

People and Culture Committee

Mon 29 September 2025, 10:00 - 13:00

Agenda

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

1.1. WELCOME AND APOLOGIES

1.2. DECLARATION ON INTERESTS REGISTER

10:00 - 10:00 **2. CONSENT AGENDA BUSINESS**
0 min

The Chair will ask if there are any items from the Consent Agenda (Item 7) that Committee Members wish to bring forward to the main agenda.

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

3.1. Minutes of the previous meeting held on the 03 June 2025

 P&C_3.1_P&CMinutes_03June2025 v2.pdf (11 pages)

3.2. Committee Action Log

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


3.3. Committee Effectiveness Continuous Development Plan

 P&C_3.3_Committee Effectiveness Continuous Development Plan 2025-26.pdf (5 pages)

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

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

5.1. Workforce Performance Report

 P&C_5.1_People & Culture Performance Report 07 2025 (Narrative).pdf (14 pages)

5.2. Director of People and Culture Report

 P&C_5.2_Exec Director of People and Culture Summary Report.pdf (12 pages)

5.3. Theme 2 - Great Place to Work


 P&C_5.3_A Great Place to Work P&C Sep 2025.pdf (11 pages)

5.4. Violence and Aggression Incidents

 P&C_5.4_V&A Overview 2025.pdf (12 pages)

5.5. Committee Risk Register

Lewis, Raychelle
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 P&C_5.5_Committee Risk Register Update.pdf (3 pages)

 P&C_5.5a App_A - Appendix A - Committee Risk Register (July 2025 Data).pdf (10 pages)

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

0 min

10:00 - 10:00 7. CONSENT AGENDA

0 min

7.1. Internal Audit Report (For assurance)

7.2. Work Programme (For information)

 P&C_7.2_2025-26 Board & Committee Work Programme.pdf (1 pages)

7.3. PTHB Glossary

 P&C_7.3 PTHB Glossary.pdf (5 pages)

10:00 - 10:00 8. OTHER MATTERS

0 min

8.1. Any other urgent business

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

8.3. Committee Reflections

8.4. Date of the next meeting: 09 December 2025

Lewis, Raychelle
25/09/2025 07:55:56



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PEOPLE AND CULTURE COMMITTEE

UNCONFIRMED MINUTES OF THE MEETING HELD ON 03 JUNE 2025

LOCATION OR HELD VIA MICROSOFT TEAMS

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

1. PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES FOR ABSENCE (P&C/25/001)
The Chair welcomed everyone to the meeting and extended her thanks to the Workforce and Corporate Governance team for the efficient distribution of the

committee agenda and papers. Apologies for absence were received as recorded above.

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

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

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

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

3. ITEMS FOR APPROVAL/DECISION/RATIFICATION

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

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

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

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

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

HB introduced the action log, stating that VM had kindly provided an update in relation to the demand for written and/or verbal Welsh Language care plans (Action W&C/24/56). No queries have been raised with a recommendation to accept closure of the action.

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

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

HB presented the Workforce and Culture Annual Report for 2024/2025

confirming that it is a summary of all the things that the Committee has considered under the previous and current Chairs of the Committee with support from DW-L, colleagues and Executive leads. A number of Committee Annual reports were taken to Board in May 2025. This report will be taken Board in July 2025.

Committee members sought assurance by asking the following questions:
Will there be time or space on the agenda moving forward to focus more on deep-dive discussions of emerging topics, rather than just standard reporting?
JO-A stated this will be reflected on the Work Programme which will be about how agile each of the Committees of the Board need to be, reflecting the challenges that the Board face with particular reference to workforce and culture.

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

HB agreed this would be updated.

The Committee:

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

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

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

The Committee:

- **APPROVED** the Committee Annual Work Programme 2025/26

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

There were no escalated items on the agenda.

5. ITEMS FOR ASSURANCE

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

DW-L introduced the Workforce Performance report for April 2025 which had continued to develop and improve workforce metrics. KF presented the report and drew attention to the following areas:

Staff Transformation and Sustainability of the Workforce

- Variable pay data – are seeing improvement in nurse bank use with a steady decline in on contract use in the last year. A sharp drop in both on and off agency use in April this year. Projections indicate being on target to deliver on the ministerial targets of no agency Health Care Support Workers (HCSW) use and no admin agency use by September 2025 and a reduction of 30% for all other agencies use by the end of the financial year.
- Above the All Wales average consistently on Performance Appraisal and Development Review (PADR) compliance and Statutory and Mandatory training

Committee members sought assurance by asking the following questions:

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

DW-L replied stating that if you look across other Health Boards and even in local Government, 'Transformation' is seen as trying to distinguish the level of change that is needed by an organisation or by a system versus service improvement. It is hoped that by using 'Transformation' the directorate is signalling an intent that shows change is required and it is deliberately used in order to signal the direction of travel.

JO-A added that the term is a comprehensive response and is about cultural transformation as well. The term is used to demonstrate the need to act.

CP joined at 10:22

Can the monetary value of the reduction in agency usage be provided?

DW-L stated that this information is provided in the finance reports scrutinised in the Finance and Performance Committee. However, Members were reminded that when looking at the business case for 'Temporary Service Changes' at Board, the impact of agency staff on wards was referenced.

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

DW-L agreed that putting a footnote on the report would be helpful, and that an annual Joint Committee might be beneficial between People and Culture (P&C) and Patient Experience and Quality (PEQS) to allow triangulation of data.

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

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

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

The purpose of the paper is for the Committee to **RECEIVE** an update on.

DWL presented the report on priorities within the Workforce section of the Integrated Plan for 2023/24 and drew attention to the following key headlines:

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

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

International Recruitment. Three cohorts of internationally educated nurses onboarded. Recruitment includes:

- Registered Mental Health Nurse (RNM) and two doctors.
- Further eight nurses and more RNM's/Doctors expected this year.
- Service design, upskilling, retention, and projections.

Aspiring Nurses programme

- highlighted as a success, with plans to recruit nineteen more this year.

Workforce Futures programme

has been refocused due to potential funding cuts to:

1. Pipeline – Carers and the work done with schools. This is a priority.
2. Transformational change – Transformational skill and leadership around transformation to help change the culture with the communities and staff.

Workforce Business Partners

- actively supporting change processes linked to Better Together.
- Emphasis on early assessment to prevent unnecessary disputes.

National Updates

- National review of statutory and mandatory training underway.
- New strategic nursing workforce plan published.
- Health Education and Improvement Wales (HEIW) reviewing all workforce plans for funding and deliverability.

Committee members sought assurance by asking the following questions:

What progress is being made in relation to the Academy Careers Education Enterprise Scheme and if there is any data around the realisation of the programme?

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

KW joined at 10:57

SP offered to share PowerPoint slides previously presented in various forums, enabling a more comprehensive update on this item. A more robust data set is expected in September 2025. The increased interest in apprenticeships last year has led to a renewed campaign this year, including in-school sessions and monthly newsletters for those who sign up. Participants also receive training awards to enhance their portfolios.

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

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

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

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

Can an update be provided on the digitisation of the job evaluation process, and clarity be given on how job evaluation is currently conducted. Is it a structured process or can it be requested by anyone at any time?

DW-L undertook to provide a briefing note to IT.

Action Executive Director of People and Culture

The Committee took **ASSURANCE** against the delivery of the priorities and **RECEIVED** the report as an update on priorities within the Workforce section of the Integrated Plan for Q4 2024/25 that are not part of the committee's agenda. and took **ASSURANCE** against delivery of those priorities.

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

SP provided an overview of the Staff Health and Wellbeing presentation.

Key themes of local work undertaken were:

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

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

Committee members sought assurance by asking the following questions:

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

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

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

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

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

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

Committee members sought assurance by asking the following questions:

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

KW stated that the CPD requirement is set by the General Dental Council (GDC) and therefore applies to all registered dentists both NHS and private.

When something is flagged as amber in the report, what actions are taken in response?

KW referred to 2.1.8 of the Revalidation Progress Report, stating the amber rating referred to the involvement of a lay individual in the revalidation process. This has been discussed with the Revalidation Support Unit, and whilst involving a lay person is recommended as good practice, it is not mandatory, and not all health boards follow this. The amber rating might be over cautious, and the area could potentially be considered green based on current practice and context.

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

KW confirmed that they are currently waiting for guidance from the revalidation support unit on how to formally report doctors' appraisal constraints. Meanwhile, they are reviewed and noted but official guidance is awaited before inclusion on the risk register.

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

KW confirmed that medical appraisal is a requirement for revalidation, typically needing five appraisals in a five-year cycle. While most doctors meet this, some may have deferrals if they have not completed all appraisals, though deferral numbers are low. An audit confirmed that appraisal standards align with other health boards. The Health Board also meets quarterly with the Health Education and Improvement Wales (HEIW) appraisal unit to monitor progress and provide support to doctors who may be struggling.

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

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

AW gave a presentation outlining the work of the Primary and Community Care Academy

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

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

Committee members sought assurance by asking the following questions:

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

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

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

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

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

AW confirmed that a meeting with the Director of Nursing, Quality, Women and Family Health would be arranged to discuss how to strengthen the connection and integration between both services.

How can primary care continue to be engaged effectively, especially GPs who are risk-averse, to ensure participation in training focused on quality and safety?

AW confirmed that the Academy continue to engage with General Practice when rejection is received to a training offer, with future opportunities for training made available.

The Academy keeps records on training participation to learn what works and are open to discussing with IT how to better use this data to improve future offerings.

AW left the meeting at 12:19

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

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

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

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

6 ITEMS FOR DISCUSSION

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

DW-L presented the report which provided an overview of the workforce establishment of PTHB, the requirements of the recently published Performance and Productivity Ministerial Advisory Group and Level 4 de-escalation criteria and considered current approaches and assurance levels to the Health Boards response. Work is ongoing and involves detailed workforce analysis and is raising key questions.

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

Workforce Growth Overview:

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

Growth Drivers:

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

Challenges:

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

Highlights:

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

Controls:

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

Next Steps:

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

DW-L commented that a monthly version of this workforce data is likely to be required, as per the Ministerial Advisory Group (MAG) recommendations. There is ongoing discussion, but an all-Wales reporting template is expected. The key next step is deciding whether this data should be integrated into the existing performance report or remain separate.

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

7 CONSENT AGENDA

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

PTHB Glossary

Purpose: For Information

8 OTHER MATTERS

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

There was no urgent business.

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

No items.

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

The Committee provided the following reflections of the meeting:

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

8.4 DATE OF NEXT MEETING:

9 September 2025 via Microsoft Teams

Meeting closed at 12:47

Lewis, Raychelle
25/09/2025 07:55:56

Raychelle Lewis
RAG Status:



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

PEOPLE AND CULTURE COMMITTEE									
Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original target date	Revised Target Date	RAG status	
OPEN ACTIONS FOR REVIEW - (29.09.2025)									
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE - (29.09.2025) - NONE									
ACTIONS RECOMMENDED FOR CLOSURE (29.09.2025) NONE									
03/06/2025	P&C/25/006	HB	3.3	Committee Annual Report page 3 - Roles and Responsibilities grammatical error to be amended. (March 24th)	16.07.2025 update: Report updated by RL with grammatical error.	Sep-25		Completed	
03/06/2025	P&C/25/010	DW-L	5.2	Notes to be sent to IT providing an update on the digitisation of the job evaluation process, and clarification on how job evaluation is currently conducted - specifically on if it is a structured process or can it be requested by anyone at any time.	03.06.2025 update: Helen Bushell sent the link to Ian Thomas during the meeting. DW-L email confirmation that the link had been sent and that the team would offer a further discussion with IT if it was deemed necessary.	Sep-25		Completed	

Lewis, Raychelle
 25/09/2025 07:55:56



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Agenda item: 3.3

People and Culture Committee **Date: 29 September 2025**

Subject:	Committee Effectiveness: Continuous Development Plan 2025-26
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Deputy Board Secretary
Other Committees and meetings considered at:	Committee Effectiveness report considered at earlier Committee meetings in 2025.
Appendices:	Appendix A – P&C Continuous Development Plan 2025-26

PURPOSE:

This report provides the Committee with a plan for continuous development, based upon the matters identified for actions within the 2024-25 annual review of Committee effectiveness.

The plan comprises of actions arising from and relevant to all Committees (Cross Committee Action Plan) and those actions which are specific to the People and Culture Committee.

RECOMMENDATION(S):

The Committee is asked to:

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

Approve/Take Assurance	Discuss	Note
X		

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	A commitment to good governance and robust corporate systems are a key enabler of all of our wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	

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

COMMITTEE EFFECTIVENESS

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 development.

The approach for 2024/25 comprised of a questionnaire followed by discussion at the Committee. The Committee effectiveness questionnaire focused on the critical themes of:

- (i) composition and establishment
- (ii) effective functioning
- (iii) assurance and
- (iv) leadership and culture

The findings of the People and Culture Committee review were received and discussed by the Committee on 26 June 2025, and subsequently the findings of all Committees were combined and reported to the Chair’s Forum and the Board.

A key aspect of the effectiveness review is the formulation of actions based upon identified opportunities for continuous development as part of the process.

The Corporate Governance team has undertaken a thematic review of all Committee Effectiveness review findings both holistically for all Committees and for each Committee individually and has pulled out the key actions to enable continuous development for implementation throughout 2025-26.

Actions have been identified as either Cross-Committee actions (development opportunities/actions arising identified by and/or relevant to all Committees of the Board) or Committee specific actions, identified by and/or relevant to a single Committee.

Implementation of the Continuous Development Plan 2025-26 (Appendix A) will be monitored by the Corporate Governance team and will return to the Committee periodically for assurance.

NEXT STEPS:

The Corporate Governance Team will continue to monitor implementation and will provide a further update on progress to the meeting on the Committee 5 March 2026.

Lewis, Raychelle
25/09/2025 07:55:56

Appendix A – P&C Continuous Development Plan 2025-26

Committee Effectiveness: Continuous Development Plan 2025–2026

Cross-Committee Action Plan (actions relevant to all Committees)

Theme	Action	Owner	Timeline	Status	Comments
Membership	Review and confirm committee membership	DCG / PTHB Chair	Q1	Complete	New Committee Membership confirmed as of May 2025
Assurance to Board (Quality Assurance: QMS)	Develop a standardised reporting template for clear upwards assurance	Governance Team	Q2	Complete	Alert, Advice, Assurance, Inform (AAAI) Reports have been introduced for all Committees for reporting to the Board from March 2025 (having been piloted during 2024/25). This template will be reviewed and matured in readiness for September Board.
Organisational Learning (Quality Learning: QMS)	Schedule opportunity to actively consider evidence of learning and improvement in each Committee	Governance Team	Q3	Not yet started	
Committee Agenda Focus	Apply risk-based approach to planning agendas,	DCG/Committee Chairs	Q1	Underway	Prioritisation is already undertaken as part of the agenda setting process, but check in will be

(Quality Planning: QMS)	prioritising high-risk/high-impact items				integrated to consider the associated risk and impact of items
Training & Induction	Develop induction information and training needs analysis for each Committee	Governance Team	Q4	Underway	ARAC induction pilot scheduled for September 2025, other Committees tbc.
Integration of Risk	Incorporate risk lens in committee discussions and papers	Governance Team	Ongoing	Not yet started	

Committee-Specific Action Plan

People and Culture Committee

Theme	Action	Owner	Timeline	Status	Comment
Frequency of routine items	Rotate or stagger standard items to create space for strategic topics	Governance Team/Chair of Committee	Q3	Not yet started	
'Better Together' clarity	Define Committee's role in tracking Better Together progress	Governance Team/Chair of Committee	Q1	Complete	Clarity provided as part of revised Terms of Reference as approved by Board in May 2025

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People and Culture Report 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

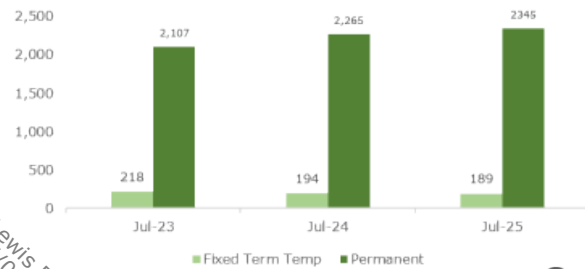


Directorate	WTE Staff in Post			Variance Jul-23 & Jul-25
	Jul-23	Jul-24	Jul-25	
Chief Executive Office	18.80	19.80	20.71	1.91
Community Care & Therapies	783.35	835.06	892.18	108.82
Community Dental Service	40.72	44.11	44.24	3.52
Corporate Governance	20.80	22.88	25.91	5.11
Estates & Works	51.24	56.61	48.71	-2.53
Facilities & Support Services	148.65	150.39	139.91	-8.73
FID Finance Directorate	33.69	32.12	33.06	-0.63
MED Medical Directorate	9.29	9.37	2.12	-7.17
Medicines Management	27.78	30.74	30.88	3.10
MHD Mental Health	365.01	398.07	401.18	36.17
NUD Nursing Directorate	30.75	28.75	27.87	-2.88
People & Culture Directorate	62.70	67.24	61.09	-1.61
PHD Public Health Directorate	62.95	54.25	68.95	6.00
PLD Planning Directorate	14.79	14.39	15.39	0.60
Primary Care	16.99	17.96	17.96	0.97
THD Therapies & Health Sciences Directorate	64.12	71.62	62.02	-2.10
Transformation Directorate			17.54	17.54
Women and Children Directorate	139.42	155.67	156.29	16.87
Grand Total	1,892.05	2,009.03	2,065.99	173.94

