

# Planning, Partnerships and Population Health Committee

Thu 20 November 2025, 10:00 - 13:00

## Agenda

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### 10:00 - 10:00 1. PRELIMINARY MATTERS

0 min

#### 1.1. Welcome and Apologies

*Chair*

#### 1.2. Declarations of Interest

*All*

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

0 min

### 10:00 - 10:00 3. ITEMS FOR APPROVAL/ RATIFICATION / DECISION

0 min

#### 3.1. Minutes of the previous meeting/s held on 14 August 2025.


 PPPH\_3.1\_PPPHMinutes\_14August2025.pdf (12 pages)

#### 3.2. Committee Action Log

 PPPH\_3.2\_Action Log\_Nov25.pdf (1 pages)

#### 3.3. Integrated Plan 2025/26 Development and Draft Maturity Matrix

 PPPH\_3.3\_Planning Maturity Matrix cover paper\_Nov 2025.pdf (6 pages)

 PPPH\_3.3a\_Planning Maturity Self-Assessment\_November2025.pdf (37 pages)

#### 3.4. Approach for development of 2026/27 annual plan

 PPPH\_3.4\_Plan Approach with Draft SPs and PoaP.pdf (18 pages)

### 10:00 - 10:00 4. ESCALATED ITEMS

0 min

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

0 min

#### 5.1. Strategic Change Report and Engagement Report

*Director of Planning and Commissioning*

 PPPH\_5.1\_Strategic Change Cover Paper November 2025 Final.pdf (4 pages)

 PPPH\_5.1a\_Strategic Change Stocktake\_FINAL.pdf (41 pages)

#### 5.2. Child Immunisation Annual Report

 PPPH\_5.2\_Powys Childhood Immunisation Report 2024-25.pdf (14 pages)

Gwynne Steijger  
14/11/2025 16:52:55

### **5.3. Vaping Deep Dive/Tobacco Control Action Plan**

📄 PPPH\_5.3\_Tobacco Control & deep dive into vaping - PPH Nov 2025.pdf (27 pages)

### **5.4. Public Service Board Annual Report**

- 📄 PPPH\_5.4\_PSB Annual Report 24\_25 Cover Paper.pdf (6 pages)
- 📄 PPPH\_5.4a\_Powys PSB Annual Report 2024\_25.pdf (26 pages)
- 📄 PPPH\_5.4b\_PSB Scrutiny Feedback - Annual Report 2024\_25.pdf (3 pages)
- 📄 PPPH\_5.4c\_PSB Climate Working Group update.pdf (12 pages)

### **5.5. Committee Risk Register**

- 📄 PPPH\_5.5\_Committee Risk Register Update Nov 2025.pdf (2 pages)
- 📄 PPPH\_5.5a\_Appendix A - Committee Risk Register Nov 2025.pdf (24 pages)

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

0 min

## **10:00 - 10:00 7. CONSENT AGENDA**

0 min

### **7.1. Committee Work Programme**

📄 PPPH\_7.1\_2025-26 Board & Committee work plans.pdf (1 pages)

### **7.2. NWSSP Performance Report**

📄 PPPH\_7.2\_NWSSP Performance Report\_Powys Q2 25-26.pdf (25 pages)

### **7.3. Glossary**

📄 PPPH\_7.3\_Glossary.pdf (6 pages)

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

0 min

### **8.1. Any Other Urgent Business**

*Chair*

### **8.2. Items to be Brought to the Attention of the Board and/or Other Committees**

*Chair*

### **8.3. Committee Reflections**

### **8.4. Date of the Next Meeting: 03 February 2026**

Gwynne Stella  
14/11/2025 16:52:55



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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

## PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

### UNCONFIRMED MINUTES OF THE MEETING HELD AT 10.00 ON TUESDAY 14 August 2025 VIA MICROSOFT TEAMS

<b>Present:</b>		
Rhobert Lewis	RL	Independent Member (Committee Chair)
Ronnie Alexander	RA	Independent Member (General)
Stephen Elliott	SE	Independent Member (Committee Vice-Chair)
Jennifer Owen-Adams	JO-A	Independent Member (Third Sector)
<b>In Attendance:</b>		
Mererid Bowley	MB	Executive Director of Public Health
Tracey Coombe	TC	Llais (Observing)
Lucie Cornish	LC	Director of Improvement and Transformation
Tracey Deacon	TD	Head of Service: Public Health Programmes and Projects
Stella Gwynne	SG	Assistant Director Corporate Governance/Deputy Board Secretary
Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Information & IT
Luke Jones	LJ	Designated Education Clinical Lead Officer DECLO, Therapies and Health Sciences
Clare Lines	CL	Assistant Director Commissioning Development
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Adrian Osborne	AO	Deputy Director of Communications and Engagement
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Sam Ruthven-Hill	SR-H	Assistant Director of Planning
Amie Symes	AS	Director of Midwifery, Women and Family Health, Women and Children
<b>Apologies for absence:</b>		
Helen Bushell	HB	Director of Corporate Governance and Board Secretary
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Hayley Thomas	HT	Chief Executive
Debra Wood-Lawson	DW-L	Executive Director of People and Culture

Gwynne, Stella  
14/11/2025 16:52:55

## 1. PRELIMINARY MATTERS

### 1.1 WELCOME AND APOLOGIES FOR ABSENCE (PPPH/25/024)

The Committee Chair welcomed Members and attendees to the Committee meeting and **CONFIRMED** a quorum was present. Apologies for absence were **NOTED** as recorded above.

### 1.2 DECLARATIONS OF INTEREST & BOARD MEMBERS REGISTER OF INTERESTS (PPPH/25/025)

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

## 2. CONSENT BUSINESS AGENDA

There were no items from the consent agenda that Committee members wished to bring forward to the main agenda.

## 3. ITEMS FOR APPROVAL/DECISION/RATIFICATION

### 3.1 UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 19 MAY 2025 (PPPH/25/026)

The Committee **APPROVED** the minutes of the meeting held on 19 May 2025, as an accurate record subject to the following amendments:

SE requested that the incorrect wording be amended on page 3 as follows:

~~Active engagement continues with Hywel Dda on proposed changes to Bronllys and stroke services, including consultation in northwest Powys.~~

Active engagement continues with Hywel Dda on proposed changes to Bronglais and stroke services, including consultation in northwest Powys.

RA requested on page 2 at 3.1 the wording to be amended as follows:

~~Confirmation was requested that this had been done, due to not having received the information.~~

Confirmation was requested that this had been done.

### 3.2 COMMITTEE ACTION LOG (PPPH/25/027)

The Committee Action Log was received, and ongoing actions were discussed. PPPH/24/12 (Re-Circulation of responsibilities of the lead Regional Pharmacist) was recommended for completion (action closed).

Two items had been delayed until November 2025 meeting of the Committee:

PPPH/24/038 National Standards for palliative care which remains unpublished.

PPPH/25/006 The six-month Evaluation Framework Report.

The Committee **AGREED** the updates provided for implementation of the actions within the Action Log.

### 3.3 2025/2026 COMMITTEE WORK PROGRAMME (PPPH/25/028)

The report outlined actions arising from the 2024-25 Committee Effectiveness Review. SG noted the review's findings, drawn from a member survey, which had led to three key actions for the Committee:

- Introducing training and an induction program to define the Committee's role,
- Focusing more on partnerships, and;
- Using external evidence.

Progress would continue to be monitored, with a follow-up report due to return to the Committee in February 2026.

The Committee:

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

#### 4. ESCALATED ITEMS

##### 4.1 ORGANISATIONAL ESCALATION STATUS: PLANNING AND STRATEGY (PPPH/25/029)

The report summarised updates on Welsh Government escalation arrangements for Powys Teaching Health Board.

SR-H noted that routine monitoring continued, new de-escalation details had been added, and the Planning Maturity Matrix remained under review with feedback expected by the end of August, with final revisions due in November 2025. Coordination with Welsh Government aimed to ensure aligned scoring prior to formal moderation.

PH confirmed that the procurement of External Consultancy Support for Level 4 Escalation was complete. An introductory meeting was due to be confirmed imminently with Grant Thornton, with the intention to commence work within two weeks.

The Committee:

- **RECEIVED** the report and took **ASSURANCE** that appropriate mechanisms were in place to monitor and report to the Board (and its Committee's) against the Level 4 de-escalation criteria;
- **NOTED** feedback had been received from Welsh Government on the Planning Maturity matrix and a revised copy would be considered by the PPPH Committee and PTHB Board prior to resubmission in November 2025.

#### 5. ITEMS FOR ASSURANCE

##### 5.1 STRATEGIC CHANGE REPORT/ ENGAGEMENT REPORT(PPPH/25/029)

The report provided an updated overview of Strategic Change programmes across Wales and England that could affect Powys residents.

SR-H noted that the report format had been redesigned for clarity, placing key updates at the beginning and sharing previous baseline data for reference. The updated cover paper featured a summary of major ongoing NHS Wales Service changes, some of which may see important decisions within the year. Additional verbal updates were given on recent developments, while engagement themes are now woven throughout the report.

Key highlights included:

- Ongoing consultations, such as Hywel Dda University Health Board (H DUHB) focus on nine clinical service pathways and potential impacts on stroke services for Powys residents.
- Strategic and operational updates included to keep the Committee informed.
- Potential future consultations, including the Hereford and Worcester Integrated Care Systems Stroke Programme, were noted, with further updates due to be provided as they develop.

Independent Members asked the following questions for assurance:

*To what extent is Powys Teaching Health Board engaging with other Welsh health boards, especially those demonstrating success in strategy, planning, and finance, to share best practices and adopt relevant approaches, while accounting for differences in commissioning responsibilities, to support its own transformation?*

LC replied that PTHB works with partners and neighbouring organisations, sharing intelligence and conducting SWOT (Strength, Weaknesses, Opportunities, and Threats) analyses to align with regional changes and Powys needs.

AO noted that best practices were shared nationally through the Value and Sustainability Board and the Finance Performance and Delivery Unit's Vault, helping organisations adopt effective initiatives and savings plans.

*Was it possible to clarify the difference between Powys Teaching Health Board's position and the Welsh Government's escalation statements—especially in relation to updates from Cardiff and Vale University Health Board (CVUHV) and Cwm Taf Morgannwg University Health Board (CTMUHB)?*

SR-H clarified that Health Board and Welsh Government statements are quoted directly from public sources.

*What information was available regarding the potential impact Powys patients had experienced since urgent Maxillofacial patients started being transferred from Shrewsbury to the North Midlands Trust hospitals in Stoke?*

S R-H confirmed that only a few patients had been affected by the change, and no complaints or incidents had been reported due to the longer travel distance.

The Committee:

- **NOTED** the report and **DISCUSSED** the content.
- Took **ASSURANCE** that mechanisms were in place to ensure strategic change programmes are captured that do or may impact on Powys.

## **5.2 PARTNERSHIP GOVERNANCE AND ASSURANCE FRAMEWORK REPORT (PPPH/25/030)**

CL introduced the report and confirmed that it marked the first update since the Partnership Governance and Assurance Framework was approved in April 2025, focusing on twelve key statutory partnerships. A risk table and heat map had been developed to support future planning and ensure proper accountability.

Key themes included:

- Managing risk and aligning responsibilities with the Health Boards statutory duties.
- Emphasising partnership work, especially for vulnerable groups and prevention efforts that reduce system pressures.
- Identifying opportunities to improve service use and ensure robust exit plans for partnership-funded projects.
- Better aligning partnership work with the Future Generations Act, balancing immediate needs with sustainable, long-term goals.

Independent Members asked the following questions for assurance:

*What does the comment "moderate risk because of unintended consequences of changes to Regional Partnership Board (RPB) accountability" mean in the context of the heat map?*

CL explained that while RPB representatives attend central meetings to support integration, it was important to maintain strong local voices. CL stressed the need for executive leads, particularly for children, so all perspectives were represented, and the risks of a single viewpoint were avoided.

*How can the Health Board ensure that its input and messaging are consistent across all the different partnerships, especially where there are overlapping areas such as substance misuse and community safety?*

CL noted that limited resources challenge the Health Board's ability to maintain consistent input across all partnerships, prioritising key areas like substance misuse whilst less urgent issues receive less focus. It was noted that whilst the Welsh Government's response to the partnership review was still awaited, steps are already being taken to better align partnership work and address overlaps, with ongoing adjustments as needed.

*Who was the lead organisation or body responsible for driving change and providing leadership across these partnerships?*

CL clarified that partnership leadership in Powys was shared between major groups like the Public Service Board (PSB), RPB, and other specialised boards, ensuring collaborative efforts and clear roles in addressing local priorities.

LC highlighted that the "Better Together" initiative was strengthening partnerships, especially in areas like travel and transport, which lack clear ownership. Collaborative efforts with partners such as Powys County Council were guiding priorities for the next financial year, with a focus on addressing emerging issues through coordinated partnership work.

*Why was the Joint Commissioning Committee (JCC) resource requirement exceeding the uplift to health boards, particularly in the context of limited influence or "levers" available to the partnership? Additionally, was there any more specific information about how this situation might impact the current budgetary provision?*

CL noted that, unlike most partnerships, the JCC faced unique risks due to its all-Wales focus on NHS planning and commissioning. It was agreed that this risk should be recognised specifically to accurately reflect the partnership landscape.

The Committee:

- **RECEIVED** the report and took **ASSURANCE** that an appropriate mechanism was in place to monitor the Health Board's statutory partnerships (as per the Partnership Governance and Assurance Framework).

### **5.3 TRANSFORMATION AND CHANGE – BETTER TOGETHER (PPPH/25/031)**

The paper provided an update on the progress and next steps of the Better Together Transformation portfolio.

LC provided an assurance update on the progress of the Better Together portfolio, which focused on engagement and development of options for adult physical and mental health community services. The portfolio encompassed a broad range of activities, including governance, business efficiency, and value-based healthcare. The team was moving towards the next phase, with a strong emphasis on stakeholder engagement, independent consultation, and the use of external clinical expertise.

Recent and forthcoming workshops aimed to shape models of care, assess options, and ensure robust consultation processes. Key risks, particularly around capacity and delivery timelines, were being actively managed. Welsh Government and staff representatives were regularly updated and involved in the process. The approach centred on strategic engagement, clear governance, co-production, workforce planning, and continuous improvement, with established timelines for next steps.

Independent Members asked the following questions for assurance:

*How would the recently commissioned work related to escalation intervention align and integrate with the Better Together programme, particularly to ensure that it complements, rather than conflicts with, the ongoing transformation efforts?*

PH confirmed that the escalation intervention work would be integrated with Better Together, ensuring both efforts complement each other.

LC added that the process was due to have been subject to an internal audit, though due to the procurement of external consultant it had been agreed to remove the audit so as not to run multiple processes. The learning from external consultants remained crucial for effective collaboration.

*What was the current status of RPB funding for the Workforce Futures programme, and had associated risks been resolved? Were staffing capacity concerns linked to this funding or separate issues? Also, who had been confirmed as attending the Options Appraisal Workshop on 11 September 2025?*

LC explained that external clinical support has been secured to strengthen the programme, with ongoing engagement with primary care colleagues through workshops and roundtables, though clinician participation remained limited. The funding issues affecting the Workforce Futures programme had been resolved, enabling continued partnership and capacity-building. Preparations for the Options Appraisal Workshop were underway, focusing on assembling a balanced group of participants, and the team welcomed further stakeholder input.

*Would the Executive team keep everyone updated and ensure staff had enough capacity and support for the Better Together initiative?*

PH confirmed that staff capacity and prioritisation would continue to be monitored, with regular updates provided to support the programme.

The Committee:

- Took **ASSURANCE** on the progress made in relation to the Better Together Portfolio
- Took **ASSURANCE** on the progress made in relation to engagement and options development for adult physical and mental health community services.
- **NOTED** the planned forward activity.
- **NOTED** the risks identified in relation to organisational capacity to deliver the Portfolio and the timescale to deliver Phase 1

#### **5.4 WINTER/SYSTEM RESILIENCE PLANNING (PPPH/25/031)**

The purpose of the paper was to outline the process and timeline for completing the Winter System Resilience Plan 2025-26, developed with the Regional Partnership Board and guided by Welsh Government.

SR-H reported that winter planning had started earlier this year to improve coordination. The plan was a joint effort across departments, with several submissions already made and further ones due in September and October. Governance was in place to review and approve the plan, with thanks extended to operational and public health teams.

MB confirmed that COVID and flu vaccination programmes would begin in late September or early October, supporting the broader Winter Respiratory Plan due to Board in September 2025.

SR-H concluded that the resilience plan was comprehensive, met Welsh Government requirements for key focus areas, and was designed to ensure effective winter preparedness. The organisation was confident in its approach and open to Committee feedback.

Independent Members asked the following questions for assurance:

*Given previous concerns regarding uptake of Respiratory Syncytial Virus (RSV) vaccine, were flu vaccination clinic arrangements in place, and had vaccine eligibility unchanged?*

MB confirmed:

- The eligible group for COVID vaccination this autumn and winter remained the same as in the spring, focusing on the over 75 age group.
- Preparations were underway in care homes to ensure efficiency before 01 October.
- RSV vaccine uptake had improved, reaching 70% for Powys-registered GP patients and 62% for all residents, with ongoing efforts to boost coverage.
- Adult flu vaccinations would start from 01 October, while preschool children (ages two and three) would be targeted in September due to their role in community transmission.

- All pharmacies and GP practices in Powys have confirmed participation in the 2025-26 flu vaccination programme.

*Was there confidence that all the required data requested by the Cabinet Secretary for chronic respiratory conditions, falls, and same day emergency care would be ready in time to reflect positive progress, and are there any concerns based on the information gathered so far?*

SR-H noted that teams were identifying key challenges, focused on system flow and pressures rather than resources. Data was being coordinated for upcoming meetings, with ongoing efforts to support patient flow and health/social care coordination ahead of winter.

*Was there good engagement with English providers regarding their winter planning processes, and was there reasonable alignment between their arrangements and those within Wales?*

SR-H confirmed that Powys Teaching Health Board was working closely with English providers on winter plans. Both sides were sharing their plans, with positive steps in emergency services and patient flow. Powys also participates in Hereford's coordination group to support ongoing collaboration and ensure alignment, especially in managing patient flow and supporting the Better Together Strategy.

The Committee:

- **DISCUSSED** and;
- **NOTED** the process that had been put in place for coordination and completion of the Winter System Resilience Plan for 2025-26 and;
- Took **ASSURANCE** that mechanisms were in place to complete and submit the plan in line with Welsh Government's timeline.

## **5.5 APPROACH TO THE ANNUAL REPORT OF DIRECTOR OF PUBLIC HEALTH (PPPH/25/032)**

MB introduced the item and was joined by SB and TD who jointly provided a presentation outlining the approach to Powys Teaching Health Board's Population Health Strategic Framework. Attention was drawn to the following points:

- the focus on promoting wellbeing and reducing health inequalities.
- the impact of an ageing population on illness patterns.
- the methodology underpinning the framework centred on prevention and early intervention.

The framework's structure and content would draw on prior workshops and existing plans, aiming for a whole-system prevention strategy.

TD gave a summary of context and challenges for Powys' population health highlighting key areas from the presentation:

- Powys' population was rapidly ageing, with significant increases in residents aged 65+ projected by 2040.
- Health inequalities were growing, with deprived areas seeing much longer periods spent in poor health.
- Common illnesses affecting the population included cardiovascular, respiratory, mental health, and musculoskeletal conditions.
- Lifestyle factors such as smoking, poor diet, inactivity, and alcohol use drive these illnesses.
- Most health funding continued to be spent on treatment, not prevention.

- Evidence-based, preventative interventions needed to be scaled up to address rising rates of major illnesses and dementias.

SB outlined the core principles of Powys' population health strategy: prioritising primary prevention, acting across the entire population, and offering support based on need. The framework relied on evidence and value-driven interventions to guide priorities.

Examples such as addressing obesity to reduce demand for procedures like hip and knee replacements were used to highlight the benefits of prevention. The framework was aligned to the "Better Together" programme, advocating for population-wide interventions as the most cost-effective way to improve health and manage future demand on health services.

MB assured the Committee that the upcoming report would cover population health status, inequalities, major illnesses, and prevention strategies. The plan aligned with existing frameworks, used a life course approach, and focused on evidence-based, system-wide prevention to help Powys residents live healthier, longer lives.

Independent Members asked the following questions for assurance:

*What practical steps could be taken to increase the scale and agility of public health improvements, so tangible results could be seen more quickly?*

MB noted that current priorities include obesity, tobacco control, and health protection. While progress, like declining adult smoking rates, has been made, limited capacity and resources hinder broader impact. Tackling issues like diabetes and obesity requires coordinated, high-level action.

*Was enough being done by the Health Board around alcohol intake?*

MB acknowledged high alcohol use among young people, noted improvement in overall health but emphasised the need for greater capacity and targeted action. Current initiatives, including Area Planning Boards (APB) efforts, healthy schools' programmes, and government consultations on unit pricing as effective measures were referenced.

