Strategic People Planning & Education Group

UPDATE REPORT

Date of last meeting: **24 June 2026**

Quoracy: Met

Report by: Tracy Walmsley Assistant Director of People Planning (Vice Chair)

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

Alert[1] (may require discussion)

Strategic People Planning & Education Group (SPPEG) wish to have no alerts for members of the People Development Organisational Development Committee.

Advise[2] (to monitor)

Strategic People Planning & Development Group wish to **advise** members of the People Development Organisational Development Committee that:

- Future workforce ambitions linked to Community by Design will require a significant shift in workforce planning, workforce design and educational commissioning arrangements alongside increased focus on the Clinical Services Plan.

- Training capacity has the potential to become a workforce sustainability risk: capacity constraints are being noted in specialist training delivery, alongside challenges with support worker competency and delayed competency frameworks. Increasingly impacting workforce capability, recruitment, progression, patient safety and service sustainability. A demand and capacity scoping exercise is in progress to assess scale of risk.

- Apprenticeship Delivery and Qualification Validation: an operational issue presented which has now been addressed however this has flagged a wider system-level governance and assurance concern, which requires strengthening scrutiny when provider assurance fails and impacts students.

- Management capacity across Workforce Planning & Development remains compromised due to absence and vacancies, however, an interim Head of People Development has been appointed and commenced from 3 August 2026.

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[1] *There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.*
[2] *There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern*.

Assure[3] (to note)

Strategic People Planning & Development Group wish to assure members of the People Development Organisational Development Committee:

- Governance maturity, education governance, workforce risk visibility and future workforce pipelines

  Governance arrangements for workforce planning and education continue to strengthen. Significant progress has been made in reviewing governance structures, developing strategic workforce priorities, improving workforce risk intelligence and strengthening education governance arrangements. SPPEG will continue to oversee development of an integrated workforce planning and education framework whilst maintaining scrutiny of workforce risks and future workforce supply.

Review of Risks

The Group has reviewed the work on risk profiling to date: strategic profiling of workforce risk has been identified as workforce supply, capacity, skills, capability and affordability challenges i.e. systemic issues rather than isolated operational problems. Critical to note is the long-term workforce sustainability and associated financial risks.

Through the recent SPPEG Governance Review workshop, it was identified there may be a risk that, where major transformation programmes are in place i.e. Clinical Services Plan, Community by Design, Digital Transformation, Population Health and Equity we may face challenges in getting to the heart of workforce implications, opportunities, and risks. The critical question being: are workforce implications considered early and consistently within planning and decision-making processes to enable mitigations.

Sharing of learning

A key learning from the SPPEG Governance Review workshop (7 July 2026): the importance of taking time to reflect on and challenge existing governance arrangements, creating opportunities to strengthen oversight and ensure key considerations, such as workforce impacts, are embedded within strategic programmes of work.

Recommendation

The Committee is asked to:

- Note the items the Committee is advising them of
- Be assured on the items that the Committee is providing assurance on

[3] *There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.*

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UNAPPROVED MINUTES OF STRATEGIC PEOPLE PLANNING AND EDUCATION GROUP (SPPEG)

Date and Time of Meeting:	9am - 12pm, 24 June 2026
Venue:	Ty Ddewi, Ground Floor, Block C, Government Buildings, Picton Terrace, Carmarthen, SA31 3BT

Present:	Professor John Gammon (JG), Special Adviser, (Workforce, Education & Training) (SPPEG Chair) Tracy Walmsley (TW), Assistant Director of People Planning (Vice Chair) Claire Steel (CS), Future Workforce Programme Manager Jo Bradburn (JB), Deputy Director of Allied Health Professions Sally Hore (SHo), Head of Research and Development Janice Cole-Williams (JCW), Assistant Director of Nursing Bethan Lewis (BL), Interim Assistant Director of Public Health Sian Jenkins (SJ), Deputy Director of Finance Jon Morris (JM), Associate Medical Director for Medical Education & Training Helen Sullivan (HS), Head of Partnerships, Diversity and Inclusion
In Attendance:	William Mackintosh, General Practitioner, Clinical Lead Primary Care Academy Lee White (LW), Clinical Pharmacist Primary Care Alisha Daniels (AD), Associate Physician Nicola Henwood (NH), People Programme Manager Elwyn Edwards, Senior Management Accountant Elena Waters-Jenkins (EWJ), Future Workforce Operational Manager Professor Jo Davies (JD), Head of Simulation Education, Swansea University Jane E Lewis (JEL), Regional Partnership Manager, Regional Learning and Skills Partnership and Skills and Talent Programme Indeg Jones (IJ), Secretariat

