A reasonable adjustment guidance document and "Health Passport" has been added to the toolkit to support managers and staff to have structured 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 the application of the managing attendance at work policy to ensure managers are aware of and exhausting all supportive measures. This also ensures that where necessary, appropriate decisions around employment can be made.
- 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 detailed review of absence cases with recommendation being made around facilitating a return to make a timely decision on employment. **In some cases, this has resulted in further intervention in the form of bespoke wellbeing support via the MAC team.**
- The Business Partnering team have reviewed their approach to monitoring and escalation of frequent short-term absence. Any areas that maintain high levels of frequent absence are escalated to Assistant Business Partners to discuss recommended targeted intervention with service managers

Mindfulness, ACT and Compassion (MAC) Approach

- During February and March 2025, Powys Teaching Health Board (PTHB) implemented a tridisciplinary wellbeing/self-care pilot, led by 3 Bank -Mindfulness Practitioners. Providing employees with structured, flexible support through individual sessions, group seminars, and drop-ins.
- April to June focused on a light touch offer for staff. During the summer months the full MAC programme was shaped and in September MAC secured a Powys Charities grant of £77,402 to support the ongoing programme through to September 2027
- Powys now has a scalable Mindfulness-ACT Compassion model and has had national recognition through Healthy Working Wales.

"The referral process was easy, and the introduction session helpful. I learned a lot about myself and my core values. Having time to think about these helped me frame my current workplace challenges. The process of seeing the problem as a colour and shape, and renaming it, allowed me to separate from it. The mindful breathing techniques were powerful — I could feel the changes in me as we spoke. This helped me stay in my job and continue working for Powys. I would recommend this service."



Success Stories

Real-life examples of how organisations have addressed wellbeing issues in their workplaces.



How Powys Teaching Health Board developed a more resilient workplace

Powys Teaching Health Board (PTHB) ran a MAC (Mindfulness, ACT and Compassion) approach to support staff. The results included improved self-compassion and a reduction in distress.



Mindfulness, ACT and Compassion (MAC) Approach

1. Quantitative Overview (Apr – Nov 2025)

Practitioner / Strands	Participants Supported	Sessions Completed	Sessions Planned	Notes / Outcome Focus
AB: Mindfulness (1-to-1)	12	15	–	Qualitative outcomes only – improved calm, clarity, boundaries; no SUDS used
AB: Mindfulness (Groups)	37	5	Ongoing	Demystifying Mindfulness, team wellbeing – themes: stress, focus, connection. (22 in various group + 15 team)
Mindfulness Total	49	20		
NTR: Compassion / MPower				
• MBLC (8-week course)	8	11	46	Menopause, stress, neurodiversity, trauma; long-term sickness case supported
• One-off 1-to-1s (via inbox/MS Teams)	11	11	–	Anxiety, eating disorders, menopause; signposting to OH, VIVUP, Canopi, GP, Balance App
• Harmony & Balance (1-off group)	3 attended (6 booked)	3	1 session planned Dec	Stress, working relationships, and team dynamics
• MPower (8-week menopause course)	5 attended (8 booked)	7		Menopause, stress, anxiety, and team relationships
• Engagement sessions (PIPIN, OH, Academy)	10	3	3	Service overview, trauma partnership, and wellbeing videos in progress
Compassion Nikki	37	35	50 planned	Includes all items above (see sub-rows)
TC: ACT	10	8	2	Burnout, pacing, return-to-work, values clarification
Collective – Team & Ward Wellbeing (Felindre, FI?)	27	9	–	Shared delivery; 12-week Felindre ward pilot running Sep–Nov. Systemic issues, relationship dynamics, work pressures. (7 Felindre + 20 teams)
TOTAL	123 Staff	72 sessions		

2. Monthly Activity (Apr – Nov 2025)

Month	Sessions Delivered	New Participants	Key Highlights
Apr	6	10	Small-group restart; early 1-to-1 referrals
May	7	12	Launch of Time4Me; Mindfulness 1-to-1s
Jun	8	14	Harmony & Balance planning; comms lift
Jul	8	14	Summer plateau; MBLC prep work
Aug	9	15	MPower enrolments; new ACT clients
Sept	10	18	Board presentation; ward pilot prep; MBLC live
Oct	12	20	Felindre Wave-1 live; strong cross-strand delivery
November	12	20	MBLC/MPower in full flow; engagement events
	72	123	

3. Qualitative Insights (Themes & Staff Voice)

Domain	Observed Outcomes / Illustrative Quotes
Stress & Anxiety Relief	"I was apprehensive but felt safe and supported."
Grounding & Emotion Regulation	"The STOP practice feels like a comma in a sentence — a breath when I need it."
Menopause & Compassion	"The MPower course gave me permission to slow down and be kinder to myself."
Work-Life Balance	"Learning short pauses helped me prioritise without guilt."
Neurodiversity & Trauma	"Just placing my hand on my chest and breathing slowly gave me calm."
Team Connection & Safety	"A trusted space where we can breathe without judgement."

Total staff support : 52 (Pilot)+ 123 = 175 (6.55% of headcount)



Mindfulness, ACT and Compassion (MAC) Approach

4. Impact Metrics (Quantitative – Compassion/ MPower Strand)

Measure	Result (Apr–Nov 2025)	Evidence Source
Distress Reduction (SUDS)	55–70 % average; up to 100 % in MPower cohort	MPower datasets
Attendance Rate	100 % (1-to-1s) · 75 % (groups)	Session records
Return-to-Work Confidence	3 cases improved confidence	Manager feedback
Psychological Safety Perception	“Safe · trusted · non-judgemental” recurring	Staff reflections
Cross-System Reach	OH · PAVO · Academy · HEIW	Partnership activity

6. Learning & Operational Adjustments

- Ward slots (30 min) → add 15-min buffer or 60-min off-shift model.
- **SUDS measures:** standard for Nikki’s strand only.
- Mindfulness strand: continue qualitative feedback & stories.
- Capture night-shift flag and sleep rating for OH integration.
- Weekly triage huddles for referral flow; shared case overview every Wed/Thu.

5. Thematic Distribution (Apr–Nov 2025)

Theme	Approx Proportion of Cases
Stress & Anxiety / Emotional Regulation	35 %
Burnout & Fatigue Prevention	15 %
Menopause & Hormonal Wellbeing	15 %
Work–Life Balance & Boundaries	10 %
Compassion / Self-Care Practice	10 %
Other (Trauma · Leadership · Bereavement)	15 %



Mindfulness, ACT and Compassion (MAC) Approach

Mindfulness, ACT and Compassion (MAC) Approach Dedicated SharePoint pages created

Harmony, Balance & Self-Care
This online workshop helps you pause, reflect, and explore practical tools for self-care, resilience, and emotional balance. Preventing Burnout & Compassion Fatigue. Wednesday 5th of November and Thursday 4th of December 10:00 - 12:00.

For more information scroll down!

Time4Me: 1-to-1 Wellbeing Sessions
A confidential one hour session offering a non-judgemental environment to discuss wellbeing issues and tailored to the individual.

Pick your flavour for this Autumn

Register Your Interest
Register Now →

- Guided Practices for wellbeing
- Meet Your Practitioners
- Articles

Guided Practices for wellbeing

- Mindful movement
- Breathing Space
- What is mindfulness?
- Free Mindfulness Meditations
- Mindfulness Initiative from the UK Parliament
- Bitesize Sessions

What We Offer

The MAC Wellbeing Service provides a range of support options designed to cater to diverse needs and preferences:

- Group Sessions & Courses:** Connect with colleagues and learn together in a supportive environment.
- Time4Me Appointments:** Personalised sessions focusing on individual needs and goals.
- Practical Tools:** Gain skills in awareness, acceptance, and self-kindness to enhance daily living.

Why it matters

Implementing mindfulness and compassion-based approaches in the workplace can have profound effects. Studies indicate these methods can:

- Reduce anxiety, depression, and self-criticism.
- Increase emotional strength, life satisfaction, and overall well-being.
- By deepening acceptance and reducing avoidance, compassion-based mindfulness enriches the ACT framework, leading to more meaningful outcomes.

Total views

Number of times users have viewed this page.

417

Last 90 days
665 All time



Average time spent per user

Average time users spent reading this page in Outlook and SharePoint.

3m 12s

↑ 42% since last 30 days

Last 30 days



Thank you so much, Lovely to meet you.
I was apprehensive, but you made me feel safe.
You looked and sounded immediately like someone I could trust.
Now I know I don't have to empty my mind of thoughts, but can acknowledge and return to the activity, so I think practice will be easier.

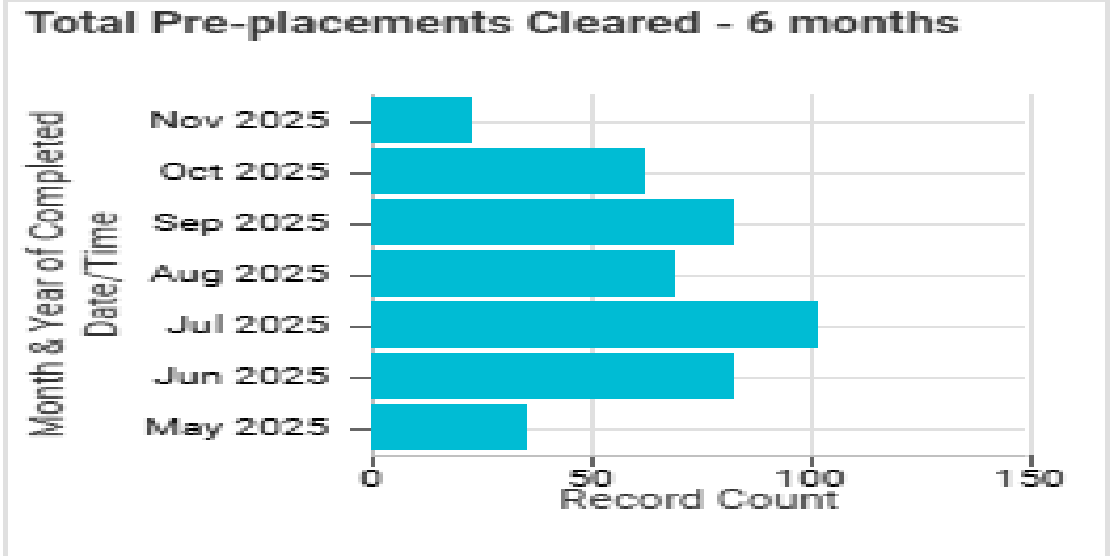
MAC PROGRAMME PARTICIPANT

- ❖ Management Referral waiting times are currently 4 weeks – to see a consultant physician. OH now offer more clinical appointments with awaiting time of no more than 2 weeks to see an Occupational Health Nurse
- ❖ A new internal triage system for management / self-referrals has decreased our waiting times for management referrals

Time between OH acceptance and initial management referral appointment.



- August the average wait was 32 days (non-compliant to WGs target of 29 days)
- September the average wait was 26 days (compliant) to WGs target of 29 days
- October the average wait was 25 days (compliant) to WGs target of 29 days



Health Surveillance Programmes (lung function, Hand Arm vibration, Audiometry, Skin) have been added to OPASG2 we are only the **third Health Board in Wales** to use this **fully electronic system** for these processes and recalls. **PTHB leading the way** with the addition of 8 new evidence based electronic health questionnaires.

Access & Activity: Occupational Health

- **Staywell Wellbeing intranet pages:** just over 4400 visits last 30 days and just over 11,600 last 90 days
- **Staff Benefits Main Page – Includes Vivup EAP:** 94 visits last 30 days, 311 last 90 days
- **Direct award to VIVUP** for Employee Assistance Programme and Counselling services using the All Wales Procurement Framework; achieving a cost per head reduction for the same service

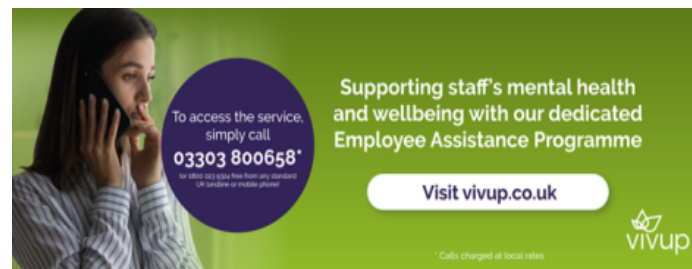
In line with the WG All Wales OH standards **PTHB has submitted (November) the initial assessment for SEQOHS**, (Safe, Effective, and Quality Occupational Health Service), an accreditation scheme for occupational health services. It is a set of standards that providers must meet to receive formal recognition for their competence and to demonstrate they deliver a high-quality service.