*Would the proposed plans bring about a meaningful reallocation of resources and priorities, moving away from reactive healthcare and towards more proactive, preventative strategies, especially given the current pressures and constraints faced by health boards?*

MB noted that the shift to prevention was essential but challenging due to healthcare pressures. Sustaining current approaches was not viable and ongoing discussions were needed to prioritise preventative health work through resource reallocation.

LC stressed the need to link the Better Together framework with population health priorities and noted that steady progress and integration of public health advice were key to embedding prevention within the organisation.

PH noted that while the long-term benefits of prevention are clear, balancing immediate needs with future goals was difficult, especially given financial constraints. It was suggested that the Health Board consider protecting a portion of funding specifically for preventative initiatives, despite the planning challenges involved.

The Committee was **ASSURED** that the complete document was in development for Board in September.

### **5.6 REGIONAL PARTNERSHIP BOARD – DELIVERY PLAN (PPPH/25/033)**

MB presented the Powys RPB Annual Delivery Plan 2025–2026 on behalf of the Regional Partnership Board team, who were unable to attend. The delivery plan, approved by the RPB and previously shared with the board, was presented for review.

Independent Members asked the following questions for assurance:

*Can the Committee confirm with confidence that the RPB was truly fulfilling its role as an effective mechanism for delivering the joint area plan and related responsibilities and was there sufficient evidence to measure project success and to support a strong statement of assurance?*

MB and SR-H explained that the RPB was the structure with responsibility for coordinating health and care objectives in Powys, and for ensuring alignment with major legislative requirements such as the Social Services and Well-being Act and the Well-being of Future Generations Act. The RPB's strategy extended to 2027, and there was underway to by the RPB to prioritise and evaluate projects, particularly in the areas of prevention and integrated service delivery. Although the RPB was broadly regarded as fulfilling its responsibilities, the Committee recognised the need for more explicit evidence to clearly demonstrate its effectiveness, especially in the context of audits and statutory reviews. Ongoing efforts would be required to better evidence and communicate the RPB's impact and value.

The Committee **AGREED** that the recommendation within the paper would be updated to reflect that the Committee would note and receive the annual delivery plan and the RPB annual report, however it was not felt that there was sufficient assurance regarding the effectiveness of the RPB.

*Given that funding for the RPB was scheduled to end in March 2027, and its future remained uncertain, was there adequate planning and preparation underway for what would happen after the funding period ends? Specifically, was there enough detail within the current annual plan or foresight regarding the transition and next steps for 1 April 2027, and beyond?*

TC left 12:57

**Action:** MB to confirm whether the RPB plan clearly demonstrates the health board's response to Audit Wales recommendations and statutory responsibilities under the Well-being of Future Generations Act.

The Committee:

- **RECEIVED** the Regional Partnership Board (RPB) Annual Delivery Plan 2025/26 and
- **NOTED** the PTHB Board received the RPB annual report at its last meeting on 30 July 2025

### **5.7 ADDITIONAL LEARNING NEEDS (ALN) (PPPH/25/034)**

The paper provided an update to the Committee on Powys Teaching Health Board's duties and ongoing collaboration with education partners to support children and young people with additional learning needs, in line with current legislation.

CR introduced AS and LJ, who provided a presentation on the strengthened health and education partnership work.

LJ outlined the following key themes:

- Governance and digital improvements had led to 70% compliance on learning plan information within six weeks; Health Board service requests achieved 100% compliance for July–September 2025.
- Quarterly compliance reporting had been established, with further improvements anticipated.
- Internal audit provided reasonable assurance; and noted that most issues had been addressed.
- Therapy service demand was being tracked, with more activity and reporting set by 26 March 2026.

Independent Members asked the following questions for assurance:

*What were the measurable outcomes, particularly regarding the positive impact on children, since earlier challenges have been resolved, and when and how would these results be reported to the relevant Committee?*

CR suggested the Committee could receive an updated report in six months to track progress and proposed twice-yearly updates for continued assurance. LJ agreed and noted that the proposed timeline would allow meaningful review as compliance continued to improve and the new act is fully implemented.

*What measurable impact were the governance and compliance improvements having on children, and when would the results be reported to the Committee?*

LJ emphasised that, beyond legal compliance, the focus was on delivering real benefits for children through the reforms. He noted ongoing collaboration and expressed optimism for future improvements.

LC left 12:58

The Committee:

- Took **ASSURANCE** that the report was an accurate overview of activity from the Health Board to fulfil the requirements of the ALN Act.
- Took **ASSURANCE** regarding activity to date and plans in place to meet the requirements of the ALN Act.

CR, AS and LJ left:13:01

## **5.8 COMMITTEE RISK REGISTER (PPPH/25/035)**

The Committee Risk Register provided a summary of key risks affecting the delivery of the Health Board's strategic objectives, based on the updated Strategic Risk Register presented to the Board on 30 July 2025.

SG presented the Committee Risk Register noting that the Committee now oversees four strategic risks, including one direct transfer from the previous Committee Risk

Register and three new ones. Recent changes to the risk management framework were highlighted and feedback invited on reporting approaches for future meetings.

Independent Members asked the following questions for assurance:

*What additional actions were necessary to reduce the current risk score of the major incident risk from 16 down to the target score of 12, given that there were already significant controls and mitigating measures in place?*

MB responded that following the Board meeting, she had met with the Health Board's Emergency Planning and Business Continuity Manager, and it had been agreed to review risk scoring both in accordance with the current controls and to ensure alignment with the UK risk register.

The Committee:

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

## 6. ITEMS FOR DISCUSSION

There were no items for inclusion within this section.

## 7. CONSENT AGENDA

### 7.1 COMMITTEE WORK PROGRAMME (PPPH/25/036)

The Committee **RECEIVED** the Work programme.

### 7.2 PRIMARY CARE OPTOMETRY EYE HEALTH NEEDS ASSESSMENT (PPPH/25/037)

#### (FOR ASSURANCE)

The Committee **RECEIVED** the Report.

### 7.3 POWYS TEACHING HEALTH BOARD (PTHB) GLOSSARY (PPPH/25/038)

The Committee **RECEIVED** the PTHB Glossary.

## 8. OTHER MATTERS

### 8.1 ANY OTHER URGENT BUSINESS(PPPH/25/039)

There was no urgent business raised.

### 8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (PPPH/25/040)

No items were raised.

### 8.3 COMMITTEE REFLECTIONS (PPPH/25/041)

The following summary and reflections were provided by Committee members:

JO-A acknowledged the value of the meeting, praised colleagues for their clear presentations, and commended the team for maintaining progress despite several members being on leave, highlighting the committee's strength and depth.

### 8.4 DATE OF THE NEXT MEETING (PPPH/25/042)

20 November 2025 at 10:00, via Microsoft Teams.

Meeting closed: 13:15

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



Planning, Partnerships and Population Health 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 - (20 November 2025)</b>										
14-Aug-25	PPPH/25/033	EDoPH - MB	RPB	MB to confirm whether the RPB plan clearly demonstrates the health board's response to Audit Wales recommendations and statutory responsibilities under the Well-being of Future Generations Act.	<b>03.09.2025 Update:</b> Email sent to MB and NC requesting an update on the action <b>20.11.25 Update:</b> verbal update to be provided during the meeting	Nov-25	<b>Nov-25</b>	At risk		
14-Nov-24	PPPH/24/038	MD - Medical Director	Strategic Change Report	Detail of the implications for Powys regarding the National Standards for Palliative Care to be shared with members	<b>04.02.2025 Update:</b> The standards are yet to be published and therefore unable to review the implications. This will be shared with the Committee when available. A briefing is included within the papers for the February 2025 meeting. Action maintained on log until standards are produced with indicative timescale <b>19.05.25 Update:</b> Action not yet due <b>14.08.25 Update:</b> Standards remain in draft and not yet published, date change requested.	Aug-25	<b>Feb-26</b>	At risk		
19-May-25	PPPH/25/006	DPP&C - NJ	Strategic Change Report	Request a six month Evaluation Framework report	<b>14.08.25 Update:</b> verbal update to be provided during the meeting <b>01.09.25 Update:</b> CTM are yet to forward anything <b>12.11.25 Update:</b> No Evaluation Report has been produced by CTM. To be raised at next meeting. Change of date requested to report back to PPHB	Aug-25	<b>Feb-26</b>	At risk		
<b>OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE (20 November 2025)</b>										
N/A										
<b>ACTIONS RECOMMENDED FOR CLOSURE (20 November 2025)</b>										
N/A										

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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 3.3**

**PLANNING, PARTNERSHIPS & POPULATION HEALTH COMMITTEE** **20 NOVEMBER 2025**

<b>Subject:</b>	<b>Planning and Strategy Maturity Matrix Self-Assessment</b>
<b>Approved and presented by:</b>	Nicola Johnson, Executive Director of Planning, Performance & Commissioning
<b>Prepared by:</b>	Assistant Director of Planning
<b>Other Committees and meetings considered at:</b>	Executive Committee (12 November 2025) – who supported the self-assessment analysis.

**PURPOSE:**

This report provides the Committee with an updated self-assessment against a 'Strategy and Planning Maturity Matrix' provided by Welsh Government. This is required to be completed as part of the Level 4 Escalation and Intervention arrangements (for strategy and planning components).

The attention of the Committee is drawn in particular to significant changes that have been made by Welsh Government to the self-assessment (as explained in this cover paper). Given these, the report sets out draft scores against the new criteria / themes and domains and draft actions associated with these, to be considered.

Further inputs from individual Executives and collective moderation by the Committee is requested, to ensure the scores and actions are comprehensive, proportionate and appropriate.

The report is submitted to Planning, Partnerships and Population Health Committee and subsequently to PTHB Board, prior to submission to Welsh Government to meet the deadline of the end of November 2025.

**RECOMMENDATION(S):**

The Planning, Partnerships and Population Health Committee is asked to:

- **PROVIDE** any additional inputs on the evidence or commentaries
- **CONSIDER** and agree the associated actions to ensure these are comprehensive / proportionate and appropriate

- **RECOMMEND** the PTHB self-assessment of the Strategy and Planning Maturity Matrix to the PTHB Board.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

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

1. Focus on Wellbeing	Y/N	This report provides the Committee with an updated stocktake of Strategic Change programmes around Wales and England which may have an impact on Powys residents.
2. Provide Early Help and Support	Y/N	
3. Tackle the Big Four	Y/N	
4. Enable Joined up Care	Y/N	
5. Develop Workforce Futures	Y/N	
6. Promote Innovative Environments	Y/N	
7. Put Digital First	Y/N	
8. Transforming in Partnership	Y/N	

#### EXECUTIVE SUMMARY:

PTHB is required to complete an updated self-assessment against a 'Strategy and Planning Maturity Matrix' provided by Welsh Government, as part of Level 4 Escalation and Intervention arrangements, by the end of November 2025.

The full Self-Assessment is attached, and a summary of key points is provided in this cover paper, noting in particular:

- That there have been significant changes made by Welsh Government since the previous version.
- That these are extensive and have expanded the scope and criteria considerably, as well as introducing greater rate limiting factors.
- A summary of the new elements, and draft scoring of levels achieved against these, is provided.
- The report also provides a summary of the actions included in the full self-assessment. Given the change in scope, these are more extensive than previously, including new areas of professional disciplines / functions.

In this context, attention is drawn in particular to the draft scoring and actions.

Additional inputs and/ or collective moderation by Executive Committee is requested, prior to submission to to Planning, Partnerships and Population Health Committee and subsequently to PTHB Board.

#### BACKGROUND:

PTHB is required to complete an updated self-assessment against a 'Strategy and Planning Maturity Matrix' provided by Welsh Government, as part of Level 4 Escalation and Intervention arrangements.

It is expected that this is considered via Committee and Board mechanisms, prior to submission to Welsh Government at the end of November 2025. Regular review is also required.

#### Scope of the self-assessment – changes since previous version

The self-assessment covers the strategy and planning elements of Level 4 escalation (the financial elements are covered through a separate assessment and action planning mechanism, however there are interdependencies in the criteria set by Welsh Government relating to financial sustainability, which impact on the 'scoring' of the self-assessment).

Welsh Government have made significant changes to the matrix since the previous version shared with the Committee.

There are still six domains, as before, however each has multiple, **new**, 'themes' as noted below – and evidence/ levels / actions are required for each new theme.

This means there are 24 components to be assessed rather than 6 previously, and each of the 24 require an assessment of 'level' achieved, evidence and actions. An overall 'judgement score' is also required for each domain.

Some of the new themes /criteria relate to new areas of professional disciplines / functions such as governance, risk management and improvement strategy.

As a result, the assessment process is more involved, and the end product is considerably much lengthier than previously.

#### Self-assessment methodology

As noted above, the methodology is significantly changed from the version previously shared with Committee and Board.

- The Levels remain as before, 1 – 5 (1 = basic, 2 = early progress, 3 = results, 4 = maturity and 5 = exemplar).
- These are now applied to each theme, within each of six Domains – i.e. 24 elements have to be 'scored' in total (rather than 6 previously).
- The criteria for scoring the level being achieved has also been expanded significantly – with each level for each theme having highly specific requirements (included in the full assessment attached).

- It has been advised by Welsh Government that these criteria are to be applied with rigour and considered 'essential' rather than indicative in terms of scoring – i.e. that all the components of each criteria for each level is to be met, to achieve it.
- It is understood that if any components of the criteria for a level cannot be met, that excludes both the possibility of achieving that level – and the ability to progress up a level until those are met (even if many components of higher levels can be evidenced).
- Therefore, the scoring of levels achieved defaults to the lowest denominator (and this means that scores are generally low).
- The criteria have also changed significantly – with some elements removed (such as long-term strategy) and some elements introduced (these span wide ranging new areas, in some cases in new professional disciplines or functions).
- There is a greater emphasis on having an 'IMTP' (balanced financial plan) and 'Clinical Service Plan' in the criteria which excludes or 'rate limits' the levels that PTHB can assess as being achieved.
- Also, as the criteria are repetitive in many cases, the rate limiting factors impact on scoring across multiple themes and domains.
- In some cases the 'descriptor' doesn't always relate directly to the criteria so some caution is advised in interpretation (for example the theme named 'Engagement' in 'Best Practice Approach to Improvement' has criteria that requires an Improvement Strategy, not engagement in the wider sense, which is scored elsewhere).
- An overall 'judgement score' is also required for each domain. As this is a new element, feedback has not yet been received on how Welsh Government might moderate this element.
- Given the approach to the component parts which has been set out above, a similar rigour has been applied to the overall score, and the lowest denominator applied to this score.
- All 'scoring' and associated detail in relation to the evidence base and commentary have been largely drafted by the Planning Team therefore further inputs are welcomed, to ensure the self-assessment reflects both individual and collective knowledge and perspectives.
- Similarly, for 'actions' – these have been drafted by the Planning Team and further inputs are welcomed to ensure these are comprehensive and proportionate (and encompass actions being taken organisation wide).

Initial draft self-assessment scoring

The proposed scores for each Domain (overall judgement score) and theme are as below. As noted earlier, the criteria have been applied with rigour as required by Welsh Government:

Domain	Overall Judgement Score	Themes (new)	Theme scores
Strategy Development/ Clarity of Purpose, Vision and Strategy	2	<ul style="list-style-type: none"> <li>• Strategy and Plan</li> <li>• Vision and Purpose</li> <li>• Alignment of National Policy and All-Level Partnership Priorities</li> <li>• Key enablers</li> <li>• Engagement in Development</li> <li>• Population Health Needs Assessment</li> <li>• Priorities and Achievability</li> <li>• Horizon Scanning</li> </ul>	2 2 3 2 3 3 3 3
Strategy Alignment and Development of an IMTP	1	<ul style="list-style-type: none"> <li>• IMTP Development</li> <li>• Alignment between Clinical Services Strategy and Plan and the IMTP or Annual Plan</li> <li>• Triangulation of Services</li> <li>• Commissioning</li> </ul>	1 1 2 2
Dynamic & Engaged Planning	2	<ul style="list-style-type: none"> <li>• Stakeholder engagement</li> <li>• Service Delivery Risk and Issue Management Approach</li> <li>• Service Model / Regional Design</li> </ul>	3 1 2
Operational Planning	1	<ul style="list-style-type: none"> <li>• Demand and Capacity Modelling</li> <li>• Clinical Leadership &amp; Input</li> <li>• Planning Process</li> </ul>	1 1 1
Best Practice Approach to Improvement	1	<ul style="list-style-type: none"> <li>• Engagement</li> <li>• Benchmarking</li> <li>• Governance</li> </ul>	1 1 2
Realistic & Deliverable	1	<ul style="list-style-type: none"> <li>• Risk Identification &amp; Management</li> <li>• Development of IMTP and Track Record</li> <li>• Monitoring and Delivery</li> </ul>	1 1 or 2 2

The assessment requires an action plan for each separate domain and theme. A broad summary of key action areas is included below (the full actions are contained in the attached document).

These are draft and there are some gaps – so it would benefit from a review of the attached document, and any additional input from the Executive colleague with lead responsibility in each case:

- Progression of the Better Together Portfolio is critical to addressing the main 'rate limiting' factors ie. the development of a Clinical Services Strategy / Plan (CSS / CSP). This is a key contributor to the Route map to financial balance and sustainability and therefore central to being able to produce a financially balanced plan, i.e. an IMTP.

- Review and response to the externally commissioned review by Grant Thornton and partners will also determine any further areas to progress the maturity of strategy and planning, particularly in relation to the CSS/ CSP and key drivers of financial deficit (and ability to produce an IMTP).
- Implementation of key PTHB frameworks for Strategic Commissioning and Population Health also offer high impact opportunities across the short-, medium- and longer-term strategy and planning horizons, aligned with the work on Better Together and a sustainable model of care.
- Intelligence gained during the development of options and System / Service Level models of care via Better Together will help to mature the approach to the annual cycle of Planning / Commissioning / Performance.
- Similarly, skills and knowledge developed during the Better Together and North Powys programmes of work have helped to mature some aspects operational and service planning, alongside greater clinical leadership in some areas, however gaps remain (particularly when benchmarked against larger health boards) and further improvement is planned.
- Feedback from Welsh Government on the current plan (alongside the NHS Wales Planning and Performance Framework when issued) will be used to strengthen the next plan, for example reinforcing the clear alignment with the Wellbeing of Future Generations Act and Wellbeing Objectives.
- There has been extensive engagement as part of Better Together which will similarly be used to inform and mature strategy and planning, and this directly feeds into the development of the CSS / CSP and Annual Plan. Feedback from stakeholders has also been sought as part of the learning cycle for the Planning Approach for 2026 and 2027 and as a result, stronger connectivity is being built into the process with Llais.
- The shared Population Needs Assessment, Market Stability Assessment and Wellbeing Assessment are also due for refresh in 2026/2027 (being scheduled / planned currently via RPB and PSB) and will be key to further maturing partnership strategy and planning.

### **NEXT STEPS:**

The Self-Assessment will be provided to the PTHB Board on 26<sup>th</sup> November, prior to submission to Welsh Government by the deadline of end of November 2025.

A reflection on the process of completion and the scope of the changes will also be noted at the next Escalation Touchpoint meeting with Welsh Government colleagues, alongside assurance that the Self-Assessment is on track for completion by their deadline.

### **IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT**

# Powys Teaching Health Board

## Strategy and Planning Maturity Self-Assessment

### November 2025 (DRAFT)

I have added this column locally as its useful to see how the component parts are scored (and this also shows how many components there are in this new version of the

Domain	Self-Assessment	Theme Scores
Strategy Development/Clarity of Purpose, Vision and Strategy	2	2 2 3 2 3 3 3 3
Strategy Alignment and Development of an IMTP	1	1 1 2 2
Dynamic & Engaged Planning	2	3 1 2
Operational Planning	1	1 1 1
Best Practice Approach to Improvement	1	1 1 2
Realistic & Deliverable	1	1 1 or 2 2

The revised matrix has added greater rate limiting factors for each theme and domain – in the main these are having an IMTP and / or CSP (so our scores are lower as a result of this change)

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# **Strategy Development/Clarity of Purpose, Vision and Strategy**

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## A) Strategy Development/Clarity of Purpose, Vision and Strategy

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
<b>Strategy &amp; Plan</b>	No CSS or delivery plan in place but strategic framework for its development in development.	Draft CSS developed or in development.	Agreed CSS and development of a co-designed clinical services plan underway, with evidence of strong clinical, stakeholder and public engagement throughout. A patient led approach is evident.	Approved CSS and CSP. Implementation underway. Organisation actively identifies risks and opportunities, outcomes are regularly monitored, and planning is informed by data, horizon scanning, and cross-functional collaboration.	The organisation has a fully implemented CSS and CSP that is continuously reviewed and refined using real-time data and predictive insights. Regular strategic reviews (at least twice annually) are in place that enable flexible adjustments in response to emerging trends and priorities, in-year performance, and long-term opportunities. Strategic planning is agile, outcome-focused, and aligned with system-wide priorities, to maximise opportunities driving measurable improvements in performance and population health.
<b>Vision &amp; Purpose</b>	Organisation is developing its vision and purpose. Clear outcomes are not yet defined.	Vision and purpose, scope and methodology agreed with clear commitment and leadership at a Board and strategy programme level. Clear outcomes are in development.	Organisational vision and purpose with defined outcomes are affirmed in public and internal documents. Organisation demonstrates proactive leadership at Executive and Board level.	Annual Board discussion takes place on organisational vision and purpose ensuring alignment with CSS and enabling plans, intended outcomes and the identification of risks/issues.	Have regular board debate, at least twice annually, on organisational vision and purpose, ensuring alignment with organisational actions, CSS, outcomes and performance and how in-year achievements, issues or opportunities impact on this. Organisation is able to flexibly adjust its CSS to maximise opportunities and remain responsive, outcome-focused, and future-ready.
<b>Alignment of National Policy and All-Level partnership priorities</b>	National policies and national, regional, local and partnership priorities are understood but are not yet translated into organisational strategies and plans.	National policies and national, regional and local priorities have been translated into strategic intent and agreed with stakeholders. WBFG Act and AHW are apparent and embedded in the agreed approach.	Organisational strategies and plans reflect national policies and national, regional and local health and partnership priorities. WBFG Act and AHW principles and integrated throughout.	Strategies and plans are regularly reviewed. They are aligned and responsive to national policy and legislation, and national/regional/local partnership priorities with clear links to the Regional Partnership Board and Public Service Boards.	Strategies and plans are regularly and proactively reviewed and aligned to emerging national policy and legislation, and local, regional and national partnership priorities. RPB's and PSB's are regularly engaged and involved in process. CSS outcomes demonstrate a contribution to the wider local economy, improved health and well-being and operational effectiveness.