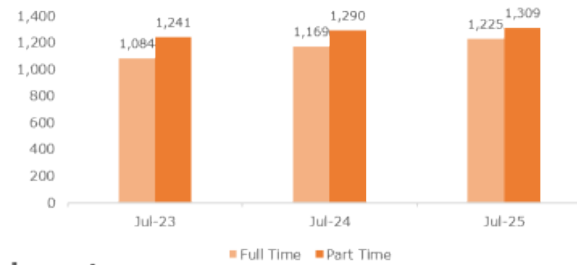
Staff Group	WTE Staff in Post			Variance Jul-23 & Jul-25
	Jul-23	Jul-24	Jul-25	
Add Prof Scientific and Technic	81.89	80.96	90.39	8.50
Additional Clinical Services	388.91	404.92	413.09	24.18
Administrative and Clerical	541.48	574.20	577.25	35.78
Allied Health Professionals	134.12	148.22	158.91	24.79
Estates and Ancillary	162.93	169.67	166.75	3.82
Healthcare Scientists	7.61	10.21	10.21	2.60
Medical and Dental	32.83	34.35	39.33	6.50
Nursing and Midwifery Registered	542.27	585.48	608.05	65.78
Students		1.00	2.00	2.00
Grand Total	1,892.05	2,009.03	2,065.99	173.94

Staff in Post

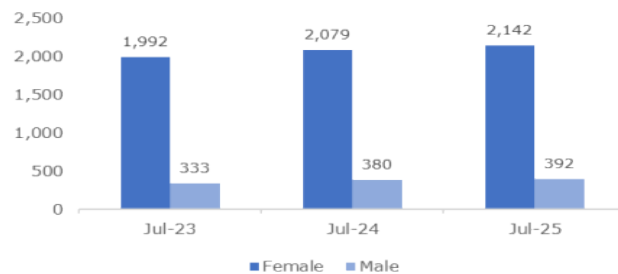
Assignment Status Headcount



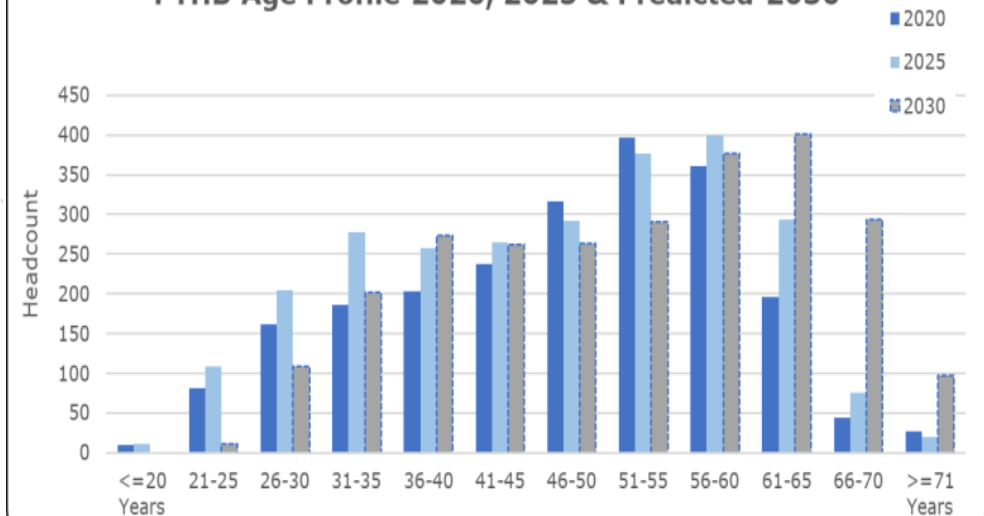
Employee Category Headcount



Gender Headcount

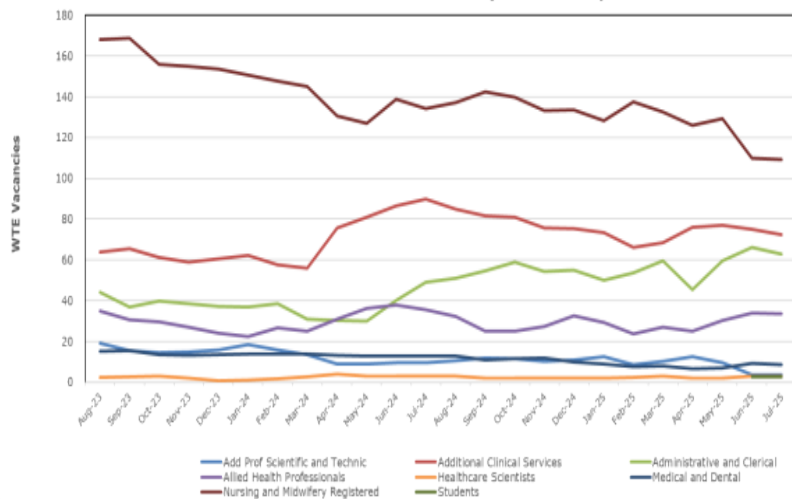


PTHB Age Profile 2020, 2025 & Predicted 2030



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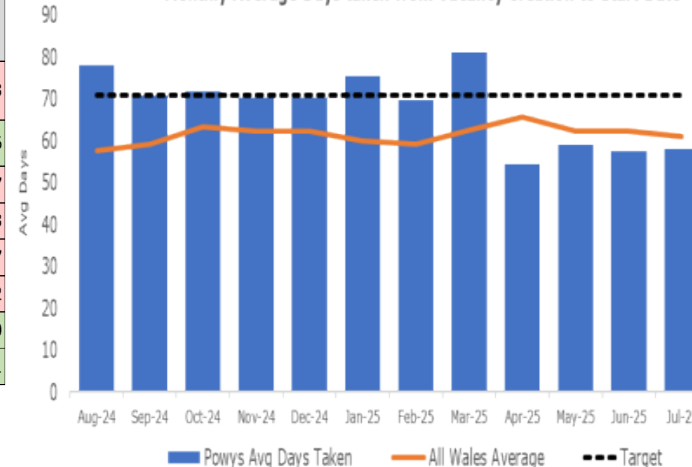
PTHB WTE Vacancies by Staff Group



TRAC Performance July 2025

		Target time in days	Powys Monthly Average	All Wales Monthly Average
T0a	Notice Date to Authorisation Start Date	5	59.0	47.3
T1a	Time to Approve Vacancy Request	10	16.2	7.6
T4	Time to Shortlist	3	9.9	6.7
T5b	Time to Update Interview Outcomes	3	1.7	3.3
T9b	Time to Approve References	2	3.2	2.7
T13	Vacancy Creation to Conditional Offer	44	40.6	44.2
T14	Vacancy Creation to Ready for Start date notification	71	58.1	61.0
T23	Conditional Offer to Ready for Start date notification	27	17.9	17.1

Monthly Average Days taken from Vacancy Creation to Start Date



Average Total Bank Worked – Last 12 Months

70.2 WTE



Previous 12 months
Average Worked 52.4 WTE

Average Total Agency Worked – Last 12 Months

68.9 WTE



On Con (44.3 WTE)
Off Con (24.6 WTE)

Previous 12 months
Average Worked 73.8 WTE
On Con (51.1 WTE) & Off Con (22.7 WTE)

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Average Bank Worked Nursing – Last 12 Months

45.2 WTE



Previous 12 months
Average Worked 34.1 WTE

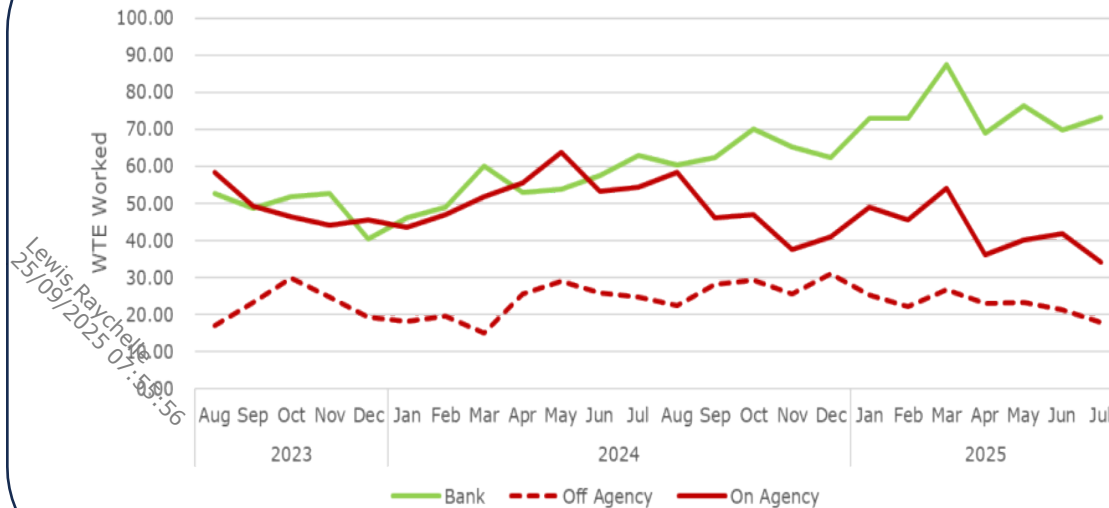
Average Agency Worked Nursing – Last 12 Months

56.0 WTE

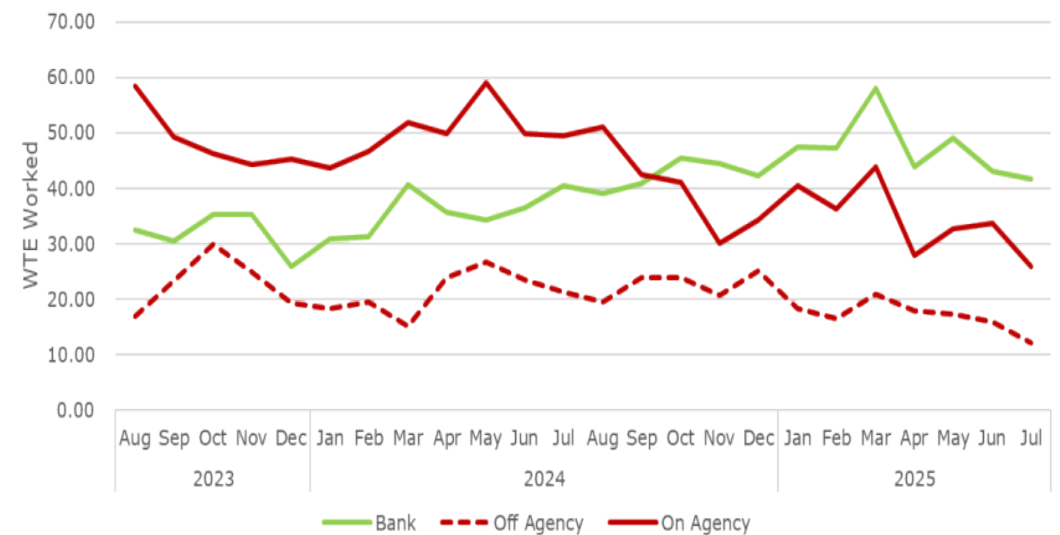


On Con (36.6 WTE)
Off Con (19.4 WTE)
Previous 12 months
Average Worked 71.4 WTE
On Con (49.5 WTE) & Off Con (21.9 WTE)

Total PTHB Agency/Bank Worked (Exc Medical)



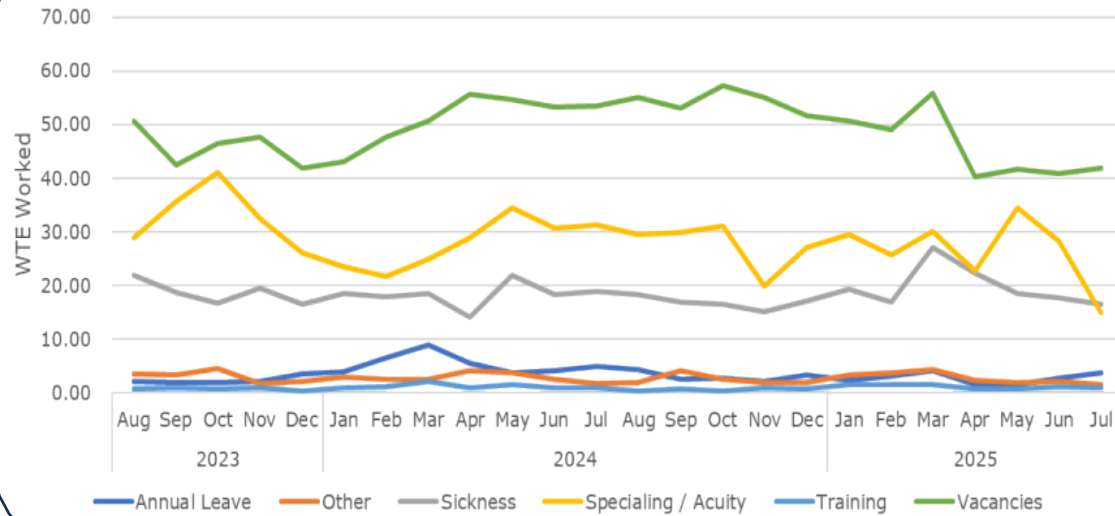
Total Nursing Agency/Bank Worked



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Staff Transformation & Sustainability of the Workforce

Total PTHB Agency/Bank Worked by Reason



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

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

Bank / Agency	On/ Off Contract Agency	2023/ 24 12 Months		2024/ 25 12 Months		2025/ 26 4 Month		Crude 12 Month Forecast 2025/ 26			
		No of Shifts	Hours	No of Shifts	Hours	No of Shifts	Hours	No of Shifts	% Increase	Hours	% Increase
Agency	On Agency	9,318	94,606	10,239	98,655	2,676	24,862	8,028	28%	74,586	-24%
	Off Agency	4,787	43,908	5,903	51,384	1,550	13,925	4,650	27%	41,775	-19%
Agency Total		14,105	138,514	16,142	150,039	4,226	38,787	12,678	27%	116,361	-22%
Bank		12,994	96,082	16,613	127,362	6,054	46,955	18,162	-9%	140,866	11%
Bank Total		12,994	96,082	16,613	127,362	6,054	46,955	18,162	-9%	140,866	11%
Grand Total		27,099	234,596	32,755	277,401	10,280	85,742	30,840	6%	257,226	-7%

Staff in Post

The organisation currently employs **2,065.99** WTE staff. Within the last 2 years (July 2023), the WTE staff employed has increased by **78.68%** (173.94 WTE). The majority of the increase continues to be seen mainly in Nursing & Midwifery Registered (65.78 WTE) . Main increases in Directorates are Community Care & Therapies (108.82 WTE) and Mental Health (36.17 WTE).

- 7.5% (189) of the workforce are currently on fixed term contracts
- 84.5% (2,142) of the workforce are female.
- 51.7% (1,309) work part time.

Recruitment & Vacancies

As of July 2025, the organisation has a vacancy rate of **12.99%** (308.41WTE). When compared with July 2024 (14.83%), the overall vacancy rate has decreased by **1.84%**.

Age Profile

Of the 2,574 staff currently in post, 30.6% (789) are over the age of 55. This is set to rise to 45.3% (1,168) by 2030.

Bank & Agency Usage

In the last 12 months a monthly average of **70.2 WTE** Bank hours were worked, 45.2 WTE of which were within Nursing. Compared to previous 12 months (52.4 WTE) bank usage has seen an increase of **17.8 WTE**. Bank has continued to see a steady increase over the last 2 years. The month of July saw a use of 73.15 WTE.

Agency saw a total of **68.9 WTE** worked in the last 12 months, 56.0 WTE within Nursing. Compared to the previous 12 month (73.8 WTE). Agency has decreased by **4.9 WTE**. The month of July saw a use of 52.11 WTE (34.16 WTE On Contract and 17.95 WT Off Contract).

Agency has continued to fluctuate, but has seen a considerable reduction since April 2025. Following the Boards instruction to cease the use of off contract agency for HCSW's from June 2025, only 0.85 WTE were worked in July.

- In the last 4 months;
- 12,678 Agency shifts were worked (116,361 hours)
 - 18,162 Bank shifts were worked (140,866 hours)
- The crude 12 month forecast for 2025/26, based on hours worked in Apr-Jul 2025, shows a possible decrease in Agency use of 22%, where Bank is showing an increase of 11%.

Areas of Concern

Recruitment & Vacancies

In July 2025, the average time to hire for PTHB was **58.1 days**. In the last 12 months the organisation has failed to meet the national target 4 times. The ability to meet this target is impacted upon by multiple factors including how responsive recruiting managers and candidates are to actions and requests.

The majority of vacancies remain within Registered Nursing. Out of a budgeted establishment of 717.97 WTE, there are 109.32 WTE vacancies (15.23%). Of these, 17.07 WTE are within Adult Wards and 9.57 WTE on Mental Health Wards.

Vacancy figures exclude budgeted WTE for the following areas due to the temporary closure of these wards:

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

Bank & Agency Usage

Nursing Agency has reduced considerably in Community Care in the last 4 months, however little improvement has been seen in Mental Health, with registered nursing being accountable for the majority.

Actions/Mitigations

International Recruitment

4 Internationally Educated Nurses (IENs), arrived in Welshpool hospital in June 2025 and all successfully passed their OSCE exam first time.

We are expecting a further 4 Internationally Educated Nurses (IEN) to arrive at the end of September. They will initially be based in Llandrindod to complete their OSCE training and then will be allocated to the wards.

The first of 2 International Medics have completed all compliance checks and a start date for August 2025 confirmed. They will initially be based in Bronllys. The second doctor has just completed their compliance checks, and we will now be making arrangements to bring them over to Powys. They will be based in the north of the county.

Other Recruitment Activity

Bank Recruitment

The resourcing team continue to actively recruit to the bank for HCSW for both general and MH wards as well as RNs and RMNs.

Aspiring Nurse Recruitment

We successfully recruited 13 personnel to the 2025 Aspiring Nurse Programme with start dates of August 2025.

