

Workforce and Culture Committee

Thu 13 March 2025, 10:00 - 12:00

Agenda

10:00 - 10:00 1. PRELIMINARY MATTERS

0 min

 Agenda_W&C_13March2025 v1.pdf (2 pages)

1.1. Welcome and Apologies

Verbal *Chair*

1.2. Declarations of Interest: Board Members Register of Interests

 W&C_1.2_Board Members Declaration Of Interests summary 2024-25Feb.pdf (4 pages)

10:00 - 10:00 2. CONSENT AGENDA BUSINESS

0 min

Verbal *Chair*

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/RETIFICATION

0 min

3.1. Minutes of the previous meeting held, 10 December 2024

Attached *Chair*

 W&C_3.1_Unconfirmed W&C Minutes 10Dec24.pdf (10 pages)

3.2. Committee Action Log

Attached *Director of Corporate Governance*

 W&C_3.2_Action Log 2024-25.pdf (1 pages)

10:00 - 10:00 4. ESCALATED ITEMS

0 min

There are no items for inclusion within this section

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

0 min

5.1. Workforce Performance Report

Attached *Executive Director of People and Culture*

 W&C_5.1_People & Culture Performance Report 01 2025.pdf (13 pages)

5.2. NHS Staff Survey

Presentation *Executive Director of People and Culture*

Powell Bethan
06/03/2025 14:43:43

5.3. Director of People and Culture Report (to include Staff Bank Service Update and Theme 2: A Great Place to Work)

Attached *Executive Director of People and Culture*

📎 W&C_5.3_Exec Director of People and Culture Report.pdf (10 pages)

5.4. Theme 4: Welsh Language, Equality, Diversity and Inclusion.

Attached *Executive Director of People and Culture*

📎 W&C_5.4_Theme 4_Equality Welsh Language Update 2025.pdf (8 pages)

5.4.1. COMFORT BREAK (10mins)

5.5. Committee Risk Register

Attached *Director of Corporate Governance*

📎 W&C_5.5_Committee Risk Register March 2025.pdf (6 pages)

📎 W&C_5.5a_CRR006 (Workforce).pdf (5 pages)

5.6. Annual Assessment of Committee Effectiveness

Attached *Director of Corporate Governance*

📎 W&C_5.6_W&C Committee effectiveness_2024-25.pdf (27 pages)

5.7. Review Terms of Reference

Attached *Director of Corporate Governance*

📎 W&C_5.7_Workforce and Culture Terms of Reference Review.pdf (2 pages)

📎 W&C_5.7a_Workforce and Culture Committee_Terms of Reference (Approved May 2024).pdf (11 pages)

📎 W&C_5.7b_People and Culture Committee_Terms of Reference (Draft March 2025).pdf (11 pages)

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

0 min

There are no items for inclusion within this section

10:00 - 10:00 7. CONSENT AGENDA

0 min

7.1. Internal Audit Reports: Staff Retention (Reasonable Assurance), Board & Committee Structure/Effectiveness (Substantial Assurance)

Attached *Director of Corporate Governance*

📎 W&C_7.1_PTH-2425-11 Staff Retention Final Internal Audit Report.pdf (14 pages)

📎 W&C_7.1a_PTH-2425-02 Board Effectiveness Final Report.pdf (6 pages)

7.2. Work Programme: (For Information)

Attached *Director of Corporate Governance*

📎 W&C_7.2_2024-25 Work Programme.pdf (1 pages)

7.3. PTHB Glossary (For Information)

Attached *Director of Corporate Governance*

📎 W&C_7.3_Powys Teaching Health Board Glossary January 2025.pdf (5 pages)

Powell Bethan
06/03/2025 14:43:13

10:00 - 10:00 **8. OTHER MATTERS**

0 min

8.1. Any Other Urgent Business

Verbal *Chair*

8.2. Items to be brought to the attention of the Board and/or other Committees

Verbal *Chair*

8.3. Committee Reflections

Verbal *All*

8.4. Date of the next meeting: 12 June 2025 at 10:00 via Microsoft Teams

Verbal *Chair*

WORKFORCE AND CULTURE COMMITTEE

**THURSDAY 13 MARCH 2025,
10:00– 12:30
VIA MICROSOFT TEAMS
CHAIR: JENNIFER OWEN-ADAMS**



**GIG
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NHS
WALES**

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AGENDA

Time	Item	Title	Attached / Verbal	Owner
	1	PRELIMINARY MATTERS		
10:00	1.1	Welcome and apologies	Verbal	Chair
	1.2	Declarations of interest <ul style="list-style-type: none"> Board Members Register of Interests 	Verbal	All
	2	CONSENT AGENDA BUSINESS		
The Chair will ask if there are any items from the Consent Agenda (Item 7) that Committee Members wish to bring forward to the main agenda.				
	3	ITEMS FOR APPROVAL / DECISION / RATIFICATION		
	3.1	Minutes of the previous meeting held, 10 December 2024	Attached	Chair
10:05	3.2	Committee action log	Attached	Director of Corporate Governance
	4	ESCALATED ITEMS		
There are no items for inclusion within this section.				
	5	ITEMS FOR ASSURANCE		
10:10 10min	5.1	Workforce Performance Report	Attached	Executive Director of People and Culture
10:20 25min	5.2	NHS Staff Survey	Attached	Executive Director of People and Culture
10:45 20min	5.3	Director of People and Culture Report (to include Staff Bank Service update and Theme 2: A Great Place to Work)	Attached	Executive Director of People and Culture
11:05 35min	5.4	Theme 4: Welsh Language, Equality, Diversity and Inclusion	Attached	Executive Director of People and Culture
11:40	COMFORT BREAK (10 mins)			
11:50 5min	5.5	Committee Risk Register	Attached	Director of Corporate Governance
11:55 10min	5.6	Annual Assessment of Committee Effectiveness	Attached	Director of Corporate Governance
12:05 5min	5.7	Review Terms of Reference	Attached	Director of Corporate Governance
	6	ITEMS FOR DISCUSSION		
There are no items for inclusion within this section				

7 CONSENT AGENDA				
	7.1	Internal Audit Report: (For assurance) <ul style="list-style-type: none"> • Staff Retention <i>(Reasonable Assurance)</i> • Board & Committee Structure / Effectiveness <i>(Substantial Assurance)</i> 	Attached	Director of Corporate Governance
	7.2	Work programme (For information)	Attached	Director of Corporate Governance
	7.3	PTHB Glossary Purpose: For Information	Attached	Director of Corporate Governance
8 OTHER MATTERS				
12:10	8.1	Any other urgent business	Verbal	Chair
	8.2	Items to be brought to the attention of the Board and/or other Committees	Verbal	Chair
	8.3	Committee reflections	Verbal	All
	8.4	Date of the next meeting: 12 June 2025 at 10:00 via Microsoft Teams		

Powys Teaching Health Board is committed to openness and transparency and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe.

Meetings are currently held virtually, should you wish to observe a virtual meeting of a committee, please contact the Director of Corporate Governance at PowysDirectorate.CorporateGovernance@wales.nhs.uk at least 24 hours in advance of the meeting in order that your request can be considered on an individual basis.

Papers for the meeting are made available on the website in advance and a copy of the minutes are uploaded to the website once agreed at the following meeting.

Whilst Committee meetings are not public meetings, questions are invited and welcome from members of the public – please submit these at least 48 hours in advance of the meeting so a response can either be incorporated into the Board meeting or be provided directly to the requester. Please submit any questions to PowysDirectorate.CorporateGovernance@wales.nhs.uk.

Powell Bethan
06/03/2025 14:43:43

POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2024/25 Updated: February 2025

Position	Name	Nature of Interest	Nature of Declaration	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment	Date Returned	Last day in Powys Teaching Health Board
INDEPENDENT MEMBERS									
PTHB Chair	Carl Cooper	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2017	2025	Board Member, Social Care Wales	Remunerated Public Appointment	03/02/2025	
		Spouse/Partner/Other	Ownership or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB.	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	NIL		
			A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2025	Ongoing	Family member is an employee of Cardiff & Value University Health Board (non Director).	Nil		
Vice Chair	Kirsty Williams	Personal	A position of authority in a Charity of Voluntary Body in the field of health and/or social care	Feb-25	Current	Director of Samaritans Powys	None	22/05/2024	
			Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Nov-22	Current	ILEP- A Subsidiory of Cardiff University	None		
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice	Feb-24	Ongoing	Commissioner for South Wales Fire and Rescue	Ministerial Appointment		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member (General)	Rhobert Lewis	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Nov-21	Current	Chair NPTC Group of Colleges	NIL	08/04/2024	
				Sep-23	Current	Chair Confederal Governance UWTSO	NIL		
				Nov-21	Current	Member of National Assesmbly of Wales Cross-Party Group on STEMM	NIL		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL			
Independent Member (Trade Union)	Cathie Poynton	Personal	NIL	NIL	NIL	NIL	NIL	02/04/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member (Information and Technology)	Ian Phillips	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	01-Aug-21	Current	Independent Chair Welsh Kidney Network	Remunerated	08/04/2024	22/08/2024
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member (finance)	Steve Elliot	Spouse/Partner/Other	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	04/02/2024	Current	Director of Oshi's World Private Limited Company	NIL	19/08/2024	
		Personal	Ownership or part ownweship of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB	22/09/2023	31/03/2024	Special Advisor (Finance) to Powys tHB Audit and Delivery and Performance Committees	Yes		
		Spouse/Partner/Other	A position of authority in a Charity or Voluntary Body in the field of health and/or social care	04/02/2024	Current	Trustee of Oshi's World Charity	NIL		
Independent Member (General)	Ronnie Alexander	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only	15/08/2024	
			A position of authority in a Charity or Voluntary Body in the field of health and/or social care.	2017	Current	Member of Finance, Risk and Audit Committee Hafod/Hendre Housing Association	£2500.00 per annum		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	Mar-21	Current to Dec-27	Personal: Independent Monitoring Authority (IMA) – Non Executive Director	£7500.00 per annum		
		Spouse/Partner/Other	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2017	Current	Director of RA and CJ Consulting Limited	Dividend Payment only		
Independent Member (University)	Simon Wright	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	2015	Current	Personal: Academic Registrar, Cardiff University- Various Healthcare Programmes	Salaried Employment		

Powell Bethan
06/03/2025 14:43

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

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

Improvement and Transformation		Nil	Nil	Nil	Nil	Nil	Nil	13/11/2024	
Executive Director of Planning, Performance & Commissioning	Nicola Johnson From 07/10/24	Nil	Nil	Nil	Nil	Nil	Nil	16/10/2024	
Executive Director of Primary, Community Care and Mental Health	Elaine Lorton From 30/09/2024	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Apr-24	Current	Independent Member – ateb - housing Association	£2,960 Per Annum	29/01/2025	
				Nov-19	Current	Chair of the Board - Wet Wales Care and Repair	Voluntary		
		Spouse/Partner or other Relative	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	Mar-23	Current	Family Member is an employee of Hywel Dda University Health Board (non Director)	Nil		
				Sep-23	Current	Family Member employee of Aneurin Bevan Univeristy Health Board	Nil		

Powell, Bethan
06/03/2025 14:43:43



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WORKFORCE AND CULTURE COMMITTEE

UNCONFIRMED MINUTES OF THE MEETING HELD ON 12 DECEMBER 2024

LOCATION OR HELD VIA MICROSOFT TEAMS

MEMBERS		
Jennifer Owen Adams	JOA	Independent Member-Third Sector (Chair)
Chris Walsh	CW	Independent Member-Local Authority (Vice Chair)
Cathie Poynton	CP	Independent Member-Trade Union
IN ATTENDANCE		
Debra Wood Lawson	DWL	Executive Director of People and Culture
Mark McIntyre	MM	Deputy Director of People and Culture
Sarah Powell	SP	Assistant Director of People and Culture
Rhys Brown	RB	Head of Organisational Development
Katelyn Falvey	KF	Head of Strategic Workforce Transformation, Planning & Resources
Claire Roche	CR	Executive Director of Nursing, Quality, Women & Family Health
Kate Wright	KW	Executive Medical Director
Helen Bushell	HB	Director of Corporate Governance and Board Secretary
Alwena Campbell	AC	Childrens Community Nurse Team Lead
Giovanna Watts	GW	Community Childrens Nurse
Rachel Jowitt	RJ	Governance and Transformation Senior Manager (Observing)
Beth Powell	BP	Corporate Governance Officer
APOLOGIES FOR ABSENCE:		
Hayley Thomas	HT	Chief Executive
Pete Hopgood	PH	Executive Director Finance, Capital & Estates
Carl Cooper	CC	PTHB Chair
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Kirsten Jones	KJ	Llais

Powell, Bethan
06/03/2025 14:43:43

1. PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES FOR ABSENCE (W&C/24/35)
The Chair welcomed everyone to the meeting and extended her thanks to the Workforce and Corporate Governance team for the efficient distribution of the committee agenda and papers. Apologies for absence were received as recorded above.
1.2 DECLARATIONS OF INTEREST (W&C/24/36)
CP identified an interest in relation to agenda item 5.2: Health Care support Workers Band 2 and 3 due to her Trade Union role. CP would not participate in this item.
2. CONSENT BUSINESS AGENDA
No items were brought onto the main agenda from the consent agenda.
3. ITEMS FOR APPROVAL/DECISION/RATIFICATION
3.1 MINUTES OF PREVIOUS MEETING (W&C/24/37)
The minutes of the meeting held on 3 October 2024 were CONFIRMED as an accurate record.
3.2 ACTION LOG (W&C/24/38)
HB introduced the action log providing a summary of open and items recommended for closure. The following questions were raised: PTHB/24/105: Staff Bank Service – <i>What is the rationale for this item being deferred from the Agenda until March 2025 given the challenges of agency expenditure?</i> DWL explained that the item had been deferred due to a balanced agenda. The decrease in agency staff requirements and an increase in bank staff services was included within various reports on the agenda with daily actions discussed and mapped. Members were made aware that the financial implications of the Staff Bank Service is reported to the Delivery and Performance Committee given its remit. Further updates would be provided at the next meeting given the ongoing work across the service. The five actions were AGREED for closure and ASSURANCE received from the action log.
3.3 STAFF STORY (YNYS Y PLANT)
DWL introduced the item which included a presentation shared by two Community Nurses experience with the Health Boards Childrens Community Nursing (CCN) team. The story explained their recent experience of the planning and introduction of a kit bag to the CCN team to improve the access to essential stock and equipment for the CCN in the community, to ensure high quality patient safety and care. The committee valued the presentation and expressed thanks to the staff members for sharing an honest and compelling story. Committee members recognised the importance to understand and appreciate the valuable case study experience which delivered a successful outcome. <i>What do you think the organisation could have done to help you get the essential stock kit bag approved by management?</i>

Quality and improvement options to utilise a different approach to break down barriers with senior staff and managers to improve outcomes. Collaborative working and supporting staff through the compassionate leadership programme to live the values and behaviours of staffs had been evident as a valued skillset. Members recognised and reflected on the role of managers and how to work differently to improve experiences.

Members recognised the vital importance of the CCN intervention to care for the child's emergency need with the use of the Kit bag and that the outcome may have been unsuccessful should the Kit Bag not have been available.

The Committee noted the discussions with Charitable Funds managers and the barriers presented to seek approval for equipment requests. A conversation would take place to ensure managers and leads are aware of the appropriate approval processes and are adhered to.

4. ESCALATED ITEMS

There were no escalated items on the agenda.

5. ITEMS FOR ASSURANCE

5.1 WORKFORCE AND PERFORMANCE REPORT (W&C/24/39)

MM presented the report which had continued to develop in presentation. Attention was drawn to following areas:

Staff Transformation and Sustainability of the Workforce

- Substantial increase in performance rate of bank shifts taken;
- Reduction in off-contract agency use;
- Wider tracking across all services which had transferred to the roster had shown an increase in vacancy performance from April 2024. (historic tracking across wards only until April 2024);
- High-cost agency spend had decreased;
- Sustained performance compliance in PADR's of Statutory and Mandatory training;
- Reduction in absence levels for staff Health and Wellbeing;
- positive outcome to the recent recruitment events held across the County

What is being done to address the low uptake across Statutory and Mandatory training?

MM explained that the development of the performance report had demonstrated transparency to see the detail of performance and comprehensive oversight. There had been a significant increase in 'Did not attend' (DNA's), reflecting the pressures faced across services. The Workforce team are working with services to ensure the delivery of training is appropriate and accessible and to look at what more can be done to adapt the approach and maximise attendance and ensure decreased target areas are managed.

Of those Nurses recruited to overseas, on average how long do they remain in Powys and if not do they transition to other Welsh Health Boards? Has there been a change in recruitment given the changes to the immigration legislation?

The retention rate of the recruited overseas Nurses has remained at 100% with the support of the Clinical Education team who help individuals complete OSCE

training and ensure staff are settled within communities had been a successful transition.

The current immigration legislation does not prevent nursing staff bringing relative's cross border. The service provides settlement arrangements for wider families and positive feedback had been received given the impact and contribution made to teams across the organisation.

DWL noted the impact of activity which will feature in the Integrated Medium-Term Plan (IMTP) for next year conveying a focus on high impact activity actions. All Wales discussions are being held around Statutory and Mandatory training which is seen as being an overused method with too many courses requiring completion which depletes focus of the critical and core skills needed. It was noted that a cleansing exercise would be required to reinstate focus which is being addressed with Welsh Government.

What is the rationale for the decrease in Whole Time Equivalent (WTE) across the Public Health Team during the period 2022-2024?

The Public Health Directorate involved WTE Mass Vaccination and Testing staff during the peak of the Covid-19 pandemic. However, the provision has since been scaled back to the core Public Health Team which evidences the decrease in WTE staff.

Given the age profile across the workforce, what interventions are in place to not see a decrease in expertise should staff decide to retire and/or leave the health board?

The demographics are not too dissimilar to other Health Boards. Work had been undertaken to look at impacts of performance, building in planning assumptions over the next five years. The service remains sighted as to when the peaks are likely to take place with the Aspiring and Grown our Own Programmes aligning this work.

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

5.2 DIRECTOR OF PEOPLE AND CULTURE REPORT (W&C/24/40)

DWL provided an update on priorities within the Workforce section of the Integrated Plan for 2024/25 since September 2024. The report also included updates on other aspects of workforce matters both local and national. The following points were highlighted:

Great Place to Work:

Speaking Up Safely:

- Strategic working group had met regularly to ensure a plan was implemented and continue to monitor effectiveness.

Clinical Leadership Immersive Programme:

Since April 2024, two pilot groups had been delivered and five cohorts with a total of 54 Participants.

- Staff Survey had seen an improved number of responses with 30% of workforce completed the staff survey.

Welsh Language, Equalities and Anti Racism:

- Welsh language awareness sessions had been delivered across Primary Care and Patient Services in response to the Welsh Language Commissioner investigation regarding bilingual greetings.
- Received Workforce Racism and Equality report on a local and national basis with plans to update the Plan for submission to the Board in January 2025.

Workforce Futures Partnerships:

- The Regional Partnership Board (RPB) have introduced a new Evaluation and Assurance Framework which is used to evaluate programmes of work and agree funding post March 2025. Any decision to reduce the funding will have an impact on the work of the team and it is anticipated that the outcome would be shared in January 2025.

National Updates:

- Welsh Health Circular (2024) 017 'Implementation of the Non-pay Elements of the 2022-4 Collective Agreement'. -Programme delivery consist of a three-part control framework. The responses are to be submitted showing agreement with Local Partnerships (LFP).
 - Part 1: Immediate – returns by end May 24 (completed)
 - Part 2: Required- returns by May, July, Sept and Jan'25 (on track)
 - Part 3: Expected – July, Sept, Jan (on track)
- **Band 2/3 Health Care Support Worker Dispute** – NHS Wales Employers, has been working with a Tripartite Group to develop and agree a number of NHS Wales Job Descriptions many Band 2/3's. considerable national discussions relating to the impact of this work, including agreeing an all Wales position regarding a "Backstop" for backdating any pay that may be due to individuals paid at band 2 who have been undertaking band 3 duties. Good progress has been made to date with a report due to be submitted to the Board for approval on 17 December 2024.

Members asked the following questions:

Are there cost implications following the decision of Agenda for Change providing immediate pay point changes?

There is a cost for those relating to Band 8a, 2 and 3, the outcome following national discussions remains outstanding. This does allow an intermediate pay point across Band 8a as a replacement of the 5 years wait to reach the top of the incremental progression paygrade.

Has the service encountered any negativity towards the position of Physician Associates (PA) being accepted within community?

There are small numbers of PA's across Powys and work had taken place support PA training. Recent engagement with Health Education Inspectorate Wales (HEIW) to recruit PA's into Community Mental Health teams had taken place and remains ongoing. The service continues to work closely with Primary Care to restore confidence of PA's who are seen as a valuable part of the clinical workforce and to ensure they are supported. An SBAR is due to be submitted to the Executive Committee to endorse the current position and it is anticipated that given the governance structures that are now in place.

Had discussions taken place with the Local Authority in relation to Employment rights across Adult Social Care?

Part 3 provides detail on the establishment of school support staff and references Adults social care which is only specific to England and does not directly apply to Welsh Trusts.

The Committee **RECEIVED** the update on priorities within the Workforce section of the Integrated Plan for 2023/24 and took **ASSURANCE** against delivery of those priorities.

Claire Roche joined the meeting: 11:33am.

5.3 WORKFORCE FUTURES – THEME 1 – STAFF HEALTH AND WELLBEING (W&C/24/41)

RB provided a presentation that focused on Employee Health and Wellbeing and gave assurance against delivery within the integrated plan. The detail had been developed to provide an update against the ' Health and Wellbeing' priority, the following key themes were highlighted:

- Wellbeing Roadshows had commenced from September 2024 and will continue until Spring 2025;
- Wellbeing Action Plan created to be discussed in the Strategic Engagement and Wellbeing Group and is based on the gaps;
- PTHB Board Chair and CEO signed the Compassionate Leadership Pledge on 27 November 2024;
- A Compassionate Leadership Introduction course had been delivered online with 397 PTHB staff in attendance;
- National staff survey received a response of 30% staff uptake;
- Team Climate Survey, since 2022, 82 individual teams across 6 larger service areas/Directorates with 568 responses in total.
- Occupational Health (OH) Service has moved from a fully paper-based service to electronic records only for all employees;
- As part of the non-pay deal Welsh Health Circular (WHC): a self-assessment against the Safe Effective Quality Occupational Health Service would be undertaken;
- Commenced implementing the All-Wales NHS Occupational Health (OH) Scope of Practice and Minimum Service Standards. A dashboard had been setup to monitor progress, and this would be shared with committee members as work progresses;
- The managing attendance at work toolkit had been developed and reviewed in partnership to ensure managers have a point of guidance and actively consider options such as redeployment, adjusted hours or duties to support staff remaining in or returning to work;

HB referred to the Compassionate Leadership Programme to which training dates would be scheduled for a Board Development session with Independent Members and Executive colleagues. HB complimented the climate survey which the Corporate Governance Team undertook in October. Positive feedback had been presented on the simplicity of the survey and the benefits from conversations and actions identified.

Is there a cost implication in participating in the Staff Survey and what is being done to encourage staff to complete the survey to enhance the response rate for those services which are showing low responses?

No additional cost implications although a considerable amount of time and resource is taken to develop the programme which remains in development on a national basis. The reporting mechanism dashboard had been improved since last year and this is being promoted as an annual event with continued messaging being cascaded through managers and leaders. The survey had been distributed for two months with an increased response rate received nearer the deadline.

Committee members observed the following:

- Great to see the team wellbeing sessions working collaboratively;
- Use of coaching to support and embed principles from the Compassionate Leadership Programme and ensure continued support and development;
- Climate survey – sense of progress, recognised the need to understand those who don't feel they see progress within their service;
- Acknowledged the work undertaken against the Occupational Health Digital system.