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<b>Key Enablers</b>	Key enablers—such as quality, safety, workforce, finance, digital technology, and research—are identified but not yet aligned to strategic planning. Their role in enabling delivery is recognised but not actively managed or coordinated.	Key enablers are identified, with plans underway to align them with the organisations overarching CSS. Quality expectations are defined, and initial steps taken to coordinate enabler contributions across programmes.	Key enablers are fully aligned with strategic objectives. Their potential is well understood and actively explored to support delivery. Quality expectations are clearly defined and embedded in planning processes, with enablers contributing to strategic coherence.	Key enablers underpin the development and delivery of the CSS and CSP. Opportunities linked to enablers are translated into actionable deliverables. Quality is integrated throughout the key enabling strategies and plans driving performance and improvement.	Key enablers are embedded across all strategic functions and are delivering measurable improvements and are considered best practice. Their impact is tracked through performance metrics, and they are continuously optimised to support innovation, agility, and system-wide transformation. Quality is not only integrated but drives strategic refinement and outcome achievement.
<b>Engagement in Development</b>	The duties of the Health and Social Care (Quality and Engagement) (Wales) Act (the Act) are identified as integral to the development and implementation of the CSS.	Engagement plans are in place to support the development of CSS.	Engagement plans are agreed and reflect strong clinical leadership. Plans meet the requirements of the Act	Plans are being implemented effectively with robust processes in place to capture diverse voices (internal and external) with strong clinical leadership, and where appropriate and necessary, offers opportunities for stakeholder involvement in shaping the development of CSS.	Organisation operates best practice and continuous engagement with both internal and external stakeholders, exemplifying the values seen in the quality and engagement act, ensuring voices from all communities are heard and reflected in the annual review of the CSS.
<b>Population Health Needs Assessment</b>	Plans are in place to undertake a population health needs assessment.	A basic high level population health needs assessment has taken place and is being used to shape the CSS.	CSS and CSP development is informed by population and health needs assessments and incorporates the wider determinants of health.	There is a single, detailed and regularly updated population health needs assessment in place. Strategies are updated regularly to clearly reflect the outcome of the assessment.	Population health needs assessment is recognised as best practice and is recognised and used by partner organisations (such as PSB and RPB) to form a common and shared understanding. CSS/CSP is regularly tested against current, emerging, and future population health needs.
<b>Priorities &amp; Achievability</b>	The organisation does not have a prioritisation methodology or a recorded list of priorities. Planning is reactive and lacks strategic direction.	The organisation has an approved prioritisation framework related to population health needs assessment and has basic understanding of its priorities but is not yet reflected in plans. health needs.	A prioritisation framework is fully implemented. Priorities are recorded and aligned to population health needs assessments and Cabinet Secretary expectations. Early progress is made to reflect priorities in plans,	The organisation has a published, best-practice prioritisation methodology. It is fully aligned to population health needs and Cabinet Secretary expectations. Prioritised services are proactively reviewed and updated, with robust	Prioritisation is embedded across all planning and decision-making processes. The methodology is sector-leading based on the outcome of the population health needs assessment and Cabinet Secretary's expectations. It is co-produced with stakeholders, and continuously refined through evidence, evaluation, and engagement. Priorities are transparently linked to outcomes, resource

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## Horizon Scanning

Horizon scanning is infrequent and informal, with no structured process or discussion at Executive or Board level. Strategic planning is reactive, lacking foresight into emerging risks, trends, or opportunities.

Annual horizon scanning is conducted to identify key risks and opportunities. Findings begin to inform strategic thinking, but integration into planning and governance remains limited.

with initial monitoring arrangements in place.

Horizon scanning is carried out regularly and used to test and validate strategic plans against future trends and risks. Insights are reviewed annually and inform planning cycles, with growing Board-level engagement.

monitoring and governance of decisions embedded in planning cycles.

Horizon scanning is embedded into strategic planning and governance processes. Findings are discussed at Board level annually, and strategies are actively validated and adjusted based on emerging insights. The organisation uses structured methods to anticipate change and mitigate risk.

allocation, and national policy, with real-time monitoring and adaptive planning in place.

Horizon scanning is systematic, forward-looking, and published. It informs biannual Board-level strategic discussions and enables flexible, data-driven adjustments to CSS. Insights are used to anticipate future scenarios, align with system-wide priorities, and ensure the organisation remains agile, resilient, and future-ready.

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## A) Strategy Development/Clarity of Purpose, Vision and Strategy Self-Assessment

Domain	Assessed level	Evidence Used	Any Supporting Narrative
Strategy & Plan	2	<ul style="list-style-type: none"> <li>The 'CSP' is in development through the 'Better Together' portfolio which is a whole system approach to develop a sustainable model of care, which meets the needs of the rural population of Powys.</li> <li>This is set in the context of the shared long term Health and Care Strategy, A Healthy Caring Powys, overseen by the RPB – and there are key points of alignment with the inter-generational Powys Wellbeing Plan overseen by the PSB.</li> <li>The Powys Clusters are also aligned, with the Pan Powys Cluster planning embedded into the RPB mechanisms / Health and Care Strategy and Area Plan.</li> <li>Detailed evidence and updates are provided both informally and formally via WG Touchpoints, IQPD and JET and CEO to CEO / Chair to Cabinet Secretary meetings / appraisals.</li> <li>Key lines of enquiry have been responded to in a series of correspondences in year, issued from WG in relation to the plan and financial position, and the subsequent PTHB Accountable Officer correspondences, which set out responses following consideration by the Board.</li> <li>External expertise has been commissioned and work is now underway, via Grant Thornton and partners. The outputs will be important in informing the next steps of Better Together and the PTHB plan for next year and beyond.</li> </ul>	<ul style="list-style-type: none"> <li>The WG Touchpoints have standing items to ensure currency and fullness of updates across planning, strategy and Better Together, including updating on the work of Grant Thornton as this progresses.</li> <li>A 'no surprises' approach is being taken with additional briefings / meetings and engagement on any matters arising, in addition to the informal and formal touchpoints.</li> <li>PTHB is an active participant in Peer Networks which have an important role in sharing learning and progress on strategy / plans and CSPs – DoPs is a key source of expertise, experience and knowledge as well driving progress / navigating collective positions in tandem with CEMT and the strengthened NHS Wales P&amp;I function.</li> <li>Shared learning across other NHS Wales organisations will also be of interest in relation to strategy and planning e.g. from the work being undertaken by Deloitte in SBUHB.</li> </ul>
Vision & Purpose	2	<ul style="list-style-type: none"> <li>A shared vision has been agreed across partners in the RPB of 'A Healthy Caring Powys', this is the foundation for the vision and purpose of the PTHB Five Year Plan 2024 – 2029 associated Annual Plans.</li> <li>As above, detailed updates are provided both informally and formally via WG Touchpoints, IQPD &amp; JET, CEO to CEO / Chair to Cabinet Secretary meetings / appraisals.</li> <li>A Whole Board approach is being taken to respond to Level 4 Escalation, including regular consideration of strategy, vision and purpose in the light of the de-escalation criteria.</li> <li>The Director of Planning, Performance and Commissioning has been designated as the SRO to ensure clear</li> </ul>	<ul style="list-style-type: none"> <li>The PTHB Annual Plan for the current year is a deficit plan, and therefore not supported by Welsh Government.</li> <li>However it remains an important organisational plan setting out the vision and purpose of the organisation and ensuring delivery against ministerial priorities / locally agreed strategy and organisational priorities.</li> </ul>

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**Alignment of National Policy and All-Level partnership priorities**

3

- accountability on progress towards de-escalation and alignment across strategy and planning.
- Positive feedback has been received from WG in relation to the clarity and coherence of the Plan.
  - Internal survey carried out which also provided feedback on clarity and coherence of plan in a complex context
  - 'A Healthy Caring Powys' sets out Wellbeing Objectives that align to A Healthier Wales and the WBFGA.
  - This is the foundation of the PTHB Five Year Plan and Associated Annual Plans, embedding long term thinking into the planning cycle and ensuring the national goals / five ways of working remain a key thread.
  - As noted above, there are clear links with the RPB and PSB
  - The PTHB Delivery Plan starts with 'Focus on Wellbeing' and each year, the approach to Prevention and Population Health has been prioritised, alongside the more immediate critical actions to respond to escalation and financial deficit.
  - This year, this has been further strengthened by the development of a Population Health Strategic Framework
  - Positive feedback has been received from WG in relation to the alignment with Ministerial Priorities / national policy (although with a note that WBFGA whilst visible could be strengthened as more of a thread throughout)
  - Internal survey carried out which also provided feedback on clarity and coherence of plan in a complex context
  - In the most recent Internal Audit on the IMTP, the alignment of priorities was given substantial assurance
  - 'A Healthy Caring Powys' sets out Enabling Objectives:
    - Workforce Futures
    - Innovative Environments
    - Digital First
    - Transforming in Partnership
  - These underpin the PTHB Five Year Plan and associated Annual Plans, ensuring that key enablers are integrated and there is strategic coherence across the plan
  - Whilst many of the points for Level 4 can be evidenced as above, this theme is marked as 2 in recognition that enablers are not yet aligned to the CSP as that is in development

As above

**Key Enablers**

2

As above

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**Engagement in Development**

3

- Extensive engagement has been carried out as part of Better Together - evidence provided both informally and formally via WG Touchpoints, IQPD and JET and CEO to CEO / Chair to Cabinet Secretary meetings / appraisals
- Structured formal and informal engagement with Llais is part of continuous engagement and regular briefings on Better Together and the Annual Plan are undertaken; Llais requested greater engagement in plan development cycle and this has been acted on, with agreement for Llais to provide an insights submission in early November based on their insights and learning from work to date
- The WG Touchpoints have standing items to ensure currency and fullness of updates on engagement with a focus on Better Together
- A 'no surprises' approach is being taken with additional briefings / meetings and engagement on any matters arising, in addition to the informal and formal touchpoints.
- PTHB is an active participant in the All Wales Communication and Engagement Leads group

**Population Health Needs Assessment**

3

- The Powys Population Needs Assessment (PNA - overseen by the RPB) and the Powys Wellbeing Assessment (WBA - overseen by the PSB) are undertaken jointly in Powys so that there is a comprehensive analysis and understanding of the determinants as well as the presenting factors of health and wellbeing of the population
- The PNA and WBA both inform the PTHB plan and are central to the intelligence and evidence base being used to shape Better Together (the Powys equivalent of a CSS / CSP)
- An update on both the PNA and WBA are scheduled for 2026 / 27 to inform updates of the Powys Wellbeing Plan and Area Plan (and the longer term Health and Care Strategy which is due for refresh in 2027)
- This year, this has been further strengthened by the development of a Population Health Strategic Framework
- Some elements of Level 4 are being achieved however overall score of 3 given further work planned next year to refresh key strategic pieces of analysis as noted

**Priorities & Achievability**

3

- A Whole Board approach is taken to prioritisation as part of the Plan development process – Board Development sessions are used to fully consider the strategic framework and strategic priorities (this work commenced in October 2025 at the most recent Board Development)
- Positive feedback has been received from WG in relation to the prioritisation framework and methodology used by PTHB including the long term strategic framework which is based on population health needs (as noted above)
- Positive feedback has been received from WG in relation to the Plan on a Page which demonstrates a clear set of Strategic Priorities and the logic mapping of critical actions
- In the most recent Internal Audit on the IMTP, the approach to prioritisation / alignment of priorities was given substantial assurance
- Some elements of Level 4 are being achieved however overall score of 3 given Level 4 requires a set of prioritised services which will be part of the 'CSP' being developed under Better Together

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Horizon Scanning	3
Overall Judged Score	2

- In addition to the continuous horizon scanning activity that takes place through the Executive Team, Committee and Board process and programmes, an approach to horizon scanning for Plan Development itself has been developed and refined over recent years.
- The initial stages of Plan Development focus on horizon scanning and encompass a recap, review and refresh of the Strategic Framework, and analysis of the external environment (including annual appraisal of PESTLE factors)
- The above was the central focus for the Plan development discussion at Board Development in October 2025 (supporting materials can be provided on request)
- A confidential briefing for Board members on media and political issues and insights has been developed and is issued weekly - 'The Week'
- Systematic tracking and surveillance of external Strategic Change programmes and developments with a potential impact on healthcare for Powys residents is achieved through the quarterly 'Strategic Change Stocktake' which is now also shared All Wales through DoPs

**As above – some elements are achieving Level 3 but not all, therefore following the WG guidance, the overall score is placed at Level 2**

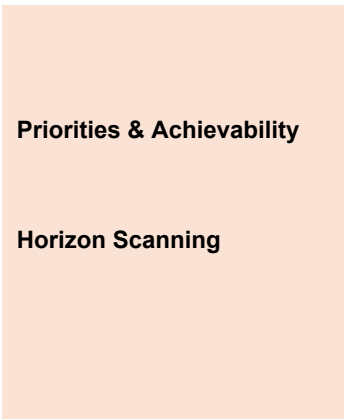
Some elements of Level 4 are being achieved however overall score of 3 given current external expertise commissioned to provide insights which may assist in further improvements / validation and adjustment

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## Strategy Development/Clarity of Purpose, Vision and Strategy Actions

Domain	Assessed level	Aspired Position	Action(s)	Timelines/Milestones	Evidence to be used	Impact Measurement
<b>Strategy &amp; Plan</b>	2	Incremental progression linked to Better Together phasing 3 - 4 - 5	<ul style="list-style-type: none"> <li>Progression of Better Together portfolio</li> <li>Input to externally commissioned review (Grant Thornton)</li> <li>Review / consideration of Outputs</li> <li>PTHB Actions identified in response</li> </ul>	<ul style="list-style-type: none"> <li>Timeline being considered currently</li> <li>Current – to Nov</li> <li>Output report expected Nov</li> </ul>	<ul style="list-style-type: none"> <li>Detailed evidence and updates are provided both informally and formally via WG Touchpoints, IQPD and JET and CEO to CEO / Chair to Cabinet Secretary meetings / appraisals.</li> <li>Grant Thornton Output report and PTHB Actions in response</li> </ul>	<ul style="list-style-type: none"> <li>Better Together is a whole system transformation programme – wide range of impacts described in phases / programme specific – and key contributor to Routemap to financial balance / sustainability</li> <li>Will be dependent on Output report and nature of recommendations</li> </ul>
<b>Vision &amp; Purpose</b>	2	As above	As above	As above	As above	As above
<b>Alignment of National Policy and All-Level partnership priorities</b>	3	As above	<ul style="list-style-type: none"> <li>Act on WG Feedback on current plan in relation to strengthening WBFGA Act in Plan for 26/27</li> </ul>	<ul style="list-style-type: none"> <li>Build into Plan Development Oct – March 2026</li> </ul>	<ul style="list-style-type: none"> <li>Plan Development materials (eg. Board Development PPT Oct 2025)</li> <li>WG Feedback</li> </ul>	<ul style="list-style-type: none"> <li>Plan demonstrates strong alignment with policy and priorities</li> </ul>
<b>Key Enablers</b>	2	As above	As for Strategy and Plan	As for Strategy and Plan	As for Strategy and Plan	As for Strategy and Plan
<b>Engagement in Development</b>	3	As above	As for Strategy and Plan	As for Strategy and Plan	As for Strategy and Plan	As for Strategy and Plan
<b>Population Health Needs Assessment</b>	3	Incremental 4 then 5	<ul style="list-style-type: none"> <li>PNA, Market Stability Assessment and WBA due for refresh 2026 (being scheduled and planned currently)</li> </ul>	<ul style="list-style-type: none"> <li>PNA completion March 2027</li> <li>MSA completion March 2027</li> <li>WBA completion May 2027</li> </ul>	<ul style="list-style-type: none"> <li>Completion of PNA / MSA / WBA</li> <li>Incorporation of insights and intelligence into RPB Area Plan/ PSB</li> </ul>	<ul style="list-style-type: none"> <li>All partners have shared understanding of population health and wellbeing drivers and presenting factors – and are using this to</li> </ul>

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<b>Priorities &amp; Achievability</b>	<b>3</b>	As above	As for Strategy and Plan (because the work on Better Together is key to achieving a prioritised list of services)	As for Strategy and Plan	As for Strategy and Plan	Wellbeing Plan/ PTHB Plan/ Health and Care Strategy Refresh	inform and align partnership and organisational strategy and planning
<b>Horizon Scanning</b>	<b>3</b>	As above	As for Strategy and Plan (because the work on Better Together is key to the CSS which is the key dependency required for progression in this theme)	As for Strategy and Plan	As for Strategy and Plan	As for Strategy and Plan	As for Strategy and Plan

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# Strategy and Plan Alignment, and Development of IMTP

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## B) Strategy and Plan Alignment, and Development of IMTP

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
<b>IMTP Development</b>	Organisation has an annual plan which responds to some but not all elements of planning framework and cannot provide a financially balanced plan over 3 years.	Organisation has an approved IMTP that aligns with the core elements of the planning framework. The plan demonstrates a structured approach to strategic priorities and is informed by baseline data. It includes initial consideration of risks, outcomes, and resource requirements.	IMTP meets almost all policy expectations and is tailored to deliver clear service transformation aligned with an agreed CSP and reflects a shift from operational delivery to strategic impact. Growing maturity in linking planning to measurable impact, return on investment, and strategic priorities. Risks are clearly identified, with evidence of controls and early mitigation strategies.	The IMTP meets all policy expectations and is consistently delivering against the quadruple aim and is embedded across the organisation and transforming services through the CSP. Risks across quality, access, workforce, and finance are actively managed with evidence of controls and mitigation and demonstrates clear alignment between planning, performance, and transformation.	The IMTP exceeds all national policy expectations. It is recognised as a benchmark for excellence, driving system-wide transformation and delivering sustained impact across the quadruple aim. The plan is co-produced, future-focused, and underpinned by robust evidence, innovation, and adaptive governance. It demonstrates clear and advanced triangulation, delivery timelines and milestones, and integrated risks and mitigation.
<b>Alignment between Clinical Services Strategy and Plan and the IMTP or Annual Plan</b>	Some alignment is visible between the annual plan and CSS with the organisation planning on a continuous annual cycle.	Alignment is clear and coherent between the IMTP and CSS with the organisation planning on a continuous annual cycle.	The IMTP is tailored to deliver clear service transformation in line with an agreed Clinical Services Plan. Plans are directly linked to quality, performance and accountability and informed by detailed and future facing modelling.	Coherent aligned plans, including a commissioning plan are performance managed, with staff owning, adapting, acting on and learning from variation.	Planning is owned by all staff and fully integrated and aligned across organisational tiers and system partners. There is a clear golden thread between local, national and regional strategies and partnerships with dynamic alignment to the CSS and Plan, IMTP, commissioning intentions, resulting from horizon scanning results, detailed population health needs assessment and enabling strategies (e.g. workforce, digital, estates).
<b>Triangulation of Services</b>	Basic high-level triangulation is taking place between services, activity, workforce and finance.	Clear triangulation between services, activity workforce and finance.	Detailed triangulation between services, activity workforce and finance at service level.	Clear detailed and robust triangulation and analysis of activity, workforce and finance which considers other holistic requirements such as	Triangulation is system-wide, predictive, and continuously refined through real-time data and advanced analytics. It informs strategic decision-making, resource optimisation, and service redesign across organisational boundaries. The organisation demonstrates a proactive approach

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**Commissioning**

The Board sets out high level commissioning intentions primarily focused on statutory requirements and broad service categories. Commissioning is reactive, with limited strategic alignment or stakeholder engagement.