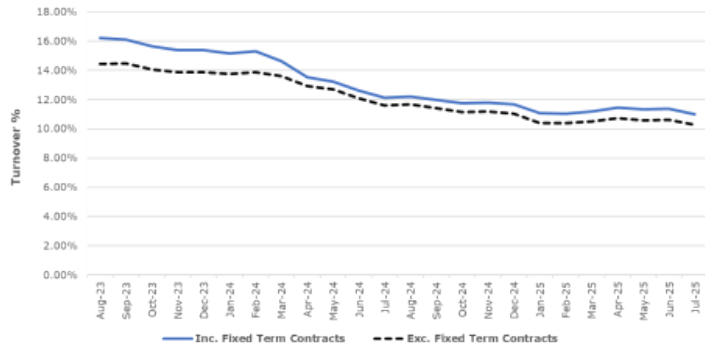
Student Streamlining

11 Students have been allocated to us through the student streamlining programme. 5 for Community Nursing, 3 for General Nursing, 1 Mental Health Nursing and 2 for Theatres.

Workforce planning

The Workforce Planning intranet page has recently undergone a refresh to improve accessibility and ease of use. Managers seeking further development opportunities are encouraged to access the HEIW Ty Dysgu platform, which provides a range of valuable resources and online training modules. HEIW has confirmed additional funding to support the implementation of the national Mental Health Workforce Plan. As part of this investment, a dedicated Workforce Planning Manager post has been advertised to strengthen capacity. People & Culture Business Partners remain available to guide and support managers throughout the workforce planning process.

Rolling Turnover - Aug-23 to Jul-25



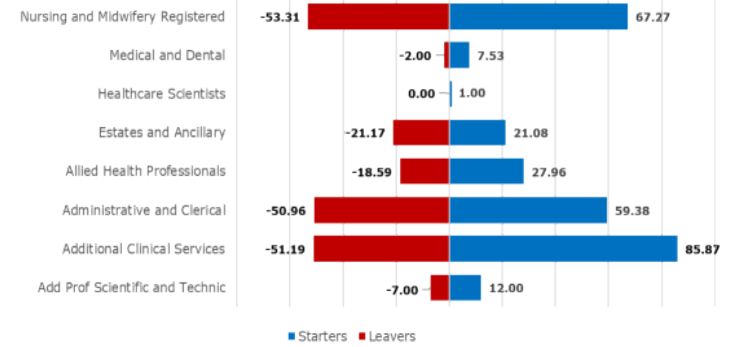
Staff Stability - Percentage of Staff Retained over last 12 months (exc Fixed Terms)

89%

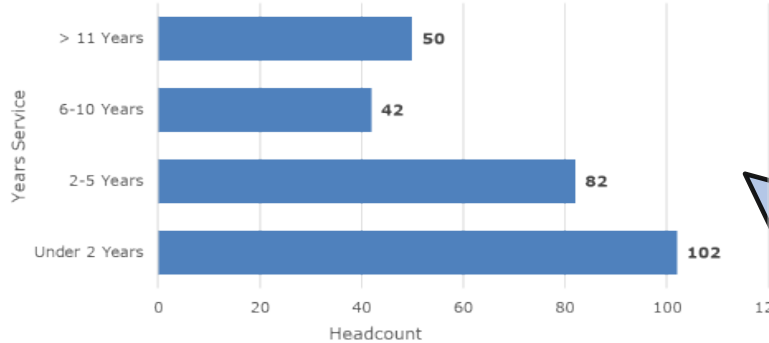
Staff Turnover :
 Jul-25: 10.98% (10.26 % Exc F/T)
 Jul-24: 12.13% (11.59% Exc F/T)
 NHS Wales 6.7% (May-25)



Leavers v Starters by Staff Group - 12 month



Leavers in Last 12 Months by Length of Service

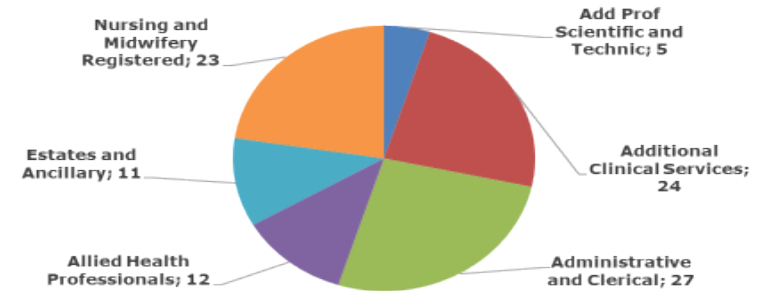


The Organisation saw a total of 276 leavers in the last 12 months, 102 (40%) left within 2 years of service, 13 of which were end of fixed term contracts.

Of the 276 leavers:

- 62 left due to Age Retirement
- 12 Flexi Retirement
- 159 Voluntary Resignation, of which 24 were due to relocation, 14 promotion, 14 Health, 18 work life balance and 7 were Pay and Reward related.
- A total of 18 staff left due to end of fixed term contracts.
- 117 Nursing staff left the organisation, 34 were Age Retirement, 5 Flexi Retirement, 3 end of fixed terms and 64 voluntary resignation.

Leavers in Last 12 Months with under 2 Years Service by Staff Group



PADR Compliance: Jul-25

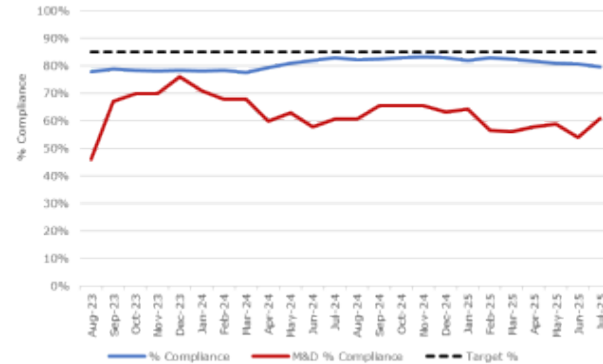
80%

Medical & Dental (61%)
 NHS Wales 76.8% (May-25)

Jul-24 : 83% M&D: 61%
 Jul-23: 76% M&D: 55%



PADR Compliance Trend



Mandatory & Statutory Training Compliance: Jul-25

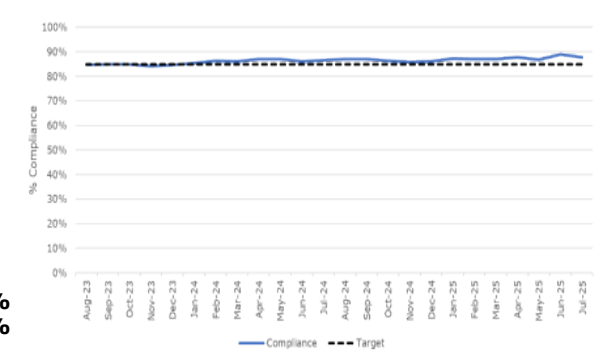
88%

NHS Wales 83.7% (May-25)



Jul-24 : 87%
 Jul-23 : 84%

Mandatory & Statutory Training Compliance Trend



10 Core Competencies Compliance (All Levels)

Core Skills Competencies (All Levels)	Required	Achieved	Compliance %
Equality, Diversity and Human Rights - 3 Years	2,587	2,443	94%
Fire Safety - 2 Years	5,174	4,513	87%
Health, Safety and Welfare - 3 Years	2,587	2,437	94%
Infection Prevention and Control - Levels 1 & 2	2,429	2,102	87%
Information Governance (Wales) - 2 Years	2,587	2,282	88%
Moving and Handling - Levels 1 & 2	2,576	2,073	80%
Resuscitation - Levels 1 - 3	3,287	2,351	72%
Safeguarding Adults Levels 1 - 4	2,251	1,871	83%
Safeguarding Children Levels 1 - 4	2,340	2,114	90%
Violence and Aggression (Wales) - Modules B & D	2,146	1,979	92%
Grand Total	27,964	24,165	86%

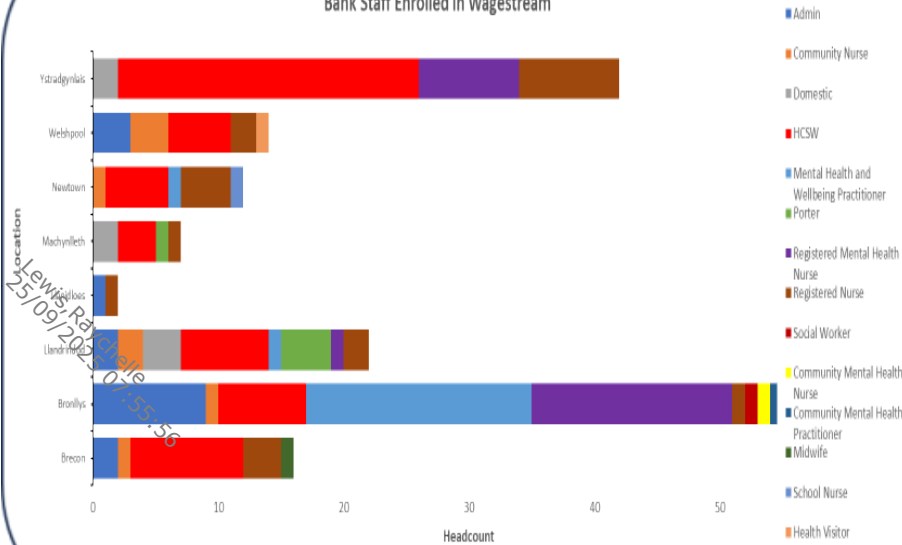
Core Skill Level Competencies with Compliance under 85%

Core Skills Competencies Levels under 85%	Required	Achieved	Compliance %
Anaphylaxis - 1 Year	642	457	71%
Fire Awareness Classroom - 2 Years	2587	2147	83%
Manual Handling for Managers - No Renewal	195	148	76%
Moving and Handling - Level 2 - 2 Years	1607	1235	77%
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	1082	678	63%
Resuscitation - Level 2 - Newborn Basic Life Support - 1 Year	51	35	69%
Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	263	164	62%
Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	242	106	44%
Resuscitation - Level 3 - Paediatric Immediate Life Support - 1 Year	23	8	35%
Safeguarding Children - Level 3 - 3 Years	203	152	75%
Violence & Aggression Module D - 1 Year	79	53	67%

Role Specific Competencies with Compliance under 85%

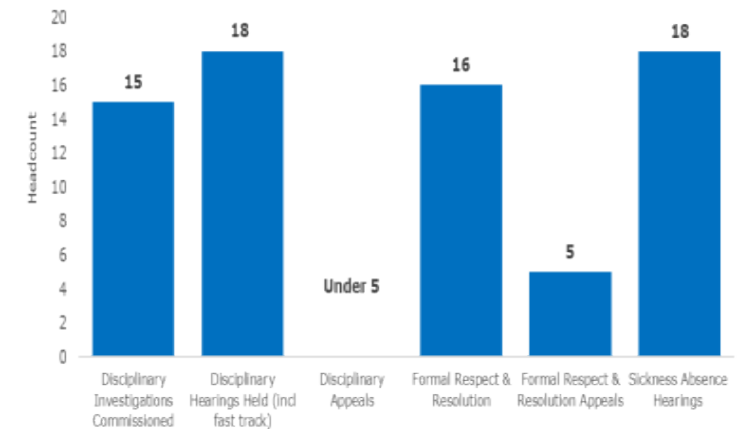
Role Specific Competencies under 85%	Required	Achieved	Compliance %
Clinical Induction - Nursery Nurse No Renewal	17	10	59%
NHS Wales - Anti-racism	2587	1927	74%
Patient Group Directions - 1 Year	3	2	67%
Positive Behaviour Management Practical - 1 Year	17	10	59%
Positive Behaviour Management Theory - 3 years	17	12	71%
VAWDASV Ask & Act Level 2 - 2 years	655	482	74%
WARRN - 3 years	180	88	49%

Bank Staff Enrolled in Wagestream



Position	Count of Bank Staff Enrolled on Wagestream
Admin	17
Community Mental Health Nurse	1
Community Mental Health Practitioner	3
Community Nurse	8
Domestic	7
HCSW	60
Health Visitor	1
Mental Health and Wellbeing Practitioner	20
Midwife	1
Porter	5
Registered Mental Health Nurse	25
Registered Nurse	22
School Nurse	1
Social Worker	1
Grand Total	172

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 10.98% for July 2025, a decrease of 1.15% when compared to July 2024 (12.13%). Excluding staff on fixed term contracts, turnover in July 2025 is 10.26%, compared with 11.59% in July 2024.</p> <ul style="list-style-type: none"> The organisation exceeds the All-Wales Position of 6.7% (May 2025) Stability Index for the Health Board remains unchanged from last month at 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 July 2025 is at a rate of 80%, which is a decrease of 3% when compared to July 2024 (83%). Medical & Dental reported at 61%. The health board continues to benchmark positively when compared with All Wales position of 77% (May 2025). <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 88% for July 2025, an improvement of 1% when compared to July 2024 (87%), which exceeds the 85% Target. The health board benchmarks positively when compared with All Wales position of 8e% (May 2025). <p><u>Wagestream</u> Since commencement there have been 172 enrolments for Wagestream.</p> <p><u>Employee Relations</u> In the last 12 months there were 18 sickness absence hearings, 15 Disciplinary Investigations, 16 formal respect & resolution meetings and 18 Disciplinary Hearings including 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 (6.7%).</p> <p>A total of 276 staff left the organisation in the last year, 117 of which were Nursing staff.</p> <p><u>PADR</u> There has been little change overall to PADR compliance in the last 12 months, but we have seen a slight decline in the last 4 months. Medical and Dental compliance however has started to show slight improvement.</p> <p><u>Mandatory & Statutory Training</u> There are 2 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 <p><u>Employee Relations</u> There are no distinct themes identified by directorate or service.</p>	<p><u>Turnover</u></p> <ul style="list-style-type: none"> There has been a positive reduction in workforce turnover, which is currently at the lowest rate it has been for the past 4 years. The most recent new starters survey shows some improvements with onboarding experiences. However, further work is taking place to support managers to ensure staff new in post have a positive start in their new role. This includes the provision of buddying resources. A quarterly data triangulation has begun, to enable identification of teams that may need enhanced support from the People and Culture team. A leaver's toolkit has been developed to support managers in facilitating a smooth transition when an employee leaves a role. The toolkit also aims to ensure leaving employees have the opportunity to provide feedback. This includes a new leavers questionnaire, which is being utilised to aid data collection related to turnover and make retention related improvements. <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, with some improvements being made in those areas.</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. To date, the toolkit page has received 9219 views. Regular feedback is invited from both managers and staff for any areas of improvement that could be made.</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>Assistant Business Partners and HR advisors meet with trade unions on a weekly basis to ensure there is a partnership approach to address any emerging employee relations matters.</p>

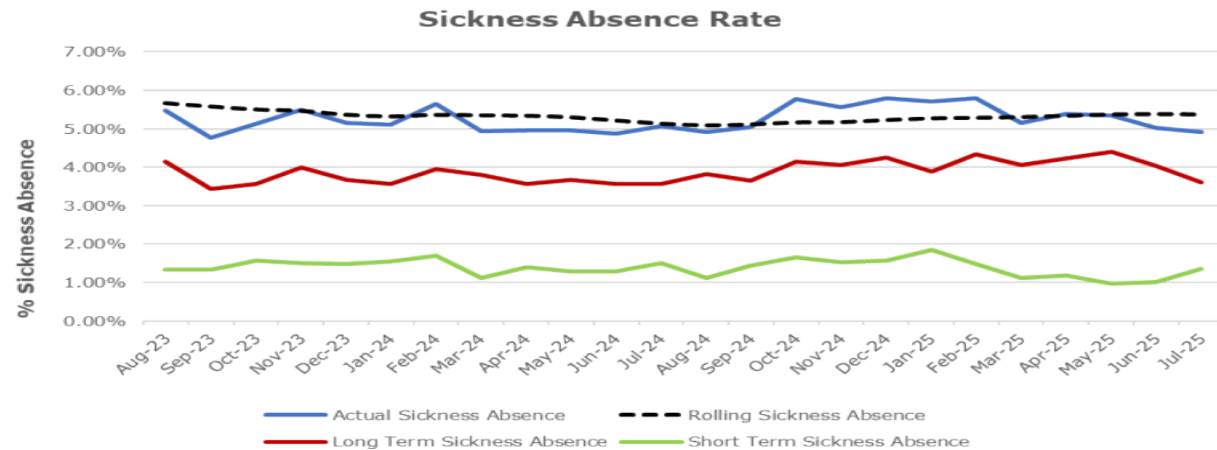
Employee Health & Well Being

Sickness Absence Percentage Jul-25:

4.92% (Actual)
5.37% (Rolling)



Jul-24 – 5.06% (Actual) 5.13% (Rolling)
Jul-23 – 6.05% (Actual) 5.69% (Rolling)
NHS Wales 6.3% Rolling (May-25)