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



Service proactive engagement:

- ✓ Team session with District Nurses administration staff to inform and motivate around Well-being, Psychological Safety and Occupational Health
- ✓ Staff Flu programme support with planning, adhoc administration and reporting to Public Health Wales

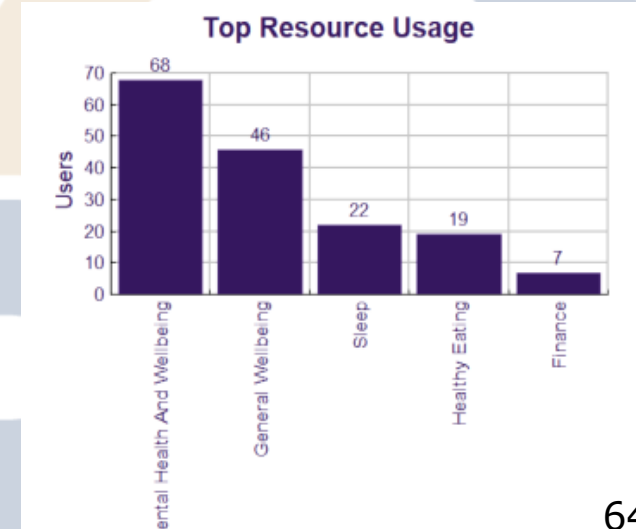


Virtual/ telephone GP consultations for staff

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



Self-help resources





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Anti-Racism Action Plan Deep Dive: Recruitment & Career Progression of BME Staff

Lewis, Raychelle
05/12/2025 09:45:24

Subject:	Workforce Race Equality Standard: Analysis of local PTHB Workforce Data
Approved and Presented by:	Debra Wood-Lawson, Executive Director of People & Culture
Prepared by:	Service Lead for Equality and Welsh Language
Purpose:	To share the findings from a detailed local analysis of workforce data on race and ethnicity and to seek Committee approval for the proposed actions responding to the Welsh Government’s WRES and ARWAP.
Recommendations:	<p>The People and Culture Committee is asked to:</p> <ul style="list-style-type: none"> • RECEIVE the findings of the attached analysis and take ASSURANCE they will be incorporated into the Equality Team’s 2025–26 work plan • NOTE the analysis and sharing of findings have been shared with the Welsh Government Equality Team
Executive Summary:	<p>As a part of the Welsh Government’s Anti-Racist Wales Action plan (ARWAP), the Workforce Race Equality Standard (WRES) for NHS organisations in Wales is published annually, in 2023, the WRES was published to the health board and outlined the following areas of consideration:</p> <ul style="list-style-type: none"> • absence of ethnic minority board membership • progression of ethnic minority staff to senior grades • poor levels of declaration of ethnicity, especially by senior staff • likelihood of ethnic minority staff being appointed after shortlisting <p>This paper presents the findings of a local analysis of workforce data on race and ethnicity within Powys Teaching Health Board, undertaken in response to the Welsh Government’s Workforce Race Equality Standard (WRES) and the Anti-Racist Wales Action Plan (ARWAP). The analysis found limited evidence of systemic racial disadvantage. However, disparities remain in the representation and progression of Black and Minority Ethnic (BME) staff. These disparities are influenced by factors such as workforce distribution, geography, and recruitment patterns. The paper proposes a focused set of actions to enhance our understanding of the lived experience of BME staff and to continue to strengthen workforce data quality.</p> <p>The Executive Team have also reviewed and considered the report and endorsed the findings.</p>

Lewis Rees-Jones
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Background: Workforce Race Equality Standard



In June 2024, Welsh Government released the Welsh Race Equality Standards report. The findings for PTHB were representative or slightly better than for other NHS Wales organisations; The following were identified as key priorities for PTHB:

- ❖ absence of ethnic minority board membership
- ❖ progression of ethnic minority staff to senior grades
- ❖ poor levels of declaration of ethnicity, especially by senior staff
- ❖ likelihood of ethnic minority staff being appointed after shortlisting

As part of the health Boards's response to these findings, the locally agreed anti racism action plan includes the following key actions to undertake an in-depth analysis of factors which are influencing staff progression and recruitment:

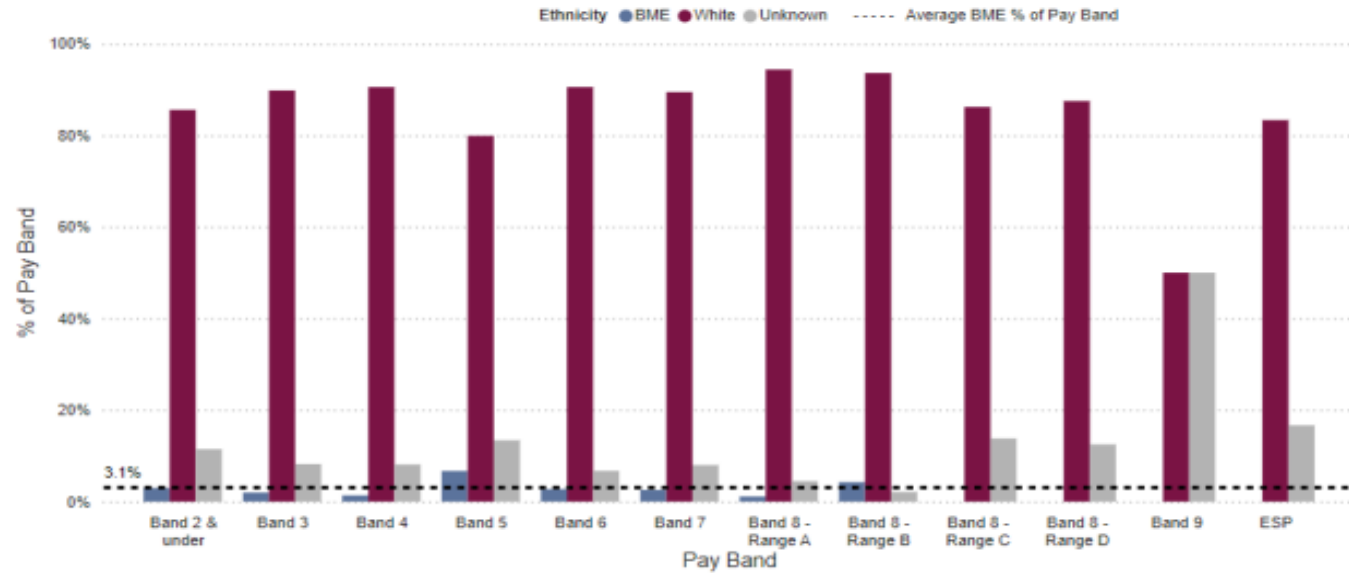
- ❖ We will undertake a review of our progression and training policies to ensure they are anti-racist and inclusive. This will include:

Exploring in detail staff progression, including length of time in role.
- ❖ The health board will undertake a review all aspects of recruitment policy and process to ensure they are anti-racist and inclusive. This will include;
 - Exploring in detail, shortlisting and recruitment data to develop an organisational understanding of the underlying causes
 - Based on the outcome of this review, we will explore opportunities to undertake positive action to support our recruitment approach
 - Explore how our outreach approach can be maximised to reach a diverse field of applicants, including for executive appointments to board.

Staff Composition

- A higher % of staff who identify as BME are concentrated at band 5 level.
- The health board have a lower average number of staff who identify as BME when compared to other health boards. However, this is representative of the population we serve which also has lower levels of representation when compared to other parts of the country, as well as reflecting the lower proportion in the medical workforce compared to other health boards.
- The WRES indicated that based on the 2023 staff survey (28% response rate) whilst BME staff responded positively in relation to wanting to seek career progression opportunities, when compared to white staff, they did not respond as positively in relation to whether the organisation provided equal opportunities for career progression. This appears to be based on a tiny dataset (<10 individuals). Due to small numbers we do not yet have data for 2024.

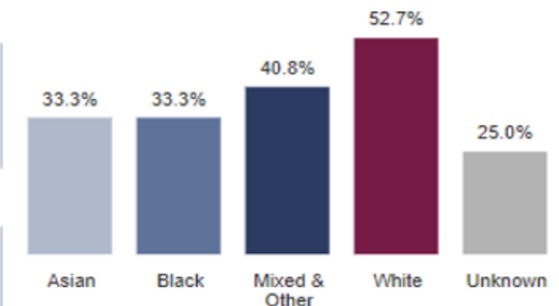
Percentage of Staff Ethnicity by AFC Pay Band



Area	Health Board	National Average (Wales)
% of minority ethnic staff	3.78% (of "knowns")	9.55% (source)
% of minority ethnic population (2021 census)	2.2%	6.2%

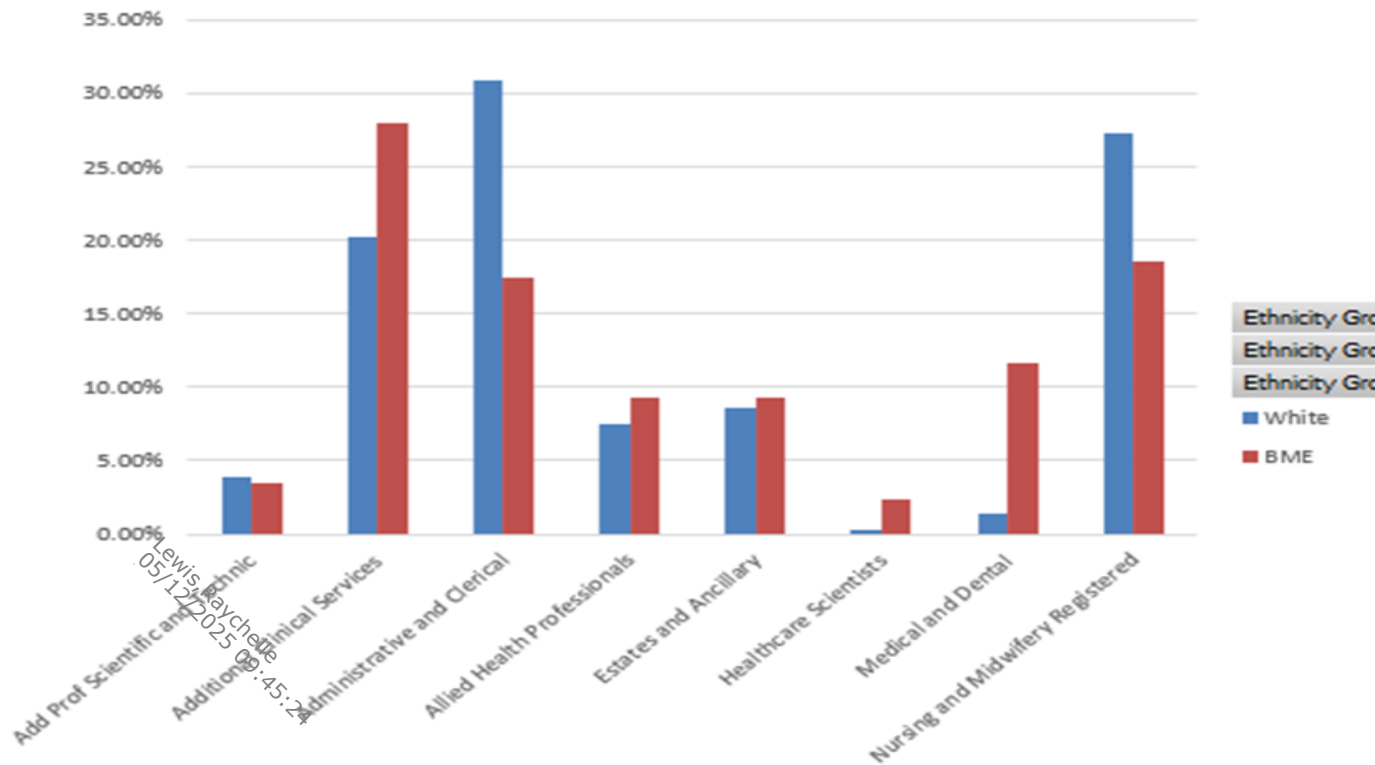
Based on staff survey: response rate 28.0%

PTHB



Disparity in Banding

In order to take meaningful insights about the impact of ethnicity on career progression it is necessary to look more closely at smaller groups within the staff body and to compare BME staff with their white peers working in the same fields. By looking only at whole-health board datasets (like the WRES), differences arising from ethnicity cannot be differentiated from differences between individuals in different career pathways.



The staff group profile differs somewhat between White and BME staff. Compared to White staff BME staff are:

- ❖ Six times more likely to be in the Medical and Dental group.
- ❖ Almost eight times more likely to be Healthcare Scientists.
- ❖ Half as likely to be administrators.
- ❖ Approximately 2/3 as likely to be Nurses or midwives.
- ❖ Approximately 1/3 more likely to be in the Additional Clinical Services group (primarily Healthcare Support Workers).

When comparing banding in each of the staffing groups, the greatest levels of disparity were seen within Nursing & Midwifery, Additional Clinical Services, and Admin & Clerical.

Staffing Groups: Nursing & Midwifery

This staff group represents 26.9% of Health Board staff whose ethnicity is known (613 individuals) and 18.6% of BME staff (16 individuals), whom form 2.6% of the total within this staff group. Though BME staff are under-represented in this group compared to the average of an even distribution, this group includes the second largest number of BME staff.