The organisation has an approved and operational commissioning process. Intentions begin to reflect service priorities and are informed by basic population health data and stakeholder input.

Commissioning decisions are prioritised based on service need, population health data, and performance metrics. The impact of commissioned and supporting organisations is actively considered.

training and working regionally.

The organisation has a clear, transparent commissioning plan that includes a transparent prioritisation framework and actions for both commissioning and decommissioning ensuring risk to patients are minimised. Decisions are evidence-based, responsive to changing needs and communicated effectively to stakeholders.

to managing interdependencies, future workforce needs, financial sustainability, and service demand, with clear links to population health, regional collaboration, and innovation.

Commissioning is strategically embedded across the organisation and system, with clear alignment to the population health needs assessment, clinical priorities, and service transformation goals. The process is co-produced with stakeholders with a clear and transparent prioritisation framework, underpinned by robust evidence, and includes pro-active decommissioning where appropriate with detailed communication strategies. Commissioning decisions are transparent, equitable, and continuously evaluated for impact on quality, access, and outcomes.

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## Strategy and Plan Alignment, and Development of IMTP Self-Assessment

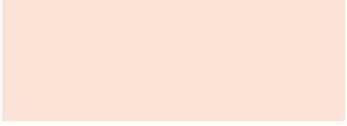
Domain	Assessed level	Evidence Used	Any Supporting Narrative
<b>IMTP Development</b>	<b>1</b>	<ul style="list-style-type: none"> <li>The score for this theme is automatically limited to 1 where an Annual Plan rather than IMTP in place</li> </ul>	Whilst elements of Level 2, 3 and 4 are being achieved, given the criteria, the score cannot exceed 1
<b>Alignment between Clinical Services Strategy and Plan and the IMTP or Annual Plan</b>	<b>1</b>	<ul style="list-style-type: none"> <li>The score for this theme is automatically limited to 1 where an Annual Plan rather than IMTP in place</li> </ul>	Whilst elements of Level 2, 3 and 4 are being achieved, given the criteria, the score cannot exceed 1
<b>Triangulation of Services</b>	<b>2</b>	<ul style="list-style-type: none"> <li>Technical aspects of Plan development are supported via a Core Group with cross organisational membership – this ensures alignment of assumptions and trajectories across workforce, finance, ops, quality, commissioning and other enablers</li> <li>The above work results in production of the MDS and the Plan / Ministerial Templates</li> </ul>	Further work has been undertaken through Better Together as part of the development and appraisal of options, spanning all adult physical and mental health services in the provider, which has enabled greater triangulation – further work is ongoing
<b>Commissioning</b>	<b>2</b>	<ul style="list-style-type: none"> <li>PTHB Strategic Commissioning Framework agreed at Board in 2025</li> <li>Commissioning Intentions for 2026/27 drafted and considered at Board Development October 2026</li> <li>Systematic tracking and surveillance of external Strategic Change programmes and developments with a potential impact on healthcare for Powys residents and therefore commissioning is achieved via Strategic Change Stocktakes</li> </ul>	Significant strategic and Tactical Commissioning decisions considered in year as part of actions to derisk and improve financial position (however the deliverability of these is complex and challenging)
<b>Overall Judged Score</b>	<b>1</b>	Whilst two themes are scoring 2, and some elements are being achieved at higher levels up to 4, given the overall rate limiting factor is the ability to produce an IMTP, this domain is scored 1	

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# Strategy and Plan Alignment, and Development of IMTP Actions

Domain	Assessed level	Aspired Position	Action(s)	Timelines/Milestones	Evidence to be used	Impact Measurement
<b>IMTP Development</b>	1	Incremental progression linked to Better Together phasing 2 - 3 - 4 - 5	As for Strategy and Plan theme in previous domain <ul style="list-style-type: none"> <li>• Progression of Better Together portfolio</li> <li>• Input to externally commissioned review (Grant Thornton)</li> <li>• Review / consideration of Outputs</li> <li>• PTHB Actions identified in response</li> </ul>	As for Strategy and Plan theme in previous domain <ul style="list-style-type: none"> <li>• Timeline being considered currently</li> <li>• Current – to Nov</li> <li>• Output report expected Nov</li> </ul>	As for Strategy and Plan theme in previous domain <ul style="list-style-type: none"> <li>• Detailed evidence and updates are provided both informally and formally via WG Touchpoints, IQPD and JET and CEO to CEO / Chair to Cabinet Secretary meetings / appraisals.</li> <li>• Grant Thornton Output report and PTHB Actions in response</li> </ul>	As for Strategy and Plan theme in previous domain <ul style="list-style-type: none"> <li>• Better Together is a whole system transformation programme – wide range of impacts described in phases / programme specific – and key contributor to Routemap to financial balance / sustainability</li> <li>• Will be dependent on Output report and nature of recommendations</li> </ul>
<b>Alignment between Clinical Services Strategy and Plan and the IMTP or Annual Plan</b>	1	As above	As above	As above	As above	As above
<b>Triangulation of Services</b>	2	As above	<ul style="list-style-type: none"> <li>• Utilise the intelligence gained during the extensive work on the development and appraisal of options for Better Together as part of the technical work on the plan (assumptions and trajectories)</li> </ul>	<ul style="list-style-type: none"> <li>• As part of Plan Development October – March 2026</li> </ul>	<ul style="list-style-type: none"> <li>• Production of Plan / MDS and Ministerial Templates (as applicable)</li> <li>• WG Feedback on alignment of the above</li> </ul>	<ul style="list-style-type: none"> <li>• Coherent and aligned plans / MDS / Ministerial Templates</li> <li>• Enabling and supporting clarity of assumptions and trajectories</li> <li>• Over time, maturing the approach to enable even greater real time / predictive analytics</li> </ul>
<b>Commissioning</b>	2	As above	<ul style="list-style-type: none"> <li>• Implementation of PTHB Strategic Commissioning Framework</li> </ul>	<ul style="list-style-type: none"> <li>• From current (multi year framework)</li> <li>• In line with Plan Development October – March 2026</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation updates on SCF</li> <li>• Transaction of Commissioning</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic and Tactical Commissioning decisions fully considered and agreed as Whole Board</li> </ul>

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- Finalise and issue Commissioning Intentions for 2026/27

Intentions into SLAs and LTAs for 26/27

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# Dynamic and Engaged Planning

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## C) Dynamic and Engaged Planning

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Stakeholder Engagement	Staff and partners are aware of CSS/CSP and there is a public commitment in place to undertake stakeholder engagement.	Organisational engagement is evident in practice and reflected in the CSS/CSP. Broad engagement to inform Equality Impact Assessments and Socio-Economic Duty Assessments.	Stakeholders are engaged in and co-design priority setting using the 'engagement cycle' model and a person-centred approach. Staff engagement at an organisation level is increasing.	Full and proactive continuous engagement including diverse communities which informs, owns and tests all impact assessments. Feedback from engagement activities influences and challenges the plan. Planning is also embedded and co-ordinated throughout the organisation.	Internal continuous engagement sees a fully engaged and informed workforce who are able to co-produce. Feedback and learning from continuous engagement activities including protected characteristic groups and socio-economic disadvantaged groups informs local priority setting and the development of the CSS/CSP.
Service Delivery Risk and Issue Management Approach	Organisation has a service risk management approach in place, but it has not been fully adopted across all areas.	Organisation has service risk management approach embedded across all areas of the organisation and has robust plans in place to address / mitigate risks	A risk management approach is evident and consistent across organisation. The organisation stop fragile services are identified.	The risk management approach enables the early identification of fragile or soon to be fragile services allowing for early intervention to ensure service sustainability. Organisation sees less urgent service changes.	Potential fragile services identified early and robust risk management across organisation pre-emptively responding to emerging service risks and the organisation is able to flexibly adjust plan. The Board are informed and regularly updated on fragile services and organisation rarely sees urgent service changes.
Service Model / Regional Design	Organisation has no route, or route is ineffective to discuss potential opportunities or joint risks. Regional collaboration is minimal, ad hoc, and lacks strategic intent.	Strengthened partnership working arrangements are in place. A methodology for working together is developed, with early efforts to align priorities and build trust.	Opportunities for regional working and shared solutions are identified and developed collaboratively. Planning is increasingly aligned across organisations, with joint priorities and resource sharing.	Agreed proposals for robust regional service models (e.g. consolidation, shared services) are in place and delivery is underway. Governance structures support joint accountability and performance management.	Regional collaboration is fully embedded, strategically led, and continuously evolving. The organisation is a proactive system leader, driving the development, implementation, and optimisation of shared service models and regional solutions. Collaboration is underpinned by co-produced strategies, shared governance, and dynamic intelligence. The organisation anticipates future needs, fosters innovation, and delivers measurable improvements in equity, efficiency, and outcomes across the region.

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# Dynamic and Engaged Planning Self-Assessment

Domain	Assessed level	Evidence Used	Any Supporting Narrative
Stakeholder Engagement	3	<ul style="list-style-type: none"> <li>Extensive engagement in 2025 as part of Better Together                             <ul style="list-style-type: none"> <li>Staff engagement on the Case for Change in Spring 2025 February and March - over 300 colleagues shared views, to shape the approach and update Case for Change</li> <li>Public and stakeholder engagement to test the Case for Change more widely April to May 2025, to ensure the plans build on need and experiences of Powys people</li> <li>Big conversation June to July 2025 focused on views on physical and mental health community services</li> <li>Change Champions Network set up for staff</li> <li>Extensive clinical and operational engagement in development of System and Service Level Models of Care and Options</li> <li>Regular meetings with Members of the Senedd and Member of Parliament on an individual basis</li> </ul> </li> <li>PTHB also take an active role in other health system consultations to ensure opportunities for Powys residents views to be heard and to make use of intelligence for planning – work this year has included support for the HDUHB consultation on their CSP and ABUHB on their Local General Hospital model</li> <li>Internally, a confidential briefing for Board members on media and political issues and insights has been developed and is issued weekly - 'The Week'</li> </ul>	Some elements of Level 4 being achieved however scored 3 in line with evidence noted
Service Delivery Risk and Issue Management Approach	1	<ul style="list-style-type: none"> <li>Strategic Risk Register and Board Assurance Framework (BAF) adopted by the Board in July 2025</li> <li>The BAF is an integrated part of every Board meeting and informs the Board and Committee work planning</li> <li>The Corporate Risk Management Framework was reviewed in Q1 and is due for full implementation in year</li> </ul>	Some elements of Level 2 and 3 are being achieved as shown in the evidence - however scored 1 as the OLG is new and will have a key role in bringing a collective leadership view on Service Level risk and issue management

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## Service Model / Regional Design

2

- Operational Leadership Group recently established (first meeting September 2025) – Terms of Reference include Service Delivery Risk and Issue management (however scored 1 as this is new mechanism)
- The above will feed into the existing Corporate and Board Governance processes including those for risk identification, management and mitigation and the Board Assurance Framework
- There are service level risk management mechanisms in place – the newly established Operational Leadership Group will enable collective oversight and greater cohesion, and the link between service level risk and the corporate risk management approach and Board Assurance Framework
- Strong track record of partnership working in Powys (which is a region in its own right) – the shared Health and Care Strategy for Powys overseen by the RPB was the first of its kind in Wales and there are important points of alignment across the RPB and PSB in relation to population health and wellbeing (see also the section above on Population Needs Assessment for more evidence)
- a series of self assessments are underway which will inform a development plan for the RPB
- The health board led a pioneering approach to Evaluation, Prioritisation and Assurance for the RPB, which has been used to achieve a reprioritisation focused on the greatest system need, resulting in an agreed RIF Delivery and Resource Plan approved in June 2025 (the next phase is now underway to inform planning for 26/27)
- The above included funding for an innovative regional service model, the Ready to Go Home Units in Powys, implemented as temporary changes pending evaluation and the next phase of Better Together
- The Evaluation, Prioritisation and Assurance methodology developed with the RPB is now being adapted and used as part of the current Third Sector review
- A Framework for Partnership Governance and Assurance was also developed and approved in Q1.

Some elements of Level 3 and 4 are being achieved – and the recently developed Evaluation methodology is leading edge work, as shown in the evidence - however scored 2 overall as the further work being undertaken across partners in the final years of the Health and Care Strategy are critical to sharing and identifying further regional solutions. The interface with other Regions is also very complex for Powys and RJC's are new mechanisms – PTHB will track developments closely to be able to identify risks or opportunities.

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**Overall Judged Score**

**2**

The first report under the Partnership Governance and Assurance Framework was submitted to PPPH Committee in August 2025. This covered 12 multiagency partnerships involving PTHB and set out the planning and annual reporting cycle for each. Work is underway on detailed key assessments.

- PTHB is active partner on the Mid Wales Joint Committee for Health and Care and the associated sub groups for planning, commissioning and Clinical Advisory Group / project groups
- PTHB is also an observer on the RJs established this year. This work is emergent and PTHB will track closely to understand any future risks or opportunities.
- Systematic tracking and surveillance of external Strategic Change programmes and developments with a potential impact on healthcare for Powys residents achieved via the Strategic Change Stocktake (now shared All Wales via DoPs)

The theme scores are 3, 1 and 2 – with evidence as noted above for some elements of the themes reaching higher levels and some pioneering leading-edge work noted. Therefore the judgement for this domain is an overall score of 2.

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# Dynamic and Engaged Planning Actions

Domain	Assessed level	Aspired Position	Action(s)	Timelines/Milestones	Evidence to be used	Impact Measurement
Stakeholder Engagement	3	4	<ul style="list-style-type: none"> <li>Progression of next steps of Better Together portfolio engagement</li> </ul>	<ul style="list-style-type: none"> <li>Timeline being considered currently</li> </ul>	<ul style="list-style-type: none"> <li>Detailed evidence and updates are provided both informally and formally via WG Touchpoints, IQPD and JET and CEO to CEO / Chair to Cabinet Secretary meetings / appraisals.</li> <li>Monthly Service Change updates provided to WG</li> <li>Independent engagement and consultation assurance by HICO</li> </ul>	<ul style="list-style-type: none"> <li>“Ensure the people of Wales have a strong voice to inform the ongoing development of an effective, joined up health and social care system” (A Healthier Wales Refresh, December 2024)</li> <li>Better engagement and alignment between organisational goals, corporate affairs, transformation and wider community /economy assets</li> <li>Compliance with key legislation and guidance relation to communication, engagement, service change, accessibility, Welsh Language etc.</li> </ul>
Service Delivery Risk and Issue Management Approach	1	3	<ul style="list-style-type: none"> <li>Operational Leadership Group (OLG) recently established – actions will be in line with Action Plan</li> </ul>	Tbd	OLG Minutes and Action Log	tbd
Service Model / Regional Design	2	Incremental progression linked to Better Together 2 - 3 - 4 - 5	<ul style="list-style-type: none"> <li>Progression of Better Together portfolio</li> <li>Input to externally commissioned review (Grant Thornton)</li> </ul>	<ul style="list-style-type: none"> <li>Timeline being considered currently</li> <li>Current – to Nov</li> <li>Output report expected Nov</li> </ul>	As above	<ul style="list-style-type: none"> <li>Better Together is a whole system transformation programme – wide range of impacts described in phases / programme specific – and</li> </ul>

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- Review / consideration of Outputs & Actions in response

key contributor to Routemap to financial balance

# Operational Planning

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## D)Operational Planning

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
<b>Demand &amp; Capacity Modelling</b>	Basic demand and capacity work is undertaken and contains an appropriate level of detail to support service delivery	Demand and capacity planning undertaken at speciality level to support the design of current and future services. Data is more structured and used to inform service-level decisions	Robust and profiled projections of demand and capacity are used to inform the development of individual service plans, the Clinical Services Plan, and the IMTP. Planning is increasingly data-driven and cross-functional.	The organisation uses detailed and advanced modelling capability to support strategic planning. Demand and capacity modelling is embedded in the IMTP and informs transformation, workforce, and financial planning. Predictive analytics and AI tools support long-term planning.	Demand and capacity modelling including modelling projections is at the core of planning processes across the organisation. Predictive analytics and AI tools support long-term planning. Modelling triangulates resources, staff, finance and activity. It is able to undertake modelling at all levels of prevention and illustrates scenarios for improvement for the IMTP.
<b>Clinical Leadership &amp; Input</b>	Clinical leads are identified and their roles are defined. Engagement is limited to basic consultation or information sharing	Clinical leads begin to inform service planning and contribute to performance improvement discussions. Their input is considered but not yet central.	Clinical leads are embedded early in the planning cycle to ensure that service design is clinically credible and patient-centred. Clinical leads co-produce plans and provide leadership in development processes. Their involvement is structured and increasingly strategic.	Clinical leadership is embedded in operational planning. Clinical teams actively shape service direction in alignment contributing to future direction services in line with clinical services plan.	Clinical leadership sits at the heart of planning and performance with a strong focus on quality and improvement. Clinical leaders co-produce plans and drive the future direction of plans through developing a culture of quality, innovation, and continuous improvement, fostering deep engagement and ownership across clinical teams.
<b>Planning Process</b>	Organisation has basic operational plans and planning process in place.	Operational plans are regularly reviewed and remedial action undertaken.	Operational plans have robust triangulation and modelling of plans based on a clear and consistent approach to demand and capacity modelling across the organisation	Coherent aligned and triangulated plans with clear links to CSS and CSP, including, with staff owning, adapting, acting on and learning from variation and inequity.	Operational plans are fully aligned and integrated into the development of IMTP and CSP. Staff own the process and act on opportunities and learning to improve holistic service provision and patient experience.

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# Operational Planning Self-Assessment

Domain	Assessed level	Evidence Used	Any Supporting Narrative
<b>Demand &amp; Capacity Modelling</b>	<b>1</b>	<ul style="list-style-type: none"> <li>- Strategic Demand and Capacity Analysis carried out for the North Powys Wellbeing Programme – recently refreshed for use Pan Powys</li> <li>- Detailed development and appraisal of options for Better Together has included demand and capacity considerations</li> </ul>	<p>As a community provider, the health board has not got the equivalent tools / methodology or datasets for demand and capacity planning as DGH providers</p> <p>There are examples of good practice but it is not routine / consistent use across the health board Work being undertaken through Better Together is building stronger foundations for D&amp;C planning</p>
<b>Clinical Leadership &amp; Input</b>	<b>1</b>	<ul style="list-style-type: none"> <li>- Better Together Programme has identified clinical leads and they are central to the development of System and Service Level Models of Care</li> <li>- There are leads for some areas of operational provision such as Planned Care and Urgent Care</li> </ul>	<p>Similarly to above - as a community provider, the health board has not got the equivalent clinical or medical capacity / capability as a DGH provider</p> <p>There are examples of good practice but it is not routine / consistent use across the health board Work being undertaken through Better Together is building stronger clinical leadership</p>
<b>Planning Process</b>	<b>1</b>	<ul style="list-style-type: none"> <li>- This is a known gap in the organisation – there are no specific operational planners / service planners in operational teams – however there are key roles with planning /service improvement responsibilities and examples of good practice across the health board</li> <li>- Operational and tactical plans are in place and reported on through organisational mechanisms; for example areas of operational and service development aligned to the Clinical Implementation Networks</li> <li>- System resilience planning is also a focus during Autumn and Winter and encompasses both operational planning and the alignment to RPB system planning</li> <li>- Considerable service planning work has been undertaken via Better Together in 2025 which has commenced with the development of System and Service Level Models of Care and appraisal of options</li> </ul>	<p>There are examples of good practice but it is not routine / consistent across the health board. Work being undertaken through Better Together is building stronger 'system and service planning' associated with transformation.</p>

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**Overall Judged Score**

1

- Similarly, significant service planning work has been undertaken in the North Powys Wellbeing Programme, jointly with Powys County Council

The health board does not have designated operational or service planners as may be the case in larger health boards with DGH responsibilities. However there are key roles and areas of good practice in operational planning, service improvement, and the Better Together/ North Powys programmes have included significant system and service planning work.