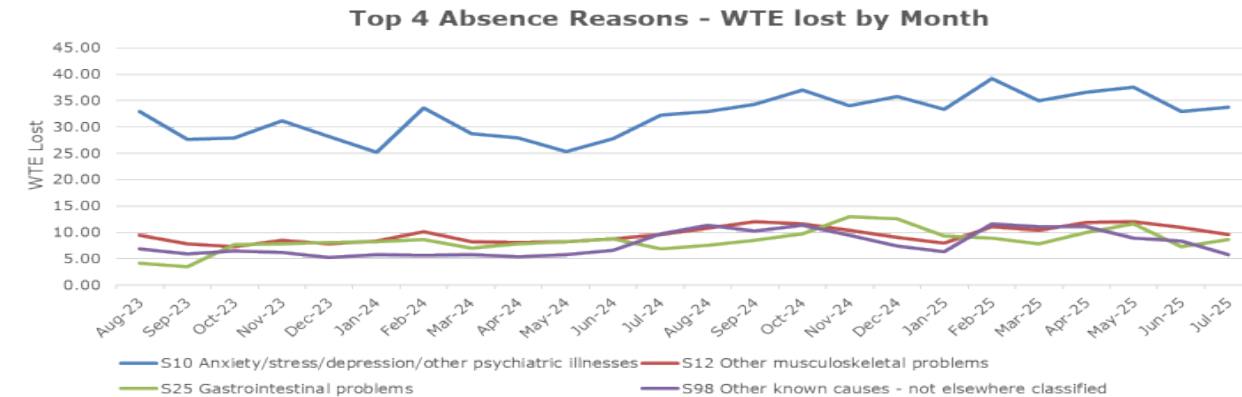
Sickness Absence

Sickness Absence: 12 Months Average WTE of Staff lost :

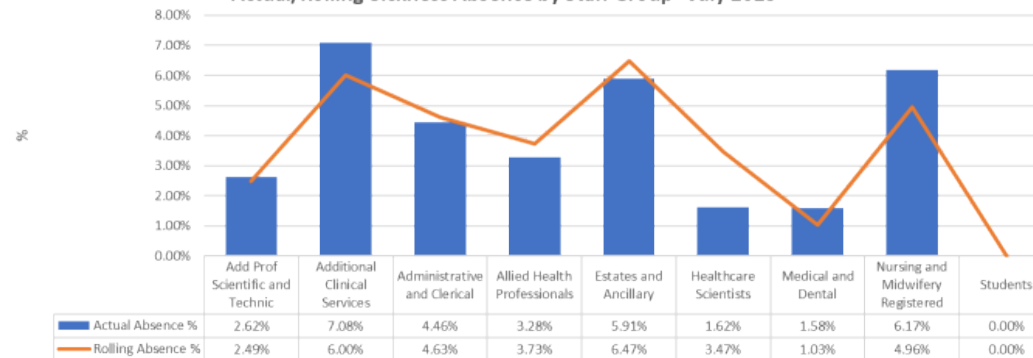
111.1 WTE



Aug-23 to Jul-24: 101.9 WTE
Aug-22 to Jul-23: 109.5 WTE

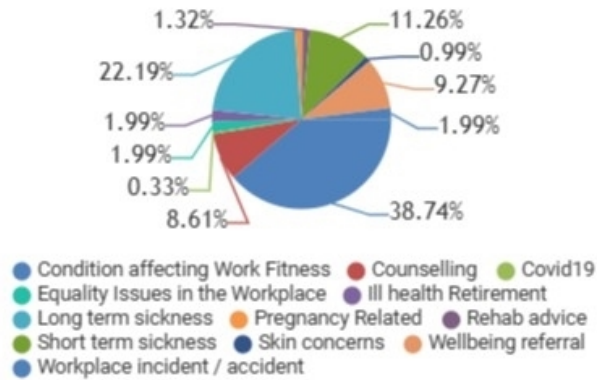


Actual/Rolling Sickness Absence by Staff Group - July 2025



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Total Referrals By Type

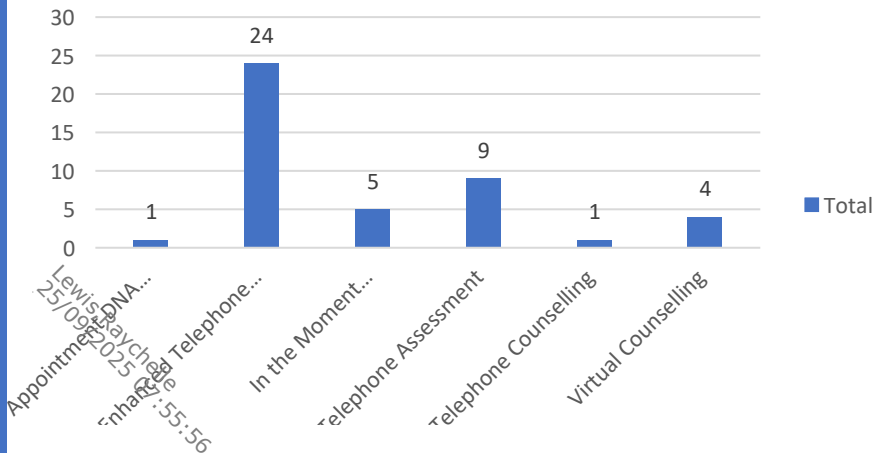


MANAGEMENT REFERRALS DIRECTLY INTO OCC HEALTH (n=22)

39% of staff with condition affecting work fitness (uniform blue)
 11.3 % with short term sickness (green)
 21 % Long term sickness (light blue)
 8.6 % was for counselling and referred onto Vivup (red)
 1% New category for this month is skin concerns

There has been little movement % wise since last documented month (May 2025) in the categories

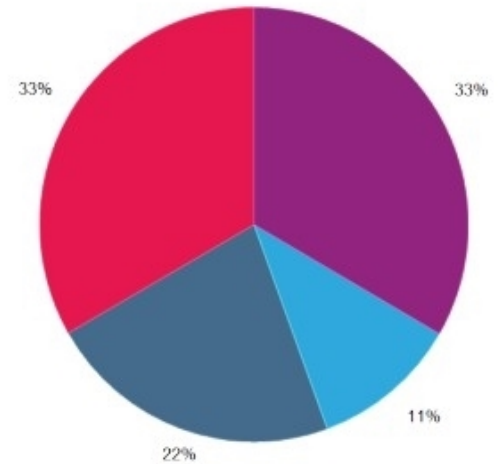
PTHB Counselling Support - July 2025



9 new staff members accessed **Vivup** in July 2025:

- 4 were off work
- 3 in work
- 2 Didn't state

The pie chart to the right details presenting issues for July 2025



Vivup – July 2025 Presenting Health Issues (n=9)

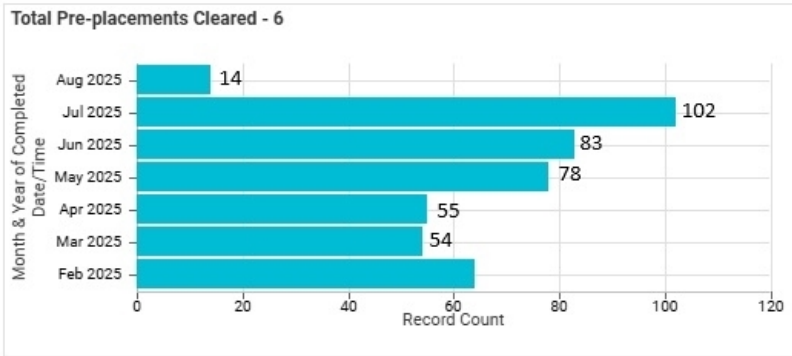
44 staff members accessed some form of counselling in July 2025

Occupational Health OPASG2 Dashboard- Snapshot July 2025

Pre-placement Health Assessment

All OH Pre-placements checks are now managed through the OPASG2 system – from the graphs below that **124 pre-placements were issued in July 2025** – These are new posts, aspiring nurses programme and internal movement posts

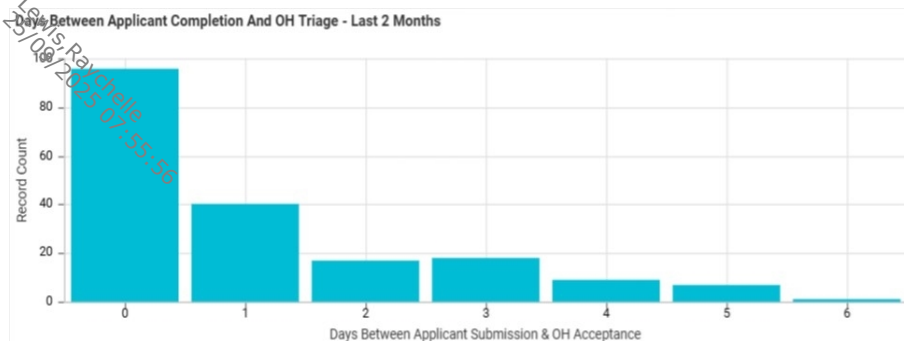
102 of the 124 Pre-placements received in July 2025 **were cleared**



Pre-employment checks are averaging at 2-3 weeks currently due to the availability of clinical staff.

The National Minimum Standard of 80% within 7 days of acceptance is being achieved – from the graph above suggests that a majority of pre-placements are triaged at 0 days between applicant submission and OH triage.

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



Management Referrals

Management Referrals – total received in this period of July 2025 is **21 referrals**.

KPI at National Standard is that an appointment is offered within 29 days of receiving. 80% of this needs to be achieved .



KPI at National Standard is that an appointment is offered within 29 days of receiving. 80% of this needs to be achieved.

Employee Health & Well Being

What the chart tells us

Sickness Absence

Actual sickness continues to fluctuate, with October to February being the months with highest reported sickness.

- Actual sickness for July 2025 reported at **4.92%**, 0.14% lower than July 2024 (5.06%).
- Rolling sickness for July 2025 reported at **5.37%**, 0.24% higher compared with July 2024 (5.13%) .

The organisation saw an average of **111.1 WTE** absent in the last 12 months, which is 9.2 WTE higher when compared with the previous 12 months **101.9 WTE**.

Long and short term sickness are fairly consistent throughout the last 24 months.

The four top reasons for sickness identified within the charts are accountable for **49%** of all sickness reported in the last 12 months.

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

- Anxiety/ Stress/ Depression saw 34.6 WTE (249 headcount) staff absent - 31% of all sickness.
- Other musculoskeletal problems 10.6 WTE (131 headcount) – 9.5% of all sickness.
- Gastrointestinal Problems – 9.5 WTE (451 headcount) staff absent – 8.5% of all sickness
- Other known causes - not elsewhere classified 9.0 WTE (162 headcount) staff absent – 8.1% of all sickness.

The health board continues to benchmark positively when compared with All Wales position of 6.3% (May 2025).

Areas of Concern

Sickness Absence

Rolling sickness absence for the year is particularly high in:

- **Estates & Ancillary** (6.47%) - *In the last 12 months an average of 9.4 WTE was lost, of which Domestic were accountable for 4.4 WTE. The majority of days lost were due to Anxiety, Stress & Depression (27.5%), Injury, Fracture (12.1%) and other Musculoskeletal Problems (12%).*
- **Additional Clinical Services** (7.09%) – an average of 30.31 WTE was lost in the last 12 months, of which 22.6 WTE were HCSW's. *The majority of days lost being due to Anxiety, Stress & Depression (30.1%), Other Musculoskeletal problems (12.5%) and Gastrointestinal problems (9.6%).*
- **Nursing & Midwifery Registered** (6.13%) - an average of 36.7 WTE was lost in the last 12 months, 18.4 WTE of which were within Community Care & Therapies and 10.5 within Mental Health. *The majority of days lost were due to Anxiety, Stress & Depression (31.2%), Other known causes not elsewhere classified (12/6%) followed by Back Problems (8.8%).*

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.

The **Mindfulness-Compassion-ACT** pilot (Jan to April) evaluated extremely well. There was a 50% reduction in levels of stress for the 53 participants undertaking the 1:1 session. A suite of ongoing offers are now in design and will be rolled out from September.

There has been an increase in the numbers ; up from 171 in May to 212 staff signing up to VIVUPS YourCare app where they can monitor their wellbeing and access additional support resources. With mental health and wellbeing the top resources being accessed

Workforce Monthly Dashboard – July 2025

• Staff in Post excludes Aspiring Nurses for Cohort 2023, 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	90.39	94.13	3.74	3.97%	2.49%	2.62%	1.49	2.27	1.42	3.69	79%	86%	0.80	0.00	-	-	7.93%	9.39%
Additional Clinical Services	411.09	483.44	72.35	14.97%	6.00%	7.08%	22.55	0.85	15.36	16.21	71%	89%	5.16	0.40	-	1.60	12.22%	12.21%
Administrative and Clerical	577.65	640.66	63.01	9.83%	4.63%	4.46%	10.23	-	-	0.00	85%	93%	6.37	3.40	-	0.40	8.85%	8.44%
Allied Health Professionals	158.91	192.47	33.56	17.44%	3.73%	3.28%	1.97	2.89	6.93	9.82	86%	87%	2.00	1.00	-	-	12.05%	11.90%
Estates and Ancillary	166.75	178.73	11.98	6.70%	6.47%	5.91%	13.14	-	-	0.00	82%	88%	2.48	0.00	-	-	12.58%	13.78%
Healthcare Scientists	10.21	13.32	3.11	23.32%	3.47%	1.62%	0.26	0.64	-	0.64	91%	90%	-	-	-	-	0.00%	0.00%
Medical and Dental	39.33	47.84	8.51	17.78%	1.03%	1.58%	-	4.41	2.84	7.26	61%	68%	0.50	-	-	-	5.43%	5.26%
Nursing and Midwifery Registered	608.65	717.97	109.32	15.23%	4.96%	6.17%	23.50	11.29	10.46	21.75	78%	86%	1.89	1.60	-	0.99	8.99%	9.77%
Students	2.00	4.84	2.84	58.68%	0.00%	0.00%	-	-	-	0.00	100%	93%	-	-	-	-	0.00%	0.00%
Grand Total	2,064.99	2,373.40	308.41	12.99%	4.92%	5.37%	73.15	22.36	37.01	59.37	80%	88%	19.20	6.40	0.00	2.99	9.98%	10.26%

Directorate	Actual Contracted WTE	Budgeted WTE	Vacancy WTE	Vacancy %	Monthly Sickness %	Rolling Sickness %	Bank WTE in Month	Agency Use Off Contract WTE in Month	Agency Use On Contract WTE in Month	Total Agency WTE use in Month	PADR %	M&S Training %	External Starters in Month WTE	Leavers in Month WTE	Substantive to Bank in Month	Bank to Substantive in Month	12 month Rolling Turnover Rate	12 month Rolling Turnover Rate (Exc. Fixed Terms)
Chief Executive Office	20.71	26.02	5.31	20.42%	0.31%	4.02%	-	-	-	0.00	95%	85%	-	-	-	-	24.69%	19.51%
Community Care & Therapies	890.18	1029.69	139.51	13.55%	4.52%	5.31%	34.02	4.36	10.77	15.12	78%	89%	9.83	1.40	-	2.00	10.78%	11.05%
Community Dental Service	44.24	55.75	11.51	20.65%	1.10%	2.48%	-	-	-	0.00	73%	83%	-	-	-	-	4.98%	7.94%
Corporate Governance	25.91	18.78	-7.13	-37.98%	2.22%	1.63%	-	-	-	0.00	74%	93%	-	1.00	-	-	0.00%	0.00%
Estates & Works	48.71	48.21	-0.50	-1.03%	2.92%	2.28%	-	-	-	0.00	84%	94%	1.00	-	-	-	10.63%	9.80%
FID Finance Directorate	33.06	35.03	1.97	5.61%	1.38%	1.92%	-	-	-	0.00	91%	89%	1.00	-	-	-	3.07%	2.90%
Facilities & Support Services	139.91	149.75	9.84	6.57%	6.88%	6.64%	13.05	-	-	0.00	83%	87%	1.48	-	-	-	13.61%	15.00%
MED Medical Directorate	2.12	3.24	1.12	34.71%	0.00%	1.35%	-	-	-	0.00	100%	59%	0.50	-	-	-	21.75%	16.67%
MHD Mental Health	401.18	521.67	120.49	23.10%	6.68%	6.72%	21.72	17.59	26.24	43.83	72%	83%	1.80	-	-	0.59	8.28%	8.84%
Medicines Management	30.88	30.14	-0.74	-2.46%	0.90%	0.95%	0.10	0.41	-	0.41	86%	96%	-	0.40	-	-	11.81%	13.33%
NUD Nursing Directorate	27.87	34.79	6.92	19.90%	0.93%	7.83%	-	-	-	0.00	100%	92%	-	-	-	-	8.83%	9.23%
PHD Public Health Directorate	68.95	79.82	10.87	13.61%	8.16%	7.42%	0.09	-	-	0.00	88%	96%	1.30	1.40	-	-	13.96%	13.84%
PLD Planning Directorate	15.39	17.60	2.21	12.58%	1.26%	1.68%	-	-	-	0.00	81%	95%	-	1.00	-	-	13.43%	12.90%
People & Culture Directorate	61.09	64.47	3.38	5.25%	2.42%	4.22%	2.30	-	-	0.00	87%	88%	-	-	-	0.40	7.88%	7.25%
Primary Care	17.96	16.04	-1.92	-11.97%	12.39%	9.76%	0.00	-	-	0.00	68%	95%	-	-	-	-	5.65%	10.00%
THD Therapies & Health Sciences Directorate	62.02	53.92	-8.10	-15.02%	4.48%	3.10%	-	-	-	0.00	73%	95%	2.00	0.00	-	-	12.14%	8.89%
Transformation Directorate	17.54	29.64	12.10	40.84%	0.37%	2.42%	-	-	-	0.00	94%	82%	-	-	-	-	27.01%	15.00%
Women and Children Directorate	157.29	158.84	1.55	0.98%	5.67%	5.32%	1.88	-	-	0.00	90%	87%	0.29	1.20	-	-	5.00%	5.71%
Grand Total	2,064.99	2,373.40	308.41	12.99%	4.92%	5.37%	73.15	22.36	37.01	59.37	80%	88%	19.20	6.40	0.00	2.99	9.98%	10.26%



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.2

PEOPLE AND CULTURE COMMITTEE **29 SEPTEMBER 2025**

Subject:	Executive Director of People and Culture – Summary Report
Approved and presented by:	Debra Wood-Lawson, Executive Director of People and Culture
Prepared by:	Assistant Director People and Culture
Other Committees and meetings considered at:	Executive Committee – 3 September 2025

PURPOSE:

The purpose of this paper is for the Committee to RECEIVE an update on priorities within the Workforce section of the Integrated Plan for 2025/26

RECOMMENDATION(S):

The Committee is asked:

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

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 July 2025. 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 Separate agenda item
- Employee Health and Wellbeing
- Welsh Language, Equalities
- Workforce Futures – partnership
- Better Together Programme - staff engagement
- Library Services Update

National Updates:

- NHS WALES Statutory and Mandatory Training Review
- Leadership and Management Framework (lead by HEIW)
- All Wales Job Descriptions
- Welsh Government Social Partnership Duty Reporting

HEADING: KEY ACTIVITIES FOR Q1

Transformation and Sustainability of Our Workforce

Meeting Welsh Government 30% agency reduction spend target

- Implemented no use of off-contract agency for Registered Nurses with effect from 14th July, and for Registered Mental Health Nurses with effect from 28th July. There is daily monitoring process in place with additional agency request policy, and permission granted only after Executive Director sign-off to maintain patient safety.
- People and Culture are an integral member of the Agency Operationalising working group, meeting bi-monthly to implement processes to reduce agency spend.