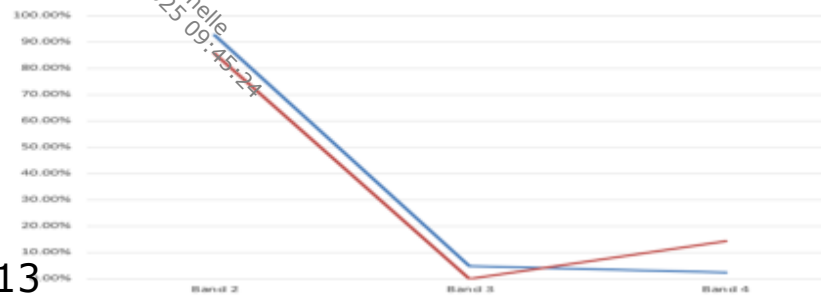
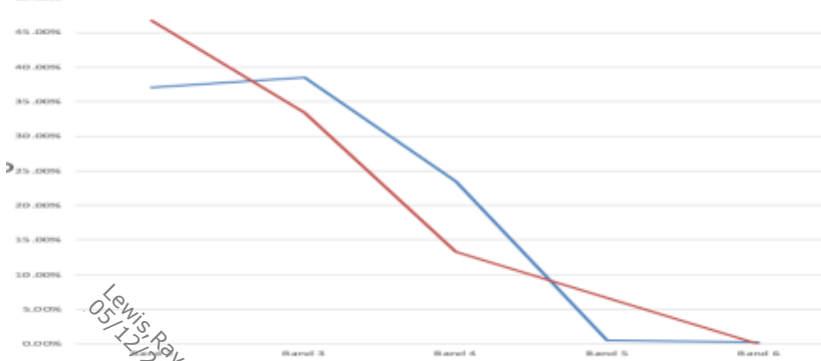
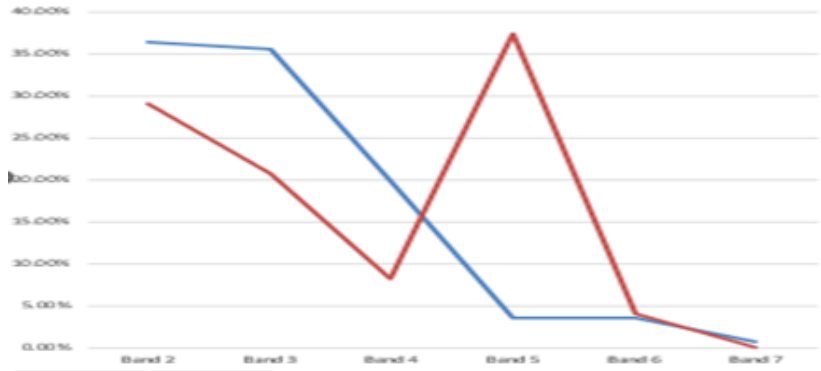
- Whilst the profile of staff in nursing & midwifery as a whole (upper graph) appears to show a significant disparity between White and BME staff, this disparity is not shown when looking only at the general nursing wards (lower graph), which are also the areas with the highest concentrations of BME staff (11 of 16 BME nurses in this group).
- This suggests that the disparity observed owes more to the different career pathways at PTHB between hospital nursing and other nursing areas (such as midwifery and community nursing which are typically higher paid).
- Progression and career opportunities within hospital nursing has been identified as a retention issue in PTHB and nationally. A lack of acute healthcare provision in Powys is an obstacle to progression as more specialist hospital healthcare roles simply do not exist in PTHB.
- Average length of service for hospital nurses (see below) is similar for both groups.

Average length of service (years) for hospital nurses:

Band	BME	White
5	8	7.7
6	10	9.4

Staffing Groups: Additional Clinical Services

This group employs the largest number of BME staff within the health board with 24 individuals, representing 28% of the total BME staff at the health board and 5.1% of the total staff within this group. Barring Medical staff and Healthcare scientists this is the staff group with the highest proportion of BME staff.



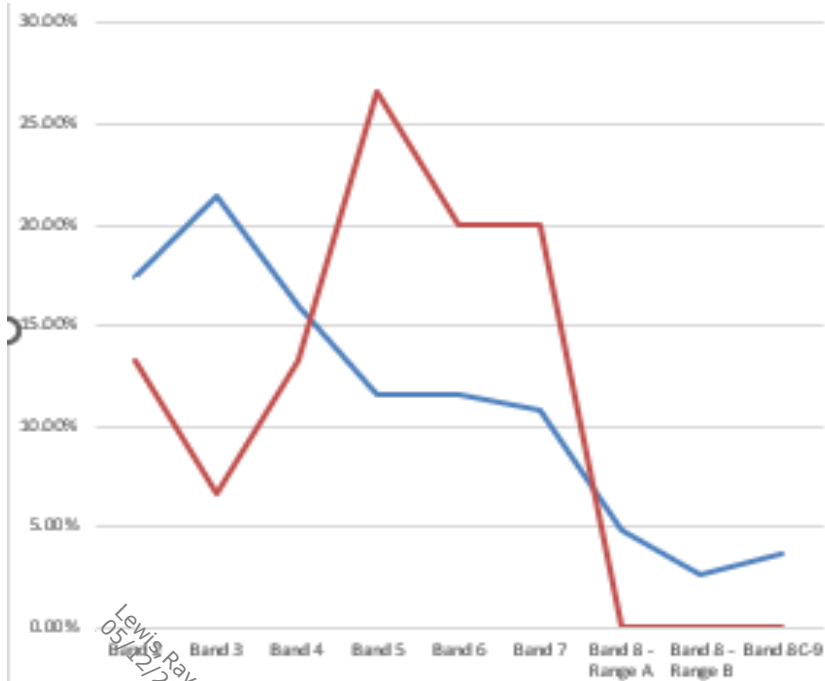
- As with Nursing and Midwifery, looking at this staff group as a whole (top graph) appears to show a significant disparity in income. However this reduces significantly once removing Mental Health, where a significant number of BME individuals (10) are employed, particularly within the Silvercloud service (6 of the 10). Many staff in this service work remotely and were recruited in a UK-wide agency exercise during the Covid-19 Pandemic.
- Again, this suggests that the disparity observed can be attributed more to different career pathways for different roles at PTHB, than disadvantage.
- 7 BME staff in this group also work in Hospital Nursing (HCSWs on hospital wards). These (bottom graph) show a very similar distribution to their white peers.
- Average length of service for BME staff in this group is often significantly lower than for white staff. Therefore, a further contributing factor may be in relation a greater distribution at lower grades because they are at an earlier stage in their careers.

Average length of service (years):

Band	BME	White
2	8.9	8.6
3	7.3	8.8
4	2.3	8.8
5	4.5	8.0
6	4.8	6.7

Staffing Groups: Administrative & Clerical

With 715 staff, the administrative and clerical group is the largest individual staff group in PTHB but has only the third largest number of BME staff (behind Additional Clinical Services and Nursing). The number of unknowns in this group is comparatively low (41) and the group includes 15 BME staff who represent 2.2% of the staff group total (after excluding Unknowns).



- ❖ The distribution pattern of staff in this group overall suggests that BME staff are **more likely** to be found in the middle pay bands relative to White staff, but **less likely** to be found in senior roles with no admin and clerical staff at bands 8A+.
- ❖ Small numbers however mean that if two individuals were appointed to bands 8A+ this would achieve an equivalent distribution to that of white staff.
- ❖ A comparison of length of service suggests that, on average, BME staff in the Admin & Clerical group have been at PTHB for less time than their White peers. Whilst due to the limited numbers this may not be significant, it could contribute to the variation in distribution.

Average length of service:

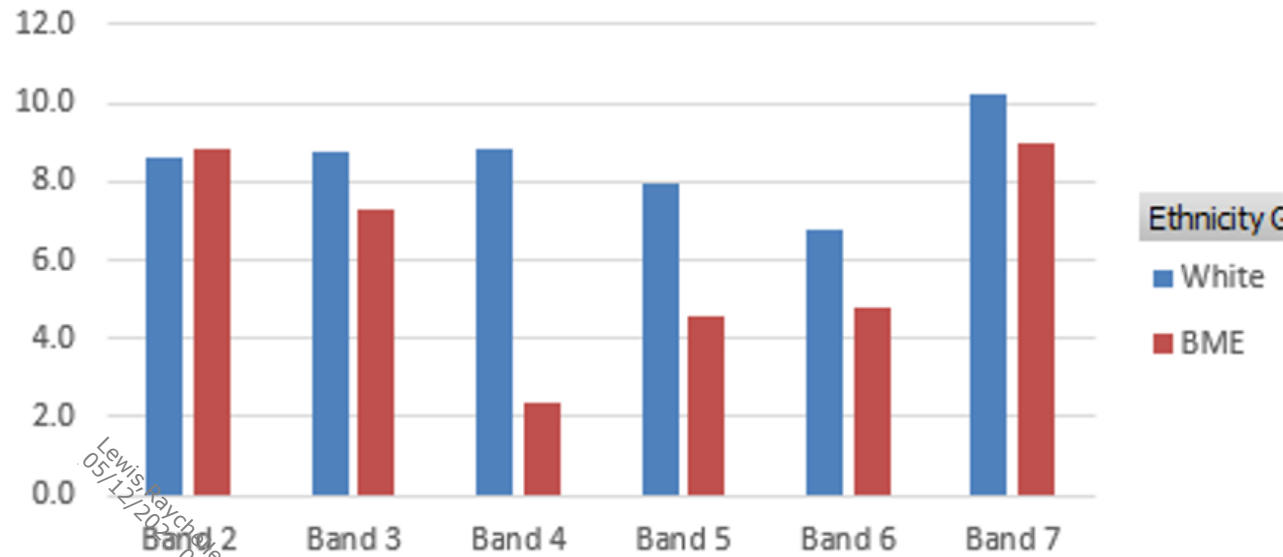
Band	BME	White
2	6.0	7.1
3	5.0	7.5
4	3.0	9.0
5	2.3	10.1
6	3.3	8.0
7	14.0	11.0

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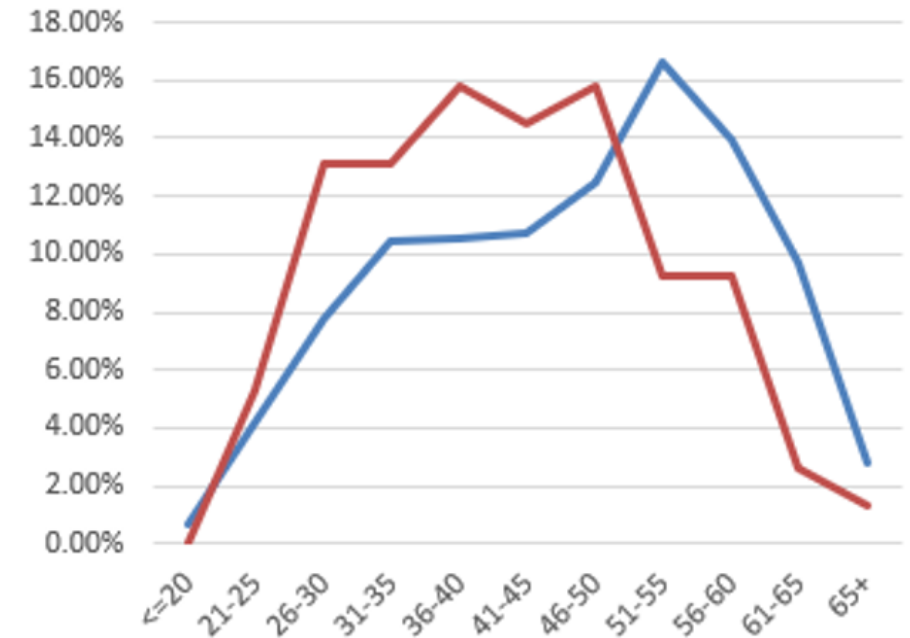
Time in Role and Staff Age

Across the organisation as a whole, compared to their white peers BME staff have been with the organisation for less time, and are on average significantly younger. Whilst these do not automatically mean these staff would be paid less, both factors might be expected to correlate with staff being earlier on in their careers and thus contribute to a disparity.

Time in Role (years): Whole Organisation

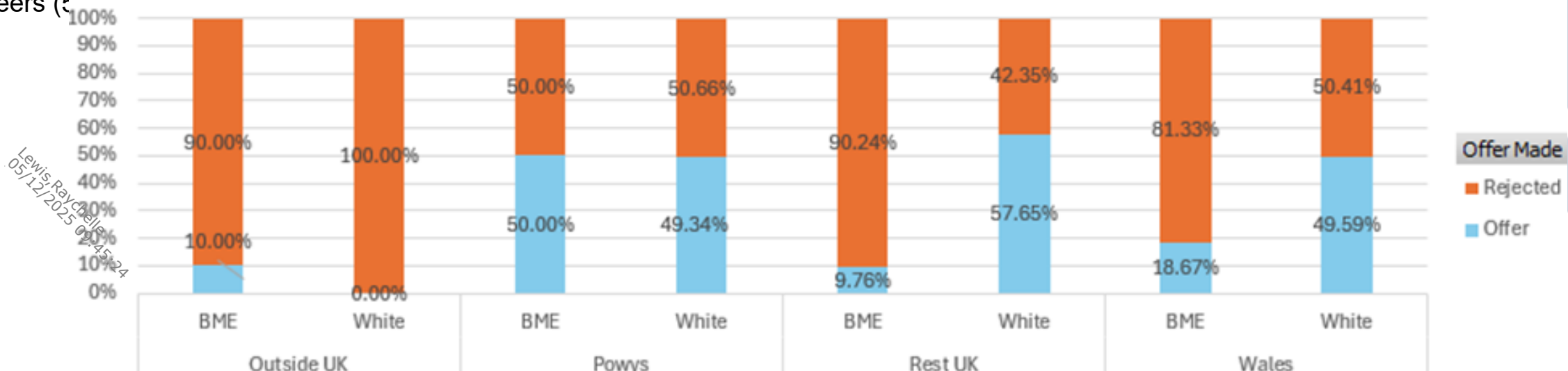


Age



Recruitment

- ❖ Recruitment data is based on TRAC records from Jan 2024- Jan 2025. **Due to AI applications this analysis looked only those invited to interview.** Blue indicates candidates who were offered a job (even if they then declined to accept it); orange indicates candidates who failed at interview.
- ❖ Applicants from Powys were the least likely to be BME (10%) followed by applicants from Wales (49%), the rest of the UK (90%) and outside the UK (99%); this supports the supposition made earlier that vacancies drawing from a wider field would be more likely to appoint BME candidates.
- ❖ Applicants from the rest of the UK were the most likely to withdraw from the process or not attend an interview once invited (51%), followed by those outside the UK (39%), those from the rest of Wales (32%) and those from Powys (23%).
- ❖ BME candidates from the Rest of the UK were significantly more likely to withdraw / not attend compared to their white peers (57% / 38%); Welsh BME candidates somewhat more likely (38% / 30%) and BME Powys candidates less likely (20% / 23%). It is not clear why BME candidates would be more likely to withdraw or not attend than white candidates, but it could be linked to the areas these staff apply.
- ❖ Ignoring withdrawals, BME candidates were significantly less likely to be offered a job at interview than their white peers if they were based in the rest of the UK (10% / 58%) or Wales (20% / 50%). However, BME candidates based in Powys were just as likely to be offered a job as their white peers (10% / 10%).