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

5.4 WORKFORCE FUTURES – THEME 3 – WORKFORCE SUSTAINABILITY AND TRANSFORMATION (W&C/24/42)

KF presented the report which summarised the detail and progress of work undertaken in recent months against the Transformation and Sustainability of the Workforce priority. Key highlights were noted:

- The Variable Pay Reduction Group continued to focus on reduction of agency spend with some recent success seen with increased Bank Worker usage;
- Improved projection of current All Registered Nursing and Allied Health Profession workforce with no change to Medical staffing workforce;
- Funding received from Health Inspectorate Wales (HIW) to support a Workforce Planning Manager role to drive across Mental Health services;
- Appropriate action is being taken to address its significant workforce challenges, with good oversight of its Workforce Futures ambitions;
- The Committee recognised the opportunities to strengthen the Workforce Futures implementation plan and focus more on the impact of actions that the Health Board is taking to reduce its workforce risks;
- Recruitment success of agency workers into substantive roles - eight Registered Nurses and nine Health Care support Workers;
- Received 'Reasonable Assurance' following an Internal Audit for workforce retention;
- Recognised further work is required to improve Exit Questionnaires, work is ongoing to improve this;
- The Induction checklist had been reviewed and updated in July 2024 which outlined a comprehensive set of actions to ensure that managers provide necessary equipment, uniforms, training and system access.

How are international Educated Nurses being supported to develop their career?

There is a specific action included within the Nurse Retention Plan which sets out career development and support. The service also has Pastoral support roles which

signpost employees to discuss future development plans. Powys had also joined the British Indian Nurses Association (BINA) network which helps develop Indian Nurses and navigates different cultures.

What is the rationale for the change in bank worker numbers and is this seen within particular locations across Powys?

The number of bank workers had not increased due to a recent cleansing exercise to remove those individuals who are non-active for bank shifts. A targeted campaign had taken place to help recruit into bank work, which had been shared across wards to understand the availability of staff as and when required.

Is there a trend for Agency workers trying to secure substantive contracts across Powys?

There had been a number of substantive posts recruited to from agency work, although it has been recognised that further work is needed to increase the numbers. Posters had been placed across various clinical environments with positive messaging and benefits of joining the Powys Workforce.

The Committee observed the following:

- Recognised the successful work undertaken following the Audit report and recognised the need to convey the impact of work to demonstrate to committee members why this is important;
- Audit report recommendation- To review similar workforces across the UK. No obvious benchmark to compare against other health boards across the UK, recognising Powys is designed differently to many partner Trusts. Noted conversations with partners in Scotland had taken place around workforce planning historically;
- The breakeven projections were explained to committee which were based on defined assumptions and principles applied going forward that organisationally, nothing would change. The data trend had shown significant improvements across the workforce with the interventions invested of aspiring nurses and internationally education nurses conveying the biggest positive impact to date and;
- Acknowledged the vacancy to recruitment timelines had seen significant improvement.

The Committee **RECEIVED** the Workforce Sustainability and Transformation update and took **ASSURANCE** against delivery of the relevant parts of the Integrated Plan. The Chair thanked colleagues for the positive trends provided across the Workforce reports presented and the quality of data received.

5.5 HEALTH AND SAFETY ASSURANCE UPDATE (W&C/24/43)

MM presented the report and provided a summary of the key information of the health boards Health and Safety Performance for Quarter one and two of the current financial year. It was noted that this is the first time the Committee had received the assurance report given that the Patient Experience, Quality and Safety Committee received the report and deemed appropriate to be presented to the Workforce and Culture meeting given the remit of the committee. The key findings were noted:

- A review of the Health and Safety policy (HSP001) had commenced and is scheduled to be submitted for approval early in Q4;

- The number of overall incidents reported for Quarter 1 and 2 remain relatively low;
- High number of incidents reported across violence and aggression- to undertake a deep dive to understand what action needs to be taken to reduce numbers and detail of trends;
- Stress, anxiety and depression remain the highest reported reason for sickness absence. Further analysis is underway to understand if there are any patterns and trends that can be identified. The findings are due to be reported to Executive Committee and Health and Safety Group in Quarter 3;
- DNA rates continue to be high for training courses, including for Face Fit testing. A new approach is being deployed in Quarter 3 to improve both the flexibility of the course delivery and to make it easier for staff to access local delivery,
- The Health & Safety Unit continues to strengthen its proactive approach to communicating advice and guidance on Health and Safety across the health board.

As the PMBA courses are delivered by Aneurin Bevan University Health Board, resulting in a substantial cost implication to Powys due to travel, does this attribute to the Did Not Attend (DNA) rate?

The four-day training programme would impact staff given its location, recognising that staff would need to complete the one-day update training, not to result in having to complete four days. Discussion around potential arrangements to purchase places from neighbouring Health Boards to encourage diversity with the use of internal provision.

MM explained the focus remains around employees maintaining compliance and how does the service reduce the number of staff needing to take part in the four-day programme and to ensure accessibility does not deter individuals attending.

What is the rationale for the increase in violence and aggression incidents reported?

Further work is required to understand where the underlying issues are being presented. To date no RIDDOR reports had been received. Staff awareness had improved against reporting violence and aggression, whilst access to reporting incidents had increased.

How many staff that are affected by the violence and aggression incidents who are absent in work, require psychological intervention to return to the work environment and is the absence recorded as a consequence of the violence and not due to anxieties?

A deeper dive to be undertaken around the detail of violence and aggression incidents and would be reported to the committee in due course.

Action: Deputy Director of People and Culture

The Committee **RECEIVED** the contents of the key Health and Safety metrics for Quarter 1 and 2 took **ASSURANCE** that appropriate reporting arrangements are in place

5.6 COMMITTEE RISK REGISTER

HB introduced the item and provided a summary of the 'Risk 006-Failure to recruit and retain a sustained workforce', which falls within the Committee's scope and remit. As a reflection of the current committee cycle, the same version of the risk was presented to the Board in November with no change to the score or category. The action plan had been updated and the assurance levels remain under review by the Director of People and Culture.

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

6 ITEMS FOR DISCUSSION

There were no items for discussion on the agenda.

7 CONSENT AGENDA

7.1 Internal Audit Report: Staff Retention

The Committee **RECEIVED** the Staff Retention Internal Audit Report for information.

7.2 Work Programme

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

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

8 OTHER MATTERS

8.1 Any Other Urgent Business (W&C/24/45)

There was no urgent business.

8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND /OR OTHER COMMITTEES (W&C/24/46)

It was noted that the Health Care support Workers of Band 2 and 3 discussions had been added to the January 2025 Board Agenda for further consideration.

8.3 COMMITTEE REFLECTIONS (W&C/24/47)

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

- Welcomed the honest messaging and empowerment of the Staff Story,
- Acknowledged the importance of reflection given the impressive work undertaken by colleagues
- Quality and positive reports received,
- Valued feedback and questions posed.
- Thanks were given to all colleagues and for the high quality of presentations received.

8.4 DATE OF NEXT MEETING:

13 March 2025 via Microsoft Teams

Meeting closed at 12:57

Powell Bethan
06/03/2025 14:43:43

Beth Powell
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

Workforce 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 - (13.03.2025)								
10/12/2024	W&C/24/43	Executive Director of People and Culture	Health and Safety Assurance Report	A deep dive to be undertaken around the violence and aggression incidents. An update would be provided to committee in due course.	05.03.2025 Update: To be scheduled into 2025/2026 work programme. Recommended for closure on this basis.			Completed
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE - (13.03.2025) - NONE								
ACTIONS RECOMMENDED FOR CLOSURE (13.03.2025) NONE								

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People and Culture Report January 2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

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Staff Transformation & Sustainability of the Workforce

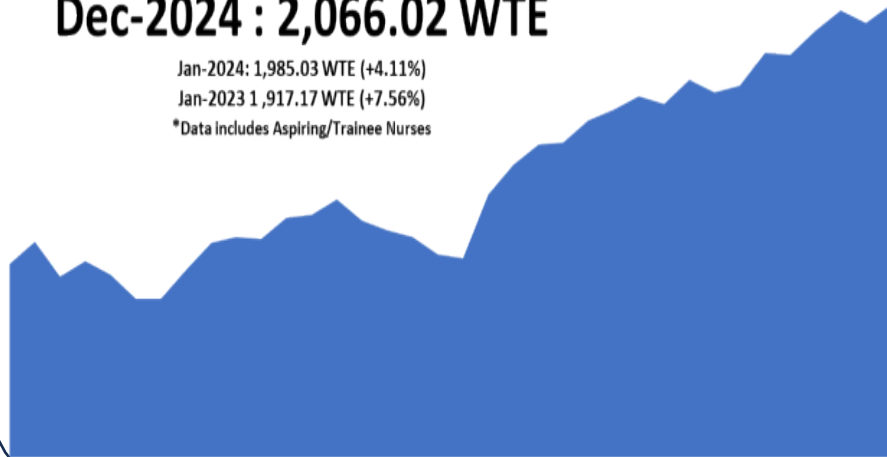
Staff in Post WTE

Dec-2024 : 2,066.02 WTE

Jan-2024: 1,985.03 WTE (+4.11%)

Jan-2023 1,917.17 WTE (+7.56%)

*Data Includes Aspiring/Trainee Nurses

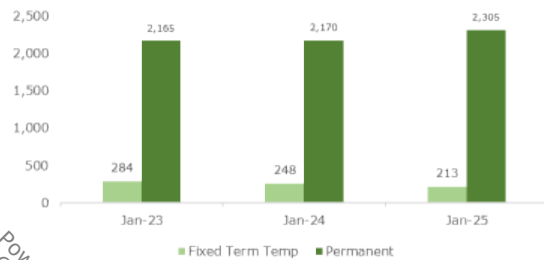


Directorate	WTE Staff in Post			Variance Jan-23 & Jan-25
	Jan-23	Jan-24	Jan-25	
Chief Executive Office	16.00	21.00	20.71	4.71
Community Care & Therapies	790.90	836.73	880.27	89.37
Community Dental Service	39.83	42.36	45.28	5.46
Corporate Governance	17.80	20.88	21.58	3.78
Estates & Works	53.04	54.36	50.31	-2.73
Facilities & Support Services	144.67	148.90	149.00	4.33
FID Finance Directorate	35.32	32.42	32.86	-2.45
MED Medical Directorate	10.29	9.17	8.50	-1.79
Medicines Management	25.16	29.77	30.34	5.18
MHD Mental Health	353.62	385.74	409.53	55.91
NUD Nursing Directorate	29.07	32.55	28.75	-0.32
People & Culture Directorate	64.75	67.46	70.95	6.21
PHD Public Health Directorate	86.14	60.49	65.05	-21.09
PLD Planning Directorate	14.59	14.99	15.39	0.80
Primary Care	22.43	18.89	18.36	-4.07
THD Therapies & Health Sciences Directorate	62.50	58.97	59.72	-2.78
Women and Children Directorate	148.28	150.36	159.42	11.14
Grand Total	1,917.17	1,985.03	2,066.02	148.85

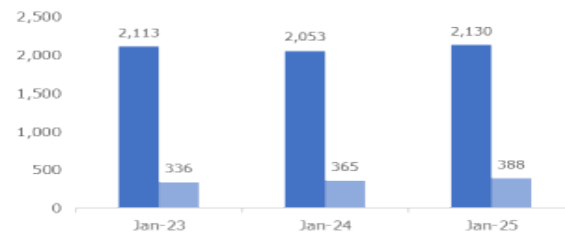
Staff Group	WTE Staff in Post			Variance Jan-23 & Jan-25
	Jan-23	Jan-24	Jan-25	
Add Prof Scientific and Technic	81.55	81.81	80.06	-1.49
Additional Clinical Services	394.69	414.12	425.81	31.11
Administrative and Clerical	542.20	556.67	585.65	43.45
Allied Health Professionals	141.69	152.22	161.39	19.70
Estates and Ancillary	170.15	167.33	166.78	-3.37
Healthcare Scientists	6.61	9.21	11.21	4.60
Medical and Dental	30.48	34.56	38.75	8.27
Nursing and Midwifery Registered	549.80	568.11	595.38	45.58
Students		1.00	1.00	1.00
Grand Total	1,917.17	1,985.03	2,066.02	148.85

Staff in Post

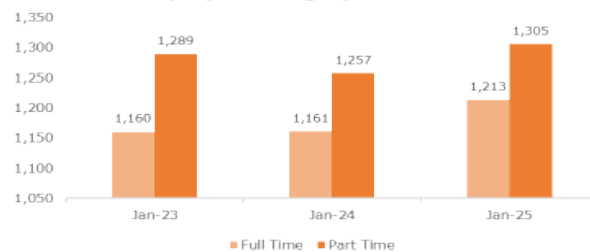
Assignment Status Headcount



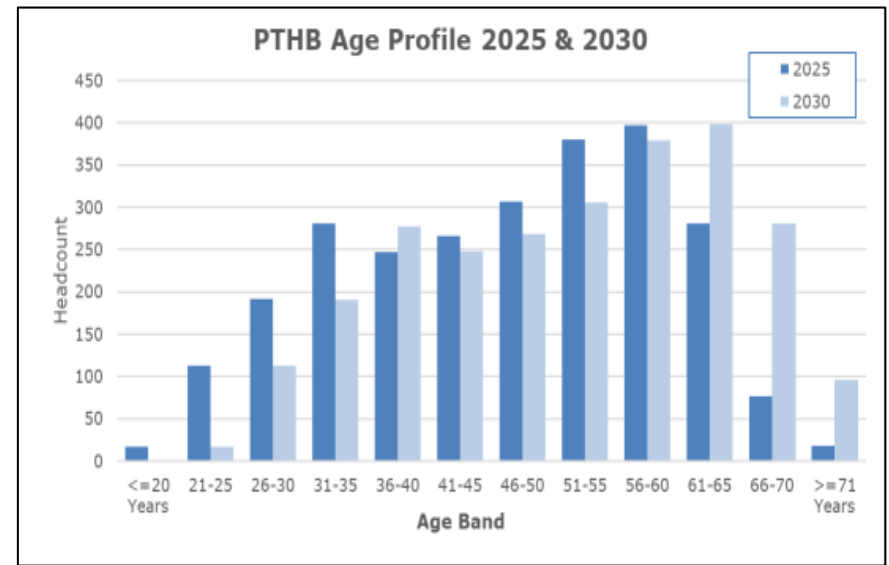
Gender Headcount



Employee Category Headcount



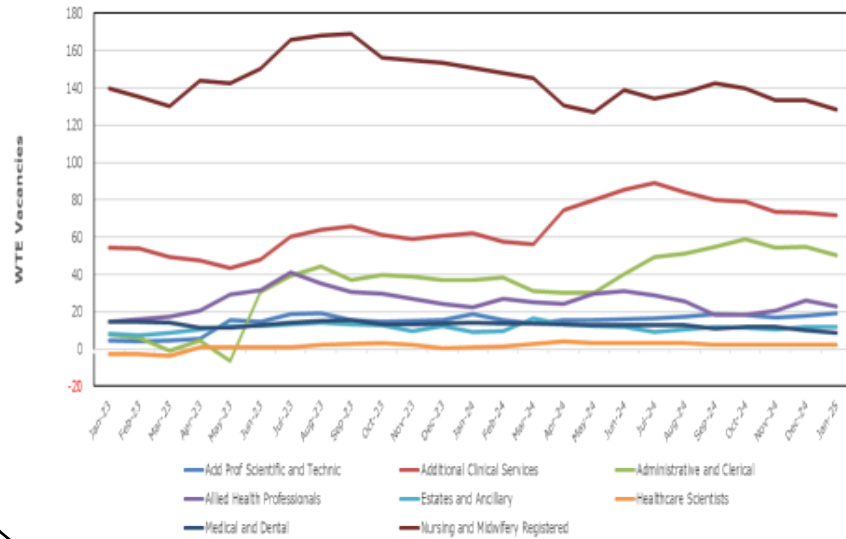
PTHB Age Profile 2025 & 2030



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Staff Transformation & Sustainability of the Workforce

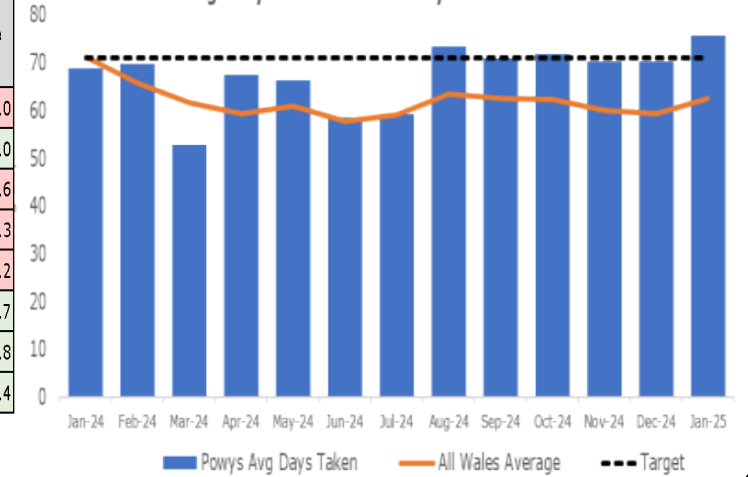
PTHB WTE Vacancies by Staff Group



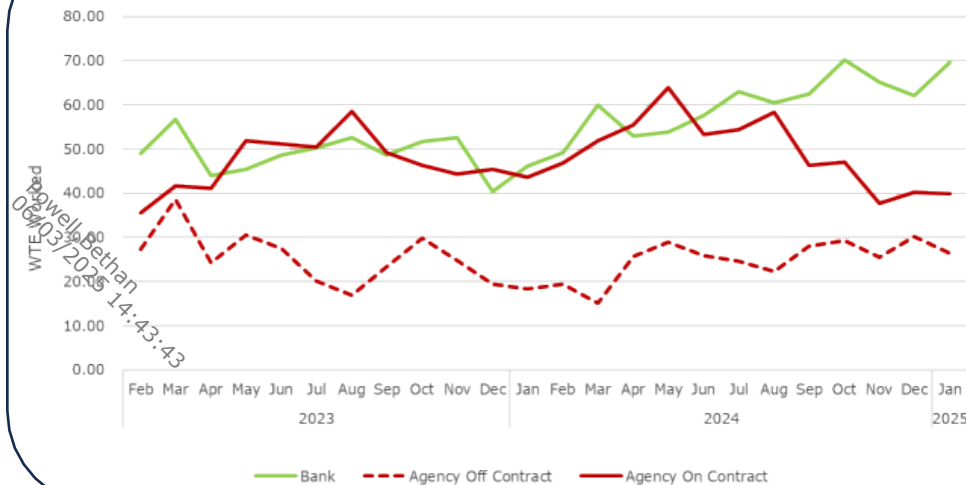
TRAC Performance January 2025

		Target time in days	Powys Monthly Average	All Wales Monthly Average
T0a	Notice Date to Authorisation Start Date	5	49.2	46.0
T1a	Time to Approve Vacancy Request	10	8.2	7.0
T4	Time to Shortlist	3	8.0	6.6
T5b	Time to Update Interview Outcomes	3	2.5	3.3
T9b	Time to Approve References	2	3.5	3.2
T13	Vacancy Creation to Conditional Offer	44	41.2	41.7
T14	Vacancy Creation to Ready for Start date notification	71	68.9	60.8
T23	Conditional Offer to Ready for Start date notification	27	27.7	19.4

Average Days taken from Vacancy Creation to Start Date



Total PTHB Agency/Bank WTE Worked



Average Bank Worked – Last 12 Months

60.8 WTE



Previous 12 months Average Worked 48.9 WTE

Average Agency Worked – Last 12 Months

74.7 WTE

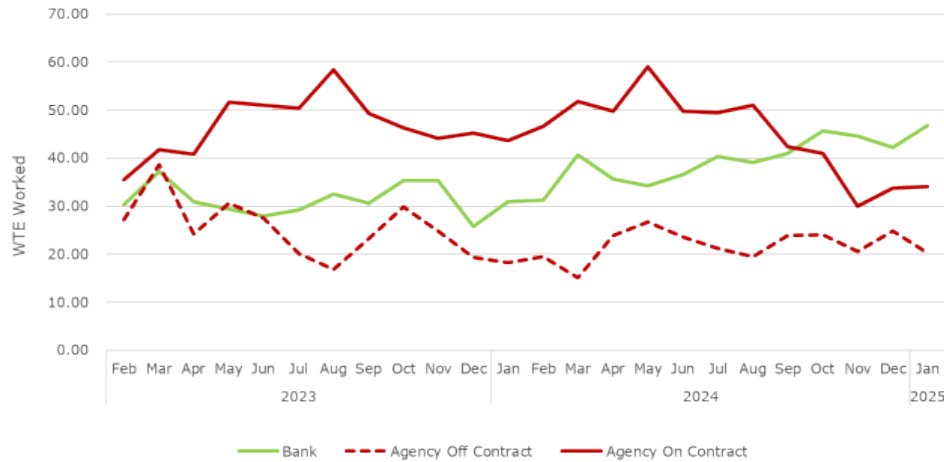


On Con (49.6 WTE)
Off Con (25.1 WTE)

Previous 12 months Average Worked 71.7 WTE
On Con (46.6 WTE) & Off Con (25.1 WTE)

Staff Transformation & Sustainability of the Workforce

Nursing Agency/Bank WTE Worked



Average Bank Worked – Last 12 Months

39.8 WTE



Previous 12 months
Average Worked 31.3 WTE

Average Agency Worked – Last 12 Months

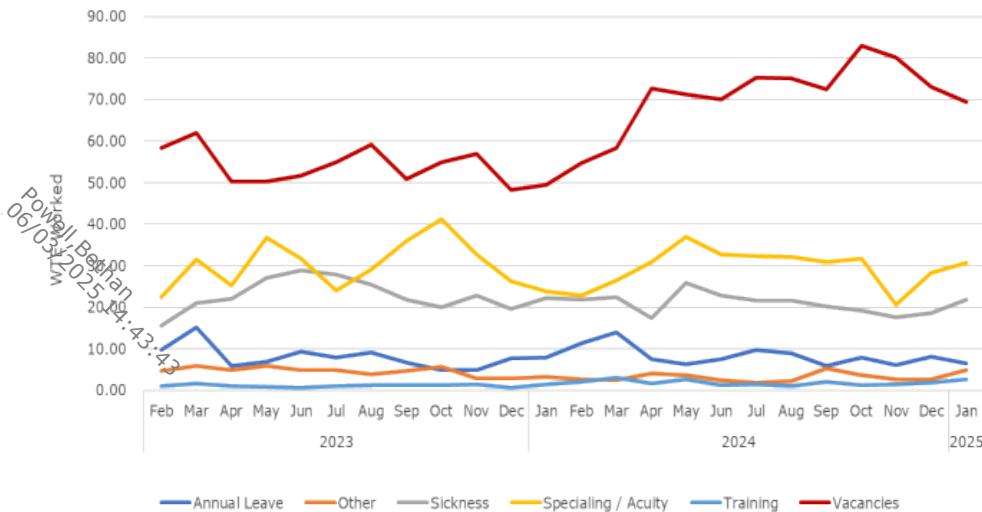
66.8 WTE



*On Con (44.9 WTE)
Off Con (21.9 WTE)*

Previous 12 months
Average Worked 71.6 WTE
On Con (46.5 WTE) & Off Con (25.1 WTE)