Zero agency spend on Agency Healthcare Support Worker (HCSW) , Admin & Clerical, and Estates & Ancillaries

- No use of off-contract agency HCSWs implemented across all wards with effect from 30th June. This has been managed well by the service areas.
- No use of any agency HCSW to be implemented from 25th August.
- Analysis of off-ward agency usage conducted and shared with service leads to target areas for recruitment activity.
- We have already achieved zero agency spend in administration and estates teams.

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Reduction in Whole Time Equivalent vacancies

- In-Patient ward vacancies have been drastically reduced with series of targeted recruitment, and specific recruitment campaigns in place. We continue to participate in the NWSSP International Recruitment programmes (nurses and Medics).

Increase workforce pipeline routes

- Multiple nursing pathways are available for substantive staff as well as another year of our Aspiring Nurse Programme, recruiting 13 s candidates to the 2025 programme intake.
- Due to advertise for HCSW apprentices recruitment during September.
- A Mental Health recruitment event held in May saw 6 staff recruited to our bank
- A Bank Open Day is scheduled for 14th August in Welshpool to supplement the Bank in that region, in order to reduce the reliance on agency staff
- Ongoing supplementing of the PTHB Bank continues, as well as removing inactive members, in order to maintain an effective Bank.
- Maldwyn welcomed 4 Adult nurses in June who have all passed their OSCE exam first time and are now awaiting their NMC PINS. There are another 4 Adult nurses awaiting a start date and ward allocation, who will travel to Powys before the end of the calendar year. The plan to recruit RMNs internationally has been paused, pending the completion of Student Streamlining escalation. The first of two internationally recruited medics arrives in Powys on 19th August and will initially work at Bronllys. The second medic will arrive before the end of the calendar year once all compliance checks are complete.

Clinical Education

- Having built strong relationships with many University partners, and our Practice Education Facilitators (PEFS) supporting 600+ nursing students last year, we are pleased to have had our highest number of nursing graduates apply through student streamlining to work in Powys: 5 from Aberystwyth, 1 from Cardiff, 4 from USW and 2 from Wrexham
- A successful CLiPP pilot took place in Twymyn Ward. CLiPP stands for Collaborative Learning in Practice Placement, an innovative model of student supervision in clinical practice replacing traditional one-to-one mentoring with a peer-supported, coaching-based approach. Supporting two students was seen as effective and time-efficient, and staff observed increased student confidence and teamwork. Students reported increased confidence through peer learning. We plan to run the model in other wards, pilot a community CLiPP and innovate an Inter Professional Education CLiPP – the first in Wales.

- The Skills team is collaborating with the Primary Care Academy team to develop a programme of skills refresher training at each hospital site, to reduce non attendance rates by providing training on site along with reducing travel costs to PTHB.
- Number of registered nurses that have received the Practice Assessors (PA)/ Practice Supervisors (PS) training: PAs 18, PSs 28, annual refreshers 40
- Number of registered nurses trained in restorative supervision 1. This has been a difficult area to gain commitment in due to service pressures, plus the training is only being held in Cardiff bi monthly. Conversations are being held at Heads of Nursing to try and increase numbers.

Other areas worth noting.

Dental Education

- PTHB Community Dental Service and Cardiff University School of Dentistry are piloting a placement scheme for final year dental students in South Powys. The scheme will run from September 2025 to May 2026, providing 2-week placements in South for 84 x dental students. The aim is to improve recruitment to posts in community dentistry in Powys, including Foundation posts within the health board, and posts within community providers. Self-catering accommodation has been arranged for the students, funded by Welsh Government monies.

Medical Students placements

- Work ongoing to re-establish Swansea University paediatric placements in South Powys in 2025-2026.
- Awaiting confirmation from Cardiff University Medical School of student numbers for South Powys psychiatric placements for 2025-2026. Expecting 2 students per 4-week placement (September 2025 to April 2025).

Resuscitation Update:

- Since January 2025, there has been 58 small group session delivered by the new Resuscitation lead with 589 PTHB staff attending for BLS updates. Sessions cover Basic Life Support, Basic Airway manoeuvres, choking management and familiarisation with the new Zoll 3 AED defibrillator.
- Newly purchased Zoll 3 defibrillators (28) currently being prepared by medical devices and will be rolled out across clinical estate beginning late August to replace Phillips Defibrillators in the majority of clinical areas. Once the defibrillators are in place the resus officer will undertake site visits and provide further familiarisation training to staff.
- A number of proactive bespoke training sessions have been undertaken within the service areas thus providing minimal disruption to the staffs working day, examples are : District Nurse Study Day and Mass Vaccination Team study day. Resuscitation and managing an unwell patient training sessions at BWMH and Newtown Hospital specifically for Internationally trained nursing staff to acquaint new starters with local procedures and

provide familiarity with the resuscitation equipment on their ward. Similar training events will take place in September with the School Nursing Team and Occupational Health.

- Ongoing projects include review of current SLA arrangements with CTMUHB with a view to greater PTHB training autonomy and cost-effectiveness; resuscitation policy update.

Great Place to Work: Separate Agenda Item

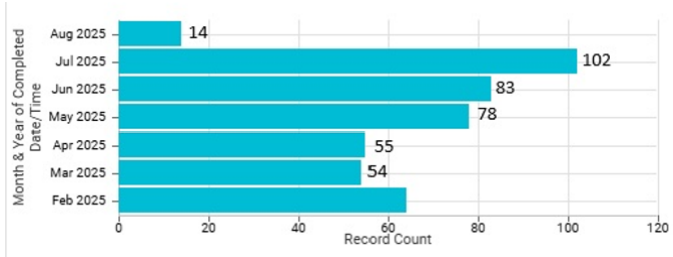
Employee Health and Wellbeing

- Completed the match and gap of PTHB'S **Wellbeing plan/ staff experience framework** against HEIW'S Staff Health and Wellbeing Framework. PTHB fared well against HEIW'S areas, with good coverage in all areas. An action plan is in place which is dynamic and flexible to meet our organisations needs which include areas such as; Wellbeing conversation guide, Exit interviews, continuation of current provision (hubs, roadshows) and additional resources through the bank to support with stress, menopause and mindfulness. All of the actions have designated lead and timelines.
- The **Mindfulness, Acceptance and Compassion (MAC) team's** (3 specialists recruited onto bank) wellbeing pilot offer was well received and since then they have continued to support our staff. From September there will be promotions on 1:1 support, teams support, short courses and a regular 'drop-in' session for staff. The pilot evaluation work has been shared with HEIW who are keen to use the model as good practice as part of their ongoing work around wellbeing. An area of focus over the autumn will be to provide a supportive offer to staff that are off work due to stress/anxiety and to also support the Better together programme where required.

Occupational Health (OH) update

- 44 staff members accessed some form of counselling in July 2025 plus 9 new staff members accessed Vivup online support resources in July 2025
- All OH Pre-employment checks (PECs) are now managed through the OPASG2 system – from the graph below over a 100 pre-placements were issued in July 2025 – These were additional posts, aspiring nurses programme and internal movement posts. PECs are currently averaging at 2-3 weeks due to the availability of clinical staff within the team.

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- The service is meeting The All Wales National Minimum Standard of 80% cleared within 7 days of acceptance is being achieved. Duration of the pre-employment pathway for clinical staff it is often prolonged by Tuberculosis screening activities and gaining full Immunisation information from the individual.
- Management referrals received in this period of July 2025 was 21. A review of the self-referral criteria and process is underway.
- Occupational Health Department risk assessments have been reviewed and updated to reflect best practice in health and safety ensuring robust control measures are in place to support the occupational health team and employees who attend.
- Occupational health standard operating procedures (SOPs) have been developed to strengthen, increase consistency and quality in: Triage of occupational health management referral cases. Management of Red Flag mental health risk assessments, the Occupational Health policy has been updated and is currently going through consultation.

Health surveillance screening.

- Health Surveillance has been embedded into recruitment processes with online screening via the OPAS G2 platform. This allows early identification and mitigation of potential work-related health issues prior to commencement of post.
- Noise induced hearing loss prevention – for those in estates has progressed so that attendance at audiology can be monitored, enabling proactive follow-up of non-attendees.
- Targeting early detection and prevention of occupational asthma and work-related skin conditions within the decontamination suite at Brecon Hospital.

Re-Tender of the Occupational Health Counselling and Employee Assistance offer.

- A full-scale tender process was not required as VIVUP our current provider, are now on the All Wales Framework.

Working with our national procurement colleagues we have been able to make a direct award to VIVUP which will run until April 2027. Through the All Wales Framework we have been able to secure a reduced cost per

employee for this service. The access to online GP appointments for non routine ailments and the independent Whistleblowing hotline has also been included.

Staff wellbeing roadshows.

Dates commencing in September have been scheduled across the county. Local service representatives to support the roadshow information / displays will be sought at each location to minimise travel. The road shows where scheduling allows will be used to support the Better Together staff engagement along with the usual range of offers, e.g; Nutrition, Trade Unions, Powys Charities, Wellbeing, Coaching etc

Welsh Language, Equalities

- Equality Annual Report 2024-25 is now published.
- **Anti-Racist Action Plan:** Research “deep dive” on workforce stats has been completed, but not yet presented to Board/Executives
- Planning had commenced on a robust response to the Supreme Court ruling on Sex which would have involved changing the gender designation of a number of toilet facilities across the PTHB estate; however this has been put on hold due to a change in Equality and Human Rights Commission (EHRC) guidance pending the outcome of a legal challenge. It is not known at present whether, or when, this will be resolved.
- Progress continues to be made, albeit slowly, to introduce the telephony system; the delay on this is due to factors outside the People & Culture Directorate.
- Disability Confident progress to level 2 will require collaboration from colleagues outside the team.

Workforce Futures -Partnership

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

- Plans for the 2025/26 ACEES programme are now confirmed. We are pleased to report full commitment from all 13 Powys secondary schools, the cross-border Welsh-medium school in Ystalyfera, and the NPTC Group of Colleges for the upcoming academic year. Delivery is scheduled to commence at the end of September. A notable development this year is the inclusion of Bishop’s Castle Community College, located just across the Shropshire border, where approximately 45% of pupils reside in Powys. Additionally, a school near the Herefordshire border has expressed strong interest in joining the programme, with formal confirmation expected at the start of the autumn term.
- The ACEES whole-school programme will continue to raise awareness of careers, pathways, and enterprise opportunities within the health, care, and

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social care sectors. It will also promote the value of Welsh language skills in the workplace.

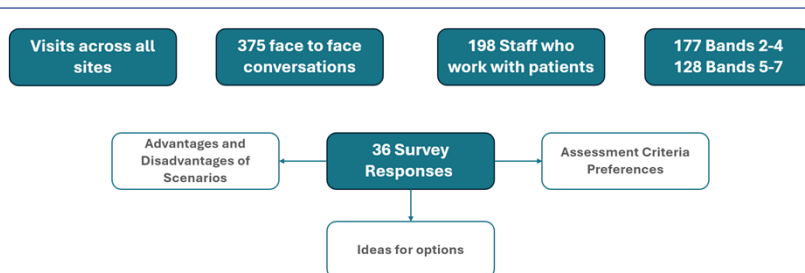
- For sixth form and college students studying health and social care or medical science, the enhanced phase theme for 2025/26 is Learning Disabilities. We are pleased to be working in partnership with Learning Disability colleagues from Powys Teaching Health Board, who will deliver training for students to become Learning Disability Champions. This will be complemented by bespoke simulation experiences and practical skills sessions.
- Two careers festivals—one in the north and one in the south of the county—are planned for February. These events will provide learners with opportunities to engage directly with professionals across the health and social care sector.
- Promotional materials have been developed and will be distributed to schools and colleges in early September to raise awareness of the ACEES programme among learners, educators, parents, and carers.
- From January to March, we will continue to deliver tailored learning programmes in all four Additional Learning Needs (ALN) settings across Powys. This year's theme is Personal Hygiene, focusing on its relevance to the workplace and work experience. The programme will include videos and kinaesthetic activities to support interactive learning.
- New for 2025/26, the Academy is exploring a pilot ACEES programme for Year 5 and 6 pupils in three Powys primary schools. Engagement and programme design are currently underway, with further updates to be shared in due course.

Transformation Skills and Development: – focus on targeted support towards identified transformation initiatives, including development of leadership capability, sustaining and supporting people through change, transformation training needs and developing the capability to adapt to and embed the new ways of working. Ongoing Organisational Development support is provided to the PTHB and PCC Social care senior leadership. See separate update on Better Together Staff engagement.

Better Together Programme – Staff engagement

- As part of the Better Together transformation programme, 375 face-to-face conversations were held with staff across Powys Teaching Health Board sites during the recent staff roadshow. These discussions, alongside 36 survey responses, provided rich insights into how our workforce views the future of adult physical and mental health community services. Alongside this, nearly 100 colleagues from adult physical and mental health community services joined our face-to-face and online focus groups in July.

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- Staff shared thoughtful reflections on the scenarios presented for future service delivery. Many recognised the value of incremental improvements, noting that “minor changes add up to big impact.” Others expressed urgency, saying “progress may be too slow—change is needed now.”
- There was strong support for models that promote joined-up care, such as expanding community teams and creating a single point of access. However, concerns were raised about staffing challenges in rural areas and the accessibility of services, especially for elderly patients and those without transport.
- Some staff saw benefits in cross-border care, citing access to wider specialisms and recruitment opportunities. Yet many highlighted the emotional and practical drawbacks of receiving care far from home, including the impact on recovery and family support.

Weekly updates are posted on the Better Together share point pages for staff to access [Better Together - Home](#)

Library Services Update

- **Evidence services**
Completed evidence support for scoping review "*Preparation and management of intrapartum and postpartum transfers of women and/or babies from births planned at home or in freestanding midwifery-led units : a scoping review protocol*" (MIDIRS Midwifery Digest, vol35, no.2 June 2025, pp.171-175). Approximately 160 hours (130 hours searches; 30 hours document supply activities).
- Continuing evidence support for scoping review on deprescribing of antipsychotics, in conjunction with PTHB lead and Liverpool University.
- **Library Evidence guides**
Review and updating programme for Library subject guides, including 2 guides to support Powys Health, Social and Care Academy activities for new academic year. Development of Little Library Book of Bereavement in conjunction with PTHB Bereavement Lead.
- **North Powys Wellbeing Programme**
Continuing discussions with PCC Public Libraries and Programme team regarding provision of library and education facilities in new development. Further exploration of opportunities for joint working between both library

services, the Academies (Health , Care, & Social Care; and Primary Care Academy), PTHB Clinical Education and PTHB OD teams.

National Updates:

- NHS WALES Statutory and Mandatory Training Review
- Leadership and Management Framework (lead by HEIW)
- All Wales Job Descriptions
- Welsh Government Social Partnership Duty Reporting

NHS WALES Statutory and Mandatory Training commissioned by Welsh Government - Conducted by Consultant Consortium June 2025

- NHS Wales currently requires staff to complete 18+ training modules annually, consuming over 100,000 twelve-hour shifts of staff time without clear governance or evidence of impact. Universal training requirements have doubled since 2013, from 9 core modules to 18+ modules across many health boards, with nursing staff now requiring 18-23 hours annually. This review, commissioned by Welsh Government as part of the 2022-24 pay settlement discussions, reveals a critical need for reform.
- **Five Key Recommendations**
 - 1. Establish Guiding Principles (immediate): Clear evidence-based criteria requiring all training to demonstrate necessity, role relevance, educational quality, and measurable impact before approval.
 - 2. Emergency Governance (0-6 months): Independent oversight panel with designated authority, immediate moratorium on new additions, and "one in, one out" policy
 - 3. Rapid Rationalisation (6-18 months): Target 25-30% reduction through evidence based review and elimination of duplicative content, including urgent review of role irrelevant requirements
 - 4. Quality Revolution (12-24 months): Maximum 20-minute modules, role-specific pathways, educational specialist involvement, and competency-based assessment
 - 5. System Integration (immediate and ongoing): Enhanced ESR utilisation, alternative delivery methods for digitally excluded staff, and training portability solutions
- This reform could transform NHS Wales statutory and mandatory training from a compliance-focused system to an outcomes-focused framework, releasing valuable time for meaningful professional development while maintaining essential safety standards.

Leadership and Management Framework (lead by HEIW) Update

- Management and Leadership Competence Framework: This framework is 95% complete and awaiting final sign-off in readiness for an Autumn launch.