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Summary

- **BME Staff numbers are low**

A consistent feature and limitation of this study is the small number of BME staff involved at all levels. This should be borne in mind whilst viewing any data in relation to ethnicity and employment at PTHB, including the WRES itself.

For example, whilst the data shows no staff on Band 8C or higher, the expected number from an even distribution would be 1.4 individuals, and our board was rated above average for BME representation in the WRES despite having no BME members.

- **There is limited evidence for systemic disadvantage**

The distribution of BME staff is uneven, concentrated in specific areas. When comparing staff in the same areas, disparities typically reduce or disappear. BME staff are also typically younger and have been with the organisation for less time, which implies they are earlier on in their careers.

The fact that BME staff are concentrated in specific areas could also explain differences in interview success, where BME staff are competing disproportionately *against one another* in competitive areas.

Though the disparities in recruitment from outside Powys are concerning, the fact that there is no racial disparity in appointment rates for Powys-based staff suggests there are again other mechanisms at work here.

None of this means that racism is not an issue at PTHB nor that individuals' careers are not impacted by racism; merely that there is not clear evidence of a systemic impact of racial discrimination on career progression.

- **There is limited scope for this data to improve in the near future, and it may get worse**

Workforce strategies to which the health board has already committed – overseas nursing recruitment and 'Grow your Own' approach – could increase the disparity between BME and White staff by further concentrating BME staff in particular areas of the organisation, and further reducing the average age and experience of BME staff.

What have we done so far?

The following actions have been carried out since the initial publication of the WRES:

- ❖ We have developed the ability to record ethnicity in relation to flexible working requests and their outcomes, as well as other HR processes.
- ❖ Taken steps to promote completion of ESR ethnicity data, further reducing “unknowns” on Ethnicity from 7.9% to 7.1% over 2024-25 despite an increase in the workforce size.
- ❖ PTHB has taken steps to promote participation in the BME staff network (social media posts, posters etc); the BME staff network can provide improved channels of communication between the Health Board and its BME staff.
- ❖ Initiated a review of current recruitment and retention processes to reflect best practice recommendations.
- ❖ Promoted the Aspiring Board Members Program locally.
- ❖ Promoted the NHS Wales Stepping into Senior Leadership Program (for Band 7/8A/8B BME staff).
- ❖ Promoted coaching and mentoring opportunities such as the Reverse Mentoring program internally via our BME staff network.
- ❖ Ensured PTHB participation in the NHS Wales WRES Steering group of Equality managers.
- ❖ Embedded the Speaking Up Safely framework to encourage staff to report negative experiences or discrimination.
- ❖ Become a signatory to the *Hate Crime Charter* (subject to ratification 17-9-25).
- ❖ Contributed to a national review of the *Treat Me Fairly* module
- ❖ Rolled-out the All-Wales NHS anti-racism module (80.96% completion as of September 2025).
- ❖ We regularly ask about discrimination in Exit interviews. These have not yet identified racial discrimination as a factor, however we have reviewed and changed the wording of these questions to maximise the chance of picking up relevant information in the future.
- ❖ An internationally educated nurse employed at PTHB is representing the health board on the NHS Wales Global Ethnic Majority Nurses and Midwives Advisory Group.

Recommendations and Next Steps

The following recommendations could make a positive contribution in this area:

- ❖ There is a need to further improve our understanding of the reality of the experience of our BME workforce. Recognising the limitations of quantitative analysis in the Powys context, PTHB should undertake a targeted study of its BME staff's views on their career using qualitative, in-depth interviews to best understand the experience and aspirations of our BME staff, and the challenges they face. This will help us understand the extent to which these issues are important to our staff, and what they feel the key factors affecting their progression are; if the WRES picture gets worse over time (as it might be expected to), this could provide reassurance.
- ❖ PTHB should take steps to record data in those areas where it currently has none (e.g. flexible working requests and their outcomes) and to improve existing data (e.g. reduce unknowns) and repeat the present study on an annual basis to monitor changes. Expand the study to medical staff where possible (though small numbers make this extremely difficult).
- ❖ PTHB will continue to encourage participation in the BME staff network to provide improved channels of communication between the Health Board and its BME staff.

Steps to increase objectivity / fairness of these processes are desirable in and of themselves regardless of whether they have a positive impact measurable in the WRES. PTHB should therefore

- ❖ Review our recruitment process in line with WG best practice recommendations (underway).
- ❖ Continue to promote programs like the Aspiring Board Members Program, the NHS Wales Stepping into Senior Leadership Program, the Reverse Mentoring program.
- ❖ Promote our internal training on cognitive and unconscious bias. This has a wider remit than racial discrimination but focuses on practical solutions to mitigate
- ❖ Collaborate and consult with partner organisations about the progress and actions they are taking in response to the WRES.

People & Culture Committee

Transformation & Sustainability of our Workforce

09 December 2025

Prepared by: Katelyn Falvey
Head of Strategic Workforce Transformation, Planning & Resourcing

Presented by: Debra Wood-Lawson
Executive Director of People & Culture



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Subject:	Update against the 'Transformation and Sustainability of our Workforce' priority in the integrated medium-term plan (IMTP).
Approved and Presented by:	Debra Wood-Lawson, Executive Director of People & Culture
Author:	Head of Strategic Workforce Transformation, Planning & Resourcing
Purpose:	This presentation is to provide an update against the Integrated plan for the Workforce Transformation and Sustainability priority.
Recommendations:	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • REVIEW the information provided in the update; • Take ASSURANCE of delivery against the plan.
Executive Summary:	<p>Updates are provided to People and Culture Committee for assurance against the integrated plan. The information in the slide deck has been developed to provide a detailed update against the 'Transformation and Sustainability of the Workforce' priority. The Executive Committee were asked to review the update and supported it to the Workforce & Culture Committee.</p>

Workforce Futures: Transformation & Sustainability

Key Areas of Delivery	Key Deliverables
12.1) Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working CRITICAL ACTION	12.1.1) Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation Q1-Q4
12.2) Variable pay: On board a further 3 cohorts of internationally trained Adult Nurses, Mental Health Nurses and 2 Medics	12.2.1) Successful on-boarding of cohorts of Internationally Educated Nurses (IENs) and Medics Q1-Q4
12.3) Undertake targeted recruitment to Bank, prioritising services with variable pay spend	12.3.1) Increased recruitment to Bank Q4
12.4) Introduce arrangements to temporarily realign establishments to remove the use of Healthcare Support Workers (HCSW) agency staff	12.4.1) Increase in temporary/fixed term HCSWs to remove HCSW agency use Q2 12.4.2) Cease Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary agency use by September 2025 Q2
12.5) Ensure Executive approval to enhance vacancy controls	12.5.1) All vacancies are reviewed by Executives to support in year savings through delayed recruitment Q1-Q4
12.6) Enhanced monitoring of clinical vacancies to ensure timely advertising of posts that would otherwise attract variable pay	12.6.1) All clinical vacancies attracting variable pay are advertised Q1-Q4
12.7) Work with clinical and operational directorates, ensure staffing models are reviewed where appropriate to recognise ongoing national work relating to health care support worker roles and the Nurse Associate role	12.7.1) Schedule of reviews operationalised Q1-Q4
12.8) Ensure that local job descriptions are reviewed in line with changes to the national agenda for change profiles	12.8.1) Develop a timetable of activity to ensure that local job descriptions are reviewed in line with changes to the national agenda for change profiles Q1-Q4
12.9) Pipeline: Launch the third cohort of the Aspiring Nurse Programme with HEIW and University partners	12.9.1) Evaluate impact and Return on Investment (ROI) of pipeline workforce Q2-Q4 12.9.2) Advertise, recruit and onboard 15 aspiring nurses Q1-Q3
12.10) Continue to deliver and evaluate the Academy Career and Education Enterprise Scheme (ACEES) with Powys County Council Education service	12.10.1) Provide an ACEES offer to schools Q2-Q4 12.10.2) Evaluate impact of programme 2024/25 Q1
12.11) Students: Train registered Nursing staff as Practice Assessors and Supervisors to support Students on placement	12.11.1) Number of registered nurses that have received the Practice Assessors/ Practice Supervisors training Q1-Q4
12.12) Train eligible registered nurses in restorative supervision	12.12.1) Number of registered nurses trained in restorative supervision Q1-Q4

Key Workforce Metrics

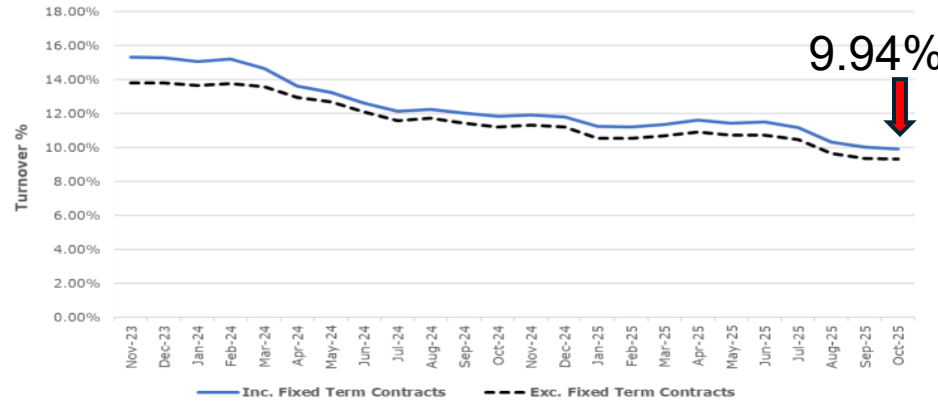
Staff in Post WTE

October-2025 : 2,117.38 WTE

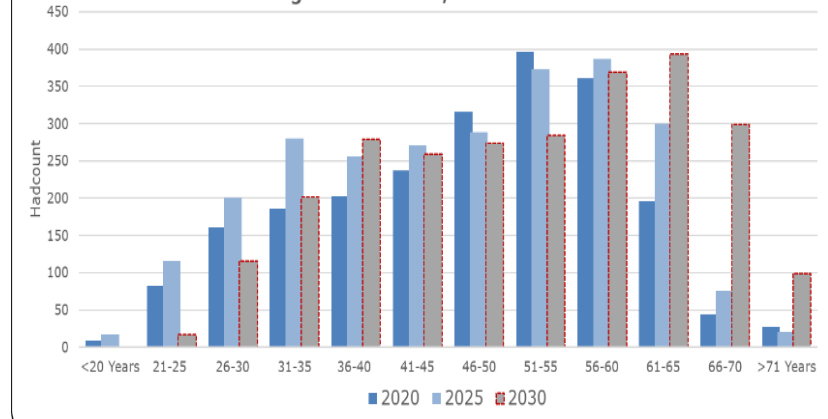
October-2024: 2,047.35 WTE (+3.45%)
 October-2023: 1,954.55 WTE (+8.02%)