The main drivers for operational planning are service improvement and transformation

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## Operational Planning Actions

Domain	Assessed level	Aspired Position	Action(s)	Timelines/Milestones	Evidence to be used	Impact Measurement
<b>Demand &amp; Capacity Modelling</b>	1	2	<p>Assessment of demand and capacity resource requirements (being taken forward as part of planning for next phase of Better Together and similarly for North Powys Wellbeing Programme)</p> <p>This will include consideration of any associated findings from Grant Thornton</p>	November 2025 (with next steps / actions to be determined following assessment of resource required)	WG Touchpoints have standing items to provide updates on Better Together, including updating on the work of Grant Thornton as this progresses.	Ability to identify and secure resources for demand and capacity will improve technical assessments/ trajectories and service planning which are fundamental to the transformation programme
<b>Clinical Leadership &amp; Input</b>	1	2	<p>Assessment of clinical leadership resource requirements (being taken forward as part of planning for next phase of Better Together and similarly for North Powys Wellbeing Programme)</p> <p>This will include consideration of any associated findings from Grant Thornton</p>	November 2025 (with next steps / actions to be determined following assessment of resource required)	WG Touchpoints have standing items to provide updates on Better Together, including updating on the work of Grant Thornton as this progresses.	Ability to identify and secure resources for clinical leadership will improve professional alignment and expertise, which is fundamental to building a sustainable model of care
<b>Planning Process</b>	1	2	<p>Assessment of Service Planner capacity and resource requirement being undertaken via Better Together as above (and similarly for North Powys Wellbeing Programme)</p>	November 2025 (with next steps / actions to be determined following assessment of resource required)	WG Touchpoints have standing items to provide updates on Better Together, including updating on the work of Grant Thornton as this progresses.	Ability to identify and secure resources for service planning will improve technical assessments/ trajectories and service planning which are fundamental to the transformation programme

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## E) Best Practice Approach to Improvement

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
<b>Engagement</b>	Engagement is minimal and reactive. Feedback is collected from patients and staff, but there is no structured approach to measuring the effectiveness of engagement activities or approach. Insights are rarely used to inform decision-making.	The organisation has a visible commitment to best practice, supported by training and an improvement strategy. Engagement with national programmes is active, and structured methods for collecting feedback and measuring impact are in place, though not yet fully embedded.	Organisation is developing an engagement strategy/plan and is proactive in identifying and learning from best practice in engagement to ensure voices are captured from all stakeholders especially clinical, minority and diverse voices.	Engagement is embedded across all organisational activities—planned and unplanned. The engagement strategy ensures robust inclusion of diverse and clinical voices, supported by strong data collection and analysis. Feedback directly informs action, driving continuous improvement.	Stakeholder engagement is transformational—co-designed and co-led by patients, staff, and communities. Real-time feedback tools enable adaptive responses, while inclusive practices ensure diverse voices shape decisions. The organisation is nationally recognised for its leadership in engagement, with a clear link between stakeholder input and measurable improvements
<b>Benchmarking</b>	Organisation is beginning to explore value-based healthcare principles, but planning remains reactive and output-focused. Benchmarking is ad hoc, with limited structure or consistency. There is minimal understanding of how comparative data can drive improvement, and benchmarking is not yet linked to strategic goals.	Value-based planning is gaining traction, and regular benchmarking is conducted with other NHS organisations. The organisation begins to use structured benchmarking methods to identify best practice, though application is inconsistent. Staff awareness is growing, and benchmarking is starting to inform service reviews and improvement discussions.	Benchmarking processes are formalised, consistently applied, and span across Wales and the UK. The organisation uses comparative data to identify performance gaps and inform strategic planning. Benchmarking is aligned with value-based healthcare principles, and results are used to prioritise improvement initiatives. Staff are engaged in interpreting data and applying insights to their areas.	Benchmarking is fully integrated into planning and performance cycles. Staff across the organisation actively lead benchmarking and improvement initiatives, using data to drive decisions and measure impact. There is a strong culture of ownership and continuous learning. Benchmarking includes qualitative and quantitative measures, peer comparisons, and outcome-focused metrics aligned with patient value. Insights are shared across teams and used to scale best practice.	Demonstrates full integration of benchmarking and value-based planning across strategic, operational, and clinical areas. Advanced analytics, including predictive and real-time data, drive proactive improvements and innovation. Recognised as a leader in the NHS, the organisation shapes best practice while fostering a culture where staff lead continuous improvement and scalable innovation.
<b>Governance</b>	Governance arrangements are informal, fragmented, or unclear. Oversight of IMTP development is minimal, with limited accountability, transparency, or	A governance structure has been established to provide direction and oversight for IMTP development. Roles and	A formal governance and accountability framework is in place for IMTP development and	Governance is embedded across the organisation, with a mature CSS and oversight mechanisms that are reviewed annually for	Governance is fully integrated, agile, and strategically aligned across all levels. Oversight of the IMTP, CSS and CSP is co-produced with clinical leaders and stakeholders, supported by real-time data, predictive analytics, and dynamic

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alignment to strategic priorities. There is no structured process for risk management, stakeholder involvement, or performance monitoring.

responsibilities are defined, and basic reporting mechanisms are in place. There is growing awareness of the need for structured governance, but integration with programme-level planning and delivery is still emerging.

monitoring at programme level. IMTP and CSS/CSP governance is aligned with strategic objectives, includes defined escalation routes, and supports performance tracking. IMTP Governance is periodically tested for improvements.

relevance and effectiveness. IMTP and CSS/CSP governance structures support cross-functional collaboration, robust data use, and continuous improvement. Governance is constantly and pro-actively tested for improvements.

risk intelligence. IMTP/CSS/CSP governance structures are benchmarked against national best practice, continuously refined, and used to drive innovation, accountability, and system-wide impact. Decision-making is transparent, inclusive, and outcome-focused.

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# Best Practice Approach to Improvement Self-Assessment

Domain	Assessed level	Evidence Used	Any Supporting Narrative
<b>Engagement</b>	1	Basic level chosen as 'Improvement Strategy' required to score above Level 1 <ul style="list-style-type: none"> <li>- PTHB has a 'Future Foundations' programme which is taking forward business efficiencies improvements</li> <li>- This is linked to the work to derisk and improve the financial position of the organisation – and by association, the Level 4 Escalation response</li> </ul>	Some elements of Level 2 but not all
<b>Benchmarking</b>	1	Basic level chosen as structured benchmarking methods required to score above Level 1	Some elements of Level 2 but not all
<b>Governance</b>	2	<ul style="list-style-type: none"> <li>- Whole board approach to Plan development, linked to Level 4 Escalation approach, with Director of Planning, Performance and Commissioning designated as SRO</li> <li>- Systematic approach in place for monitoring of Annual Plan on quarterly basis with comprehensive appraisal of each Area of Delivery and associated Milestones</li> <li>- This includes a BRAG rating with associated commentary for any Red rated items, setting out reasons for delay and actions to recover or mitigate</li> <li>- A stronger approach to recording Achievements has been included this year, following feedback from Board and Committee to provide further insights focused on what impact actions are having</li> </ul>	Most elements of Level 3 are in place however the criteria references IMTP and CSP which are not in place currently in PTHB
<b>Overall Judged Score</b>	1		

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## Best Practice Approach to Improvement Actions

Domain	Assessed level	Aspired Position	Action(s)	Timelines/Milestones	Evidence to be used	Impact Measurement
Engagement	1		TBC	TBC		
Benchmarking	1		TBC	TBC		
Governance	2		TBC	TBC		

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# Realistic & Deliverable

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## F) Realistic & Deliverable

	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
<b>Risk Identification &amp; Management</b>	Risk identification and management are inconsistent and reactive. Risks to IMTP delivery are not systematically captured or monitored. There is limited ownership or visibility of delivery risks.	A formal risk management process exists and is applied to IMTP delivery at a high level. Risks are identified at the planning stage and tracked through basic registers and reviewed periodically. Ownership is clearer, but integration with delivery assurance is limited. Escalation processes in place but not always followed.	Risk identification and management are embedded in IMTP development and delivery processes. Risks are identified early and linked to specific objectives, milestones, and outcomes. Controls are monitored, and mitigation actions are tracked. Risk registers are dynamic and inform delivery with clear ownership.	Risk management is proactive, strategic, and forward-looking with an agreed and clear risk appetite. Risks are anticipated and identified through horizon scanning, sensitivity analysis and scenario planning. The organisation adapts delivery plans in response to emerging risks with regular reviews. Lessons learnt informs future IMTP cycles.	Risk management is fully embedded across the organisation and system partners and is triangulated across workforce, finance, digital and clinical lenses. It is predictive, real-time, and continuously informs IMTP delivery through live dashboards and predictive analysis. The organisation leads in using risk intelligence to drive improvement, resilience, and transformation. The organisation operates continuous learning and is recognised for excellence in risk-informed delivery assurance.
<b>Development of IMTP and track record</b>	The organisation has a track record of submitting annual plans that do not meet the requirements of the planning framework, Cabinet Secretary expectations or provide a financially balanced plan over 3 years. Planning is largely operational and short-term, with limited strategic integration and has limited clinical or financial planning alignment and limited stakeholder engagement.	The organisation consistently develops robust annual plans that build assurance as a key step toward an approvable IMTP. Plans begin to reflect medium term priorities, include a finance and delivery framework, and show early signs of strategic alignment including financial forecasts and delivery milestones.	The organisation has developed an approvable, outcomes-focused IMTP that reflects strategic priorities, enabling plans and clinical service plans. A robust 3-year sustainable financial plan is included, with clear links to service transformation (with milestones and timelines) with clearly articulated risks and mitigations.	The organisation has a history of submitting high quality IMTP's that are strategically integrated and includes a comprehensive delivery and assurance framework. It demonstrates alignment across all enabling strategies and is informed by detailed modelling, population health intelligence, and with significant stakeholder input.	The organisation is recognised for excellence in IMTP delivery and assurance and has a long history of developing and submitting high quality IMTP's which surpass policy expectations and is recognised as a system-leading exemplar. It is co-produced and informed by detailed analysis and predictive tools to drive transformation across the health system, delivers the quadruple aim.
<b>Monitoring and Delivery</b>	Monitoring of annual plan or IMTP delivery is ad hoc and reactive and focused on immediate operational issues. There is limited visibility of progress, and reporting is inconsistent.	The organisation has a structured approach to monitoring annual plan or IMTP delivery with ownership of delivery emerging across services.	Monitoring of IMTP delivery is consistently seen as business as usual and integrated with performance management reviews and risk	IMTP delivery is monitored through a robust, outcome-focused framework which includes impact evaluation. The organisation adapts delivery plans based on	IMTP monitoring and delivery are embedded in real-time, system-wide performance and governance structures. The organisation demonstrates strategic leadership in delivery assurance, advanced triangulation, using predictive analytics, scenario planning, and co-

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Accountability is unclear and delivery risks are not systematically managed.

Key milestones and actions are tracked, and reporting mechanisms are in place through basic dashboards and reported to the Board regularly. Accountability is improving, but integration with performance and risk management is limited.

assurance processes. Progress is tracked against outcomes, and corrective actions are taken. Delivery is supported by enabling functions and aligned with strategic priorities. Delivery is starting to inform future planning.

performance insights, emerging risks, and system pressures. Staff are engaged in owning and delivering IMTP priorities.

produced improvement plans. Delivery is continuously optimised to achieve the quadruple aim. Continuous improvement cycles are embedded, with clear evidence of impact and the

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## Realistic & Deliverable Self-Assessment

Domain	Assessed level	Evidence Used	Any Supporting Narrative
<b>Risk Identification &amp; Management</b>	<b>1</b>	<ul style="list-style-type: none"> <li>- Whole board approach to Plan development, linked to Level 4 Escalation approach, with Director of Planning, Performance and Commissioning designated as SRO – this includes consideration of risk</li> <li>- Current plan theme is 'Risk, Recovery and Sustainability' in recognition of the link between strategic and tactical risk and the Plan</li> <li>- Critical Actions identified as part of current plan, which are responding to organisational risk in particular</li> </ul>	Most elements of Level 2 and some of Level 3 are in place however the criteria references IMTP which is not in place currently in PTHB
<b>Development of IMTP and track record</b>	<b>1 or 2 depending on length of time for track record</b>	<ul style="list-style-type: none"> <li>- Prior to recent financial deficit post covid, organisation had a track record of IMTPs</li> <li>- As noted above, whole board approach to Plan Development is linked to Level 4 Escalation, to build assurance as a key step to an acceptable Annual Plan and progression to IMTP</li> </ul>	Score depends on perspective
<b>Monitoring and Delivery</b>	<b>2</b>	<ul style="list-style-type: none"> <li>- Whole board approach to Plan development, linked to Level 4 Escalation approach, with Director of Planning, Performance and Commissioning designated as SRO</li> <li>- Systematic approach in place for monitoring of Annual Plan on quarterly basis with comprehensive appraisal of each Area of Delivery and associated Milestones</li> <li>- This includes a BRAG rating with associated commentary for any Red rated items, setting out reasons for delay and actions to recover or mitigate</li> <li>- A stronger approach to recording Achievements has been included this year, following feedback from Board and Committee to provide further insights focused on what impact actions are having</li> </ul>	Most elements of Level 3 are in place however the criteria references IMTP which is not in place currently in PTHB
<b>Overall Judged Score</b>	<b>1 or 2</b>		

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## Realistic & Deliverable Actions

Domain	Assessed level	Aspired Position	Action(s)	Timelines/Milestones	Evidence to be used	Impact Measurement
<b>Risk Identification &amp; Management</b>	1	2 (however this is 'rate limited' as criteria requires IMTP)	Actions covered in earlier domains	Actions covered in earlier domains	Actions covered in earlier domains	Actions covered in earlier domains
<b>Development of IMTP and track record</b>	1 or 2	Incremental progression up Levels in line with Better Together phasing	<ul style="list-style-type: none"> <li>• Progression of Better Together portfolio</li> <li>• Input to externally commissioned review (Grant Thornton)</li> <li>• Review / consideration of Outputs</li> <li>• PTHB Actions identified in response</li> </ul>	<ul style="list-style-type: none"> <li>• Timeline being considered currently</li> <li>• Current – to Nov</li> </ul> Output report expected Nov	<ul style="list-style-type: none"> <li>• Detailed evidence and updates are provided both informally and formally via WG Touchpoints, IQPD and JET and CEO to CEO / Chair to Cabinet Secretary meetings / appraisals.</li> <li>• Grant Thornton Output report and PTHB Actions in response</li> </ul>	<ul style="list-style-type: none"> <li>• Better Together is a whole system transformation programme – wide range of impacts described in phases / programme specific – and key contributor to Routemap to financial balance / sustainability</li> <li>• Will be dependent on Output report and nature of recommendations</li> </ul>
<b>Monitoring and Delivery</b>	2	3 (however this is 'rate limited' as criteria requires IMTP)	Actions covered in earlier domains	Actions covered in earlier domains	Actions covered in earlier domains	Actions covered in earlier domains

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Planning, Partnerships and Population Health Committee		Agenda Item 3.4
<b>Subject:</b>	PHTB Plan Approach and Process 2026 -2027	
<b>Approved and Presented by:</b>	Nicola Johnson, Executive Director of Planning, Performance and Commissioning	
<b>Prepared by:</b>	Assistant Director of Planning	
<b>Purpose:</b>	<p>To provide an overview of the approach and process for the development of the Plan 2026 – 2027, including draft Strategic Priorities and Plan on a Page, for consideration and discussion prior to submission to PHTB Board for approval at its meeting on 26<sup>th</sup> November 2025.</p> <p>This report has previously been considered at an Informal Executive Committee session, and an earlier iteration of the Plan Approach was also considered at Board Development in October 2025. This report reflects updates made following discussion and feedback from those sessions.</p>	
<b>Recommendations:</b>	<p>The Committee are asked to:</p> <ul style="list-style-type: none"> <li>• <b>CONSIDER, DISCUSS</b> and provide any feedback</li> <li>• <b>RECOMMEND</b> the report for submission to the PHTB Board, to give assurance on the approach and process for plan development, particularly that the Committee has had an opportunity for engagement prior to Board submission.</li> </ul>	
<b>Executive Summary:</b>	<p>This report provides an overview of the approach and process for development of the Plan 2026 – 2027, covering:</p> <ul style="list-style-type: none"> <li>• Context and Strategic Framework <ul style="list-style-type: none"> <li>• Recap on Current Plan, Strategic Framework including updated approach to Population Health</li> <li>• Escalation Status and Financial Context</li> <li>• NHS Wales Requirements &amp; Cabinet Secretary Priorities and PESTLE analysis</li> </ul> </li> <li>• Draft Strategic Priorities and Plan on a Page</li> <li>• Planning Process including Governance timeline and key focus/ decisions and products up to end of March 2026.</li> </ul> <p>Following consideration at this Committee, it will be submitted to PHTB Board for its meeting on 26<sup>th</sup> November 2025.</p>	

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# Context and Strategic Framework

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# Recap: Current Plan

- The current plan has a set of Strategic Priorities and Critical Actions for 2025/26

- Wellbeing Objectives
  - Focus on Wellbeing
  - Early Help and Support
  - Tackling the Big Four
  - Joined up Care

- Enabling Objectives
  - Workforce Futures
  - Digital First
  - Innovative Environments
  - Transforming in Partnership

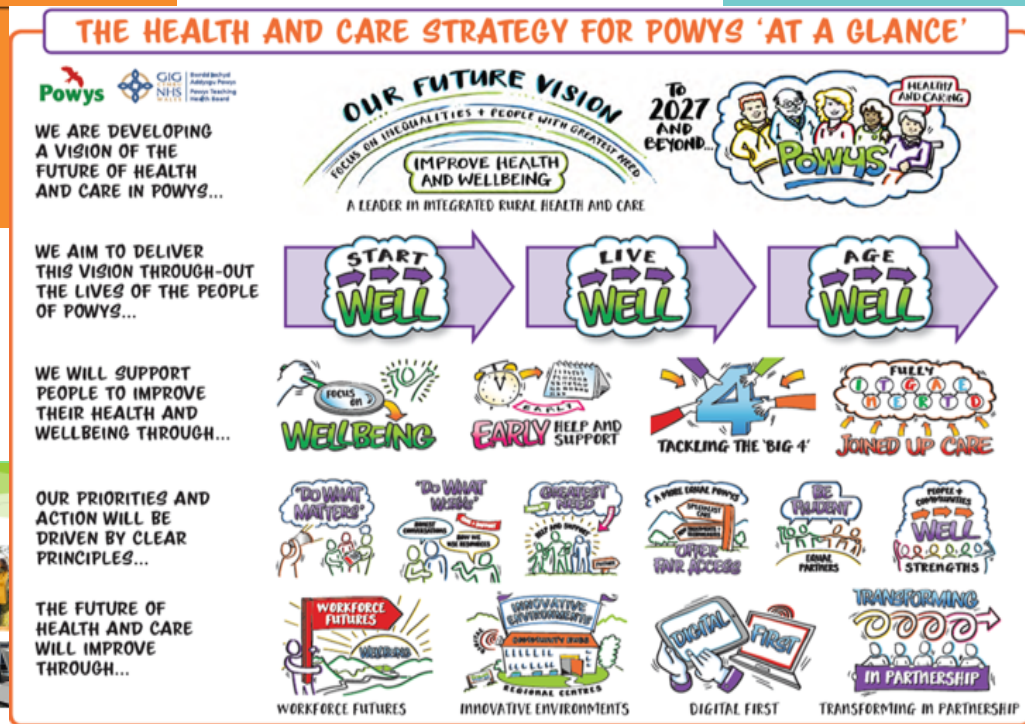


# Strategic Framework: Multiple Components; Points of Alignment

- The RPB Health and Care Strategy, **A Healthy Caring Powys** runs to 2027, this underpins the PTHB Plan and 'Better Together'
- A refresh of the strategy will be informed by an updated **Population Needs Assessment and Wellbeing Assessment** (due March / May 2027) and Market Stability Report (March 2027).
- The current RPB **Joint Area Plan** spans to March 2028, with annual delivery and resource planning (the RIF funding programme ends March 2027)
- The **Powys Cluster Plans** are set in this context and consideration of priorities for 26/27 has started
- The **Powys Wellbeing Plan** is due to be updated by the Public Services Board by May 2028
- System and Service Level Models of Care have been development via **Better Together** which will inform the priorities and actions for next year and beyond
- **Population Health and Wellbeing** is a unifying factor across all the above – and across all partner's transformation goals.