The framework consists of nine standards (reduced from 12), with each with three competencies spread across five stages. These standards are designed to be integrated into existing management and leadership development programmes.

Next steps

- Welsh Government will need to confirm the process for adopting, adapting, and implementing the Code and Framework, including how regulation (if agreed) will be applied. In parallel with this we will be proposing the next steps to the National Culture, Leadership and Succession Board on 27th August:
- A recommendation on how we will engage in the NHS England socialisation and early adopter phase e.g. single or multiple organisations. This runs from September to December 2025 and will provide an opportunity to test and enhance the Framework, along with free access to additional management and leadership resources.
- The Chartered Management Institute, as part of the NHS England consortium, to be commissioned to:
 - Support a series of webinar awareness and engagement events with NHS Wales key stakeholders.
 - Conduct a review and mapping exercise of existing leadership and management programmes, commencing with national programmes including HEIW national and clinical leadership, the Graduate Management Programme, and local organisational programmes. This mapping will be phased and highlight gaps and inform requirements.
 - Run and support workshops across NHS Wales to support implementation plans.
- Governance and oversight of this work will continue through the National Culture, Leadership and Succession Board.

All Wales Job Descriptions

Nursing and Midwifery Job Profiles

- Updated Nursing and Midwifery Profiles published 3rd June 2025 and available on CAJE (JE system) for all organisations to use.
- Wales nursing and midwifery JDs are being developed in partnership in the same way as the Nursing/HCSW JDs.

Welsh Government Social Partnership Duty Reporting

- Since 1 April 2024 PTHB has been subject to the Social Partnership duty under the Social Partnership and Public Procurement (Wales) Act (SPPP Act). This means we are required to seek consensus or compromise with our recognised trade unions (or other representatives of staff) when setting our well-being objectives or making decisions of a strategic nature about the

steps we intend to take to deliver those objectives. This also links to the implementation of the Non-Pay elements of the 2022 to 2024 collective agreement.

- PTHB’s first Social Partnership Annual Report will be due this financial year 2025/26 This report has to be published after the end of the financial year explaining what PTHB has done to comply with the duty in the preceding 12 months. It must also be submitted to the Social Partnership Council (SPC).
- PTHB has a well-established Local Partnership Forum which is the is the formal partnership mechanism where the Health Board’s Managers and Trade Unions work together to improve health services for the citizens of Powys. A draft of the first Annual report will be taken to the Local Partnership Forum for discussion and agreement before submission.

NEXT STEPS:

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People and Culture Committee 29 September 2025 'A Great Place to Work'

Prepared by: Rhys Brown Head of OD/Sarah Powell Assistant Director OD
Presented by: Sarah Powell , Assistant Director of OD

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Subject:	Update against the 'Workforce Futures' priority in the integrated plan. Strategic Priority 11: A Great Place to Work
Approved and Presented by:	Debra Wood-Lawson, Executive Director of People & Culture
Author:	Head of OD Assistant Director of People & Culture
Purpose:	This presentation is to provide an assurance update against the Integrated plan for the 'Great Place to Work' priority.
Recommendations:	The Committee is asked to: <ul style="list-style-type: none"> • REVIEW the information provided in the update; • Take ASSURANCE of delivery against the plan.
Executive Summary:	Updates are provided to Workforce and Culture Committee for assurance against delivery within the integrated plan. The information in the slide deck has been developed to provide a detailed update against the 'Great Place to Work' priority.

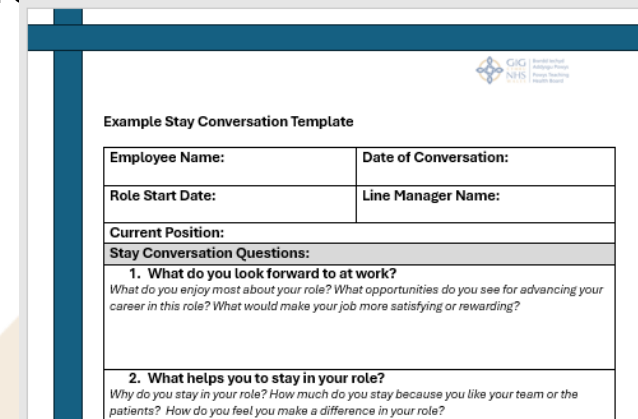
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Workforce Retention

13.1.1 Pilot a stay conversation template (Q2)

- Joint pilot between PTHB and HDUHB, in PTHB pilot underway with clinical and non-clinical teams
- Early indications demonstrate template well received. Additional teams have expressed an interest in utilising the template
- Barriers include manager capacity and uptake of feedback questionnaire
- Full evaluation due in September



The image shows a screenshot of a form titled "Example Stay Conversation Template". At the top right, there is a logo for "GIG NHS" with the text "GIG NHS" and "GIG NHS" below it. The form has a header section with the following fields: "Employee Name:" and "Date of Conversation:" in the first row, and "Role Start Date:" and "Line Manager Name:" in the second row. Below this is a section for "Current Position:". The main body of the form is titled "Stay Conversation Questions:" and contains two numbered questions. Question 1 is "1. What do you look forward to at work?" followed by the text "What do you enjoy most about your role? What opportunities do you see for advancing your career in this role? What would make your job more satisfying or rewarding?". Question 2 is "2. What helps you to stay in your role?" followed by the text "Why do you stay in your role? How much do you stay because you like your team or the patients? How do you feel you make a difference in your role?".

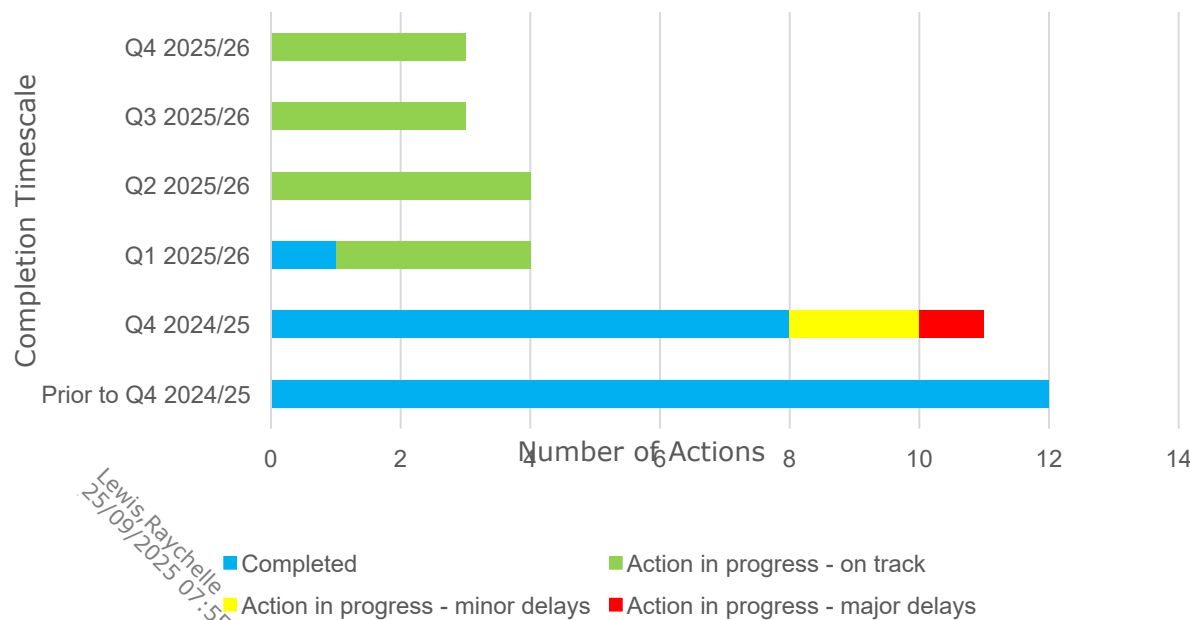
13.1.2 Develop a Leavers toolkit to include exit interview guidance (Q3)

- Full leavers toolkit introduced on 1st July 2025, for review in October 2025.
- Introduces a refreshed approach to exit questionnaires, now delivered via MS Forms to capture more detailed, non-anonymous feedback. Insights gathered through the 'leaver's questionnaire' can be shared where appropriate, to inform and support improvements.
- Leaver's toolkit contains guidance for managers to ensure the most appropriate reason for leaving is selected when terminating a staff member – aiming to improve organisational data collection.
- Leavers conversation guidance for managers also available to support managers to have constructive conversations with staff when they leave a role; further enhancing local knowledge of factors affecting turnover.

Workforce Retention; Nurse Retention Plan

HEIW Nurse Retention Plan; Local Action Activity

Progress of Actions in HEIW Nurse Retention Plan



Q4.2024/25 actions –

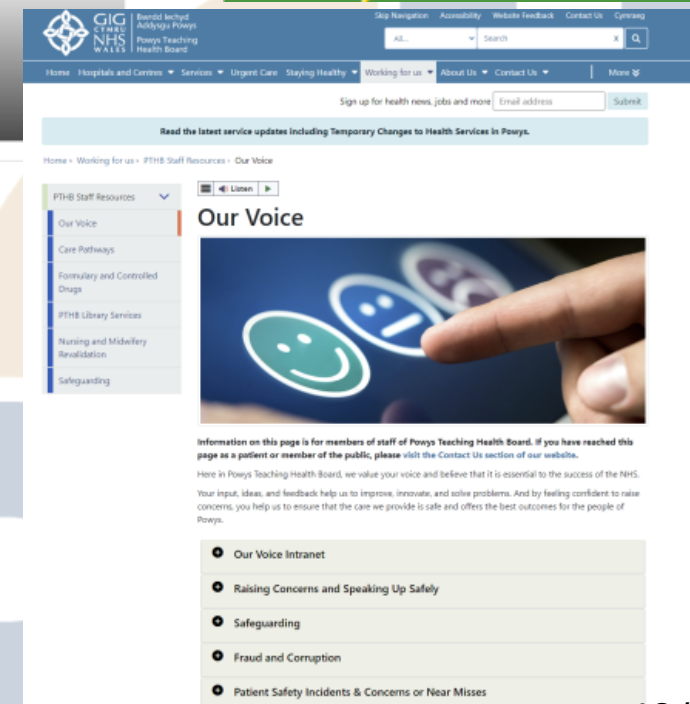
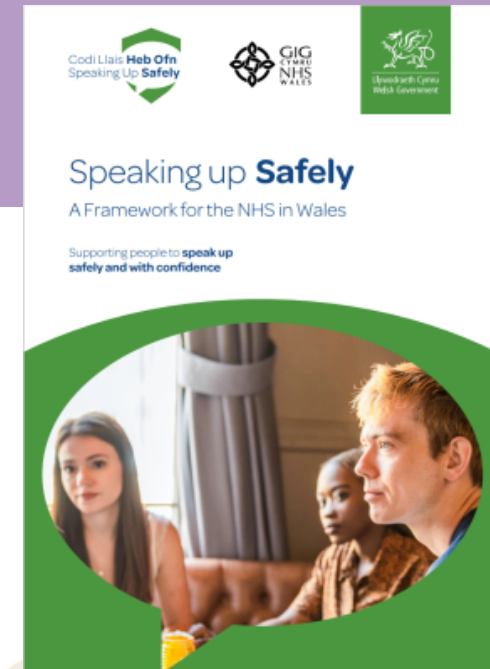
- 1 action in progress with major delay: *'Organisations must provide protected time for preceptorship and clinical supervision aligned to the recommendations contained in the All Wales Approach to Enhancing Preceptorship and Clinical Supervision in Nursing Practice'*. Delay relates to clinical supervision implementation which has been escalated to Claire Roche Executive Director of Nursing. SBAR in progress to raise at EDONs.
- 2 actions in progress minor delays – it is estimated that these will be marked as completed at next meeting (September).

Q1.2025/26 actions –

- 3 actions in progress on track, it is estimated that these will be marked as completed at next meeting (September).

Speaking Up Safely

- ❖ Closure report confirmed the completion of many actions required in the SUS framework and the transferred remaining to Business-as-Usual operations
- ❖ Working group stood down and a quarterly steering group now in place to track continuous progress against remaining actions
- ❖ Introduction of an independent 'whistleblowing' triage service through VIVUP
- ❖ Wellbeing Roadshows in the Autumn will enable wider awareness of and feedback on our Speaking Up Safely culture
- ❖ Tools and 6 Training sessions have occurred (63 attendees), 3 further courses in the coming quarter.



Clinical Leadership Immersive Programme Tier One (CLIP T1)

Target Audience:
Bands 2-5
(Flexible Approach)

CLIP T1 Aim:

To develop understanding of the 7 Habits of Highly Effective People, exploring how these principles enhance effective clinical leadership and followership through accountability, self-discovery, risk appetite and decision making

Duration:

One in person day
(9:00am- 4:00pm)

Course Objectives:

- Apply the 7 Habits of highly effective people to different immersive situations and reflect how these key learnings can be implemented into practice.
- Examine the value of followership as an active, intentional process rather than abdicating from leadership.
- Learn how to be proactive, define a clear sense of purpose, and prioritise what matters most.
- Build more collaborative, respectful, and trusting relationships through win-win thinking, empathic communication, and synergistic teamwork.
- Recognise that effective clinical leadership encompasses accountability, self-discovery, risk appetite and decision making

By the end we aim that participants will have:



Habit 1:
Be Proactive

Gained a greater ownership of actions and responses, with a focus on what is within control and influence rather than what is not.



Habit 2:
Begin With the End in Mind

Created a clear set of actionable goals and understand next steps to achieve this that promotes both short-term and long-term success in their leadership journey.



Habit 3:
Put First Things First

Prioritised tasks that align with the most important goals, within a collaborative environment.



Habit 4:
Think Win-Win

Appreciated the importance for adapting an approach for anyone to win in differing situations.

Pilot Dates:
29th August and 15th / 16th September

Training Dates:
Training across South, Mid and North on a monthly basis (could increase to twice monthly depending on uptake)



Habit 5:
Understand, Then Be Understood

Able to implement the compassionate leadership compass to effectively Listen, understand, and honour others' perspectives.



Habit 6:
Synergise

Leverage diverse perspectives to solve problems, innovate, and achieve more than any one individual alone.



Habit 7:
Sharpen the Saw

Increased motivation and energy by learning about the four human dimensions.

Clinical Leadership Immersive Programme Tier 2 (CLIP T2)

Target Audience:
Bands 6-7
(Flexible Approach)

CLIP T2 Aim:

To create leaders who role model compassionate behaviours through four key areas: accountability, risk appetite, decision-making and self-awareness.

Duration:

- Introduction to Compassionate Leadership Behaviours (1hrs 30 min Online)
- Pre- Course Playlist
- Day One 'The Self Discoverer'- (whole day in person)
- Pre- Day Two Playlist
- Day Two 'The Decision-Making Risk Taker'- (whole day in person)
- Pre- Day Three Playlist
- Day Three 'The Accountable Improver'- (whole day in person)
- Virtual Action Learning Set+ Presentation Prep (2 hrs Online)
- Presentation Day + In person Action Learning Set (4 hrs approx. in person)

CLIP T2 focuses on creating a change in participants to be:

- Accountable for their actions and influence
- Able to make clear and confident decisions
- Willing to take calculated risks using their professional judgement
- Self-aware of their own leadership presence

'The course will open your eyes to a whole new level of leadership'



Success is measured by participants' applying key learnings from CLIP into their daily practice, providing local leadership that:

- Recognises their influence of creating psychologically safe and compassionate cultures
- Continuously reflects on their leadership style to identify areas for growth and strength
- Demonstrates the confidence and risk appetite needed to drive innovation
- Contributes to discussions and challenges constructively, regardless of organisational hierarchy

'For anyone wishing to explore their leadership qualities in a thoughtful and friendly environment. This course is definitely for you!!'

CLIP T2 October 2023- Present

- 77 attended the three-day in-person sessions. This was facilitated through two pilot groups and seven cohorts.
- Over 55/77 of participants have returned around six months after completing CLIP to share reflections.
- 12 Cohorts have completed training.
- 9 awaiting to present in Sep 2025.
- 5 awaiting to present in Dec 2025.
- 75 have completed the evaluation feedback form.



'I can see myself changing positively as a result of this course'

The PTHB Manager and Managers Programme

- ❖ Initial goal to develop a manager's charter that set out the expectations of managers in PTHB
- ❖ The PTHB Manager mirrors the main themes in the Powys Manager Programme and is embedded. 4 courses run annually from 2025, 3 cohorts delivered in 2025 with 1 to run in Autumn 2025.
- ❖ **Programme Starters Q1 – 10, Q2 – 10.**
- ❖ Evaluation of the course Attendees April 2024- July 2025

Satisfaction	(Scored Satisfied/Very Satisfied)
Content	100%
Delivery	100%
Relevance	(Scored Somewhat or Extremely)
To Role	79%
To Responsibilities	79%
Course Outcomes	(Scored Somewhat or Extremely)
Confidence in applying what was learnt	76%
Meeting individuals learning outcomes	84%
Likely to Refer a colleague	8.96/10

IMPACT

"Beginning to address historic issues in establishing a sound team ethos, better communications and interagency working with other internal and external teams/service providers."

"...by attending the course, I have been able to assist with the running of the service, removing some of the pressures of team leads and managers by... supporting, mentoring and coaching team and staff members within my management"

"...coming together with colleagues from other disciplines to recognise we have similar challenges was beneficial and assuring..."

Fundamentals of Coaching Conversations

- ❖ Initial goal to develop Compassionate Leadership Coaching style approach in PTHB
- ❖ 10 of 11 Cohorts have completed (End Aug) with around 70 having completed the 2 day course.
- ❖ The FoCC builds coaching skills which supports both managers and non-managers to interact with others in a compassionate way that helps solve problems others are facing.

How have you utilised the skills learnt on the course?