*Data includes Aspiring/Trainee Nurses with exception to Cohort 2024

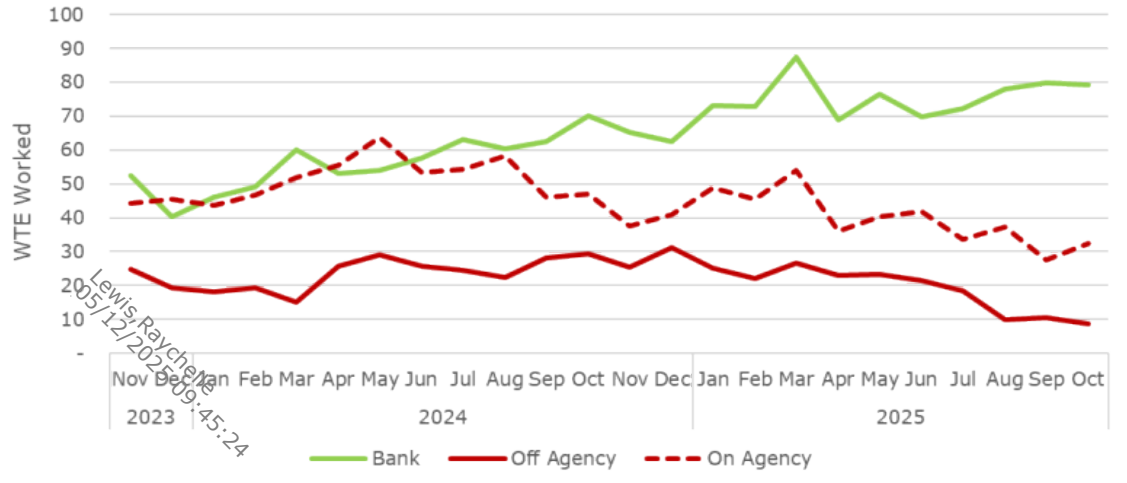
Rolling Turnover Trend



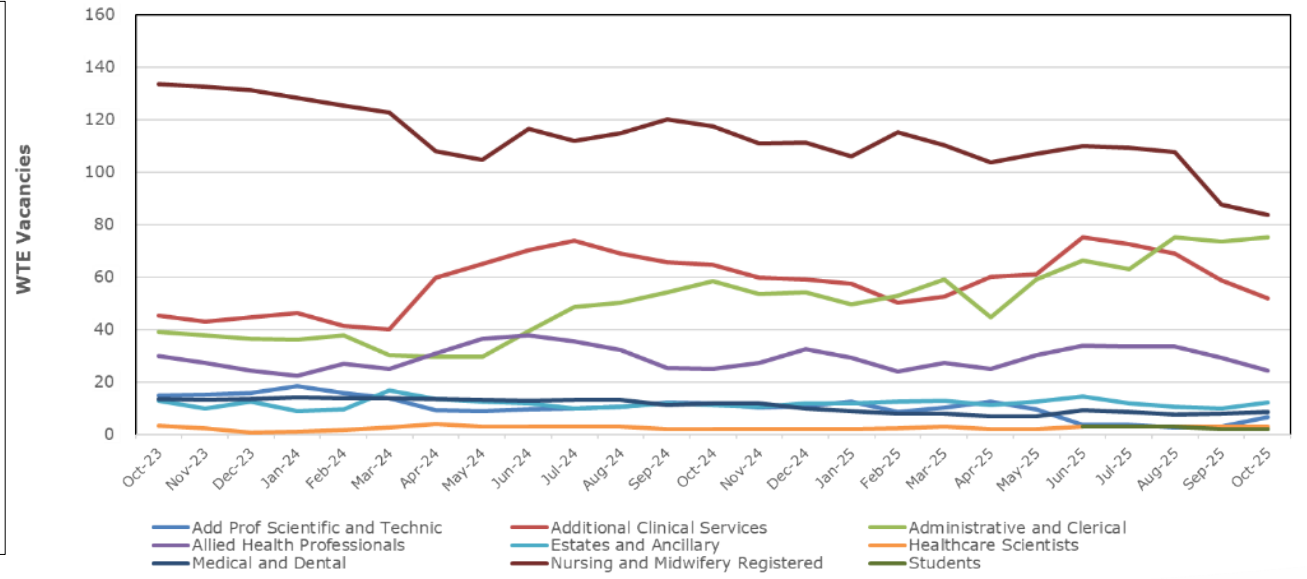
PTHB Staff Age Profile 2020, 2025 & Predicted 2030



Total PTHB Bank/Agency WTE Worked



PTHB WTE Vacancies by Staff Group



International Recruitment

Nursing Workforce

- 4 Adult field RN IENs arrived June 2025
 - 100% OSCE pass rate on 1st attempt
 - Based in Welshpool and all NMC Registered
- 4 Adult field RN IENs arrived October 2025
 - OSCE Exam 18/11/2025
 - 100% pass rate 1st attempt
 - 2 based in Llanidloes; 2 in Brecon
- 4 RMN IENs currently being recruited for MH
 - Due to arrive in country Jan 2026
 - OSCE – Cardiff & Vale
 - End February/March deployed to Powys



Medical Workforce

- 2 Medics recruited
 - 1 August arrival
 - Felindre Ward initially and now moved to Ystrad to support CMHT & Tawe ward
 - 1 November arrival
 - Newtown Adult CMHT
- 1 further Medic to be recruited in Jan 2026
 - Aiming to place in Llandrindod CMHT & Felindre Ward



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Bank Recruitment

2 Bank Recruitment Events held across first half of FY25/26 with constant rolling adverts.

45 RNs recruited to the Bank (33 Adult and 12 MH).

52 HCSWs recruited to the Bank (39 Adult and 13 MH).

63 Bank workers recruited into other clinical and non-clinical roles.

- Resourcing team has maintained strong working relationships with key stakeholders.
- Undertaken a detailed review and subsequent removal of inactive Bank staff.
- Communication and engagement plan developed with a programme of regular engagement with existing Bank staff, asking for feedback to better our offer.
- Lists of up-to-date 'live' available Bank staff for each ward have been created and shared with ward managers via Teams Channel
- Improvements made to the 'weekend plan' to include more accurate information for on-call staff.

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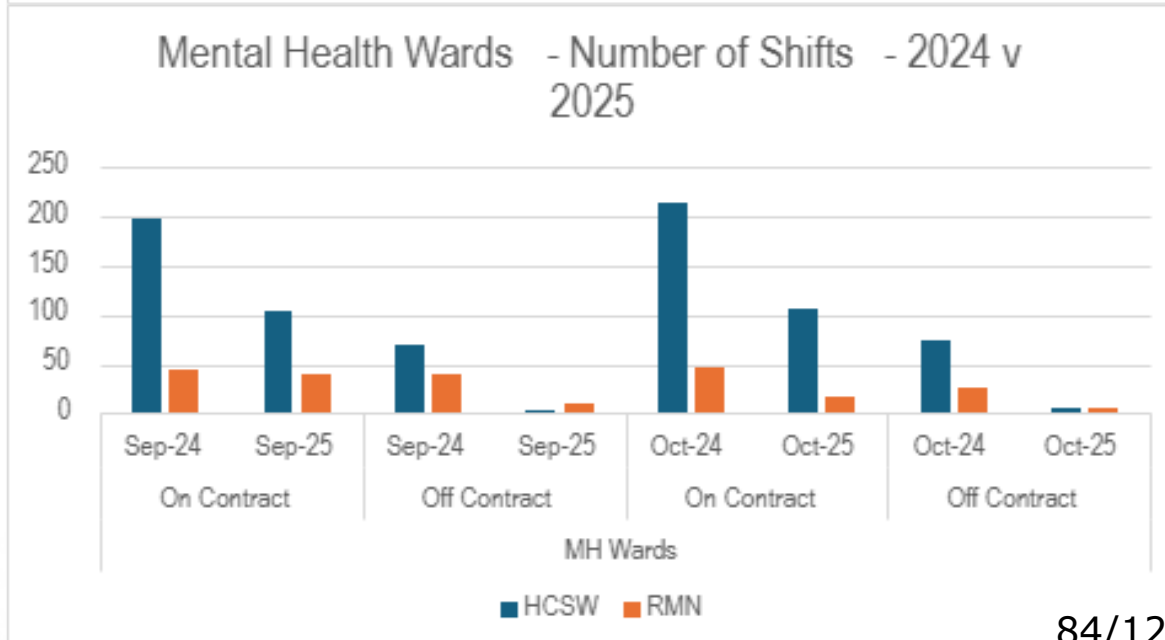
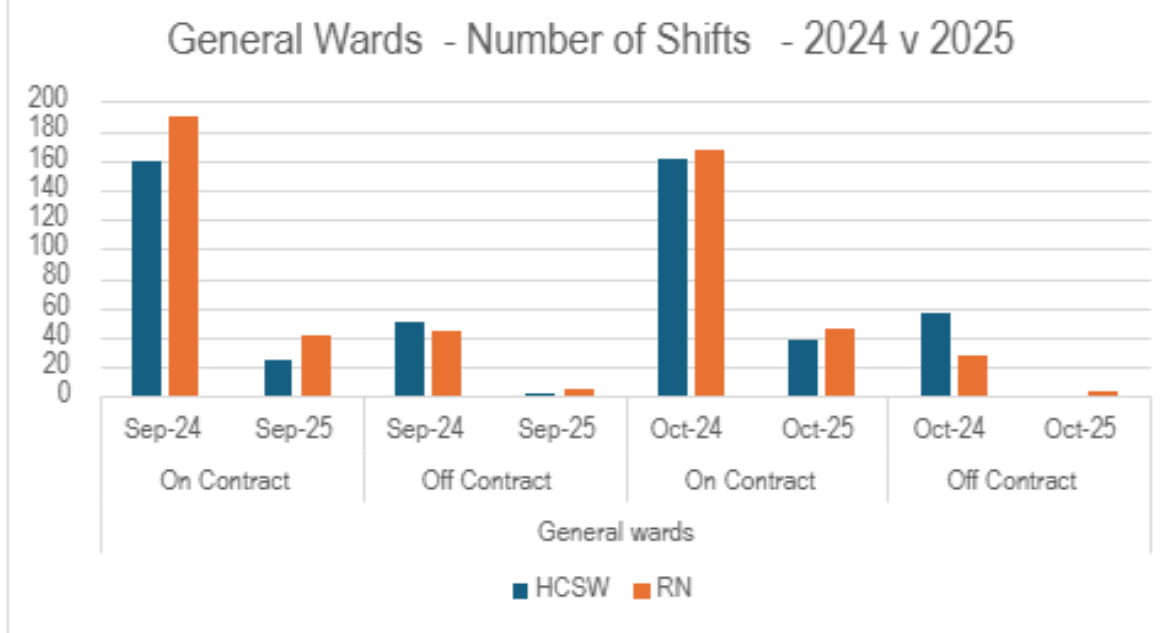


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Agency Restrictions and Reduction

- Mass HCSW recruitment June-Aug 25/26.
 - 16.6 WTE commenced employment across all wards.
 - Of the 16.6, 7 WTE are 12-month FTC on MH wards.
- Routine monitoring of HCSW and RN vacancies continues, with equivalent timely adverts advertised.
- Restrictions on Agency usage implemented.
 - Exception process developed and introduced with extensive mitigation required prior to agency approval.
- Permission for each shift of agency usage requires Director approval.
- No Agency use against admin, clerical, estates and ancillary roles.



Vacancy Scrutiny and Justification Process



- Vacancy scrutiny process in place since Jan 2025
- Enhanced vacancy justification process introduced October 2025 - introduction of **Vacancy Freeze Exception Form**
 - **Exceptions are Strictly Limited**
 - **The role would otherwise be covered by agency staff.**
 - **The role is externally funded** and the funding cannot be repurposed.
 - **The vacancy presents an immediate and critical patient safety risk** that cannot be mitigated through redeployment, skill mix, or temporary solutions.
 - **The vacancy is essential** for reasons associated with speciality, essential skills and team performance/delivery.

Impact of enhanced process demonstrated in below table, comparing recruitment activity in Sept/Oct 2024 compared with 2025 (all posts excluding HCRW & Bank positions).

Month	# Roles advertised	Change from previous year
Sep 24	106	
Sep 25	66	Down 30%
Oct 24	107	
Oct 25	76	Down 19%

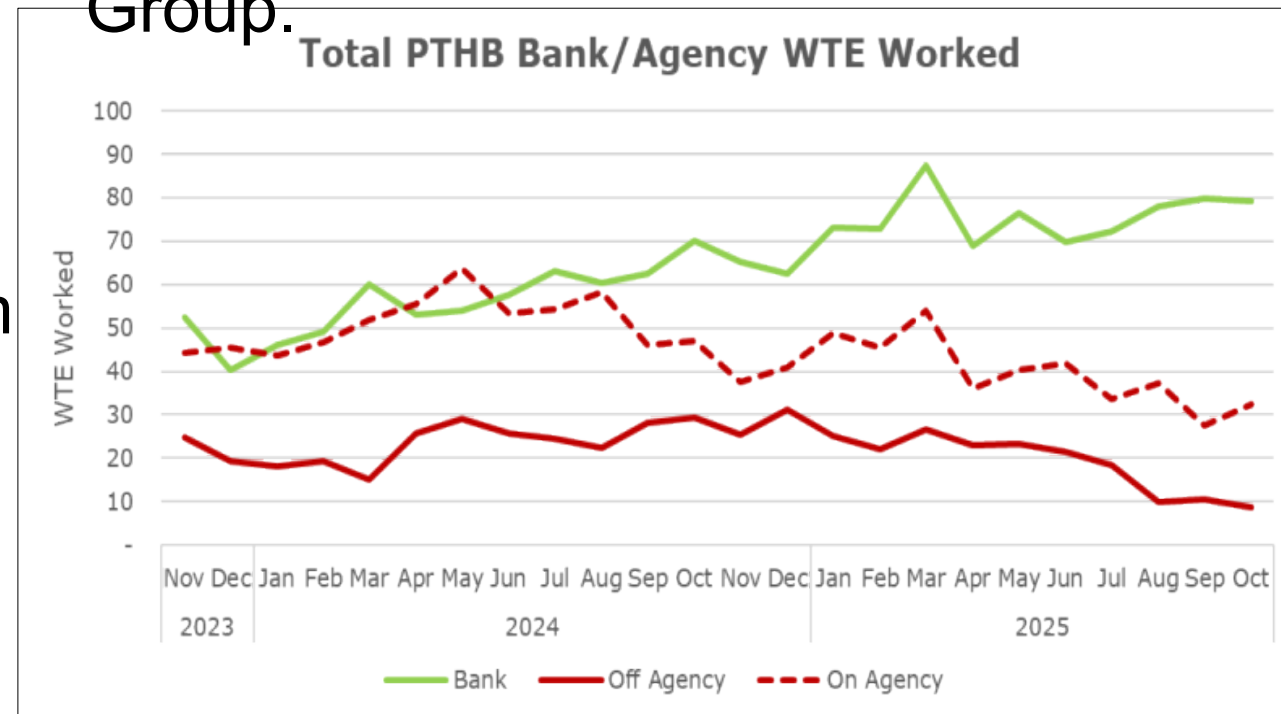
Applications follow one of two routes:

- **Route A – Agency Cover Exception**
 - Where the case is based solely on **agency cost avoidance**
- **Route B – Immediate Patient Safety Risk / External Funding/Essential role**
 - Where the case relates to immediate patient safety, external funding or is considered essential for reasons associated with speciality, essential skills and team performance/delivery, the application must be escalated to the **Executive Committee** for approval.
 - Recruitment activity can only commence following Executive Committee approval.