**POPULATION NEEDS ASSESSMENT**  
Regional Partnership Board  
Health and Social Care  
March 2022

**WELL-BEING ASSESSMENT**  
Powys Public Service Board



Designing a sustainable approach for Powys

**BETTER TOGETHER**

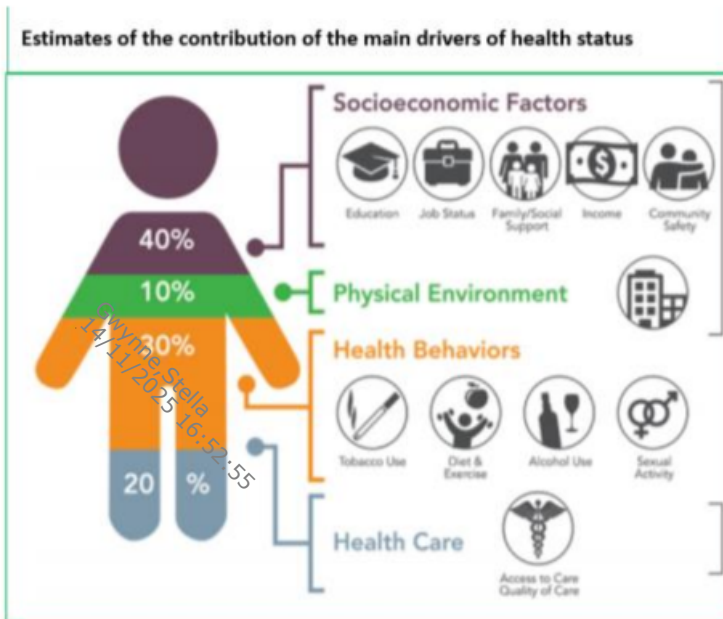
**WELL-BEING PLAN**  
Powys Public Services Board



# Population Health Strategic Framework

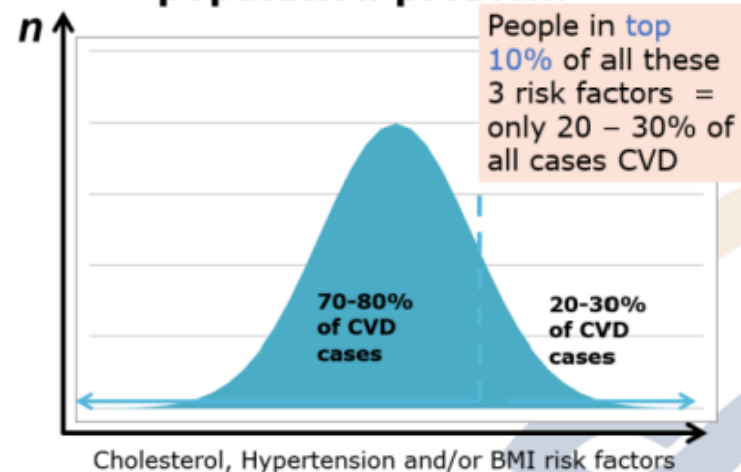
The Annual Report of the Director of Public Health 2025 includes a Strategic Framework for Population Health in Powys 2025-2035. This sets out an evidence based approach to 'Preventing the preventable' and 'Modifiable risk factors', across the life course

- The most effective way to improve population health is to reduce small risks for large numbers of people, instead of strategies to reduce large risks for small numbers – challenging the traditional treatment perspective focused on individual intervention
- Key to this are the 'building blocks' of socio-economic factors, physical environment and health behaviours (health care itself is estimated to contribute only 20% to health status) and a more fundamental shift to prevention (the 'Marmot' principles)
- To reduce inequity in health outcomes, actions are universal, but scaled to the level of disadvantage ('proportionate universalism')

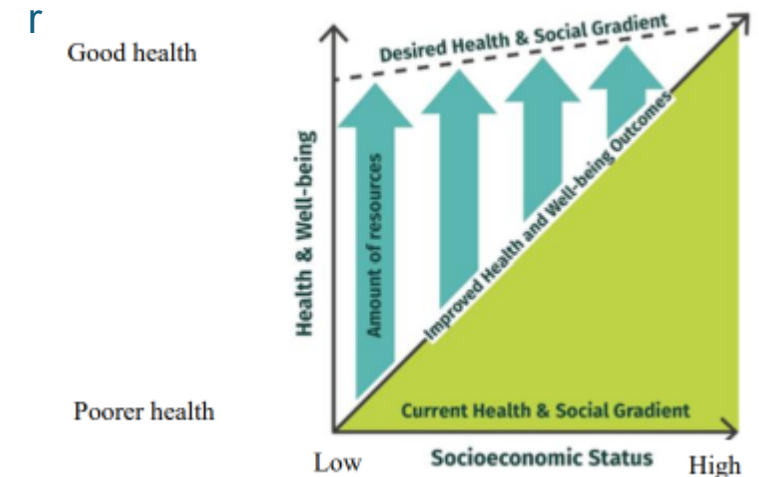


Each with a population health focus on good health and wellbeing, tackling inequities, addressing the population problem

## Fixing the worst doesn't address the population problem



Source: Davies, A et al <sup>2</sup>



# Escalation Status and Financial Context

PTHB has an escalation status of Level 4 for strategy, planning and finance (and routine monitoring for all other domains)

**Escalation Framework** shared by Welsh Government for PTHB Level 4 Targeted Intervention

- Sets out approach to oversight and escalation, assessment and monitoring mechanisms and roles and responsibilities
- Provides a set of 'expected outcomes' (for full de-escalation, ie. to Routine Monitoring)
- Sets out Level 4 'Intervention focus and key areas' (criteria for de-escalation by level, e.g. Enhanced Monitoring)

- The Health Board has a growing imbalance between its expenditure and its funding.
- That is, PTHB's underlying deficit is getting larger. In the 2025/26 Financial Plan it is assessed as £42.1m and is expected to grow in 2026/27.
- The cost drivers are commissioning of secondary and specialist health care, CHC, pay and private providers.
- Via escalation support from WG, Grant Thornton & partners are reviewing the key drivers of the financial deficit and the opportunities for improvement – report expected end of November.
- The Routemap to financial balance ('an acceptable Annual Plan') and in the longer term, sustainability (to achieve full de-escalation and return to Integrated Medium-Term Plans), will require assessment of the following over the next 3-5 years:
  - Inflation, growth, cost pressures, drivers of demand.
  - Delivery of Annual Savings and Cost Improvements year-on-year
  - Delivery of critical actions addressing the drivers of financial deficit as identified by Grant Thornton and partners.
  - Delivery of value, efficiency and productivity improvements in line with Improving Performance Together.
  - Delivery of the Better Together programme for a sustainable model of care ('living within our means')
  - Delivery of the Strategic Commissioning Framework & Commissioning Intentions ('commissioning within our means')
  - Underpinned by sound financial control and budgetary management.
- **The components of the Routemap will be integrated into the planning process for the 2026/27 Plan.**

# NHS Wales Requirements / Cabinet Secretary Priorities

The Planning & Performance Frameworks for 2026 have not yet been released, however advice given by Welsh Government colleagues is to use the current Planning Framework and requirements published in year:

- Those related to the **Ministerial Advisory Group** on Performance and Productivity (MAG) Planned Care; Diagnostics; Cancer; Urgent & Emergency Care; Operating model and accountability framework; Measuring productivity; Digital and Data
- Keynote speeches updating **Cabinet Secretary priorities** in Spring and Summer 2025
- **'Improving Performance Together'** Welsh Government July 2025 - three areas:
  1. Delivering the key Welsh Government priorities for the NHS (waiting times and handovers; Pathways of Care delays; women's health)
  2. Strengthening how we run the NHS (leadership and culture; regional working; accountability & collaboration)
  3. Getting services ready for the future (prevention; community services; digital and innovation)

## NHS Wales Planning Framework 2025/26 (Current year)

Strategic priorities / areas of focus required by the Cabinet Secretary for Health and Social Care 2025/26:

- **Timely Access to Care**  
Key Delivery expectations (Metrics):
  - Ambulance handovers
  - Time spent in Emergency Care
  - Referral to treatment (104 weeks)
  - First definitive cancer treatment
  - Diagnostics (8 weeks)
- **Population Health and Prevention**  
Key Delivery expectations (Metrics)
  - Diabetes (8 NICE processes)
  - Vaccinations targets
- **Building Community Capacity**  
Key Delivery expectations (Metrics)
  - Delayed Pathways of Care
  - GMS National Access Standards
  - Access to Pharmacist Independent Prescribing
  - Access to Dental Care
  - Community / Palliative Nursing (Weekend)
  - Enhanced Community Care capacity
- **Mental Health access**  
Key Delivery expectations (Metrics)
  - Assessments (28 days)
  - Therapeutic Interventions (28 days)
- **Women's Health**  
Key Delivery Expectation - Women's Health Hub

The Framework also set out 'Enabling Actions' to 'adopt or justify' for Operational Productivity and Efficiency – these are monitored and reported to Welsh Government on a monthly basis and will be a key focus at the 'Accountability Forum' in the Autumn 2025.

## The NHS Wales Planning Framework 2025-2028

The Cabinet Secretary's letter also notes:

- Health boards will need to make choices in other areas, to improve the health of their populations and meet strategic objectives of A Healthier Wales, within available resources, with greater flexibility
- Dialogue to continue on areas for de-prioritisation or stoppage if there is evidence of waste, harm or variation with no/ low clinical value or effectiveness
- Quality, Safety and improvement of outcomes must be at the forefront of all the choices and decisions
- Delivery needs to draw on innovative, as well as familiar, approaches
- Further exploration to take place on streamlining data reporting, accountability and other systems
- Delivering financial improvement and sustainable financial positions, maximising use of resources and increasing productivity and efficiency, is critical
- Further work will be required to respond to Ministerial Advisory Group on Performance and Productivity
- Principle of Adapt, Adopt or Justify to be applied, including rapid digital innovation and transformation
- Regional opportunities to be grasped to deliver what cannot be done by one organisation alone
- Enabling plans for capital, digital, collaborative working and NHS workforce expected
- Social Partnership, Compassionate Leadership and a Safe, Inclusive Culture continue to be a focus
- Balance long term with here and now issues

A Letter from Director General, Health, Social Care and Early Years Group/ NHS Wales Chief Executive provides the Supporting Governance Arrangements:

- Actions from 'A Healthier Wales' to be reflected
- Wellbeing of Future Generations Act sets the context
- Statutory Duty to produce IMTP with compliance against break-even duty over rolling three years
- Also plan for longer term including clinical services / organisational plans and strategies
- Firm, Indicative, Outline approach over 3 Years
- Set out what delivered/ progressed / not delivered
- Year 1 milestones, actions, projections for delivery with financial sustainability, risks and mitigations
- Submissions to include: Narrative Plan, Ministerial Templates, Minimum Data Set (MDS)
- Cabinet Secretary priorities do not exclude wider range of services for population
- Also noted are Quality, Safety, health inequalities, Anti-Racism Plans, Health and Care Standards
- Cluster / Regional delivery commitments expected
- Financial improvements and sustainability is a priority, with scrutiny and risk management, and maximising transformation and efficiency
- Accountable Officer letter by 14 February (if required)
- Escalation status and criteria to be reflected in plans

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# External Environment – PESTLE Analysis

*Updated September 2025 - for review and discussion*

## Political

- Global conflicts impacting on supply chain and costs
- Senedd Election and changes to constituencies / members May 2026
- Changes in leadership roles in Welsh Government and NHS Wales Performance and Improvement
- Differing policy relating to NHS and social care between England and Wales (and potential further changes following Senedd Election)
- Changes in recent years in Powys County Council leadership, portfolios and management arrangements / responding to inspectorate findings

## Economic

- Challenging public sector financial position
- Impacts of pandemic/ Brexit/ supply chain and cost of living changes
- Impact of resolved & ongoing trade union / industrial action
- Welsh Government budget setting in context of pending Election
- Employment challenges, in health and care, fragility in services and scarcity across workforce and professions
- Financial impact on healthcare of system pressure/ care delays
- Potential impacts in relation to Local Authority budgetary setting (and vice versa for budget setting choices made in NHS and other sectors)
- Potential energy supply issues & associated emergency preparedness

## Social

- Complexity in civil life; balance of stability / protest in society and associated requirements for emergency planning preparedness
- Growing inequality and health inequalities and long term trends in relation to life expectancy plateauing / increased excess mortality
- Increase in healthcare demand; Orford report NHS in 10+ Years
- Covid inquiry and impact on public life
- Trends for flexible 'portfolio' approaches to work and careers
- New technologies supporting new forms of social connection / intelligence sharing across traditional boundaries of state / place
- Differential impacts and benefits of social changes across population groups / characteristics and urban/rural geographies
- Continued surveillance in relation to Covid-19 and respiratory illness
- – ongoing requirement for pandemic preparedness

## Technological

- Exponential growth in new technologies including Artificial Intelligence (although evidence base for utility / effectiveness lacking; widely contrasting views on risk)
- Advancements in medicine including genetics, drug discovery and telecare
- Legacy of fast growth - high redundancy rate in infrastructure and devices
- Plurality of digital platforms which are not necessarily interoperable, high rate of replacement / refurbishment / investment required to keep pace
- Roles / functions/ education and training of workforce and users / public
- Lack of progress on national Digital programmes
- Advancements will radically transform our lives - and the way in which public services and healthcare need to be delivered

## Legislative

- Existing legislative and policy requirements are significant and further major legislative reform of the NHS in recent years in England
- Potential further legislative change in Wales post Senedd Elections in May 2026
- Complex architecture of statutory bodies / and associated accountability
- Ministerial Advisory Group report on Performance and Productivity highlighted the need for stronger and more public accountability
- New machinery being introduced in NHS Wales in response to above
- Significant proportion of organisations across NHS Wales and wider UK with Escalation and Intervention arrangements, reflecting system wide challenges
- PTHB at Level 4 Escalation for Strategy, Planning and Finance (routine monitoring for all other domains) – requires additional and intensive action and responses

## Environmental

- Welsh Government declared a Climate Emergency in 2019 supported by members of the Senedd – a number of actions and delivery plans in place including Net Zero Strategic Plan (2022) and Decarbonisation Strategic Delivery Plan 2021 – 2030
- Some progress particularly in decarbonisation of the estate and energy use reported by Welsh Government but further urgent change required
- Greater scale and pace of environmental changes will become realistic as innovations in technology emerge (such as those seen with electric vehicle charging and limitations on emissions)

# Aim of the 2026/2027 Plan

- It will be Year 3 of the PTHB Five Year Integrated Plan 2024 – 2029 – responding to the needs of the Powys population, centred around Quality and the delivery of safe, timely, effective, efficient, equitable and person-centred care
- We will have one Integrated Plan – it will still need to focus on **short term** Recovery actions; but the Plan will also reflect our **medium term** plans which are progressing at pace through Better Together, and our **longer term** plans as we refresh our Strategy and deliver our Strategic Population Health Framework.
- It will respond to the NHS Wales Planning & Performance Frameworks, balancing and delivering against multiple requirements across Ministerial priorities / Improving Performance Together / National and Regional programmes and strategic changes.
- To support our Finance De-escalation Criteria our implementation plan & to respond to the Grant Thornton Report, development of our savings plans for 2026/27 and development of the Routemap to Sustainability will be integrated into the annual planning process and Annual Plan 2026/27.
- The Plan will support progress against the Level 4 De-Escalation Criteria for Strategy and Planning which require the Board to have a clear vision and long term strategy; to develop and deliver a 'Clinical Services Plan' and to be able to develop an approvable IMTP or 'acceptable annual plan.'
- We will be accelerating delivery of the transformation actions of Phase 1 of Better Together & Planned Care which do not require consultation and will lay out the timeline to consultation for those that do; as well as the approach to consultation on the the second phase (Planned Care and Womens and Children's services)
- The aim is that the 2026/27 Plan will provide an 'acceptable annual plan' as a further step on the HB's journey towards meeting these criteria in full – this is a complex and challenging ambition which will require detailed consideration over the period of plan development.



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# Draft Strategic Priorities and Plan on a Page

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# What to keep, add or remove – Strategic Priorities

**A whole system approach to wellbeing & prevention**

1. Whole system Prevention across the life course
2. Health Protection Response including Vaccination
3. Women, Family and Children's health

**CRITICAL ACTION:**

- Neurodevelopment Services for Children & Young People

Add Population Health Strategic Framework (in line with focus on prevention in Improving Performance Together) – does this become a critical action?

KEEP – MULTI YEAR – UPDATE

KEEP – ANNUAL CYCLE

KEEP – MULTI YEAR

Women's Health a key priority in IPT, update in plan (check -/ confirm not a critical action?)

REMOVE as critical action? (keep as part of usual plan in SP3 as improvement plan in 2026)

**TACKLING THE 'BIG 4'**

**Effective care across the Big Four**

7. Major Conditions
8. Mental Health

**CRITICAL ACTION:**

- High Value High Impact Pathways: Diabetes (2025/26)

**CRITICAL ACTION:**

- Transformation Programme

Cancer a key priority in MAG, will be in plan as usual but check -/ confirm if critical action?

KEEP with update

Regional working a key priority in MAG & IPT – update plan to reflect PTHB arrangements/ input to regional working particularly stroke

KEEP MH as critical action (implementation phase post consultation)

**EARLY HELP AND SUPPORT**

**A responsive community based model of care**

4. Enhanced Primary & Community Care
5. Planned Care and Diagnostics
6. Complex and Continuing Healthcare

**CRITICAL ACTION:**

- Community Model
- GP Out of Hours
- Performance & Delivery
- Referral Optimisation
- External support for further improvement to develop a new model

KEEP – MULTI YEAR

KEEP – Community model as critical action (implementation phase post consultation)

Community services a key priority in IPT

REMOVE GP OOH as critical action? (will be completed?)

KEEP with UPDATE

Planned Care & Diagnostics / Waiting Times/ Productivity/ Regional working are key priorities in MAG and IPT – and Planned Care is key phase in BT in 2026

KEEP with UPDATE to reflect actions identified from external support?

**FULLY JOINED UP CARE**

**Sustainable and resilient health care**

9. Community Hospital Model and Rural Regional Centre
10. Improve System Resilience
11. Commissioning for Value

**CRITICAL ACTION:**

- Optimising inpatient pathways and bed use
- Six Goals Plan – further development of Hub
- Strategic and Tactical Commissioning Framework

REMOVE – as it is part of 'Community Model' already included?

KEEP – MULTI YEAR

KEEP – MULTI YEAR

UEC/POCD key priority in MAG & Improving Performance Together (is hub plan complete so can remove? does POCD become critical action linked to Phase 1 implementation BT?)

# What to keep, add or remove – Enablers



Leadership and Culture a key priority in MAG and IPT – will be in plan but check and confirm if add as critical action?

**CRITICAL ACTION:**

- Workforce Transformation

**KEEP – MULTI YEAR** – implementation of Phase 1 Better Together post consultation (all options require organisational...)



Add critical action relating to digital component of implementation of Phase 1 Better Together?

**KEEP – MULTI YEAR**

Digital / Innovation and Data a key priority in MAG and IPT, with new system / process requirements to track and publish info e.g. Enabling Actions - update in plan (check / confirm if a critical action?)

**CRITICAL ACTIONS:**

- Cybersecurity
- WCCIS Replacement



Add critical action relating to estates component of implementation of Phase 1 Better Together?

**KEEP – MULTI YEAR**



Accountability a key priority in MAG & IPT Add critical action relating to Accountability arrangements given new requirements from Cab Sec inc. Public Forum / RJC's etc? (could build on / further mature the partnership governance framework?)

**KEEP – MULTI YEAR - UPDATE**

Add critical action relating to RIF legacy planning?