Agenda Item	GOVERNANCE AND RISK	Action
1.1	**Welcome, Introductions and Apologies**	
	Professor John Gammon welcomed everyone to the meeting. Apologies for absence were received from: Anthony Tracey (AT), Digital Director James Severs (JS), Executive Director of Allied Health Professions and Health Science Helen Morgan Howard (HMH), Head of Engagement and Transformation Programme Office Huw Thomas (HT), Director of Finance Rachel Williams (RW), Head of Assurance and Risk Helen Thomas (HT), Head of Medical Education & Professional Standards Catherine Rees (CR), Head of Organisation Leadership Development Shayne Phillips-Edwards (SPE), Learning & Development Manager Martin Riley (MR), HEIW Representative Simon Chiffi (SC), Head of Operations, Facilities Michelle James (MJ), Head of Resource & Utilisation	

	Ruth Bowman (RB), Clinical Education Manager Marie Mickiewicz (MM), Head of Dental Services, Primary Care Gareth Cottrell (GC), Deputy Chief Operating Officer Samantha Hughes (SH), Primary Care & Community Services Academy Manager Robin Benton (RBe), Educational and Training Lead Pharmacist Jonathan Arthur (JA), Deputy Director of Health Science Lesley Hewer (LH), Head of Nursing Rhian Bond (RBo), Assistant Director of Primary Care Charlotte Wilmshurst (CW), Assistant Director of Assurance & Risk Simon Day (SD), Head of Maintenance & Engineering	
1.2	**Declarations of Interest**	
	Declarations of interest noted were: **The Chair (JG)** declared he is a Board Member with HEIW. **WM** declared he is the Chair of RCGP Wales **LW** declared an Honorary Lectureship with Cardiff University, School of Pharmacy.	
1.3	**Minutes and Table of Actions**	
	The minutes of the meeting held on 03/12/25 were approved as an accurate record, subject to a correction to Jo Bradburn's initials on page 1 See Table of Actions for updates	
1.4	**Strategic People Planning and Education Group (SPPEG) – Review and Refresh of Terms of Reference & Governance Review**	
	The Chair advised that the review and refresh of the Strategic People Planning and Education Group (SPPEG) Terms of Reference is required in line with Health Board governance arrangements. He reminded members of previous discussions regarding the need for a broader governance review, particularly in relation to SPPEG's role within the wider committee structure. **TW** noted that a recent workshop and ongoing discussions have informed the draft Terms of Reference, including a recognised need to rebalance the focus between education and workforce planning. She highlighted that the organisation's governance structures are evolving which may impact the future role and positioning of SPPEG. **BL** queried whether the organisational chart within the Terms of Reference was up to date and highlighted that Public Health was not included in the membership. **TW** acknowledged this as an error, confirmed Public Health should be included, and noted this would be corrected. **JB** raised questions regarding the role and clarity of subgroups, suggesting these may need to be defined and reviewed alongside their own Terms of Reference to ensure alignment. She also queried whether consideration	**TW**

