

# People and Culture Committee

Thu 05 March 2026, 10:00 - 12:30

## Agenda

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

**1.1. WELCOME AND APOLOGIES**

**1.2. DECLARATION ON INTERESTS REGISTER**

 P&C\_1.2\_Board Members Declarations of Interest 2025-2026.pdf (3 pages)

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

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

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

**3.1. Minutes of the previous meeting held on 09 December 2025**

 P&C\_3.1\_P&CMinutes\_09 December 2025 Final.pdf (11 pages)

**3.2. Committee Action Log**

 P&C\_3.2\_Action Log.pdf (1 pages)


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

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

**5.1. Director of People and Culture Report**

 P&C\_5.1\_Director of People and Culture Summary Report Feb for March 2026.pdf (16 pages)

**5.2. Workforce Performance Report**

 P&C\_5.2 People & Culture Performance Report 01-2026.pdf (16 pages)

**5.3. Theme 2 - Great Place to Work**

 P&C\_5.3\_A Great Place to Work P&CC Mar 2026.pdf (12 pages)

 P&C\_5.3a\_Workforce Retention.pdf (14 pages)

**5.4. Theme 4 - Welsh Language, Equality, Diversity and Inclusion**

 P&C\_5.4 Welsh language, Equality, Diversity and Inclusion.pdf (11 pages)

**5.5. Review of Terms of Reference**

 P&C\_5.5\_Terms of Reference Review Cover.pdf (2 pages)

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 P&C\_5.5a\_Terms of Reference\_Draft May 2026.pdf (12 pages)

## **5.6. Committee Governance Action Plan**

 P&C\_5.6\_Committee Effectiveness Continuous Development Plan 2025-26\_March 2026.pdf (4 pages)

## **5.7. Committee Risk Register**

 P&C\_5.7\_Committee Risk Register Update.pdf (2 pages)

 P&C\_5.7a\_Appendix A - P&C Committee Risk Register.pdf (12 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: Staff Development Programme - Final Internal Audit Report 2025/26**

 P&C\_7.1\_PTH-2526-16 Staff Development Programme Final Internal Audit Report.pdf (8 pages)

### **7.2. Work Programme**

### **7.3. PTHB Glossary**

 P&C\_7.3\_PTHB\_Glossary.pdf (6 pages)

## **10:00 - 10:00 8. OTHER MATTERS** 0 min

### **8.1. Any other urgent business**

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

### **8.3. Committee Reflections**

### **8.4. Date of the next meeting: 11 June 2026**

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POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2025-26								Updated: February 2026
Position	Name	Interest Category	Interest Situation	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment	Date Returned
<b>INDEPENDENT MEMBERS</b>								
PTHB Chair	Carl Cooper	Indirect Interests	Loyalty Interests	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	NIL	29/05/2025
		Indirect Interests	Loyalty Interests	2025	Ongoing	Family member is an employee of Cardiff & Vale University Health Board (non Director).	Nil	
Vice Chair	Kirsty Williams	Non Financial personal interests	Loyalty Interests	Feb-25	Current	Co Director of Samaritans Powys	None	22/04/2025. Left the Health Board on 30 September 2025
		Non Financial personal interests	Loyalty Interests	Nov-22	Current	Director of ILEP Ltd a subsidiary of Cardiff University	None	
		Indirect Interests	Outside Employment	Feb-24	Ongoing	Commissioner for South Wales Fire and Rescue	Ministerial Appointment	
		Non Financial personal interests	Loyalty Interests	2024	Current	Vice Chair of Brecknock YFC Board of Management	NIL	
Vice Chair	Rhiannon Beaumont-Wood	Non Financial professional interests	Outside Employment	Jun-23	Ongoing	Director and Owner of RBW Executive and Professional Coaching	None	16/02/2026
		Non Financial personal interests	Loyalty Interests	May-23	Ongoing	Non-Executive Member Dorset ICB (In the process of forming a cluster with Dorset ICB, Somerset ICB, Bath, East Somerset, Swindon and Wiltshire ICB)	Remunerated as per Non-Executive Member, Terms and Conditions	
		Non Financial personal interests	Loyalty Interests	Jun-24	Ongoing	Registrant Council Member - Nursing and Midwifery Council (NMC)	Remunerated as per Registrant Council Member Terms and Conditions	
Independent Member (General)	Rhoert Lewis	Non Financial professional interests	Outside Employment	Nov-21	Current	Chair NPTC Group of Colleges	NIL	30/05/2025
		Indirect Interests	Outside Employment	Nov-21	Current	External member Cross-party STEMM Group Welsh Government	NIL	
Independent Member (Trade Union)	Cathie Poynton	NIL	NIL	NIL	NIL	NIL	NIL	01/05/2025
Independent Member (finance)	Steve Elliot	Non Financial professional interests	Outside Employment	04/02/2024	Current	Spouse Directorship of Oshi's World Private Limited Company and a Trustee of Oshi's World Charity	NIL	17/04/2025
Independent Member (General)	Ronnie Alexander	Indirect Interests	Outside Employment	01/10/2018	Current	Lay Observer to HEIW Participation in ARCPs and Pharmacy Advisory Board	Small half-day or daily payment dependant on booking availability	15/05/2025
		Indirect Interests	Outside Employment	2012	Current		Dividend Payment only	
		Indirect Interests	Outside Employment	2017	Current	Member of Finance, Risk and Audit Committee Hafod/Hendre Housing Association	Remunerated	
		Indirect Interests	Outside Employment	Mar-21	Current to Dec-27	Independent Monitoring Authority (IMA) – Non Executive Director	Remunerated	
		Indirect Interests	Shareholdings and other ownership interests	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only	
Independent Member (University)	Simon Wright	Financial Interests	Outside Employment	2015	Current	Personal: Academic Registrar, Cardiff University-Variou Healthcare Programmes	Salaried Employment	18/06/2025
		Indirect Interests	Loyalty Interests	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment	
		Indirect Interests	Loyalty Interests	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment	
		Non Financial professional interests	Loyalty Interests	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None	

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<b>Independent Member (Third Sector)</b>	<b>Jennifer Owen Adams</b>	Non Financial professional interests	Loyalty Interests	07.02.2025	09.02.2028	PAVO-Vice Chair	None	10/06/2025
		Non Financial professional interests	Loyalty Interests	01.09.2024	01.06.2028	Coopted Member of PAVO	None	
		Non Financial professional interests	Loyalty Interests	Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None	
		Non Financial professional interests	Loyalty Interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL	
<b>Independent Member (Local Authority)</b>	<b>Christopher Walsh</b>	Non Financial professional interests	Loyalty Interests			Member of Community Speed Watch Group Member of Society Genealogists Associate Member of the Association of Genealogists and Registered Archivists	NIL	19/06/2025
		Financial Interests	Shareholdings and other ownership interests		Ongoing	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner:CTW Genealogy Research and Owner:Property in the County of Powys	NIL	
		Non Financial professional interests	Loyalty Interests		Ongoing	Elected Member Powys County Council •Trustee/Chair: Brecon University Scholarship Fund •Brecon Town Council Elected Member •Governor of Priory Church in Wales School •Member Brecon Beacons National Park Authority SDF & Grant Advisory Panel	NIL	
		Non Financial professional interests	Loyalty Interests		Ongoing	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL	
		Non Financial professional interests	Loyalty Interests		Ongoing	Labour Party member	NIL	
<b>Independent Member (Capital)</b>	<b>Michael Giannai</b>	Indirect Interests	Loyalty Interests	2019	Current	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated	01/04/2025
<b>Independent Member</b>	<b>Ian Thomas</b>	Non Financial Personal Interests	Outside Employment	Apr-23	01/03/2024	Worked with a team of consultants as an independent associate in the past. I worked alongside HICO from April 2023 to March 2024. I was self employed during this time as a sole trader. I have not worked with HICO since this time and have withdrawn my associate status	NIL	09/04/2025
<b>EXECUTIVE MEMBERS</b>								
<b>Chief Executive Officer</b>	<b>Hayley Thomas</b>	NIL	NIL	NIL	NIL	NIL	NIL	30/05/2025
<b>Executive Director of Finance, Capital and Support Services</b>	<b>Pete Hopgood</b>	Non Financial Interests	Loyalty Interests	18/06/2018	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant	22/05/2025
<b>Executive Director of Allied Health Professions, Health Science and Digital</b>	<b>Claire Madsen</b>	Financial Interests	Outside Employment	07-Jan-19	Current	Occasional Lecturer for University of West of England.	Hourly rate	02/06/2025
		Non Financial professional interests	Loyalty Interests	10-Jun-05	Current	Member of the The Chartered Society of Physiotherapy	NIL	
<b>Executive Director of Nursing, Quality, Women and Family Health</b>	<b>Claire Roche</b>	Non Financial Professional Interests	Outside Employment	2018	Current	Member of the Royal College of Nursing	NIL	10/06/2025
		Non Financial Professional Interests	Outside Employment	1994	Current	Member of the Royal College of Midwifery		Left the Health Board on 10 October 2025
<b>Executive Medical Director</b>	<b>Kate Wright</b>	Non-Financial professional Interest	Outside Employment	01-Aug-91	Current	Member of the British Medical Association	NIL	10/06/2025

<b>Executive Director of People and Culture</b>	<b>Debra Wood Lawson</b>	Indirect Interests	Outside Employment	01-Nov-24	Current	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	Remunerated	29/05/2025
			Outside Employment	01-Sep-25	Current	Relative employee and training in Aneurin Bevan Univeristy Health Board (non Director)	NIL	
<b>Executive Director of Public Health</b>	<b>Mererid Bowley</b>	Non-Finanical professional Interest	Loyalty Interest	NIL	NIL	Member of Faculty of Public Health	Previously declared on annual Declaration of Interest form issued by corporate team since commencement of role. (Transferring recording of declaration on to ESR from this date).	14/05/2025
		Financial Interest	Shareholdings and other Ownership interests	NIL	NIL	Husband works for Mitie Engineering who hold contracts/work with some NHS bodies/organisations. Shares held by husband and myself and Mitie Company	Previously annually since start of employment through completion of declarations of interest form issued by corporate team annually.	
<b>Director of Corporate Governance/ Board Secretary</b>	<b>Helen Bushell</b>	Non-Finanical professional Interest	Outside Employment	Nov-21	Current	Self - School Governor – Langynwyd primary school (Bridgend)	Not remunerated	18/06/2025
		Indirect Interests	Outside Employment	Aug-16	Current	Partner is the Chair of a Housing Association who provide social housing across a large geographical area (including Powys).	Remunerated part time role, 2-4 days per month	
		Indirect Interests	Outside Employment	Jul-24	Oct-24	Partner is listed on the Bank for PTHB - working occasionally for the organisation by dual agreement.	Paid per hour/day of work	
		Indirect Interests	Outside Employment	Sep-22	Current	Parnter - Public Appointment - Youth Work strategy and implementation Board - Oct 22 - Sept 24	Remunerated 2-4 days per month	
<b>Director of Strategic Improvement and Transformation</b>	<b>Lucie Cornish</b>	Nil	Nil	Nil	Nil	Nil	Nil	13/11/2024
<b>Executive Director of Planning, Performance &amp; Commissioning</b>	<b>Nicola Johnson</b>	Nil	Nil	Nil	Nil	Nil	Nil	30/05/2025
<b>Executive Director of Primary, Community Care and Mental Health</b>	<b>Elaine Lorton</b>	Financial Interests	Outside Employment	Apr-24	Current	Independent Member – ateb - housing Association	Remunerated	30/05/2025
		Non Financial professional interests	Outside Employment	Nov-19	Current	Chair of the Board - Wet Wales Care and Repair	Voluntary	
		Indirect Interests	Outside Employment	Mar-23	Current	Family Member is an employee of Hywel Dda University Health Board (non Director)	Nil	
		Indirect Interests	Outside Employment	Sep-23	Current	Family Member employee of Aneurin Bevan Univeristy Health Board (non Director)	Nil	

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**GIG  
CYMRU  
NHS  
WALES**

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

## PEOPLE AND CULTURE COMMITTEE

### UNCONFIRMED MINUTES OF THE MEETING HELD ON 09 DECEMBER 2025

#### LOCATION OR HELD VIA MICROSOFT TEAMS

<b>MEMBERS</b>		
Jennifer Owen Adams	JOA	Independent Member-Third Sector (Chair)
Ian Thomas	IT	Independent Member (Vice Chair)
Simon Wright	SW	Independent Member
Chris Walsh	CW	Independent Member-Local Authority
Cathie Poynton	CP	Independent Member-Trade Union
<b>IN ATTENDANCE</b>		
Helen Bushell	HB	Director of Corporate Governance and Board Secretary
Rhys Brown	RB	Head of Organisational Development
Katelyn Falvey	KF	Head of Workforce Transformation Planning & Resourcing
Stella Gwynne	SG	Assistant Director of Corporate Governance/Deputy Board Secretary
Pete Hoggood	PH	Deputy CEO & Director of Finance
Mark McIntyre	MM	Deputy Director of People and Culture
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Vicky Malcolmson	VM	Head of People and Business Partnering
Sarah Powell	SP	Assistant Director of People and Culture
Marielle Restall	MR	111 Team Manager - Mental Health
Debra Wood Lawson	DWL	Executive Director of People and Culture
Raychelle Lewis	RL	Business & Governance Officer
<b>APOLOGIES FOR ABSENCE:</b>		
Carl Cooper	CC	Board Chair
Paul Hooton	PH	Director of Nursing, Quality, Children and Family Health
Elaine Lorton	EL	Executive Director of Primary Care, Community & Mental Health
Hayley Thomas	HT	CEO Chief Executive

## **PRELIMINARY MATTERS**

### **1. WELCOME AND APOLOGIES FOR ABSENCE (P&C/25/039)**

The Chair welcomed everyone to the meeting. Apologies for absence were received as recorded above.

### **1.2 DECLARATIONS OF INTEREST (P&C/25/040)**

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

### **1.3 PATIENT STORY – Clinical Immersive Leadership Programme (CLIP) Programme (P&C/25/041)**

The Committee received the story from MR on the development of the Single Point of Access (SPOA) for mental health in Powys Teaching Health Board. The 111 press 2 service for urgent mental health support launched in May 2023, supporting all age groups. Key changes included open access, a mental health triage scale, and the integration of well-being practitioners, all enhancing team confidence and service delivery. Following the launch of a new single point of access in September 2024, staff numbers doubled, and referral processes were streamlined, with all referrals handled proactively. The service's collective leadership and focus on continuous improvement were highlighted, and it has become a demonstration site for the Open Access model, receiving positive audit feedback. Further developments are planned, including face-to-face assessments, with a continued commitment to empathy and professionalism in handling calls.

The Committee **RECEIVED** the story.

MR left 10:24

### **2. CONSENT BUSINESS AGENDA (P&C/25/042)**

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/25/043)**

The minutes of the meeting held on 29 September 2025 were **CONFIRMED** as an accurate record.

#### **3.2 COMMITTEE ACTION LOG (P&C/25/044)**

An update was given of one outstanding action which was deemed completed. The Committee **RECEIVED** the Committee action Log.

### **4. ESCALATED ITEMS (P&C/25/045)**

There were no escalated items on the agenda.

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

#### **5.1 DIRECTOR OF PEOPLE AND CULTURE REPORT (P&C/25/046)**

DWL reminded the Committee that the paper did not address elements on that day's agenda but instead covered other areas outside the current work plan. Key points highlighted ongoing efforts to improve staff retention, such as a pilot study on stay conversations, the launch of 'leave us' toolkits, and succession planning initiatives. It was noted that funding for a specific post supporting these activities would be withdrawn at

the end of the financial year, requiring local decisions to maintain momentum in retention work.

An update on the reverse mentoring programme was given, highlighting that it had undergone a rapid evaluation and was set to be rolled out to a second cohort. The National Health Service (NHS) staff survey had closed, with PTHB achieving a 34.2% response rate, exceeding both the South Wales average and the Board's previous year's response rate. The Committee were also informed of progress on Welsh language commitments, including the signing of the Hate Crime Charter and the implementation of a bilingual telephony service.

Workforce features, funded by external programmes, continued to progress, particularly in the area of Academy, Careers, Education Enterprise scheme (ACEEs) and transformation support across partners, pending further funding decisions. Clinical education saw increased student placements and collaboration with educational partners. A recent internal audit of management and leadership had resulted in substantial assurance, which was recognised as a significant achievement.

National updates included work on the Band 2 and Band 3 framework, with local implementation underway, and information on pay ballots, noting the absence of industrial action in Wales. The Committee were also briefed on the protected continuous professional development time linked to the recent pay award, with ongoing discussions to interpret and implement the national agreement locally before the financial year's end.

Committee members sought assurance by asking the following questions:

*Will including paper ballots significantly increase the staff survey response rate, or is the impact minimal?*

The indication that a significant change in the staff survey response rate was due to the inclusion of paper ballots and was not expected. Although considerable effort had been made to reach out to teams without easy computer access and encourage participation, it was ultimately each individual's responsibility to submit their ballot by post. As a result, the response rate, mentioned as 34.2%, was only anticipated to shift slightly, but not dramatically.

*Has the increased investment in the staff survey resulted in a higher response rate compared to the previous year? Will these additional efforts yield better engagement, and are there particular areas where low response rates suggest the need for further exploration in the future?*

The Committee were assured that efforts are ongoing both nationally and locally to make the staff survey accessible and maintain anonymity, especially for small teams. Regular communications encourage participation, with similar strategies planned for this year. The Workforce team aims to boost engagement, and survey returns by refining accessibility and communication, but outcomes depend on staff involvement.

*Is it being monitoring how flexible PTHB are in implementing the flexible working policy, and is there data or statistics that reflect how well this is being done in this area as part of the organisational culture?*

The Committee were given confirmation that data on flexible working is indeed being collected, primarily through the Electronic Staff Record (ESR) system. It was noted that the Workforce team can provide this data when requested, indicating ongoing monitoring of flexible working practices. It was also mentioned that the intention to consider how best to report on this information and to investigate any areas where applications for flexible working are regularly turned down.

It was suggested that, if necessary, support could be provided to managers to help them think differently about flexible working requests. While the data is being collected and monitored, there is a commitment to further review and potentially enhance reporting and support around flexible working to ensure organisational needs and staff flexibility are balanced.

The Committee:

- Took **ASSURANCE** against the delivery of those priorities NOTING the updates on relevant workforce areas nationally.
- **RECEIVED** the report as an update on priorities within the Workforce section of the Integrated Plan 2025/26 since the July 2025 that are not part of the committee's agenda and took **ASSURANCE** against delivery of those priorities.

## **5.2 WORKFORCE PERFORMANCE REPORT(P&C/25/028)**

The Committee were provided with an update on several key aspects of workforce performance. The following key themes were highlighted:

- Workforce Age Profile: Ageing workforce with more staff nearing retirement, but projections show improved age distribution by 2030.
- Vacancy Rates: Significant reductions in nursing and clinical vacancies; administrative and clerical vacancies increased due to cost controls.
- Agency and Bank Staff Use: Agency staff use has dropped, with increased reliance on bank staff, supporting national reduction targets.
- Staff Retention: Lower turnover rates reported, credited to retention efforts, though sustainability is a concern if key funding ends.
- Sickness Absence: Long-term absences have declined, short-term absences risen due to seasonal illness, but overall absence rates are improving.
- Occupational Health Dashboard: New dashboard provides valuable data to support staff well-being and manage absences.

Committee members sought assurance by asking the following questions:

*Should a caveat be included on page one, regarding the age profile, to acknowledge that despite positive trends and the influx of younger staff, the number of staff in the 66 to 70 age group is expected to rise due to the retirement age?*

The Committee were informed of ongoing challenges with an ageing workforce, including many staff nearing retirement. Workforce planning now accounts for retirement trends

to guide recruitment. While more younger staff are joining, this presents challenges such as the loss of experience, underscoring the need for mentoring and succession planning.

*Does the percentage figure of 30.6% for anxiety, stress and depression refer to long-term sickness, while the figure of 7.8% for 777 episodes refers to short-term sickness?*

The Committee were informed that a significant proportion of sickness absence was due to long-term cases of stress, anxiety, and depression, a trend consistent with previous analyses and national patterns. It was noted that current ESR categorisation has limitations and improvements are needed.

*Given that the group for benign and malignant tumours represents only 15%, could this data allow easy identification of who they are*

The Committee was informed that the Estates and Ancillary group includes several hundred staff, not just Estates. It was acknowledged that small group data could risk identifying individuals, so a review was promised. The organisation remains committed to supporting staff health despite challenges in categorisation.

*Has the methodology for reporting workforce figures been reviewed or changed in the past year, particularly regarding the monthly dashboard and unusual vacancy rates?*

It was explained that fluctuations in the data were due to changes in staffing levels, such as new posts, Transfer of Undertakings Protection of Employment (TUPE) transfers, and vaccination service increases. The Committee was advised that headline figures could be misleading due to portfolio restructures, so further analysis is needed to interpret the data accurately.

*Has any analysis been conducted to examine the relationship between vaccination rates in specific areas and the challenges faced in improving vaccination uptake among clinical staff?*

The Committee heard that while no analysis has yet been done, it is feasible to investigate this by comparing organisational absence data with local vaccination rates in collaboration with public or occupational health colleagues.

*Assurance was sought on whether efforts should also focus on encouraging older individuals to re-enter the workforce, given the number of over 55's who left during the pandemic and the difficulties they face returning?*

The Committee were informed that the organisation aims for a balanced age mix, promoting an age-positive approach and retaining many older staff to support long-term workforce sustainability, rather than focusing on any single age group. It was emphasised about the need for a balanced age range in the workforce to prevent gaps in experience from simultaneous retirements, focusing on even age distribution for organisational resilience.

*How does the organisation ensure that key skills and knowledge from older generations are retained and how can succession planning be incorporated into the timeline for smaller services to develop and potentially retain staff?*

It was explained that the organisation's strategy emphasises both recruitment and retention, aiming to maintain key staff and skills. Ongoing efforts are addressing higher absence rates in estates, with supervisors investigating causes and seeking improvements. While estate vacancy rates fluctuate, there is no persistent recruitment issue, and progress will be reported in future updates.

*Is there a need for additional support regarding the number of vacancies and amount of sickness in estates, and is anything currently being done to address this?*

Historically, Estates have seen higher staff absence rates. The Committee were informed that the organisation is working with supervisors to address the causes and provide additional support, aiming to improve attendance. Vacancy rates fluctuate but there is no ongoing recruitment issue, and improvements should be seen in future workforce reports. It was noted that allowing staff, particularly recent graduates, to leave and gain experience elsewhere can be valuable, as they may return with improved skills.

*Clarification was sought as to why the 12-month agency usage forecast is showing an increase, and whether this projection is based on financial modelling rather than an actual or expected downturn in performance?*

The Committee were informed that the increase shown in the 12-month agency usage forecast is the result of a finance driven modelling exercise, which projects future trends based on data from the same period last year. However, it was noted that current performance is different from last year, making precise predictions challenging. The model errs on the side of caution, providing a conservative estimate rather than reflecting any actual or anticipated decline in performance. It was clarified that this is a modelling outcome, not an indication of a real or expected downturn in performance.

The Committee:

- **RECEIVED** the information provided in the update;
- Took **ASSURANCE** the organisation collects, analyses and monitors relevant People and Culture data

### **5.3 THEME 1 – STAFF HEALTH AND WELLBEING (P&C/25/029)**

The Committee were advised of the main themes highlighted in the presentation and informed that the report had been updated to incorporate the latest available data.

- Staff Well-being Initiatives: Expansion of well-being roadshows to more sites, engaging 258 staff, and providing resources from internal and external presenters. Special emphasis on practical support, such as mindfulness sessions, menopause support, and resources for stress, anxiety, and burnout.
- Adoption of Best Practice and Training: Implementation of the All-Wales best practice guide, development of mentoring programmes, and training on meaningful conversations and appraisals to enhance staff support and development.

- Support for Working Carers: Increased recognition and support for staff with caring responsibilities, through induction references, online spaces, specialist courses, and the health passport scheme.
- Monitoring and Targeting Absence: Enhanced scrutiny of sickness absence data by business partners and directors, targeted interventions for long and short-term absences, and increased support for affected staff.
- Occupational Health Improvements: Efficiency gains via new systems, automation of health surveillance, electronic questionnaires, improved appointment booking, and pursuit of national accreditation.
- Staff Engagement and Survey Participation: Higher staff survey response rates, aided by diverse engagement methods and a one-off charitable incentive, though the direct impact of the incentive was uncertain.
- Practical Adjustments for Staff: Longer support sessions, tailored interventions for night shift workers, and increased uptake of self-help and online resources.

Committee members sought assurance by asking the following questions:

*Clarification was sought on whether survey incentives had been used elsewhere, if they boosted responses, and whether they might affect the authenticity of feedback?*

It was confirmed to the Committee that the Health Board had decided against using its own funds to offer financial incentives for staff survey participation, viewing the use of public money for this purpose as inappropriate. Instead, staff were encouraged to provide authentic feedback, with the £1,000 provided by Health Education and Improvement Wales (HEIW) matched by the union used as a charitable donation, not a direct incentive. While other organisations have spent more to increase response rates, the board prioritised highlighting the value of staff input, positioning the charity donation as a supplementary benefit. Ultimately, no additional matched funding was required, as response targets were not exceeded.

The Committee:

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

#### **5.4 WORKFORCE RACE EQUALITY STANDARD – ANALYSIS OF LOCAL PTHB WORKFORCE DATA (P&C/25/030)**

The Committee were informed that national and local reports on the Workforce Race Equality Standard (WRES) had been received, enabling the organisation to investigate their workforce data for signs of systemic racism or areas requiring action to support recruitment and progression. They were updated on an in-depth analysis of the June 2024 WRES findings, which focused on the lack of ethnic minority representation on the board, limited progression to senior roles, and the likelihood of ethnic minority staff being appointed after shortlisting.

The review particularly examined progression to senior positions and shortlisting outcomes, as these were key issues in the latest WRES data. It was emphasised that these findings must be understood in the context of the health board's relatively low proportion of Black and Minority Ethnic (BME) staff, which mirrors the local

demographic. By cross-referencing WRES data with the 2024 staff survey responses, it was found that BME staff showed interest in career progression but felt less positive about equality of opportunity. However, the small sample size limited the reliability of these conclusions, highlighting the need for more robust data from future surveys.

The analysis highlighted disparities in staffing, notably within nursing, midwifery, clinical services, and admin roles. BME staff were mainly overrepresented in medical and dental posts but underrepresented at senior levels elsewhere. These gaps lessened in nursing wards, likely due to career paths and international recruitment, with BME staff generally newer and younger. Recruitment analysis faced limitations from voluntary ethnicity disclosure, and trends were shaped by both local and international hiring practices. The small number of BME staff meant percentage changes could be misleading, and while no systematic disadvantage was found, individual instances could not be ruled out.

Data limitations were acknowledged, especially in nursing, as ongoing international recruitment at Band 5 would likely continue to shape workforce demographics. The organisation had made progress in recording ethnicity data, reducing unknown entries from 13% to 7.1% over two years, and had taken steps to improve communication and best practice in recruitment. Participation in national leadership and mentoring programmes was promoted, and collaboration with partner organisations continued in response to WRES findings.

Looking forward, the organisation aims to introduce staff interviews and boost data collection to better understand and address fairness in recruitment and development. Annual reviews will track progress, while training and mentoring are encouraged. Recruitment in Wales, typically from local universities, has limited diversity; expanding recruitment to more diverse cities and reviewing intake data may help, but challenges remain for professions such as physiotherapy due to restricted applicant pools.

Committee members sought assurance by asking the following questions:

*What support is in place for staff who may face additional challenges, such as those related to the English language scheme, when applying for more senior positions? And can we be assured that this support is appropriately divided and accessible?*

The Committee were informed that recruitment policies were applied equally across staff groups. While early positive action is being considered, it was stressed that this must be evidence-based due to local demographic factors. Support is available through the equalities team, and further measures particularly for language barriers in senior post applications are under review. Recruitment processes have already incorporated support mechanisms and steps to enhance panel diversity.