Total PTHB Agency/Bank WTE Worked by Reason

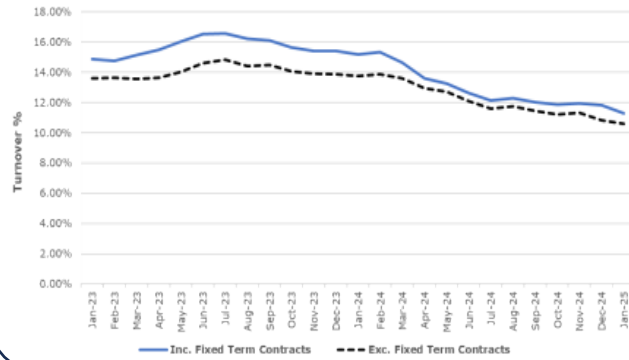


What is the Table showing: Total number of Bank and Agency (on/off contract) Shifts and Hours used last year and utilisation to date this year, along with a crude 12 month forecast for the financial year

Bank / Agency	On/Off Contract Agency	2023/24 12 Months		2024/25 10 Months		Crude 12 month Forecast 2024/25			
		No of Shifts	Hours	No of Shifts	Hours	No of Shifts	% Increase/Decrease	Hours	% Increase/Decrease
Agency	On Contract	9,318	94,606	8,288	80,854	9,946	7%	97,025	3%
	Off Contract	4,787	43,908	4,980	43,491	5,976	25%	52,189	19%
Agency Total		14,105	138,514	13,268	124,345	15,922	13%	149,214	8%
Bank	Bank	12,994	96,082	13,149	100,644	15,779	21%	120,773	26%
Bank Total		12,994	96,082	13,149	100,644	15,779	21%	120,773	26%
Grand Total		27,099	234,596	26,417	224,989	31,700	17%	269,987	15%

What the charts tells us	Areas of Concern	Actions/Mitigations
<p><u>Staff in Post</u> The organisation currently employs 2,066.02 WTE staff. Within the last 2 years (January 2022), the WTE staff employed has increased by 7.56% (148.85 WTE). The majority of the increase can be seen mainly in Nursing & Midwifery Registered (45.58 WTE) - Community Care & Therapies (89.37 WTE) and Mental Health (55.91 WTE).</p> <ul style="list-style-type: none"> 8% (213) of the workforce are currently on fixed term contracts 85% (2,130) of the workforce are female. 48% (1,305) work part time. <p><u>Recruitment & Vacancies</u></p> <ul style="list-style-type: none"> As of January 2025, the organisation has a vacancy rate of 13.41% (314.78 WTE). When compared with January 2024 (13.91%), the overall vacancy rate has decreased by 0.50%. <p><u>Age Profile</u> Of the 2,518 staff currently in post, 30% (773) are over the age of 55. This is set to rise to 45% (1154) by 2030.</p> <p><u>Bank & Agency Usage</u> In the last 12 months a monthly average of 60.8 WTE Bank hours were worked, 39.8 WTE of which were within Nursing. With regard to Agency, a total of 74.7 WTE were worked, 66.8 WTE were within Nursing. Agency usage in the last 12 months has decreased by 4.8 WTE when compared to the previous 12 months. Comparatively, bank usage has seen an increase of 11.9 WTE.</p> <p>Bank has seen a steady increase over the last 24 months, where Agency has fluctuated, but on contract has seen a steady decline since May 2024 .</p> <p>In the last 10 months;</p> <ul style="list-style-type: none"> 13,268 Agency shifts (74.7 WTE Average) were worked 12,944 Bank shifts (60.8 WTE Average) were worked <p>The 12 month forecast for 2024/25 shows that Bank is forecast to increase by 26%, and Agency by 8% in comparison to the previous 12 months.</p>	<p><u>Vacancies</u> In January 2025, the average time to hire for PTHB was 75.6 days. This is the third time in 6 months that PTHB has not met the national target. The ability to meet this target is impacted upon by multiple factors including how responsive recruiting managers and candidates are to actions and requests.</p> <p>The majority of vacancies remain within Registered Nursing. Out of a budgeted establishment of 723.65 WTE, there are 128.27 WTE vacancies (17.73%). Of these, 28.55 WTE are within Adult Wards and 7.52 WTE on Mental Health Wards.</p> <p><u>Age Profile</u> Of the 1,130 nursing staff currently employed 31% (352) are already over the age of 55, this is set to rise to 45% (511) by 2030.</p> <p><u>Bank & Agency Usage</u> Vacancies continue to be the main reason for Bank and Agency requests (71.3 WTE), followed by specializing (29.7 WTE).</p>	<p><u>International Recruitment</u> In addition to the previously reported 19 Internationally Educated Nurses (IENs), another 6, employed in Machynlleth hospital, have now successfully completed their OSCE training, and are awaiting the award of their NMC PINs.</p> <ul style="list-style-type: none"> A further cohort of 6 IEN's arrived into Bronllys in early February and are currently undertaking their training in advance of their OSCE exam. 4 of this cohort will work in Epynt Ward, and the other 2 in Y Bannau Ward, both in Brecon Hospital. <p>There is an additional cohort of 6 RMNs due to land in the country before the end of the FY.</p> <ul style="list-style-type: none"> They will complete their OSCE training with Swansea Bay University Health Board before arriving with us. 2 RMNs will each be employed within Llandrindod Wells, Ystradgynlais, and Bronllys. <p>As a result of the all-Wales international medical recruitment event in Kerala, India, we have welcomed 2 Specialty Doctors to work within the Psychiatry field. The first arrived in the County at the end of November 2024 and is employed within Felindre Ward, and the second Doctor arrived in February 2025 and is working out of Ystradgynlais.</p> <p>We are finalising the commitment for the FY 25/26 international recruitment campaign, submitting, alongside all other Welsh Health Boards, through NWSSP a bid for funding from the Welsh Government.</p> <p><u>Other Recruitment Activity</u> The resourcing team held a Mental Health bank staff Open Day in Brecon Hospital in February 2025. Some interviews were held on the day, and others scheduled for future dates, and in total resulted in 21 interested parties attending the day. At time of writing, 5 interviewees were successful (2 x HCSW and 3 RMNs) and a further 10 scheduled for interview.</p> <p><u>Workforce planning</u> Further workforce planning sessions have been put in place during February and March to capture any senior managers who are yet to be introduced to the All-Wales 6 step toolkit. Practical support/advice is then being offered to support implementation.</p>

Rolling Turnover - Jan 22 to Jan 24



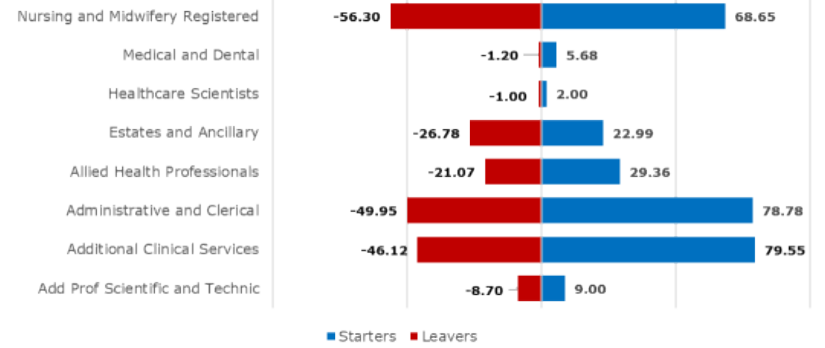
Staff Stability - Percentage of Staff Retained over last 12 months (exc Fixed Terms)

89%

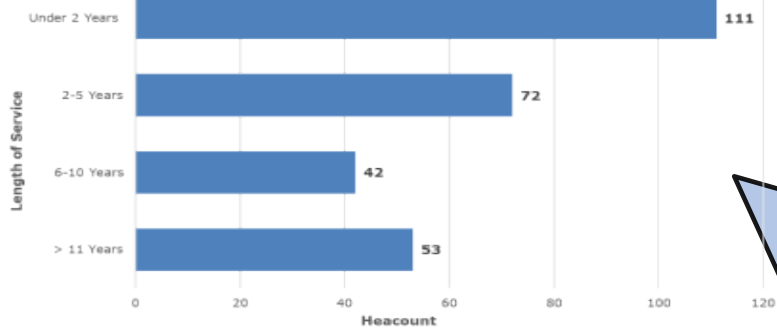
Staff Turnover :
 Jan-25: 11.30% (10.60 % Exc F/T)
 Jan-24: 15.16% (13.74% Exc F/T)
 NHS Wales 7.0% (Nov-24)



Leavers v Starters by Staff Group - 12 month



Leavers 12 months by Length of Service

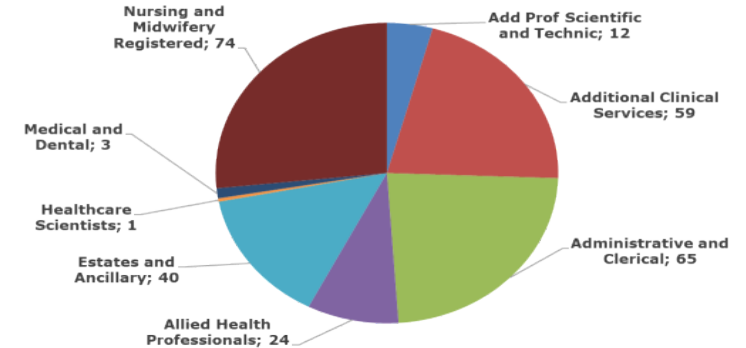


The Organisation saw a total of 278 leavers in the last 12 months, 111 (40%) left within 2 years of service, 11 of which were end of fixed term contracts.

Of the 278 leavers:

- 53 left due to Age Retirement
- 15 left on Flexi Retirement – 7 of which were registered nurses
- 167 left due to Voluntary Resignation, of which 24 were due to relocation, 15 promotion and 22 work life balance.
- A total of 17 staff left due to end of fixed term contracts.
- 119 Nursing staff left the organisation, 26 were Age Retirement and 71 voluntary resignation.

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



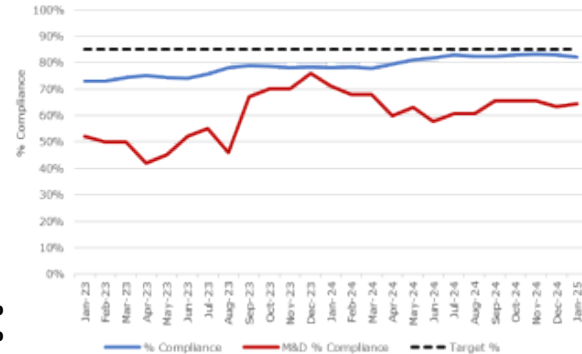
PADR Compliance: Jan-25

82%

Medical & Dental (64%)
 NHS Wales 77.1% (Nov-24)

Jan-24 : 78% M&D: 71%
 Jan-23: 73% M&D: 52%

PADR Compliance Trend



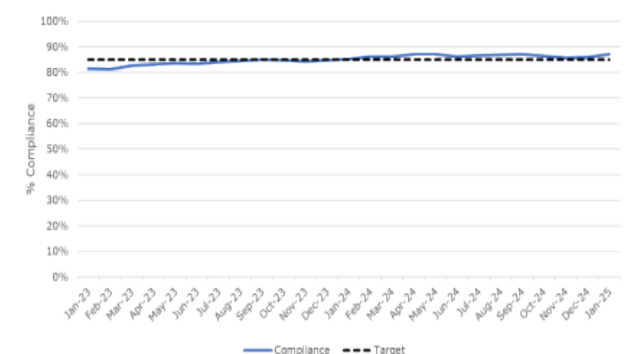
Mandatory & Statutory Training Compliance: Jan-25

87%

NHS Wales 83% (Nov-24)

Compliance Jan-24 : 85%
 Compliance Jan-23 : 82%

Mandatory & Statutory Training Compliance Trend



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10 Core Competencies Compliance (All Levels)

Core Skills Competencies (All Levels)	Required	Achieved	Compliance %
Equality, Diversity and Human Rights - 3 Years	2,548	2,387	94%
Fire Safety	4,995	4,335	87%
Health, Safety and Welfare - 3 Years	2,548	2,384	94%
Infection Prevention and Control - Level 1 & 2	2,404	2,030	84%
Information Governance (Wales) - 2 Years	2,548	2,248	88%
Moving and Handling - Level 1 & 2	2,557	2,123	83%
Resuscitation - Level 1 - 3	3,281	2,316	71%
Safeguarding Adults - Level 1 - 4	2,277	1,861	82%
Safeguarding Children - Level 1 - 4	2,287	2,077	91%
Violence and Aggression (Wales) - Module B - 3 Years	2,122	1,937	91%
Grand Total	7,543	6,722	89%

Core Skill Level Competencies with Compliance under 85%

Core Skills Competencies Levels of Concern	Required	Achieved	Compliance %
Anaphylaxis - 1 Year	626	437	70%
Fire Awareness Classroom - 2 Years	2447	1985	81%
Infection Prevention and Control - Level 2 - 1 Year	1602	1317	82%
Manual Handling for Managers - No Renewal	208	154	74%
Moving and Handling - Level 2 - 2 Years	1572	1272	81%
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	1067	688	64%
Resuscitation - Level 2 - Newborn Basic Life Support - 1 Year	53	29	55%
Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	297	159	54%
Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	233	106	45%
Resuscitation - Level 3 - Paediatric Immediate Life Support - 1 Year	23	10	43%
Safeguarding Adults (Version 2) - Level 3 - 3 Years	486	224	46%
Safeguarding Adults Level 4 - 3 years	6	5	83%
Safeguarding Children - Level 3 - 3 Years	170	121	71%
Safeguarding Children Level 4 - 3 years	7	5	71%
Violence & Aggression Module D - 1 Year	77	55	71%

Role Specific Competencies with Compliance under 85%

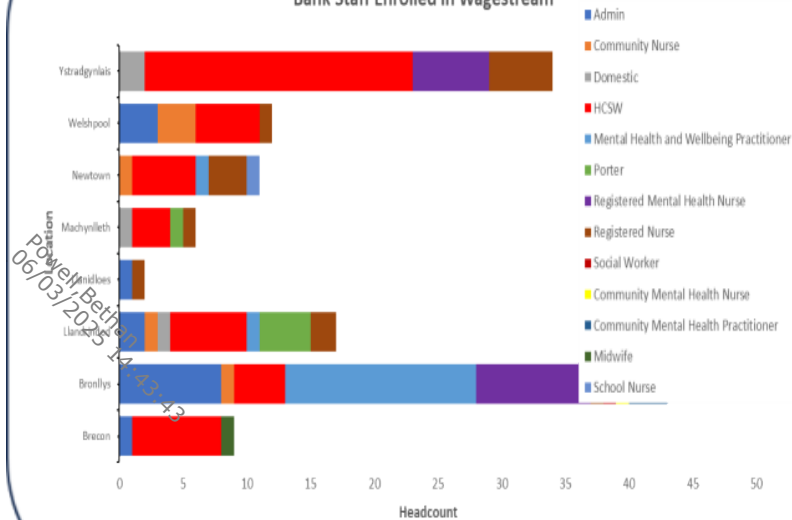
Role Specific Competencies	Required	Achieved	Compliance %
Clinical Induction - Nursery Nurse No Renewal	19	10	53%
Consent - 3 Years	986	825	84%
Patient Group Directions - 1 Year	4	3	75%
Positive Behaviour Management Practical - 1 Year	19	10	53%
Positive Behaviour Management Theory - 3 years	19	12	63%
VAWDASV Ask & Act Level 2 - 2 years	941	646	69%
WARRN - 3 years	180	96	53%

Organisational Learning & Development

KPI	Number of places available	Number of Attendees	Comments
Total amount of training that took place across all PTHB in Q1, Q2 and Q3, delivered by any department (as recorded on ESR)	13,574 (over 820 classes)	5301	39% attendance rate based on ESR total numbers vs Actual. This excludes any training not captured on ESR so will be potentially far greater.
Did Not Attend in Q1 -Q3	1,045		(highest figure for DNA continues to be Fire Awareness Training)
Staff withdrawing from a training event in Q1 -Q3	1,259		

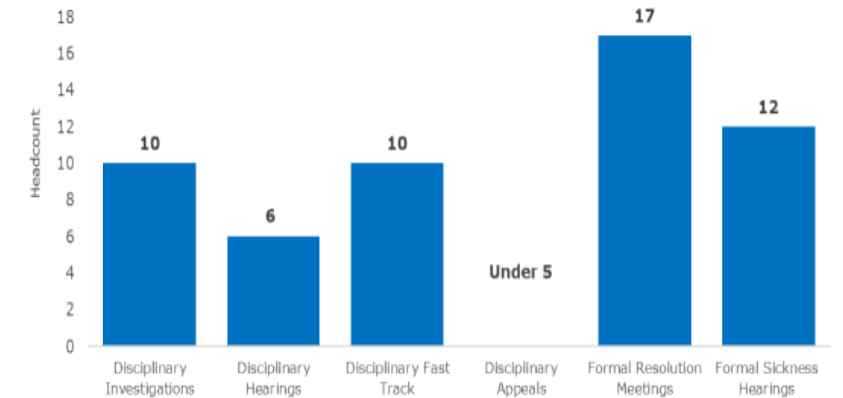
The figures above indicate that whilst activities are planned, they rarely have full classes, with the number of unfilled places being particularly high in Q3, particularly Blood Glucose Monitor Training.

Bank Staff Enrolled in Wagestream



Position	Number of Bank Staff Enrolled on Wagestream
Community Nurse	6
Domestic	4
Mental Health and Wellbeing Practitioner	17
Porter	5
Registered Mental Health Nurse	15
Registered Nurse	14
Social Worker	1
Community Mental Health Nurse	1
Community Mental Health Practitioner	3
HCSW	51
Admin	15
School Nurse	1
Midwife	1
Grand Total	134

Formal Employee Relations Activity 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 11.30% for January 2025, a decrease of 3.86% when compared to January 2024 (15.16%). Excluding staff on fixed term contracts, turnover in January 2025 is 10.60%, compared with 13.74% in January 2024.</p> <ul style="list-style-type: none"> The organisation exceeds the All-Wales Position of 7.0% (Nov-24) Stability Index for the Health Board increased by 1% in the last month to 89% (excluding fixed term contracts). <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%.</p> <ul style="list-style-type: none"> Compliance in January 2025 is at a rate of 82%, which is an increase of 4% when compared to January 2024 (78%). Medical & Dental reported at 64%. The health board benchmarks positively when compared with All Wales position of 77% (Nov 2024). <p><u>Mandatory & Statutory Training</u> Compliance of Mandatory and Statutory includes all role specific competencies attached to positions.</p> <ul style="list-style-type: none"> The health board reported a rate of 87% for January 2025, an improvement of 2% when compared to January 2024 (85%), which exceeds the 85% Target. The health board benchmarks positively when compared with All Wales position of 83% (Nov 2024). <p><u>Wagestream</u> Since commencement there have been 134 enrolments for wagestream.</p> <p><u>Employee Relations</u> In the last 12 months there were 12 formal sickness hearings, 10 Disciplinary Investigations, 17 formal resolution meetings, 6 Disciplinary Hearings, and 10 Disciplinary Fast Tracks.</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 (7.0%).</p> <p>A total of 278 staff left the organisation in the last year</p> <ul style="list-style-type: none"> 40% (111) of these staff left within 2 years service – 89 of which were voluntary (14 for relocation) and 11 were end of fixed terms. 60% (168) of the 278 staff that left were due to voluntary resignation. 19% (54) staff left due to age retirement. <p><u>PADR</u> There has been little change overall to PADR compliance in the last 8 months. Whilst there has been a decline in Medical and Dental compliance, this is due to a recording and reporting issue in ESR, a solution for which is being explored.</p> <p><u>Mandatory & Statutory Training</u> There are 3 Core Skills Competencies that report under 50%;</p> <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><u>Employee Relations</u> There are no distinct themes identified by directorate or service.</p> <p><u>DNA rates on training courses</u> Figures indicate that whilst several activities are planned, they rarely have full classes with many being cancelled due to low numbers. Equally, classes take place with very low numbers on the day due to DNAs. The result is an under-utilisation of resources.</p>	<p><u>Turnover</u></p> <ul style="list-style-type: none"> There has been a positive reduction in workforce turnover over the last 12 months. The Workforce Retention Lead Chairs a Workforce Retention Steering group that has members from across the organisation, overseeing actions to improve staff retention. The groups that feed into the Workforce Retention Steering Group, have progressed many of the actions and will continue to do so over the coming months. To understand the turnover rate of those within 2 years service, a new starter survey has been sent out. From this, it was noted that some staff are not attending corporate induction or being taken through the induction checklist. The importance of both will be highlighted to managers. <p><u>PADR and Statutory & Mandatory</u> The P&C BP team review the monthly PADR compliance report and provide focussed intervention to managers that have compliance less than 85%. The P&C BP team continue to discuss compliance at senior management meetings within services, escalating to Assistant Directors areas of concern as required. Targeted work is underway in directorates with sustained low compliance.</p> <p><u>Employee Relations</u> People & Culture Business Partners and trade unions agreed a programme of work to review, redesign and implement toolkits for Workforce policies in July 2023. These toolkits support employees and managers with managing employee relation matters to apply the principle of reducing avoidable harm through processes. This work is ongoing and is monitored via the workforce policy review group.</p> <p>People & Culture Business Partners and trade unions have regular Partnership development sessions as a forum to share lessons learnt and escalate and discuss any concerns in relation to organisational policy and process.</p> <p>Initial discussions have been held with ABUHB/HEIW on the delivery of 'Preventing Avoidable Harm' workshops to senior leaders in the organisation.</p>

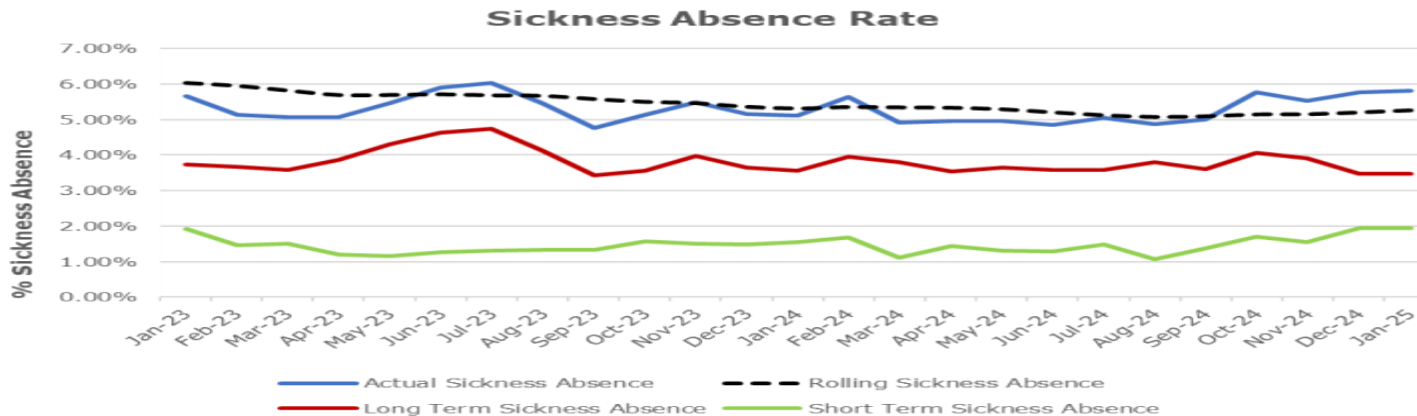
Employee Health & Well Being

Sickness Absence Percentage Jan-25:

5.83% (Actual)
5.27% (Rolling)



Jan-24 - 5.11% (Actual) 5.32% (Rolling)
Jan-23 - 5.67% (Actual) 6.04% (Rolling)
NHS Wales 6.2% Rolling (Nov-24)