**CRITICAL ACTION:**

- RPB Prioritisation for greatest system impact

## DRAFT Plan on a Page 2026 / 2027

Quality is the golden thread across the whole plan, underpinned by the Quality Standards Of Safe, Timely, Effective, Efficient, Equitable and Person-Centred care (STEEP)



### A whole system approach to wellbeing & prevention

- Whole System Prevention approach including Population Health Strategic Framework and Health Inequalities
- Health protection response including Vaccination and Screening
- Women, children and family health (including Maternity)

**CRITICAL ACTIONS**  
Implement Yr 1 Population Health Strategic Framework (responding to Marmot Nation, WFG)

### A responsive community based model of care

- Enhanced Primary and Community Care – Phase 2 Community Model Planned Care and Diagnostics – Performance, Productivity and Efficiency/ Better Together
- Complex and Continuing Healthcare

**CRITICAL ACTIONS**  
BT - Community Model: Alignment with Clusters / Integrated Community Care  
BT - Planned Care (Strategic Assmt / GIRFT)  
BT - Referral Optimisation (business case/

### Effective care across the Big Four

- Major Conditions – Cancer, Cardiovascular (inc. Stroke and Diabetes), Respiratory
- Mental Health - Performance, Productivity and Transformation via Better Together

**CRITICAL ACTIONS**  
?Diabetes (need to understand progress / position)  
BT – Mental Health Transformation

### Sustainable and resilient health care

- Improve System Resilience including building community capacity, pathways of care transformation and six goals
- Commissioning for Value including Strategic Commissioning Framework

**CRITICAL ACTIONS**  
Strategic Commissioning Framework (inc GT recs)  
BT – Urgent Care Transformation

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**WORKFORCE FUTURES**

**CRITICAL ACTIONS**  
Workforce actions to deliver BT and respond to MAG/ IPT/ GT (inc. Leadership/ Culture)

**DIGITAL FIRST**

**CRITICAL ACTIONS**  
Digital actions to deliver BT and respond to MAG/ IPT re: data and reporting

**INNOVATIVE ENVIRONMENTS**

**CRITICAL ACTIONS**  
Estate actions to deliver BT ?WFG Act response re: Env/ Climate

**TRANSFORMING IN PARTNERSHIP**

**CRITICAL ACTIONS**  
Implement Partnership Governance and Assurance Framework ?Strengthened Accountability and reporting in response to MAG/IPT

Enablers ←



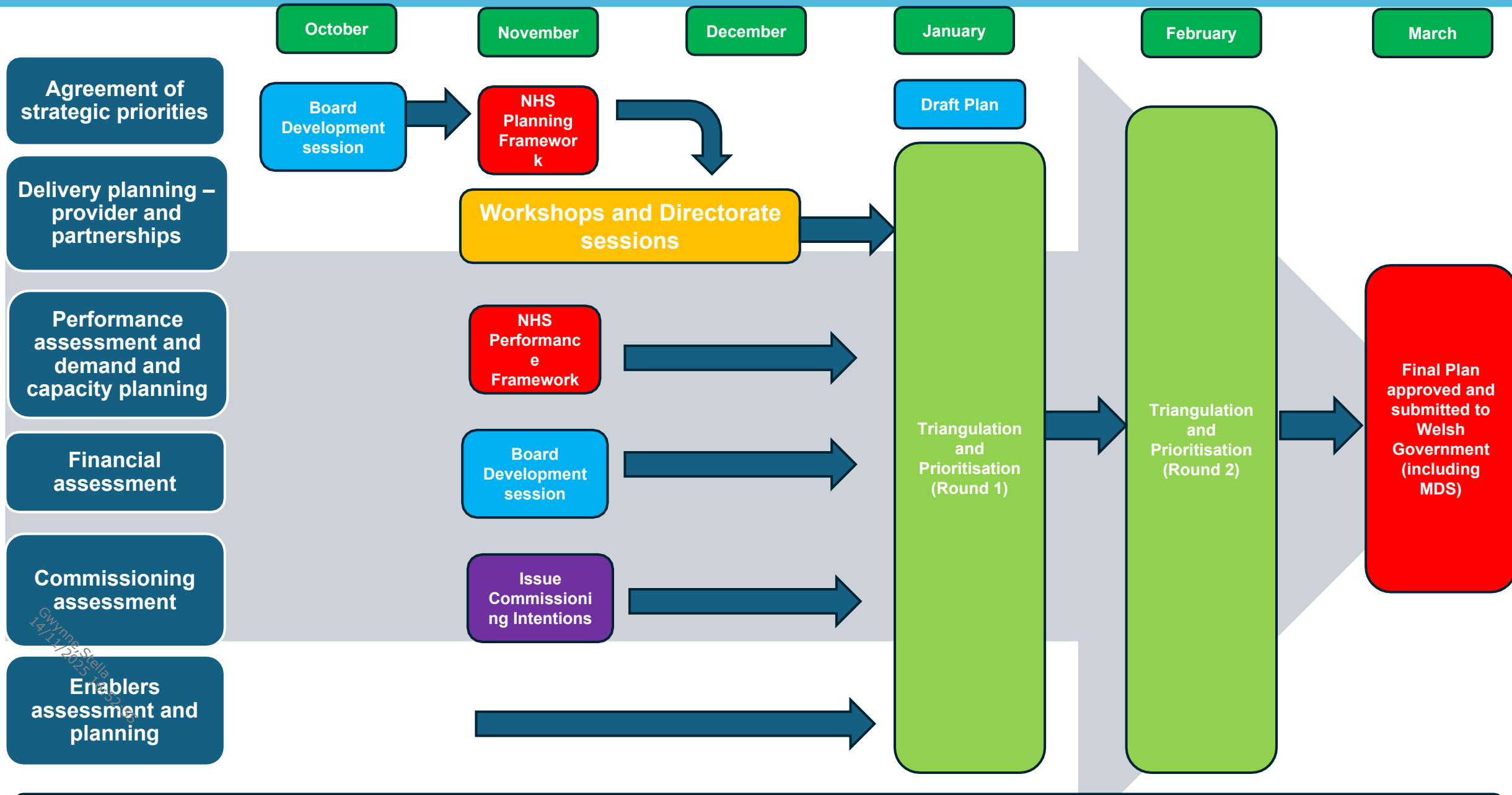
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# Planning process

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# High level Planning Process



# Governance Timeline – Key Dates

Month	Meeting	Key focus / decisions / products
September	23 <sup>rd</sup> - Informal Executives	<ul style="list-style-type: none"> <li>Initial discussion on Plan approach including learning and progress on current plan, critical areas for next year's plan, financial plan, strategic framework and prioritisation approach , alignment to Better Together</li> </ul>
October	2 <sup>nd</sup> – Board Development	<ul style="list-style-type: none"> <li>Board engagement on Plan approach as noted above</li> </ul>
	Core Group – fortnightly	<ul style="list-style-type: none"> <li>Core Group to be established to carry out the baseline assessment, co-ordinate the technical planning and production of key trajectories and alignment of operational / workforce / financial / performance and quality</li> </ul>
November	21 <sup>st</sup> F&P Committee	<ul style="list-style-type: none"> <li>Updates provided via finance and performance reports on current positions</li> </ul>
	13 <sup>th</sup> – Board Development	<ul style="list-style-type: none"> <li>Consideration of plan development &amp; financial framework in line with progress and emerging positions (possibly consideration of NHS Wales Planning Framework if released by this point and how this informs PTHB priorities and positions)</li> </ul>
	20 <sup>th</sup> - PPPH Committee	<ul style="list-style-type: none"> <li>Consideration of plan development in line with progress and emerging positions (possibly further detailed consideration of NHS Wales Planning Framework and alignment to PTHB Plan if released by this point)</li> </ul>
December	26 <sup>th</sup> – Board	<ul style="list-style-type: none"> <li>Board oversight and scrutiny in relation to the above</li> </ul>
	4 <sup>th</sup> - F&P Committee	<ul style="list-style-type: none"> <li>Updates provided via finance and performance reports on current positions</li> </ul>
January	16 <sup>th</sup> – Board Development	<ul style="list-style-type: none"> <li>Consideration of plan development in line with progress and emerging positions</li> </ul>
	15 <sup>th</sup> – Board Development	<ul style="list-style-type: none"> <li>Consideration of plan development particularly financial allocation letter (usually received at end December) and how this informs PTHB financial plan and priorities / DRAFT PLAN</li> </ul>
February	28 <sup>th</sup> - Board	<ul style="list-style-type: none"> <li>Board oversight and scrutiny in relation to the above</li> </ul>
	3 <sup>rd</sup> PPPH Committee	<ul style="list-style-type: none"> <li>Consideration of final stage of plan development / DRAFT PLAN</li> </ul>
	12 <sup>th</sup> – Board Development	<ul style="list-style-type: none"> <li>Update on plan development in line with progress and emerging positions</li> </ul>
	26 <sup>th</sup> – F&P Committee	<ul style="list-style-type: none"> <li>Consideration of any final finance / performance components of plan prior to Board submission</li> </ul>
March	Mid February	<ul style="list-style-type: none"> <li>Accountable Officer Letter to be submitted to Welsh Government (not yet requested but custom and practice)</li> </ul>
	12 <sup>th</sup> - Board Development	<ul style="list-style-type: none"> <li>Consideration of final stage of plan development / FINAL DRAFT PLAN prior to Board submission</li> </ul>
	25 <sup>th</sup> Board	<ul style="list-style-type: none"> <li>Submission of FINAL PLAN for approval</li> </ul>
	End of March – Submission to Welsh Government	<ul style="list-style-type: none"> <li>FINAL Strategic Plan and Accountable Officer Letter</li> <li>FINAL DRAFT Delivery Plan</li> <li>FINAL Ministerial Templates (if applicable this year)</li> <li>Technical Return 'MDS'</li> </ul>

# Plan Process

Month	Meeting	Key focus / decisions / products
October	22 <sup>nd</sup> planning and public health meeting	<ul style="list-style-type: none"> <li>Population health strategic framework priorities</li> </ul>
	22 <sup>nd</sup> – IEC	<ul style="list-style-type: none"> <li>Refresh strategic priorities in response to Wellbeing Objectives</li> <li>Establish coordinating group – nominations required for membership</li> </ul>
		<ul style="list-style-type: none"> <li>Issue commissioning intentions</li> </ul>
November	4 <sup>th</sup> – Workshop Session	<ul style="list-style-type: none"> <li>Development of 26/27 plan WORKSHOP – Operational Teams and Better Together (Virtual Session)</li> <li>Demand and capacity planning</li> <li>Start development of Tactical Commissioning Plan</li> <li>Engagement with Llais/LPF/Third Sector/JCC/other organisations/regional planning</li> <li>CEO/DOP/DOF checkpoints including with JCC</li> </ul>
		Series of 'Pop Up' sessions to populate Draft Delivery Plans
		<ul style="list-style-type: none"> <li>Second WORKSHOP – Operational Teams and Better Together (to include enablers)</li> <li>Provider performance assessment following receipt of NHS Wales Performance Framework</li> <li>CEO/DOP/DOF checkpoints inc with JCC</li> </ul>
		<ul style="list-style-type: none"> <li>All draft delivery plan actions to be confirmed by this date</li> <li>Ongoing commissioning assessment</li> <li>Engagement with Llais/LPF/Third Sector/JCC/other organisations/regional planning</li> <li>Executive workshop tbc</li> </ul>
December	Workshop Session	<ul style="list-style-type: none"> <li>Second WORKSHOP – Operational Teams and Better Together (to include enablers)</li> <li>Provider performance assessment following receipt of NHS Wales Performance Framework</li> <li>CEO/DOP/DOF checkpoints inc with JCC</li> </ul>
	19 <sup>th</sup> December	<ul style="list-style-type: none"> <li>All draft delivery plan actions to be confirmed by this date</li> <li>Ongoing commissioning assessment</li> <li>Engagement with Llais/LPF/Third Sector/JCC/other organisations/regional planning</li> <li>Executive workshop tbc</li> </ul>

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# Plan Process

Month	Meeting	Key focus / decisions / products
January		<ul style="list-style-type: none"> <li>Executive workshop tbc</li> </ul>
		<ul style="list-style-type: none"> <li>Executive Committee and Board refine priorities and choices via EC and BDS</li> </ul>
		<ul style="list-style-type: none"> <li>Confirm Plan on a Page</li> </ul>
		<ul style="list-style-type: none"> <li>CEO/DOP/DOF checkpoints inc consideration of JCC Draft Plan</li> </ul>
		<ul style="list-style-type: none"> <li>Engagement with Llais /LPF/Third Sector JCC/other organisations/regional planning</li> </ul>
		<ul style="list-style-type: none"> <li>Triangulation with finance, performance, workforce, digital and commissioning</li> </ul>
		<ul style="list-style-type: none"> <li>Produce draft strategic plan (narrative)</li> </ul>
		<ul style="list-style-type: none"> <li>Produce draft delivery plan (including Ministerial Templates)</li> </ul>
		<ul style="list-style-type: none"> <li>Draft Plan to Board</li> </ul>
February		<ul style="list-style-type: none"> <li>Further Executive Committee and Board refinement of priorities and choices via EC and BDS</li> </ul>
		<ul style="list-style-type: none"> <li>Ongoing engagement and checkpoints including probable JCC workshops</li> </ul>
		<ul style="list-style-type: none"> <li>Agreement of NHS Wales LTAs</li> </ul>
March		<ul style="list-style-type: none"> <li>CEO/DOP/DOF checkpoints inc approval of JCC Plan</li> </ul>
		<ul style="list-style-type: none"> <li>Final Plan approved inc MDS</li> </ul>

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**Agenda item: 5.1**

**PLANNING, PARTNERSHIPS & POPULATION HEALTH COMMITTEE** **20 NOVEMBER 2025**

<b>Subject:</b>	<b>Strategic Change Report</b>
<b>Approved and presented by:</b>	Executive Director of Planning, Performance & Commissioning
<b>Prepared by:</b>	Assistant Director of Planning, Planning Managers, Deputy Director (Engagement, Communication and Corporate Governance), Assistant Director for Performance and Commissioning
<b>Other Committees and meetings considered at:</b>	Executive Committee (12 November) – who supported the paper to the Committee.

**PURPOSE:**

This report provides the Planning, Partnerships and Population Health Committee with an updated stocktake, of Strategic Change programmes around Wales and England, which individually or cumulatively may have an impact on healthcare for Powys residents.

This provides a broad, whole system view which assists the organisation in understanding the evolving context across both Wales and England.

As previously requested, the report has been condensed providing updates at the front of the document (the baseline archived slides remain in the pack for reference).

This report is submitted to Planning, Partnerships and Population Health Committee on the 20 November 2025 following consideration at Executive Committee.

**RECOMMENDATION(S):**

The Planning, Partnerships and Population Health Committee is asked to:

- **NOTE** the report and **DISCUSS** the content.
- Take **ASSURANCE** that mechanisms are in place to ensure strategic change programmes are captured that do or may impact on Powys.

<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
Y	Y	N

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

1. Focus on Wellbeing	Y/N	This report provides the Committee with an updated stocktake of Strategic Change programmes around Wales and England which may have an impact on Powys residents.
2. Provide Early Help and Support	Y/N	
3. Tackle the Big Four	Y/N	
4. Enable Joined up Care	Y/N	
5. Develop Workforce Futures	Y/N	
6. Promote Innovative Environments	Y/N	
7. Put Digital First	Y/N	
8. Transforming in Partnership	Y/N	

## EXECUTIVE SUMMARY:

This report provides the Executive Committee with an updated stocktake of Strategic Change programmes which may have an impact on Powys residents.

Updates are gathered through various sources and provide a broad whole system view; this is a changing picture and unlikely to be fully complete at any one time.

The full stocktake report is attached and comprises

- An overview page showing all of the key strategic change developments across the neighbouring areas
- A section providing updates as at the time of producing the report.
- A section with baseline information

This report will be submitted to Planning, Partnerships and Population Health Committee on the 20 November 2025 following consideration at Executive Committee.

## BACKGROUND:

There are a number of strategic programmes that relate to health and care provision for residents of Powys, countywide or in particular geographies, depending on the programme and relevant provider's catchment areas.

The Strategic Change Stocktake provides an overview of the key programmes, as far as information is available at the time of producing the report. Updates are gathered through various sources including Planning and Communications peer networks; Commissioning team intelligence, and regular searches of key websites including neighbouring health board transformation programmes/key documents and Board papers.

This report provides an update on the broad, whole system view of each areas strategic change ambitions and plans.

It should be noted that this is a changing picture and unlikely to be fully complete at any one time, as it remains a challenging environment for engagement and delivery on transformation programmes.

Additional information in the slides for this quarter includes:

- Work has commenced on the development of the PTHB plan for 26/27, including consideration of learning and feedback, progress on current plan, strategic framework, external and internal context including escalation status and financial position, alignment to longer term transformation through “Better Together” and “North Powys Wellbeing Programme”.
- Significant work continues on the “Better Together” and “North Powys Wellbeing Programme” which are reported separately in more detail through other mechanisms.
- PTHB have developed a Population Health Strategic Framework as part of the Annual Report of the Director of Public Health. This will be used to inform the PTHB Plan and partnership strategy.
- Hywel Dda University Health Board have completed public consultation on a clinical services plan and are in a period of Conscientious Consideration. Further appraisal is being undertaken of alternative options arising from the consultation. A final decision is scheduled for quarter 4.
- Aneurin Bevan University Health Board (ABUHB) have undertaken engagement on the future plans of Nevill Hall and other enhanced local general hospitals and have commenced engagement on stroke rehabilitation.
- Cardiff and Vale University Health Board have commenced engagement on their clinical plan “Shaping Services for the Future, together – Shaping Our Future Wellbeing”.
- Cwm Taf Morgannwg University Health Board have five transformation programmes under their “Building Healthier Communities Together” Strategy; Llantrisant Health park development and Stroke services are also noted in the report.
- Betsi Cadwaladr University Health Board have published a major change programme “Foundations for the Future” and are engaging on community hospital provision including Tywyn Hospital.
- Swansea Bay University Health Board launched a refreshed Organisational Strategy “A Healthier Swansea Bay” in September.
- Welsh Ambulance Services Trust have gone live with Phase 1 of the Ambulance Performance Framework and are planning Phase 2, due to go live in December
- The report notes that there are now 2 regional joint committees for the Southeast and Southwest Wales areas.
- Updates provided from the October meeting from the Southeast Wales Regional Portfolio Board.

An update is provided on the Mid Wales Joint Committee delivery plan for 2025/ 26 and the consideration of progress against The Longley Report (2014)

- The report notes updates on NHS Wales Performance and Improvement and the “Improving Performance Together” publication. IT also highlights that Public Accountability meetings are taking place during 2025/26
- Update provided from the Joint Commissioning Committee regarding Wales Air Ambulance and EMRTS; and the development of their plan.
- A summary of the new NHS in England Planning Framework has been released.
- Developments at The Shrewsbury and Telford Hospital NHS Trust including the latest phase of redevelopment of the emergency department.

#### **NEXT STEPS:**

- The report will be shared with other key stakeholders including Welsh Government and Llais.

## **IMPACT ASSESSMENT**

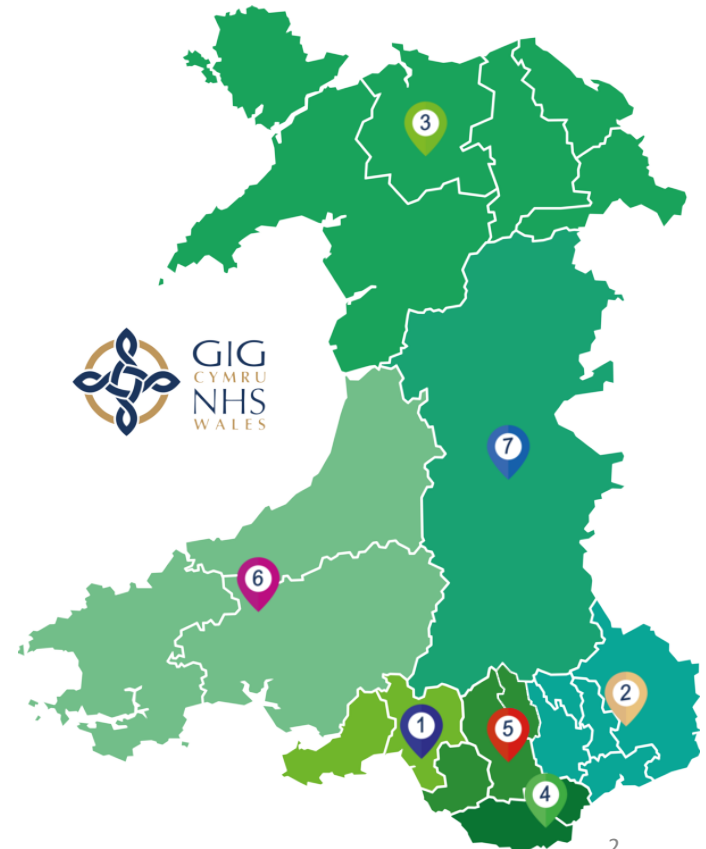
# Strategic Change Update

Planning, partnerships & health population Committee  
20 November 2025

Gwynne Stella  
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# Purpose

- This report provides an update and broad, whole system view of each area's strategic change ambitions.
- This assists the organisation in understanding the context and potential for existing and planned strategic changes across both Wales and England, which may individually or cumulatively impact on the provision of healthcare for Powys residents.
- This reports builds on previous versions based on 2 main sections:-
  - Section 1 – key new strategic change updates drawn from up-to-date resource
  - Section 2 – archived baseline information from previous reports



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# Overview

PTHB developed a Five Year Integrated Plan 2024-29, aligned to the Ten-Year Health and Care Strategy 'A Healthy Powys' and an Annual Plan 2025-26. Transformation is being progressed via 'Better Together' and North Powys Wellbeing Programme. A Population Health Strategic Framework has been developed in 2025.

BCUHB have a 3 Year Plan for 2025-2028 and have developed a major change programme, 'Foundations for the Future'

Robert Jones and Agnes Hunt Orthopaedic Hospital have developed a 5 year Trust strategy.

NHS Shropshire, Telford & Wrekin brings together health and care as part of the Integrated Care System; the Shrewsbury and Telford Hospital NHS Trust Transformation Programme is underway in line with outcomes of 'Future Fit' consultation.

WAST have an Integrated Medium Term Plan 2025-28 and have a long term strategic framework 'Delivering Excellence' up to 2030

The Mid Wales Joint Committee for Health and Care have annual priorities and programmes of work in the context of a Strategic Intent.