*What have been the consequences and impacts of the actions and initiatives listed in the report, particularly those aimed at promoting diversity and inclusion?*

*How has participation in the Black and Minority Ethnic (BME) staff network changed as a result of these initiatives, given that these actions often involve the same individuals?*

The Committee were assured that measuring the impact of diversity and inclusion actions is challenging due to the early stage of many initiatives and the small number of participants involved. Current processes rely on annual reviews to assess progress. Participation in the staff network fluctuates, making it difficult to gauge changes or outcomes, although efforts are ongoing to encourage greater representation and support. At present, there is limited evidence of measurable impact, but there are plans to develop more targeted actions and explore collaboration with partner organisations in the future.

The Committee:

- RECEIVED the findings of the attached analysis and took ASSURANCE they will be incorporated into the Equality Team's 2025–26 work plan
- NOTED the analysis and sharing of findings have been shared with the Welsh Government Equality Team

### **5.5 THEME 3: WORKFORCE SUSTAINABILITY AND TRANSFORMATION (P&C/25/031)**

The Committee were informed that KF had returned from secondment and will be with PTHB full time in the new year.

An update was given by KF highlighting key themes on Transformation and Sustainability:

International recruitment has boosted staff numbers, especially in community and mental health wards, with all new nurses passing their Objective Structured Clinical Skills Examination (OSCE) exams first time. More overseas recruitment is planned. Targeted events and better communication have increased bank staff use and reduced dependence on agency workers, supporting workforce resilience and financial sustainability. Tighter vacancy scrutiny and enhanced procedures have improved financial oversight, with urgent clinical roles exempt. New workforce models, including nurse associates, are expanding career pathways and standardising roles. Progress continues on job description templates and digital tracking, while establishment control now integrates professional, financial, and operational input for better long-term planning. Development programmes for aspiring nurses and allied health professionals, along with bespoke clinical psychology training, are building a sustainable workforce pipeline.

A further update was given by SP highlighting key themes on Transformation Skills and Development

- Organisational Development Support: The workforce team supported the Better Together programme by leading weekly leadership meetings, staff engagement events, and targeted communications for workforce futures.
- Change Management Training: Programme managers received training and coaching in change management and business process reengineering to aid strategic transformation.
- Step-by-Step Resources: Practical guides were developed to help staff and senior officers manage organisational change smoothly.

- ACEE's School Engagement: The ACEE's programme connected with a broad range of learners via school pilots and careers festivals, boosting future health and care pipelines.
- Increased Student Placement Opportunities: Placement capacity was expanded beyond targets using the CLIP model, with positive feedback from universities and regulators.
- Restorative Clinical Supervision: Reflective clinical supervision was introduced to support staff well-being, with ongoing efforts to increase uptake.

Committee members sought assurance by asking the following questions:

*How can the organisation effectively link and quantify the financial benefits such as reduced agency spending and improved vacancy rates that should result from the development of the registrant pipeline, by projecting and incorporating these anticipated cost reductions into financial planning and forecasting?*

It was highlighted that the process for quantifying financial benefits from developing the registrant pipeline involves setting clear savings targets for reducing agency and premium pay spend, with local teams responsible for embedding these into their plans. Progress is monitored monthly. While reducing agency reliance is ongoing, complete elimination is unlikely without broader service changes. The organisation also faces future risks such as increased service fragility due to patient needs and staff retirements, which will be monitored at all levels.

*What qualification is required for a nurse associate role, is this qualification something that is offered internally, is it similar to the pathway for the aspiring nurse programme, and does this new role resemble the previous State Enrolled Nurse (SEN) role that was offered in the past?*

It was explained that the nurse associate role, if approved, would be a newly registered position in Wales, requiring a Level 4 or Level 5 qualification (equivalent to a foundation degree). This differs from the current band 4 advanced practitioner roles. The qualification would be delivered by a university and serve as a possible pathway towards becoming a registered nurse, allowing individuals to either remain as a nurse associate or continue on to complete the full nursing degree.

*Does the organisation have anything planned for the future that will focus on other staff areas, such as those currently employed through the bank? For example, will there be any initiatives or developments aimed at catering staff, estates, or similar roles?*

Work is currently underway with Neath Port Talbot College (NPTC) to support staff undertaking Level 3 catering qualifications, and several staff members are also pursuing business administration qualifications via a separate pathway. Funding is available to enable staff progression and training.

The Committee:

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

## 5.6 COMMITTEE RISK REGISTER (P&C/25/32)

The Committee Risk Register, which was previously shared with the board in November 2025, was presented to the Committee members. It was noted that, depending on timing, the register may sometimes come to the Committee before the board or vice versa.

There remains one significant risk under the Committee's remit: the strategic risk relating to the inability to recruit and retain an appropriate workforce. Recent discussions and agenda items had already covered much of this topic, illustrating how risk management is embedded within Committee proceedings.

It was suggested that future presentations could more explicitly incorporate points related to workforce risk. Members were invited to raise any further questions or comments on the details or actions within the risk register, but it was acknowledged that most matters had already been addressed during the meeting.

The Committee:

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

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

There were no items for discussion.

## **7. CONSENT AGENDA**

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

No items

(For Assurance)

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

(For Information)

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

**Purpose:** For Information

## **8. OTHER MATTERS**

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

There was no urgent business.

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

No items.

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

The Committee provided the following reflections of the meeting:

Despite a full agenda, the Committee gave ample attention to all matters and questions, ensuring thorough consideration and recognition. A positive, focused atmosphere was noted, with clear and effective contributions from all members. Committee papers were concise and informative, supporting productive discussions. The meeting addressed both current and future issues, aligning well with the Better Together programme and strategic objectives, demonstrating a balanced and forward-looking approach.

### **8.4 DATE OF NEXT MEETING:**

05 March 2026 via Microsoft Teams

*Meeting closed at 12:54*

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	
<b>OPEN ACTIONS FOR REVIEW - (05.03.2026)</b>									
<b>OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE - (05.03.2026) - NONE</b>									
<b>ACTIONS RECOMMENDED FOR CLOSURE (05.03.2026) NONE</b>									
									Date closed

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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 5.1**

<b>PEOPLE AND CULTURE COMMITTEE</b>		<b>05 March 2026</b>
<b>Subject:</b>	Executive Director of People and Culture – Summary Report	
<b>Approved and presented by:</b>	Debra Wood-Lawson, Executive Director of People and Culture	
<b>Prepared by:</b>	Assistant Director People and Culture	
<b>Other Committees and meetings considered at:</b>	Executive Committee – 18 February 2026	
<b>PURPOSE:</b>		
The purpose of this paper is to provide an update on priorities within the Workforce section of the Integrated Plan for 2025/26.		
<b>RECOMMENDATION(S):</b>		
The Committee is asked: <ul style="list-style-type: none"> <li>To take <b>ASSURANCE</b> against delivery of those priorities. The paper also provides an update on any workforce areas identified nationally.</li> <li>To <b>RECEIVE</b> this report as an update on priorities within the Workforce section of the Integrated Plan 2025/26 since December 2025, which are not part of the Committee’s agenda and take <b>ASSURANCE</b> against delivery of those priorities.</li> </ul>		
<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
Y		
<b>ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:</b>		
1. Focus on Wellbeing		Workforce Futures in an enabling programme within joint the Health and Care Strategy. <i>A Healthy Caring Powys (2017-2027)</i> ,
2. Provide Early Help and Support		
3. Tackle the Big Four		
4. Enable Joined up Care		
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments		
7. Put Digital First		
8. Transforming in Partnership		

## EXECUTIVE SUMMARY:

This paper provides an update on priorities within the Workforce section of the Integrated Plan since December 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- Separate agenda item
- Workforce Futures – partnership
- Other areas worth noting

National / Regional Updates:

- Update: Band 2/3 Health Care Support Worker (HCSW)
- Leadership & Management Framework
- Protected time for Continuing Professional Development (CPD)
- Mid Wales Workforce joint planning group

## KEY ACTIVITIES FROM SEPTEMBER TO NOVEMBER 2025

### Transformation and Sustainability of Our Workforce

#### **Vacancy Scrutiny and Justification process.**

The Vacancy Scrutiny and Justification Process was introduced in January 2025, with an enhanced justification phase implemented in October 2025, as part of the organisation's broader financial recovery actions. Since enhancement, there has been a notable downward trend in the volume of posts progressing to recruitment, demonstrating strengthened control of establishment and workforce expenditure. In alignment with this, the PTHB Establishment & Vacancy Control Process was further refreshed in January 2026, reinforcing the expectation that all recruitment and establishment changes must be fully aligned to affordability, patient safety, and organisational priorities.

The data below shows the number of roles advertised per month from September–January 2024/25 and September–January 2025/26, enabling a direct year-on-year comparison to assess the impact of the Vacancy Scrutiny and Justification Process. The Health Board has seen a sustained reduction in recruitment activity, with roles advertised falling by 19–38% compared with the previous year.

Month/ Year	Number of Roles advertised	Change from previous year
Sep 24	106	
Sep 25	66	Down 38%
Oct 24	107	
Oct 25	76	Down 29%

Nov 24	115	
Nov 25	78	Down 32%
Dec 24	69	
Dec 25	56	Down 19%
Jan 25	95	
Jan 26	64	Down 33%

## Impact Summary

### Strengthened Financial Control

- The enhanced process has significantly improved oversight of establishment changes, enabling tighter management of funded posts and vacancy-related expenditure.
- Recruitment decisions are now more consistently aligned with budget constraints and the Health Board's financial recovery plan.
- Early analysis indicates a reduction in the number of roles approved for recruitment compared with the previous year, reflecting increased discipline and scrutiny.

### Improved Workforce Prioritisation

- Requests now undergo structured appraisal, ensuring that only essential roles (those required for patient safety, statutory compliance, or unavoidable agency cost mitigation) proceed.
- Directorates are increasingly exploring alternative options (skill-mix changes, redistribution, bank/wider workforce deployment) before submitting requests.

### Governance

- The introduction of a consistent, multi-disciplinary decision-making approach (People and Culture, Finance, clinical and operational representation) has enhanced:
  - Transparency
  - Consistency of decision making
  - Identification of hidden risks (patient safety, affordability, service continuity)
  - Alignment to strategic workforce plans
  - No establishment change or recruitment can proceed without the appropriate sequential approvals, ensuring full accountability.

### Contribution to Financial Recovery

- The downward trend provides early evidence that the vacancy controls are:
  - Reducing recurrent cost pressures
  - Limiting unfunded establishment growth
  - Preventing avoidable recruitment
  - Supporting the wider financial recovery plan

## Update bank and agency usage

Below are the bank and agency usage for the wards both general and mental health, with the table showing the number of shifts

General Wards						
	HCSW Bank	HCSW On Contract	HCSW Off Contract	RN Bank	RN On Contract	RN Off Contract
December	102	23	2	70	10	4
January	113	5	1	113	16	2

MH Wards						
	HCSW Bank	HCSW On Contract	HCSW Off Contract	RMN Bank	RMN On Contract	RMN Off Contract
December	133	51	2	56	32	11
January	148	29	4	62	11	13

- Agency utilisation continues to reduce significantly, with year-end forecasts indicating a 35% reduction in agency hours compared, with the previous financial year.
- Agency usage across Community Wards remains low, with no agency use at Ystradgynlais for four consecutive months. Mental Health Wards continue to show a sustained reduction over the last 5–6 months.
- Both On Contract and Off Contract and -Contract and Off usage continue to show strong downward trends, indicating Contract usage continue to show strong downward trends, indicating -Contract usage continue to show strong downward trends, indicating effective control measures across all directorates.
- Wards have seen an increase in bank picking up shifts. Forecasts for 2025/26 suggest a 15% increase in Bank hours based on current activity levels
- The focus is now on the outside of ward areas and reducing their agency usage. Areas with the highest agency spend will be targeted first.
- The resourcing team continue to recruit to the bank for HCSW roles and Register nurse roles and are also supporting the outside of ward areas in getting bank adverts

## **Great Place to Work - Separate Agenda Item**

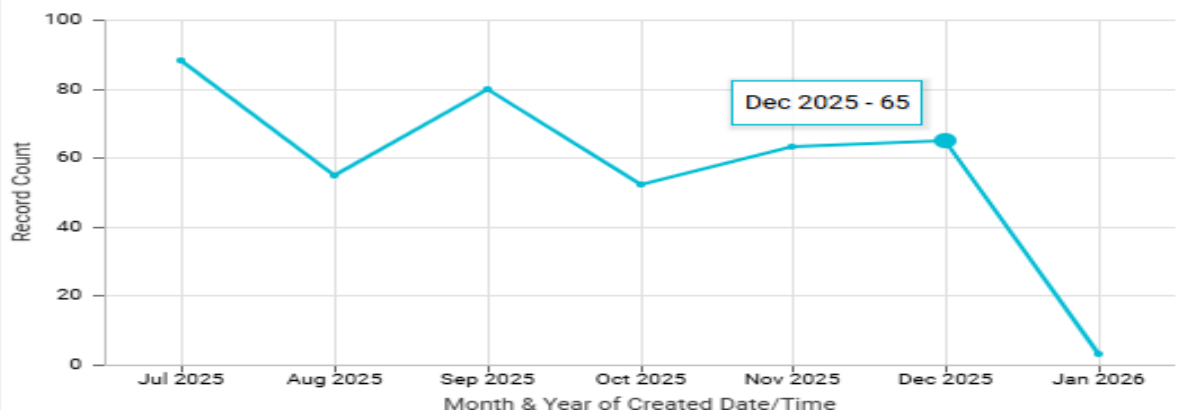
### **Employee Health and Wellbeing**

#### **Occupational Health and Wellbeing**

- 65 pre-employment questionnaires were issued in December 2025. These are either new posts, bank worker and or internal movement posts, with a total 47 of being cleared in December. Clearance for clinical posts are often

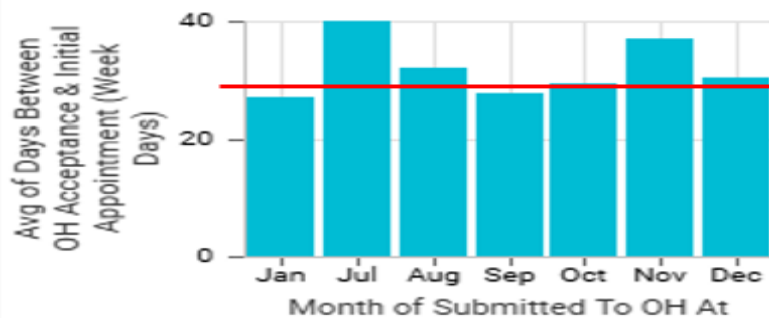
prolonged by Tuberculosis screening activities and gaining full Immunisation information from the candidates.

**Total Pre-placements Issued - Last 6 Months**



- 32 Management referrals were seen in December 2025, (39 in previous month) these are new referrals, Ill health retirement and follow up appointments as necessary. Current waiting times are 8-9 weeks for an OH Physician or 6-7 for a OH Nurse. Waiting times have increased since November due to a variety of reasons within the team, e.g ; annual leave, sickness, balancing management referral requests with new pre employment clearances. 337 managers now have accounts in OPASG2 system.

**Average time taken between OH Acceptance of Management Referral and Initial Appointment - 6 Months (week-days)**



Red line indicates the All Wales Minimum standard of 29 days between acceptance and 1<sup>st</sup> appt offered

19 staff accessed the VIVUP counselling services during December

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Face to Face Counselling	In The Moment Support	Telephone Assessment	Telephone Counselling (50 min)	Virtual Counselling
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2

1

2

12

2

Report Period: 01 Dec 2025 - 31 Dec 2025



Type ● Video

2 members of staff accessed the Online GP service and received video consultations in December

Resource Name	Page Visits
Bright Sky Domestic Abuse Assistance	11
Face To Face Counselling	8
Resources	5
24/7 Telephone Support	4
In The Moment Support	3
Ask Bill	1

As above 32 hits on the [Self Help](#) pages were recorded this month

- During January the wellbeing pages had:
  - 100 unique visits to the SharePoint Occupational pages
  - 6 unique visit to the GP online page
  - 930 views on the staywell pages (23,000 views since its creation)

Total views

Number of times users have viewed this page.

Copy as image

930

Last 90 days

23K All time



### Wellbeing Roadshows and road runs

- Starting on 16 September 2025 to January 2026, sites covered were: Ystradgynlais, Brecon, Bronllys, Llandrindod-Wells, Knighton, Welshpool, Machynlleth, Newtown and other sites Ynys-Y-Plant, Y Parc and Spa Road.
- Additional Roadruns were made to Glan Irfon, Antwr Gwy, Waterloo Road, Llanfyllin and Llanfair Ceirionion Health Centres, Welshpool health centre, Brecon
- A range of services support the roadshow, these included: E-Systems, Research and Development, Occupational Health stand, Chat 2 Change/OD/Wellbeing, UNISON, Charitable Funds, PAVO, MIND, Bracken Trust, Health and Care Academy/Training, Welsh Language & Equality, Dieticians, Library, Carers Wales/Volunteering, Vaccination team, Awyr

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Each outdoor activities, Antimicrobials resistance, RNID and Health Protections.

- 424 staff attended which represents 82% of staff on duty on the days the roadshows were at the site.
- 2 Executives attended, Chair of Board and 4 Assistant Directors. A number of sites had no representation from senior team members.
- **Themes and feedback from the visits:** Appreciative of the visible support that the roadshows provide, Would be nice to see more visibility from senior team members, VIVUP is useful, and most staff access it. GP online area very useful, RNID stand well attended and appreciated by staff (3-minute free hearing test), Disappointed no-one doing Blood pressure or some type of therapy (Hand massage etc)

### **Corporate Induction**

- Since this has been made mandatory there has been an increase in staff attending.
- In QTR 1 there were 45% of new starters and by the end of QTR3 there were 97%.

### **Certificate of Appreciation (CoA)**

- Nominations for individuals and teams continue to be strong. The virtual thanks and commendations hosted by CEO and Chair of board are well received, and attendance at the events remains high.
- QTR 1 = 51 nominations: QTR 2 = 44 nominations: QTR 3 = 21 nominations.

### **Chat 2 Change (C2C)**

- Continues to focus on areas that matter to staff. Invited guest have been able to provide updates on the following: Better Together Programme; Becoming a Learning Disability Champion; Waste not, Want not -ideas for a cost-conscious workplace; Dyfi Valley – outdoor health and wellbeing services; Charitable funds
- Reviews and refreshes of the staff wellbeing hubs has taken place and a new Wellbeing hub opened in Spa road which was very welcomed by all staff and is well used.

### **Mindfulness, Acceptance, Compassion (MAC)**

- A total of 45 staff have received support during November to end of January. Email into the service x 30 , application forms x 12 and manager signposts x 6.

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## Reach & Activity (Metrics)

**Staff Supported: 45 Staff** (Mindfulness: 15 | Compassion: 28 | ACT: 2)

Participants	Mindfulness	Compassion	ACT	Total
<i>Access via registration forms</i>	8	3	1	12
<i>Direct Referrals Email (one-to-one)</i>	7	22	1	30
<i>Courses</i>	0	3	0	3
<b>Participants</b>	<b>15</b>	<b>28</b>	<b>2</b>	<b>45</b>

- Weekly small group support is offered, and average attendance is 3-4 staff. These sessions are low-threshold and flexible supporting staff who are not ready for structured group courses.

Themes emerging are:

Top themes emerging from Registration Forms & Sessions	
Stress & anxiety regulation	Compassion fatigue
Burnout prevention	Preference for <b>1-to-1 over groups</b>
Low confidence/self-esteem	Barriers: rota clashes, clinics, anonymity concerns

- Impact and Evaluation: Mindfulness sessions are supporting calmness, clarity, boundaries and emotional regulation. Compassion based support sessions utilise subject units of distress at start and end of session. ACT sessions are supporting 'pacing' and return to work.

## **Welsh Language, Equalities - Separate Agenda Item**

### **Workforce Futures (WFF) – Partnership**

The WFF programme has maintained strong momentum across its schools delivery, the new primary pilot, workforce skills development and volunteering/carers initiatives. Early feedback continues to show high satisfaction and strong demand. Work relating to RPB-mandated exit planning is underway.

### **Academy Careers Education Enterprise Scheme (ACEES) - Schools Programme**

- ACEES delivery continued during December and January despite some timetable changes.
- 4,319 learners reached so far this academic year (4,241 whole-school model; 78 enhanced). With an additional 1,500 learners expected from upcoming cross-border schools and Welshpool High School.

Learner feedback: Over 4,000 forms scanned; technical delays affecting analysis but early indications extremely positive.

- Teacher feedback: Significant increase to 118 responses; 117 want sessions to continue next year. Rated 5/6 overall. Requests for more aspirational and hands-on content for older pupils.
- Primary School ACEES Pilot for Years 5–6 running successfully across 10 schools, including one ALN. With 200 learners reached in January (77 English medium; 8 Welsh medium recorded so far).
- Feedback overwhelmingly positive: no negative responses; children particularly enjoyed practical activities. Full evaluation planned for March 2026.
- Research & Evaluation -Ongoing collaboration with Welsh Government and HEIW regarding evidence outputs and potential ACEES expansion.
- HEIW requesting photos, outcomes data and programme insights.
- Exploration planned for engaging electively home educated learners in 2026/27.
- Work underway to strengthen research capacity to evidence long-term impact.

### **Simulation CPD – Skills & Development**

- HEIW funding enabled a multi-day CPD model:
  - Day 1: Simulation/scenario learning
  - Days 2–4: Train-the-Trainer (Diabetes, Epilepsy, Safeguarding)
- Visits to simulation centres informing 2026/27 ACEES design.
- Participation from PTHB, WAST, PCC Social Care and Workforce Futures Team.

### **Volunteering and Unpaid Carers Work**

#### **Working Carers**

- Strengthened PCC partnership; more visible leadership support.
- 60+ staff engaged through wellbeing roadshows.
- Launch PCC–PTHB Working Carers Network by summer 2026.

#### **Unpaid Carers**

- Exploring Caring model refined and shifting to bite-size modules by June 2026.

#### **Volunteering**

- New volunteer roles progressing (dementia befriending, Reminiscence/Rehabilitation & Interactive Therapy Activities (RITA) technology roles). 1–2 RITA roles by Aug 2026

Partnership with PAVO developing governance and pipeline.

- Launch Volunteer Toolkit pilot by Sept 2026

## **Wider Transformation, Skills and Development**

- Strong engagement with PAVO delivery partners; 3 of 8 exploring development opportunities.
- Leadership and OD programmes (e.g., CLIP, wellbeing) remain in high demand across PTHB and increasingly in social care.

## **Exit Planning – Regional Partnership Board Requirement**

- RPB requires a draft exit plan by end of March 2026 for all RIFF funded programmes
- Task & finish group established to map HR implications and programme dependencies.

## **Other areas worth noting:**

### **Clinical Education**

- **Skills training** – Working on identifying staff who have attended skills training but not completed competency sign-off. Deadline for competency sign-off extended from 6 weeks to 3 months, and a signed declaration to be added to the competency books stating that the individual will use the simulation kit to practice the skill and enable sign-off. The use and administration of infusion additives, for example IV antibiotics, has been added to the IV Therapy session.
- **HCSW / Domiciliary Care staff development programme** – the first teaching sessions for the Mid-Wales workforce joint partnership ( PTHB, BCUHB, HDUHB) CPD offers are planned, offering sessions on NEWS-2 and Sepsis, Skin Integrity, and the HCSW Code of Conduct from March onwards.
- **HCSW induction** – HEIW have funded some immersive training equipment including a pressure ulcer foot model [Elderly Pressure Ulcer Foot Model | Life/Form Bed Sore Trainer – AnatomyStuff](#) and large dental model to support interactive sessions within induction. We are currently exploring funding options for an immersive Dementia Simulation kit to offer additional experiential learning opportunities.
- **Apprentices** – our Assistant Practitioner Education Coordinator is supporting two new Nursing HCSW Apprentices, and will provide pastoral and clinical support during their programme of study.

**Advanced Practice funding** – HEIW have advised funds can be used for short courses for the first time. 2025/26 budget £25k for Mental Health and £75k for Nursing all fields, Midwifery and Therapies. £75k fully utilised –

examples MSc module 'Law, Ethics and Professional Practice', PRINCE 2, 'Theory and Practice of Injection Therapy', 'Management of Minor Illness in Primary Care'. Mental Health budget 50% utilised, including for example, 'Introduction to CBT', 'Cognitive and Behavioural Therapies post-graduate diploma'.

- **Midwifery Practice Education Facilitator (PEF)** Student Streamlining process has commenced. Presentations to Cardiff, USW, Bangor and Swansea Universities regarding working in Powys undertaken.
- Number of trained midwives as a Practice Supervisor 42 (95%) Practice Assessor 40 (90%)
- During 20205 PTHB had 53 students last year ; a mix of student midwives from USW, Swansea and Bangor, elective students from England and Work experience students.
- Placements in all birth centres with additional learning opportunities made available through specialist midwives, physio, perinatal mental health, digital and day assessment unit.

## **Health and Safety – Training update**

### **Face Fit Testing**

- Three days of face-fit testing delivered, with 48 available appointments but only 14 attended (29% booking rate), showing only a slight improvement from the previous 23%.
- New, more flexible process introduced:
  - Pre-test presentation now available as an ESR video for staff to complete at any time.
  - Knowledge test recorded on ESR.
  - Appointment booking now via Microsoft Bookings.

### **Manual Handling Training (Delivered)**

December 2025

- Foundation: 2 courses – 12 attendees
- Refresher: 3 courses – 22 attendees
- Object Load: 3 courses – 6 attendees

January 2025

- Foundation: 4 courses – 34 attendees
- Refresher: 3 courses – 15 attendees
- Object/Load: 8 courses – 48 attendees

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**Prevention and Management of Violence and Aggression (PMVA)**

Recruitment to PMVA Bank trainer has been successful and they have attended their first shadow shift with our PMVA trainer. This will enable the Health Board to meet the requirements of a second trainer for some of our courses.

Following a request specialist advice and support has been provided to Midwives and Health Visitors and where appropriate breakaway training is now being scheduled.

**Library Services**

- Completed literature searches on: cancer pathway business case, prescribing guidance changes, a new midwifery research project, and staff turnover/retention.
- Developing guidance to help GMS staff access local and national e-library resources, commissioned by Medicines Management.-library resources, commissioned by Medicines Management.
- Offered support to help staff develop skills in using generative AI tools.

National NHS Wales Library & Knowledge Service (NHSWLKS) Activities

- Regular bi-monthly meetings established between HEIW Quality Assurance Unit and NHSWLKS, attended by JP (NHSWLKS Chair) and Katrina Hall.-monthly meetings established between HEIW Quality Assurance Unit and NHSWLKS, attended by JP (NHSWLKS Chair) and Katrina Hall.
- Contributed to national procurement exercises (Stahl Collection and NHS Wales Copyright Licence).
- Participated in the Open Access Feasibility Study interviews, exploring a diamond open-access publishing model for Wales.

Library Activity Q3 (2025-26) (December 2025 to January 2026)			
6 in-depth literature searches for research projects, patient care, CPD and service improvement	307 enquiries (<15 minutes)	4 one-to-one and group teaching sessions, plus 1 library/wellbeing roadshows	297 uses of resources (book loans, article supply, use of library computers)

**Medical and Dental Education**

Dental Education

- The Community Dental Service pilot for final year dental students in South Powys is progressing well, with very positive student feedback.
- Transport challenges remain for students travelling to Builth Wells and Ystradgynlais; alternative transport solutions are being explored.

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- Cardiff University Dental School wishes to continue the programme in 2026/27, using the same student accommodation as the pilot.