Sickness Absence

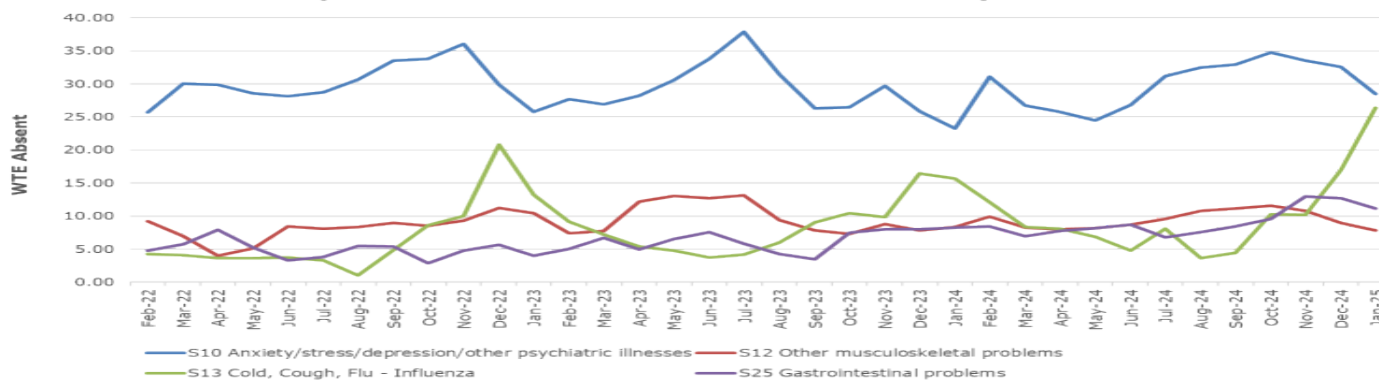
Sickness Absence 12 Months Average WTE of Staff lost :

107.0 WTE

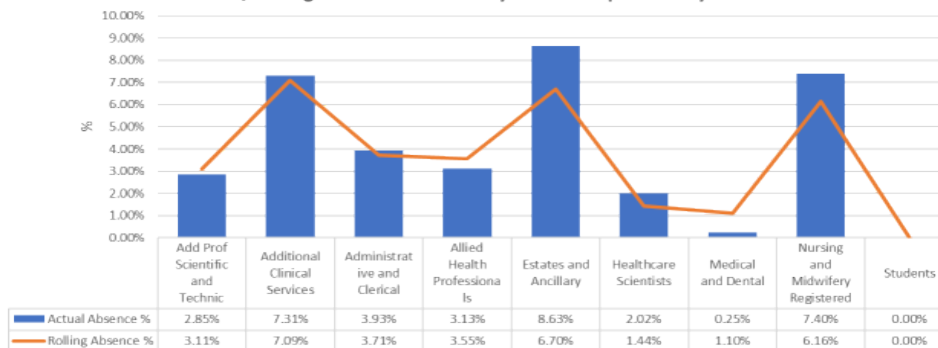


Feb-23 to Jan-24: 103.1 WTE
Feb-22 to Jan-23: 114.8 WTE

Top 4 Sickness Absence Reasons - WTE lost by Month



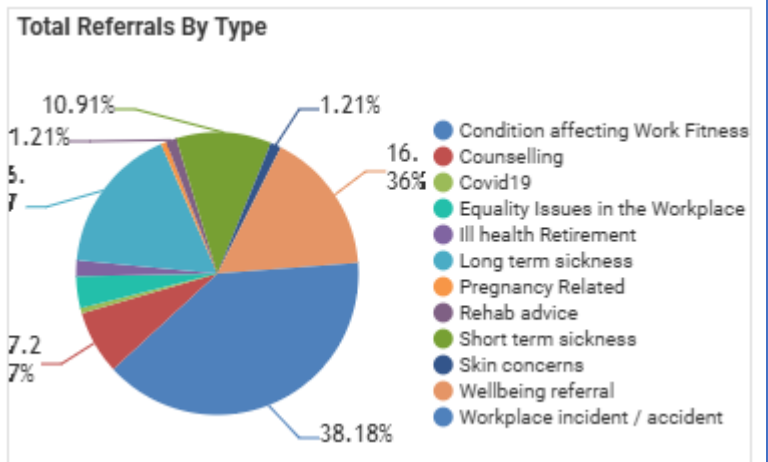
Actual/Rolling Sickness Absence by Staff Group - January 2025



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Occupational Health VIVUP Employee Assistance Programme/Counselling Service Jan 2025

Occupational Health



MANAGEMENT REFERRALS

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

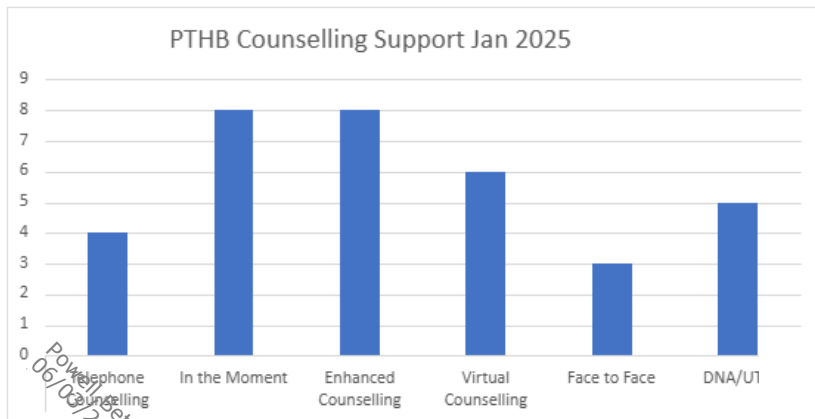
38% of staff with condition affecting work fitness (uniform blue)

10.91% with short term sickness (green)

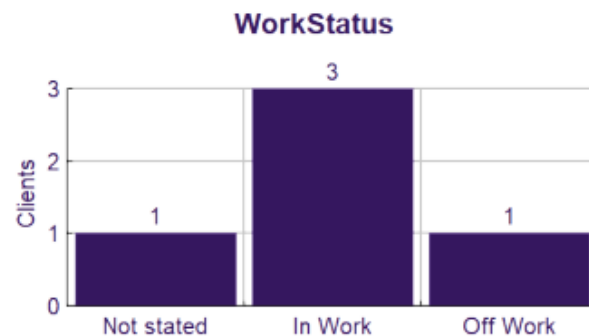
16.7% Long term sickness (light blue)

7.27% was for counselling and referred onto Vivup (red)

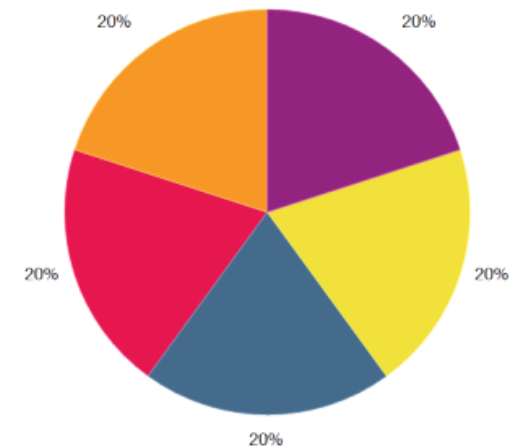
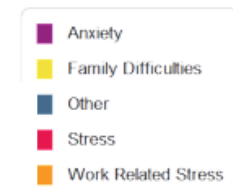
Categories have been refined by our consultant and will be published with definitions on our new sharepoint/intranet page to provide more concise data moving forward



Anxiety, Depression/Low Mood and CBT were the highest downloads for the Self Help Workbooks in January 2025



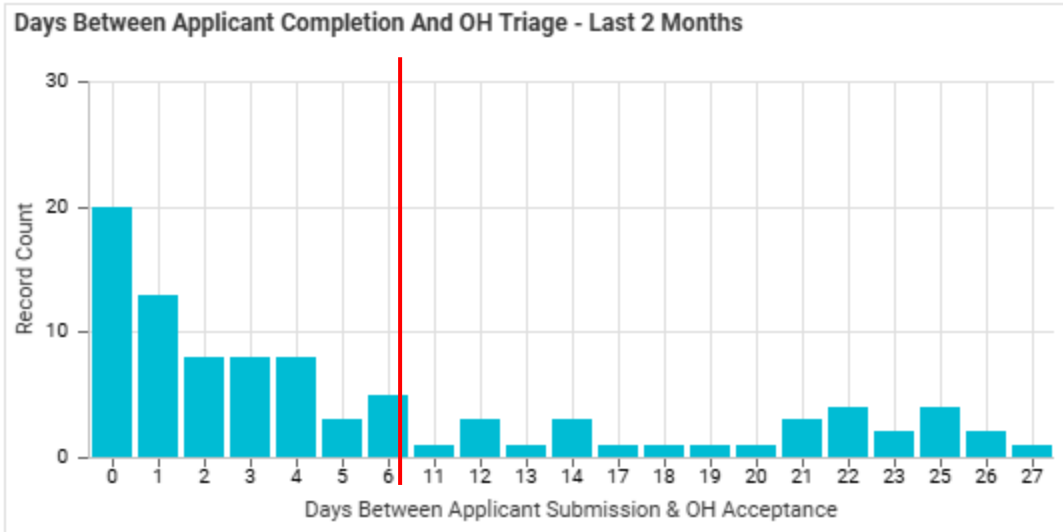
Powys Teaching Health Board Presenting Issue



29 staff members accessed some form of counselling in January

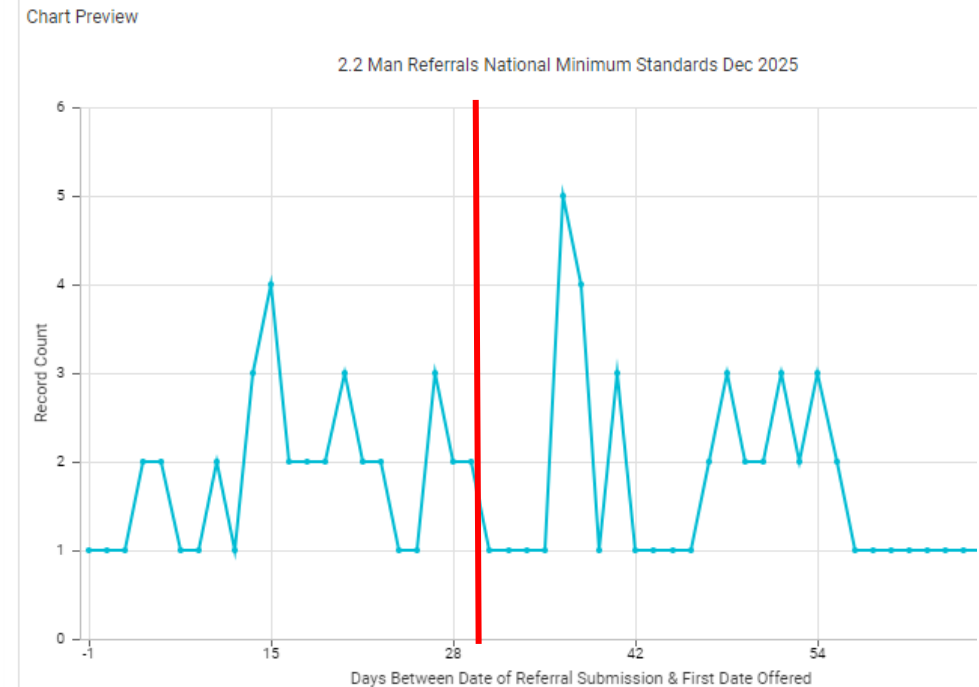
Occupational Health OPASG2 Dashboard- Snapshot January 2025

All OH Pre-placements checks are now managed through the OPASG2 system – from the graph below you can see that there is an average of 45 pre placement checks finalized in January 2025 – This are new posts and internal movement posts – the impact of the Vacancy Freeze is now becoming apparent in this work area.



Pre-employment checks are averaging at 3-4 weeks currently – The red line indicates that the National Minimum Standard of 80% within 7 days of acceptance is being worked towards – noting that excludes applicants that need follow up and vaccinations etc.

Reporting and processes are being updated to report on the KPI next month.



Management Referrals – total received in this period of Nov-Dec is 94 referrals.

No of referrals against KPI – 53%

KPI at National Standard is that an appointment is offered within 29 days of receiving. 80% of this needs to be achieved – defined by red line This is the 1st issue of this KPI – we are looking to change processes to achieve KPI next month

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Employee Health & Well Being

What the chart tells us

Sickness Absence

The rolling sickness absence over the last 2 years has seen a steady improvement, however, in the last 5 months this has seen a slight increase.

- Actual sickness for January 2025 reported at **5.83%**, 0.72% higher than January 2024 (5.11%).
- Rolling sickness for January 2025 reported at **5.27%**, 0.5% lower compared with January 2024 (5.32%) .

The organisation saw an average of **107 WTE** absent in the last 12 months, which is 3.9 WTE higher when compared with the previous 12 months **103.1 WTE**.

The four top reasons for sickness identified within the charts are accountable for **54%** of all sickness reported in the last 12 months.

In the month of January 2025, of the absence reported, the top 4 reasons contributed to the following WTE's lost:

- Anxiety/ Stress/ Depression saw 28.9 WTE (58 headcount) staff absent.
- Other musculoskeletal problems 7.90 WTE (22 headcount)
- Cold, Cough, Flu Influenza – 25.5 WTE (128 headcount) staff absent
- Gastrointestinal Problems – 11.0 WTE (60 headcount) staff absent

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Areas of Concern

Sickness Absence

Rolling sickness absence for the year is particularly high in:

- **Additional Clinical Services** (7.09%) *majority of days lost being due to Anxiety, Stress & Depression (24.7%) and Gastrointestinal problems (10.5%)*
- **Estates & Ancillary** (6.70%) *majority of days lost were due Anxiety, Stress & Depression (29.6%) and Other Musculoskeletal problems (19.5%)*
- **Nursing & Midwifery Registered** (6.16%) *majority of days lost were due to Anxiety, Stress & Depression(29.6%), followed by Cold, Cough and Flu (10.4%).*

Actions/Mitigations

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

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

All long-term absence cases over 6 months are reviewed with managers to ensure all actions are up to date in line with the Managing Attendance at Work policy.

The managers training programme covers the managing attendance at work policy and manager responsibilities in detail.

P&C BP team undertake absence monitoring to enable more efficient targeted interventions in directorates. This has included delivery of several bespoke sessions to directorates.

A focussed deep dive into absence relating to anxiety, stress and depression took place in October to better understand trends within this area and enable more focussed interventions where possible. Since the review in October and subsequent actions anxiety, stress and depression related absence has reduced by approximately 7 WTE.

P&C are recruiting Mindfulness practitioners onto the bank and will use their skills alongside the wellbeing and experience lead and HRBPs to develop some bespoke training offers for our staff that on off sick or receiving counselling support (with their consent).

There has been an increase in the numbers (103) of staff signing up to VIVUPS YourCare app where they can monitor their wellbeing and access additional support resources.

Workforce Monthly Dashboard – January 2025

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

Staff in Post excludes Student Nurses, Aspiring Nurses, 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	80.06	99.35	19.29	19.41%	2.98%	3.18%	1.17	1.56	1.90	3.46	75%	84%	-	1.40	-	-	10.75%	11.17%
Additional Clinical Services	393.81	465.31	71.50	15.37%	6.84%	6.93%	23.58	3.73	20.07	23.80	79%	89%	4.67	1.80	-	1.00	10.89%	10.60%
Administrative and Clerical	585.65	635.85	50.20	7.90%	3.84%	3.61%	8.42	-	-	0.00	86%	93%	10.40	3.80	-	-	8.70%	8.96%
Allied Health Professionals	161.39	184.04	22.65	12.31%	3.80%	3.69%	0.98	3.60	3.86	7.45	87%	86%	3.00	1.00	-	-	13.37%	11.73%
Estates and Ancillary	166.78	178.73	11.95	6.69%	5.30%	6.51%	9.57	-	-	0.00	87%	85%	0.60	1.00	-	-	16.01%	16.85%
Healthcare Scientists	11.21	13.32	2.11	15.82%	0.30%	1.58%	-	0.97	-	0.97	92%	95%	-	-	-	-	9.79%	9.09%
Medical and Dental	38.75	47.55	8.80	18.51%	3.33%	1.40%	-	4.68	5.13	9.81	64%	66%	1.53	0.40	-	-	3.26%	5.36%
Nursing and Midwifery Registered	595.38	723.65	128.27	17.73%	6.97%	6.01%	25.91	16.57	13.97	30.54	79%	84%	7.40	1.79	-	0.69	9.63%	10.45%
Students	-	-	-	-	0.00%	0.00%	-	-	-	0.00	100%	100%	-	-	-	-	0.00%	0.00%
Grand Total	2,033.02	2,347.80	314.78	13.41%	5.42%	5.17%	69.62	31.10	44.92	76.03	82%	87%	27.60	11.19	0.00	1.69	10.37%	10.60%

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	26.51	25.86	-0.65	-2.50%	0.00%	3.37%	-	-	-	0.00	94%	77%	1.00	-	-	-	21.62%	19.05%
Community Care & Therapies	855.27	998.58	143.31	14.35%	5.75%	5.32%	36.78	6.45	21.74	28.19	85%	88%	10.67	2.50	-	1.69	12.06%	12.18%
Community Dental Service	45.28	51.51	6.23	12.09%	2.19%	3.13%	-	-	-	0.00	79%	84%	-	0.40	-	-	2.71%	3.17%
Corporate Governance	15.78	16.13	0.35	2.17%	0.11%	0.81%	-	-	-	0.00	83%	96%	-	-	-	-	4.50%	4.26%
Estates & Works	50.31	60.12	9.81	16.32%	1.46%	1.98%	-	-	-	0.00	85%	96%	0.60	1.80	-	-	13.38%	14.55%
FID Finance Directorate	32.86	35.03	2.17	6.18%	0.00%	1.49%	-	-	-	0.00	80%	88%	-	-	-	-	0.00%	0.00%
Facilities & Support Services	149.00	158.47	9.47	5.98%	10.00%	7.79%	9.10	-	-	0.00	88%	84%	0.60	1.00	-	-	15.94%	16.95%
MED Medical Directorate	8.50	10.34	1.84	17.77%	1.90%	2.34%	-	-	-	0.00	100%	68%	-	-	-	-	11.19%	0.00%
MHD Mental Health	402.53	508.82	106.29	20.89%	7.69%	6.71%	18.23	24.10	23.18	47.28	67%	82%	5.33	2.49	-	-	6.42%	6.62%
Medicines Management	30.34	29.14	-1.20	-4.12%	2.36%	2.24%	0.48	-	-	0.00	92%	95%	-	0.40	-	-	16.10%	13.89%
NUD Nursing Directorate	28.75	31.08	2.33	7.51%	3.72%	6.41%	0.23	-	-	0.00	76%	93%	1.00	-	-	-	6.85%	8.57%
PHD Public Health Directorate	65.05	78.42	13.37	17.04%	5.36%	4.35%	1.03	-	-	0.00	90%	95%	3.00	-	-	-	9.25%	10.00%
PLD Planning Directorate	15.39	16.20	0.81	5.02%	0.63%	3.56%	-	-	-	0.00	57%	91%	-	-	-	-	19.75%	19.35%
People & Culture Directorate	70.95	77.10	6.15	7.97%	2.99%	3.74%	2.26	-	-	0.00	89%	92%	-	1.00	-	-	7.12%	6.49%
Primary Care	18.36	15.84	-2.52	-15.91%	12.24%	5.24%	-	-	-	0.00	95%	92%	1.00	-	-	-	13.07%	18.18%
THD Therapies & Health Sciences Directorate	59.72	70.32	10.60	15.07%	2.15%	3.77%	-	-	-	0.00	92%	90%	1.00	1.00	-	-	9.99%	8.40%
Women and Children Directorate	158.42	164.84	6.42	3.89%	6.65%	4.56%	1.50	0.55	-	0.55	87%	85%	3.40	0.60	-	-	8.74%	9.38%
Grand Total	2,033.02	2347.80	314.78	13.41%	5.83%	5.27%	69.61	31.10	44.92	76.02	82%	87%	27.60	11.19	0.00	1.69	10.37%	10.60%



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.3

Workforce and Culture Committee **Date: 13 March 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:	Sarah Powell Assistant Director People and Culture/OD
Other Committees and meetings considered at:	Executive Committee 05 March 2025

PURPOSE:

The purpose of this paper is for the Workforce and Culture Committee to RECEIVE an update on priorities within the Workforce section of the Integrated Plan for Q4 2023/24.

To take ASSURANCE against delivery of those priorities.
The paper also provides an update on any workforce areas identified nationally.

RECOMMENDATION(S):

This Committee is asked to **RECEIVE** this report as an update on priorities within the Workforce section of the Integrated Plan for Q4 2024/25 that are not part of the committee’s agenda and take ASSURANCE against delivery of those priorities.

Approve/Take Assurance	Discuss	Note
Y		

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

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

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EXECUTIVE SUMMARY:

This paper provides an update on priorities within the Workforce section of the Integrated Plan for since December '24 . The report also includes updates on other aspects of Workforce matters, both local and national.

- Transformation and Sustainability of our Workforce
- A Great Place to Work
- Employee Health and Wellbeing
- Welsh Language, Equalities - Separate agenda item

National Updates:

- Leadership and Management Competence Framework for NHS Wales
- Cardiff University (Nursing degree course) announcement
- The NHS Business Services Authority (NHSBSA)
- NHS Wales Shared Services Partnership: International Recruitment
- Audit Wales: Addressing workforce challenges in NHS Wales, report issued February 2025.

HEADING: KEY ACTIVITIES SINCE DECEMBER 2024

Transformation and Sustainability of Our Workforce

- **Aspiring Nurse Programme:** The September 2023 cohort of 17 Aspiring Nurses all progressed successfully into year 2 last September and are now studying full time with Bangor University. They are currently undertaking full time academic study and clinical placements.
- The newest cohort (Sept 2024) of Aspiring Nurses are well into the first year of their learning pathway. Of the original 19 recruited, 4 have unfortunately withdrawn from the course due to personal circumstances. Currently, there are 12 working in the adult general wards and 3 in the Mental Health Wards. This cohort will complete the first year of the course with Llandrillo College, and if successful, will progress onto Year 2 of the degree programme with the Open University.
- HEIW have confirmed that they are committed to supporting PTHB with the ongoing success of the Aspiring Nurse Programme with further ongoing funding. Recruitment to the September 2025 cohort will begin in May 2025 with onboarding planned for August 2025. There is a current bank recruitment campaign ongoing, encouraging potential aspiring nurse applicants to join our Temporary Staffing Unit to build knowledge and experience that will help to support their applications to the programme.

- **Internationally Educated Nurses (IENs):** Of the 6 in the Machynlleth cohort, 2 have received their NMC PIN and the other 4 have now passed on their 2nd attempt. 6 new IENs have arrived in Brecon and commenced their OSCE training on the 12th February. We are expecting a further 2 cohorts of 4 to join the Health Board during 2025.
- **Health Care Support Workers :** In support of reducing the variable pay spend 10 newly appointed HCSWs have undertaken the All Wales Clinical Skills Framework Induction with a further 8 booked on the March induction programme.

Student placements: The Practice Education Facilitators (PEFs) have been busy ensuring that we have increased placement opportunities for our student nurses. Currently we have 75 audited clinical areas; in patient and community / GP practices (61 in 2023/24) which is a 23% increase in placement opportunities over the past year. Between April 2024 and Jan 2025 a total of 320 Nursing and 45 Midwifery have received placements in PTHB. From September 2024 to December '24 there were 6 placements in Occupational Therapy, and 12 in Physiotherapy.

- **Planned Medical Placements:** PTHB has had 18 medical student placements across psychiatry and paediatrics in 2024/25 with 20 planned for 2025/26. Numbers for the Cardiff south Powys psychiatric placements have remained at half of their pre-pandemic levels, due to the service balancing staff capacity and student experience. Student feedback is consistently high for these placements, being amongst the highest rates for student satisfaction in Wales. The South Powys paediatric placements are in the process of being re-designed with Swansea to incorporate a wider community hospital experience.