	should be given to distinguishing between clinical and non-clinical workforce elements. **TW** agreed these were valid points and indicated further work and discussion would be required, including at a future workshop. **WM** supported the draft but suggested strengthening references to community-based working and strategic direction towards integrated, community-focused services. He emphasised the importance of reflecting national strategic intent within the Terms of Reference. **SJ** highlighted the need for clarity on subgroup arrangements and alignment with other workstreams, including medical stabilisation. She also stressed the importance of aligning workforce plans with financial, performance, and operational planning, and noted ongoing discussions regarding appropriate finance representation to avoid duplication. **WM** additionally highlighted the development of a new "Community by Design" Board, noting its relevance to these discussions, particularly in relation to leadership development and the shift towards community-based models, and the need to ensure alignment with SPPEG going forward. **The Chair** summarised that key themes included reviewing and updating membership (including Public Health, EDI, finance, community, leadership and culture representation), clarifying subgroup structure and remit, and ensuring an appropriate balance between education, training, and workforce planning within the Terms of Reference. He reiterated the need to maintain a strong focus on education and development alongside workforce planning. **TW** indicated that further work on governance timelines is ongoing, with an aim to hold a workshop and gain clarity on wider committee and governance structures by the end of July. **The Chair** confirmed that all feedback would be incorporated into a revised draft of the Terms of Reference.	**TW** **TW**
1.5	**Strategic People Planning and Education Group (SPPEG) – Annual Assurance Report**	
	The Chair noted that a draft version of the Annual Assurance Report, would be circulated to members.	**TW/IJ**
1.6	**Annual plan –** • **People Plans** • **Education Commissioning**	
	The Chair introduced the People Plan and Education Commissioning Plan, and invited **TW** to present the key points and outline the actions required of the group. **TW** explained that the People Plan provides a summary of the 60 operational workforce plans developed across services and sets out key organisational priorities. She noted that the document is intended to inform	

future discussions, including the July workshop, and to support development of a position paper and action plan.

TW outlined the key asks of the group:

- Approval of the Workforce Technical document as the strategic direction for workforce planning and education
- Endorsement of the Education Commissioning work already undertaken
- Assurance regarding workforce planning arrangements and accountabilities
- Support in identifying investment priorities and risk mitigation approaches

JB queried the process for professional sign-off within the People Plan, noting challenges in practice and the need for clearer expectations and guidance.

TW acknowledged this and confirmed work is underway to develop a prioritisation framework and strengthen processes, including panel arrangements, while avoiding siloed working and supporting a multi-professional approach.

BL highlighted that Public Health was not sufficiently visible within the plans and raised concerns regarding gaps, including workforce fragility in areas such as health visiting. She emphasised the need to better reflect Public Health workforce and education needs.

TW acknowledged this challenge, noting that while Public Health plans are included, they can be lost within the wider system priorities, and welcomed continued emphasis on strengthening this area.

WM supported the overall direction but suggested a stronger focus on opportunity and ambition, particularly in relation to primary and community services. He encouraged more emphasis on service transformation, generalist skills, and aligning workforce planning to future service models rather than solely focusing on fragility.

SJ emphasised the importance of aligning workforce planning with financial, performance, and operational plans, highlighting the need to consider affordability, future workforce supply, and investment prioritisation. She also noted the potential disconnect between professional leads and budget holders in decision-making.

JB additionally highlighted the need to triangulate workforce, finance, transformation, and planning, ensuring that risks are agreed at system level to maximise opportunities and alignment.

The Chair reflected that the papers highlighted a tension between ambition and operational reality, particularly regarding workforce supply gaps, financial constraints, and the need for prioritisation and potential de-prioritisation. He noted the importance of strengthening alignment with the Clinical Services Plan and ensuring confidence in how workforce demand and supply challenges will be addressed.

	TW acknowledged these points and confirmed that the July workshop will support further work to clarify priorities, including the development of criteria to manage competing demands and associated tensions, with a view to providing greater clarity for the group. **The Chair** confirmed that all points were noted and would inform further development and discussion	**TW**
1.7	**Risk Priorities**	
	TW outlined the development of this work, noting that workforce-related risks identified through Datix have reduced from approximately 280–300 to around 200. She explained that analysis has identified key themes, with the majority (92%) relating to workforce planning, categorised into areas such as supply, demand, capacity and skills. **TW** highlighted the need to move towards identifying root causes and reframing risks into strategic themes, including workforce modelling capability, education and training pipeline, long-term workforce sustainability, and financial affordability.**TW** advised that a validation process is underway, with plans to complete quality assurance work and introduce revised thematic categorisation within Datix by the end of August, to support a more strategic approach and alignment with governance arrangements. **WM** queried whether the approach was overly reliant on Datix data and suggested incorporating wider intelligence, including population health outcomes and patient experience. **JCW** and **CS** echoed this concern, noting that Datix usage and reporting culture are inconsistent across services, meaning risks may not be fully or reliably captured. **TW** acknowledged these points and agreed that, while Datix provides a baseline, there is value in adopting a broader, more opportunity-focused approach, with the group playing a role in challenging and refining the themes. **The Chair** welcomed the update, noting the clarity of the approach and timeline, and requested that a further update would be brought to a future meeting. **TW** confirmed that progress will be reported at the next SPPEG meeting, with the intention to align this work with outputs from the July workshop into a more integrated approach.	**TW** **TW**
1.8	**Multiprofessional Workforce Planning & Development (position paper and plans)**	
	Deferred	
1.9	**Workplan**	
	TW encouraged members to provide feedback, noting that the work plan may need to be revised but should act as a working document over the coming months while the group's priorities and focus continue to evolve. **The Chair** emphasised the importance of shared ownership of the work plan, highlighting that it should reflect the breadth of membership and not be solely directed by People Planning and People Development. Members were encouraged to actively contribute to shaping the group's future work.	