"...whilst undertaking a transition of work responsibilities have used coaching to try and help the other team understand what the core issues are and how they want to tackle the situation moving forward."

Impact on Service

"I have had the opportunity to put into practice the learning cycle whilst undergoing the coaching course and am about to commence training a new colleague again so will be able to put coaching at the centre this time"

"I try not to jump in with a solution that I see fits the issue, I try to support the person to find the solution." [Compassionate Leadership Behaviour]

[Long term I can see utilising these skills so staff have] a better experience when attending for restorative supervision

Evaluation of cohorts April 2024-June 2025

Satisfaction	(Scored Satisfied/Very Satisfied)
Content	100%
Delivery	100%
Relevance	(Scored Somewhat or Extremely)
To Role	78%
To Responsibilities	81%
Course Outcomes	(Scored Somewhat or Extremely)
Confidence in applying what was learnt	97%
Meeting individuals learning outcomes	100%
Likely to Refer a colleague	9.47/10

- **Personal Impact**
- *"The fundamentals of coaching course has allowed me to consider how I communicate and has helped me improve my skills to empower people, encouraging them to move forward without me giving them the answers. I have been able to utilise this not only in my professional life but in my personal life too."*
- *"I joined both courses (Managers Programme and FoCC) whilst in a really challenging point in my role, feeling unheard and disempowered. The content of both courses has helped me to find my voice in a constructive and impactful way and I will endeavour to continue to apply this to my daily practice"*

NHS Staff Survey 2024 & 2025



- **Key Insights** Poster for 2024 Survey – went live in April 24, including physical posters on all sites.
- 2024 Survey - 'You said, We did' communications went out during **April & May 25**, closing the feedback loop.
- Key topics were **Wellbeing, Compassionate Culture, Retention and Speaking up Safely** - each had their own news post with links, posters information and next steps.

Next steps

- ❖ 2025 Survey will be open in **October**, through to the end of **November**.
- ❖ Aim is to retain or increase the 30% response rate.
- ❖ Communication & Engagement plan has been written; promotion of the survey will begin in September.
- ❖ We will start to see trends as this will be the 3rd year of this question set and reporting dashboard.

Reverse Mentoring

First cohort ran from December 24 to June 25

Mentor Positives

"a safe space to listen, learn, reflect and discuss developed a positive relationship and learning environment"

"conversations led to positive conversations with my team about embedding good practice in future planning/performance cycles"

Mentor Learnings

"really difficult finding time to meet"

"It would be useful to widen the focus of the mentoring, we ran out of wellbeing to talk about and naturally went on to other topics"

Mentees' (Exec) feedback – verbal feedback that the process was useful, good level of challenge and support but difficult to fit in meetings around busy schedules (Plan to meet with Execs late August to gather further feedback).

Learnings/ideas to take into next cohort

If possible, match participants on location to allow for travel to meet.

Mentors to provide face-to-face feedback to mentees in a group setting at the end of cohort #2 (this was not achievable due to capacity/diaries in cohort #1).

Depending on staffing and priorities, aim is to launch the application process for Cohort 2 in September.



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5.4 - Violence and Aggression Datix Incident Review

People and Culture Committee
29 November 2025

Lewis, Raychelle
25/09/2025 07:55:56

Subject:

Violence and Aggression Datix and Incident Review

Approved and Presented by:

Debra Wood-Lawson, Executive Director of People & Culture

Author:

Prevention and Management of Violence and Aggression (PMVA) Manager

Purpose:

The presentation provides an overview and analysis of Datix recorded violence and aggression incidents.

Recommendations:

The Committee is asked to:

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

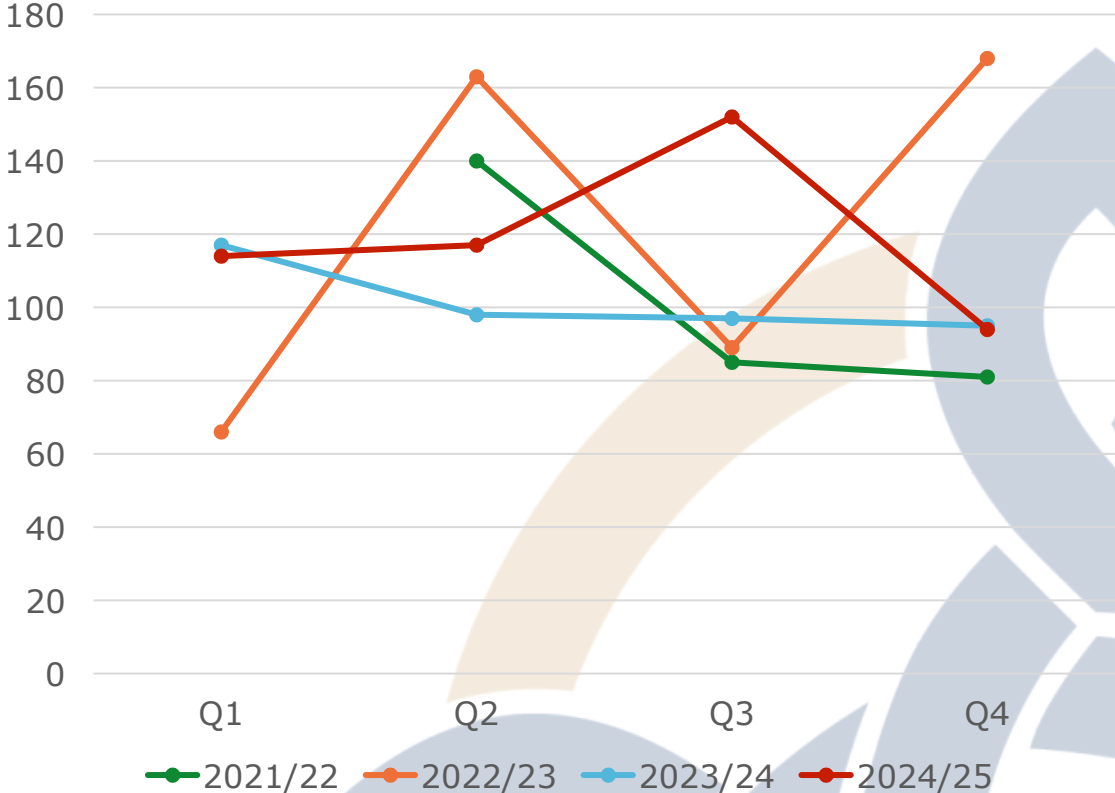
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V & A Incident Reports 2021-2025

	2021 /22	2022 /23	2023 /24	2024 /25	2025 /26
Q1		66	117	114	159
Q2	140	163	98	117	
Q3	85	89	97	152	
Q4	81	168	95	94	
Total	306+	487	407	477	

V & A Incident data.



Datix data is available from June 2021 to present.

Data taken from 2022/34 – 2024/25 Has shown :

Average incidents per year = **457**

Average incidents per quarter =

Q1= **126**; Q2 = **113**; Q3 = **90**; Q4 = **119**

Incidents for Q1 2025/26 have shown an increase of 26% from the Q1 average.

2024/25 Datix Reports

Data Trends

The 4 categories that continually receive the most reports are:

- Aggressive/ Threatening Behaviour
- Inappropriate Behaviour
- Physical Assault (Contact)
- Restrictive Practice.

The category of 'Self harm/self injurious behaviour' varies with patients and can be affected by a small number of patients i.e In December 2024(Q3) 14 reports of self harm were related to 2 patients.

Both 'Physical contact' and 'restrictive practice' reports are often reported under 'aggressive/ threatening behaviour' however are moved to the correct category on review.

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Highest Datix Categories for recording

Q1 24/5	<ul style="list-style-type: none"> - Aggressive/ Threatening Behaviour = 39 (34.2%) - Restrictive Practices = 19 (16.7%) - Inappropriate Behaviour = 14 (12.3%) - Physical assault (contact) = 10 (8.8%) 	82/114 = (71.9%)
Q2 24/5	<ul style="list-style-type: none"> - Aggressive/ Threatening Behaviour = 31 (26.5%) - Physical assault (contact) = 23 (19.7%) - Inappropriate Behaviour = 22 (18.8%) - Restrictive Practices = 9 (7.7%) 	85/117 = (72.6%)
Q3 24/5	<ul style="list-style-type: none"> - Aggressive / Threatening Behaviour = 32 (21%) - Self Harm = 28 (18.4%) - Physical assault (contact) = 25 (16.4%) - Inappropriate Behaviour = 25 (16.4%) 	110/152 = (72.4%)
Q4 24/5	<ul style="list-style-type: none"> - Aggressive / Threatening Behaviour = 19 (20.2%) - Physical assault (contact) = 17 (18.1%) - Restrictive practice = 14 (14.9%) - Inappropriate Behaviour = 12 (12.8%) 	62/94 = (66%)
Q1 25/26	<ul style="list-style-type: none"> - Physical assault (contact) = 39 (24.5%) - Aggressive / Threatening Behaviour = 38 (23.8%) - Restrictive Practice = 28 (17.6%) - Inappropriate Behaviour = 17 (10.6%) 	122/159 = (76.7%)

❖ Highest recording categories are:

- ❖ Aggressive/ Threatening Behaviour
- ❖ Inappropriate Behaviour
- ❖ Physical Assault (Contact)
- ❖ Restrictive Practice.**

**** The only wards trained in using restrictive practice are the MH wards so all these Datix should be from either Felindre, Clywedog or Tawe. ****

Locations 2024/25

Ward	Q1	Q2	Q3	Q4	Total	%
Felindre	28	24	59	33	144	30.2%
Clywedog	3	25	14	5	47	9.9%
Patients Home	11	8	11	5	35	7.3%
Tawe	5	11	2	11	29	6.1%
Maldwyn	10	2	7	4	23	4.8%
Brynheulog	8	5	3	4	20	4.2%
Twymyn	3	9	3	1	16	3.4%
Y Bannau	2	6	2	2	12	2.5%
MIU	5	2	1	1	9	1.9%
Graham Davies	3	1	3	1	8	1.7%
Claerwen	3	1	3	0	7	1.5%
Hazels	0	1	0	2	3	0.6%
Epynt	3	0	0	0	3	0.6%
Adelina Patti	0	0	1	0	1	0.2%
Other	30	22	43	25	120	25.2%
Totals	114	117	152	94	477	

- Datix reports from 24/25 showed :**
- ✦ 220/477 Reports (46.1%) came from the 3 MH inpatient wards.
 - ✦ 91/477 (19.1%) came from general wards.
 - ✦ 120/477 (25.2%) were not recorded under specific locations and included categories such as:
 - ✦ Outpatients
 - ✦ Clinical Areas
 - ✦ Non clinical areas
 - ✦ Site grounds
- These could therefore be associated to other areas i.e. incidents related to patients from Felindre may happen whilst on leave or refusing to return.

Locations Q1 2025/26

Location	April	May	June	Total	Percentage
Felindre	0	18	20	38	23.8
Tawe	10	9	10	29	18.2
Clywedog	2	11	11	24	15.1
Y Bannau	0	2	16	18	11.3
Twymyn	0	2	6	8	
Maldwyn	1	1	2	4	
Hazels	2	0	2	4	
Epynt	0	3	1	4	
Bronllys Hospital	0	0	3	3	
Adelina Patti	0	3	0	3	
Park Street	1	0	1	2	
Welshpool MIU	0	1	1	2	
Patient Home	0	1	1	2	
Ystrad Hospital	0	1	1	2	
Brecon Hospital	0	1	1	2	
Brynheulog	1	1	0	2	
Patient Home Knighton	2	0	0	2	
Welshpool community	0	1	0	1	
Patient Home Newtown	1	0	0	1	
Penmaes	0	1	0	1	
Residential Home	0	1	0	1	
Llanfyllin GP	1	0	0	1	
Ty Illtyd	0	0	1	1	
Graham Davies	0	0	1	1	
Brohafren Newtown	0	0	1	1	
Community / Staff home	0	0	1	1	
Newtown	0	0	1	1	
	21	57	81	159	

- Of the 159 reported incidents in Q1 2025/26; 91 (57.2%) came from the 3 MH wards and 38 (23.9%) came from 6 of the general wards however 1 patient who was related to 12 of the incidents.
- This is slightly higher than last years annual figures that showed 46% from MH wards and 19% from general wards however the increase within the general wards in Q1 was related to one patient. There were also a number of reports previously reported as 'other' which may be related to wards; for example when incidents have happened whilst outside the ward.
- Although there is a large increase in reports in comparison to Q1 2024/25 which reported 114 reports it is similar to reports in Q3 which received 152 reports and is heavily related to the large increase in Junes report which has been the highest month in at least 5 years.

Factors affecting reports

- ❖ **Individual patients** – An increase in reports can be related to individual patients i.e. in June 2025, 12 of 16 reports were associated to 1 patient
- ❖ **Personal Care** – A number of reports are related to incidents involving personal care, where patients may be confused, frustrated or scared.
- ❖ **Inpatient Care** – Reports are sometimes related to patients wanting to leave the ward, lack of capacity and confusion in understanding why, or where they are can result in an escalation in behaviour.
 - ❖ 2024/25 reports showed an average of 16% of reports were related to **physical contact**, the majority of these were related to incidents **whilst on a ward**.
- ❖ **Mental Capacity** – Approximately 50% of reports are reported from patients on the 3 mental health wards.
- ❖ *Type of incident – Staff are more likely to report 'physical' incidents or incidents where there is concern that the behaviour may lead to physical violence, with some 'less serious' incidents going unreported.*

Training

PMVA Q1 (April-June 2025)	Classes	Attendees
De-escalation	5	22
Breakaway	2	6
PMVA Module D Refresher	13 (7 no bookings)	11
Module D PMVA Foundation	5 (1 PTHB, 4 ABUHB)	20

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS CSTF Violence and Aggression (Wales) - Module B - 3 Years	2137	2137	1972	92.28%
NHS MAND Violence & Aggression Module D - 1 Year	83	83	66	79.5%

V & A Training

Module B – De-escalation - E learning compliance is currently 92.3%; this is also offered as a classroom based session as well as being taught alongside Breakaway training. 6 Face to face sessions took place in Q1 training 22 individuals.

Module C – Breakaway – This is currently taught face to face on a risk assessed basis; individual sessions are run monthly however attendance is poor and 4 out of 5 classes were cancelled between Jan and March due to low bookings.

Module D – Full PMVA Restrictive Physical Intervention – Foundation and Refresher courses are still being run with ABUHB in Caerleon, 3 spaces are provided to PTHB per course and to cover a backlog of Bank staff 1 course was run internally by hiring in a second trainer. For Q1 31 staff have been trained, 20 completing foundation courses and 11 attending refreshers. Foundation courses are only needed for staff that are newly appointed or those who have gone out of compliance, often due to sickness.

Compliance rate for PMVA is Module D is currently 79.5% (66/83) although ESR not currently up to date. Bank staff are not recorded on ESR and we currently have at least a further 20 trained Bank staff.

Training Compliance and Approach

- ❖ Although compliance is showing 79%, of the 17 out of compliance only 2 are eligible to attend, 1 of which is already booked on a course

Current Approach

- ❖ All staff receive H & S and V & A contact details when they enrol (Module A)
- ❖ All staff within the health board receive basic 'violence and aggression' training via E learning (module B)
- ❖ Module C Breakaway is available to all staff on a risk assess basis and is taught alongside a theoretical de-escalation face to face session (Module B); courses are available in Bronllys monthly.
- ❖ All MH wards receive full PMVA restrictive practice training.(Module D), this is currently being run with assistance from ABUHB at St Cadocs hospital.

New Wellbeing offer:

- Bespoke wellbeing mindfulness/ self care project running from September through until the end of December for staff within Felindre Ward.
- When staff on our mental health inpatient ward are less, worn out, stressed and anxious, they are better able to maintain consistent, calm interactions with patients, which helps to reduce environmental and relational stressors often implicated in triggering violence.
- Research shows that negative staff affect (i.e. high stress, worry, or burnout) is associated with increased aggression. Having less stressed and anxious staff can therefore help to break a vicious cycle where stress leads to poorer interactions, leading to more aggression, leading to yet more staff stress.

V & A and Safeguarding.

✦ A recent review undertaken by MH and safeguarding has taken place to look at 37 incidents reported from Felindre ward that were related to safeguarding. These incidents took place between June 24 and July 25.

✦ The review identified that reports can increase in number in relation to 1 or 2 complex patients; this can also be demonstrated by DATIX reports on both Mental health and General wards i.e. 12 of the 16 reports from one ward in June 2025 were related to 1 patient.

It highlighted that if incidents were not managed appropriately they could pose a significant risk to **patient safety, staff wellbeing** and **regulatory compliance**.

The need for continual training to support staff in managing aggression was also expressed.

It is evident from V & A DATIX reports that irrelevant of safeguarding issues, any incident not managed appropriately could escalate and pose a significant risk to patient, staff and regulatory compliance, as identified in the above report.

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Next Steps

❖ **Evaluate the scope of training provision.**

- ❖ Focus on prevention, de-escalation and managing incidents
- ❖ Fulfil H & S requirements
- ❖ Maintain a safe environment for staff, patients and visitors.

❖ **Undertake a TNA**

- ❖ Prioritise training needs taking into consideration
 - High priority areas
 - Community staff
 - Lone workers

❖ **Encourage continual reporting via DATIX**

- ❖ Ensure staff have adequate training and support when categorising reports to ensure information is accurate

❖ **Maintain training compliance**

- ❖ Support staff to attend training in a timely manner to maintain compliance.

❖ **Staff support**

- ❖ Staff to be involved in a post incident review with an opportunity to discuss incident and receive further support.
- ❖ Support from managers and/or V & A Advisor if external reporting is required i.e Police and CPS.
- ❖ Referral to OH if required.