Clinical Education: As well as delivering the The Objective Structured Clinical Examination (OSCE) preparation course and Health Care Support Worker (HCSW) clinical induction, the following bespoke skills training has been delivered since January 2025.

Course/ Skill	Capacity	Enrolled	Attended
ECG	16	3	2
IV Therapy	8	4	4
Venepuncture	16	16	16

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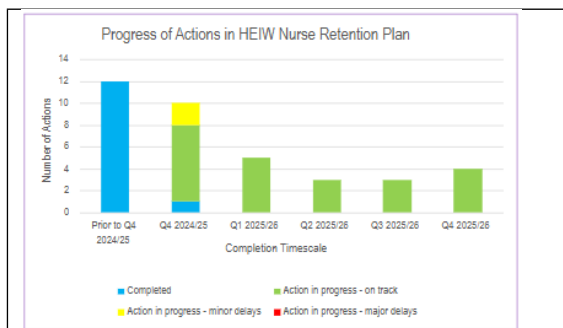
- **Resuscitation Update:** The Resuscitation Officer has been in post since early December and has initially focused on training delivery to support compliance with Basic Life Support (BLS). The officer is currently reviewing our current governance arrangements, including proposals for future in house delivery of the current commissioned Service Level Arrangements with Cwm Taf Morgannwg University Health Board. BLS (adult and paediatric) training is being delivered internally on a weekly basis around the county with a total of 12 courses and 106 staff so far this year being trained.
- **The Academy Career and Education Enterprise scheme (ACEES)** Last academic year – 2023/2024 – the ACEES programme was successfully delivered to over **3,800 learners** from across our Powys schools and colleges. This year, we are reporting initially on just phases 1 to 4 and have already delivered to **5,507 learners**, across 14 schools and colleges. Delivery of phase 5 in the rest of the 2024/2025 academic year will extend this reach even further.
- This year, we have continued to focus on the hook: who we are and the benefits of working for us including the range of career choices and highlighting that there is a role in health and social care for everybody.
- The evaluation of phases 1-4 has commenced and early findings are:
 - Of the 22 teacher respondents most commonly highlighted that the sessions had shown students the variety of roles available; that information shared was real-life; and the two teachers also valued that the sessions demonstrated the importance of Welsh in health roles, one commenting: *"The impact that speaking Welsh can have on people that are experiencing difficulties. This is a message I'm constantly trying to ensure amongst the learners."*
 - This year 56% of students were 'likely' to be interested in going into a career in health and social care and working within Powys. This is more than double the proportion of students from last year showing an increase in interest in the health and social care sector. The percentage of students answering 5 or 6 to being interested has increased from 13% last year to 21% this year.
 - More than half were likely to be interested in going into a career in health and social care and this is more than double from last year showing a year-on-year increase in interest in the health and social care sector
 - The percentage of students answering 'yes' to getting the information they wanted from the sessions increased from 79.5% to 93.42%
 - More than half of students rated the day as a positive experience

Phase 5 eval (Y12 and 13) will follow once we have completed sessions in Feb and March. Feedback from Powys Educational services has highlighted

a significant increase in applications for Year 12 Health and Social Care/Medical Science places in Powys in 2024/25 and confirmed enrolments 10th October 2024 were 84 (47% increase on previous year).

Great Place to work:

- **Retention:** Workforce Turnover in PTHB has reduced by nearly 4% in the last year, from 15.16% in January 2024 to 11.30% in January 2025, demonstrating the progress that has been made to date. Although this remains above the NHS Wales average, the reduction in turnover has been positive. Since the Workforce Retention Lead started in post, they have been liaising with staff to understand the difficulties they face. Some of the retention related activity that has taken place in this time includes: the implementation of the new All Wales Flexible Working Policy, staff benefits have been promoted and the compassionate leadership programme has been rolled out.
- Significant progress has been made towards completion of the actions (see chart below) in the Nurse Retention Plan – many of which we are spreading across the organisation. Some upcoming projects include a Stay Conversation pilot (jointly with Hywel Dda UHB), development of a buddy, mentor and coach descriptor, a self rostering trial and the launch of a leavers toolkit.



- **Focus on new starters: (W&CC action Dec’ 24 :to provide an update at March meeting)** Following a new starters questionnaire that was sent out to staff who have started in post between October 2024 and January 2025, 100% of the respondents stated they felt welcomed by their team; whilst those indicating they would stay beyond 2 years felt well supported.

The data to date has shown that in some instances and despite good onboarding, induction and support, some staff indicated they may leave within the next 2 years. However, others who stated they don’t plan to stay in the organisation for the next 2 years, or were considering leaving in that time, cited one of the areas had been a lack of attendance at corporate induction and/or had not been fully taken through the local service induction checklist. Following this there is an action to further develop and promote

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06/03/2025 14:48:33

the local induction checklist, whilst reaffirming to recruiting managers and staff the importance of attending corporate induction.

- **Speaking Up Safely** : Speaking up safely process are in place with 9 minor concerns raised so far and allocated to senior managers to review. A paper has been written for Execs to move the actions within the initial Welsh Health Circular to business-as-usual operations, which includes the establishment of a quarterly governance group to ensure a continuous focus on the embedding of a speaking up safely culture in PTHB. The 'Our Voice' portal has had 227 views in the last 90 days, and continues to be promoted through staff roadshows etc.

A Speaking up Safely online training session has been developed to provide staff some tools and resources to take back to their teams and discuss in team meetings. A trial of this has been delivered in the People and Culture team, with two courses per month advertised through February and March. Dates have been advertised.

- **Clinical Leadership Immersive Programme (CLIP)**:The current CLIP delivery for band 6/7 registrants remains successful with some effective outcomes for participants who are demonstrating an excellent ability to apply their learning in various ways back in the workplace being shared during the evaluation presentation sessions.

Work is now being undertaken to develop a course for 8a/b clinical service leads which seeks to begin to bridge the gap to becoming a Clinical Assistant Director and prepare them for the HEIW Advanced Clinical Leadership programme. The course will be longer than the current offer, spanning approximately 4 months and over 6 days of face-to-face training. The course will have the same immersive style, but include a more strategic context of healthcare, change management and the requirement to undertake a project. The pilot programme will start in March 2025.

- **PTHB Manager update**: The PTHB Manager (Manager's Charter) has been launched on the Manager's Hub within the HR pages of the intranet. The Manager's Hub will be moved to the front page of the intranet in due course as part of the wider communications actions around the Better Together Programme. Towards the end of February a series of communications will be released over a 6-week period, highlighting specific aspects of the hub and the PTHB Manager.

- **Intensive Learning Academy in Leading Digital Transformation (ILA) – PTHB working in partnership with University South Wales** : Confirmation has been given that the Welsh Government will continue funding of the Intensive Learning Academy in Leading Digital Transformation for a further year through to March 2026. This includes the provision of Level 5 courses at a 25% discount and Level 7 courses at 50% discount. Courses available include leadership and management and a range of project and change management professional qualifications, as

well as the MSc in leading digital transformation. Since the Intensive Learning Academy (ILA) began, over 530 staff across Health and Social Care have benefited from formal qualifications and free short courses through this opportunity.

Employee Health and Wellbeing

- **ALL Wales NHS Staff Survey 2024:** The 2024 Staff Survey results have been released to staff survey leads in each organisation. PTHB had a 30% response rate with 780 responses (2023 was 28% and 673 responses). Our Engagement Index fell by 1% to 75% but still remains the highest response rates and EI score of all of the health boards, where all EI scores fell. The NHS Wales average EI score is 72%, a fall of 2.4% from last year. Access to the dashboard will be given to Execs, AD/DDs and key service leads towards the end of February and into March, with awareness sessions as required. Once the data has been fully analysed, this will be reported to Board, with any actions identified, as well as a communications approach highlighting key themes delivered through all channels.
- **Staff Wellbeing Roadshows:** A total of 14 sites have held a roadshow since September with an 82% attendance rate (356 attendees out of 436 possible). Plus 2 road runs since the new year which saw a range of staff engaging with 'Road run team'. People in the outreach road run locations were really excited to have a visit, including spending an hour at Ty Iltyd with staff.
- **Compassionate Leadership Courses:** As expected, there have been fewer courses and less attendees on those that did run over the winter period due to Christmas break and workplace pressures. However, through December and February, a total of 16 staff have attended the introduction to Compassionate Leadership with 22 booked to attend the late February course. As part of the Manager's Programme, 26 people have been trained on the full Compassionate Leader 3-module programme, and 7 people have attended the February CLIP course.

In total 427 PTHB staff have undertake the introduction to compassionate leadership training course, with a further 62 attending the 3 module programme.

- **Reverse Mentoring Update:** The pilot launched at the end of November 2024, where 8 Reverse Mentors signed up to the pilot and were matched with 8 Executive Directors (including CEO). One mentor has left PTHB, and one other may not complete the pilot as well due to change of job. The pilot

will run until the end of May and then there will be an evaluation undertaken before opening up for second round.

Successes to date are: Feedback has been positive from Mentors and Mentees. Mentors have grown in confidence, and are sharing first-hand experiences of Health and Wellbeing within the organisation. Some of the challenges identified have been: the spread of staff, hard to meet face-to-face with large distances between match-ups. Organising diaries to find quality time to meet (although the executives' personal assistants have been excellent in facilitating this).

- **Occupational Health and Wellbeing:** All management referrals into Occupational Health are now via the electronic OPASG2 software system and to date 224 managers accounts have been created. The system enables managers to obtain confirmation and check in at any time on the status of referral they have made.
- All OH pre-employment checks are now managed through the OPASG2 system, and 124 checks were completed in November and December (these included new posts and any internal movement posts)
- Through the additional module within VIVUP (our commissioned employee assistance platform) the GP online service received 6 calls during December, which enabled staff to book same or next day virtual appointments to speak with a GP and gain advice/prescriptions. Of the 6 calls, 4 were dealt with immediately with 2 being referred back to their own GP for further consultation.
- VIVUP 'Your Care App' is an area where staff can monitor their own wellbeing and take steps to ensure they stay well. Since its launch in the summer its currently (end January) used by 156 employees an increase of 40 staff since the last reporting (November) period. Mental Health and Wellbeing along with General Wellbeing continue to be the top resources accessed
- We know from recent surveys and workforce performance data that we have a number of staff that are feeling burnt out, struggling with anxiety, sickness and depression. Therefore recovery time and self care are essential components in rebooting energy, motivation and providing clarity. With this in mind, we are piloting a range of offers and support for our staff who are off work, along with an 'open offer' to all staff. A range of supportive 1 to 1 or group sessions have been designed by a team of 3 mindfulness professionals, who will be delivering a suite of skills-based programmes that offers an opportunity to learn and practice tools to support one's wellbeing. To find out more click here: [As promised, PTHB Mindfulness Wellbeing is now offering colleagues free sessions - book your place now](#)

Welsh Language, Equalities – Specific Agenda item

National Updates:

- **Leadership and Management Competence Framework for NHS Wales:** The NHS England Management and Leadership Code for Health and Social Care was approved at the December 2024 National Steering Group meeting. This Code is currently pending final sign-off. NHS Wales have provided feedback on the Code through CEMT and the national Culture, Leadership and Succession Board. Further discussion and consideration on how the NHS England framework can be adapted and adopted across NHS Wales to promote the important role of managers, develop capabilities and support managers throughout their careers will be required.
- **Cardiff University (Nursing degree Course)** announced at the end of January that it is proposing to reduce 400 full-time equivalent (FTE) academic staff, merge some of its schools and close some subjects due to budget pressures. Nursing is among the subjects facing closure under the proposals, which are subject to consultation. In the short term there will be no immediate impact on nursing students or their ability to complete their studies. PTHB is due to have 1 student on placement with the District Nursing team from March, and as per usual our Practice Education Facilitators team will ensure support is provided to the individual.
- **The NHS Business Services Authority (NHSBSA)-** The lead for scoping and commissioning a new electronic staff record system (ESR) in readiness for implementation 2027 to 2030 have been undertaking a data gathering survey in January across all health boards. Hywel dda, Powys and Velindre Health Boards were exempt from undertaking this exercise as they had been part of an initial data collection pilot. The purpose of which is to understand each organisation's baseline position in terms of readiness to receive the future workforce solution and what other preparatory activities need to be undertaken in the next financial year. NHSBSA's work programme for 25/26 will be to continue to work with organisations on optimisation of the current solution, including standardisation of processes, implementation of data standards data cleansing etc.
- **NHS Wales Shared Services Partnership: International Recruitment** - Organisations were heading to India in January 2025 for a focussed psychiatry recruitment event with the aim of recruiting a further 23 psychiatrists and scoping the potential of recruiting for Child and Adolescent Mental Health Services (CAMHS). Timing of the event is aligned to the largest psychiatry conference in India to enable maximum opportunities terms of promotion and attraction of a future workforce.

Audit Wales: Addressing workforce challenges in NHS Wales, report issued February 2025.

The report highlights the key messages from local (Health board) workforce planning audits, together with an update on some workforce statistics and a consideration of action needed at a national level to help put the health and care workforce on a stronger footing. It makes reference to collective action needed to meet enduring NHS workforce challenges. It also sets out opportunities to strengthen workforce development and planning at a national level and that the relationships and accountabilities between national teams. E.g. Welsh Government, National Health Service Execs and Health Education and Improvement Wales needs clarification.

It references Welsh Government needing to work with senior leaders in NHS Wales and key partners to address these issues by developing a longer-term workforce plan that sets out:

- How it expects to transition its workforce and service model to one shaped around population health improvement, self-management, and community-based management of multi-morbidities;
- How it expects to match and plan for future demand and supply of specialist care, supported by a sustainable acute staffing model;
- what a sustainable workforce model for social care looks like as part of a more integrated approach to workforce planning;
- How it could ensure more of the staff who are trained in Wales remain in Wales; and detailed medium to long-term educational needs and the necessary funding.

The full Audit Wales report can be read here: [Addressing workforce challenges in NHS Wales](#)

NEXT STEPS:

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

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

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Equality and Welsh Language ASSURANCE REPORT

Debra Wood-Lawson, Executive Director People & Culture
Adam Pearce, Service Lead for Equality & Welsh Language

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Strategic Equality Plan (SEP) 2024-28

The Health Board Strategic Equality Plan sets our priorities over a five year period with a particular focus on Age, Sensory Loss and Neurodiversity as three areas identified by staff and public consultation. Over the last 12 months as set out within the strategic equality plan, key activities delivered include:

SEP Objective	Activity Delivered
<p>Improve access to our services and sites for individuals whose needs are different from others.</p>	<p>Assistive Hearing Technology:</p> <ul style="list-style-type: none"> An audit of all main hospital sites has been undertaken to assess the current assistive hearing technology available and its utilisation. This identified that whilst most sites had at least some technology available it was under utilised and/or people were unaware of how to use, with only one site making good use, and many devices unused.
	<p>Offer new ways for patients to access the health board e.g. Sign Live. Hearing loops in reception areas:</p> <ul style="list-style-type: none"> We have established access to the PTHB telephone switchboard via the SignLive service which enables BSL users ultimately to contact any PTHB telephone line via a BSL interpreter by their own initiation.
	<p>Gender Awareness:</p> <ul style="list-style-type: none"> Gender Awareness training which has as of October 2024 been delivered to be a cumulative total of 529 individuals (delivery slowed since due to staffing issues).
	<p>Translation:</p> <p>Policy approach change & technology introduced in November 2023 has secured a lasting reduction in translation costs at the same time as increasing usage.</p>

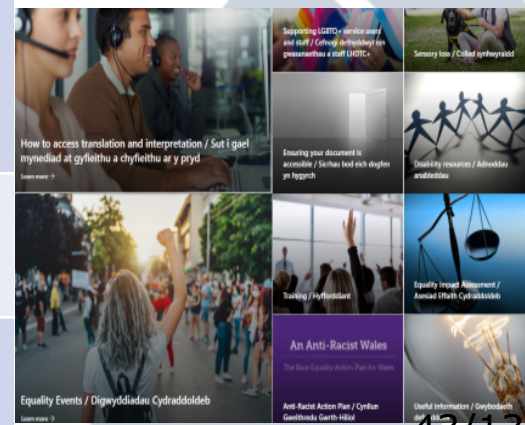
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Strategic Equality Plan (SEP) 2024-28

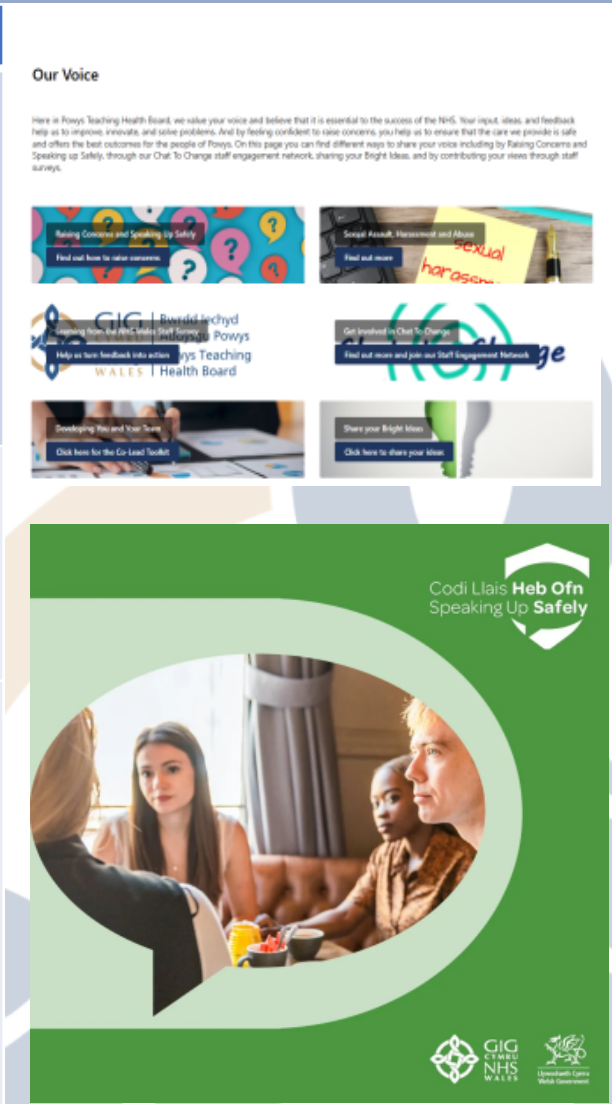
SEP Objective	Activity Delivered
<p>In accordance with the Better Together Model / Workforce Futures, ensure that Powys Teaching Healthboard is an employer of choice for individuals with diverse needs.</p>	<p>Age Friendly Pledge:</p> <ul style="list-style-type: none"> • Pledge and actions shared with workforce policy review group to support a consultative approach on the mapping of current activity and any additional actions. • We anticipate that we will be able to sign up to the pledge by the end of 2024/25.
	<p>Equality for Managers Training:</p> <ul style="list-style-type: none"> • Equality for managers training has been updated based on the feedback from our staff network. • Working in social partnership with trade union colleagues, discussion around support available with managers supported our approach of a "my health passport" which captures reasonable adjustments and encourages open and honest dialogue between staff and managers.
	<p>Menopause:</p> <ul style="list-style-type: none"> • Access to Menopause Helpline via Viv Up • Womens and Childrens service deliver a range of menopause cafes and information sharing • Promotion of a range of events via the staff wellbeing pages, including menopause cafes, Menopause Awareness - for Men Supporting Women, Menopause matters
	<p>Staff Networks:</p> <ul style="list-style-type: none"> • Initial discussions to take place with Powys County Council in February 2025 • Continued sign posting to our existing staff networks
	<p>Equality Pages: Redevelopment of equality pages (224 hits)</p>

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06/03/2025 14:43:43



Strategic Equality Plan (SEP) 2024-28

SEP Objective	Activity Delivered
<p>We will develop an organisational culture that is inclusive and supportive of all our staff, and has a zero-tolerance approach to the harassment of staff by patients or others, including sexual harassment.</p>	<p>Sexual Safety:</p> <ul style="list-style-type: none"> • Mechanism for reporting included as part of our speaking up safely pages • Active participation in the development of a national policy and training package • People and Culture working closely with the Safeguarding team to ensure alignment of national approaches and clarity regarding processes of reporting and assessing. <p>Speaking up Safely:</p> <ul style="list-style-type: none"> • Publication of the “our voice” staff portal and raising concerns reporting mechanisms (696 hits) • Closure report submitted against WHC
<p>Ensure that our feedback mechanisms collect the views of staff and patients of all groups.</p>	<p>Agreed mechanisms are in place to provide ongoing opportunities for staff and patients to provide stories to the board, which are regularly provided.</p>



Strategic Equality Plan (SEP) 2024-28

Key Priorities for 2025-26:

- Ensure the objectives of the SEP are considered and built into the development of services through the better together programme
- Review patient documentation and accessibility
- Continue to develop the approach in relation to assistive hearing technologies, including delivery of training and scoping of additional equipment needs and the rollout of SignLive to Primary Care.
- Strengthen our staff networks and review the current approach with the aim of increasing overall participation
- Explore the current chaplaincy models to develop an approach that enables us to improve and maximise our opportunities in relation to spiritual care
- Embed the national sexual safety policy and approach



SignLive

Anti-Racist Action Plan 2024-25 & WRES

Work completed this period has included:

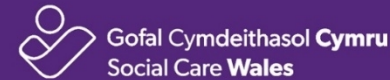
- Targeted messages to staff whose ethnicity is unrecorded to encourage them to complete this information.
- Rolling audit of internal PTHB workforce policies on principles of All-Wales review and introduction of a policy checklist for new workforce policy development. X policies completed so far.
- Detailed research project into ethnicity pay & distribution of ethnic minority staff across PTHB with a view to understanding how this impacts WRES.

Feedback from Board Meeting Session:

- *Time to Change*: Since the approval of the plan WG has stopped funding this campaign ([Time to Change Wales](#)). It will be removed from future iterations of the plan.
- SMART Objectives: We have already taken steps in this direction via the workforce research project and WRES integration which will become more obvious in the plan in future.
- Objectives without dates: one was Time to Change (see above). Others (Aspiring Board Members program) have now been published and we will be taking appropriate local action on these.

Planned work includes:

- Review of recruitment practices & policies is underway incorporating WG best practice advice.
- Strengthen our staff networks and review the current approach with the aim of increasing overall participation
- Using the outcomes of the research project into the PTHB workforce to develop targeted interventions around the WRES indicators.



Safon Cydraddoldeb Hil y Gweithlu (SCHG)

Gweithlu cynhwysol sy'n darparu'r gofal gorau

Workforce Race Equality Standard (WRES)

An inclusive workforce provides the best care

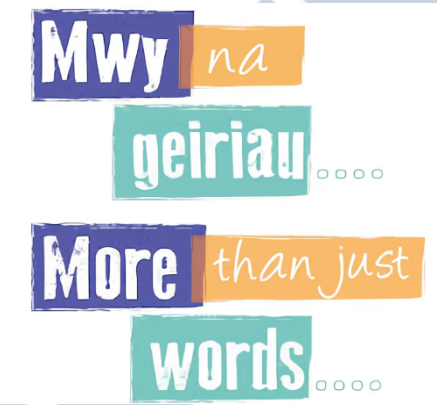
Cymru
Wrth-hiliol



An Anti-Racist
Wales

Strategy for Welsh in Healthcare 2024-25

SEP Objective	Activity Delivered
Increased staff awareness and deployment of the Active Offer	Incorporation of Welsh language for Managers training into Management Training Program; 3 sessions run with
Increase the emphasis on Welsh Language skills in our attraction and recruitment processes	We have introduced a Welsh Language Requirements Vacancy Assessment tool to provide more robust accountability around Welsh requirements in advertisin.
	Wording around Welsh in job advertisements updated to reframe these in a more positive light rather than as a reason not to apply.
	6 Welsh essential posts advertised in PTHB so far this year (Aspiring Nursing program; Health & Care Apprenticeship; Online CBT Coordinator; Academy Careers Educator; E&WL Officer (Maternity) – double previous PTHB high of 3.
	The Academy Careers and Enterprise scheme has promoted the value of Welsh language skills in schools across Powys.
Develop the Welsh skills of our existing staff through Training and Confidence Raising courses	Promotion of Confidence raising course 3rd cohort (5 currently studying), advertisement for participants on Say Something in Welsh, Dysgu Cymraeg, Cwrs Croeso, Swansea University Welsh Learner Speaking Support scheme for Medical Staff.