	JB requested that Enhanced Advanced Consultant Practice be explicitly included within the work plan, particularly in light of the ongoing national review.	**TW/IJ**
	The Chair proposed that the work plan be noted, with any comments or questions to be fed back to TW and IJ.	**All**

2.0	**EDUCATION AND WORKFORCE PLANNING**	
2.1	**Community by Design Strategic Plan – Implications for Workforce planning and Education**	
	WM presented the paper as a discussion document aimed at supporting a strategic shift towards a community-based, preventative and integrated model of care. He emphasised the need for a paradigm shift in workforce planning and education, including a stronger focus on generalist skills, multi-professional working and leadership development. He noted the ambition to influence the group's work plan and bring forward more detailed proposals and priorities. **LW** supported the direction, highlighting the importance of generalist, multi-professional practice, strengthened clinical leadership, digital skills, and a value and outcomes-based approach. **AD** identified opportunities to utilise the Physician Associate workforce within this model, noting available workforce capacity and alignment with generalist approaches. **CS** emphasised culture as a key enabler and highlighted the need for a leadership shift to support delivery. She raised the importance of ensuring workforce voice, particularly from primary and community care. **JB** supported the direction but stressed the need to move from strategy to delivery, requesting a clearer and more tangible action plan outlining how the shift will be achieved. **SH** highlighted the scale of change required in education and workforce models, noting the need for a radical rethink to support new roles and ways of working. **JCW** supported the direction and noted opportunities within the nursing workforce, including surplus graduates, but highlighted the need for structured planning to prepare the workforce. **BL** emphasised the importance of shifting existing resources from secondary care into community models and strengthening links with Public Health and inequalities work. **JD** highlighted opportunities to align with university curriculum transformation to better prepare the future workforce. Microsoft Teams Chat contributions reinforced key themes, including: • Opportunities to strengthen links with the 20Four7 prevention framework and leadership development **(BL, CS)**	

	• The need for flexible use of budgets to support workforce shifts **(JB, SJ)**, alongside recognition that this group can make recommendations but does not hold budget authority, with decisions requiring consideration by operational leads, budget holders and, where appropriate, Executive teams **(SJ)** • The importance of developing a "learning system", workforce planning principles, and maintaining ongoing dialogue **(TW, CS)** • The need to account for overlap during transition and support apprenticeship and community-based workforce models **(JCW, CS)** **TW** highlighted opportunities to rethink workforce planning through a "learning system" approach and identified key areas for exploration, including workforce design, education pathways, and financial flexibility. She proposed using the July workshop to continue the dialogue and develop plans. **The Chair** welcomed the ambition of the paper but highlighted the need to move from strategy to implementation. He emphasised the importance of developing a phased and practical approach, including clear actions, timelines, workforce implications, and alignment with financial and service planning. It was agreed that: **IJ** to recirculate the paper for further feedback from members A revised paper would be developed outlining tangible next steps, to be brought back to the group to inform recommendations to the People, Organisational Development Culture Committee (PODCC) and Board.	**IJ/All WM**
2.2	**CPD – Non-Pay Element Deal of the Pay Deal** Deferred	
2.3	**Atriwm update paper** **The Chair** introduced the Atriwm update paper and noted it was for information. He queried whether contingency plans were in place should the deferred timeline (February 2027) be delayed further. **TW** confirmed that contingency planning is in progress and advised that work is underway with the Central Accommodation Group to develop a broader accommodation strategy, which will be brought back to a future meeting. **The Chair** noted the update, confirming that the paper was received and that contingency planning is being considered within the wider context of organisational accommodation.	
2.4	**Simulation Plan Contract Position** **The Chair** introduced the paper and invited JD to provide a summary. **JD** outlined that the contract covers three key elements: • Simulation-based training (levels 1 and 2) to build workforce capability • Advanced simulation to support quality improvement and system development • A consultancy element to provide flexible support aligned to organisational needs	