Clinical Vacancies and Variable Pay

- Clinical variable pay monitoring through several routes;
 - Variable Pay Group,
 - Agency Operationalising Group,
 - Weekly reporting of agency usage.
- Clinical vacancies with associated agency expenditure are exempt from the enhanced vacancy approval process
- Ongoing regular engagement between both HR BPs and Resourcing Team and Service/Ward Managers to discuss current and upcoming vacancies – planned approach

- Monthly reporting of current ward vacancies to Variable Pay Group.



Workforce models & skill mix

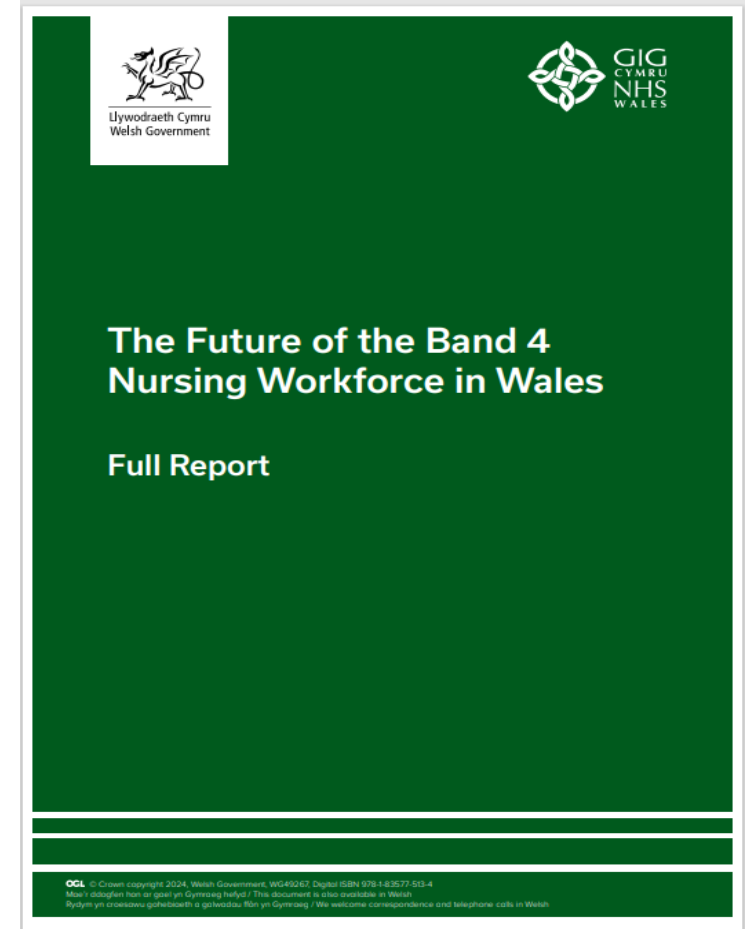
Registered Nurse Associate Role (RNA)

- Last 3 years, national programme of work led by CNO
- WG are awaiting UK Government to make a change to legislation enabling the RNA to exist in NHS Wales
- Parameters of Practice have been set out
- Uniform for RNA agreed
- New national JD in development
- First cohort planned to enter HEI programme 2028

Local context

- Local working group needs to be established to support workforce planning to:
 - Lead an assessment of our current B4 Workforce (qualifications/intentions)
 - Lead the review of current and future workforce models and skill mix
 - Support existing B4 workforce to develop into RNA role (if desired)

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Workforce models & skill

mix

Healthcare Support Worker Job Description Reviews

A national framework for reviewing Band 2 and Band 3 Healthcare Support Worker (HCSW) job descriptions was approved on the 19th November 2025. To support this, a national validation tool had been created to ensure consistency in assessing current practice and competencies, helping determine which job description aligns with each individual's role.

Validation Exercise:

- A pilot of the validation tool was undertaken at Ystradgynlais Hospital, covering both general and mental health wards.
- Meetings have been held with ward teams to explain the process of validation.
- Wards are now actively validating staff using the tool.
- Target completion: End of November, allowing for consistency checks.

Next Steps:

This preparatory work will position us to:

- Develop a timeline for implementation the national framework.
- Identify staff currently working to the Band 3 job description.
- Ensure alignment and fairness across the Health Board.
- Implement the nationally agreed corrective and recognition payments.



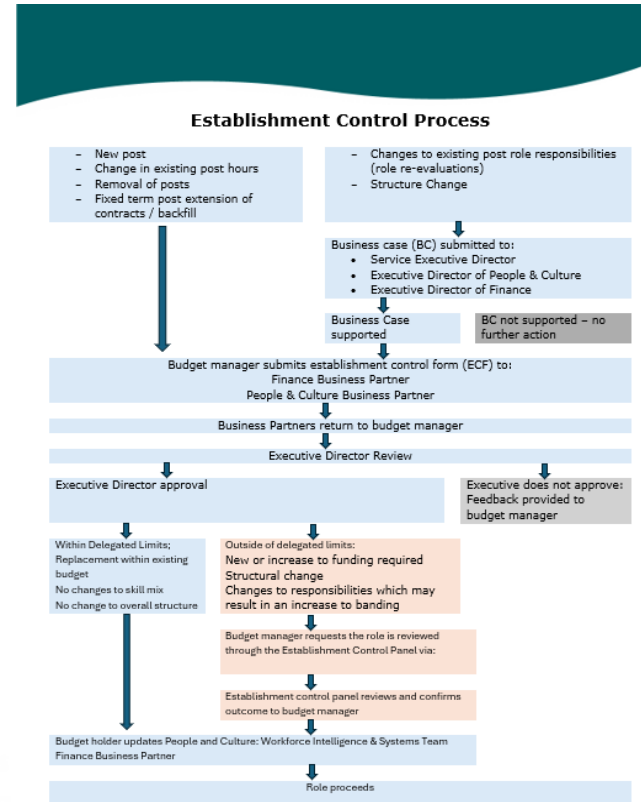
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Establishment Controls

- New Establishment Control Guidance - Essential to maintain **strong financial controls** and **clear governance discipline** around any establishment changes.
- Revised arrangements are intended to provide **stronger assurance** that all structural and establishment decisions are made in a **consistent, strategic way**.
 - This means ensuring that any changes are aligned with *Better Together* and actively support the development of a workforce that is sustainable, resilient, and capable of meeting the future needs of our services.
- A key part of this is ensuring we have the **right skill mix** across clinical, medical and operational roles.

The revised process is designed to support this by ensuring that professional, financial and operational considerations are brought together systematically, with the right people involved from the outset, so that decisions are robust, forward-looking, and aligned to the needs of the Health Board



Key Benefits

- Strengthened Governance
- Clear Approval Pathway:
- Enhanced Financial Oversight
- Job Evaluation Safeguards
- Focus on Workforce Efficiency

Agenda for change role profiles

National Context:

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

Local Context

- We have developed a generic library of job descriptions for administration roles and work with services is underway to develop this across staffing groups where possible.
- The national job description template has been implemented. Checks are in place to review newly advertised roles to ensure they are updated and moved to the new template.
- Exploration into digital solutions to monitor review dates on JD's took place with IT services, however, due to a change in licensing arrangements, this solution was no longer viable. Therefore, further exploration in to monitoring review dates is necessary.
- A timeline for national job descriptions is not available to the health board to enable a planned approach to the implementation of national JD's. While awaiting national timelines, agree a **local phased approach** for implementing national JDs when they become available.

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Registrant Pipeline Development



Aspiring Nurse programme

Successfully launched Sept 2025 cohort – 3rd cohort of this model

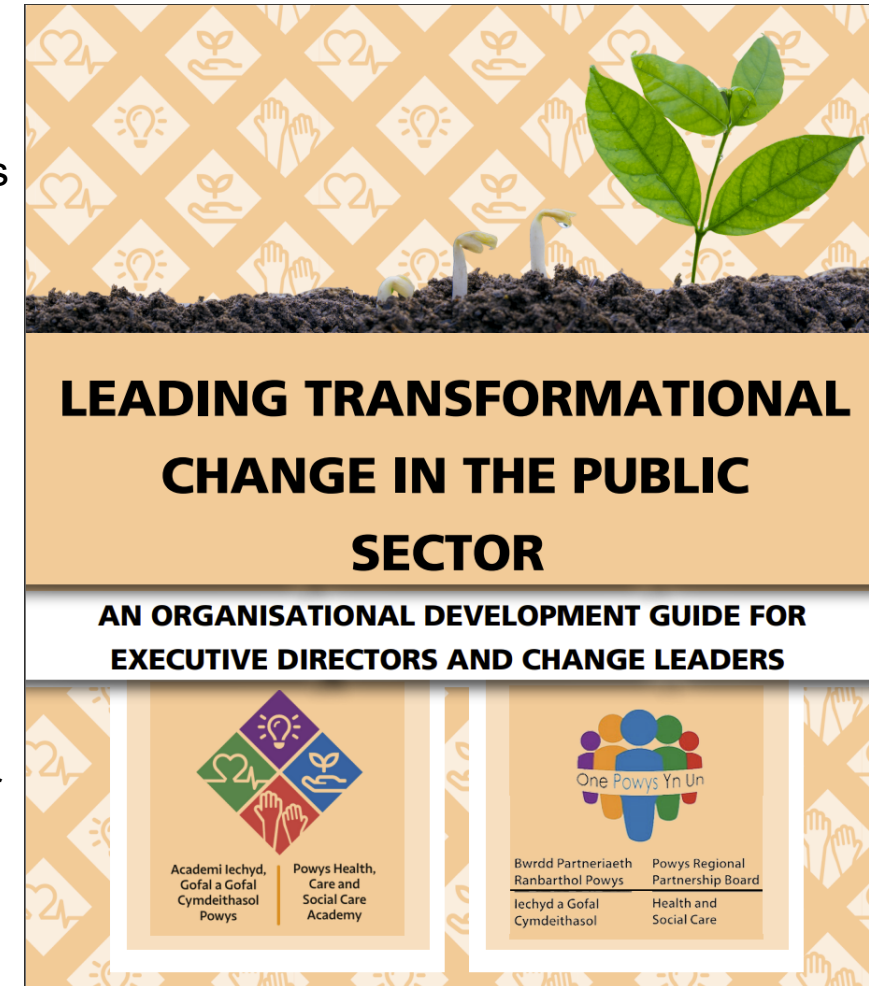
- New and competitive recruitment and selection process
 - 13 successful candidates onboarded and deployed to community wards
 - Qualifying in 2028
- Workforce planning and projection modelling is currently in progress
 - Mapping the future pipeline outputs from cohorts 2023 and 2024, as well as existing part-time route 2022
- Planning the transition from ANs to RNs
- Expecting 37 newly qualified nurses in 2026
 - 20 in 2027, 17 in 2028

- **Aspiring AHPs**
- 3 x Aspiring Occupational Therapists
 - Due to qualify 2027, 2028, 2029
- 2 x Aspiring Physiotherapists
 - Due to qualify 2026, 2027
 - 2 candidates applying for Sept 2026 intake
- 1 x Aspiring Radiographer
 - Due to qualify 2026
 - Funding agree with HEIW to recruit another for Sept 2026
- **Clinical Psychologists**
 - HEIW have agreed to support PTHB with ringfenced places on the Clinical Psychologist degree
 - Opportunity for growing our own pipeline
 - Supporting our existing workforce to develop



Transformation Skills and Development

- Tactical Organisational Development, Engagement and Communications Group set up to support the delivery of transformation, including the development of the capability to deliver change. This includes the alignment of the Workforce Futures Programme team
- Transformation programme managers and the Workforce Futures team have undergone accredited change management training.
- Business process re-engineering training available through NPTC college group or Uni South Wales.
- 1:1 coaching offer available.
- Bespoke facilitation for Mental health joint senior leadership teams.
- Delivery of bespoke change management session to Digital programme managers
- Creation of change management guides for change leaders, managers, and staff facing change
- Future development of SRO/Clinical Lead guides and training to understand their role in transformation
- Change Management delivered as part of the Manager's Programme
- Bespoke Change Management Training available as identified



Academy Careers & Education Enterprise Scheme

- 11 of 13 Powys secondary schools engaged in whole school approach, plus Ystalyfera and Bishops Castle
- Enhanced programme for Health & Social Care and Medical Science learners with this year's theme: Learning Disabilities supported by the PTHB lead nurse
- ALN settings programme planned January –March 2026 on Personal Hygiene and workplace readiness.
- Primary school pilot launching January 2026 in 10 schools (Years 5 & 6).

Impact to date:

- Learner contacts to date: 2,712 (2,487 English, 192 Welsh).
 - Positive feedback highlights improved career awareness, teamwork, and Welsh language importance. Year 12/13 students trained as Learning Disability Champions.

Upcoming Activities:

- Careers Festivals in February 2026 (North & South Powys) for Year 12/13 learners.
- ALN programme delivery in March 2026.
- Continued engagement with NEETs, home-educated learners, and supported accommodation students.

Key Insights:

- Health & Social Care ranks 6th most popular Powys subject choice and 2nd as first choice for post-16 learners (survey response rate = 76%).