Additional: Upgrades of telephony enabling incoming callers to request their calls to be dealt with in Welsh has been booked and expected to be completed within this financial year. This will enable the closure of our outstanding commissioner investigation.

Strategy for Welsh in Healthcare 2024-25

Key Priorities for 2025-26:

- Monitor the use of the Vacancy Assessment tool (app) and take targeted action to ensure managers are following its recommendations and that the tool is producing the desired effects.
- Continue to support training and learning opportunities across the organisation including following the national approach to “courtesy level”, once this has been agreed.
- Continue to promote the Managers’ training including direct targeting of target areas (Ystradgynlais & Machynlleth).
- Support the Online CBT service to improve and to market their Welsh offer.





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Agenda item: 5.5

Workforce and Culture Committee	Date: 13 March 2025
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Subject:	COMMITTEE RISK REGISTER
Approved and presented by:	Director of Corporate Governance/ Board Secretary
Prepared by:	Corporate Governance Assurance and Risk Officer
Other Committees and meetings considered at:	Executive Committee – 22 January 2025 Board – 29 January 2025

PURPOSE:

To present the Committee version of the Corporate Risk Register (CRR) to support the Committees review and seeking assurance in relation to the risks identified to the delivery of Powys Teaching Health Board’s (PTHB) strategic objectives, the controls in place to manage these risks and their efficacy.

The risks provided are the ones agreed by the Board as within the remit of the Committee. The Committee Risk Register is based upon the Corporate Risk Register (CRR) considered by the Board on the 29 January 2025.

RECOMMENDATION(S):

The Delivery and Performance Committee is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	The Corporate Risk Register links to all of the Health Board’s objectives by identifying risks that could impact on delivery or achievement.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	

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EXECUTIVE SUMMARY:

The Committee Risk Register draws together relevant risks from the Corporate Risk Register (CRR) to provide a summary of the significant risks to delivery of the Health Board's strategic objectives.

The Corporate Risk Register (CRR) is a cornerstone of the Board Assurance Framework (BAF) and is the central repository for risks to the delivery of PTHB's strategic objectives.

There are 12 risks on the corporate register; 2 of those risks fall within the remit of this Committee and are there provided as the Corporate Risk Register (PEQs Committee).

Appendix 1 (Corporate Risk Dashboard) shows a summary of the risks and the heatmap of risk ratings.

Appendix 2 provides the detail of risks to be considered at the in public meeting – provided as appended documents to this report.

BACKGROUND AND ASSESSMENT:

The Health Board approved the Board Assurance Framework (BAF) in May 2024, linked here - [CGP 014 Board Assurance Framework May 2024.docx](#)

The Corporate Risk Register (CRR) is a cornerstone of the Board Assurance Framework (BAF) and is the central repository for risks to the delivery of the organisations strategic objectives.

The CRR provides a summary of the significant risks to the delivery of the Health Board's strategic objectives. Corporate risks also include risks that are widespread beyond the local area (e.g. directorate), and risks for which the cost of control is significantly beyond the scope of the local budget holder.

Risk owners submit updated risk information to the Risk and Assurance Group (RAG) for review, check and challenge. The RAG then makes recommendations to the Executive Committee on amendments to risk scores or assurance ratings. The RAG can also escalate risks from Directorate Risk Registers to the Executive Committee, which is ultimately responsible for recommending the inclusion of risks in the CRR for Board approval.

The Boards risk appetite has been embedded into the CRR and work is underway to review and moderate the assurance ratings of controls to agree a consistent approach to assessing this which removes a degree of subjectivity from risk owners. The RAG will play an instrumental role in helping to achieve.

Powell, Bethan
06/03/2025 14:43:43

ROLE OF THE COMMITTEE:

Board Committees have a vital role in supporting Senior Risk Owners and the organisation more broadly to seek assurance on the ongoing development and management of corporate risks.

The corporate risks relevant to the Committee will be provided at each meeting, the Committee is asked to consider these in their own right and also to consider them alongside relevant agenda items through the cycle of Committee business.

Feedback from Committee members will be considered by the executive lead (senior risk owner) for each risk with the relevant staff and any changes will be reflected in the next risk reporting cycle update.

NEXT STEPS:

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

An updated version of the Corporate Risk Register is due to be presented to the Board on 26 March 2025.

Powell, Bethan
06/03/2025 14:43:43

PLANNING, PARTNERSHIP AND POPULATION HEALTH (PPPH) COMMITTEE RISK REGISTER (JANUARY 2025)

There is a risk that...

Private Risk (Circulated to Members only)						
Impact	Catastrophic	5				
	Major	4				<ul style="list-style-type: none"> CRR 006 - Failure to recruit and retain an appropriate workforce, results in an inability to sustain high quality services.
	Moderate	3				
	Minor	2				
	Negligible	1				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
		Likelihood				

CORPORATE RISK DASHBOARD – OCTOBER 2024

Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee
ED P&C	CRR 006	Quality	Failure to recruit and retain an appropriate workforce, results in an inability to sustain high quality services.	4 x 4 = 16	Cautious	8	No	Workforce and Culture

Powell, Bethan
06/03/2025 14:43:42

KEY

Risk Appetite Descriptors and Categories

Risk Appetite	Description
Averse	Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry virtually no inherent risk.
Minimal	Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.
Cautious	Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent.
Open	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.
Eager	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.

Risk Scoring

LIKELIHOOD	IMPACT				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost Certain 5	5	10	15	20	25
Likely 4	4	8	12	16	20
Possible 3	3	6	9	12	15
Unlikely 2	2	4	6	8	10
Rare 1	1	2	3	4	5


Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
----------	-----	-----	-----	----------	------	------	-------

RISK APPETITE	
Category	Appetite for Risk
Safety	Averse
Quality	Minimal
Regulation and Compliance	Cautious
Reputation and Public Confidence	Cautious
Performance and Service Sustainability	Cautious
Financial Sustainability	Cautious
Workforce	Cautious
Partnerships	Open
Innovation and Strategic Change	Open

Powell, Bethan
06/03/2025 14:43:42

Key: Assurance Ratings	
Substantial Assurance	High confidence in relation to quality of assurances and effectiveness of controls. Sightedness by a range of stakeholders. Low impact on residual risk exposure.
Reasonable Assurance	Medium confidence in relation to the quality of assurances and effectiveness of controls. Sightedness at various levels of the organisation, potentially some external assurance. Low to moderate impact on residual risk exposure.
Limited Assurance	Medium confidence in relation to the quality of assurances and effectiveness of controls. Limited sightedness externally and across the organisation. Moderate impact on residual risk exposure.
No Assurance.	No evidence in relation to the effectiveness of controls. Action required to assess/address. High impact on residual risk exposure.

Powell, Bethan
06/03/2025 14:43:42

<p>CRR 006 Risk that: Failure to recruit and retain an appropriate workforce, results in an inability to sustain high quality services.</p>	<p>Executive Lead: Executive Director People & Culture</p>												
<p>Risk Impacts on: Organisational Priorities underpinning WBO 8</p>	<p>Assuring Committee: Workforce & Culture Committee</p>												
<p>Risk Category: Quality</p>	<p>Date last reviewed: January 2025</p>												
<p>Risk Rating (likelihood x impact):</p> <p>Inherent: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 2 x 4 = 8</p> <p>Date added to the risk register. July 2024</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> </tbody> </table>	Month	Target Score	Risk Score	July-24	8	16	Nov-24	8	16	Jan-25	8	16
Month	Target Score	Risk Score											
July-24	8	16											
Nov-24	8	16											
Jan-25	8	16											
<p>Source of risk: KPIs</p>	<p>Rationale for current score:</p> <ul style="list-style-type: none"> The risk has been fully reviewed and assessed as a new risk in July 2024. As of 30th November 2024, the Health Board contracted vs budgeted establishment showed a vacancy rate of 12.56%. After the use of overtime, additional hours, agency, and Bank this fell to 6.9%. The challenges in recruitment are more pronounced in clinical roles with vacancies running at 25.1% for Medical and Dental, 17.67% for registered Nursing and Midwifery, 16.88% for Add Prof Scientific & Technic and 14.87% for Additional Clinical Services. To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in November 2024 from information held on the Health Roster/TSU systems: <ul style="list-style-type: none"> Additional Clinical Services: 17.12 WTE Nursing & Midwifery Registered: 34.43 WTE Allied Health Professionals: 7.27 WTE 												

Powell, Bethan
06/03/2025 14:43:45

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.	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 training which supports services to develop their resource plans.	tbc	Ongoing support available to service leads in the development of workforce plans. HEIW funded role currently advertised – Workforce Planning Manager, to operationally support	November 2025	On track

		service areas in the development of workforce plans.		
<p>Candidate Journey application to induction</p> <p>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>	tbc	<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.</p> <p>End-to-end review of Bank recruitment complete with changes immediately implemented. Weekly monitoring and escalation process in place.</p>	31/03/2025	On Track
<p>Increase bank supply:</p> <p>Targeted Recruitment Open days taking place at all Hospitals and will continue throughout the year.</p> <p>Rolling adverts and targeted Bank adverts for Registered Nurses and HCSW posts.</p>	tbc	<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 August and September 2024. Work continues to onboard the applicants successfully. Further targeted bank recruitment Open Days planned for Q4 2024-25.</p> <p>Rolling adverts out each week and shortlisting against applicants each Friday.</p>	Ongoing	On Track

Powell Bethan
06/03/2025 14:43:45

<p>International Recruitment Continue international nurse recruitment to a target of 18 Adult nurses and 6 Mental Health Nurses</p>	tbc	18 international nurse offers have been made, first cohort of 6 arrived in Newtown in August 2024, have now all passed their OSCE exam and have their NMC PINs. A further 6 arrived into Machynlleth on 20 November and are under-going their OSCE training. Final cohort of 6 planned for Bronllys/Brecon are due Feb 2025. In addition, 6 RMNs are expected in country by end of Q4.	Ongoing	On Track
Current Risk Rating		Update including impact of actions to date on current risk score		
4 x 4 = 16		16		

Powell, Bethan
06/03/2025 14:42:45

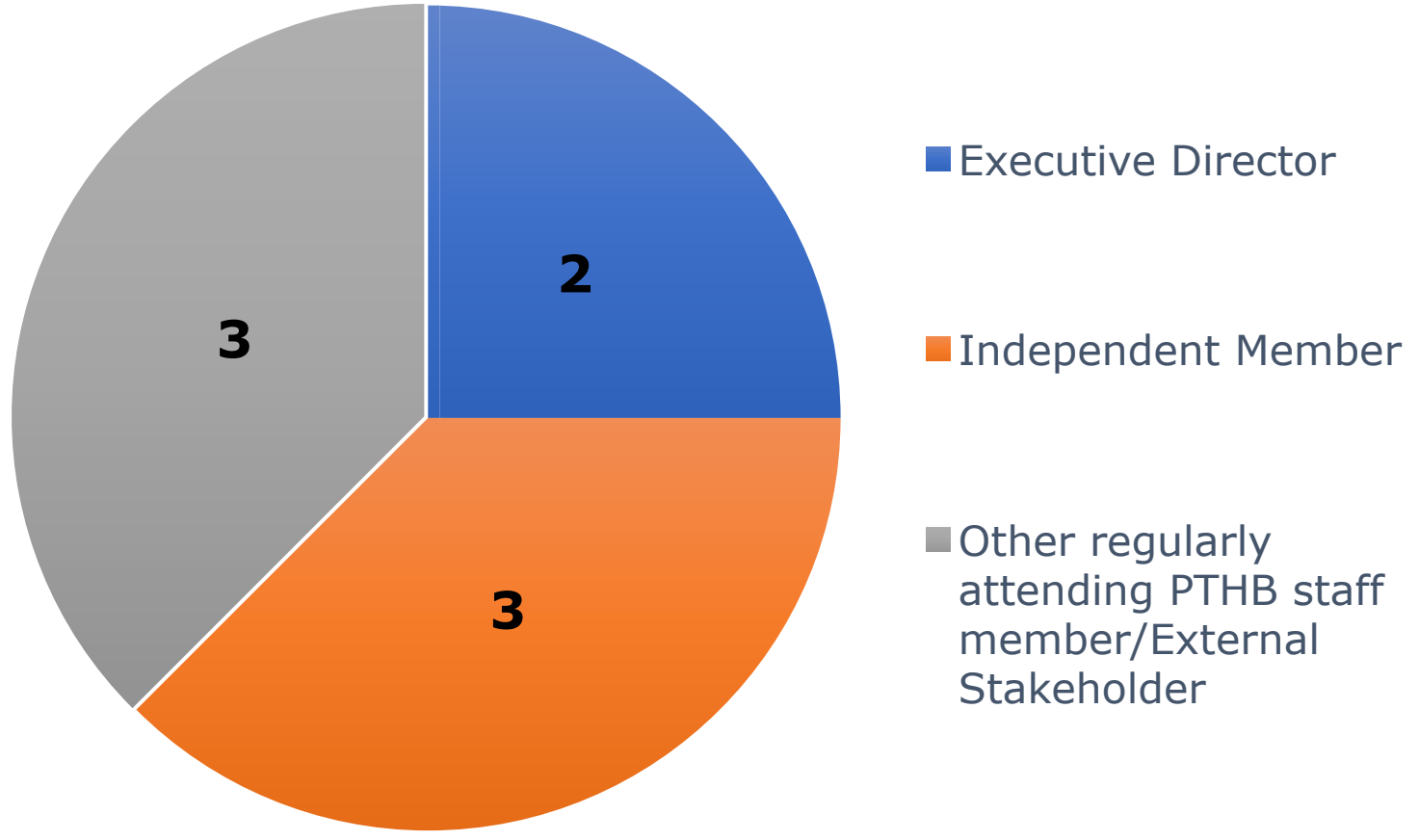
Subject:	Committee Effectiveness – Workforce and Culture Committee
Approved and Presented by:	Director of Corporate Governance/Board Secretary
Author:	Deputy Board Secretary
Purpose:	This presentation provides a summary of the responses received to the Committee Effectiveness questionnaire (W&C); and is provided to stimulate discussion within the Committee to support the identification of what works well, learning and actions for improvement.
Recommendations:	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • DISCUSS the summary of the Committee Effectiveness survey and any areas for action/improvement.
Executive Summary:	<p>Each Committee of the Board is required to assess its effectiveness at the end of each year and to report its views to the Board on how governance arrangements might be improved. This is a key principle of good corporate governance which demonstrates a committee’s understanding of its remit and oversight responsibility and a culture of continuous improvement.</p> <p>The approach for 2024/25 contains a questionnaire followed by discussion at the Committee meeting. The Committee effectiveness questionnaire focuses on the critical themes of: (i) composition and establishment, (ii) effective functioning, (iii) assurance and (iv) leadership and culture.</p>

Powell Bethan
06/03/2025 14:43:43

Section 1 – Response Rate

Powell, Bethan
06/03/2025 14:43:43

Response Overview



8 responses in total

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06/03/2025 14:43:43

Section 2 – Composition and Establishment

Powell, Bethan
06/03/2025 14:43:43

Section 2 - Composition and Establishment					
Question	Strongly Agree	Agree	Unsure	Disagree	Strongly disagree
The Committee understands its role: .	4 50%	2 25%	2 25%	0	0
The Committee's annual work plan and subsequent agendas enable it to effectively deliver the relevant areas of its Terms of Reference: .	3 37.50%	4 50%	1 12.50%	0	0
The Committee has the membership, authority and resources to perform its role effectively: .	2 25%	6 75%	0	0	0
The right people attend meetings of the Committee to enable it to fulfil its role effectively: .	2 25%	5 62.50%	1 12.50%	0	0
Committee members have the collective skills and experience required to fulfil the terms of reference and advise and assure the Board.	3 37.50%	5 62.50%	0	0	0

KEY THEMES:

- **Understanding of role/remit**
- **Membership**

Comments:

- Currently not sure if the committee understands what we should be looking at or why we are looking at it
- Not sure if the committee knows what is expected to view and give assurance on or that the work plan is in place because of this
- Committee membership requires review to make sure the number of IM attendees is appropriately balanced.

Powell, Bethan
06/03/2025 14:43:43

Section 3 – Effective Functioning

Powell, Bethan
06/03/2025 14:43:43

Overview of ratings – Effective Functioning

Section 3 - Effective Functioning					
Question	Strongly Agree	Agree	Sometimes	Disagree	Strongly disagree
Meeting arrangements (frequency, time allocation) allow members individually and collectively to contribute to effective scrutiny and challenge: .	4 50%	4 50%	0	0	0
Committee meetings are conducted professionally and managed effectively with issues getting the appropriate time and attention proportionate to their importance: .	5 62.50%	1 12.50%	2 25%	0	0
Committee papers are of a reasonable length, good quality and provide the appropriate level of information to enable the Committee to fulfil its role: .	4 50%	4 50%	0	0	0
Papers are distributed in a timely manner, sufficient for members and attendees to adequately read, understand and scrutinise their content: .	6 75%	2 25%	0	0	0
There is good monitoring of matters arising and agreed actions to support the Committee in its role: .	4 50%	4 50%	0	0	0
Reports to the Board cover all key issues discussed at Committee. The Board takes due regard of the Committee's views (i.e. recommendations, escalated items, sharing of good practice) and shares feedb	3 37.50%	5 62.30%	0	0	0

KEY THEMES:

- **Agenda length**
- **Committee support**
- **Quality of papers**

Comments:

- Sometimes there are too many items on the agenda to fit into the meeting time - therefore they may get rushed.
- The Corporate Governance and ED People and Culture teams play a key role in making sure issues are closed/followed up/escalated; collaboration with the Chair is excellent particularly in prep for meetings (agenda setting, forward business plan) which means we don't 'lose' items.
- There has been a marked improvement in quality of papers especially clarity on their purpose (what's the ask of the committee) and succinctness

Powell Bevan
06/03/2025 14:43:43

Section 4 – Assurance

Powell, Bethan
06/03/2025 14:43:43

Section 4 - Assurance					
Question	Strongly Agree	Agree	Sometimes	Disagree	Strongly disagree
The Committee receives advice and assurance on key issues which clearly sets out the analysis of the situation, key risks and what is required of the Committee to allow the Committee to discharge its	3 37.50%	5 62.50	0	0	0
Information received is sufficiently balanced in terms of evidence (assurance) and professional opinion (reassurance): .	5 62.50%	3 37.50%	0	0	0
The Committee receives timely reports on the work of external regulatory and inspection bodies and other independent sources of assurance: .	3 37.50%	4 50%	1 12.50%	0	0
The Committee receives regular and sufficient evidence that the organisation is learning and improving: .	3 37.50%	5 62.50%	0	0	0
The Committee receives the assurance (quantity, quality and timeliness) it needs to fulfil its role effectively: .	4 50%	4 50%	0	0	0
The mechanism for providing onwards assurance to the Board is effective: .	3 37.50%	5 62.50%	0	0	0

Powell, Eithan
06/02/2025 14:43:43

Comments:

- Not sure the committee always realises or understands what they should be looking at

Powell Bethan
06/03/2025 14:43:43

Section 5 – Leadership and Culture

Powell, Bethan
06/03/2025 14:43:43

Section 4 - Assurance					
Question	Strongly Agree	Agree	Sometimes/Unsure	Disagree	Strongly disagree
In meetings, contributions from members and other attendees are encouraged, open debate is welcomed, and all contributions are listened to and respected: .	6 75%	2 25%	0	0	0
The Committee environment is one in which members can provide supportive but critical challenge on key/sensitive issues: .	6 75%	2 25%	0	0	0
The Chair summarises discussions well, captures the main points that have been made and clarifies how the Committee will progress the item under discussion: .	3 37.50%	4 50%	1 12.50%	0	0
Committee members routinely probe the facts, challenge assumptions and identify the advantages and disadvantages of proposals:	3 37.50%	4 50%	1 12.50%	0	0

Powell Bethan
06/03/2025 14:43:43

Section 4 - Assurance					
Question	Strongly Agree	Agree	Sometimes/Unsure	Disagree	Strongly disagree
There is an effective relationship between Committee members and Executive colleagues: .	5 62.50%	3 37.50%	0	0	0
Matters considered by the Committee are improved/strengthened as a result of the Committees involvement and/or feedback: .	2 25%	4 50%	2 25%	0	0
The Committee is conducted in a manner consistent with the values of PTHB:	7 87.50%	1 12.50%	0	0	0
The Committee is conducted in a manner consistent with the principles of compassionate leadership: .	7 87.50%	1 12.50%	0	0	0

Powell, Bethan
06/03/2025 14:43:43

- There were no comments to share for this section

Powell, Bethan
06/03/2025 14:43:43

Section 6 – General Comments

Powell, Bethan
06/03/2025 14:43:43

In what areas do you think the Committee is doing well?

- Structured programme
 - Reviewing the workforce figures and the understanding from them
 - Supportive yet challenging environment
 - Continuous scrutiny against appropriate related topics. Efficiently Chaired
 - Scrutiny of papers is effective.
Quality of papers received, and information provided has improved in the last 2 years and now very strong
 - Focused agenda and work programme that covers priority areas.
 - Through its business, it achieves right balance between supporting and developing our staff for the 'right now' and preparing them for what's ahead...i.e a recognition that our staff are our greatest asset and a focus/commitment on taking our staff 'with us' as we navigate our way through and out of our current challenges as a Board.
- It makes sure the Board are informed of the state of our workforce and the culture in which we operate- it acts as a staff 'temperature check' for the Board
- Listening and review of areas brought to the committee

Powell Bethan
06/03/2025 14:43:43

In what areas do you think the Committee could improve and how?

- Time to have greater understanding of key issues
- A review of what the committee should be looking at and the challenges
- Timing allocated for each item
- Ensure sufficient time is scheduled for topics to allow deep dives and discussions to be undertaken
- We need to ensure we are balancing our focus on the areas of risk with assurance across our workforce plan as a whole.
- Lengthen our meetings by 30 mins to ensure we get through our business diligently.
- Review of what the committee needs to be reviewed etc

Powell Bethan
06/03/2025 14:43:43

What training/other development activity would support the Committee in its role?

- Understanding workforce data and intelligence
- Development for the committee members out of committee to discuss the current issues, so they can reset what the committee does and needs to see
- An understanding of the internal staff engagement/voice/listening programmes and opportunities to attend/sit in/listen at such events, e.g. internal workshops/external speakers on 'what does great org culture look like in the NHS' ; attend roadshows.

Change Management is going to be a 'big deal' over next few months/years. Not sure if W&C committee is ready/capable (deficit in change management expertise?) to scrutinise what that programme looks like/analyse implications of/be ready to support delivery of .. perhaps some dedicated time on that issue (or is that more of a Board Dev activity?)

- Planning development

Powell, Bethan
06/03/2025 14:43:43

What areas should the Committee focus on in the future (incl. areas to be looked at more or less frequently)?