#### Undergraduate Medical Education

- From January 2027, psychiatry placements for 4<sup>th</sup> year Cardiff Medical students in Powys will return to four students per month (up from two). A refreshed educational programme—including weekly postgraduate education meetings—is in development.-year Cardiff medical students in Powys will return to four students per month (up from two).
- Powys has offered Swansea University a small number of 2<sup>nd</sup> year Psychiatry placements from summer 2027, but cannot offer more due to increased Cardiff student numbers.-year psychiatry placements from summer 2027, but cannot offer more due to increased Cardiff student numbers.
- A revised Community Paediatrics placement at Brecon Children’s Centre has been agreed with Swansea Medical School:
  - Begins November 2026 with 2 students for a 4 week apprenticeship.-week apprenticeship.
  - Expanded format to utilise wider community-based learning opportunities.
  - Requires 8–12 weeks of additional admin support; funded via existing SIFT resources.
  - Future placements planned for 2027/28, with student numbers to be confirmed.

#### **National / Regional Updates:**

- **Update: Band 2/3 Health Care Support Worker (HCSW)**
- **Leadership & Management Framework**
- **Protected time for Continuing Professional Development (CPD)**
- **Mid Wales Workforce Joint Planning Group**

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

- Progress continues against the national HCSW implementation programme, with the validation exercise now completed and outcomes shared with Payroll to support assimilation to the correct national job descriptions and pay bands. For staff where validation has been concluded, assimilation is planned to take effect from 1 March, with any associated recognition or corrective payments included in March salaries, subject to final payroll checks. Ward Managers will receive confirmation of outcomes to support staff communication, implementation of the appropriate Band 2 or Band 3 job descriptions, and identification of any development needs in partnership with Clinical Education. A final reconciliation exercise is underway to ensure

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any staff inadvertently missed are captured, alongside a separate workstream addressing arrangements for bank workers. From 1 March, all new roles will be recruited using the national job descriptions, ensuring full alignment with the framework.

### **Leadership and Management Framework – HEIW leading the NHS Wales Implementation**

- NHS Wales is closely monitoring national developments in leadership and management, including the introduction of the new NHS Management & Leadership Framework, which is being developed and implemented in England following major national leadership reviews. Although the Framework is not yet adopted in Wales, its principles, structure and expectations are being actively considered to determine how they might align with Welsh values and priorities. The Framework is built across five levels of leadership (Fundamental, Foundational, Intermediate, Senior, Executive), with expectations to demonstrate knowledge, performance and behaviour.
- HEIW is currently working with the Chartered Management Institute (CMI) to explore how the Framework's standards, competencies and curricula might be interpreted for NHS Wales. This work seeks to clarify what elements may be directly transferrable and how the framework can align with NHS Wales Compassionate and Collective Leadership approaches. PTHB has taken an early and proactive role in supporting HEIW's exploratory work and is proposing a regional Leadership and Management Readiness Assessment, using the existing Mid Wales Partnership. This assessment would examine cultural maturity, leadership capacity, development infrastructure, behavioral evidence readiness, digital capability and system challenges. A regional baseline will enable HEIW to understand what support, adaptation or sequencing would be required before any future adoption in Wales.

### **Protected time for Continuing Professional Development (CPD)**

- In April 2025, The Welsh Partnership Forum Business Committee reached an agreed position regarding protected CPD time for registrants, to be implemented, in local partnership across NHS Wales organisations from 1<sup>st</sup> April 2026. This agreement had been informed by a Feasibility Study commissioned by Welsh Government and undertaken by HEIW.
- A minimum of 52 hours of protected CPD time for registrants has been agreed. However, there is not yet agreement on whether Statutory and Mandatory Training should be included within this allocation.

- To prepare for implementation, Health Boards were asked to review the Statutory and Mandatory Training required of registrants within their organisation. They were also asked to determine whether this training should be incorporated into the protected CPD time and, if so, how much of the 52 hours would remain available for broader professional development.
- At the end of January 2026 PTHB confirmed to NHS Wales Employers that, despite extensive engagement, it has not been possible to reach agreement with our Local Partnership Forum on the interpretation and use of protected CPD time for Registrants.
  - **Executive Position:** All statutory and mandatory training should be included within the agreed protected CPD hours.
  - **Trade Union Position (UNISON and RCN):** Statutory and Mandatory training should be excluded from CPD time, on the basis that it is an employer responsibility to ensure a safe and legally compliant workplace, whereas CPD is primarily aligned to individual professional development and revalidation.

### Mid Wales Workforce Joint Planning Group

- Across the three Health Boards, there is now active, meaningful and routine engagement in the Mid Wales workforce agenda, with regular meetings to maintain momentum and oversight. This collaborative approach has contributed to stronger joint planning, shared responsibility and improved early identification of cross-border workforce issues. The appointment of a temporary Mid Wales People Priorities Strategic Lead has added clear focus, structure and pace to this work, enabling deeper collaboration and supporting wider regional alignment on workforce priorities
- The Mid Wales Support Worker Development Programme is a strategically significant development for Powys Teaching Health Board and the wider Mid Wales region. Delivered as a collaboration across Powys Teaching Health Board, Hywel Dda University Health Board and Betsi Cadwalader University Health Board, the Programme provides a unified approach to strengthening the skills, confidence and consistency of the support worker workforce both in Health and Social Care. This tri-HealthBoard model reflects the increasingly regional nature of service delivery in Mid Wales and supports our shared ambition to build a sustainable, rural workforce able to meet the needs of our communities. The collective approach maximises resources, avoids duplication and improves equity of access across the region. As the programme evolves, the emerging evaluation framework will assess impact, value for money and contribution to longterm workforce sustainability across both Powys and the broader Mid Wales system.-Health-Board model reflects the increasingly regional nature of service delivery in Mid Wales and supports our shared ambition to build a sustainable, rural workforce able to

meet the needs of our communities. The collective approach maximises resources, avoids duplication and improves equity of access across the region. As the programme evolves, the emerging evaluation framework will assess impact, value for money and contribution to long-term workforce sustainability across both Powys and the broader Mid Wales system.

- There has been a noticeable expansion in the sharing of best practice across the region. Health Boards are now jointly exploring solutions to shared workforce challenges, data and workforce intelligence opportunities. This work includes strengthened collaboration across leadership and management development, where partners are jointly assessing the opportunities and implications of the new NHS England leadership and management framework and exploring how these could align with or inform workforce and service development ambitions in Mid Wales.
- Resources are increasingly being shared across organisational boundaries. For example, BCUHB has participated in PTHB's Clinical Leadership Programme, using a train-the-trainer approach to develop internal capacity and enable adoption of the programme locally, representing a tangible example of crossborder benefits. The three Health Boards have begun collaborative discussions on regional data collection, to enhance Mid Wales workforce intelligence. Despite challenges arising from differing data systems and categorisation methods, work is underway to explore how datasets can be aligned or compared to generate meaningful, regionwide workforce insights. -the-trainer approach to develop internal capacity and enable adoption of the programme locally, representing a tangible example of cross-border benefits. -wide workforce insights.

#### **NEXT STEPS:**

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

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# People and Culture Report January 2026



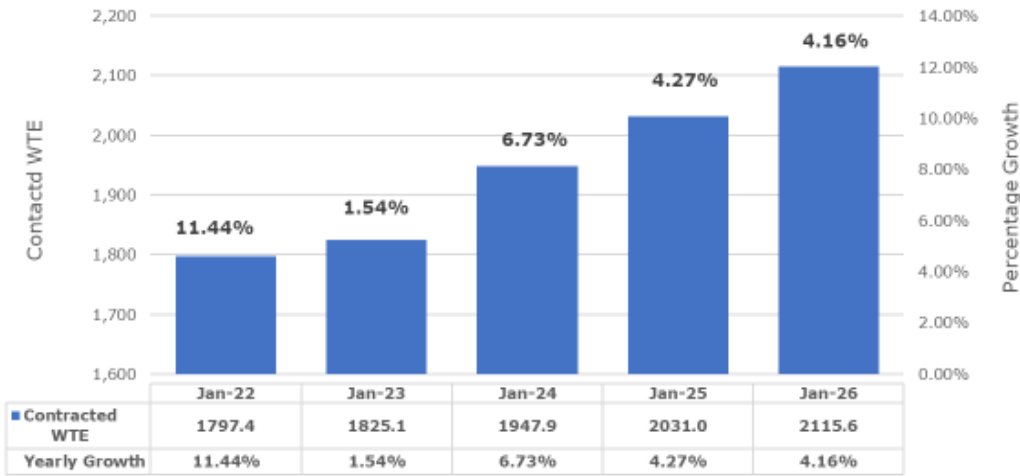
GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

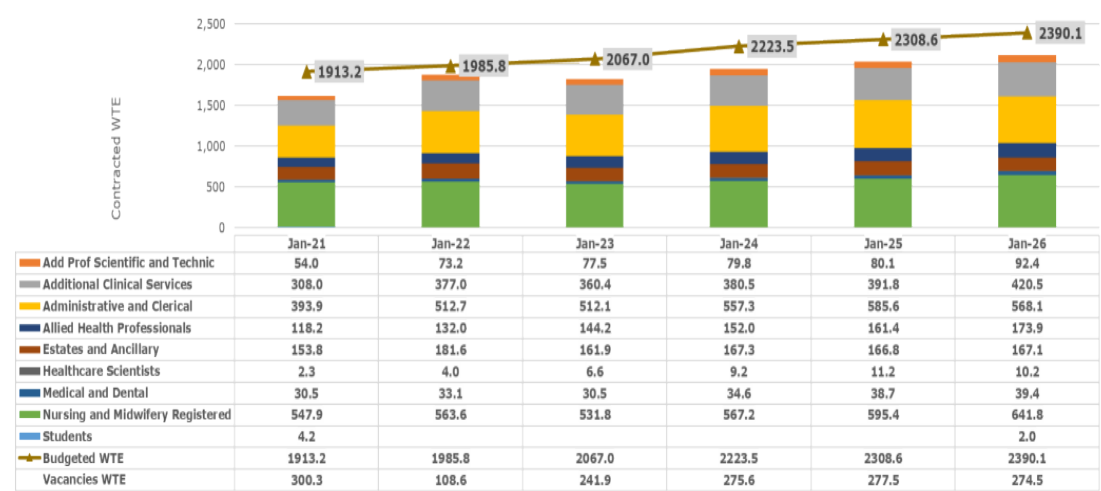
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# Staff Transformation & Sustainability of the Workforce

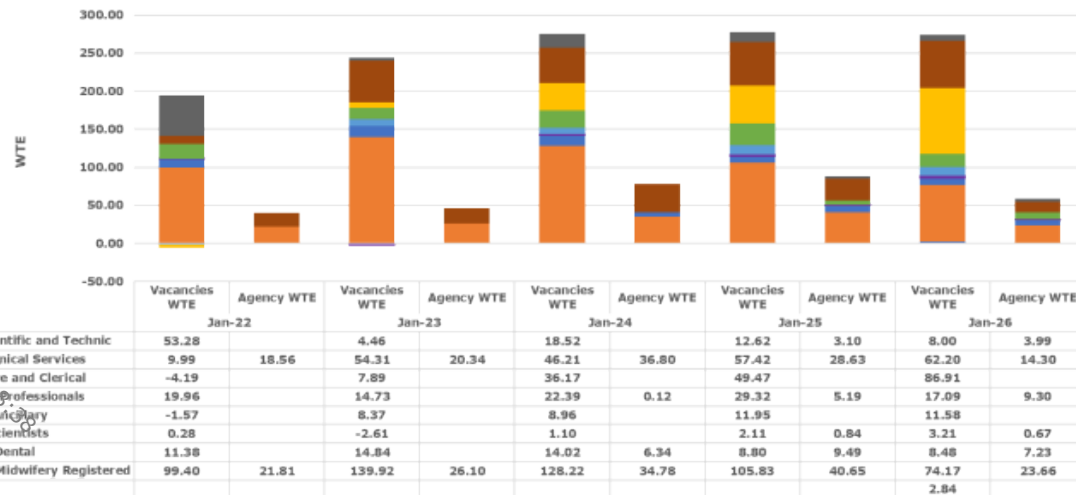
### Contracted WTE 2021-2026 & Year on Year Growth



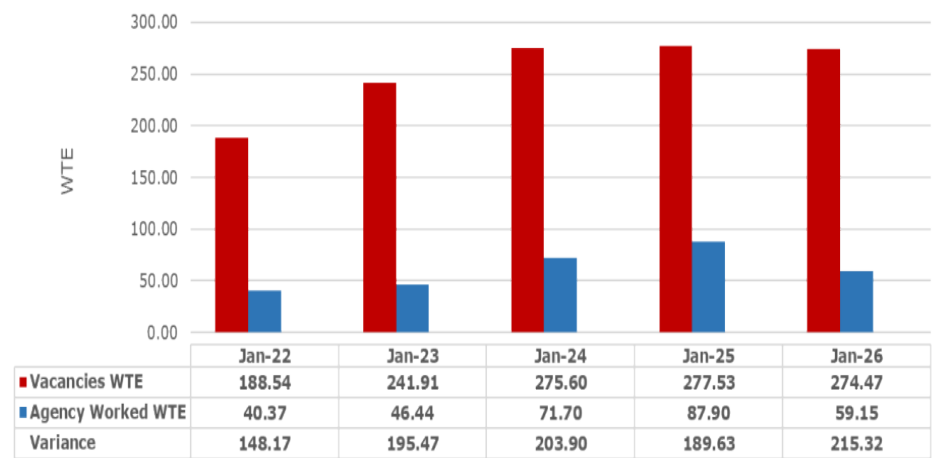
### Workforce Growth - Contracted v's Budgeted WTE 2021-2026



### Vacancies vs Agency Worked by Year



### Total Vacancies & Average Agency Worked by Year



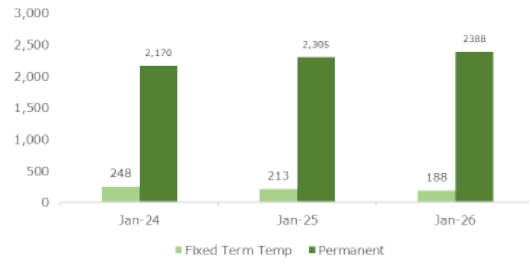
\* Agency data from 2021 to 2024 should be interpreted with caution as not all areas were recording agency usage on HealthRoster during this period

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# Staff Transformation & Sustainability of the Workforce

Staff in Post

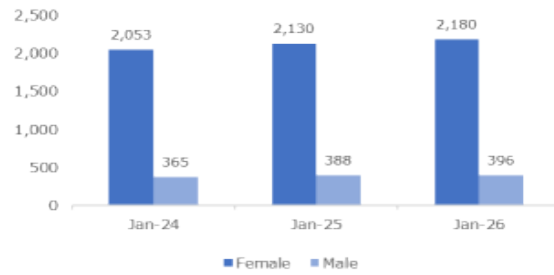
Assignment Status Headcount



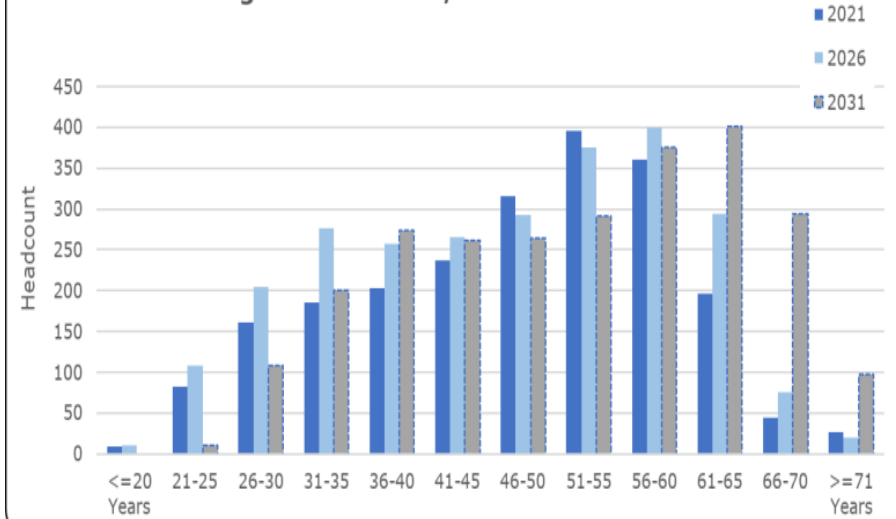
Employee Category Headcount



Gender Headcount

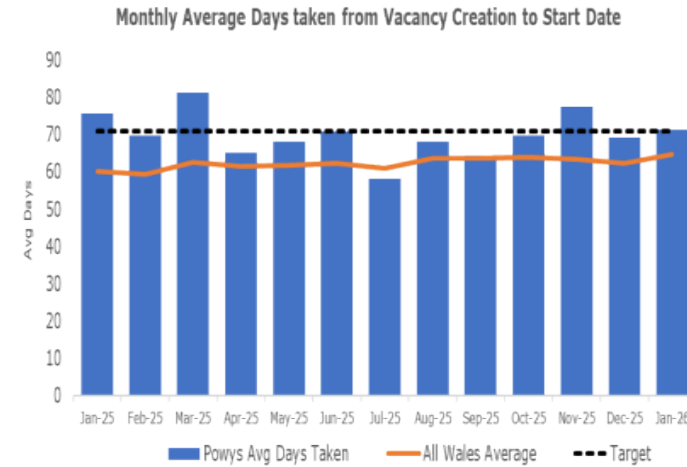


PTHB Age Profile 2021, 2026 & Predicted 2031



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	TRAC Performance January 2026	Target time in days	Powys Monthly Average	All Wales Monthly Average
T0a	Notice Date to Authorisation Start Date	5	122.5	61.9
T1a	Time to Approve Vacancy Request	10	4.7	9.5
T4	Time to Shortlist	3	12.0	8.1
T5b	Time to Update Interview Outcomes	3	5.0	3.5
T9b	Time to Approve References	2	16.2	4.2
T13	Vacancy Creation to Conditional Offer	44	45.8	46.6
T14	Vacancy Creation to Ready for Start date notification	71	71.3	64.7
T23	Conditional Offer to Ready for Start date notification	27	23.1	17.8



## Average Total Bank Worked – Last 12 Months

# 76.3 WTE

Previous 12 months  
Average Worked 60.9 WTE



## Average Total Agency Worked – Last 12 Months

# 51.9 WTE

*On Con (35.6 WTE)  
Off Con (16.3 WTE)*

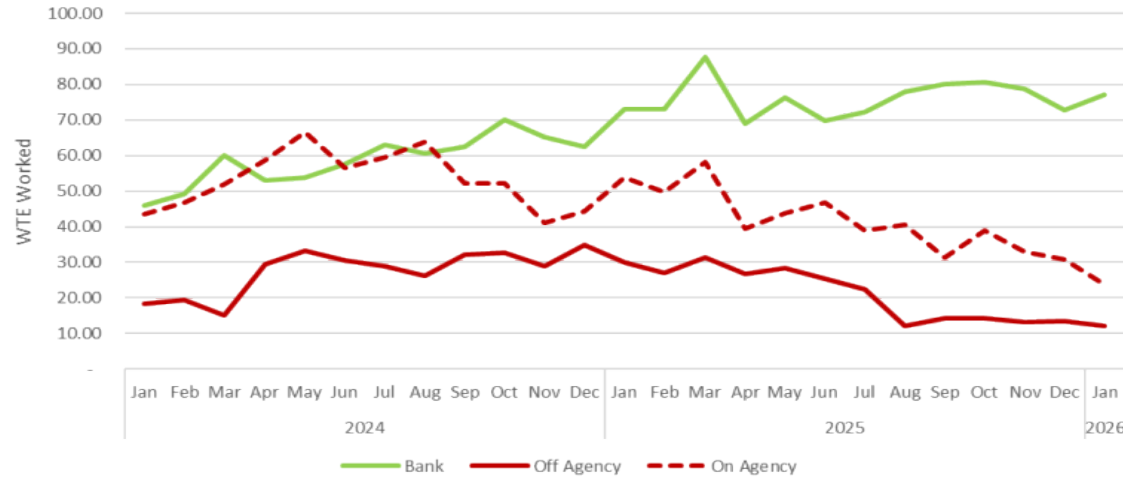
Previous 12 months  
Average Worked 75.5 WTE  
*On Con (50.4 WTE) & Off Con (25.1 WTE)*



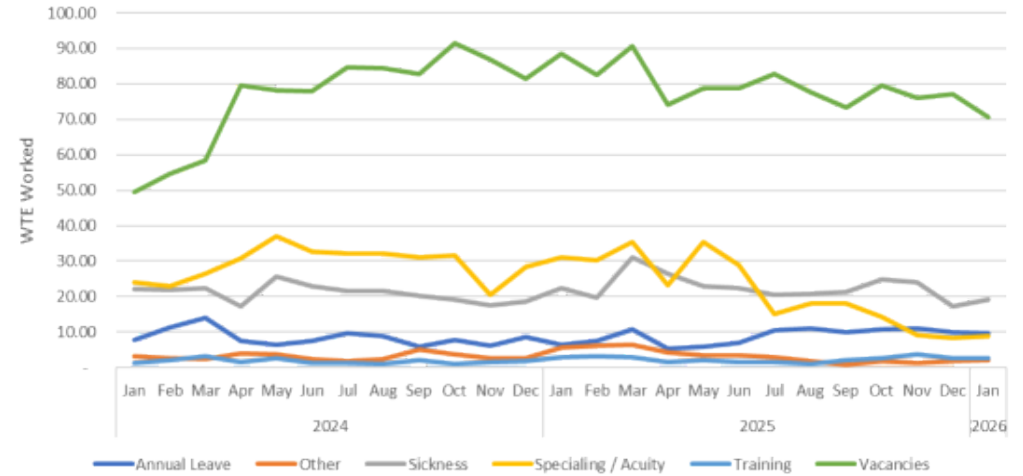
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# Staff Transformation & Sustainability of the Workforce

Total PTHB Bank/Agency WTE Worked



Total PTHB Bank/Agency WTE Worked by Reason



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

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

Bank / Agency	On/ Off Contract Agency	2023/ 24 12 Months		2024/ 25 12 Months		2025/ 26 10 Months		Crude 12 Month Forecast 2025/ 26			
		No of Shifts	Hours	No of Shifts	Hours	No of Shifts	Hours	No of Shifts	% Increase	Hours	% Increase
Agency	On Agency	9,318	94,606	10,239	98,655	5,885	53,337	7,062	-31%	64,004	-35%
	Off Agency	4,787	43,908	5,903	51,384	2,698	24,012	3,238	-45%	28,815	-44%
<b>Agency Total</b>		<b>14,105</b>	<b>138,514</b>	<b>16,142</b>	<b>150,039</b>	<b>8,583</b>	<b>77,349</b>	<b>10,300</b>	<b>-36%</b>	<b>92,819</b>	<b>-38%</b>
Bank		12,994	96,082	16,613	127,362	15,950	122,920	19,140	15%	147,504	16%
<b>Bank Total</b>		<b>12,994</b>	<b>96,082</b>	<b>16,613</b>	<b>127,362</b>	<b>15,950</b>	<b>122,920</b>	<b>19,140</b>	<b>15%</b>	<b>147,504</b>	<b>16%</b>
<b>Grand Total</b>		<b>27,099</b>	<b>234,596</b>	<b>32,755</b>	<b>277,401</b>	<b>24,533</b>	<b>200,269</b>	<b>29,440</b>	<b>-10%</b>	<b>240,323</b>	<b>-13%</b>

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**What the charts tells us**

**Areas of Concern**

**Actions/Mitigations**

**Staff in Post**  
 The organisation currently employs 2,576 (**2,115.6** WTE) staff. Since 2021, the workforce has increased by **31.2%** (502.7 WTE). The largest growth has occurred in Admin & Clerical roles (174.20 WTE), followed by Additional Clinical Services (112.5 WTE).

**Additional Workforce Characteristics**

- 7.3% (188) of staff are on fixed term contracts
- 84.5% (2,180) of staff are female.
- 50.7% (1,306) work part time.

**Recruitment & Vacancies**

- As of January 2026, the organisation vacancy rate is **11.48%** (274.5 WTE). This represents a 0.54% reduction compared to January 2025 (12.02%).

**Age Profile**  
 Of the 2,576 staff currently in post, 30.6% (789) are aged over 55. This proportion is projected to increase to 45.3% (1,168) by 2031, highlighting a workforce risk associated with retirement.

**Bank & Agency Usage**  
 Over the last 12 months;

- The organisation used an average of **76.3 WTE** Bank hours per month, 46.8 WTE of which were in Nursing. Compared with the previous 12 months (60.9 WTE), this represents an increase of **15.4 WTE**. Bank usage has continued to show steady growth over the last 2 years.
- Agency usage over the last 12 months totals **51.9 WTE** with 38.0 WTE in Nursing. This reflects a decrease of 23.6 WTE compared with the last 12 months (75.5 WTE)

Agency usage has continued to decline significantly since April 2025, which correlating with the increased use of Bank staffing.

In the last 10 months;

- 8,583 Agency shifts were worked, totalling 77,349 hours.
- 15,950 Bank shifts were worked totalling 122,920 hours.

Based on these hours, the crude 12 month forecast for 2025/26 suggest a 38% decrease in Agency usage and a 16% increase in Bank usage.

**Recruitment & Vacancies**  
 In January 2026, the average time to hire for PTHB was **71.3** days. Over the last 12 months the organisation did not meet the national target on 4 occasions. The ability to meet this target is impacted upon by multiple factors including how responsive recruiting managers and candidates are to actions and requests.

Of the 274.5 WTE vacancies:

Admin & Clerical roles account for 32% (86.9 WTE) of vacancies . The majority of these vacancies are distributed throughout numerous departments. However:

- 23.1 WTE Vacancies are within Community Care & Therapies
- 12.3 WTE Mental Health Directorate.
- 10.3 WTE Transformation Directorate

Registered Nursing accounts for 27% (74.17 WTE).

- 14 WTE are within District Nursing
- 38 WTE in Mental Health, which includes 12 WTE within CMHT
- 0.36 WTE are on Adult Wards and 3.95 WTE on Mental Health Wards.

Vacancy figures exclude WTE for the following areas:

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

**International Recruitment**  
 International Recruitment has continued, and we welcomed 4 Internationally Educated Nurses (IEN's) in October 2025, they all sat their OSCE exam in November 2025 and all nurses passed first time and have successfully obtained their PIN. 2 of the nurses are employed on the Graham Davies ward, Llanidloes ward and 2 of them Y Bannau Ward, Brecon

We have one more cohort of Internationally Educated Nurses to arrive for the Mental Health service, they will arrive in February 2026 and will carry out their training in Cardiff before sitting their OSCE exam.

A further Medical Doctor for Mental Health arrived within the same international programme in November and is based in the North Powys team.

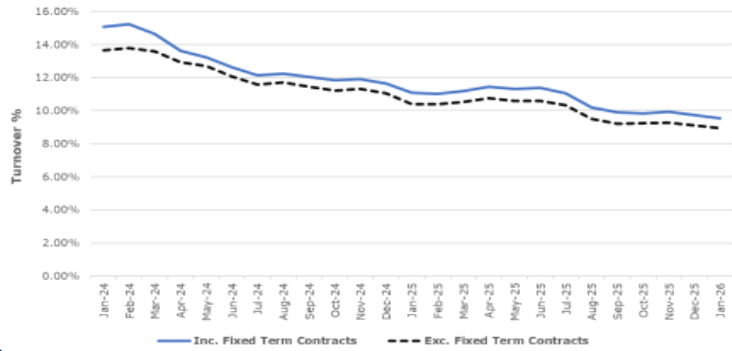
**Other Recruitment Activity**  
 Bank recruitment for HCSW and Registered Nurses/Registered Mental Health Nurses continues to support the agency reduction plan.

Engagement with areas outside of wards to support with conversations around progressing substantive vacancies, with the aim of reducing agency.

**Workforce planning**  
 The Workforce Planning intranet page has 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. Whilst capacity has been redirected in to supporting the Better Together Programme, People & Culture Business Partners remain available to guide and support managers throughout the workforce planning process, offering tailored advice and expertise.