	The Chair sought assurance regarding governance arrangements and oversight of the programme. **TW** advised that, while there are current capacity challenges due to organisational restructure, work is ongoing to strengthen leadership capacity. She confirmed that this group would provide governance oversight and that a refreshed plan would be brought back to a future meeting. She also highlighted this as an opportunity for wider engagement across the organisation. **The Chair** queried monitoring of spend against outputs. **JD** confirmed that robust tracking arrangements are in place, with regular oversight shared with TW. She noted that the contract is being delivered flexibly to meet organisational need and that transparency can be provided through regular updates if required. She also confirmed that arrangements have been adjusted to accommodate service pressures, including extending elements of the contract. **TW** confirmed that pauses in delivery referenced in the paper relate to capacity constraints. **WM** highlighted the value of simulation within primary and community care, noting ambitions to develop local faculty capacity and maximise the educational impact, particularly through protected learning time initiatives. **JD** added that the work extends beyond the contract through research and innovation partnerships, including simulation and virtual reality developments, which offer additional opportunities for workforce training and development. **The Chair** thanked contributors and noted the update.	**TW**
2.5	**New Workforce Solution Update** **The Chair** introduced the item and invited **TW** to provide an update. **TW** outlined that significant progress is being made on the Workforce Planning solution at both national and local level. She confirmed she has been appointed as Senior Responsible Owner (SRO), with Lisa Gostling identified as Executive Sponsor, and that governance arrangements are currently being finalised through the Executive Team. **TW** advised that subgroups will be established across the seven system domains, with the solution expected to significantly transform workforce planning through digital and AI-enabled capabilities. She emphasised the importance of engagement from members as governance structures are developed and implemented. **The Chair** queried the affordability of the programme and noted that resources are not yet fully defined. **TW** confirmed that funding discussions are ongoing at a national level, with some allocation identified through Shared Services Partnership. She noted that internal considerations are also underway regarding resource	

	requirements, including impacts on business processes, system mapping, engagement, and training. **The Chair** sought assurance that benefits and risks would be clearly identified. **TW** confirmed that work is underway with national partners to define benefits and risks across participating organisations, with further detail to be developed and shared in due course. **The Chair** noted the update	**TW**
2.6	**Governance Review: Apprenticeship Delivery and Qualification Validation**	
	The Chair introduced the paper and invited **CS** to highlight key points. **CS** advised that the issue was no longer operational but represented a system-level governance and assurance concern, highlighting a material workforce and governance risk. She emphasised the need to: • Strengthen escalation routes where provider assurance fails • Clarify thresholds and oversight arrangements • Consider whether the risk should be formally recorded on the organisational risk register She noted that the issue raised concerns regarding organisational assurance and reputational risk, particularly as apprentices were informed before the Health Board. **The Chair** confirmed that the issue should be escalated through established governance routes, including reporting to PODCC and discussed further with Executive leads. **JB** queried whether the issue was isolated or indicative of wider risk across other providers. **CS** advised that the issue was specific to one provider but highlighted concerns that similar risks could occur elsewhere due to reliance on provider communication, despite existing governance arrangements. **SJ** sought clarification on the current status and financial implications. **CS** confirmed the issue had now been resolved, with learning delivery back on track, but noted that programme timelines had been extended, reinforcing the need to prevent recurrence. **JCW** raised potential risks in relation to expansion of apprenticeship pathways and the need for ongoing monitoring and assurance. **TW** highlighted that similar issues have arisen previously, indicating a broader need to strengthen provider management and oversight. **The Chair** summarised that key actions arising were: • Review and strengthen operational processes and monitoring of apprenticeship programmes • Strengthen and clarify escalation routes and governance arrangements	**TW** **TW** **TW**

	The Chair noted the discussion.	