- Existing work programme works really well due to its alignment with the Integrated Plan
- Focus on the cultural issues faced within the HB, including the issues surrounding change and change management. more insight into the development of training programmes within the HB such as the compassionate leadership programme,
- Consider assurance from Primary Care Academy work in relation to workforce and assurance against their plan
- Better Together - where does this fit across other Committees and consideration to be given to W&C
- We need to stay focussed on our work looking at our future workforce balanced with our current workforce needs
- Variable Pay and resource (staff) allocation to areas of highest value.
- Staffing implications of Better Together, our 25/26-28 delivery plan; recruitment and retention; internal professional development programme to support the leadership, delivery and impact of change.
- Other service areas within the HB other than Nursing

Powell Bethan
06/03/2025 14:43:43

Please feel free to expand on your answers above or make any other comments under this heading:

- Could we ask of the progress of the workforce futures programme, review the need, the why and the what and the other sectors use of the programme
- What exactly is the role of W&C as we progress through Better Together (immediate, medium and long term).
- What items/issues should we be discussing at W&C which add value/progress our strategy and which enable Board to make the right decisions?
- How does W&C committee work align with D&P and PPPH in relation to 25/26 plan and Better Together?
- We must also make sure we don't take our eye of the 'immediate/what's happening right now ball'- make sure we continue to 'do right' for our workforce and its operating culture today, not just tomorrow.

Powell Bethan
06/03/2025 14:43:43

Overall Summary

Powell, Bethan
06/03/2025 14:43:43

- Scoring / ratings are strong across the survey
- Some conflicting views across the written feedback
- Some specific areas to address:
 - Role and remit of the committee (Terms of Reference review)
 - Work plan for 2025/26 (in development – variety of factors influence this)
 - Clarify role of the Committee in relation to Better Together (transformation)
 - Some identified training / induction areas

Powell Bethan
06/03/2025 14:43:43

Next Steps

Powell, Bethan
06/03/2025 14:43:43

Actions	Timescale
1. Share content of the Effectiveness questionnaire with Committee	13 March 2025
2. Receive feedback from the Committee, discuss any actions / improvements	13 March 2025
3. Develop action plan, in partnership with Committee Chair, for Committee oversight based on Committee survey and contributions	Next Committee meeting (12 June 2025)
4. Committee feedback and key actions will be incorporated into summary report with other Committees' feedback and shared with the Board	By end May 2025
5. Committee forward plan for 2025/26 is in development and will form part of the Committee meeting (reviewed at each meeting)	Next Committee meeting (12 June 2025)
6. PTHB Chairs Forum will continue to develop an overarching role in committee focus areas and work plans	Ongoing

Powell Bethan
06/03/2025 14:43:43

- Does the Committee collectively recognise the feedback?
- Are there any further reflections?
- Any areas of specific focus / priority to address?

Powell Bethan
06/03/2025 14:43:43



GIG
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NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.7

Workforce and Culture Committee		Date: 13 March 2025
Subject:	Workforce and Culture Committee Terms of Reference	
Approved and presented by:	Helen Bushell, Director of Corporate Governance and Board Secretary	
Prepared by:	Deputy Board Secretary	
Other Committees and meetings considered at:	N/A	
PURPOSE:		
The purpose of this paper is for the Committee to consider the Terms of Reference of the Workforce and Culture Committee in order to ensure that they remain fit for purpose.		
RECOMMENDATION(S):		
The Committee is asked to: <ul style="list-style-type: none"> • ENDORSE the proposed amendments to the Terms of Reference • IDENTIFY any further potential amendments • AGREE that the Chair of the Committee and Director of Corporate Governance will finalise the revised Terms of Reference for presentation to the Board in May 2025 for approval. 		
Approve/Take Assurance	Discuss	Note
Y	Y	

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing		Commitment to good governance is a key element of Transforming in Partnership.
2. Provide Early Help and Support		
3. Tackle the Big Four		
4. Enable Joined up Care		
5. Develop Workforce Futures		
6. Promote Innovative Environments		
7. Put Digital First		
8. Transforming in Partnership	Y	

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06/03/2025 14:43:43

EXECUTIVE SUMMARY:

Under the Standing Orders of the Health Board, Board Committees are required to review their Terms of Reference on an annual basis.

The existing Terms of Reference (May 2024) for the Workforce and Culture Committee are attached as Appendix A, and the proposed revised draft are attached as Appendix B.

Any suggested changes will need to be recommended to the Board for approval.

The Committee is asked to discuss the draft terms of reference, identify any suggested amendments and note that work is currently underway in regard to the oversight of key cross cutting areas, such as the Better Together Portfolio. This will evolve over the coming weeks and relevant matters will be integrated into the Committee's Terms of Reference in readiness for the May Board.

The Chair of the Committee and Director of Corporate Governance will take forward any recommendations and/or final amendments to the Board in May 2025 to take effect into 2025/26.

It is suggested that the Committee considers **the following proposals:**

Section of Terms of Reference	Updates
1 - Introduction	It is proposed that the Committee title is updated to 'People and Culture Committee' to reflect the organisations current structure
5 - Committee meetings	The modern practice of holding meetings virtually has been reflected, including clarification in regard to arrangements for in-person meetings
Tidying up	The document has undergone general tidying up to ensure correct job titles etc. are reflected

NEXT STEPS:

The Chair of the Committee and Director of Corporate Governance will take forward any recommendations to the Board in May 2025 to take effect into 2025/26.

APPENDICES

- a. Workforce and Culture Committee Terms of Reference (Approved May 2024)
- b. People and Culture Committee Terms of Reference (Draft March 2025)



Workforce and Culture Committee

Terms of Reference & Operating Arrangements

May 2024

Powell, Bethan
06/03/2025 14:43:43

1. INTRODUCTION

- 1.1 Section 2 of the Standing Orders of the Powys Teaching Health Board (referred to throughout this document as 'PTHB', the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Workforce and Culture Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The scope of the Committee extends to the full range of PTHB responsibilities. This encompasses the delivery and performance management of all directly provided and commissioned services.

2. PURPOSE

The role of the Workforce and Culture Committee is to advise the Board on all matters relating to staff and workforce planning of the Health Board and enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the health service to deliver safer better healthcare.

The Committee will provide advice and assurance to the Board in relation to the direction and delivery of the organisational development and other related strategies to drive continuous improvement and to achieve the objectives of the Health Board's Strategies and Strategic Plans.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 The Committee will, in respect of its provision of advice and assurance to the Board:

Culture & Values:

Powell, Bethan
06/03/2025 14:43:43

- Oversee a credible process for assessing, measuring and reporting on the “culture of the organisation” on a consistent basis over time.
- Oversee the coherence and comprehensiveness of the ways in which the Health Board engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications.
- Oversee the development of a person-centred open and learning culture that is caring and compassionate, which nurtures talent and inspires innovation and excellence.
- Seek assurance that there is positive progress on equality and diversity, including shaping and setting direction, monitoring progress and promoting understanding inside and outside the Health Board.
- Promote staff engagement and partnership working.
- Seek assurance that the organisation adopts a consistent working environment which promotes staff well-being, where people feel safe and are able to raise concerns, and where bullying and harassment are visibly and effectively addressed.
- Support the enhancement of collaborative working relationships across the Health Board between professions and other stakeholders including representative bodies and regulators to improve culture.

Organisational Development & Capacity:

- Seek assurance on the implementation of the Board’s Organisational Development Strategic Framework;
- Seek assurance that the systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:
 - strategic approach to growing the capacity of the workforce;
 - analysis and use of sound workforce, employment and demographic intelligence;
 - the planning of current and future workforce capacity;
 - effective recruitment and retention;
 - new models of care and roles;
 - agile working;
 - identification of urgent capacity problems and their resolution
 - continuous development of personal and professional skills;
 - talent management
- Seek assurance on the Health Board’s plans for ensuring the development of leadership and management capacity, including the Health Board’s approach to succession planning;
- Seek assurance that workforce and organisational development plans, including those developed with strategic partners, are informed by the Sustainable Development Principle as defined by the Well-being of Future Generations (Wales) Act 2015.

Powell Bethan
06/03/2025 14:43:25

Performance Reporting:

- Seek assurances that governance (including risk management) arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legal and safe workforce practices, processes and procedures.
- Scrutinise workforce and organisational development performance issues and key performance indicators and the associated plans to deliver against these requirements, achieved by establishing a succinct set of key performance and progress measures (in the form a performance dashboard) relating to the full purpose and function of the Committee, including:
 - The Health Board's strategic priorities relating to workforce;
 - organisational culture;
 - strategies to promote and protect staff Health & Wellbeing;
 - workforce utilisation and sustainability;
 - recruitment, retention and absence management strategies;
 - strategic communications;
 - workforce planning;
 - plans regarding staff recruitment, retention and remuneration;
 - succession planning and talent management;
 - staff appraisal and performance management;
 - Training, development and education; and
 - Management & leadership capacity programmes.
- Seek assurance on the implementation of those strategic plans developed in partnership which related to workforce and culture, including the Workforce Futures Strategic Framework.
- Ensure there is an effective system in place to consider and respond in a timely manner to workforce and organisational development performance audits received across the organisation and an effective system in place to monitor progress on actions resulting from such audits.
- Monitor and scrutinise relevant internal and external audit reports, management responses to action plans.
- Seek assurance that arrangements for **compliance with Health and Safety Regulations and Fire Safety Standards** are sufficient, effective and robust, including:
 - the operating practices in respect of staff health and safety; stress at work; patient health and safety, i.e., patient falls, patient manual handling; violence and aggression; fire safety; risk assessment processes; safe handling of loads; and hazardous substances

The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for

Powell, Bethan
06/03/2025 14:09:43

review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Statutory Compliance:

Seek assurance, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including:

- Equality & Diversity Legislation
- Welsh Language Standards
- Wellbeing of Future Generations Act (where relevant to this Committee)
- Consultation on Organisational Change
- Mandatory and Statutory Training

Authority

3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

Powell Bethan
06/03/2025 14:43:43

3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

3.9 Each year the Board will determine the Committee’s priorities for its annual programme of work, based on the Board’s Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee’s focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee’s annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee’s programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair	Independent Member of the Board
Vice Chair	Independent Member of the Board
Members	2 x Independent Members of the Board

The Committee may also co-opt additional independent ‘external’ members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Executive Director of People and Culture (Officer Lead)
- Executive Director of Commissioning, Performance and Planning
- Executive Director of Finance, Capital & Support Services
- Executive Director of Primary Care, Community and Mental Health
- Executive Director of Allied Health Professions, Health Science and Digital

4.3 By invitation:

The Committee Chair extends an invitation to the PTHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee

Powell, Bethan
06/03/2025 14:43:48

meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Corporate Governance Team will provide secretariat services to the Committee.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of PTHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of PTHB.

Support to Committee Members

4.8 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

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06/03/2025 14:43:43

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held four times a year, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of PTHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - meetings to be held virtually with opportunities extended to the public to observe meetings held virtually on request;
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;
 - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read;
 - where appropriate items may be included as 'consent' items (item that do not require discussion or debate either because they are routine or have already been unanimously agreed. A Consent Agenda allows the committee to approve all these items together without discussion which can free up the meeting for more substantial discussion. When using a Consent Agenda, the Chair will invite members to request a discussion on any item on the Consent Agenda. If a request is made this item will move onto the Main Agenda for discussion); and
 - through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

- 5.6 There may be circumstances where it would not be in the public

Powell Bethan
06/03/2025 14:43:43

interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business (holding joint meetings where appropriate);
 - sharing of appropriate information; and
 - applicable escalation of concerns.

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

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06/03/2025 14:43:43

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Chair of PTHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.3 The Board Secretary shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.

7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in PTHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

9. CHAIR'S ACTION ON URGENT MATTERS

9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of

Powell Bethan
06/03/2025 14:43:43

the Committee, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.
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Powell, Bethan
06/03/2025 14:43:43



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WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

People and Culture Committee

DRAFT

Terms of Reference & Operating Arrangements

May 2025

Powell, Bethan
06/03/2025 14:43:43

1. INTRODUCTION

- 1.1 Section 2 of the Standing Orders of the Powys Teaching Health Board (referred to throughout this document as 'PTHB', the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **People and Culture Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The scope of the Committee extends to the full range of PTHB responsibilities. This encompasses the delivery and performance management of all directly provided and commissioned services.

2. PURPOSE

- 2.1 The role of the People and Culture Committee is to advise the Board on all matters relating to staff and workforce planning of the Health Board and enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the health service to deliver safer better healthcare.
- 2.2 The Committee will provide advice and assurance to the Board in relation to the direction and delivery of the organisational development and other related strategies to drive continuous improvement and to achieve the objectives of the Health Board's Strategies and Strategic Plans.

3. DELEGATED POWERS AND AUTHORITY

The Committee will, in respect of its provision of advice and assurance to the Board:

Powell, Bethan
06/03/2015 14:43:43

Culture & Values:

- Oversee a credible process for assessing, measuring and reporting on the “culture of the organisation” on a consistent basis over time.
- Oversee the coherence and comprehensiveness of the ways in which the Health Board engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications.
- Oversee the development of a person-centred open and learning culture that is caring and compassionate, which nurtures talent and inspires innovation and excellence.
- Seek assurance that there is positive progress on equality and diversity, including shaping and setting direction, monitoring progress and promoting understanding inside and outside the Health Board.
- Promote staff engagement and partnership working.
- Seek assurance that the organisation adopts a consistent working environment which promotes staff well-being, where people feel safe and are able to raise concerns, and where bullying and harassment are visibly and effectively addressed.
- Support the enhancement of collaborative working relationships across the Health Board between professions and other stakeholders including representative bodies and regulators to improve culture.

Organisational Development & Capacity:

- Seek assurance on the implementation of the Board’s Organisational Development Strategic Framework; Seek assurance that the systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:
 - strategic approach to growing the capacity of the workforce;
 - analysis and use of sound workforce, employment and demographic intelligence;
 - the planning of current and future workforce capacity;
 - effective recruitment and retention;
 - new models of care and roles;
 - agile working;
 - identification of urgent capacity problems and their resolution
 - continuous development of personal and professional skills;
 - talent management
- Seek assurance on the Health Board’s plans for ensuring the development of leadership and management capacity, including the Health Board’s approach to succession planning;
- Seek assurance that workforce and organisational development plans, including those developed with strategic partners, are informed by the Sustainable Development Principle as defined by the Well-being of Future Generations (Wales) Act 2015.

Powell, Bethan
06/03/2025 14:43:45

Performance Reporting:

- Seek assurances that governance (including risk management) arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legal and safe workforce practices, processes and procedures.
- Scrutinise workforce and organisational development performance issues and key performance indicators and the associated plans to deliver against these requirements, achieved by establishing a succinct set of key performance and progress measures (in the form a performance dashboard) relating to the full purpose and function of the Committee, including:
 - The Health Board's strategic priorities relating to people;
 - organisational culture;
 - strategies to promote and protect staff Health & Wellbeing;
 - workforce utilisation and sustainability;
 - recruitment, retention and absence management strategies;
 - strategic communications;
 - workforce planning;
 - plans regarding staff recruitment, retention and remuneration;
 - succession planning and talent management;
 - staff appraisal and performance management;
 - Training, development and education; and
 - Management & leadership capacity programmes.
- Seek assurance on the implementation of those strategic plans developed in partnership which related to workforce and culture, including the Workforce Futures Strategic Framework.
- Seek assurance on the implementation of the Health Board's transformation workstreams relevant to people, organisational development or any other areas within the Committees remit;
- Ensure there is an effective system in place to consider and respond in a timely manner to workforce and organisational development performance audits received across the organisation and an effective system in place to monitor progress on actions resulting from such audits.
- Monitor and scrutinise relevant internal and external audit reports, management responses to action plans.
- Seek assurance that arrangements for **compliance with Health and Safety Regulations and Fire Safety Standards** are sufficient, effective and robust, including:
- the operating practices in respect of staff health and safety; stress at work; patient health and safety, i.e., patient falls, patient manual handling; violence and aggression; fire safety; risk assessment processes; safe handling of loads; and hazardous substances

Powell Bethan
06/03/2025 14:43:43

The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Statutory Compliance:

Seek assurance, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including:

- Equality & Diversity Legislation
- Welsh Language Standards
- Wellbeing of Future Generations Act (where relevant to this Committee)
- Consultation on Organisational Change
- Mandatory and Statutory Training

Authority

3.2 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

3.3 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

3.4 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

3.5 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

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06/03/2025 14:43:43

Sub Committees

3.6 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

3.7 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair	Independent Member of the Board
Vice Chair	Independent Member of the Board
Members	2 x Independent Members of the Board

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Executive Director of People and Culture (Officer Lead)
- Executive Director of Commissioning, Performance and Planning
- Executive Director of Finance, Capital & Support Services
- Executive Director of Primary Care, Community and Mental Health
- Executive Director of Allied Health Professions, Health Science and Digital

4.3 By invitation:

The Committee Chair extends an invitation to the PTHB Chair and

Powell Bethan
06/03/2025 14:43:43

Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Corporate Governance Team will provide secretariat services to the Committee.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of PTHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of PTHB.

Support to Committee Members

4.8 The Director of Corporate Governance/Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

Powell Bethan
06/03/2025 14:43:43

- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held four times a year, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of PTHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - meetings to be held virtually with opportunities extended to the public to observe meetings held virtually on request;
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;
 - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read;
 - where appropriate items may be included as 'consent' items (item that do not require discussion or debate either because they are routine or have already been unanimously agreed. A Consent Agenda allows the committee to approve all these items together without discussion which can free up the meeting for more substantial discussion. When using a Consent Agenda, the Chair will invite members to request a discussion on any item on the Consent Agenda. If a request is made this item will move onto the Main Agenda for discussion); and
 - through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with

Powell Bethan
06/03/2025 14:43:43

legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

- 5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

Other meeting arrangements

- 5.7 Committee meetings will be held via virtual means unless otherwise specified. The Committee will endeavour to meet in-person at least once per year.

Should a meeting be held in person this will be confirmed in advance by the Chair and Director of Corporate Governance/Board Secretary. In-person meetings arrangements will be co-ordinated and communicated in advance by the Corporate Governance Team.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and

Powell Bethan
06/03/2025 14:43:30

assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business (holding joint meetings where appropriate);
- sharing of appropriate information; and
- applicable escalation of concerns.

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of written assurance reports;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Chair of PTHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.3 The Director of Corporate Governance/Board Secretary shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.

7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

Powell, Bethan
06/03/2015 14:43:43

The requirements for the conduct of business as set out in PTHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

9. CHAIR'S ACTION ON URGENT MATTERS

9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance/Board Secretary as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.

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Staff Retention Final Internal Audit Report November 2024

Powys Teaching Health Board



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06/03/2025 14:43:56

Contents

Executive Summary 3

1. Introduction..... 4

2. Detailed Audit Findings..... 4

Appendix A: Management Action Plan..... 9

Appendix B: Assurance opinion and action plan risk rating 13

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Executive sign-off:	Debra Wood- Lawson, Executive Director of People and Culture
Distribution:	Katelyn Falvey, Head of Strategic Workforce Transformation, Planning & Resourcing Julia Williams, Workforce Retention Lead
Committee:	Audit Risk & Assurance Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Risk and Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Powys Teaching Health Board no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

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 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.

Executive Summary

Purpose

The overall objective of the audit was to review and assess the plans and processes in place to enable the Health Board to retain an appropriate workforce to allow for the sustained delivery of high-quality services.

Overview

We have issued reasonable assurance on this area.

The matters requiring management attention include:

- Actions within the National Nurse Retention Plan overseen by the task and finish groups do not have revised target dates.
- The Health Board’s local Workforce Retention plan requires completion for use.
- Further work is required to promote the completion of exit questionnaires.

Other recommendations / advisory points are within the detail of the report.

Report Opinion



Reasonable

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary¹

Objectives	Assurance
1 There are relevant plans in place that outline the approach to staff retention	Reasonable
2 Effective initiatives are in place to retain staff and outcomes are reviewed where applicable	Reasonable
3 There is a mechanism in place to collate and learn from information provided at the leavers exit questionnaire	Reasonable
4 There are appropriate governance arrangements in place, which provide an oversight for the regular review and delivery of retention plans.	Substantial

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority
1	Setting Milestones for National Nurse Retention Plan actions	1 Operation	Medium
2	Development of Health Board’s Local Workforce Retention Plan	1 & 2 Operation	Medium
3	Exit Questionnaire Completion	3 Operation	Medium

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1. Introduction

- 1.1 Our review of Retention of Staff was completed in line with the 2024/25 Internal Audit Plan for Powys Teaching Health Board (the 'Health Board').
- 1.2 Retaining and supporting the workforce to continue to deliver, safe, quality and excellent care is one of the Health Board's priorities.
- 1.3 It is important that both new and existing staff are supported and encouraged to remain with the organisation because a staff member's experience can have a direct and measurable impact on employee's retention.
- 1.4 The Health Board has a higher workforce turnover rate when compared to the NHS Wales average. The organisation has experienced a varied level of staff turnover amongst staff groups within the organisation, with nursing and midwifery having the highest head count.
- 1.5 The Executive lead for this review is the Executive Director of People and Culture.
- 1.6 The potential risks considered for this review were as follows:
 - The Health Board fails to deliver the goals and objectives detailed within its staff retention Plans;
 - The Health Board is unable to consistently operate in a safe manner due to insufficient staff;
 - Lessons learnt from the leavers interview are not captured; and
 - Continued reduction in the Health Board's workforce due to recruitment and retention issues not being monitored and/or corrective action not being taken.

2. Detailed Audit Findings

Objective 1: There are relevant plans in place that outline the approach to staff retention. The Plans set out clear milestones and objectives with specific actions to achieve them.

- 2.1 There is a National Nurse Retention Plan which was published by HEIW in October 2023. The Plan is intended to supplement and strengthen the work that many organisations had already progressed. The plan is supported by a retention guide and a self-assessment tool. The Health Board is required to implement thirty-nine actions across the plan's seven themes, with wellbeing, Welsh language and inclusion threaded through the plan.
- 2.2 The National Plan is owned and led by HEIW, it is nurse specific and was developed before the Health Board's workforce retention lead was appointed. The actions within the plan have a number of responsible owners, these are undertaken by the Health Board, HEIW and the Welsh Government.
- 2.3 The staff turnover rates have been noted as an All-Wales issue and support has been recognised to be needed. The Health Board appointed a new workforce retention lead in February 2024. The role has been funded for two years and the

basis for the role is to review the general workforce retention but specifically focus on nurse retention.

- 2.4 The Health Board is required to report to HEIW against the actions and milestones within the National Nurse Retention Plan. We note that two thirds of the target dates for completion of actions within the plan lapsed just after the Health Board's lead started in post (and at the end of the 23/24 financial year end), also almost one third of the target dates were set for April 2024. This has been raised with HEIW by the various Health Board appointed workforce retention leads. However, it is the expectation that work should still be undertaken within the Health Board to ensure the set actions are undertaken.
- 2.5 Work has been undertaken and is being picked up locally by four task and finish groups named; Experience, Influence, Develop and Flexible. The groups are working on the actions that have lapsed within the National Nurse Retention Plan and some of the more local actions. The groups meet monthly and keep and update their respective action plans and action logs.
- 2.6 Review of the National Nurse Retention Plan actions being taken forward by the task and finish groups, found seven of the thirty-nine actions had been fully completed (as at time of the audit) with evidence provided. However, we note that the remaining actions that have lapsed have not been allocated new targets for completion within the task and finish groups. **(Matter Arising 1 – Medium Priority)**
- 2.7 The Retention Steering Group has responsibility for the development of an organisational local Workforce Retention Plan. At the time of our audit the local plan was in its early stages of development. However, there is need to work towards completing this as the National Nurse Retention Plan makes a number of references to a Health Board local plan, highlighting the importance of its development. **(Matter Arising 2 – Medium Priority)**

Conclusion:

- 2.8 The National Nurse Retention Plan published by HEIW has actions with milestones which though lapsed are required and still being worked on by the Health Board. However, new milestones have not been set for achieving these actions. We also note that there is ongoing work in place to develop a robust local Workforce Retention Plan, which is a reference tool within the National Nurse Retention Plan and a key plan for the Health Board as a whole. We have provided **Reasonable Assurance** for this objective.