# Great Place to Work

Rolling Turnover Trend



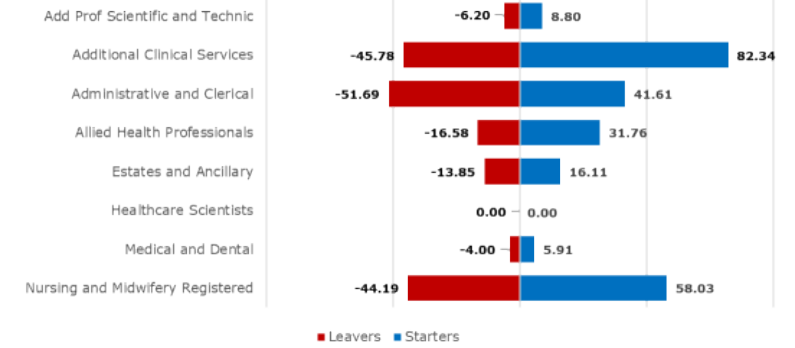
**Staff Headcount Stability - % of Staff Retained over last 12 months (exc Fixed Terms)**

# 90%

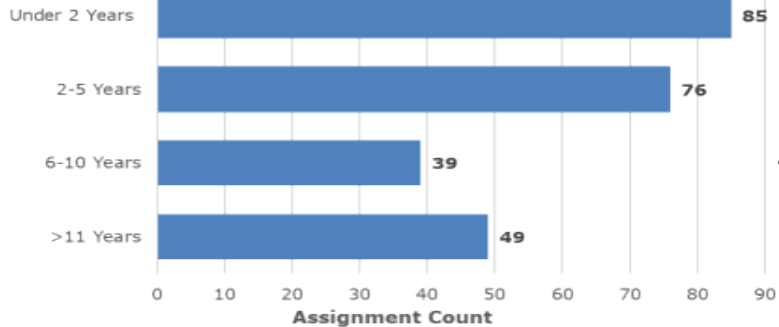
**Rolling Staff Turnover :**  
**Jan-26: 9.54% (8.95% Exc F/T)**  
**Jan-25: 11.08% (10.39% Exc F/T)**  
**NHS Wales 6.4% (Nov-25)**



Leavers v Starters by Staff Group - 12 month



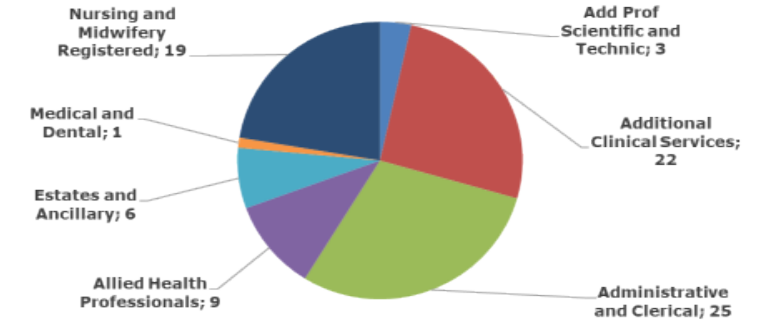
Leavers in Last 12 Months by Length of Service



*Over the last 12 months, the organisation recorded 249 leavers. Including 13 in January 2026.*

- Of the 249 leavers:**
- 85 (34%) left with less than 2 years service.
  - 57 left through Age Retirement, 5 Flexi Retirements, 16 Ill Health Retirements and 5 Voluntary Early Retirements.
  - 130 were Voluntary Resignations, including 28 due to relocation, 21 for work life balance, 16 for promotion, 6 due to Pay and Reward and 6 for Health Reasons.
  - 18 left following the end of fixed term contracts.
  - Of the 249 leavers, 102 (41%) were Nursing. 32 had less than 2 years service, 28 Age Retirement, 3 Flexi Retirement, and 49 resigned voluntary.

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



PADR Compliance: Jan-26

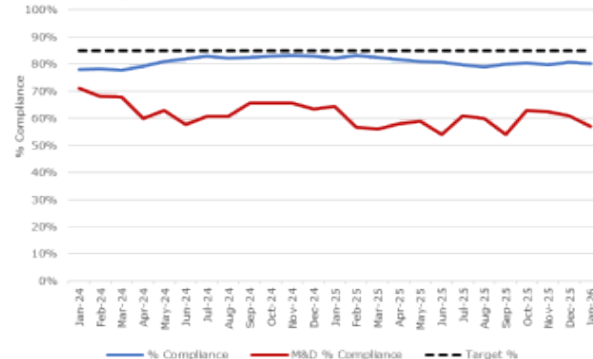
# 80%

**Medical & Dental (57%)**  
**NHS Wales 77% (Nov-25)**



**Jan-25 : 82% M&D: 64%**  
**Jan-24 : 78% M&D: 71%**

PADR Compliance Trend



Mandatory & Statutory Training Compliance: Jan-26

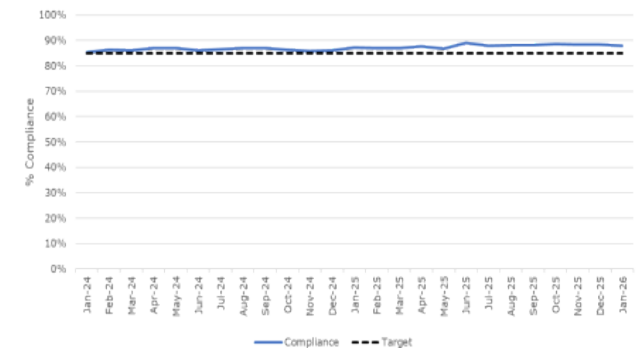
# 88%

**(Incs all M&S levels & Role Related Competencies)**  
**NHS Wales 88% (Nov-25)**



**Jan-25 : 87%**  
**Jan-24 : 85%**

Mandatory & Statutory Training Compliance Trend



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## 10 Core Competencies Compliance (All Levels)

Core Skills Competencies (All Levels)	Modules Required	Modules Achieved	Compliance %
Equality, Diversity and Human Rights - 3 Years	2,600	2,448	94%
Fire Safety - 2 Years	5,192	4,557	88%
Health, Safety and Welfare - 3 Years	2,600	2,473	95%
Infection Prevention and Control - Levels 1 & 2	2,453	2,150	88%
Information Governance (Wales) - 2 Years	2,600	2,333	90%
Moving and Handling - Levels 1 & 2	2,586	2,008	78%
Resuscitation - Levels 1 - 3	3,322	2,417	73%
Safeguarding Adults Levels 1- 4	2,285	1,920	84%
Safeguarding Children Levels 1 - 4	2,297	2,081	91%
Violence and Aggression (Wales) - Modules B & D	2,158	2,019	94%
<b>Grand Total</b>	<b>28,093</b>	<b>24,406</b>	<b>87%</b>

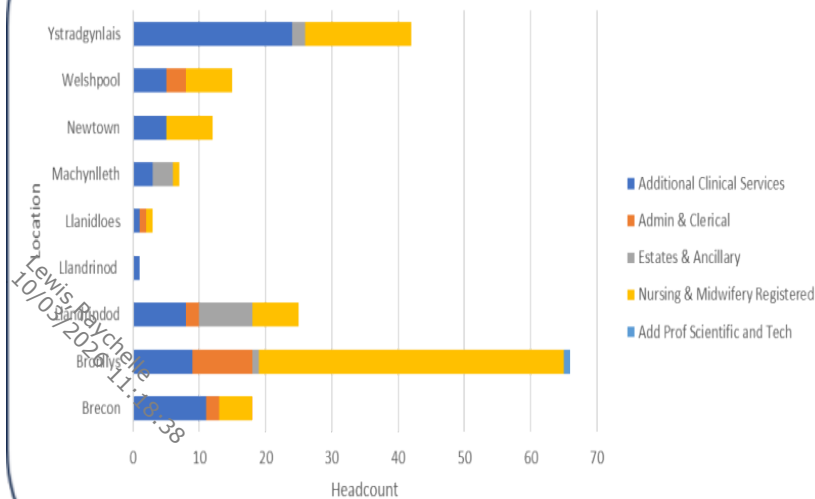
## Core Skill Level Competencies with Compliance under 85%

Core Skills Competencies Levels under 85%	Modules Required	Modules Achieved	Compliance %
Fire Awareness Classroom - 2 Years	2592	2171	84%
Safeguarding Children Level 4 - 3 years	6	5	83%
Safeguarding Children - Level 3 - 3 Years	190	150	79%
Anaphylaxis - 1 Year	626	476	76%
Violence & Aggression Module D - 1 Year	86	63	73%
Moving and Handling - Level 2 - 2 Years	1642	1199	73%
Resuscitation - Level 2 - Newborn Basic Life Support - 1 Year	48	35	73%
Resuscitation - Level 3 - Paediatric Immediate Life Support - 1 Year	22	16	73%
Manual Handling for Managers - No Renewal	186	134	72%
Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	259	161	62%
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	1271	783	62%
Safeguarding Adults (Version 2) - Level 3 - 3 Years	477	241	51%
Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	129	64	50%

## Role Specific Competencies with Compliance under 85%

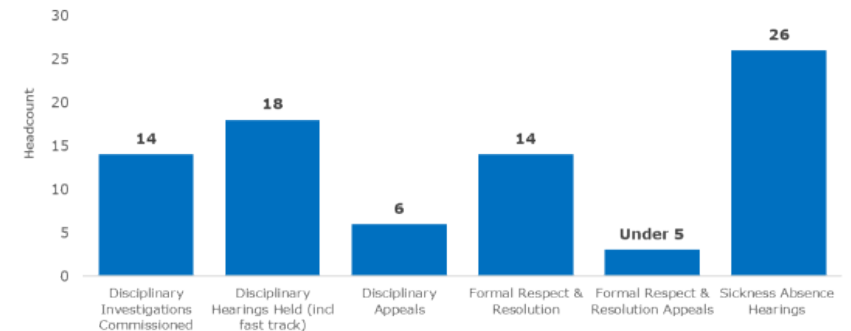
Role Specific Competencies under 85%	Modules Required	Modules Achieved	Compliance %
Clinical Induction - Nursery Nurse No Renewal	14	8	57%
WARRN - 3 years	183	113	62%
Positive Behaviour Management Theory - 3 years	18	12	67%
Positive Behaviour Management Practical - 1 Year	18	13	72%
Patient Group Directions - 1 Year	4	3	75%
VAWDASV Ask & Act Level 2 - 2 years	662	498	75%
Dementia Awareness - No Renewal	396	321	81%
Welsh Language Awareness - 3 Years	2600	2195	84%

## Bank Staff Enrolled in Wagestream



Staff Group	Count of Bank Staff Enrolled on Wagestream
Additional Clinical Services	67
Admin & Clerical	17
Estates & Ancillary	14
Nursing & Midwifery Register	90
Add Prof Scientific and Tech	1
<b>Grand Total</b>	<b>189</b>

## Formal Employee Relations Activity for the last 12 months



## What the chart tells us

### **Turnover**

The Health Board reports a rolling turnover rate of **9.54%** for January 26, representing a decrease of **1.54%** when compared to January 25 (11.08%).

When excluding staff on fixed term contracts, turnover in January 26 is **8.95%**, comparison point **10.39%** in January 25..

- The organisation continues to exceed the All-Wales Turnover Position of 6.4% November 25.
- The Stability Index for the Health Board remains steady at **90%** (excluding fixed term contracts).

### **PADR (Performance Appraisal Development Review)**

PADR compliance reflects the percentage of staff who have received an appraisal within the last 12 months (Doctors and Dentists in the last 15 months). The Target compliance rate is 85%.

- January 26 compliance : **80%**, a **2%** decrease from January 25 (82%).
- Medical & Dental compliance **57%**, a 7% decrease from January 25 (64%).
- The health board continues to benchmark positively when compared with All Wales position of 77% (Nov 25).

### **Mandatory & Statutory Training**

Mandatory and Statutory training compliance includes all role specific competencies associated with each position.

- January 26 compliance ; **88%**, an improvement of **1%** from January 25 (87%), which exceeds the 85% Target.
- The health board benchmarks positively when compared with All Wales position of 88% (Nov 25).

### **Wagestream**

Since commencement there have been 189 enrolments for Wagestream.

### **Employee Relations**

In the last 12 months there were 26 sickness absence hearings, 14 Disciplinary Investigations, 14 formal respect & resolution meetings and 18 Disciplinary Hearings including fast tracks.

## Areas of Concern

### **Turnover**

Organisational turnover has continued to improve over the last 12 months, however it remains above the the All-Wales NHS average of 6.4%

In total 249 staff left the organisation in the last year, 102 of which were Nursing staff.

### **PADR**

Overall PADR compliance has remained broadly static over the last 12 months, though there has been a decline over the most recent 9 month period.

### **Employee Relations**

There are no distinct themes identified by directorate or service.

## Actions/Mitigations

### **Turnover**

- There continues to be a positive reduction in workforce turnover.
- A local retention campaign is currently in progress. The 'Belong, Stay, Thrive Series' shares staff stories, case studies and articles highlighting ways to make Powys a great place to work. This has been well received.
- We have increased the focus on employees leaving within their first two years and have since implemented a new starter email which is sent to managers. Survey feedback indicates that, since its introduction, more new employees have completed the local induction checklist and received the equipment needed for their roles.
- A quarterly data triangulation is in place, to enable identification of teams that may need enhanced support from the people and culture team.
- A leavers' toolkit and questionnaire have been introduced to support a consistent offboarding process and improve data collection. Three-monthly evaluation shows they are beneficial, with staff feedback being acted on and used for learning.

### **PADR and Statutory & Mandatory**

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.

### **Employee Relations**

The Business Partnering team is currently developing training slides to support the completion of initial assessments and to guide Disciplining Officer decision-makers. This training is designed to promote robust, fair, and compassionate decision-making, with a focus on reducing avoidable harm across PTHB. We anticipate launching the training in April, alongside the publication of the refreshed All Wales Disciplinary Policy and Procedure. The new All Wales Disciplinary Policy sets out a consistent, fair, and person-centred approach for managing conduct concerns across NHS Wales, ensuring robust processes that prioritise employee wellbeing and minimise avoidable harm, while maintaining the organisation's statutory and legal responsibilities.

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.

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.

# Employee Health & Well Being

## Sickness Absence Percentage Jan-26:

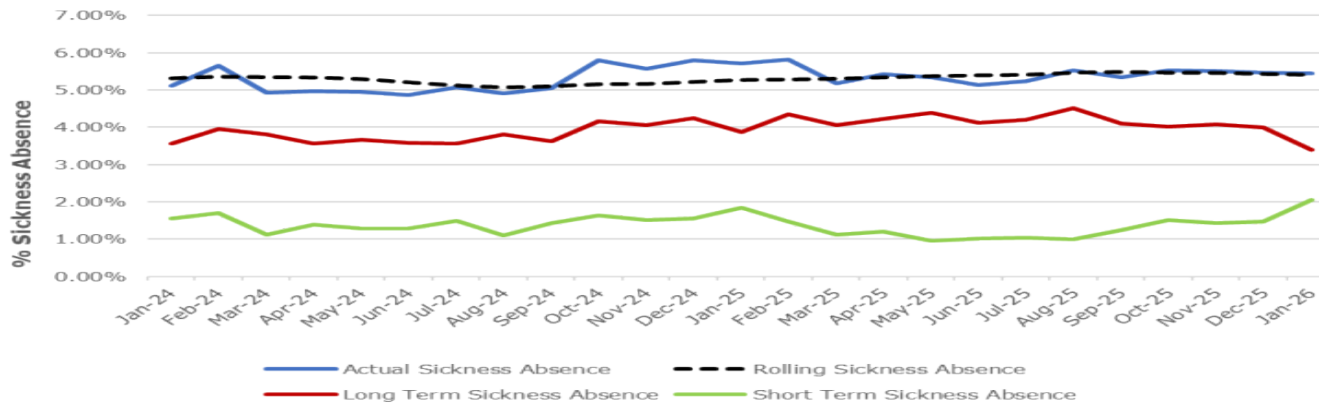
**5.44% (Actual)**  
**5.41% (Rolling)**

**NHS Wales 6.3% Rolling (Nov-25)**



Jan-25 – 5.11% (Actual) 5.32% (Rolling)  
Jan-24 – 5.71% (Actual) 5.27% (Rolling)

Sickness Absence Rate



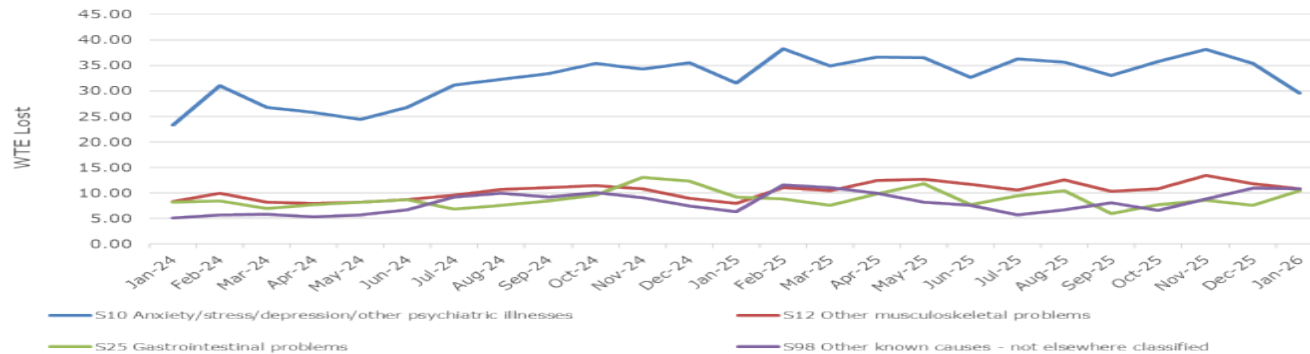
## Sickness Absence: 12 Months Average WTE of Staff lost :

**113.9 WTE**

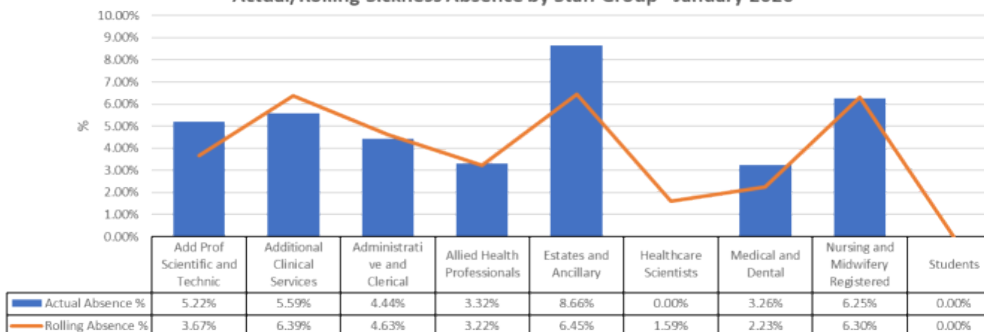


Feb-24-Jan-25: 107.4 WTE  
Feb-23-Jan-24: 103.1 WTE

Top 4 Reasons - WTE Lost by Month



Actual/Rolling Sickness Absence by Staff Group - January 2026

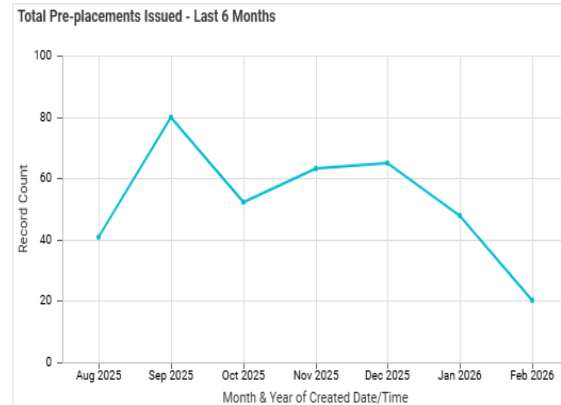
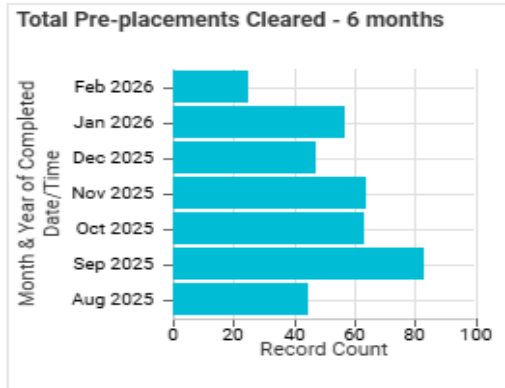


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# Occupational Health OPASG2 Dashboard- Snapshot January 2026

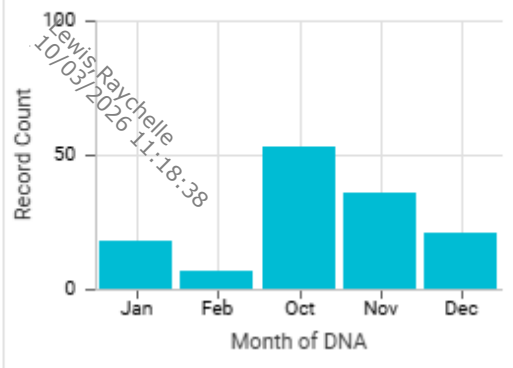
## Pre-placement Health Assessment

All OH Pre-placements checks are now managed through the OPASG2 system – from the graphs below that **48 pre-placements were issued in January 2026** – These are new posts and internal movement posts. 57 were cleared in January



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

## DNA Vaccination / Serology Appointments (1st or 2nd DNA Activity being the denominator)



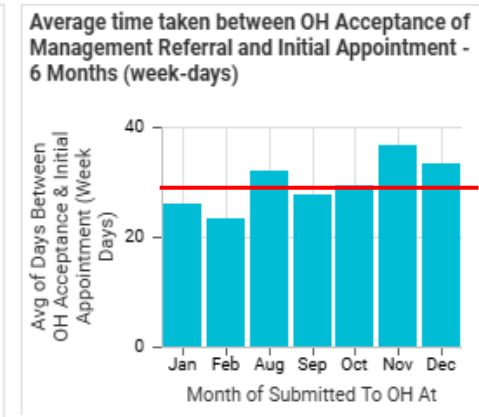
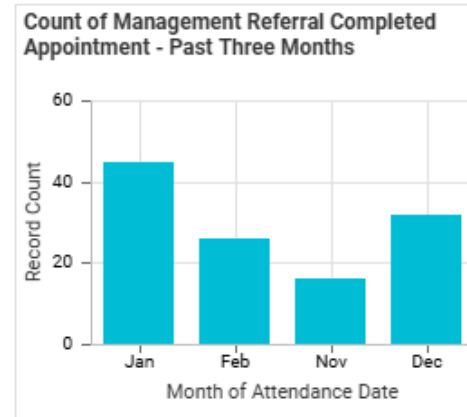
Duration of the preplacement pathway for clinical staff is often prolonged by TB screening activities and gaining full Immunisation information. The statistics above excludes applicants that need follow ups, bloods and vaccinations etc.

Did not attend data is now available and shows a total of 18 DNAs in January – this equates up to approx. 11 hours of clinic time. Managers are informed of these DNA – this can also delay the pre placement clearance process

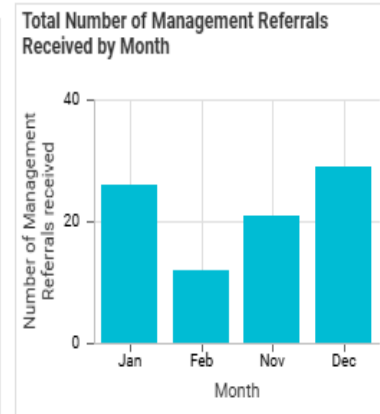
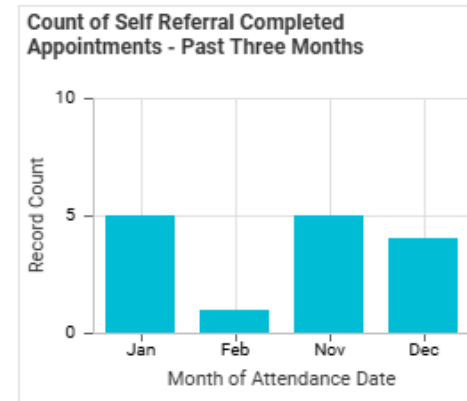
## Management Referrals

**45 Management referrals were seen** in January 2026, these are new referrals, Ill health retirement and follow up appointments as necessary

**5 Self referrals were also seen** in January 2026 – it is noted that management report of workplace adjustments do not follow a self referral.



Red line indicates the All Wales Minimum standard of 29 days between acceptance and 1<sup>st</sup> appt offered



Management referrals received In January 2026 have gone down by 3 from the previous month.

## Occupational Health Internal Management Referrals January 2026



MANAGEMENT REFERRALS DIRECTLY INTO OCC HEALTH n=29 (previous month in brackets)

- 45% (42%) of staff with condition affecting work fitness (uniform blue)
- 17% (17%) with Short term sickness (Purple)
- 24% (26%) Long term sickness (Green)
- 7% ( 9%) Rehab advice ( )
- 1% ( 0% ) Workplace Incident
- 4% ( 4%) Counselling

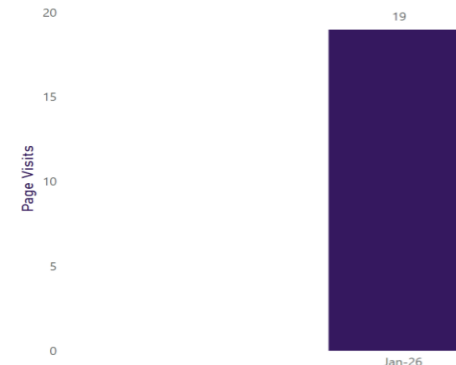
The main movement since December is shown to be a reduction in Long Term Sickness and Rehab advice.  
Sickness categories of long and short term are showing similar monthly trends.

## Occupational Health VIVUP Employee Assistance Programme/Counselling Service January 2026

Telephone Assessment	Telephone Counselling (30 min)	Telephone Counselling (50 min)	Virtual Counselling
7	1	4	5

As below 19 hits on the Self Help pages were recorded this month

Self-Help Pages



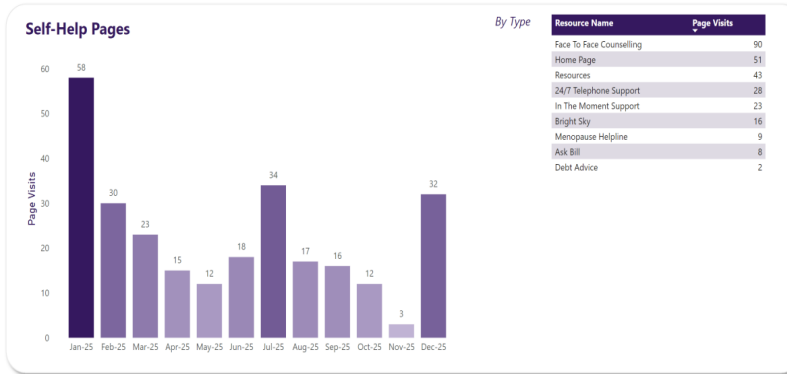
By Type

Resource Name	Page Visits
Face To Face Counselling	9
Resources	6
24/7 Telephone Support	2
In The Moment Support	2

Due to there being under 4 new clients to the EAP service in January – there is no defined data that details the presenting issues or work status of the staff contacts.