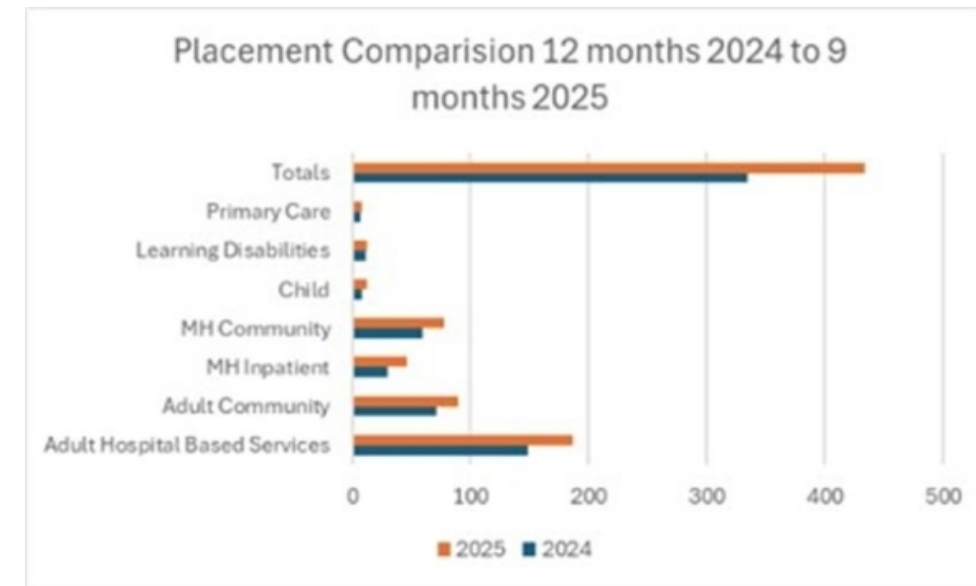


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Undergraduate Student Support

- Education and clinical placements have expanded significantly, strengthening future workforce supply.
 - In 2025, the Health Board supported over 220 placements in nursing, midwifery and allied health professions.
 - Currently there are 71 Practice Supervisors, 43 Practice Assessors (87 of which were trained this year)
- The Collaborative Learning in Practice (CLiPP) model has increased placement capacity by 23% and enhanced the student learning environment.
 - Rolling out CLiPP across community and mental health settings has cemented Powys as an attractive location for learners, contributing positively to long-term recruitment.
- Two GP medical practices have made contact for engagement with student placements
 - One is in the process of having PA/PS training
 - Other is awaiting an educational audit.
 - One further practice in Mid Powys in the pipeline which will mean 100% practices engaged with student placements in the Mid Powys region.
- PTHB have the highest number of GP practices engaged with placement activity (by GP / Area) in Wales.
 - This is attributed to the engagement by the PEFs with Primary Care.
 - PTHB is the only Health Board in Wales with local PEFs retaining allocation of students to these clinical areas and not HEIW Primary PEF led.
 - This affords PTHB 'grow our own' students a unique primary care placement



Undergraduate Student Support Feedback received from Partners and Students

Aberystwyth University

'Exceptional commitment and partnership; quick, caring responses; effective placement planning'.
Quote: *"Your team's consistent responsiveness... embodies the compassionate values we seek to nurture."*

Open University

'Professional, supportive, and flexible team; excellent student guidance and proactive support; strong communication and collaboration'.
Quote: *"The whole team are professional, supportive, responsive and flexible in their work... go 'the extra mile.'*

Mental Health Student Nurse (following an initiative to place MH student in an Adult setting (District Nursing team):

'I believe that all nurses should experience a placement outside of their chosen field. I have learned skills beyond what I ever knew a nurse or student would have. I have experienced a side to nursing that I would not have in my chosen field. I have also developed an understanding of how closely fields of practice work together without realising and how much mental health and adult nursing cross paths, especially in the community.'

Restorative Clinical Supervision (RCS)

- RCS mandated by the Chief Nursing Officer (CNO) for Wales to support staff wellbeing and resilience in March 2024.
- Provides a safe, confidential space for reflection, reducing stress and preventing burnout.
- Enhances compassionate leadership, team cohesion, and quality of care.
- Aligns with the NHS Wales Staff Wellbeing Framework and workforce sustainability goals.



Nursing preceptorship and restorative clinical supervision: position statement (WHC/2024/012)

PDF 319 KB

Current Position in PTHB

- Trained RCS facilitators = 2
- Pilot RCS offer to 49 current Preceptees = 11 taken up offer to date
- Feedback from Preceptees is positive (e.g - *useful, supportive*)
- Steering group is managing the processes to establish rollout of RCS
- Plans to deliver the RCS training in-house
- Aim to offer RCS training to Professional Nurse Advocates in the organisation

Challenges with implementation

- Capacity and Time Constraints – Clinical staff often struggle to find protected time for supervision sessions due to workload pressures and staffing shortages.
- Training and Competency – Limited availability of trained supervisors – very specific type of supervision with bespoke training



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Agenda item:5.6

People and Culture Committee	Date: 09 December 2025
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Subject:	Committee Risk Register
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Deputy Board Secretary
Other Committees and meetings considered at:	Executive Committee – 19 November 2025 Board – 26 November 2025
Appendices:	Appendix A – Committee Risk Register

PURPOSE:

The purpose of the Committee Risk Register is to draw together relevant risks for the Committee from the Health Board’s Strategic Risk Register (SRR), to provide a summary of the significant risks to delivery of the Health Board’s strategic objectives.

This copy of the Committee Risk Register is based upon updates to the SRR provided by Executive Leads in October 2025 and considered by the Board on 26 November 2025.

RECOMMENDATION(S):

The Committee is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	Y	X

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	The strategic risks are a reflection of the significant risks to the delivery of the health board’s strategic priorities and therefore underpin all wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	

7. Put Digital First	Y	
8. Transforming in Partnership	Y	

COMMITTEE RISK REGISTER

The Committee routinely receives a Committee Risk Register which draws together relevant risks from the Strategic Risk Register (SRR) to provide a summary of the significant risks to the Health Board's Strategic Priorities within the Committee's remit.

The Committee Risk Register is attached at **Appendix A** updates since the last report are highlighted in red.

NEXT STEPS:

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

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Committee Risk Register

People and Culture Committee – 9 December 2025

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STRATEGIC RISK DASHBOARD

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

KEY:


Executive Lead	
EDP&C	Executive Director of People and Culture
Trend	
*	New risk
→	Risk score unchanged since last report
↓	Risk score decreased since last report
↑	Risk score increased since last report

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RISK HEAT MAP

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

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<p>SRR 006</p>	<p>There is a risk that the Health Board is unable to recruit and retain an appropriate workforce</p>																			
<p>Current Risk Score:</p> <p>16</p>	<p>Risk rating detail: (likelihood x impact)</p> <p>Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L2 x I4 = 8</p>	<p>Risk Category: Workforce</p> <hr/> <p>Boards Risk Appetite: Cautious</p>																		
<p>Executive Lead: Executive Director People & Culture</p>	<p>Assuring Committee: People & Culture Committee</p>																			
<p>Latest review date: July October 2025</p> <p>Added to register: July 2024</p> <p>Link to Strategic Priorities and Wellbeing Objectives: Cross-cutting risk relevant to all SPs and WBOs</p>	 <table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July-24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov-24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Jan-25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Feb 25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Mar 25</td> <td>8</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July-24	8	16	Nov-24	8	16	Jan-25	8	16	Feb 25	8	16	Mar 25	8	16	<p>Drivers/causes of risk:</p> <ul style="list-style-type: none"> Demographics of the workforce and within our communities leading to challenging labour market. No university within the Powys footprint to provide regular supply of newly qualifying clinicians. Rurality and commutability of sites. <p>Risk materialising would result in:</p> <ul style="list-style-type: none"> Higher agency costs associate with variable pay spend Inability to sustain high quality services and patient safety
Month	Target Score	Risk Score																		
July-24	8	16																		
Nov-24	8	16																		
Jan-25	8	16																		
Feb 25	8	16																		
Mar 25	8	16																		

Controls (What are we currently doing about the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
6.1	Safecare has been implemented to support and monitor safe staffing levels on wards.	Briefing at daily huddle between Community Service Managers and TSU.	Reasonable	Assistant Directors
6.2	A programmed schedule of staffing huddle meetings take place during the week between the TSU and services to plan and review rosters for the week ahead and prioritise areas requiring additional staffing.	Routine schedule published to include all relevant staff. It is managed by the resourcing team with a rota in place of TSU staff to attend.	Reasonable	Assistant Directors
6.3	A Variable Pay Group has been established and meets twice monthly. A range of performance measures have been developed to monitor variable pay levels.	Minutes and papers from meetings. Escalation of current vacancies within areas of high variable pay spend. Adult and MH Ward managers have been engaged to fully understand and agree existing vacancies and encouraged to actively advertise vacant posts. Wider vacancy 'deep dive' investigation completed and presented to variable pay group.	Reasonable	Deputy CEO
6.4	Workforce projections have been developed for all clinical staff groups with a detailed focus on Nursing (both Registered and HCSWs) across Adult Wards and Community teams and Mental Health Wards and Community Teams, projecting future staffing levels	Workforce performance reports produced routinely and shared appropriately.	Substantial	Lead Executive Directors

	against known recruitment pipelines, such as Grow our own and international recruitment.	Deep Dive Reports developed annually, or as required.		
6.5	Regular reporting of 'Time to Hire' and recruitment KPI's included within Workforce Performance Reports.	Workforce performance reports produced routinely and shared appropriately.	Substantial	Workforce & Culture Committee
6.6	Monthly vacancy reporting in place identifying vacant posts against the financial ledger.	Workforce performance reports produced routinely and shared appropriately.	Substantial	Workforce & Culture Committee
6.7	Workforce planning training delivered and an ongoing offer available.	38 staff have completed the training to date with MH, W&C, Digital and Corporate nursing receiving a 1-hour overview session.	Reasonable	Deputy Director People & Culture
6.8	Intranet page with information on Workforce Planning set up for managers.	SharePoint site: Workforce Planning (sharepoint.com)	Substantial	N/A
6.9	Wage stream available for Bank staff.	System in place and usage report included within the Workforce Performance Report. Programme recently re-publicised across ward areas, and reminded staff of availability of the service.	Substantial	Executive Committee

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Workforce Planning: Roll out the organisationally agreed workforce planning model by delivering	tbc	Ongoing support available to service leads in the development of workforce plans.	November 2025	On track

<p>training which supports services to develop their resource plans.</p>		<p>HEIW funded role currently advertised – Workforce Planning Manager, to operationally support service areas in the development of workforce plans.</p>		
<p>Candidate Journey application to induction Review the end-to-end candidate journey from application to induction, identifying changes or omissions within the current process that are required to improve the candidate journey.</p> <p>To be extended to include local KPIs for recruitment to the Bank.</p>	<p>tbc</p>	<p>Heavily involved with All-Wales recruitment modernisation group, applying any learning to improve PTHB processes. End to End journey being reviewed to identify opportunities. No activity from NWSSP over this period. Recruitment Modernisation group, renamed as Recruitment Improvement and first meeting held in June 25.</p> <p>End-to-end review of Bank recruitment complete with changes immediately implemented. Weekly monitoring and escalation process in place.</p>	<p>31/09/2025</p>	<p>On Track</p>
<p>Increase bank supply: Targeted Recruitment Open days taking place at all Hospitals and will continue throughout the year.</p>	<p>tbc</p>	<p>5 Open Days held over June and July 2024 across Powys with multiple members recruited to the bank at each event. A further 5 held in</p>	<p>Ongoing</p>	<p>On Track</p>

<p>Rolling adverts and targeted Bank adverts for Registered Nurses and HCSW posts.</p>		<p>August and September 2024. Work continues to onboard the applicants successfully. Further targeted bank recruitment Open Days planned for Q4 2024-25. Specialist Bank Mental Health services Open Day held in February, with successful interviews held on the day.</p> <p>Within the FY 25/26, we have held 2 open days, in Welshpool and Bronllys with limited success.</p> <p>Rolling adverts out each week and shortlisting against applicants each Friday, alternating between RNs, HCSWs and both General and Mental Health fields. These rolling adverts continue to feed staff onto the Bank across both General and MH wards.</p>		
<p>International Recruitment Continue international nurse recruitment to a target of 18 Adult nurses and 6 Mental Health Nurses</p>	<p>tbc</p>	<p>18 international nurse offers have been made, first cohort of 6 arrived in Newtown in August 2024, have now all</p>	<p>Ongoing</p>	<p>On Track</p>

passed their OSCE exam and have their NMC PINs. A further 6 arrived into Machynlleth on 20 November and are undergoing their OSCE training. Final FY 24/25 General Nurse cohort of 6 staff arrived into Bronllys on 3 Feb, and will work across both Brecon hospital wards. In addition, 6 RMNs are expected in country by end of Q4.

24/25 International recruitment plan complete, totalling 18 Adult RNs and 6 RMNs, who have all now passed their OSCE exam.

25/26 International recruitment programme commenced, and 4 Adult RNs arrived in country in June 25, a further 4 Adult RNs due Oct/Nov 25. Paused RMN International recruitment pending student streamlining processes. with 8 RNs having arrived in the country, 4 of whom have already completed

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		OSCE and gained their NMC PIN, the remaining 4 are currently undertaking their training. 4 RMNs are due to be interviewed in November 2025 and intended to arrive in approx. January 2026.		
Agency Operationalising Meetings <u>Regular meeting, chaired by Exec Director to scrutinise use of, and mitigate against, the use of Agency staff</u>	Executive Director Primary Care, and Executive Director People and Culture	4 meetings held to discuss and allocate actions to mitigate against Agency Use – resulting in increased recruitment of HCSWs, introduction of agency authorisation process – to be signed off at Executive Director level - reviewing of existing establishment, greater understanding of vacancies and agency use, scrutiny of broader variable pay expenditure. Meeting schedule now complete and workstreams incorporated into Variable Pay Group Meetings.	30 October 2025	Complete
Additional information:				
Rationale for current score:				
<ul style="list-style-type: none"> The risk has been fully reviewed and assessed as a new risk in July 2024. As of 30th September 2025, the Health Board contracted vs budgeted establishment showed a vacancy rate of 11.55%. After the use of overtime, additional hours, agency, and Bank this fell to 5.71%. 				