Objective 2: Effective initiatives (such as social media, staff engagement, succession planning and staff surveys) are in place to retain staff, they align to agreed plans, and outcomes are reviewed where applicable.

- 2.9 The workforce retention lead has been communicating and meeting with members of staff from the Executive to the Operational level. A number of initiatives have taken place. This has been done by:

- Undertaking staff surveys;
 - Having well-being roadshows; and
 - Having face to face meetings and visiting staff at their workplace.
- 2.10 There is also a Health Board retention resources and managers information site in place. We were informed by the Head of Strategic Workforce Transformation, Planning & Resourcing that this was a work in progress with additions made as they go.
- 2.11 Information gathered in staff engagement was fed back to service leads to implement actions and improve retention in relevant areas. Meetings were set up with senior managers where there were key/ major issues, providing templates and walking through suggested ways to resolve issues and complete the templates. The expectation is that the templates would be completed by October/ November 2024.
- 2.12 At the organisational level, there are ongoing themes being reviewed and individual areas are asked to look at what affects them locally. A number of themes were presented at the steering group and the Workforce & Culture Committee from the various initiatives.
- 2.13 The People and Culture performance report presented in October 2024 highlighted that the staff turnover percentage rate over the last year within the Health Board reduced from 16.23% in August 2023 (14.43% excluding fixed term) to 12.27% in August 2024 (11.73% excluding fixed term). However, this is still significantly above the NHS Wales turnover rate which was 7.2% in June 2024. (Matter Arising 2 – Medium Priority).
- 2.14 To note, due to the nature of Powys Teaching Health Board which includes geography, population demographics and service delivery, it may not be realistic for PTHB to achieve a turnover to replicate the NHS Wales average. However, we recognise that there has been a reduction in staff turnover in recent months which is a positive shift.

Conclusion:

- 2.15 A number of initiatives have been commenced to encourage and improve the retention of staff. Analysis has also been undertaken and the outcomes have been shared with affected areas and reported to the Steering group and the Workforce & Culture Committee. However, the Health Board's staff turnover rate remains significantly above the NHS Wales average. We have provided **Reasonable Assurance** for this objective.

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Objective 3: There is a mechanism in place to collate and learn from information provided at the leavers exit questionnaire. There are actions or systems in place to feed lessons learnt into retention plans and processes

- 2.16 There is a pre-set All Wales NHS leavers questionnaire which consists of ten drop down questions and an open comment section, this is within the Electronic Staff Records (ESR). Where a staff member is leaving the organisation, ESR automatically sends an exit questionnaire which the leaving staff member is expected to complete themselves.
- 2.17 The Workforce Retention Lead receives an Electronic Staff Record (ESR) business intelligence report on a monthly basis from the systems People and Culture team. Areas where the Health Board is performing well or poorly are sighted and themes are drawn from here.
- 2.18 A process of six-monthly reviews of exit questionnaires has commenced, with the first covering the period January to June 2024. Themes are identified through the review based on the weighted responses received and these will be picked up by the respective task and finish groups. An exit questionnaire analysis was presented at the Workforce Retention Steering Group and at the Shared Delivery meeting in which People and Culture colleagues attend. Workforce & Culture Committee will also receive an update in the coming months.
- 2.19 The exit questionnaire completion rate was at 28%, as stated in the exit questionnaire analysis of the January to June 2024 report presented at the Workforce Retention Steering Group in September 2024. Actions have been put in place to improve the rate of completion and ensure they are relevant and reliable, although some of these are currently work in progress. **(Matter Arising 3 – Medium Priority)**
- 2.20 There is an exit questionnaire process guidance which highlights how data/information extracted from the exit questionnaire report should be escalated via relevant mediums to address staff concerns. The guidance is in the process of being finalised. **(Matter Arising 3 – Medium Priority)**

Conclusion:

- 2.21 There is a new six-monthly review process in place used to collate and understand the reasons the staff turnover rate is high. Analysis from the review has highlighted some areas that had previously been flagged as actions. Further work is required to ensure the rate of completion of the exit questionnaires is improved. We have provided **Reasonable Assurance** for this objective.

Objective 4: There are appropriate governance arrangements in place, which provide an oversight for the regular review and delivery of retention plans.

- 2.22 The People Culture performance report is presented at every meeting of the Workforce & Culture Committee as a part of the standing agenda for assurance. It is also presented at Executive Committee.

-
- 2.23 Staff retention has been discussed at Executive Committee and Workforce & Culture Committee. There was a review of workforce retention in the Health Board from April 2023 to March 2024, this was presented in June 2024 and shared at Executive committee and Workforce & Culture Committee.
- 2.24 On a quarterly basis, updates are provided to the Workforce & Culture Committee for assurance against delivery of the Health Board's Integrated Plan. There are themes within the Plan relating to Workforce and OD, these themes are reported every six months.
- 2.25 In March and September 2024, an update on the 'Workforce futures' priority for strategic priority 11: A great place to work' theme was presented, this included an update on the Nurse retention plan.
- 2.26 There is a Workforce Retention Steering Group in place supported by four task and finish groups. The Workforce Retention Lead chairs the Steering group that has members from across the organisation, meets bimonthly and reports into the Executive Committee. The Steering Group has up to date terms of reference, keeps action logs, agendas and minutes of meetings. The three meetings reviewed were all quorate and operated effectively.
- 2.27 Each of the Experience, Influence, Develop and Flexible task and finish groups has a different focus as their name suggests, with work being done to ensure they have a variety of staff voice from clinical and operational colleagues. The task and finish groups provide updates to the steering group at every meeting.
- 2.28 The HB provides six-monthly update reports to HEIW against the National Nurse Retention Action Plan. Following the plan update presented in September 2024 at the Retention Steering Group, the update was also provided to HEIW.

Conclusion:

- 2.29 There are four task and finish groups which report to a Steering Group with responsibilities for undertaking the actions as set within the National Nursing Retention Plan. There are also appropriate overview and governance arrangements in place for staff retention at a Health Board level via the Executive Committee and the Workforce & Culture Committee. We have provided **Substantial Assurance** for this objective.

Powell, Bethan
06/03/2025 14:43:43

Appendix A: Management Action Plan

Matter Arising 1: Setting Milestones for National Nurse Retention Plan (Operation)			Impact
<p>The Health Board is required to report against the actions and milestones within the National Nurse Retention Plan. We note that the actions stated within the national retention plan have passed their original target dates. However, the task and finish groups do not have an updates timeline for the delivery of the national retention plan actions.</p> <p>Anticipated end dates and latest updates of progress towards the completion of the Nurse Retention Plan actions are not entered into the action plan which is presented at each of the Task and finish groups meetings.</p> <p>We also note that 8 of the 39 actions within the plan had not commenced at the time of the audit.</p>			<p>Potential risk of:</p> <ul style="list-style-type: none"> Task and finish groups and Health Board as a whole are unable to decide where or what to place priorities on as there are no target dates set.
Recommendations			Priority
1	Management should ensure they include target dates for the actions of the National Nurse Retention Plan, so Health Board expectations and priorities to be reported to HEIW are known and prioritised.		Medium
Agreed Management Action		Target Date	Responsible Officer
1	Target dates to be agreed against each of the actions by the task and finish groups, with continual progress monitored and reported into Steering Group.	January 2025	Julia Williams, Workforce Retention Lead

Powell, Bethan
06/03/2025 14:43:43

Matter Arising 2: Development of Health Board's Local Retention Plan (Operation)		Impact	
<p>The Health Board's local Workforce Retention Plan commenced development in June 2024. We note that the Health Board is focusing on its priorities as they align to the nurse retention plan, ensuring they are applicable to the Health Board. The workforce retention lead is working on the organisational plan, but this still requires further work to be done. Additional details of measures to achieving the milestones such as areas to identify, areas to improve on and setting targets dates for actioning are required.</p> <p>The workforce retention lead has also been communicating and meeting with members of staff from the Executive to the Operational level to discuss staff retention. Actions have been developed at a local level following this engagement and on an organisational level, there are ongoing themes being reviewed. A number of themes were presented at the Steering Group and the Workforce & Culture Committee from the various initiatives.</p> <p>However, we note that the Health Board's staff turnover rate of 12.74% in August 2024, remains significantly above the NHS Wales average.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> The Health Board fails to deliver the goals and objectives detailed within its staff retention Plans. 	
Recommendations		Priority	
2	<p>Management should ensure that the local Workforce Retention Plan is fully developed as soon as possible with the allocation of target dates for the completion of actions and is then made available for use for by the Health Board.</p> <p>The initiatives that have been developed following the analysis undertaken by the Health Board's Retention lead should be incorporated into the Plan to ensure that they are effectively implemented.</p>	<p>Medium</p>	
Agreed Management Action		Target Date	Responsible Officer
2	<p>Develop the Workforce Retention Improvement Plan for Powys Teaching Health Board and gain Executive sign off prior to implementation.</p>	March 2025	Julia Williams, Workforce Retention Lead

Powell, Bethan
06/03/2025 14:43:43

Matter Arising 3: Exit Questionnaire Completion (Design / Operation)		Impact
<p>The six-month review of the exit questionnaires undertaken from January to June 2024 highlighted a completion rate of 28%. In order for the Health Board to be able to derive benefits from the information provided therein, the completion rate needs to be improved.</p> <p>We note that the following actions are currently being put in place:</p> <ul style="list-style-type: none"> • A staff communication is being put in place. This is currently a work in progress; • Posters are currently being developed; • We were informed that information around the need to complete the exit questionnaire is to be included in the local management training programme, corporate induction and passed on to relevant groups as well. The team which run the Health Board’s Manager’s programme stated that the completion of exit questionnaires is verbally mentioned in the programme; and • Production of an exit questionnaire process guidance. This is in the process of being finalised. 	<p>Potential risk of:</p> <ul style="list-style-type: none"> • Health Board is uninformed on the reason for a high turnover rate. • Learnings from leaver not captured. 	
Recommendations		Priority
<p>3.1 Management should ensure that the current plans are fully implemented, and then explore any further ways of improving the completion rate of exit questionnaires, ensuring adequate staff communication is put in place.</p> <p>3.2 There should also be a system in place to formally include the relevance and need to complete exit questionnaires at local management training and corporate induction programmes.</p> <p>3.3 The exit questionnaire process guidance should be finalised for use by the Health Board.</p>	<p>Medium</p>	

Powell, Bethan
30/03/2025 14:43:49

Agreed Management Action		Target Date	Responsible Officer
3.1	Complete development of manager and employee information around exit questionnaires and communicate this with all staff through a multi-modal communication plan	January 2025	Julia Williams, Workforce Retention Lead
	Complete quality improvement project to improve exit questionnaire completion rate for Registered Nurse’s with the Community Services Group and replicate successes across the organisation.	March 2025	
3.2	Ensure exit questionnaire relevance and importance is included in programme of education within the PTHB Managers Programme and Corporate Induction.	December 2025	
3.3	Finalise the process for escalation of exit questionnaire data and publish on PTHB Sharepoint.	January 2025	

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Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	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 Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

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NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

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

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Board & Committee Structure/Effectiveness

Final Internal Audit Report

2024/25

Powys Teaching Health Board



Substantial Assurance

Contents

Executive Summary	1
Findings & Agreed Action Plan	2
Appendix A	5

Review Reference

PTH-2425-02

Fieldwork

September - November 2024

Executive Sign Off

03 December 2024

Audit Committee

January 2025

Executive Lead

Helen Bushell, Director of Corporate Governance/Board Secretary

Audit Team

Ian Virgill, Head of Internal Audit

Lucy Jugessur, Deputy Head of Internal Audit



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Executive Summary

Purpose

To evaluate Powys Teaching Health Board’s (the ‘Health Board’) Board and Committee structure and assess the operation of the Board and Committees to ensure effective and efficient reporting, scrutiny and decision making on areas of accountability.

Overview

The current committee structure of the Health Board has been in place since August 2021 with the following committees currently in operation:

- Audit, Risk and Assurance Committee.
- Charitable Funds Committee.
- Delivery and Performance Committee.
- Executive Committee.
- Patient, Experience, Quality & Safety Committee.
- Planning, Partnerships and Population Health Committee.
- Remuneration and Terms of Service Committee; and
- Workforce and Culture Committee.

This review follows on from the previous audit of Board & Committee Structure/ Effectiveness which we completed in 2023/24, and covers the workings of the Board; Audit, Risk and Assurance Committee; Planning, Partnerships and Population Health Committee; and Workforce and Culture Committee.

We have concluded **Substantial** assurance on this area. We have identified no key matters for reporting in our review.

Opportunities for Enhancement

The following opportunities for enhancement have been identified that do not impact the overall opinion and are highlighted for management information:

- Consideration should be given to discussing with Welsh Government the potential of ongoing training and awareness exercises for Independent Members post-appointment, outside that already provided by the Health Board.

Scope & Assurance Summary

Objectives	Related Findings	Assurance
1 The Health Board has clear, defined Board and Committee governance and assurance structures.	-	Substantial
2 The Committee structure provides for clear, effective and efficient decision-making and scrutiny on areas of accountability.	-	Substantial
3 Board and Committee work programmes are aligned to the Health Board’s strategic objectives and risks.	-	Substantial
4 Board and Committee reporting is clear and concise and provides effective triangulation of business activity	-	Substantial

Findings & Agreed Action Plan

Objective 1: The Health Board has clear, defined Board and Committee governance and assurance structures.

Substantial

Overview / Summary of Observations

The Health Board has current Standing Financial Instructions and Standing Orders in place that outline and formalise the Board and Committee governance structures and arrangements, and these were recently reviewed and updated, and approved by the Board in May 2024.

The Board's Terms of Reference (ToR) forms part of the Health Board's Standing Orders and is current in its constitution. All three sampled Committees (Audit, Risk and Assurance Committee; Planning, Partnerships and Population Health Committee; and Workforce and Culture Committee) ToR are also current in content having been reviewed and updated and approved by the Board in May 2024.

Additionally, each ToR states the constituent membership, roles and responsibilities of the Committee; and their reporting arrangements, membership quoracy and frequency of meetings to be held.

Our review of Committee meeting structures, and of their respective areas of responsibility as stated within the Standing Orders and Committee ToR documents, confirmed that they were appropriate and did not identify any potential overlap or conflict of subject matter between Committees.

Independent Member Induction and ongoing training/development

The Health Board has an induction process for new members, and provides ongoing support, training and development that enables Independent Members to effectively undertake their roles and management of their respective Committees.

Our discussions with the Committee Chairs of the three sampled Committees identified their satisfaction with the Health Board's induction process, and the regular and ongoing provision of training, development and guidance available to them, and also the support provided by the Corporate Governance Team.

However, we identified that upon completion of the Welsh Government induction process undertaken by Independent Members upon appointment, no further training/awareness is provided to them by Welsh Government. As such, the Health Board should consider discussing with Welsh Government, the possibility of introducing ongoing Independent Member training, outside that already provided by the Health Board, to further enrich their roles within NHS Wales Health Bodies.

Powell, Bethan
06/03/2025 14:43:43

Overview / Summary of Observations

As part of our review, we attended meetings of the Board; Audit, Risk and Assurance Committee; Planning, Partnerships and Population Health Committee; and Workforce and Culture Committee. We also met with the Board Chair and Chairs of the aforementioned Committees to discuss their views and approach toward effective Committee management and proceedings

As such, we can confirm that the Health Board Chair and the sampled Committee Chairs effectively manage their meetings and engage with their membership to allow appropriate scrutiny, dialogue, and debate of Agenda items in an efficient manner, in accordance with their prescribed roles and respective experience that they bring to the Health Board.

Additionally, our review of the minutes from a sample of Board and Committee meetings undertaken during 2024/25 demonstrated the scrutiny undertaken, decisions made, and the follow up and confirmation of action completion as appropriate in subsequent Committee Action Plans. This process is supported by an action/issues log tracker spreadsheet for Board and all Committees meetings, and this is accurately maintained by the Corporate Governance Department.

Declarations of Interests

The Corporate Governance Department has a process in place to monitor and manage the annual return of Declarations of Interests, and our testing confirmed that all Board Members and the Executive Team had completed and submitted a Declaration of Interest form for 2024/25.

The Board and Committee Chairs also confirm if there are any specific declarations of interest to be made at the start of each meeting, relating to items included within the individual agendas. Any declarations highlighted through this process would be effectively managed within the meeting to ensure no conflict of interest arises.

Powell, Bethan
06/03/2025 14:43:43

Objective 3: Board and Committee work programmes are aligned to the Health Board's strategic objectives and risks.

Substantial

Overview / Summary of Observations

Current Work Programmes are in place for 2024/25 to ensure that the Board and its Committee's annual activity is effectively timetabled, and covers all required areas, as detailed within the Health Board's Standing Orders and the respective TOR.

Our review of the Work Programmes for the Board and the three sampled committees also confirmed that they are aligned to, and provide effective coverage of, the Health Board's strategic objectives and key risks.

Where applicable, deferment or removal of Agenda items are recorded accordingly within the respective Work Programmes.

Our testing of the minutes from a sample of Audit, Risk and Assurance Committee; Planning, Partnerships and Population Health Committee; and Workforce and Culture Committee meetings held during 2024/25 confirmed that all items stated on their Work Programmes were undertaken as timetabled.

Objective 4: Board and Committee reporting is clear and concise and provides effective triangulation of business activity.

Substantial

Overview / Summary of Observations

Our testing of the sample of Board; Audit, Risk and Assurance Committee; Planning, Partnerships and Population Health Committee; and Workforce and Culture Committee meetings held during 2024/25 confirms that the minutes are accurately documented, and their actions and decisions are clearly delivered. The papers are made available for Board and Committee Chairs and their constituent membership in a timely manner prior to commencement of each meeting.

We also confirm that the agendas, minutes and other papers for these Board and Committee meetings were made available to Health Board staff, the general public and stakeholders for scrutiny, by being published on the Health Board's website in advance of each meeting held.

Our review of the aforementioned Committee meeting cover papers and reports confirm that they are of a high quality, and are detailed and thorough in content, and our conversations with Committee Chairs confirmed their satisfaction in this regard.

Furthermore, our testing also confirmed the submission of each Committee Chair's Update Report to subsequent Board meetings, evidencing the reporting of their key Agenda items and outcomes/actions to be undertaken.

Powell, Bethan
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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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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.





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Powys Teaching
Health Board

Powys Teaching Health Board Glossary (January 2025)

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
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AFC	Agenda for Change
AHPs	Allied Health Professionals
ALN	Additional Learning Needs
AO	Accountable Officer
ARAC	Audit, Risk and Assurance Committee
ASM	Accelerated Sustainable Model
ABUHB	Aneurin Bevan University Health Board
AR	Audit Recommendations
AGW	The Auditor General for Wales
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BAF	Board Assurance Framework
BMA	British Medical Association
BCUHB	Betsi Cadwaladr University Health Board
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CAAP	Clinical Associate in Applied Psychology
CAMHS	Child and Adolescent Mental Health Services
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

Powell
06/03/2025
143:143

CRR	Corporate Risk Register
CSP	Clinical Service Plan
CV	Curriculum Vitae
CWMPAS	Mid and West Wales Regional Safeguarding Adults Board
CYSUR	Mid and West Wales Regional Safeguarding Children Board
CCN	Childrens Community Nursing
CTMUHB	Cwm Taff Morgannwg University Health Board
CVUHB	Cardiff and Vale University Health Board
D&P	Delivery and Performance Committee
DCG	Delivery Co-ordination Group
DHCW	Digital Health and Care Wales
DNA	Did not Attend
DATIX	Incident Management System
DPA	Data Protection Act
DGH	District General Hospital
DToC	Delayed Transfer of Care
EASC	Emergency Ambulance Services Committee
EOG	Executive Oversight Group
EMRTS	Emergency Medical Retrieval & Transfer Service?
ESR	Electronic Staff Record
EOY	End of Year
FOI	Freedom of Information
FFT	Friends and Family Test
FTE	Full Time Equivalent
FBC	Full Business Case
GIRFT	Getting It Right First Time
GDS	General Dental Services
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
H&S	Health and Safety
HCA	Health Care Assistant
HCS	Health and Care Standards
HCSW	Health Care Support Worker
HEIW	Health Education and Improvement Wales
HIW	Healthcare Inspectorate Wales
HPF	Healthcare Professionals Forum
HUHB	Hywel Dda University Health Board
ICF	Integrated Care Funding

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06/03/2025 14:43:43

IEN	Internationally Educated Nurse
IG	Information Governance
IM	Independent Members
IMTP	Integrated Medium Term Plan
IP&C	Infection Prevention and Control
IQPF	Integrated Quality Performance Framework
IQPG	Integrated Quality & Performance Group
IQPR	Integrated Quality Performance Report
IT	Information Technology
JAG	Joint Advisory Group (on Gastrointestinal Endoscopy)
JCC	Joint Commissioning Committee
JD	Job Description
JET	Joint Executive Team
JIPCA	Joint Inspection of Child Protection Arrangements
JLT	Joint Leadership Team (PTHB and PCC)
JR	Judicial Review
KPI	Key Performance Indicator
LoF	League of Friends
LMC	Local Medical Committee
LPF	Local Partnership Forum
LTA	Long Term Agreement
LHB	Learning Health Board
LA	Local Authority
MDTs	Multi-Disciplinary Teams
MEG	Medical E-Governance System
MEG	Main Expenditure Group
MH	Mental Health
MIU	Minor Injury Unit
MOU	Memorandum of Understanding
MOA	Memorandum of Agreement
MSK	Musculoskeletal
MD	Ministerial Direction
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
OCP	Organisational Change Process

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06/03/2025 14:33:43

OOO	Out of County
OOH	Out of Hours
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
OBC	Outline Business Case
PA	
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
PCC	Powys County Council
PEQS	Patient Experience, Quality and Safety Committee
PHE	Public Health England
PHW	Public Health Wales
PPPH	Planning, Partnerships and Population Health Committee
PSB	Public Service Board
PSOW	Public Services Ombudsman for Wales
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
QA	Quality Assurance
RaTS	Remuneration and Terms of Service Committee
RCN	Royal College of Nursing
RN	Registered Nurse
RPB	Regional Partnership Board
RIIC	Research, Innovation & Improvement Coordination
RISP	Radiology Information System Procurement
RPB	Regional Partnership Board
RTT	Referral to Treatment
RJAH	Rhobert Jones Agnus Hunt
RTS	Routemap To Sustainability
RIF	Regional Investment Fund
Q1 Q2 Q3 Q4	Quarter 1 (April, May, June), Quarter 2 (July, August, September), Quarter 3 (October, November, December), Quarter 4 (January, February, March)
SAR	Subject Access Request
SAS	Specialty and Specialist
SBAR	Situation, Background, Assessment, Recommendation
SLA	Service Level Agreement
SOC	Strategy Outline Case
SOP	Standard Operating Procedure
SBUHB	Swansea Bay University Health Board
SaTH	Shrewsbury and Telford Hospital NHS Trust

Powys
06/03/2023 15:43

SPB	Strategic Programme Board
SRO	Senior Responsible Owner
TI	Targeted Intervention
ToR	Terms of Reference
TRAC	Online Recruitment Management System
T&V	Transformation & Value
VERS	Voluntary Early Release Scheme
WAST	Welsh Ambulance Services NHS Trust
WPOCT	Welsh Point of Care Test System
W&C	Workforce and Culture Committee
WCCIS	Welsh Community Care Information System
WG	Welsh Government
WNB	Was Not Brought
WOD	Workforce and Organisational Development
WHC	Welsh Health Circular
WHSSC	Welsh Health Specialised Service Committee
WTE	Whole Time Equivalent
WVT	Wye Valley Trust
WPAS	Welsh Patient Administration System
YTD	Year to Date

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06/03/2025 14:43:43