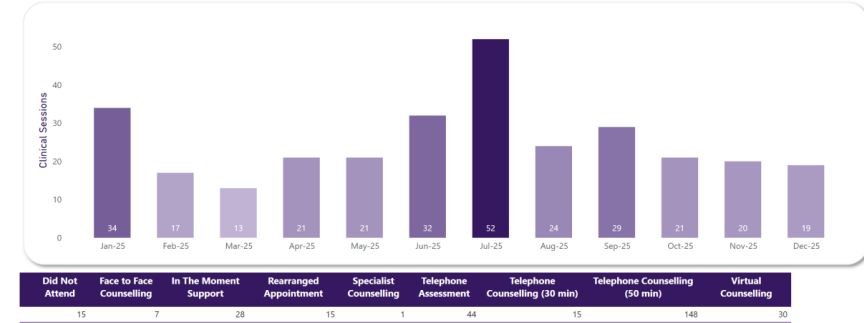
# Occupational Health VIVUP Employee Assistance Programme/Counselling Service Annual Round up Jan 2024 – Dec 2025

Data based on 46 staff accessing counselling contacts in 2025



### Clinical Usage: Clinical Sessions

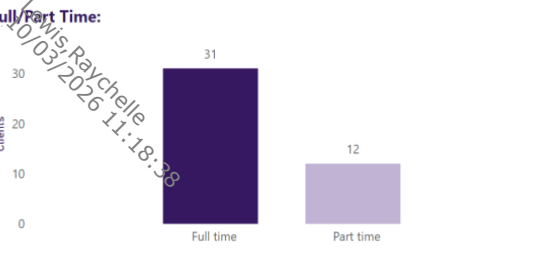
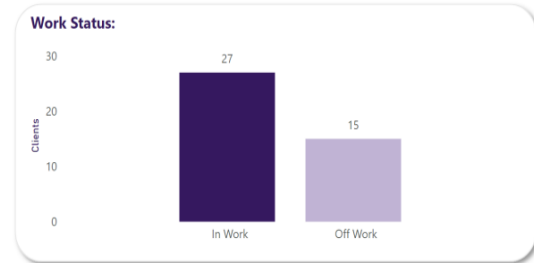
Our service delivers structured therapeutic support tailored to each individual's needs. This report section details the number of clinical sessions conducted during the reporting period, including both attended and non-attended appointments. It provides insight into therapy engagement and utilisation across your organisation.



Total of 193 counselling sessions delivered Jan-Dec

### Demographics: Job Role and Work Status

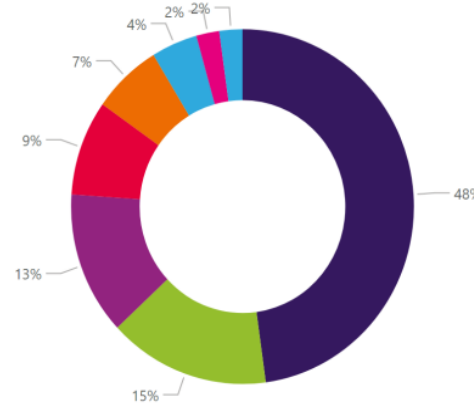
Report Period: 01 Jan 2025 - 31 Dec 2025



Report Period: 01 Jan 2025 - 31 Dec 2025

#### How Did Employees Hear About the Service?

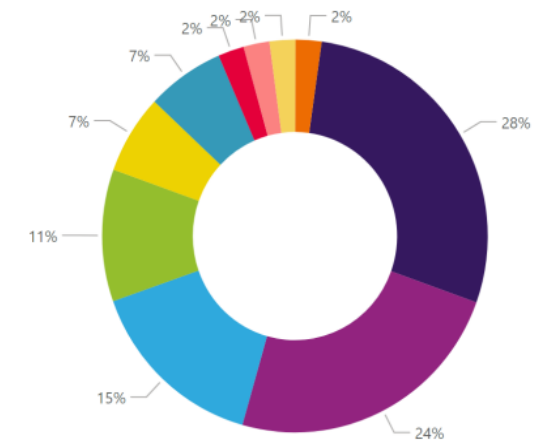
- Manager
- Occupational Health
- Intranet
- Not Stated
- Colleague / Friend
- Human Resources
- Other
- Promo



New Clients 01 Jan 2025 - 31 Dec 2025: 46

#### Presenting Issue

- Stress
- Anxiety
- Work Related Stress
- Bereavement/Loss
- Family Difficulties
- Other
- Depression/Low Mood
- Domestic Violence
- Menopause
- Trauma



## Employee Health & Well Being

### What the chart tells us

#### **Sickness Absence**

Rolling sickness has remained consistently above 5% for the past 24 months.

For Jan 2026, actual sickness absence reported at **5.44%**, which is 0.33% higher than Jan 2025 (5.11%).

Rolling sickness absence reported at **5.32%**, representing a 0.09% improvement compared with Jan 25 (5.41%) .

Over the last 12 months, the organisation experienced an average of **113.9 WTE** staff absent, an increase of 6.5 WTE from the previous 12 month period (107.4 WTE).

Long-term and short-term sickness levels have remained broadly stable over the past two years. However, in Jan 2026 long-term sickness fell to its lowest level at 3.40%, while short-term reached its highest point at 2.04%

The four leading causes for sickness accounted for **56%** of all absence in the past 12 months:

- Anxiety/ Stress/ Depression saw 35.4 WTE (264 headcount) staff absent - 31% of all sickness.
- Other musculoskeletal problems 11.6 WTE (127 headcount) - 10% of all sickness.
- Other known causes - not elsewhere classified 8.9 WTE (151 headcount) staff absent - 7.8% of all sickness.
- Gastrointestinal Problems - 8.8 WTE (418 headcount) staff absent - 7.5% of all sickness

The health board continues to benchmark positively against the All Wales average of 6.3% (Nov 2025).

### Areas of Concern

#### **Sickness Absence**

Rolling sickness absence for the year remains particularly high within the following staff groups:

- **Estates & Ancillary** (6.45%): *The majority of days lost were due Anxiety, Stress & Depression (22.2%) and Benign and malignant tumours (17.6%)*
- **Additional Clinical Services** (6.39%): *Most days lost were attributable to due to Anxiety, Stress & Depression (33.9%), and Other Musculoskeletal problems (12.8%)*
- **Nursing & Midwifery Registered** (6.30%): *The highest days lost were due to Anxiety, Stress & Depression (30.8%), and Other known causes not elsewhere classified (10.6%).*

### 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.

P&C has recruited Mindfulness Practitioners onto the bank who have established the Mindfulness and Compassion (MAC) programme. The MAC programme has received Powys Charities funding until sept 2027. Individual and group support and session are regularly promoted across the organisation and between April and November 25 has seen 123 new participants in the MAC offer

A review of teams with higher levels of absence due to anxiety, stress, depression & other psychiatric illnesses is underway, with the aim of deploying the MAC team into the areas of the organisation in most need.

We have signed up to the ViVUP - Virtual GP appointment model - Enabling staff to gain same or next day access to a GP for non-routine advice ( note; this service will not issue fit notes) Virtual GP appointments are now in place and promoted with a handful of staff accessing the offer to date.

# Workforce Monthly Dashboard – January 2026

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 %	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	92.43	100.43	8.00	7.96%	5.22%	3.67%	0.84	2.22	2.10	0.00	77%	86%	-	-	-	-	8.41%	8.41%
Additional Clinical Services	420.54	482.74	62.20	12.88%	5.59%	6.39%	21.40	0.41	2.49	2.90	76%	90%	4.00	3.40	-	-	11.41%	11.22%
Administrative and Clerical	568.13	655.04	86.91	13.27%	4.44%	4.63%	10.72			0.00	83%	93%	3.84	1.80	-	-	9.47%	8.14%
Allied Health Professionals	173.93	191.02	17.09	8.95%	3.32%	3.22%	1.39	0.25	8.83	9.08	88%	88%	2.60	1.00	-	-	11.70%	11.17%
Estates and Ancillary	167.15	178.73	11.58	6.48%	8.66%	6.45%	14.78			0.00	80%	87%	0.80	-	-	-	8.99%	8.09%
Healthcare Scientists	10.21	13.42	3.21	23.89%	0.00%	1.59%	0.29		1.25	1.25	73%	89%	-	-	-	-	0.00%	0.00%
Medical and Dental	39.36	47.84	8.48	17.72%	3.26%	2.23%		4.20	2.03	6.23	57%	67%	0.40	1.00	-	-	9.92%	8.26%
Nursing and Midwifery Registered	641.82	715.99	74.17	10.36%	6.25%	6.30%	27.72	6.89	7.68	14.57	79%	86%	6.00	2.83	-	1.84	8.21%	8.08%
Students	2.00	4.84	2.84	58.68%	0.00%	0.00%				0.00	100%	88%	-	-	-	-	0.00%	0.00%
<b>Grand Total</b>	<b>2,115.58</b>	<b>2,390.05</b>	<b>274.47</b>	<b>11.48%</b>	<b>5.44%</b>	<b>5.41%</b>	<b>77.13</b>	<b>13.97</b>	<b>24.38</b>	<b>38.35</b>	<b>80%</b>	<b>88%</b>	<b>17.64</b>	<b>10.03</b>	<b>0.00</b>	<b>1.84</b>	<b>9.54%</b>	<b>8.95%</b>

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

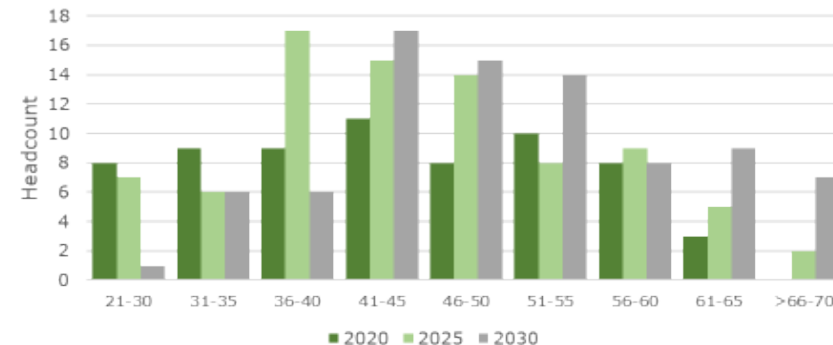
Directorate	Actual Contracted WTE	Budgeted WTE	Vacancy WTE	Vacancy %	Monthly Sickness %	Rolling Sickness %	Bank WTE in Month	Agency Use Off Contract WTE in Month	Agency Use On Contract WTE in Month	Total Agency WTE use in Month	PADR %	M&S Training %	Starters in Month WTE	Leavers in Month WTE	Substantive 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	23.71	26.02	2.31	8.89%	0.00%	3.73%	-	-	-	0.00	82%	83%	-	-	-	-	17.78%	13.33%
Community Care & Therapies	912.54	1010.05	97.51	9.65%	5.67%	5.36%	26.07	0.43	11.60	12.03	82%	90%	5.11	2.63	-	0.61	9.16%	8.80%
Community Dental Service	47.36	55.75	8.39	15.05%	1.64%	1.76%	-	-	-	0.00	76%	80%	0.40	1.00	-	-	9.02%	9.02%
Corporate Governance	21.91	20.88	-1.03	-4.95%	3.89%	2.99%	-	-	-	0.00	92%	92%	-	-	-	-	0.00%	0.00%
Estates & Works	48.71	48.21	-0.50	-1.03%	2.78%	2.96%	-	-	-	0.00	86%	93%	-	-	-	-	6.00%	4.00%
FID Finance Directorate	36.86	38.12	1.26	3.30%	0.70%	2.45%	-	-	-	0.00	54%	88%	2.00	0.80	-	-	5.41%	5.41%
Facilities & Support Services	147.71	158.47	10.76	6.79%	8.98%	6.71%	14.53	-	-	14.53	79%	87%	0.80	-	-	-	9.38%	8.89%
MED Medical Directorate	1.32	3.24	1.92	59.19%	0.00%	1.16%	-	-	-	0.00	0%	59%	-	-	-	-	36.36%	18.18%
MHD Mental Health	419.93	526.96	107.03	20.31%	5.98%	6.44%	31.73	12.48	12.78	25.26	68%	83%	3.53	1.40	-	0.43	8.59%	8.59%
Medicines Management	30.34	32.74	2.40	7.33%	5.43%	2.63%	0.19	0.67	-	0.67	89%	94%	0.80	-	-	-	19.18%	19.18%
NUD Nursing Directorate	27.84	34.55	6.71	19.42%	2.82%	5.65%	0.55	0.39	-	0.39	91%	93%	1.00	1.00	-	-	9.38%	9.38%
PHD Public Health Directorate	69.65	79.82	10.17	12.75%	8.49%	8.77%	0.09	-	-	0.00	88%	96%	1.00	-	-	0.80	18.18%	16.97%
PLD Planning Directorate	14.84	17.60	2.76	15.68%	0.56%	0.85%	-	-	-	0.00	94%	94%	0.00	-	-	-	6.25%	6.25%
People & Culture Directorate	60.62	64.47	3.85	5.97%	5.04%	3.86%	3.13	-	-	0.00	88%	89%	-	-	-	-	5.76%	5.76%
Primary Care	15.49	15.84	0.35	2.19%	5.11%	9.41%	0.05	-	-	0.00	73%	93%	1.00	-	-	-	26.32%	26.32%
THD Therapies & Health Sciences Directorate	64.52	68.52	4.00	5.84%	2.79%	3.54%	-	-	-	0.00	89%	95%	1.00	-	-	-	10.14%	7.25%
Transformation Directorate	19.36	29.64	10.28	34.70%	1.71%	1.02%	-	-	-	0.00	80%	79%	1.00	-	-	-	23.81%	9.52%
Women and Children Directorate	152.87	159.17	6.30	3.96%	4.85%	5.78%	0.79	-	-	0.00	90%	88%	-	3.20	-	-	8.31%	7.79%
<b>Grand Total</b>	<b>2,115.58</b>	<b>2,390.05</b>	<b>274.47</b>	<b>11.48%</b>	<b>5.44%</b>	<b>5.41%</b>	<b>77.13</b>	<b>13.97</b>	<b>24.38</b>	<b>38.35</b>	<b>80%</b>	<b>88%</b>	<b>17.64</b>	<b>10.03</b>	<b>0.00</b>	<b>1.84</b>	<b>9.54%</b>	<b>8.95%</b>

## Staff in Post WTE

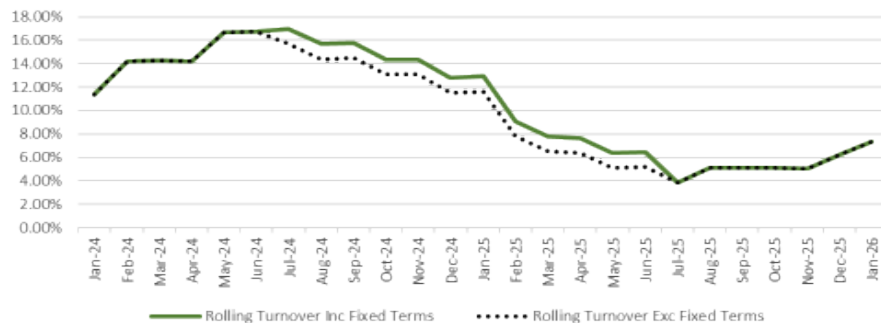


Staff Group	WTE Staff in Post			Variance Jan-24 & Jan-26
	Jan-24	Jan-25	Jan-26	
Administrative and Clerical	69.02	70.06	73.98	4.96
Medical and Dental	0.20	0.20	0.80	0.60
Nursing and Midwifery Registered	1.80	1.80	2.40	0.60
<b>Grand Total</b>	<b>71.02</b>	<b>72.06</b>	<b>77.18</b>	<b>6.16</b>

## Staff Age Profile - 2021,2026 and Predicted 2031



## Rolling Turnover Trend



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

# 98%

Rolling Staff Turnover :  
Jan-26: 7.32% (7.32% Exc F/T)  
Jan-25: 12.90% (11.61% Exc F/T)

## PADR Compliance: Jan-26

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# 80%



Jan-25 : 86%  
Jan-24 : 78%

## Mandatory & Statutory Training Compliance: Jan-26

# 90%



Jan-25 : 88%  
Jan-26: 83%

## Sickness Absence Percentage Jan-26:

2.52% (Actual)  
1.94% (Rolling)



Jan-25 - 3.89% (Actual) 3.63% (Rolling)  
Jan-24 - 5.14% (Actual) 3.21% (Rolling)



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# People and Culture Committee

## 05 March 2026

### 'A Great Place to Work'

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

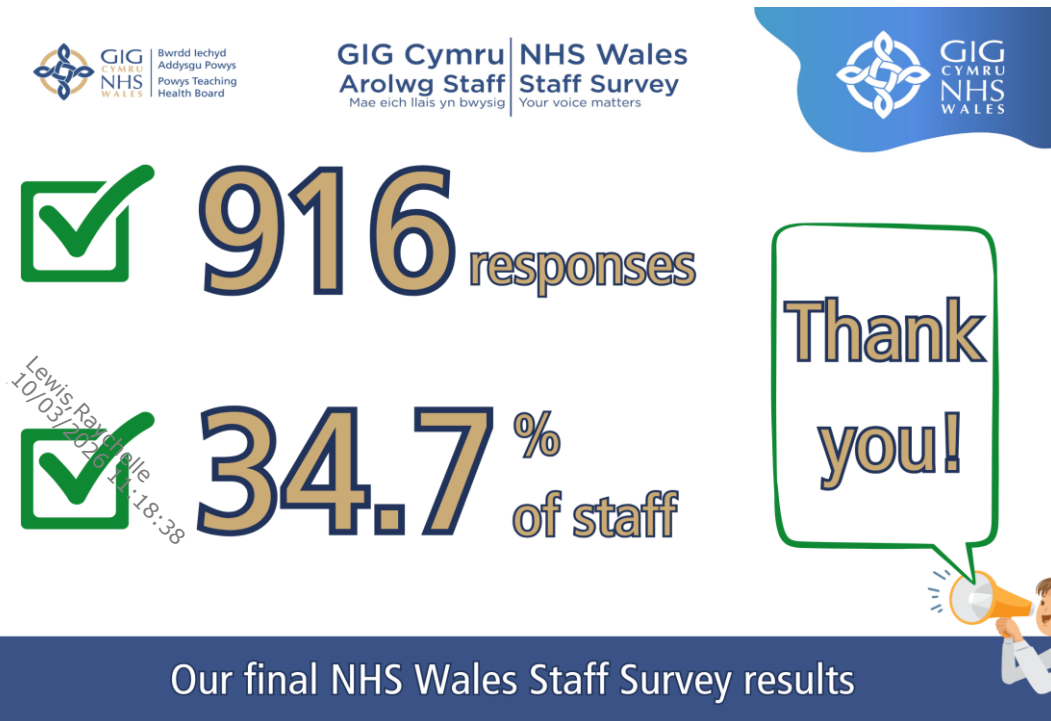
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<p><b>Subject:</b></p>	<p>Update against the 'Workforce Futures' priority in the integrated plan. <b>Strategic Priority 11: A Great Place to Work</b></p>
<p><b>Approved and Presented by:</b></p>	<p>Debra Wood-Lawson, Executive Director of People, Culture and Transformation</p>
<p><b>Author:</b></p>	<p>Rhys Brown, Head of OD Sarah Powell, Assistant Director of OD</p>
<p><b>Purpose:</b></p>	<p>This presentation is to provide an assurance update against the Integrated plan for the 'Great Place to Work' priority.</p>
<p><b>Recommendations:</b></p>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>• <b>REVIEW</b> the information provided in the update;</li> <li>• Take <b>ASSURANCE</b> of delivery against the plan.</li> </ul>
<p><b>Executive Summary:</b></p>	<p>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.</p>

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# NHS Staff Survey 2025

- ❖ 2025 Survey opened in **October 2025**, through to the end of **November 2025**.
- ❖ PTHB achieved a 34.7% response rate (916 responses)
- ❖ We ran regular communications and promotions during the survey, including FAQs, anonymity, you said – we did, and the donations to the Health Charity for each response.
- ❖ Results dashboard has been released and will be accessible to anyone in PTHB.



**GIG Cymru NHS Wales** | Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board

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

**916** responses

**34.7%** of staff

**Thank you!**

Our final NHS Wales Staff Survey results

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

**Every voice counts!**  
For each PTHB response to the NHS Wales Staff Survey, **£1** goes to the Powys Health Charity's **Festive Fundraiser**.

<https://powyshealthcharity.wales/campaigns>

- Survey closes Monday 1st December (23:59)
- Survey lead: [sam.powell@wales.nhs.uk](mailto:sam.powell@wales.nhs.uk)

Complete the Survey here:



**DATHLUR WYLL TRWY GODI ARIAN**  
**FESTIVE FUNDRAISER**  
www.eluseniechydowys.cymru  
www.powyshealthcharity.wales

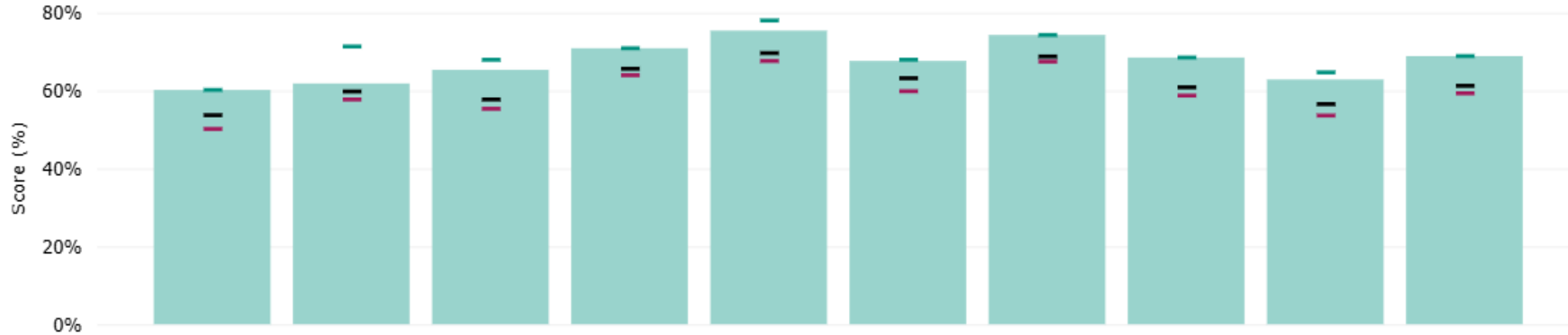
**GIG Cymru NHS Wales** | **Elusen Iechyd Powys Powys Health Charity**

**GIG Cymru NHS Wales** | **Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board**

# NHS Staff Survey 2025

## Positivity scores by survey theme: 2025 NHS Wales Staff Survey: Powys Teaching Health Board: Multiple Tier 2s: Multiple Tier 3s: Multiple sites: Multiple staff groups

With green and pink bars indicating scores above and below the benchmark\*



	Morale	Patient safety	Staff engagement	We are all able to speak up	We are compassionate and inclusive	We are continuously learning and improving	We are stronger together	We champion flexible working	We nurture healthy working environments	We recognise everyone's contribution
Positivity score	60.2%	61.8%	65.3%	70.8%	75.4%	67.6%	74.3%	68.5%	62.8%	68.8%
— Benchmark*	53.7%	59.7%	57.7%	65.6%	69.6%	63.1%	68.7%	60.8%	56.5%	61.2%
— Highest performing org.	60.2%	71.3%	67.9%	70.8%	78.0%	67.9%	74.3%	68.5%	64.7%	68.8%
— Lowest performing org.	50.1%	57.7%	55.3%	63.9%	67.6%	59.8%	67.4%	58.7%	53.6%	59.3%

\*Benchmark group is NHS Wales Health Boards plus Velindre Trust

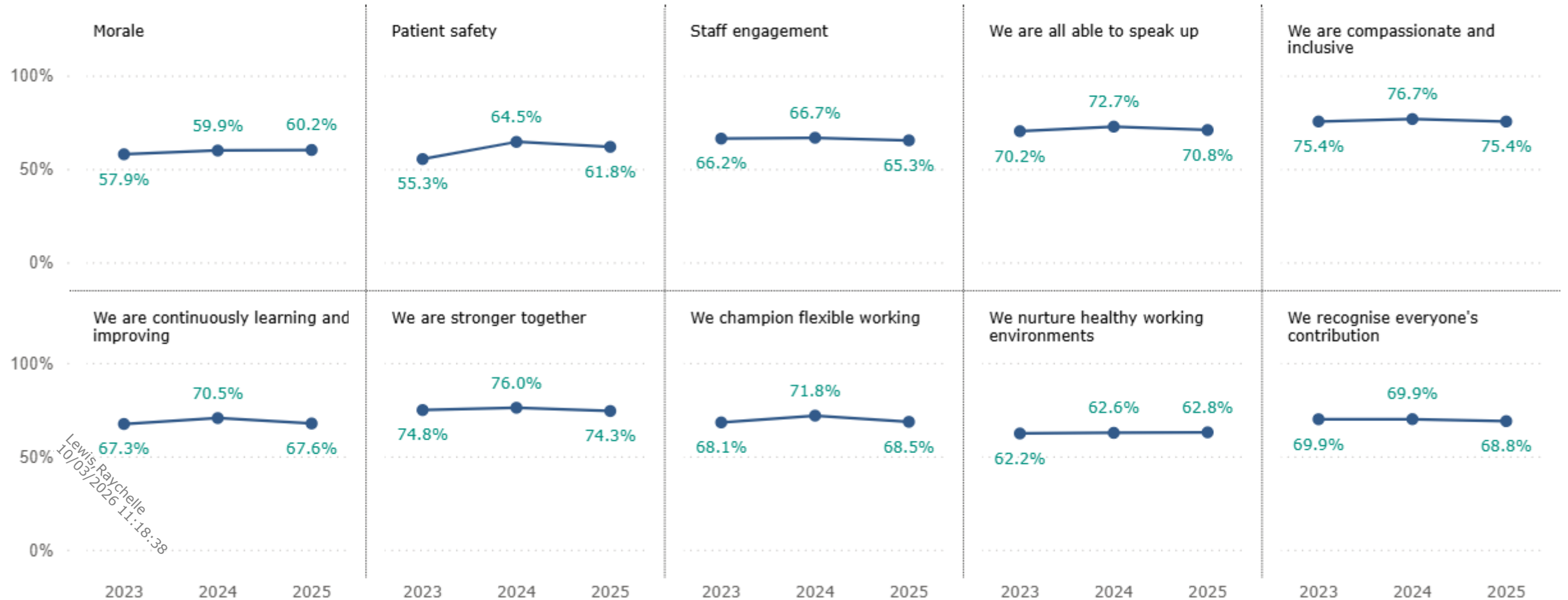
### Average Positivity Scores

- 2023 – 66.64%
- 2024 – 69.08%
- 2025 – 67.55%

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# NHS Staff Survey 2025

**Positivity scores by survey theme: NHS Wales Staff Survey: Powys Teaching Health Board: Multiple Tier 2s: Multiple Tier 3s: Multiple sites: Multiple staff groups**  
 Values highlighted green and pink to indicate scores higher and lower than the benchmark\*



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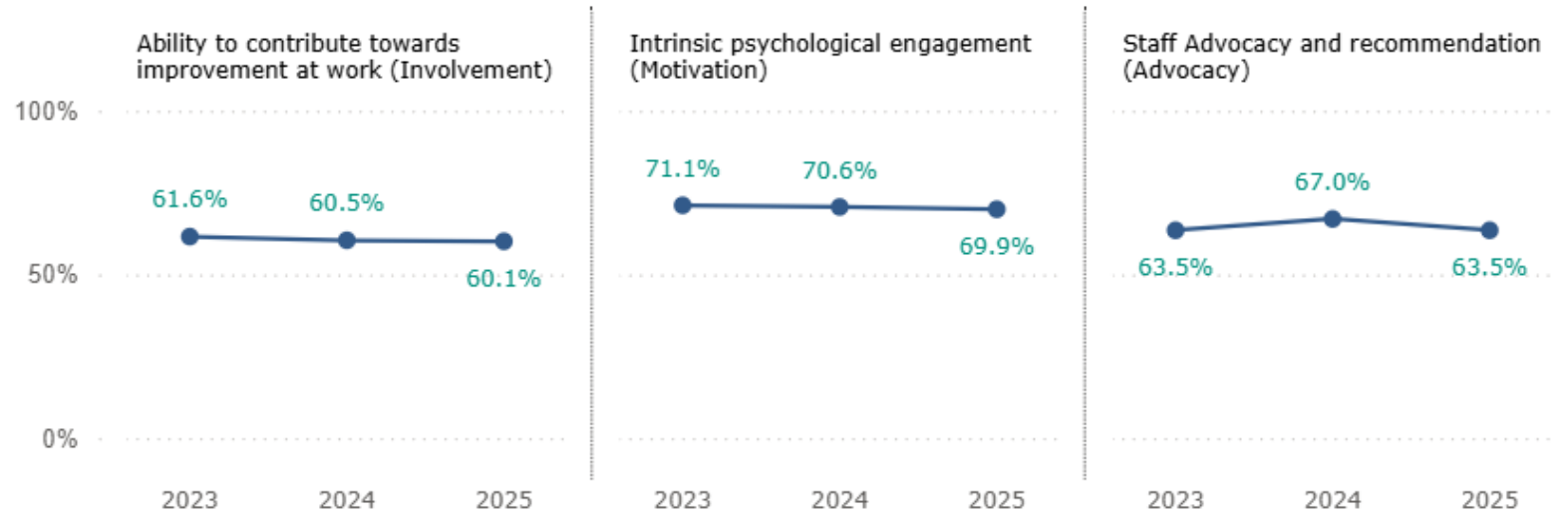
# Engagement Index



Engagement Index remains highest of the Health Boards and is 4<sup>th</sup> highest of all NHS Wales Organisations

## Positivity scores achieved by each sub-theme for the 'Staff Engagement' survey theme

Values highlighted green and pink to indicate scores higher and lower than the NHS Wales score for the given year



Questions 22a, 22b, and 22c relate to the 'Motivation' sub-theme, questions 23a and 23d relate to the 'Involvement' sub-theme, questions 23b and 23c relate to the 'Advocacy' sub-theme.