3.0	**MONITORING AND COMPLIANCE**	
3.1	**Finance Performance and Initiatives (WOD Budget)**	
	TW provided a verbal update on financial pressures, noting a reduction of £110,000 in HEIW Band 2 to 4 funding, leaving approximately £60,000 available for education and development support. She also advised that, following the higher awards process across multiple funding streams, there is currently an estimated £100,000 shortfall. **TW** confirmed that efforts are underway to identify alternative funding sources and that a prioritisation approach will be required, likely prioritising continuing learners before new applicants. She noted this represents a shift towards more constrained funding and the need for more formal prioritisation. **JB** queried whether demand for higher awards had changed compared to previous years and sought assurance on alignment with HEIW workforce oversight work. **JCW** raised concerns regarding the sustainability of funding reductions and the impact on workforce planning, highlighting the need to better align funding and education planning proactively. **TW** advised that further work is needed to confirm trends in demand but indicated that funding reductions are likely to continue, requiring review of staffing profiles and a more proactive approach. She also confirmed engagement with the national Workforce Oversight Group, noting ongoing challenges regarding workforce supply, particularly for newly qualified staff. **JB** highlighted that these challenges extend beyond nursing and paramedics to include AHP and Health Science professions. **BL** queried whether SCPHN training aligned with higher awards and raised concerns that Public Health staff weren't always recognised within funding structures, which may disadvantage access to development opportunities. **The Chair** noted the discussion and key concerns raised.	**TW** **TW**

4.0	**POLICIES – For information**	
4.1	**Performance Management (SPF and PODCC in May)**	
	For information	
4.2	**Induction (SPF and PODCC in May)**	
	For information	
4.3	**Learning & Development (SPF and PODCC in May)**	
	For information	
4.4	**Work Experience Policy (went to PODCC in Feb)**	
	For information	

5.0	**INNOVATION AND COLLABORATION**	
5.1	**Research & Innovation Update**	
	The Chair introduced the Research & Innovation update and invited **SH** to present.	

	SH advised that the paper is a routine update from the R&I Sub-Committee through the wider governance structure. **The Chair** queried the ongoing issue regarding digital clearance delays and associated financial implications. **SH** confirmed that this remains an issue and has been formally escalated. The update was noted.	
5.2	**Regional Learning Skills Partnership Update**	
	JEL provided an overview of the work of the Regional Learning and Skills Partnership (RLSP), highlighting its role in assessing current and future skills needs across sectors and informing Welsh Government planning. She emphasised key workforce challenges relevant to health and social care, including recruitment difficulties, skills gaps, an ageing workforce, and increasing numbers of individuals not in education, employment or training (NEET). **JEL** highlighted the importance of early engagement with schools and colleges to raise awareness of career opportunities across the Health Board and remove barriers to entry. She also outlined ongoing work to support workforce development through initiatives such as micro-credentials and highlighted wider challenges including infrastructure, transport, and housing. **JEL** noted opportunities for collaboration through the Skills and Talent Programme, including potential funding to support innovative training and development initiatives, and encouraged the Health Board to engage with RLSP to explore opportunities. **The Chair** welcomed the update, noting the importance of strengthening links with RLSP. He highlighted the value of collaboration to support workforce development pathways and recognised the opportunity to explore additional funding streams. It was agreed that the full presentation would be circulated and that further dialogue would continue to explore opportunities for collaboration.	**IJ/All**

6.0	**UPDATE POSITION PAPERS/ SUBGROUP UPDATE**	
6.1	**Medical & Dental Education Group Update**	
	deferred	
6.2	**Clinical Education Governance Group (CEGG)**	
	IJ to circulate to the Group and any comments returned to IJ	**IJ/All**
6.3	**Future Workforce Governance Group**	
	IJ to circulate to the Group and any comments returned to IJ	**IJ/All**

7.0	**OTHER BUSINESS**	
7.1	**Any other business**	
	No items received.	
7.2	**Date & Time of Next Meeting**	
	JG thanked all who attended and contributed to the meeting. Details of next meeting: 16th September, 9.30 -11.30am	