- The challenges in recruitment are more pronounced in clinical roles with vacancies running at 12.26% for registered Nursing and Midwifery, 23.32% for Healthcare Scientists, 15.28% for Allied Health Professionals, 12.19% for Additional Clinical Services, 16.50% for Medical and Dental and 3.10% for Add Prof Scientific & Technic.
- ~~As of 31st May 2025, the Health Board contracted vs budgeted establishment showed a vacancy rate of 13.87%. After the use of overtime, additional hours, agency, and Bank this fell to 7.65%.~~
- ~~The challenges in recruitment are more pronounced in clinical roles with vacancies running at 17.70% for registered Nursing and Midwifery, 17.10% for Healthcare Scientists, 16.24% for Allied Health Professionals, 15.96% for Additional Clinical Services 14.62% for Medical and Dental and 10.02% for Add Prof Scientific & Technic.~~
- To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in September 2025 from information held on the Health Roster/TSU systems:
 - Additional Clinical Services: 8.55 WTE
 - Nursing & Midwifery Registered: 17.61 WTE
 - Allied Health Professionals: 5.93 WTE
- ~~To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in May 2025 from information held on the Health Roster/TSU systems:
 - Additional Clinical Services: 25.01 WTE
 - Nursing & Midwifery Registered: 22.65 WTE
 - Allied Health Professionals: 7.84 WTE~~

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Staff Development Programme

Final Internal Audit Report

2025/26

Powys Teaching Health Board



Substantial Assurance

Contents

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Review Reference

Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

PTHB-2526-16

August - September 2025

October 2025

January 2026

Debra Wood-Lawson, Executive Director of Workforce and Organisational Development

Ian Virgill, Head of Internal Audit

Lucy Jugessur, Deputy Head of Internal Audit

Lewis Raychelle
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Executive Summary

Purpose

To review the processes for developing and delivering the staff development programme, linked into the Management Charter (the BTHB Manager) / Compassionate Leadership.

Overview

A competent, committed and motivated workforce is crucial to any organisation. The Health Board's Integrated plan for 2024- 2029¹, extract from A Great Place to Work (Theme 2 of Workforce Futures) states, 'It is crucial that PTHB is able to be competitive by being a great place to work. Excellence in leadership remains fundamental to employee experience, with a compassionate culture where staff have a high-quality experience and can innovate and transform.'

The Health Board's staff development programme includes a significant number of individual elements. Our review was primarily focussed on the following key programmes:

- The PTHB Manager's Programme - This includes four modules of the Compassionate Leader programme and six modules covering essential Health Board's Managerial information²; and
- The Clinical leadership Immersive Programme (CLIP)- This programme has three tiers, with tiers one and two currently in place and the introduction of tier three on hold.³

We have concluded **substantial** assurance on this area reflecting that there are currently robust processes in place to ensure the effective delivery of the staff development programme. However, there is a risk (as already identified in the workforce and OD risk register) that the current reliance on fixed term funded posts may affect the future delivery. The Head of Organisational Development is the only permanent staff member within the team, supported by two fixed term contract staff with an end date of March 2026 and one vacancy. The funding for the fixed term contracts is subject to annual review by the Regional Partnership Board.

- The only key matter requiring management attention relates to the absence of a structured feedback loop and action tracking mechanism to enhance the effectiveness of the Staff Development Programme.

Full details of matters arising are detailed within the Findings & Agreed Action Plan. The below opportunity for enhancement has been identified that does not impact the overall opinion and is highlighted for management information:

- In order to reflect the current practise, management should consider updating the wording of the Induction Policy regarding the mandatory requirement to undertake the manager's programme.

Lewis, Rachelle
05/12/2025 09:45:24

¹ pthb.nhs.wales/about-us/key-documents/strategies-and-plans/powys-teaching-health-board-integrated-plan-2024-2029/11/

² [The PTHB Managers Programme](#)

³ [Clinical Leadership Immersive Programme \(CLIP\)](#)

Scope & Assurance Summary

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

Related Findings

Assurance

	Objectives	Related Findings	Assurance
1	There is a clear process in place for developing the Staff Development Programme with reference to the principles of Compassionate Leadership and the Manager's Charter	-	Substantial
2	Robust mechanisms are in place for communicating and promoting the Staff Development Programme to relevant staff groups across the Health Board, ensuring appropriate levels of engagement and enrolment	-	Substantial
3	There are suitable processes and resources in place to manage the delivery of the Staff Development Programme in terms of recording the attendees and the outcomes/ feedback from the programmes	1	Reasonable
4	There are governance arrangements in place which allow for the effective monitoring of delivery, reporting of outcomes and evaluation of the impact of the Staff Development Programme	-	Substantial

Management Actions



Medium Priority

Themes



■ Performance monitoring

Risk Types

Quality or Safety Issues

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Findings & Agreed Action Plan

Objective 1: There is a clear process in place for developing the Staff Development Programme with reference to the principles of Compassionate Leadership and the Manager's Charter

Substantial

Overview

The development of the Staff Development Programmes within the Health Board has been guided by an iterative, needs-driven process, closely aligned with the principles of Compassionate Leadership. Programmes are initiated in response to organisational needs, executive requests, and staff feedback. Proposals and changes are presented to the Executive Committee for approval, ensuring oversight and alignment with strategic priorities.

The two main staff development programmes in the Health Board are the PTHB Manager's Programme and the Clinical Leadership Immersive Programme (CLIP). Both programmes are evaluated and refined ensuring continuous improvement and relevance.

The Manager's Programme was initially launched in 2019. This programme focuses on operational management and leadership for Bands three to seven based on five core themes. This includes modules on compassionate leadership, team effectiveness, and wellbeing. It incorporates compassionate leadership as a core theme and is regularly updated to reflect evolving requirements, such as equality and organisational risk. In 2024 a manager's charter 'The PTHB Manager' was developed for managers to sign up to. The PTHB Manager is framed around the five themes of the Manager's Programme and communicates to managers what is expected of them in their role and what support is available.

The Clinical Leadership Immersive Programme (CLIP) is an experiential, non-assessed programme for clinical staff, structured in three tiers for different staff bands. Tier one is new and recently piloted, tier two is ongoing and fully established while tier three has been put on hold because of work with HEIW and resource availability. CLIP emphasises compassionate leadership and practical experience, with participants presenting outcomes to senior clinicians.

Compassionate Leadership is embedded in both programmes, with a pledge signed by the CEO and Chair in 2024. Over 500 staff have completed the introductory course.

Bespoke and complementary courses are developed as needed, maintaining flexibility while upholding the core values of compassionate leadership and the expectations set out in The PTHB Manager.

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Overview

Robust mechanisms are in place to communicate and promote the Staff Development Programme across the Health Board, ensuring staff engagement and enrolment. The CLIP programme piloted in November/December 2023. It currently runs bi-monthly with around ten participants per cohort, totalling eighty-seven so far. In response to attendance levels, the Manager's Programme moved from modular to cohort-based delivery, hosting thirty-six staff last year and twenty so far this year, with nine more booked for October 2025.

Programmes such as the Manager's Programme and CLIP are supported by a range of facilitators and subject matter experts. Digital promotion is led by the Technician Support Officer via SharePoint, which serves as the central hub for training information. Weekly "Training Tuesday" emails consolidate all training updates and link staff to course details. Posters, leaflets, and video adverts further enhance visibility.

Facilitators promote programmes during course sessions, corporate induction, and direct engagement with ward managers. Well-being roadshows and committee meetings also serve as promotional platforms, with staff stories shared to highlight programme impact. HR Business Partners and clinical educators also help cascade information to relevant teams. When enrolment is low, direct messaging to managers is used, along with further communication with relevant directors if required.

The Health Board's Induction Policy outlines the Manager's Programme as mandatory, though participation is currently only encouraged voluntarily to accommodate operational pressures. Award nominations and collaboration with HEIW to scale CLIP across Wales further raises awareness.

These integrated communication strategies ensure that relevant staff groups are informed, engaged, and supported to enrol in development opportunities.

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Objective 3: There are suitable processes and resources in place to manage the delivery of the Staff Development Programme in terms of recording the attendees and the outcomes/ feedback from the programmes

Reasonable

Overview

There are suitable processes and resources in place to manage the delivery of the Staff Development Programme, including mechanisms for recording attendance and capturing outcomes and feedback.

The Manager’s Programme and Clinical Leadership Immersive Programme (CLIP) are self-selecting but guided by internal criteria to ensure appropriate participation. Attendance is recorded via ESR for the Manager’s Programme and through spreadsheets for CLIP, with plans to integrate CLIP into ESR for improved reporting.

Study materials, lesson plans, and handbooks are provided to participants, and SharePoint pages support access to programme information. While physical space and staff availability can be challenging, facilitators adapt delivery accordingly.

Feedback is collected using structured evaluation forms aligned to the Kirkpatrick model, assessing reaction, learning, behaviour change, and impact. Feedback for both the CLIP and manager’s programme are conducted at module level and post-programme. However, evidence could not be provided on how feedback is used to refine content or how feedback results can inform thematic improvements.

The programme is supported by robust processes for delivery, tracking, and evaluation, ensuring continuous improvement and alignment with staff development needs. Whilst we acknowledge resources include a dedicated Organisational Development team and externally funded staff, reliance on fixed-term funding poses sustainability risks which has been highlighted in the People and Culture Directorate Risk Register and Workforce Futures Programme Risk Register.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Monitoring of feedback</p> <p>Whilst we acknowledge that feedback is collected following the participation in the Managers Programme and CLIP there is currently no evidence that this feedback is formally shared or discussed at any governance forum. Although the Head of Organisational Development indicated that the feedback would be presented at team meetings and the People and Culture Committee, this has not yet occurred.</p> <p>There is no documented process to monitor or action issues raised through staff feedback. There are no formal plans in place to address recurring themes or issues, meaning that opportunities for programme improvement may be missed.</p> <p>Theme: Performance Monitoring</p>	<p>Limitation of the programme’s ability to drive continuous improvement and inform thematic changes.</p> <p>The programme may not fully meet staff development needs</p> <p>Medium Priority</p> <p>Control Operation</p>	<p>Suggested Action:</p> <p>Management will agree on the forums through which staff feedback is presented.</p> <p>Management will establish a formal medium through which key concerns are captured with actions put in place to strengthen, improve the programme, and further aid staff’s development.</p> <p>Expected Evidence of Implementation:</p> <p>Presentation of feedback at a governance forum.</p> <p>Implement action plans for staff feedback.</p> <p>Officer: Rhys Brown, Head of Organisational Development</p> <p>Target Implementation Date: 31st March 2026</p>

Objective 4: There are governance arrangements in place which allow for the effective monitoring of delivery, reporting of outcomes and evaluation of the impact of the Staff Development Programme

Substantial

Overview

Governance arrangements for the Staff Development Programme are established in a way which enables effective monitoring, reporting, and evaluation of its delivery and impact.

Updates are provided quarterly through summary reports prepared by the Executive Director of People and Culture, which are shared with the Executive Team, People and Culture Committee, and Local Partnership Forum (LPF).

The Board is presented with the Integrated Plan Progress quarterly report which includes the Workforce Futures section alongside progress against integrated plan milestones, BRAG ratings, and update of key deliverables from the Manager's, CLIP and Compassionate Leadership programmes.

Governance is supported by a structured reporting cycle, with papers reviewed sequentially by the Executive Committee, Workforce & Culture Committee (now People and Culture Committee), and LPF.

The same core data is circulated across forums to maintain consistency, with updates delivered via reports and presentations. The integrated plan includes specific actions related to leadership and management development, and progress is tracked quarterly.

The governance framework ensures transparency, accountability, and continuous improvement in the Staff Development Programme.

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Appendix A

Assurance Opinion

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

Prioritisation of Findings

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

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

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The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Powys Teaching Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.



People & Culture Committee 2025-26		fre				
Theme	Item Title	Duration (mins)	June 03/06/2025	September 29/09/2025)	December 09/12/2025	March 05/03/2026
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			X	✓
Workforce Futures	Theme 4 Welsh Language, Equality, Diversity and Inclusion	35		X		✓
Equality, Diversity & Inclusion and Welsh Language	Equality, Diversity and Inclusion Annual Report	20	✓			
Equality, Diversity & Inclusion and Welsh Language	Welsh Language Annual Report	20	✓	X		
Equality, Diversity & Inclusion and Welsh Language	Strategic Equality Report			✓		
Communications	Comms and Engagement Report for P&C	10	X			
Innovative Environments	Workforce Measure to Support Financial Recovery - Variable Pay Action (Sept Committee)	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	✓			
Workforce	Staff Development Programme Final Internal Audit Report	15			✓	
Workforce	Workforce Race Equality Standard - Analysis of local PTHB Workforce Data	10			✓	
IN COMMITTEE						
Statutory Compliance	Fitness to Practice Referrals to the Nursing & Midwifery Council - In-Committee	10	✓			
Workforce Futures	Workforce measures to support financial recovery			✓		
Key						
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						



GIG
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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Powys Teaching Health Board Glossary (Last updated November 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
APB	Area Planning Board
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
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 (PHTB 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
MAC	Mindfulness, Acceptance and Compassion Team
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
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
OOB	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
PMVA	Prevention and Management of Violence and Aggression
PPPH	Planning, Partnerships and Population Health Committee
PSB	Public Service Board
PSOW	Public Services Ombudsman for Wales
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
P&C	People and Culture Committee
QA	Quality Assurance
RaTS	Remuneration and Terms of Service Committee
RCN	Royal College of Nursing
RIIC	Research, Innovation & Improvement Coordination
RIE	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
TaODEC	Tactical Organisation Development, Engagement and Communication
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

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