## How staff responded to the seven Staff Engagement Index survey questions

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# High Level Positives and Negatives

## Areas to Celebrate

- 1. Line Management Quality –**
  - a. My manager encourages me at work scores **80.4%** and is nearly 10% higher than the all-Wales health Board average.
  - b. My manager values my work **78.2%** (Although this has reduced by 1.9%)
  - c. My manager is interested in the challenges I face **78.1%** (reduced by 1%)
- 2. Compassionate Cultures**
  - a. **87.7%** stated that they felt trusted to do their jobs
  - b. Colleagues are understanding and kind **77.7%**
  - c. Compassion towards patients **86.2%**
- 3. PADRs**
  - a. 87.6% stated that they had a PADR, **80.7%** of these stated that it left them feeling valued in their work.

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## Areas to Improve

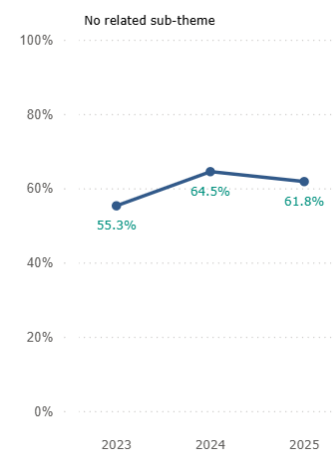
- 1. Burnout –** Scores have had year on year improvement, but this remains the lowest scoring sub theme with a **36.8%** positivity rating.
- 2. Morale –** Specifically the sub theme of Work Pressure where **55.4%** state that they can meet all the conflicting demands of their work and just **38.1%** state that there are enough staff for them to do their job properly.
- 3. Safe to Speak Up –** Covered under Speaking Up Safely
- 4. Career Development and Learning**
  - a. Opportunities to develop my career scores fallen by **5.6% to 49.5%**
  - b. Access to the right L&D fallen by **3.3% to 59.8%**
  - c. Feeling supported to develop potential fallen by **6% to 60%**
- 5. Advocacy Indicators –** Staff recommending PTHB as a place to work has fallen by **3.9%** since 2023 to **61%** and staff stating that they are proud to work for PTHB has fallen by **3.1% to 66%** this year

# Speaking Up Safely

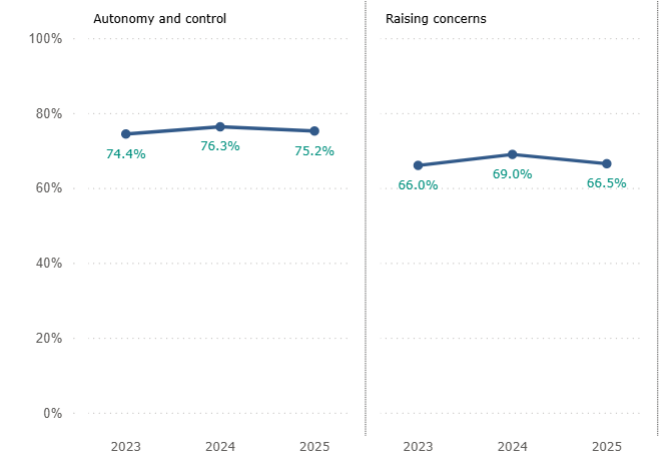


- FY 2025/26 has seen 6 concerns raised through the Our Voice route. 4 of these were related to Respect and Resolution issues, the remaining 2 (linked) relate to concerns that could impact patient experience.
- Introduction of an independent 'whistleblowing' triage service through VIVUP has faced some challenges and an internal review is taking place to consider continuation or revert to an internal approach
- Approach to steering group has been reviewed with adjustments being finalised
- Wellbeing Roadshows have raised awareness across the county with 424 visitors to those events
- 8 Training sessions have occurred totalling 66 attendees, 2 further courses in the coming quarter.

## Patient Safety



## Speaking Up



## Raising Concerns

14i) I would feel secure raising concerns about unsafe clinical practice.	2023	74.6%	
	2024	78.5%	▲ 3.86 pp
	2025	79.1%	▲ 0.60 pp
14j) I would feel secure raising concerns about unethical behaviour.	2023	80.2%	
	2024	82.5%	▲ 2.30 pp
	2025	80.1%	▼ -2.40 pp
14k) I am confident my organisation would address my concern.	2023	58.2%	
	2024	62.1%	▲ 3.88 pp
	2025	59.0%	▼ -3.10 pp
17d) I feel safe to speak up about anything that concerns me in this organisation.	2023	64.9%	
	2024	68.9%	▲ 3.97 pp
	2025	63.6%	▼ -5.26 pp
17e) If I spoke up about something that concerned me, I am confident my organisation would address my concern.	2023	52.2%	
	2024	52.9%	▲ 0.74 pp
	2025	50.7%	▼ -2.19 pp

## Patient Safety

Positivity scores for the organisation encouraging reporting of incidents and treating people fairly who have been involved have fallen by **4.76%** (to 78.7%) **and 4.5%** (to 53.3%) respectively

# Clinical Leadership Immersive Programme Level 1 (CLIP L1)

Following 2 pilots and 2 courses in late 2025 the day has been adjusted to meet the needs of the organisation. 2 Further courses have been undertaken in 2026 with a specially requested course for those within our Preceptorship programmes. A total of 6 courses have been undertaken with 48 attendees. Further courses planned for delivery throughout 2026, with Preceptorship programme now making it part of the core development offering for cohorts of clinicians going forwards.

*"I've gained a whole new understanding of how compassion and leadership go hand-in-hand."*

*"This day has given me clear direction on how I can work on any issues myself or my team has. I have created a set of actions which were developed during today's session."*

*"Today gave me a clear vision of the people in my network who I can speak to or go to for ideas. This will help me overcome some of the barriers I am currently facing."*

*"A really enjoyable, hands-on day. Thank you for showing me there are many different ways to tackle an issue."*



# Clinical Leadership Immersive Programme Level 2 (CLIP L2)

## Attendees

<b>PTHB Since Nov 2023</b>	111 (19% of 584 target audience)
<b>PTHB 25/26</b>	43 (7.3%)
<b>HEIW</b>	11 (20 Primary Care applicants across 2 cohorts) + 5 Trainers (BCUHB)

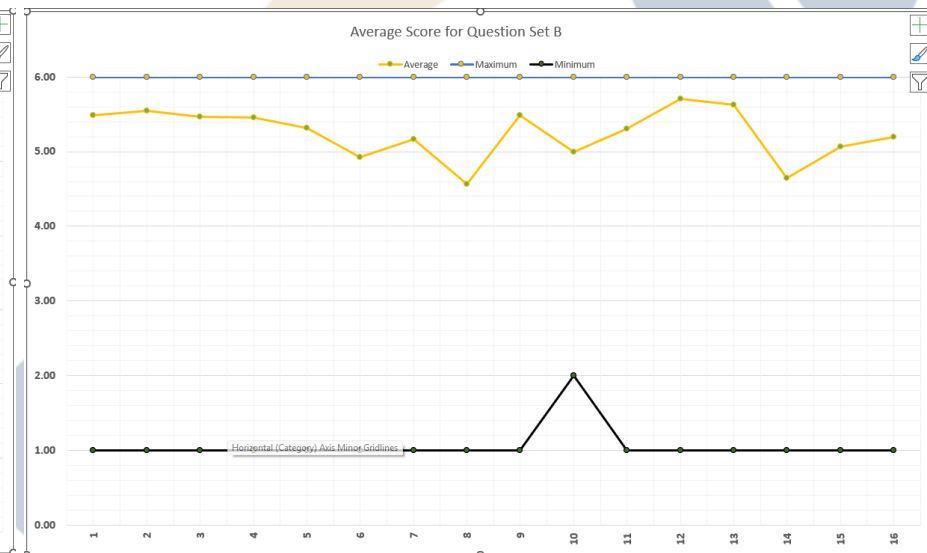
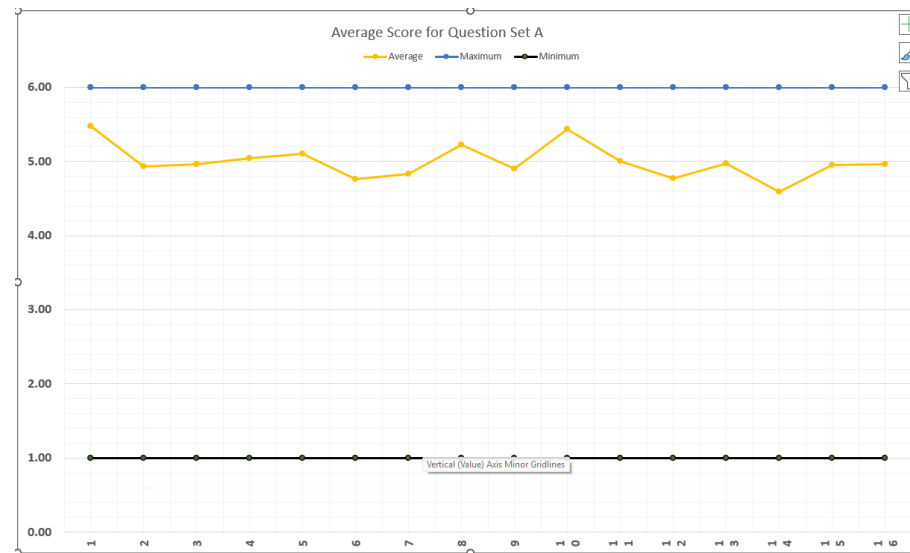
SC's CLIP presentation was truly inspirational. She described how the programme transformed her leadership approach, particularly by deepening her understanding of leadership styles and highlighting the critical importance of work-life balance. CLIP encouraged her to develop leadership practices that empower and appropriately support staff, while also strengthening her resilience, communication skills, and awareness of team dynamics. Her presentation clearly reflected how CLIP has been revolutionary in shaping her development as a leader.

## Case Study – District nursing

36% of B6 and 7s within DN service have now undertaken CLIP L2 (as at End Nov 25)

As a result:

- increased engagement with HR and OD colleagues and is investing time and effort into culture change within their area. Including:
  - Individual coaching for B6 & 7s
  - Training Needs Analysis for the Leadership Development needs of the service,
  - Team Climate survey in Q3 with 106 returns, followed by team leader feedback sessions
  - Monthly HR Policy Clinics



# Clinical Leadership Immersive Programme Level 2 (CLIP L2)

## Feedback and comments from participants after completing their CLIP L2 presentations

"The Clinical Leadership Immersive Programme (CLIP) has opened my eyes to how I see myself as a leader. I previously didn't see myself in a senior enough position to be a 'leader', but I know understand that I am able to lead by example, by asking the right questions and by thinking outside the box."

"Before CLIP, I wasn't aware how many different styles of leadership there were, I thought you either were or weren't a leader. I've learnt that it doesn't matter about your banding: anyone can be an authentic leader and can be assertive and speak up."

"Since my time on CLIP, I have become more assertive, I communicate better with my team, and I have a greater understanding of my own risk appetite. My appreciation of the Compassionate Leadership approach has grown immensely."

"CLIP has shown me the power of listening – how to take a step back, think and seek to understand the whole picture before making a decision. This has given me a better relationship with my team and other senior members of staff."

"I am more visible in my leadership. We have implemented more face-to-face meetings, and the team have reacted positively to this. My overarching style has become more reflective, and I am able to apply the reflective models learnt on CLIP to my day-to-day leadership."



# The PTHB Manager and Manager's Programme

- ❖ The PTHB Manager (Manager's Charter) is in place and communicated through the Manager's Hub
- ❖ Powys Manager Programme modules match the themes of the charter.
- ❖ Manager's Programme Courses are started quarterly running for 10 sessions (4 face-to-face) for up to 15 participants.
- ❖ **22** managers have started the programme this financial year (3 courses)
- ❖ **Target Audience** – 461 Bands 3-7 identified as holding supervisory roles
- ❖ **Total Numbers** – 216 starters and 130 have completed all modules
- ❖ Course remains well regarded by participants who have been able to apply their learning in the workplace
- ❖ Activity being undertaken by HRBPs to identify training needs within teams to increase participation
- ❖ Internal Audit Substantial Assurance
- ❖ All leadership and management programmes complemented by the Fundamentals of Coaching Course that has seen 76 participants complete the programme.

**Coming Soon...**  
HEIW all-Wales Leadership and Management Competency Framework



# Workforce Retention

## Two-Year Impact & Next Steps

### March 2026

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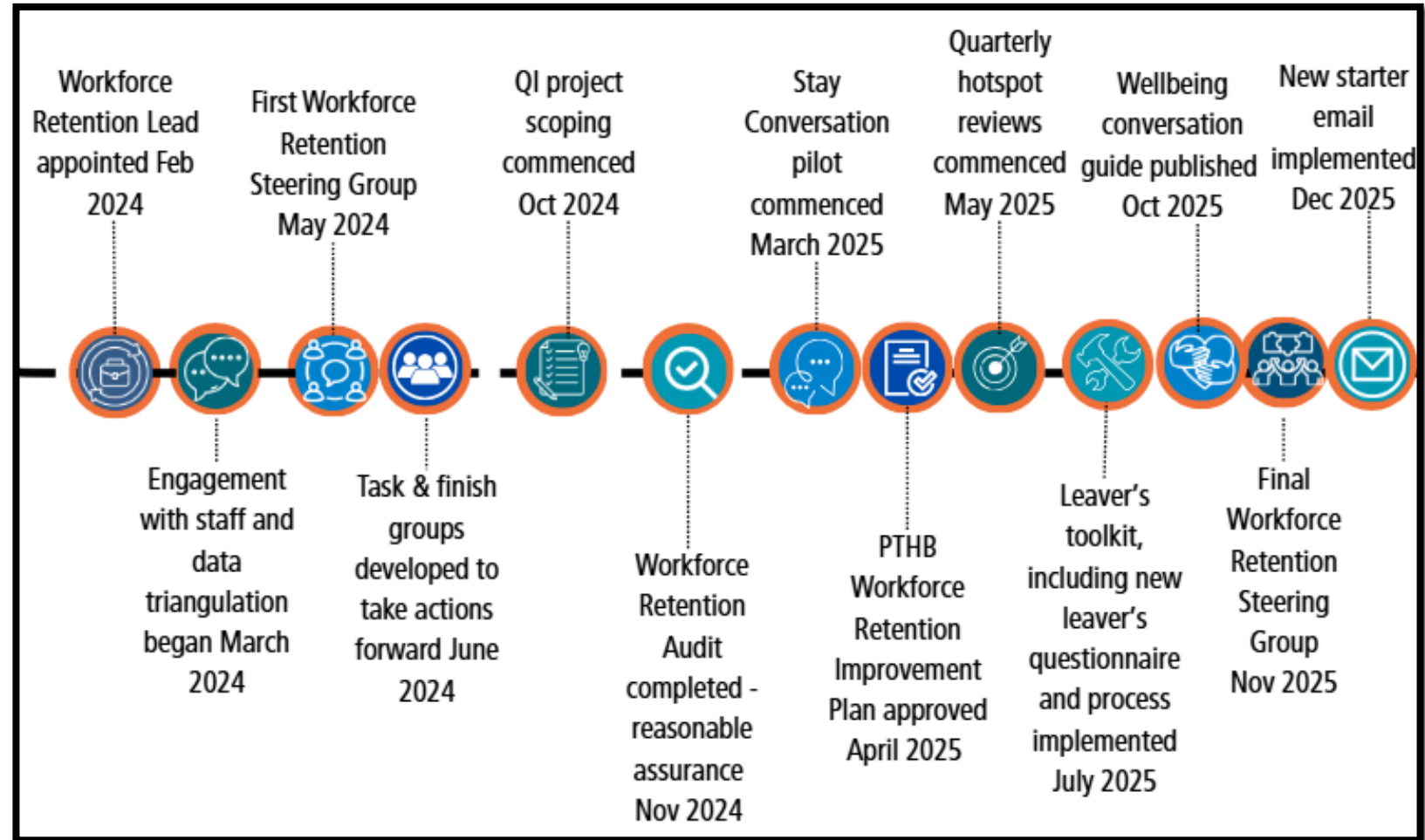


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# Background

- HEIW provided funding for a 'Workforce Retention Lead' role for 2 years – due to end March 2026
- The funding was provided on the condition that the role focussed on embedding HEIW's 'Nurse Retention Plan' into organisations.
- Whilst the role was to focus on Nurse Retention, in PTHB this was quickly expanded to cover the whole workforce.
- The first steps in the retention journey began with data analysis, a significant amount of staff engagement and the commencement of the 'Workforce Retention Steering Group'



# Summary of Key Outputs

- Development of local Workforce Retention Improvement Plan and progression of embedded actions
- Wellbeing conversation guide trial and development
- Development of buddying guidance
- Refresh of Workforce Retention SharePoint pages
- Stay Conversation guidance development and pilot
- Workforce Retention sessions delivered to managers (via Managers programme/team meetings etc.)
- Leaver's toolkit including new leaver's questionnaire developed and published
- Quality Improvement project focussed on reduction in number of reasons for leaving recorded as unknown/other completed
- Support provided to managers to explore data and trends in workforce data and staff survey
- Email support for managers on appointment of new employee
- Development of 'Looking to Progress in PTHB' resource
- Development of 'Further Education for Nurses and Midwives' resource

## Stay Conversations A Manager's Guide

### **\*\*NEW...Leavers Toolkit\*\***

1 min read

From the 1st July 2025, a new leavers toolkit has been made choose to leave their role or the organisation. The purpose is also helping us understand the reasons behind their departure.

Access the toolkit using this link: [Leavers Toolkit](#)

It can also be found on the People & Culture directorate, po

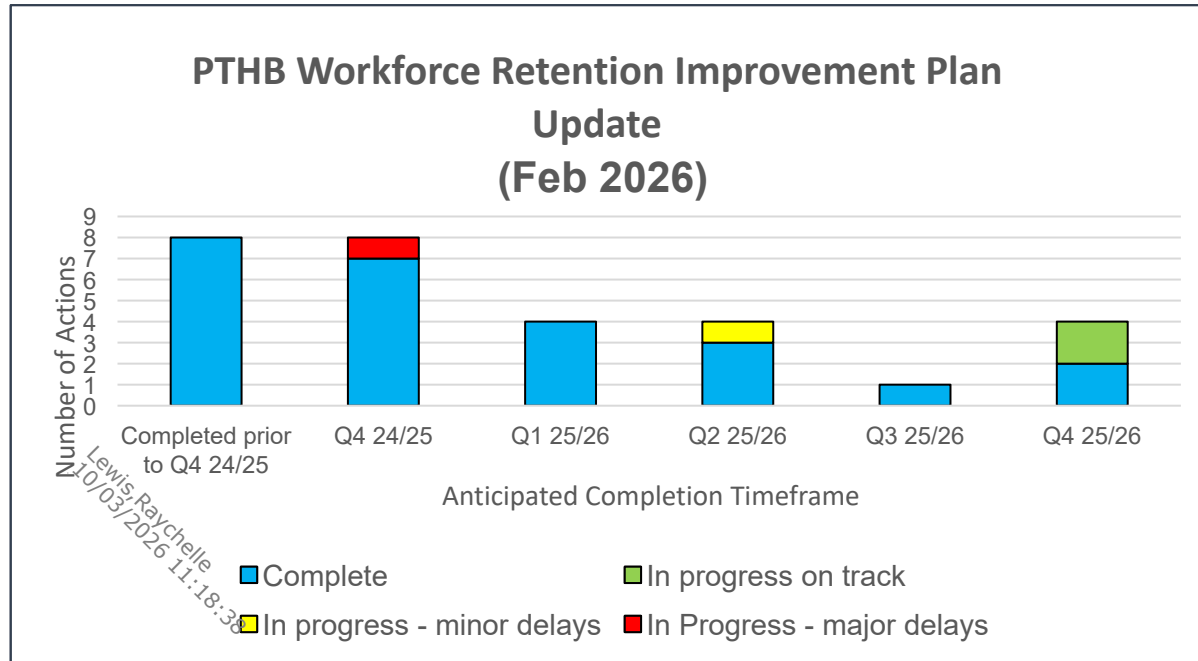


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# Workforce Retention Improvement Plan

The Workforce Retention Lead led the development of a Workforce Retention Improvement Plan specific to PTHB and reflective of the national nurse retention plan. This incorporated 29 actions, many of which are complete or in progress.



1 action with a minor delay: *Consider implementing initiatives that utilise a different approach to rostering to support flexible working i.e. a 12-week roster, self-rostering.*

- *Whilst 12-week rostering has proved successful in adult wards, we are currently producing resources to support teams to self-roster (anticipated by end of Q4)*

1 action with a major delay: *Organisations must provide protected time for preceptorship and clinical supervision.*

- *Whilst preceptorship is now mandated for newly qualified Nurses and offered to AHPs, implementation of restorative clinical supervision across the organisation has faced some issues which are under review by a steering group.*

# Workforce Retention Audit (Nov 2024)

In November 2024, an internal audit into staff retention in PTHB was completed.

The audit reported **reasonable assurance** overall. This showed the significant progress that had already been made with workforce retention, with the actionable outcomes already identified as priorities - All of which are now complete.

## Assurance summary<sup>1</sup>

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

## Report Opinion

Reasonable



Some matters require management attention in control design or compliance.

**Low to moderate impact** on residual risk exposure until resolved.

## Key Matters Arising

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

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# Outputs: Focus on Stay Conversation Pilot

A 'stay' conversation is a regular supportive dialogue between a manager and an employee, focussed on understanding what makes an employee happy in their role, but also what may make them think about leaving.

Following the development of manager guidance and a template question set, we carried out a relatively small trial of the resources: (17 staff members in 3 teams). We implemented a preliminary questionnaire, and this was repeated after 4-6 months. A 46% response rate from those who started trial, gave the following responses:

● Strongly disagree ● Disagree ● Neutral ● Agree ● Strongly agree

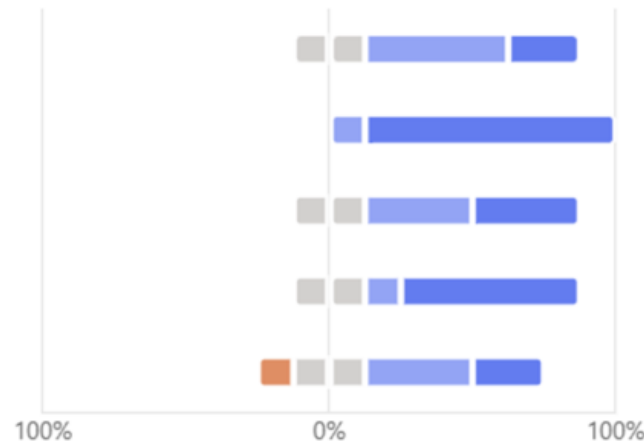
I feel valued at work

I feel supported by my manager

I feel satisfied in my work

I have a good work life balance

Having regular stay conversations has strengthened my decision to stay in PTHB for the foreseeable future



When asked what aspects of the tool worked well, managers responses included:

*'asking questions that might not typically arise in a 1:1 or PADR setting allowed us to uncover what truly matters to each team member'*

And

*'I found it prompted good conversation and gave the platform to explore the employee's current feeling towards their job'*

In the post 'Stay Conversation' questionnaire, **every question received a more positive response** and **62.5%** of respondents answered positively to the statement: having regular stay conversations had strengthened their decision to stay in PTHB for the foreseeable future.

Resources have now been shared with HEIW for use nationally and made available to PTHB colleagues via SharePoint

# Outputs: Leavers Toolkit and Leavers Questionnaire

## Leavers Toolkit:

Includes resources and guidance that support managers to appropriately 'off board' staff members who are moving teams or leaving PTHB. It includes:

- A checklist of actions – ensuring a smooth transition.
- Manager guidance for exit conversations – ensuring managers are equipped to ask questions that provide appropriate feedback.

If employee's have a positive 'off boarding' experience they may be more likely to return to PTHB in future.

## Leavers Questionnaire:

A new leavers questionnaire process was developed and the organisation moved away from the previous ESR process.

Benefits of the new process:

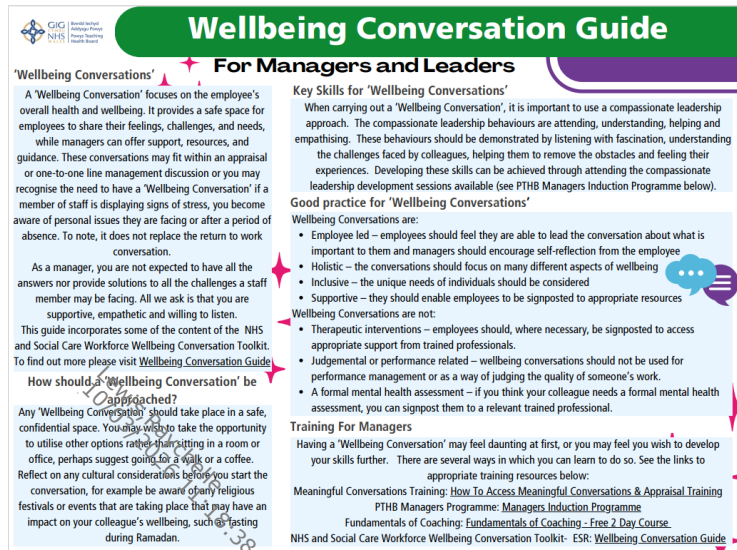
- The new process ensures a better understanding of the leaver's experience can be captured.
- Feedback is not anonymous and can be given to managers for the purpose learning and improvement.
- Employee's who move internally are also able to give feedback.
- Organisationally, we can better understand why staff leave PTHB and make purposeful improvements as a result.

We have received 30+ responses in the 6 months the questionnaire has been 'live'. We have put an automated process in place to email all external leavers to encourage completion but are still looking at ways to further increase completion rates.



# Outputs: Wellbeing Conversation Guide

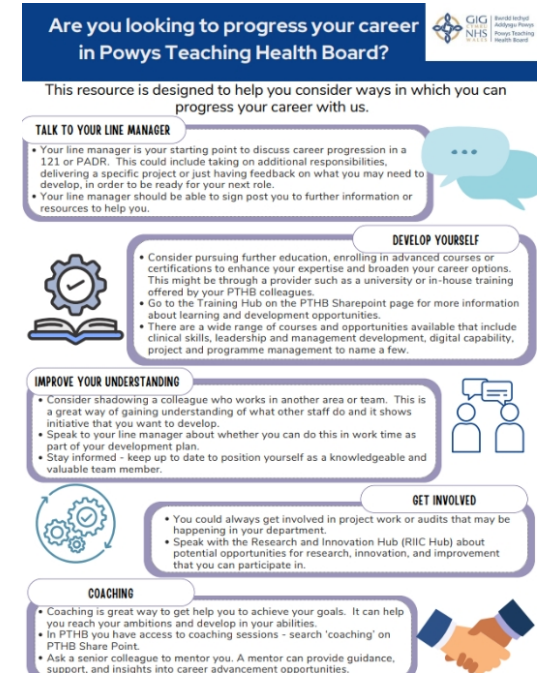
A small trial of a 'Wellbeing Conversation Guide for Managers' was completed. Managers indicated the guide was useful and increased their confidence in having wellbeing conversations. The guide has been made available on SharePoint and is referenced within the meaningful conversation training.