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Agenda item: 5.5

People and Culture Committee **Date: 29 September 2025**

Subject:	Committee Risk Register
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Deputy Board Secretary
Other Committees and meetings considered at:	Board Development – 8 May 2025 Executive Committee – 14 May 2025 Board – 30 July 2025
Appendices:	Appendix A – Committee Risk Register

PURPOSE:

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

This copy of the Committee Risk Register is based upon the newly developed SRR considered by the Board on 30 July 2025.

RECOMMENDATION(S):

The Committee is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	Y	X

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

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

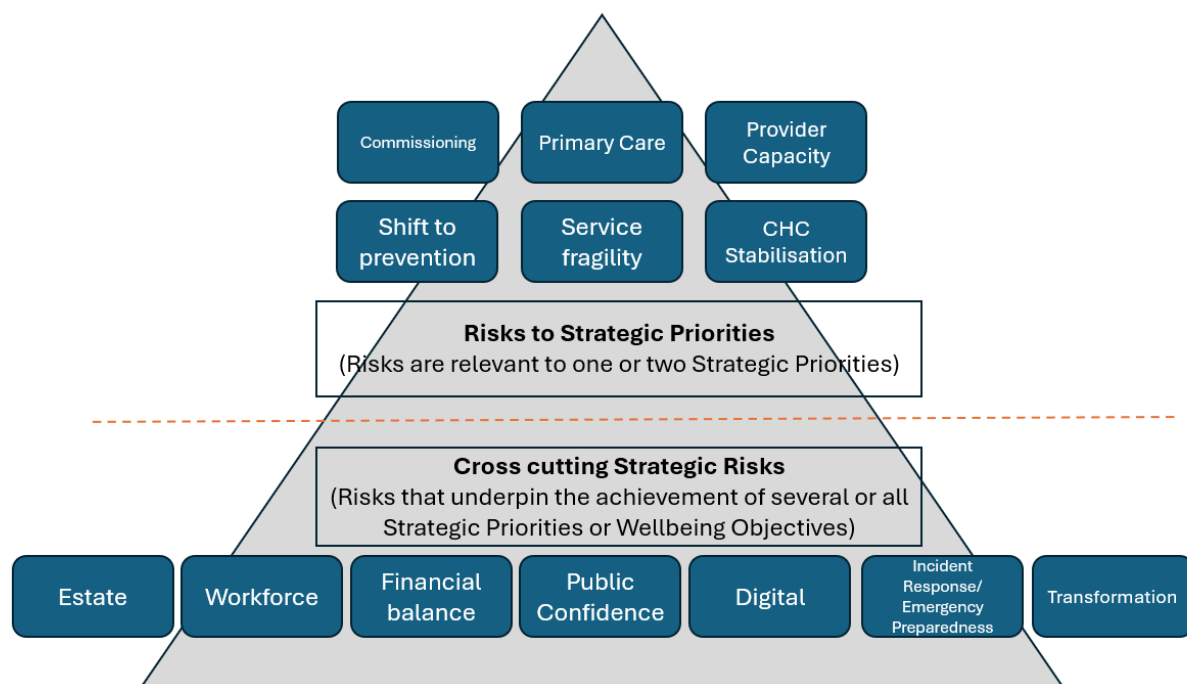
REVISED COMMITTEE RISK REGISTER

The Committee has routinely received a Committee Risk Register which draws together relevant risks from the Corporate Risk Register (CRR) to provide a summary of the significant risks to the Health Board's within the Committee's remit.

In March 2025 the Board approved a revised Risk Management Framework (RMF), The key fundamental change within the revised framework was the closure of the Corporate Risk Register (CRR), to be replaced with a Strategic Risk Register (SRR), owned by the Board and an Organisational Risk Register (ORR), focused on significant and cross-organisation operational risk, owned by the Executive Committee.

In the weeks following on from the approval of the revised RMF the Corporate Governance Team has been working closely with the Board, individual Executive Directors and Assistant and Deputy Directors to develop the new SRR.

On 21 May 2025, an update on progress was reported to the Board which provided a summary of the identified risks to the delivery of the Health Boards Strategic Priorities and their associated risk descriptors. It was noted that some of these risks had been identified as 'cross-cutting' (underpinning the achievement of several or all Strategic Priorities or Wellbeing Objectives) and risks to Strategic Priorities which were relevant to one or two of the Strategic Priorities identified within the Health Board's Integrated Plan. An overview of this update is provided below:



The proposals were supported by the Board on 21 May 2025, and the Board formally adopted the fully developed SRR on 30 July 2025.

The Committee Risk Register is attached at **Appendix A**.

NEXT STEPS:

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

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Committee Risk Register

People and Culture Committee – 29 September 2025

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STRATEGIC RISK DASHBOARD – JULY 2025 DATA

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

KEY:


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

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RISK HEAT MAP – JULY 2025 DATA

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

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SRR 006	There is a risk that the Health Board is unable to recruit and retain an appropriate workforce																			
Current Risk Score: 16	Risk rating detail: (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L2 x I4 = 8	Risk Category: Workforce Boards Risk Appetite: Cautious																		
Executive Lead: Executive Director People & Culture	Assuring Committee: People & Culture Committee																			
Latest review date: July 2025 Added to register: July 2024 Link to Strategic Priorities and Wellbeing Objectives: Cross-cutting risk relevant to all SPs and WBOs <small>25/09/2025 07:55:56</small>	 <p>Risk Score Trajectory</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July-24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov-24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Jan-25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Feb 25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Mar 25</td> <td>8</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July-24	8	16	Nov-24	8	16	Jan-25	8	16	Feb 25	8	16	Mar 25	8	16	Drivers/causes of risk: <ul style="list-style-type: none"> Demographics of the workforce and within our communities leading to challenging labour market. No university within the Powys footprint to provide regular supply of newly qualifying clinicians. Rurality and commutability of sites. Risk materialising would result in: <ul style="list-style-type: none"> Higher agency costs associate with variable pay spend Inability to sustain high quality services and patient safety
Month	Target Score	Risk Score																		
July-24	8	16																		
Nov-24	8	16																		
Jan-25	8	16																		
Feb 25	8	16																		
Mar 25	8	16																		

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

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

Mitigating Actions (What more will we do?)				
Action	Lead	Action update	Deadline	Action on Target
Workforce Planning: Roll out the organisationally agreed workforce planning model by delivering	tbc	Ongoing support available to service leads in the development of workforce plans.	November 2025	On track

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

<p>Rolling adverts and targeted Bank adverts for Registered Nurses and HCSW posts.</p>		<p>August and September 2024. Work continues to onboard the applicants successfully. Further targeted bank recruitment Open Days planned for Q4 2024-25. Specialist Bank Mental Health services Open Day held in February, with successful interviews held on the day.</p> <p>Rolling adverts out each week and shortlisting against applicants each Friday, alternating between RNs, HCSWs and both General and Mental Health fields.</p>		
<p>International Recruitment Continue international nurse recruitment to a target of 18 Adult nurses and 6 Mental Health Nurses</p>	<p>tbc</p>	<p>18 international nurse offers have been made, first cohort of 6 arrived in Newtown in August 2024, have now all passed their OSCE exam and have their NMC PINs. A further 6 arrived into Machynlleth on 20 November and are undergoing their OSCE training. Final FY 24/25 General Nurse cohort of 6 staff arrived into Bronllys on 3 Feb, and will work across both Brecon</p>	<p>Ongoing</p>	<p>On Track</p>

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		<p>hospital wards. In addition, 6 RMNs are expected in country by end of Q4.</p> <p>24/25 International recruitment plan complete, totalling 18 Adult RNs and 6 RMNs, who have all now passed their OSCE exam.</p> <p>25/26 International recruitment programme commenced, and 4 Adult RNs arrived in country in June 25, a further 4 Adult RNs due Oct/Nov 25. Paused RMN International recruitment pending student streamlining processes.</p>		
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Additional information:

Rationale for current score:

- The risk has been fully reviewed and assessed as a new risk in July 2024.
- As of 31st May 2025, the Health Board contracted vs budgeted establishment showed a vacancy rate of 13.87%. After the use of overtime, additional hours, agency, and Bank this fell to 7.65%.
- The challenges in recruitment are more pronounced in clinical roles with vacancies running at 17.70% for registered Nursing and Midwifery, 17.10% for Healthcare Scientists, 16.24% for Allied Health Professionals, 15.96% for Additional Clinical Services 14.62% for Medical and Dental and 10.02% for Add Prof Scientific & Technic.
- To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in May 2025 from information held on the Health Roster/TSU systems:

- Additional Clinical Services: 25.01 WTE
- Nursing & Midwifery Registered: 22.65 WTE
- Allied Health Professionals: 7.84 WTE

Associated organisational risks (ORR):

- Organisational Risk Register under development Q2 2025/26.

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Workforce & Culture Committee 2025-26									
Theme	Item Title	Duration (mins)	June 03/06/2025	Route Date	September 29/09/2025)	Route Date	December 09/12/2025	Route Date	March 05/03/2026
Governance	Minutes of previous meeting	10	✓		✓		✓		✓
Governance	Declaration of Interests		✓		✓		✓		✓
Governance	Action Log		✓		✓		✓		✓
Governance	Committee Risk Register	5	✓		✓		✓		✓
Governance	Committee Reflections	5	✓		✓		✓		✓
Governance	Annual Work Programme	15	✓						
Governance	Work Programme (updated through year)	5			✓		✓		✓
Governance	Annual Assessment of Committee Effectiveness	10							✓
Governance	Committee Governance Action Plan	10			✓				✓
Governance	Committee Annual Report	10	✓						
Governance	Review of Terms of Reference	15							✓
Performance	Workforce Performance Report	20	✓	17/09/2025	✓	27/11/2025	✓	18/02/2026	✓
Performance	Director of People and Culture Report	20	✓	17/09/2025	✓	27/11/2025	✓	18/02/2026	✓
Workforce Futures	Theme 1 - Staff Health and Wellbeing	45	✓			27/11/2025	✓		
Workforce Futures	Theme 2 Great Place to Work	35		17/09/2025	✓			18/02/2026	✓
Workforce Futures	Theme 3 Workforce Sustainability and Transformation	45	✓			27/11/2025	✓		
Primary Care	Primary Care Workforce Sustainability	20				27/11/2025	✓		
Workforce Futures	Theme 4 Welsh Language, Equality, Diversity and Inclusion	35			X			18/02/2026	✓
Equality, Diversity & Inclusion and Welsh Language	Equality, Diversity and Inclusion Annual Report	20	✓						
Equality, Diversity & Inclusion and Welsh Language	Welsh Language Annual Report	20	✓	17/09/2025	✓				
Equality, Diversity & Inclusion and Welsh Language	Strategic Equality Report				✓				
Statutory Compliance	Comms and Engagement Report for W&C	10	X						
Innovative Environments	Agile working - Workforce Measure to Support Financial Recovery - Variable Pay Action (Sept Committee)	15		17/09/2025	✓				
Staff Story	Staff Story (TBC if at each meeting)		X						
Health & Safety and Fire Safety	Deep Dive: Violence and aggression incidents.	20			✓				
Equality, Diversity & Inclusion and Welsh Language	Anti Racism Plan	20							
Statutory Compliance	Internal Processes for Revalidation	10	✓						
Workforce	Primary & Community Care Academy	15	✓						
IN COMMITTEE									
Statutory Compliance	Fitness to Practice Referrals to the Nursing & Midwifery Council - In-Committee	10	✓						
Key									
Date to be confirmed									
Item to be confirmed									
Item deferred									
Item brought forward									
Going to Board									
Due to Committee									
Find Exec Cttee date									
Added to draft agenda									



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Powys Teaching Health Board Glossary (Last updated September 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
ABUHB	Aneurin Bevan University Health Board
AFC	Agenda for Change
AGW	The Auditor General for Wales
AHPs	Allied Health Professionals
ALN	Additional Learning Needs
AO	Accountable Officer
ARAC	Audit, Risk and Assurance Committee
ASM	Accelerated Sustainable Model
AR	Audit Recommendations
APB	Area Planning Board
BAF	Board Assurance Framework
BCUHB	Betsi Cadwaladr University Health Board
BMA	British Medical Association
CAAP	Clinical associate in applied psychology
CAMHS	Child and Adolescent Mental Health Services
CCN	Childrens Community Nursing
CEMT	Chief Executive Management Team
CHC	Continuing Health Care
CIW	Care Inspectorate for Wales
CLIP	Collaborative Learning in Practice

CNO	Chief Nursing Officer
CPD	Continued Professional Development
CPR	Child Practice Review
CRR	Corporate Risk Register
CSP	Clinical Service Plan
CTMUHB	Cwm Taff Morgannwg University Health Board
CV	Curriculum Vitae
CVUHB	Cardiff and Vale University Health Board
CWMPAS	Mid and West Wales Regional Safeguarding Adults Board
CYSUR	Mid and West Wales Regional Safeguarding Children Board
CTC	Care Transfer Co-ordinator
CCOMG	Complex Care Operational Management Group
DATIX	Incident Management System
D&P	Delivery and Performance Committee
DCG	Delivery Co-ordination Group
DGH	District General Hospital
DHCW	Digital Health and Care Wales
DNA	Did not Attend
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation
DPA	Data Protection Act
DToC	Delayed Transfer of Care
D2RA	Discharge to Recover and Assess
DST	Decision Support Tool
EASC	Emergency Ambulance Services Committee
EOG	Executive Oversight Group
EOY	End of Year
EMRTS	Emergency Medical Retrieval & Transfer Service
EPMA	Electronic Prescribing and Medicines Administration
ESR	Electronic Staff Record
EMI	Elderly Mentally Infirm
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FTE	Full Time Equivalent
F&P	Finance and Performance Committee
GDS	General Dental Services
GIRFT	Getting It Right First Time
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
GNCC	General Nursing Complex Care Team

H&S	Health and Safety
HCA	Health Care Assistant
HCS	Health and Care Standards
HCSW	Health Care Support Worker
HDUHB	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
HIW	Healthcare Inspectorate Wales
HP	Health Protection
HPF	Healthcare Professionals Forum
ICF	Integrated Care Funding
IEN	Internationally Educated Nurse
IG	Information Governance
IM	Independent Members
IMTP	Integrated Medium Term Plan
IP&C	Infection Prevention and Control
IQPF	Integrated Quality Performance Framework
IQPG	Integrated Quality & Performance Group
IQPR	Integrated Quality Performance Report
IT	Information Technology
JAG	Joint Advisory Group (on Gastrointestinal Endoscopy)
JCC	Joint Commissioning Committee
JD	Job Description
JET	Joint Executive Team
JIPCA	Joint Inspection of Child Protection Arrangements
JLT	Joint Leadership Team (PHTB and PCC)
JR	Judicial Review
KPI	Key Performance Indicator
LoF	League of Friends
LA	Local Authority
LHB	Learning Health Board
LMC	Local Medical Committee
LPF	Local Partnership Forum
LRF	Local Resilience Forum
LTA	Long Term Agreement
MD	Ministerial Direction
MDTs	Multi-Disciplinary Teams
MEG	Medical E-Governance System
MEG	Main Expenditure Group
MH	Mental Health

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MHD	Mental Health & Learning Disability
MIU	Minor Injury Unit
MOU	Memorandum of Understanding
MOA	Memorandum of Agreement
MSK	Musculoskeletal
MV	Mass Vaccination
NHSE	National Health Service England
NHS	National Health Service
NHSWE	NHS Wales Executive
NICE	National Institute of Health and Clinical Excellence
NRI	Nationally Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
NNA	Nursing Needs Assessment
OBC	Outline Business Case
OCP	Organisational Change Process
OOC	Out of County
OOH	Out of Hours
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
PA	Physician Associate
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
PCC	Powys County Council
PEQS	Patient Experience, Quality and Safety Committee
PHE	Public Health England
PHW	Public Health Wales
PPPH	Planning, Partnerships and Population Health Committee
PSB	Public Service Board
PSOW	Public Services Ombudsman for Wales
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
P&C	People and Culture Committee
QA	Quality Assurance
RaTS	Remuneration and Terms of Service Committee
RCN	Royal College of Nursing
RIIC	Research, Innovation & Improvement Coordination
RIF	Regional Investment Fund
RISP	Radiology Information System Procurement
RJAH	Robert Jones and Agnes Hunt
RN	Registered Nurse

RPB	Regional Partnership Board
RTT	Referral to Treatment
RTS	Routemap To Sustainability
Q1 Q2 Q3 Q4	Quarter 1 (April, May, June), Quarter 2 (July, August, September), Quarter 3 (October, November, December), Quarter 4 (January, February, March)
QSEG	Quality, Safety and Experience Group
SAR	Subject Access Request
SAS	Specialty and Specialist
SBAR	Situation, Background, Assessment, Recommendation
SBUHB	Swansea Bay University Health Board
SDEC	Same Day Emergency Care
SLA	Service Level Agreement
SOC	Strategy Outline Case
SOP	Standard Operating Procedure
SaTH	Shrewsbury and Telford Hospital NHS Trust
SPB	Strategic Programme Board
SRO	Senior Responsible Owner
TI	Targeted Intervention
ToR	Terms of Reference
TRAC	Online Recruitment Management System
T&V	Transformation & Value
VERS	Voluntary Early Release Scheme
WAST	Welsh Ambulance Services NHS Trust
W&C	Workforce and Culture Committee
WCCIS	Welsh Community Care Information System
WG	Welsh Government
WHC	Welsh Health Circular
WHSSC	Welsh Health Specialised Service Committee
WNB	Was Not Brought
WOD	Workforce and Organisational Development
WPAS	Welsh Patient Administration System
WPOCT	Welsh Point of Care Test System
WTE	Whole Time Equivalent
WVT	Wye Valley Trust
YTD	Year to Date

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