*'Excellent guide . I think we do a lot of it naturally but it's great for giving pointers when you are stuck or new to the role.'*

# Outputs: Development Resources

Engagement with staff indicated that support and guidance related to development would be beneficial.



This led to the creation of two resources designed to signpost colleagues to relevant information and provide guidance on the range of development opportunities available. These are available on SharePoint and 'Are you looking to progress in PTHB' has also been displayed in poster format across PTHB sites.

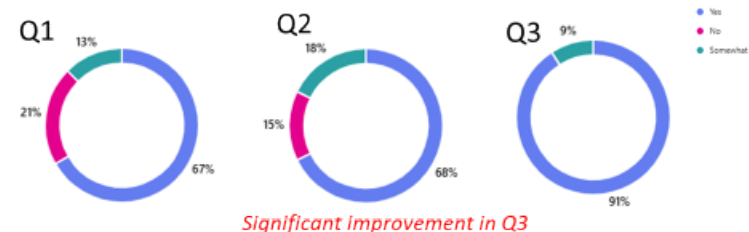
# Outputs: Manager Support – New Starter Onboarding Email

In May 2025, the Workforce Retention Steering group reviewed the data around colleagues leaving within two years and identified actions to improve retention.

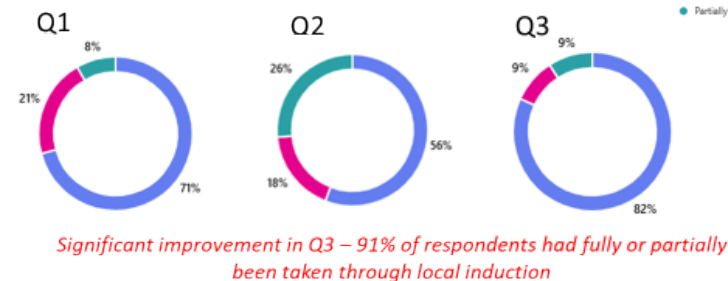
Onboarding and induction were recognised as key. To support managers who lead these processes, recruitment and retention colleagues created a single resource email sent at the point of appointment to managers. This email contains a range of information to ensure managers have been as proactive as possible when planning the on-boarding journey for their new starter. NWSSP agreed to issue this pre-set email together with existing documents, and the new process began in Q3 2025/26.

The new starter survey outcomes below illustrate the contribution this resource has made to more effective onboarding:

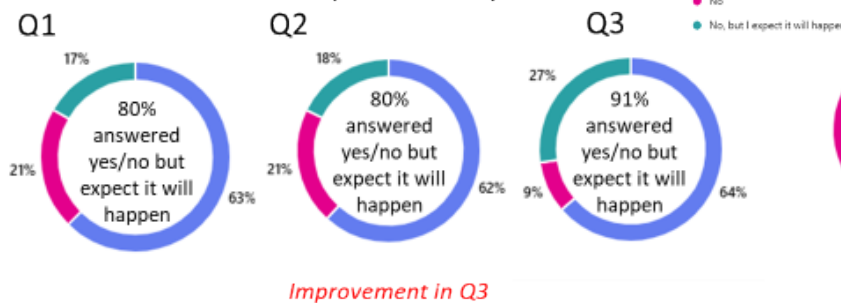
Were you provided with all the equipment you needed to do your role in a timely manner? i.e. uniform/IT equipment



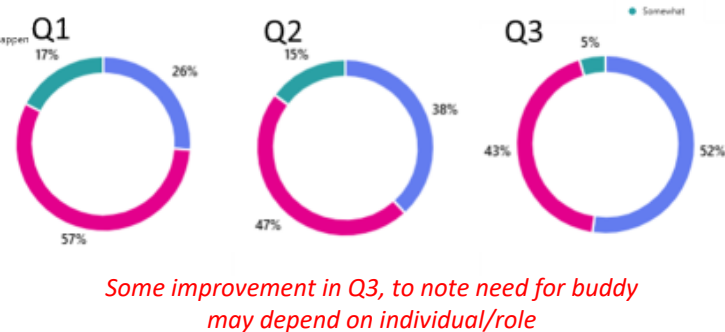
Were you taken through PTHB induction checklist?



Have you had a PADR or do you have one booked for the near future to discuss your development needs?



Were you allocated a workplace buddy?



Following these results, in Q4, 'buddying' has been further promoted.



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# Outputs: Focus on Improving Workforce Retention Awareness

Over the past 2 years the Workforce Retention Lead has been successful in improving the focus on workforce retention. This has been achieved through:

- Attendance at over 40 meetings (approx. 130 contacts) with managers across the organisation to present on workforce retention data/initiatives/issues
- Attendance at wellbeing roadshows
- Attendance at wellbeing roadruns
- Development of Workforce Retention Steering Group and related task and finish groups
- Presenting to managers on PTHB Managers Programme
- Presenting at and attending the Ward Managers Programme
- Presenting at the District Nurse forum
- Presentation to the Therapies and Health Science Heads of Service
- Regular attendance and presentation of data at Professional Nurse Midwifery Oversight Group
- Regular attendance and presentation of a standing agenda item at 'chat to change'
- Presenting at PTHB Staff Briefing
- Several visits to PTHB sites

These ongoing conversations with managers and employees have helped to reinforce the importance of workforce retention and staff experience across the organisation, ensuring the topic remains visible and actively considered, while also supporting managers to reflect on their workforce data, better understand the factors influencing retention and identify areas for improvement.

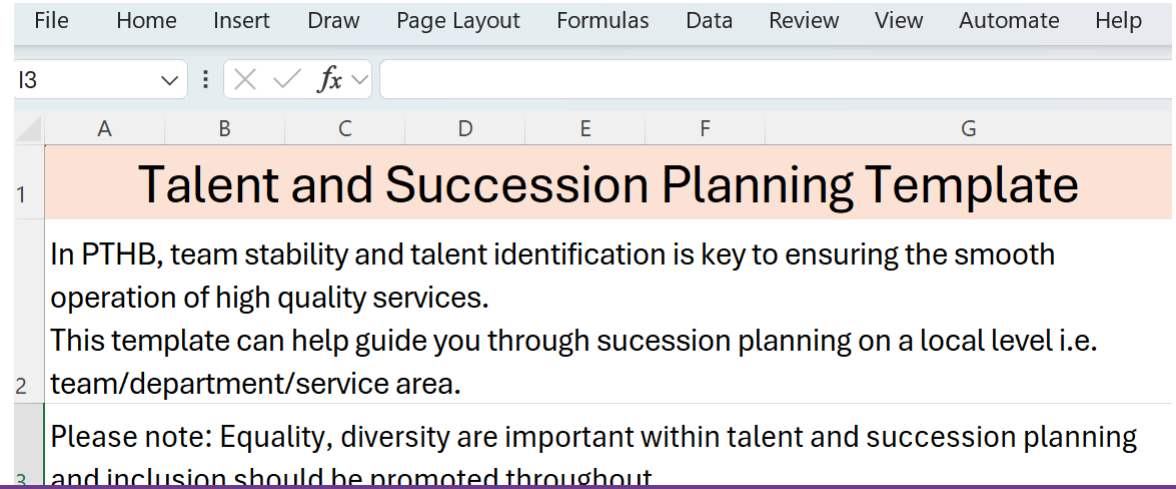


# Outputs: Focus on Talent & Succession Framework

Talent management and succession planning is key to ensuring future workforce sustainability in PTHB.

Whilst HEIW have created organisational resources, we have created a local framework and video guidance to support managers to undertake talent management and succession planning; identifying critical roles that may be a single point of failure.

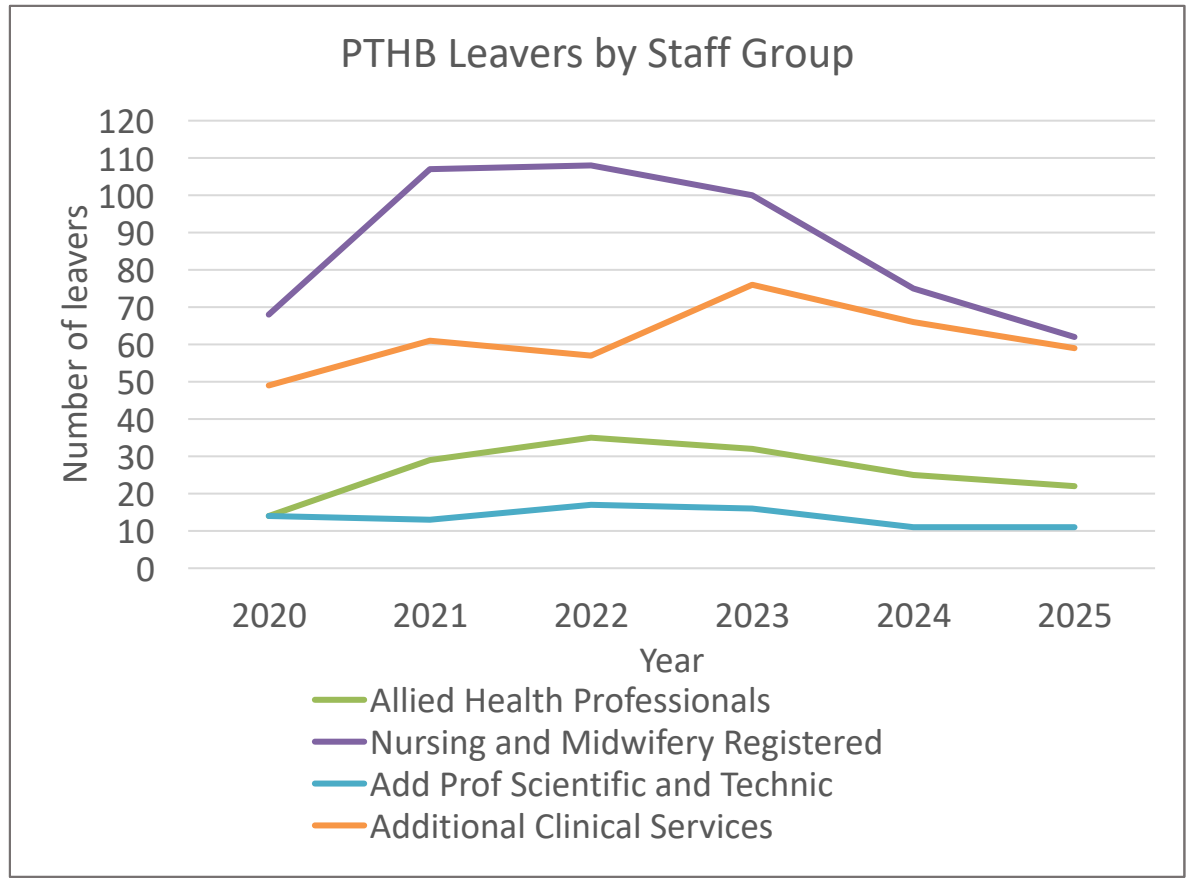
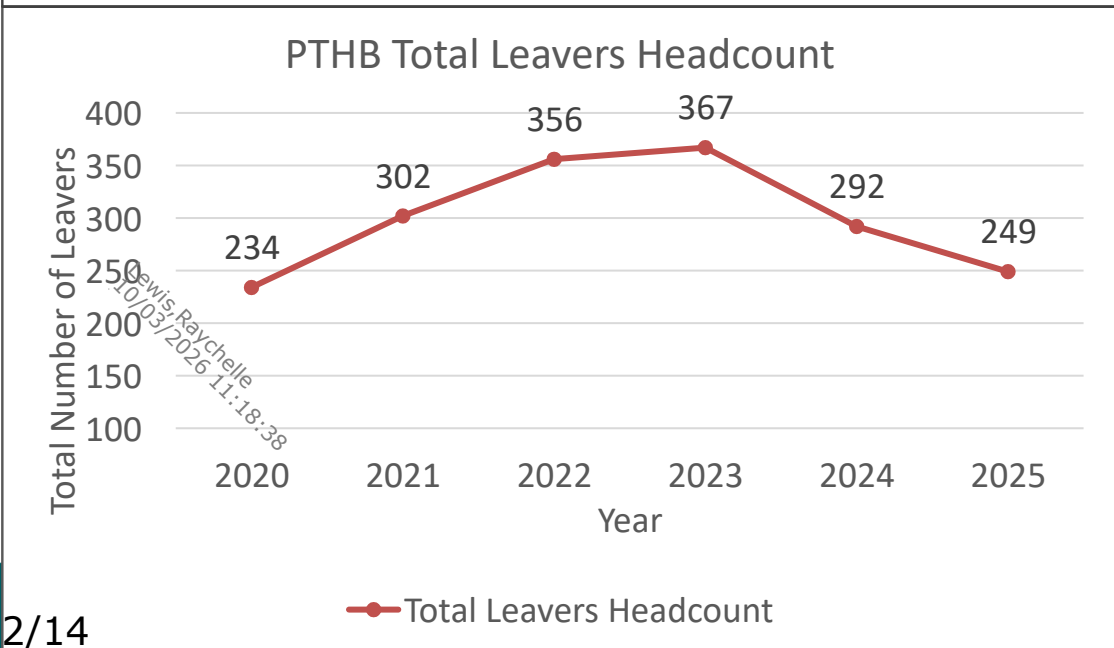
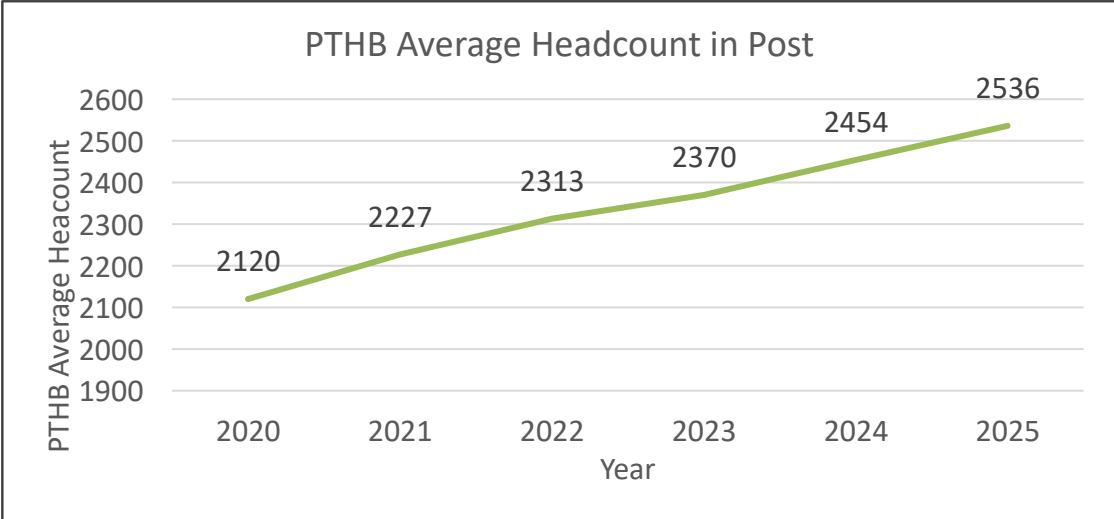
The tool has been trialled and will be made available to PTHB managers in the coming months.



**Talent Management:**  
Talent management is the approach taken to attract, identify, develop, engage, and retain individuals to ensure

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# Impact: Focus on Turnover



Whilst the average organisational headcount has increased in PTHB, the number of staff leaving PTHB has reduced since the workforce retention programme began, 118 less staff left PTHB in 2025 compared with 2023 (pre retention programme).

# Impact: Focus on Staff Survey

2024 staff survey began to show positive trends towards staff retention:

Question	Year	Positive responses (%)	Positive responses (%) - NHS Wales average	Negative responses (%)
24a) I am satisfied in my current role and intend to remain in it for the foreseeable future.	2023	58.5%	56.5%	18.6%
	2024	62.2%	57.1%	17.4%
24b) I often think about leaving this organisation.	2023	48.5%	47.0%	27.1%
	2024	52.2%	48.4%	24.5%
24c) I will probably look for a job at a new organisation in the next 12 months.	2023	51.2%	53.0%	21.3%
	2024	57.8%	56.0%	18.6%
24d) As soon as I can find another job, I will leave this organisation.	2023	61.3%	61.1%	14.1%
	2024	66.3%	63.9%	11.9%

24a – 3.7% increase in staff who state they will remain in their role – nearly 5% higher than NHS Wales average

24b – 3.7 % increase in staff stating they are not thinking about leaving – 3.8% higher than the NHS Wales average.

24c – 57.8% staff said they weren't planning to look for a new job in next 12 months – 6.6% higher than last year, again higher than NHS Wales average

24d – 5% more staff than last year disagreed that they are looking to leave immediately; this equates to 66.3% which again is higher than NHS Wales average.

2025 Staff Survey results will be published shortly and provide further indication of progress made.

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# Workforce Retention in 2026 and Beyond

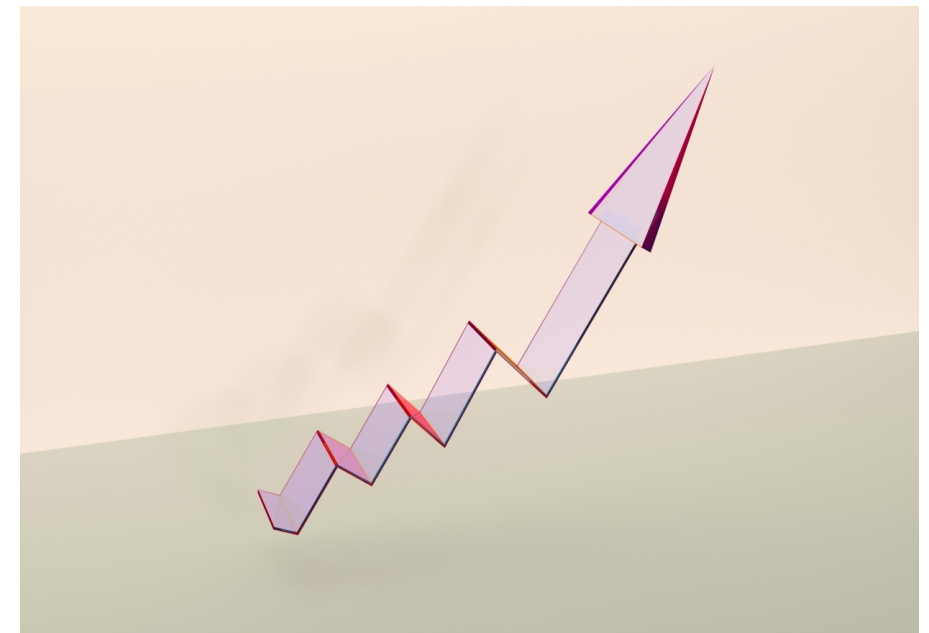
The current HEIW funding for the Workforce Retention Lead post is due to conclude on 31 March 2026, with no indication at present of further extension.

To maintain the progress achieved over the last two years, workforce retention activity will need to transition from a funded, discrete programme into Business-as-Usual delivery.

Going forward, this will involve:

- Embedding key retention approaches, tools and processes within existing workforce and operational teams.
- Distributing ownership of ongoing improvement activity across the organisation to ensure continuity and sustainability.
- Maintaining a clear focus on retention outcomes through existing governance structures to avoid loss of momentum.
- Leveraging learning, data and resources developed through the funded period to strengthen BAU practice and support future improvement.

This approach ensures the organisation continues to strengthen workforce retention despite the funding coming to an end, safeguarding the value and impact delivered to date.



# People & Culture Committee

## Theme 4 – Equality, Diversity and Inclusion & Welsh Language

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Health Board



<b>Subject:</b>	Equality, Diversity and Inclusion & Welsh Language
<b>Approved and Presented by:</b>	Debra Wood-Lawson, Executive Director People, Culture & Transformation
<b>Authors:</b>	Head of People: Business Partnering and EDI Service Lead
<b>Purpose:</b>	To provide an update on progress against the Health Board Strategic Equality Plan and Welsh in Healthcare Strategy objectives
<b>Recommendations:</b>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>• <b>REVIEW</b> the information provided in the update;</li> <li>• Take <b>ASSURANCE</b> of delivery against the plan.</li> </ul>
<b>Executive Summary:</b>	<p>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 'Equalities, Diversity and Inclusion &amp; Welsh Language' priority.</p>

# **Objective 1: As part of Better Together, we will design and develop our services according to the principle of providing services as close as possible to people's homes, decentralising services, using online technologies and other approaches to avoid needing to send patients out of county where possible**

As the Better Together Portfolio gathers momentum, we continue to establish strong working partnerships across health and social care, and the voluntary, community and social enterprise sectors. These collaborations enable us to work collectively to deliver shared priorities, improve outcomes and experiences for the population of Powys, and strengthen our combined workforce. A consistent focus remains on delivering care closer to home, ensuring more people can access treatment within the county and reducing reliance on out-of-county services. Key areas of progress to date include:

- Strengthening of the frailty pathway through the agreed Level 2 community-based falls response model, delivered via community teams and aligned to the planned Single Point of Access (SPOA) for urgent and emergency care. This integrated approach supports earlier intervention closer to home, reduces unnecessary ambulance conveyances, and helps ease demand on out-of-county emergency departments.
- Commissioning of external GIRFT expertise to undertake a proactive review of diagnostics and planned care service models. This work is helping us ensure teams have the right mix of skills and capacity to meet the needs of Powys' rural population, with continued emphasis on prevention and early intervention.
- Improved clinical resilience in community-facing services, supported by the introduction of orthopaedic triage (September 2025), expanded consultant leadership in ophthalmology and anaesthetics, and recruitment to key specialist roles.
- Strengthened diagnostics and planned care capability, including improved RTT performance, enhanced endoscopy leadership, and the introduction of improved theatre processes, contributing to a more resilient system surrounding primary and community care.



# Objective 2: Work to address known health inequalities within our population and take steps to identify and address others (Public Health Team)

## Population Health Strategic Framework

- The Director of Public Health's Annual Report 2025 "Preventing the preventable: Population Health Strategic Framework for Powys 2025-35" was approved by Board in September. It is informing PTHB's Annual Plan development 2026/27 for a prevention approach at population level, highlighting health inequities and the actions required to support all people to live healthier, longer lives.

## Vaccinations

- The Powys Vaccination Equity Strategic Plan is being implemented. Equity and access is regularly reviewed and monitored as part of the planning and delivery of vaccinations. Data is used to identify where there is low uptake in the eligible population. Plans are adapted to respond as necessary, for example, providing late evening and weekend clinics to increase access, offering mop-up clinics for flu and school-age flu for those that missed appointments.
- A Powys Teenage Immunisation Improvement Plan has been developed and includes actions on reducing inequalities in vaccination. Catch-up programmes for teenage immunisations and MMR vaccination were offered during summer 2025.
- Head of Service is part of the GP Unified Contract Assurance Framework Group – Vaccination uptake data is reviewed and actions agreed with the GP practice on improving uptake in their locality.

## Stop Smoking support

- Targeted work is being undertaken by the Powys Stop Smoking Team in areas of deprivation (where smoking prevalence is generally higher), providing group support and community clinics, working with pharmacies and other health services, and Smoking Cessation Champions
- Text message project with GP Practices, sending personal invites to smokers to make a quit attempt and offering support from the Powys Stop Smoking Team.

## Health & Wellbeing Promoting Schools Programme and Healthy and Sustainable Preschools Scheme

- Schools in deprived areas received targeted support around health and wellbeing, including workshops on cooking and on the harms of vaping.
- Targeted work with Flying Start early years settings include: support to implement the NYTH/NEST framework for children and young people's mental health and wellbeing; facilitating food and nutrition training; rollout of the Gold Standard Healthy Snack Award.

## Whole System Approach to Healthy Weight

- Breastfeeding rates tends to be lower in more deprived populations. The Powys Breastfeeding Welcome scheme was introduced to support mothers to feel confident when breastfeeding out and about. Starting in the more deprived areas of Ystradgynlais and Newtown, over 340 setting have signed up to date. Information about the scheme is included in PTHB staff induction, manager training and in equality training. PTHB achieved Stage 1 UNICEF Baby Friendly Initiative in July 2025.
- Building on earlier stakeholder engagement, insight has been undertaken with families to understand the local barriers and challenges to accessing affordable and healthy food to inform priorities for action.

## Health Protection – reducing the risk and impact of communicable disease

- Proactive prevention work undertaken with vulnerable/underserved individuals, groups and settings. For our elderly, vulnerable population this includes the development of the Powys Care Homes Health Protection Champions programme.
- Responding to outbreaks, limiting onward transmission and supporting recovery, providing a timely outbreak response and targeted advice in high-risk or closed settings.
- Preventative health promotion work has a focus on vulnerable/underserved individuals, groups, and settings to ensure equitable prevention measures through the Farming Fit programme.
- Blood Borne Virus (BBV) outreach work across Powys, but targeting areas of higher deprivation, probation, substance users and housing association, using intelligence and data to inform action.



## Objective 3: Improve access to our services and sites for individuals whose needs are different from others.

- Convo, formerly SignLive, now enables BSL users to access all Powys Health Board telephone lines equally to hearing callers. During this year we also expanded its availability to all primary care providers within the Health Board area; this means that Powys now has the best coverage in Wales for this kind of service. This has been recognised with positive news coverage in the local press e.g. Powys County Times.
- Portable hearing loops and digital listeners were deployed across all Health Board sites with staff trained to support patients effectively.
- Following the introduction of the Accessible Communication and Information Standards in late 2025, a new area of the intranet is being developed to showcase the standards and consolidate information and guidance around accessibility.



Use the Sign Live app to connect with an interpreter who will relay the call to us



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# Objective 4: Ensure that Powys Teaching Healthboard is an employer of choice for individuals with diverse needs.

Progress this year

- **Disability Confident:** Powys Teaching Health Board has now obtained "Disability Confident Employer", Level 2 of the UK's Disability Confident scheme. As part of the scheme the organisation was required to carry out a self-assessment against a number of benchmarks and provide evidence of our work to ensure that Disabled employees are able to work without disadvantage at Powys Teaching Health Board.
- **Hate Crime Charter:** In 2025-26 the Health Board became signatories to the Hate Crime Charter to signal our zero-tolerance approach to Hate Crime. This is being accompanied by the rollout of information posters to assist staff with reporting Hate Crime as well as training sessions on a variety of subjects related to Hate Crime.
- **Reverse Mentoring Programme 2025-26:** Following its successful introduction last year the scheme has been run again for the second year, providing staff with the opportunity to mentor a more senior employee, thus providing them with a unique opportunity to learn about the issues and experiences facing staff.
- **BME Staff Network:** Work to engage and grow this group has been ongoing and a number of meetings have been held. Although membership and numbers remain an issue it has been possible to carry out useful work, for example provide feedback to internal Audit on the Health Board's Anti-Racism work, develop staff stories and provide feedback and improvements to internal training programs. Work is continuing to explore ways of promoting and growing this group.



## **Objectives 5 : Improve the health board's ability to accommodate the religious needs of its staff and patients.**

- Work is underway to enable Multi-faith provision at two Health Board sites, namely Claerwen Ward at Llandrindod War Memorial Hospital and as part of the refurbishment of the Chapel at Bronllys Hospital. These developments, once realised, will entail the explicit provision of multi-faith worship/prayer space on PTHB sites for the first time.
- Chaplaincy Provision has been discussed with inpatient wards and the need to ensure adequate provision emphasised; Outpatient teams have been encouraged to provide Chaplaincy information in a readily accessible location within their sites.

## **Objective 6 : We will develop an organisational culture that is inclusive and supportive of all our staff, and has a zero-tolerance approach to the harassment of staff by patients or others, including sexual harassment.**

- Continued promotion of the health boards speaking up safely framework
- Members of the BME network have been invited to contribute to the revision of local training (mirroring an invitation previously extended to the Neurodivergent staff network), ensuring that our local training reflects the needs and concerns of this important staff group.
- Hate Crime Charter signatory and promotion.
- Implementation of the NHS Wales Anti-Sexual Harassment Policy. Alongside this, a local working group has been stood up to develop our communication, training and risk assessment approach.

## \* Objective 7 : ensure that our feedback mechanisms collect the views of staff and patients of all groups

- The ongoing Reverse Mentoring (see above) and Patient/Staff Stories programs provide an opportunity for Senior Staff to reflect on the experiences of Patients and Staff from a Diverse variety of backgrounds. Among the staff stories being prepared for this financial year is one from a member of staff who was educated internationally, describing their experiences of coming to Wales.
- The PTHB Engagement Team have completed training sessions with the Equality Team to assist with their work engaging with different patient groups across the health board community.
- The Patient Experience team have been rolling out versions of their Patient Experience survey in additional languages (besides Welsh and English). It is the intention to expand this to BSL and Audio version in the future.

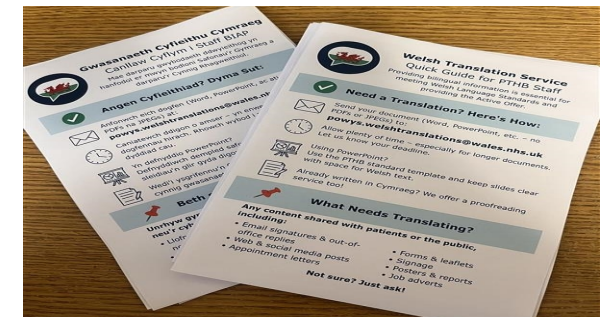
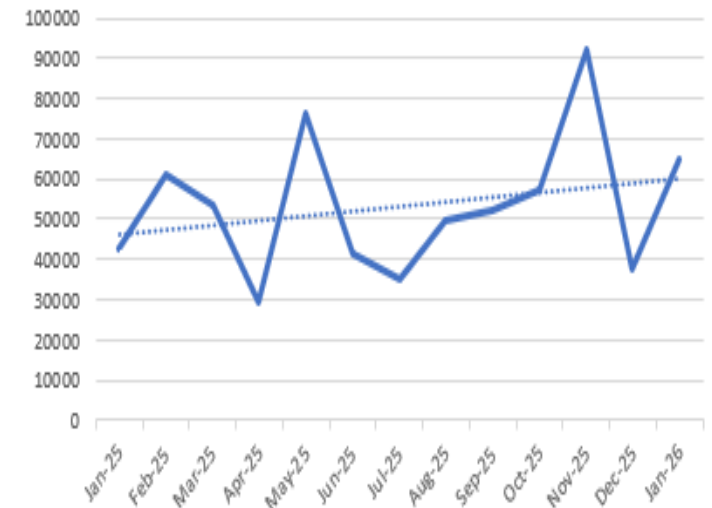
## Objective 8: PTHB Anti-Racist Action Plan.

- A full review of progression and recruitment policies was completed within the year's timeframe, and the new guidance published on Sharepoint includes numerous recommendations to ensure fairness, objectivity
- The organisation began capturing flexible working requests and reducing unknown ethnicity records.
- We carried out a deep-dive into the relationship between ethnicity and career progression which identified the need for local qualitative research in this area.
- We have been delivering internal training on cognitive and unconscious bias with four sessions delivered to 36 staff as of February 2026.
- An ongoing programme of lived-experience equality events (Equality Week, Refugee Week, Black History Month).
- Ethnicity data completeness remained above 90% thanks to continued targeting.

# Welsh Language Standards (Compliance)

- Worked to advise on the design and implementation of a Telephony infrastructure and protocol enabling incoming calls to the Health Board to be handled in Welsh (originally the subject of a Commissioner investigation in 2024). Incoming callers are now asked to choose their language, visible to the call handler; digital teams are building infrastructure to enable calls to be redirected to a different site to ensure a Welsh speaker is able to take the call (Standards 8, 9, & 10).
- Upgraded our translation software using the latest AI-assisted Translation Memory technology. Although this has increased the monthly costs compared to the software licence previously used by the team it has so far increased capacity by approximately 25%, ending the use of external freelancers for Welsh (making the upgrade cost-neutral) and enabled us to begin the translation of more internal documents such as policies (Standard 82).
- We have shared and distributed Translation Guidance to ensure staff know what materials need to be made available for use in Welsh, and to whom.
- As of February 2026 we have delivered two Welsh for managers sessions on the Managers training program to a total of 16 management level staff in PTHB. This session, unique to PTHB, has coincided with an increase in the visibility of Welsh materials (Standards 34, 111 and 112) from our informal internal surveys.

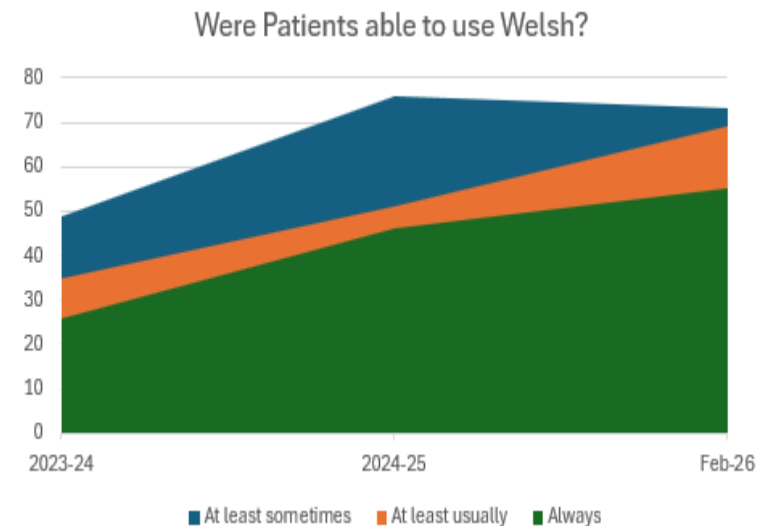
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# Welsh in Healthcare (Delivery)

- The upgrade to our translation has enabled us to begin the translation of non-compliance internal documents like the organisational newsletter “Team Focus” and Silvercloud modules, increasing the provision of these services to users in Welsh.
- Relunched the internal Welsh Language newsletter and resumed team attendance at Workforce Roadshows (both paused in November 2024 due to staff absence).
- Continued to frequently promote training opportunities, including targeted promotion at staff located in the Western part of the county, at staff with moderate levels of Welsh language ability, and at the More than Just Words priority professional fields; and continued to deliver training sessions on Welsh for managers and for Welsh in primary care. 42 members of staff have already completed some kind of Welsh learning (not including Awareness or Managers training) in this financial year which has already beaten the previous record of 38.
- Promoted and/or organised communications and events to mark Dydd Miwsig Cymru and Diwrnod Defnyddia dy Gymraeg as well as sessions on LGBTQ+ Terminology in Cymraeg, Welsh Speaking Support Scheme (Siarad), Wythnos y Gymraeg (PHW), Welsh Pharmacy Network introduction & Residential courses.
- Contributed to All-Wales projects on data collection and Eisteddfod planning.

**Civica Returns:** Patients asked variations on “Were you able to use the Welsh language (if you wanted to) during your treatment?” – these indicators have shown steady improvement over the period.



# Looking Ahead

Priorities for next year:

- Continue to review the religious provision and strengthen our guidance in this area, being proactive in seeking opportunities to continue to extend the availability of multifaith rooms.
- Carry out qualitative research on the experiences of our BME Staff.
- Review the BME Network with a view to maximising participation.
- Sample review of patient documentation with regards to accessibility.
- Aim to achieve Disability Leader Status
- Consider opportunities to review our approach to measuring success, how can we better benchmark and track progress.
- Developments are anticipated in relation to EHRC guidance (awaiting government approved) linked to the supreme court ruling regarding sex and gender which we will review in terms of application locally

Welsh:

- Ensure completion of telephony upgrades.
- Review the set up of WL service leads group
- Review vacancy assessment approach
- Prepare a Welsh in Primary Care Policy / incorporate this into existing Policy (Standard 78).
- Aim to meet interim 3-year targets in Welsh in Healthcare Strategy



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**Agenda item: 5.5**

**People and Culture Committee**

<b>Subject:</b>	People and Culture Committee Terms of Reference
<b>Approved and presented by:</b>	Helen Bushell, Director of Corporate Governance and Board Secretary
<b>Prepared by:</b>	Deputy Board Secretary
<b>Other Committees and meetings considered at:</b>	N/A

**PURPOSE:**

The purpose of this paper is for the Committee to consider the Terms of Reference of the People and Culture Committee in order to ensure that they remain fit for purpose.

**RECOMMENDATION(S):**

The Committee is asked to:

- **ENDORSE** the proposed amendments to the Terms of Reference
- **IDENTIFY** any further potential amendments
- **AGREE** that the Chair of the Committee and Director of Corporate Governance will finalise the revised Terms of Reference for presentation to the Board in May 2026 for approval.

Approve/Take Assurance	Discuss	Note
Y	Y	

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

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

**EXECUTIVE SUMMARY:**

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

The existing Terms of Reference (May 2024), have been reviewed and proposed amendments have been made utilising tracked changes. The proposed draft Terms of Reference for the People and Culture Committee is attached as Appendix A.

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

The Chair of the Committee and Director of Corporate Governance will take forward any recommendations and/or final amendments to the Board in May 2026 to take effect into 2026/27.

Following fundamental review in 2024/25 **there are no material changes suggested to the Terms of Reference at this time.** The document has however undergone general tidying up to ensure correct formatting, job titles etc. Any suggested amendments from Committee Members are welcome and will be actioned by the Committee Chair and Director of Corporate Governance as appropriate.

**NEXT STEPS:**

The Chair of the Committee and Director of Corporate Governance will take forward any recommendations to the Board in May 2026 to take effect into 2026/27.

**APPENDICES**

- a. People and Culture Committee Terms of Reference (Draft May 2026)



# People and Culture Committee

## Terms of Reference & Operating Arrangements

**Draft May 2026**

## 1. INTRODUCTION

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

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

- 1.2 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **People and Culture Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.

## 2. PURPOSE

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

## 3. DELEGATED POWERS AND AUTHORITY

- 3.1 The Committee will, in respect of its provision of advice and

assurance to the Board:

**Culture and Values:**

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

**Organisational Development & Capacity:**

- a) Seek assurance on the implementation of the Board’s Organisational Development Strategic Framework; Seek assurance that the systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:
  - strategic approach to growing the capacity of the workforce;
  - analysis and use of sound workforce, employment and demographic intelligence;
  - the planning of current and future workforce capacity;
  - effective recruitment and retention;
  - new models of care and roles;
  - agile working;
  - identification of urgent capacity problems and their resolution
  - continuous development of personal and professional skills;
  - talent management
- b) Seek assurance on the Health Board’s plans for ensuring the development of leadership and management capacity, including the

- Health Board's approach to succession planning;
- c) Seek assurance that workforce and organisational development plans, including those developed with strategic partners, are informed by the Sustainable Development Principle as defined by the Well-being of Future Generations (Wales) Act 2015.

**Performance Reporting:**

- a) Seek assurances that governance (including risk management) arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legal and safe workforce practices, processes and procedures.
- b) Scrutinise workforce and organisational development performance issues and key performance indicators and the associated plans to deliver against these requirements, achieved by establishing a succinct set of key performance and progress measures (in the form a performance dashboard) relating to the full purpose and function of the Committee, including:
- The Health Board's strategic priorities relating to people;
  - organisational culture;
  - strategies to promote and protect staff Health & Wellbeing;
  - workforce utilisation and sustainability;
  - recruitment, retention and absence management strategies;
  - strategic communications;
  - workforce planning;
  - plans regarding staff recruitment, retention and remuneration;
  - succession planning and talent management;
  - staff appraisal and performance management;
  - Training, development and education; and
  - Management & leadership capacity programmes.
- c) Seek assurance on the implementation of those strategic plans developed in partnership which related to workforce and culture, including the Workforce Futures Strategic Framework.
- d) Seek assurance on the implementation of the Health Board's transformation workstreams such as the Better Together Portfolio Board as relevant to people, organisational development or any other areas within the Committees remit;
- e) Ensure there is an effective system in place to consider and respond in a timely manner to workforce and organisational development performance audits received across the organisation and an effective system in place to monitor progress on actions resulting from such audits.
- f) Monitor and scrutinise relevant internal and external audit reports,

management responses to action plans.

- 3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Management of Policies and Other Written Control Documents Policy and Scheme of Delegation and Reservation of Powers.
- 3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the [Strategic and Committee Risk Registers](#).

### **Statutory Compliance:**

- 3.4 Seek assurance, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including:
- Equality & Diversity Legislation
  - Welsh Language Standards
  - Consultation on Organisational Change
  - Mandatory and Statutory Training

### **Authority**

- 3.5 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. The Committee may seek any relevant information from any:
- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
  - any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.
- 3.6 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

### **Access**

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- 3.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 3.8 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

**Sub Committees**

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

**Committee Programme of Work**

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

**4. MEMBERSHIP**

**Members**

4.1 Membership will comprise:

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

Additional Independent Members of the Board may be appointed if required.

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

**Attendees**

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

People and Culture Committee: Terms of Reference

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

#### 4.3 By invitation:

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

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

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

### **Secretariat**

4.4 The secretariat for the Committee will be provided by the Corporate Governance Team.

### **Member Appointments**

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

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

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

## **Support to Committee Members**

- 4.8 The Director of Corporate Governance/Board Secretary, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
  - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

## **5. COMMITTEE MEETINGS**

### **Quorum**

- 5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

### **Frequency of Meetings**

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than four times a year, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

### **Openness and Transparency**

- 5.5 Section 3.1 of PTHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
  - meetings to be held virtually with opportunities extended to the public to observe meetings held virtually on request;

- issue an annual programme of meetings (including timings and venues) and its annual programme of business;
- publish agendas and papers on the Health Board's website in advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read;
- where appropriate items may be included as 'consent' items (item that do not require discussion or debate either because they are routine or have already been unanimously agreed. A Consent Agenda allows the committee to approve all these items together without discussion which can free up the meeting for more substantial discussion. When using a Consent Agenda, the Chair will invite members to request a discussion on any item on the Consent Agenda. If a request is made this item will move onto the Main Agenda for discussion); and
- through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

### **Withdrawal of individuals in attendance**

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

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

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

## **Other meeting arrangements**

5.7 Committee meetings will be held via virtual means unless otherwise specified.

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

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

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to people and culture. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

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

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

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

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

## **7. REPORTING AND ASSURANCE ARRANGEMENTS**

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board

on the Committee's activities. This includes verbal updates on activity, and the submission of written assurance reports;

- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Chair of PTHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

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

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

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

## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

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

- Quorum

## **9. CHAIR'S ACTION ON URGENT MATTERS**

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

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

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

## **10. REVIEW**

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair or Director of Corporate Governance will report any changes to the Board, for approval.
-



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**Agenda item: 5.6**

<b>People and Culture Committee</b>	<b>Date: 05 March 2026</b>
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<b>Subject:</b>	<b>Committee Effectiveness: Continuous Development Plan 2025-26</b>
<b>Approved and presented by:</b>	Helen Bushell, Director of Corporate Governance
<b>Prepared by:</b>	Deputy Board Secretary
<b>Other Committees and meetings considered at:</b>	Committee Effectiveness report considered at earlier Committee meetings in 2025.
<b>Appendices:</b>	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 Committee wide and P&C specific Continuous Development Plan 2025-26 and
- b. **TAKE ASSURANCE** that the implementation of continuous development actions has been 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 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) has been 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 actions still under implementation as of February 2026 and will consider how these are fed into the continuous development processes for 2026/27.

## 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	Underway	Integrated into review of Committee Work programme for 2026-27 as in development as of Q4.
Committee Agenda Focus (Quality Planning: QMS)	Apply risk-based approach to planning agendas, prioritising high-	DCG/Committee Chairs	Q1	Complete	Prioritisation is undertaken as part of the agenda setting process, this is aligned to SRR, CRR, ORR and BAF process.

	risk/high-impact items				
Training & Induction	Develop induction information and training needs analysis for each Committee	Governance Team	Q4	Complete	ARAC induction pilot held in September 2025, further schedule to be considered for 2026/27.
Integration of Risk	Incorporate risk lens in committee discussions and papers	Governance Team	Ongoing	Underway	Committee risk register a core agenda item at every committee.  Review of Committee Paper template underway with consideration of how to best integrate risk appetite levels into cover reports.

## 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	Complete	Time has been created within the work programme and therefore agendas for relevant deep dives / topic areas.
'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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**Agenda item: 5.7**

**People and Culture Committee** **Date: 05 March 2026**

<b>Subject:</b>	<b>Committee Risk Register</b>
<b>Approved and presented by:</b>	Helen Bushell, Director of Corporate Governance
<b>Prepared by:</b>	Corporate Governance Officer
<b>Other Committees and meetings considered at:</b>	Board – 26 November 2025
<b>Appendices:</b>	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 version of the Committee Risk Register is based upon the updates provided by Executive Leads in October 2025 and presented to the Board on 26 November 2025. This update was previously received and discussed by the Committee on 09 December 2025.

**RECOMMENDATION(S):**

The Committee is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	Y	X

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

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

6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

**COMMITTEE RISK REGISTER**

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

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

**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 – 5 March 2026

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### STRATEGIC RISK DASHBOARD

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

**KEY:**


Executive Lead	
<i>EDP&amp;C</i>	Executive Director of People and Culture
Trend	
<b>*</b>	<b>New risk</b>
<b>➔</b>	<b>Risk score unchanged since last report</b>
<b>↓</b>	<b>Risk score decreased since last report</b>
<b>↑</b>	<b>Risk score increased since last report</b>

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### RISK HEAT MAP

<b>Almost certain</b> 5					
<b>Likely</b> 4				<b>SRR 006 – Workforce</b>	
<b>Possible</b> 3					
<b>Unlikely</b> 2					
<b>Rare</b> 1					
<b>LIKELIHOOD X IMPACT</b>	<b>Insignificant</b> 1	<b>Minor</b> 2	<b>Moderate</b> 3	<b>Major</b> 4	<b>Catastrophic</b> 5

SRR 006  
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There is a risk that the Health Board is unable to recruit and retain an appropriate workforce

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

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<b>Controls (What are we currently doing about the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
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	Workforce performance reports produced routinely and shared appropriately.	Substantial	Lead Executive Directors

	Community Teams, projecting future staffing levels 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: <a href="https://workforceplanning.sharepoint.com">Workforce Planning (sharepoint.com)</a>	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

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

training which supports services to develop their resource plans.		development of workforce plans. HEIW funded role currently advertised – Workforce Planning Manager, to operationally support service areas in the development of workforce plans.		
<p><b>Candidate Journey application to induction</b></p> <p>Review the end-to-end candidate journey from application to induction, identifying changes or omissions within the current process that are required to improve the candidate journey.</p> <p>To be extended to include local KPIs for recruitment to the Bank.</p>	tbc	<p>Heavily involved with All-Wales recruitment modernisation group, applying any learning to improve PTHB processes. End to End journey being reviewed to identify opportunities. No activity from NWSSP over this period. 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>	31/09/2025	On Track
<b>Increase bank supply:</b>	tbc	5 Open Days held over June and July 2024 across Powys	Ongoing	On Track

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Targeted Recruitment Open days taking place at all Hospitals and will continue throughout the year.

Rolling adverts and targeted Bank adverts for Registered Nurses and HCSW posts.

with multiple members recruited to the bank at each event. A further 5 held in August and September 2024. Work continues to onboard the applicants successfully. Further targeted bank recruitment Open Days planned for Q4 2024-25. Specialist Bank Mental Health services Open Day held in February, with successful interviews held on the day.

Within the FY 25/26, we have held 2 open days, in Welshpool and Bronllys with limited success.

Rolling adverts out each week and shortlisting against applicants each Friday, alternating between RNs, HCSWs and both General and Mental Health fields. These rolling adverts continue to feed staff onto the Bank across both General and MH wards.

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<p><b>International Recruitment</b> Continue international nurse recruitment to a target of 18 Adult nurses and 6 Mental Health Nurses</p> <p>Lewis, Raychelle 10/03/2026 11:18:38</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 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</p>	<p>Ongoing</p>	<p>On Track</p>
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		<p><del>International recruitment pending student streamlining processes.</del> with 8 RNs having arrived in the country, 4 of whom have already completed OSCE and gained their NMC PIN, the remaining 4 are currently undertaking their training. 4 RMNs are due to be interviewed in November 2025 and intended to arrive in approx. January 2026.</p>		
<p><b>Agency Operationalising Meetings</b>  <u>Regular meeting, chaired by Exec Director to scrutinise use of, and mitigate against, the use of Agency staff</u></p>	<p>Executive Director Primary Care, and Executive Director People and Culture</p>	<p>4 meetings held to discuss and allocate actions to mitigate against Agency Use – resulting in increased recruitment of HCWs, introduction of agency authorisation process – to be signed off at Executive Director level - reviewing of existing establishment, greater understanding of vacancies and agency use, scrutiny of broader variable pay expenditure. Meeting schedule now complete and workstreams incorporated into Variable Pay Group Meetings.</p>	<p>30 October 2025</p>	<p>Complete</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 30<sup>th</sup> September 2025, the Health Board contracted vs budgeted establishment showed a vacancy rate of 11.55%. After the use of overtime, additional hours, agency, and Bank this fell to 5.71%.
- The challenges in recruitment are more pronounced in clinical roles with vacancies running at 12.26% for registered Nursing and Midwifery, 23.32% for Healthcare Scientists, 15.28% for Allied Health Professionals, 12.19% for Additional Clinical Services, 16.50% for Medical and Dental and 3.10% for Add Prof Scientific & Technic.
- ~~As of 31st May 2025, the Health Board contracted vs budgeted establishment showed a vacancy rate of 13.87%. After the use of overtime, additional hours, agency, and Bank this fell to 7.65%.~~
- ~~The challenges in recruitment are more pronounced in clinical roles with vacancies running at 17.70% for registered Nursing and Midwifery, 17.10% for Healthcare Scientists, 16.24% for Allied Health Professionals, 15.96% for Additional Clinical Services 14.62% for Medical and Dental and 10.02% for Add Prof Scientific & Technic.~~
- To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in September 2025 from information held on the Health Roster/TSU systems:
  - Additional Clinical Services: 8.55 WTE
  - Nursing & Midwifery Registered: 17.61 WTE
  - Allied Health Professionals: 5.93 WTE
- ~~To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in May 2025 from information held on the Health Roster/TSU systems:
  - Additional Clinical Services: 25.01 WTE
  - Nursing & Midwifery Registered: 22.65 WTE
  - Allied Health Professionals: 7.84 WTE~~

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# Staff Development Programme

## Final Internal Audit Report

2025/26

Powys Teaching Health Board



Substantial Assurance

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### Review Reference

#### Fieldwork

#### Executive Sign Off

#### Audit Committee

#### Executive Lead

#### Audit Team

PTHB-2526-16

August - September 2025

October 2025

January 2026

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

Ian Virgill, Head of Internal Audit

Lucy Jugessur, Deputy Head of Internal Audit

Lewis Raychelle  
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# Executive Summary

## Purpose

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

## Overview

A competent, committed and motivated workforce is crucial to any organisation. The Health Board's Integrated plan for 2024- 2029<sup>1</sup>, extract from A Great Place to Work (Theme 2 of Workforce Futures) states, 'It is crucial that PTHB is able to be competitive by being a great place to work. Excellence in leadership remains fundamental to employee experience, with a compassionate culture where staff have a high-quality experience and can innovate and transform.'

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

- The PTHB Manager's Programme - This includes four modules of the Compassionate Leader programme and six modules covering essential Health Board's Managerial information<sup>2</sup>; and
- The Clinical leadership Immersive Programme (CLIP)- This programme has three tiers, with tiers one and two currently in place and the introduction of tier three on hold.<sup>3</sup>

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

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

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

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

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<sup>1</sup> [pthb.nhs.wales/about-us/key-documents/strategies-and-plans/powys-teaching-health-board-integrated-plan-2024-2029/11/](https://pthb.nhs.wales/about-us/key-documents/strategies-and-plans/powys-teaching-health-board-integrated-plan-2024-2029/11/)

<sup>2</sup> [The PTHB Managers Programme](#)

<sup>3</sup> [Clinical Leadership Immersive Programme \(CLIP\)](#)

## Scope & Assurance Summary

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

Related Findings

Assurance

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

### Management Actions



Medium Priority

### Themes



■ Performance monitoring

### Risk Types

Quality or Safety Issues

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# Findings & Agreed Action Plan

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

**Substantial**

## Overview

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

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

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

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

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

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

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## Overview

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

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

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

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

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

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

**Reasonable**

**Overview**

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

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

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

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

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

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

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

**Substantial**

### **Overview**

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

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

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

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

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

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

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# Appendix A

## Assurance Opinion

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

## Prioritisation of Findings

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

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

## Disclaimer

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

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

## Public Sector Internal Audit Standards

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





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WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

## Powys Teaching Health Board Glossary (Last updated February 2026)

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

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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
IBG	Investment Benefit Group
ICF	Integrated Care Funding
IEN	Internationally Educated Nurse
IG	Information Governance
IM	Independent Members
IMTP	Integrated Medium Term Plan
IP&C	Infection Prevention and Control
IQPF	Integrated Quality Performance Framework
IQPG	Integrated Quality & Performance Group
IQPR	Integrated Quality Performance Report
IT	Information Technology
JAG	Joint Advisory Group (on Gastrointestinal Endoscopy)
JCC	Joint Commissioning Committee
JD	Job Description
JET	Joint Executive Team
JIPCA	Joint Inspection of Child Protection Arrangements
JLT	Joint Leadership Team (PTHB and PCC)
JR	Judicial Review
KPI	Key Performance Indicator
LoF	League of Friends
LA	Local Authority
LHB	Learning Health Board
LMC	Local Medical Committee
LPF	Local Partnership Forum
LRF	Local Resilience Forum
LTA	Long Term Agreement
MAC	Mindfulness, Acceptance and Compassion Team
MD	Ministerial Direction
MD's	Minimum Data Set
MDTs	Multi-Disciplinary Teams

MEG	Medical E-Governance System
MEG	Main Expenditure Group
MH	Mental Health
MHD	Mental Health & Learning Disability
MIU	Minor Injury Unit
MOU	Memorandum of Understanding
MOA	Memorandum of Agreement
MSK	Musculoskeletal
MV	Mass Vaccination
NHSE	National Health Service England
NHS	National Health Service
NHSWE	NHS Wales Executive
NICE	National Institute of Health and Clinical Excellence
NRI	Nationally Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
NNA	Nursing Needs Assessment
OBC	Outline Business Case
OCP	Organisational Change Process
OOC	Out of County
OOH	Out of Hours
ORS	Opinion Research Services
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
PA	Physician Associate
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
PET CT	Positron Emission Tomography Computed Tomography
PCC	Powys County Council
PEQS	Patient Experience, Quality and Safety Committee
PHE	Public Health England
PHW	Public Health Wales
PMVA	Prevention and Management of Violence and Aggression
PPPH	Planning, Partnerships and Population Health Committee
PSB	Public Service Board
PSOW	Public Services Ombudsman for Wales
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
P&C	People and Culture Committee
QA	Quality Assurance
RaTS	Remuneration and Terms of Service Committee

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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
TaODEC	Tactical Organisation Development, Engagement and Communication
TI	Targeted Intervention
ToR	Terms of Reference
TRAC	Online Recruitment Management System
T&V	Transformation & Value
TUPE	Transfer of Undertakings Protection of Employment
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
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
WVT	Wye Valley Trust
YTD	Year to Date

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