HDUHB have a one-year Annual Plan for 2025-26 and have completed consultation on a Clinical Services Plan with a decision due in Q4

Herefordshire & Worcestershire Health and Care NHS Trust are part of their Integrated Care System; the Stroke Programme is ongoing with further engagement / consultation expected on the clinical model

SBUHB have a one-year Annual Plan for 2025-26 and launched a refreshed organisational strategy in September, 'A Healthier Swansea Bay'

Velindre 'Transforming Cancer Services'; South East Wales Programme includes Radiotherapy Satellite at Nevill Hall Hospital

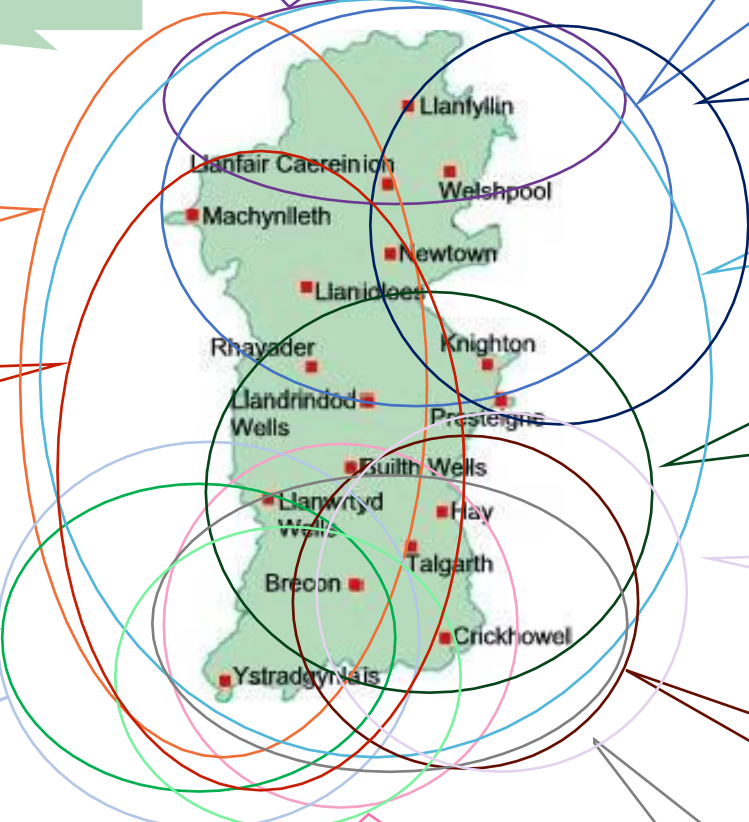
ABUHB have an Integrated Medium Term Plan 2025-2028 and ten year strategy 'A Conversation for A Healthy Future'; they are engaging on the future of enhanced local general hospitals

CAVUHB have a one-year Annual Plan for 2025-26 and engaging in their Clinical Plan 'Shaping Services for the Future, Together – Shaping our Future Wellbeing'

CTMUHB an Integrated Medium Term Plan 2025-28 and 5 transformation programmes within their strategy 'Building Healthier Communities Together'

South East Wales Joint Regional Committee established, PTHB is associate member

South East Wales Regional Portfolio Board in place.



Organisation	Key developments
<b>PTHB Annual Plan 2025-26</b>	<ul style="list-style-type: none"> <li>The Board approved Annual Plan was submitted to Welsh Government on 31st March 2025 and responds to the NHS Wales Planning Framework including the refreshed Ministerial Priorities. The Plan was written as Year 2 of the 5 year Plan submitted last year and continues to set out the Vision, Objectives and Strategic Priorities for the organisation. The plan remains unsupportable by Welsh Government given the deficit position planned for the year. Dialogue is ongoing with Welsh Government.</li> </ul>
<b>PTHB Plan 2026-27</b>	<ul style="list-style-type: none"> <li>Work has commenced on the development of the Plan for 2026-27.</li> <li>The Plan approach was considered at Informal Executive Committee and Board Development in October including consideration of learning and feedback, progress on current plan, strategic framework, external and internal context including escalation status and financial position, alignment to longer term transformation through Better Together and North Powys Wellbeing Programme</li> <li>A series of internal Workshops and Pop Up sessions are underway, focusing on the Wellbeing Objectives, Strategic Priorities and Critical Actions.</li> </ul>
<b>North Powys Wellbeing Programme</b>	<ul style="list-style-type: none"> <li>Powys County Council and Powys Teaching Health Board are working to transform health and social care services in the north of the county, through the North Powys Wellbeing Programme. As part of this work, the team is looking to develop a multi-agency health and wellbeing campus in the centre of Newtown.</li> <li>The North Powys Health, Care and Wellbeing Integrated Hub combined Strategic Outline Case/Outline Business Case continues to be developed with a planned submission to Welsh Government in December.</li> </ul>
<b>Better Together</b>	<ul style="list-style-type: none"> <li>Significant work has been progressed over the summer period, with extensive staff, stakeholder and public engagement, to develop System and Service Level Models of Care and to develop and appraise options.</li> <li>Additional time is required to develop the recommendations for the future shape of adult physical and mental health community services and to scope and identify resource requirements for work on Planned Care, Diagnostics, Women and Children's Services. Detailed work is under way to set the timeline for the work ahead.</li> </ul>
<b>Population Health Strategic Framework</b>	<ul style="list-style-type: none"> <li>PTHB have developed a Population Health Strategic Framework as part of the Annual Report of the Director of Public Health. This will be used to inform the PTHB Plan and partnership strategy.</li> </ul>

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# Other Health Boards

Organisation	Key developments
<b>Hywel Dda University Health Board (HDUHB)</b>	<ul style="list-style-type: none"> <li>• The public consultation for the Clinical Services Plan took place May to August 2025. During this time, members of the public, Hywel Dda UHB staff, partner organisations, and other stakeholders were invited to provide feedback on proposed changes across nine clinical healthcare services: Critical Care, Dermatology, Emergency General Surgery, Endoscopy, Ophthalmology, Orthopaedics, Radiology, Stroke, and Urology.</li> <li>• Following the close of Phase 3 of the “Clinical Services Plan programme” (Public Consultation, Thursday 29th May 2025 to Sunday 31st August 2025) HDUHB have subsequently held a further Options Development Group to appraise the Alternative Options received during the public consultation process, which included proposals for stroke services. PTHB was involved in this work.</li> <li>• Following the Alternative Options Appraisal session, the service Task and Finish Groups are developing SWOT (Strengths, Weaknesses, Opportunities, Threats) analyses for the alternative options. These will support the Shortlist Scoring session on Wednesday 19th November 2025.</li> <li>• HDUHB are also holding ‘Influencing Plan’ sessions in November 2025 as part of the Conscientious Consideration process and PTHB is included in this work to reflect on the findings and contribute to the development of the Influencing Plan, which will be considered by the Board as part of the Conscientious Consideration process.</li> <li>• HDUHB are planning to consider the above and reach a final decision during Q4.</li> </ul>
<b>Aneurin Bevan University Health Board (ABUHB)</b>	<ul style="list-style-type: none"> <li>• The Health Board has developed a Long Term 10-Year Strategy, A Conversation for a Healthy Future, which set out a vision and direction of travel for the organisation, aimed to rebalance the focus of the Health Board towards prevention, population health, and community wellbeing, while maintaining a strong commitment to high-quality care and innovation. The strategy will be supported by a Strategy Deployment Plan and Outcomes Framework</li> <li>• ABUHB have undertaken engagement on the future plans for Nevill Hall and other enhanced local general hospitals (Royal Gwent Hospital and Ysbyty Ystrad Fawr) which may affect how and where some south Powys residents access hospital services in Gwent. The outcome is awaited.</li> </ul>
<b>Cardiff &amp; Vale Health Board (C&amp;VUHB)</b>	<ul style="list-style-type: none"> <li>• “Shaping Our Future Wellbeing” is the overarching 10-year strategy focused on reducing health inequalities, delivering outstanding care, transforming services to meet future needs. It sets ambitious goals for population health, service redesign, and workforce development through collaboration with local government and third-sector organisations.</li> <li>• A <a href="#">period of engagement is under way</a> to seek views towards their Clinical Plan, ‘Shaping Services for the Future, Together – Shaping Our Future Wellbeing’. Powys stakeholders have been invited to share their views, with a specific focus on tertiary / specialist services</li> </ul>

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# Other Health Boards

Organisation	Key developments
<b>Cwm Taf Morgannwg University Health Board (CTMUHB)</b>	<ul style="list-style-type: none"> <li>The key transformation programmes under the ‘Building Healthier Communities Together’ strategy are 1) Primary and Community Care Transformation; Emergent Mental Health Transformation Programme 3) Integrated Community Care Service 4) Strategic Clinical Services Programme 5) Women’s Health – ongoing engagement underway through Care Groups</li> <li>Work on the Llantrisant Health Park development is also a key area of work for CTMUHB (and noted in more detail in the update on the Regional Portfolio Board)</li> <li>Stroke services - Following the introduction of temporary changes to stroke services at the beginning of 2025, CTMUHB confirmed in March that this would remain in place for 12 months. Work is under way to agree the future shape of stroke services as part of the South Central Wales regional programme.</li> </ul>
<b>Betsi Cadwaladr University Health Board (BCUHB)</b>	<ul style="list-style-type: none"> <li>"Foundations for the Future" is BCUHB’s major change programme, to build a stronger, more capable, and future-ready health service for North Wales through robust leadership, planning, and development.</li> <li>It seeks to create a sustainable, equitable health and care system for Wales.</li> <li>It also supports the Health Board's efforts to overcome long-standing issues with governance and leadership, which had previously led to it being under special measures.</li> <li>Engagement has been under way on community hospital provision including <a href="#">Tywyn Community Hospital</a>, with a options in development.</li> <li>Other key areas of focus include resolving the funding deficit, ongoing special measures, and redevelopment plans for Wrexham Maelor Hospital.</li> </ul>
<b>Swansea Bay University Health Board (SBUHB)</b>	<ul style="list-style-type: none"> <li>A refreshed Organisational Strategy “A Healthier Swansea Bay ” was launched at the AGM in September. It will be supported by 10 Strategic Plans which includes the Clinical Strategic Plan that is in development for publishing in Quarter 2, 2026. The vision is to create a healthier Swansea Bay where people live longer, happier, and more independent lives, with timely access to high-quality, compassionate, and equitable care close to home.</li> <li>Strategic Priorities:             <ul style="list-style-type: none"> <li>Shift care closer to home and redesign services with community involvement.</li> <li>Harness digital innovation and research to improve outcomes.</li> <li>Strengthen prevention and early intervention, making care proactive.</li> <li>Build a supportive culture for the workforce, focused on continuous improvement, quality, and safety.</li> </ul> </li> </ul>

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# Regional – NHS Wales

Organisation	Key developments
<b>Regional Joint Committees</b>	<ul style="list-style-type: none"> <li>• There are now 2 ‘Regional Joint Committees’ for the South East and South West Wales areas</li> <li>• These have been established with an intended purpose set out by the Minister for Health and Social Care, for effective regional planning and delivery of service models, and associated improvement in outcomes, quality and reduction in inequalities in access.</li> <li>• PTHB is an associate member of the South West body ‘Regional Joint Committee of Swansea Bay and Hywel Dda University Health Boards’ and the ‘South East Regional Joint Committee’.</li> <li>• The work programmes for both Committees are in development.</li> </ul>
<b>South East Wales Regional Portfolio Board</b>	<ul style="list-style-type: none"> <li>• Updates were given at the October meeting of the Regional Portfolio Board as summarised below:</li> <li>• Llantrisant Health Park is a major focus for this Board and key workstreams are being considered in terms of alignment to the ongoing business case development</li> <li>• Updates were given on Endoscopy, Radiology, Orthopaedics, Cancer, South Central Stroke Delivery, Ophthalmology, Pathology – highlights below:             <ul style="list-style-type: none"> <li>• Endoscopy – updates provided on procurement process currently underway</li> <li>• Radiology – updates provided on options appraisal and demand and capacity work</li> <li>• Orthopaedics – update on regional plan, scoping of Full Business Case underway</li> <li>• Cancer – update on Regional Cancer Programme Board, Phase 2 priorities, regional oncology and data</li> <li>• South Central Stroke – update on regional model, National standards, Thrombectomy work</li> <li>• Ophthalmology – update on insourcing, regional alliance model, cataracts pathway</li> <li>• Pathology – update on management model, options appraisal and business case working group</li> </ul> </li> </ul>
<b>Mid Wales Joint Committee for Health and Care</b>	<ul style="list-style-type: none"> <li>• Professor Philip Kloer, Chief Executive HDUHB has commenced as Chair of the committee and Keith Jones Director of Operational Planning and Performance HDUHB has commenced as Programme Director</li> <li>• Current Priorities for the Committee are 1)Urology 2) Ophthalmology 3)Cancer 4)Community Dental Services 5)Strategic service change programmes (noting the importance of Stroke in particular) 6)Cross Border workforce arrangements</li> <li>• Other areas of work being taken forward in the delivery plan 2025/26 are Colorectal services pathway for Mid Wales, Dermatology provision and a Stroke task and finish group has been established.</li> <li>• The Committee are also considering progress made against The Longley report published in 2014 led by Professor Marcus Longley, a study of the provision of health services in Mid Wales.</li> <li>• A refresh of the purpose scope and priorities of the Committee is being carried out in light of the above.</li> </ul>

# National – NHS Wales

Organisation	Key developments
<b>NHS Wales Performance and Improvement</b>	<ul style="list-style-type: none"> <li>As noted in the previous report, NHS Wales Performance and Improvement is the national support function, to drive improvements in the quality and safety of care, latest news and stakeholder updates are provided on their website at <a href="#">Home - NHS Wales Performance and Improvement</a></li> <li>The Annual Plan 25-26 provides a response to their remit letter from Welsh Government is published on the website</li> <li>Recruitment has been carried out for a new Managing Director (<i>further information not yet released publicly</i>)</li> </ul>
<b>Welsh Government</b>	<ul style="list-style-type: none"> <li>Welsh Government published “Improving Performance Together” in July 2025 which set out priorities for 2025 – 2026, aligned to both the Ministerial Advisory Group on Accountability and the Ministerial Advisory Group on NHS Performance and Productivity.</li> <li>Public Accountability meetings with each health organisation will take place during the current financial year. The meetings will focus on in-year operational delivery and will cover delivery against organisational plans, financial position and outlook, quality and safety, and risks to delivery. (Schedule of meetings included in link below) <a href="https://www.gov.wales/sites/default/files/publications/2025-10/public-accountability-meetings-letter-from-cabinet-secretary-health-and-social-care-to-nhs-chairs-and-ceos-eng.pdf">https://www.gov.wales/sites/default/files/publications/2025-10/public-accountability-meetings-letter-from-cabinet-secretary-health-and-social-care-to-nhs-chairs-and-ceos-eng.pdf</a></li> </ul>
<b>Joint Commissioning Committee (JCC)</b>	<ul style="list-style-type: none"> <li>Emergency Medical and Retrieval Transport Service (EMRTS):               <ul style="list-style-type: none"> <li>An application to the Court of Appeal has been refused in relation to the Air Ambulance service.</li> <li>Wales Air Ambulance and EMRTS are now putting in place their service development plans</li> <li>The JCC is relaunching its approach to Recommendation 4 of the EMRTS Review (“The development of a commissioning proposal for bespoke road-based enhanced and/or critical care service in rural, remote and coastal areas”)</li> </ul> </li> <li>The Joint Commissioning Committee have commenced the development of their Plan for 2026 onwards, a strategy session was held in October 2025, commissioning principles have been agreed, and an engagement plan developed including health board alignment throughout the process</li> </ul>
<b>Welsh Ambulance Service Trust</b>	<ul style="list-style-type: none"> <li>The Long-Term Strategic Framework ‘<b>Delivering Excellence</b>’ sets out the future vision for the organisation up to 2030. The strategy is framed around the transformation of the clinical services model.</li> <li>The Trust successfully implemented the Phase 1 change to the Ambulance Performance Framework for a 12 month pilot period on 1<sup>st</sup> July 2025. The Welsh Government led Ambulance Target Review Group reconvened to review Amber and Green categorisation and proposed 3 new categories for Phase 2.</li> <li>WAST are implementing Phase 2 Ambulance Performance Framework and plan to go live with the changes noted above on 2<sup>nd</sup> December 2025.</li> </ul>

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# National – NHS in England

**The Planning Framework for the NHS in England** has been released and sets 3-year operational & financial roadmap for NHS England and local systems. The focus is outcomes-based delivery, restoring elective performance, strengthening primary/community care, accelerating digital transformation, and prioritizing prevention & population health

## Core Objectives & Targets

- Restore elective care: 92% of patients treated within 18 weeks by 2028/29 (70% by 2026/27)
- Improve urgent/emergency care: 82% A&E 4-hour target by Mar 2027, 85% by Mar 2029
- Strengthen primary, community, mental health services; shift activity out of hospitals
- Accelerate digital adoption to improve productivity and reduce bureaucracy
- Embed prevention and population health to reduce demand and inequalities

## Planning & Financial Approach

- Multi-year (3 & 5 year) planning replaces annual cycle
- Resource allocation tied to deliverable productivity/efficiency improvements
- Stronger national oversight, but local flexibility encouraged

## Strategic Shifts

- Hospital → Community: invest in community teams, virtual wards, pathways
- Treatment → Prevention: focus on population health, long-term condition management
- Analogue → Digital: mandate digital adoption for care and measurement

## Operational Priorities

- Elective recovery: activity restoration, waiting list management, productivity
- UEC redesign: capacity, flow, workforce, ambulance improvements
- Cancer, diagnostics, mental health: explicit capacity/access targets
- Community health: 78% activity within 18 weeks by 2026/27; 80% by 2028/29
- Primary care: 90% of urgent cases seen same day
- Workforce & productivity: minimum 2% annual productivity improvement

## Local System Requirements

- Develop credible 3–5 year plans aligned to national trajectories
- Emphasize community care, prevention, digital adoption
- Strengthen governance, data reporting, improvement capability

# National – NHS in England

Organisation	Key developments
<b>The Shrewsbury and Telford Hospital NHS Trust (SaTH)</b>	<ul style="list-style-type: none"><li>• SaTH have been working closely with University Hospitals of North Midlands (UHNM) to support the emergency provision of Oral and Maxillofacial service as an interim measure with all patients requiring inpatient emergency care temporarily referred and transferred to UHNM from June 2025. Routine referrals for non-emergency treatment and outpatient appointments are unaffected. SaTH have advised that there is a robust standard operating procedure in place with UHNM to ensure safe and timely transfer and they are working towards a long-term solution for the service linked with their wider hospital transformation programme. No patient complaints or concerns have been raised to PTHB about this change (this information added in response to a query raised at Planning, Partnership and Population Health Committee on 14<sup>th</sup> August).</li><li>• SaTH (alongside Shropshire Community Health NHS Trust) has prepared a Case for Change for <a href="#">establishing a “Group model” by April 2026</a>— i.e., shared leadership/governance between the two organisations. The Case for Change document outlines a number of key strategic drivers: improving resilience, enhancing local service delivery (especially given rural geography and ageing population), aligning with the broader system (NHS Shropshire, Telford &amp; Wrekin Integrated Care System) pressures, and realising efficiencies through closer collaboration.</li><li>• The <a href="#">latest phase of redevelopment at Royal Shrewsbury Hospital Emergency Department</a> has opened, and work is on schedule for the new facilities at Royal Shrewsbury Hospital (as part of the wider SaTH Hospitals Transformation Programme) to be fully open by 2028.</li></ul>

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# 'Archived' Baseline information - included for information

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# Welsh Government Escalation and Intervention Arrangements

(Latest statuses published 15<sup>th</sup> July 2025 – no changes since)

Organisation	Previous Status (March 2025)	Current Status (July 2025)
Aneurin Bevan UHB	<ul style="list-style-type: none"> <li>Level 4 for finance, strategy and planning</li> <li>Level 3 for performance and outcomes related to urgent and emergency care performance at the Grange University Hospital</li> </ul>	<ul style="list-style-type: none"> <li>Level 3 for finance, strategy and planning</li> <li>Level 3 for performance and outcomes related to urgent and emergency care performance at the Grange University Hospital</li> </ul>
Betsi Cadwaladr UHB	<ul style="list-style-type: none"> <li>Level 5</li> </ul>	<ul style="list-style-type: none"> <li>Level 5</li> </ul>
Cardiff and Vale UHB	<ul style="list-style-type: none"> <li>Level 4 for finance, strategy and planning</li> </ul>	<ul style="list-style-type: none"> <li>Level 4 for whole organisation</li> </ul>
Cwm Taf Morgannwg UHB	<ul style="list-style-type: none"> <li>Level 4 for performance and outcomes relating to urgent and emergency care</li> <li>Level 3 for finance, strategy and planning and performance and outcomes relating to planned care and cancer</li> </ul>	<ul style="list-style-type: none"> <li>Level 4 for performance and outcomes relating to urgent and emergency care</li> <li>Level 3 for performance and outcomes relating to planned care and cancer</li> <li>Level 1 for finance, strategy and planning</li> </ul>
Hywel Dda UHB	<ul style="list-style-type: none"> <li>Level 4 for finance, strategy and planning, performance and outcomes and fragile services (including cancer and ophthalmology) urgent and emergency care, and HCAIs</li> <li>Level 3 for leadership and governance, performance and outcomes related to planned care and CAMHS</li> </ul>	<ul style="list-style-type: none"> <li>Level 4 for finance, strategy and planning, and performance and outcomes related to urgent and emergency care, fragile services, (including ophthalmology) and Healthcare Associated Infections (HCAIs).</li> <li>Level 3 for leadership and governance, performance and outcomes related to planned care and cancer</li> <li>Level 1 for performance and outcomes related to CAMHS</li> </ul>
Powys THB	<ul style="list-style-type: none"> <li>Level 4 for finance, strategy and planning</li> </ul>	<ul style="list-style-type: none"> <li>Level 4 for finance, strategy and planning</li> </ul>
Swansea Bay UHB	<ul style="list-style-type: none"> <li>Level 4 for finance, strategy and planning and performance and outcomes related to healthcare associated infections, cancer and urgent and emergency care</li> <li>Level 3 for performance and outcomes related to planned care, Child and Adolescent Mental Health Services and maternity and neonatal services</li> </ul>	<ul style="list-style-type: none"> <li>Level 4 for finance, strategy and planning and performance and outcomes related to healthcare associated infections, cancer and urgent and emergency care</li> <li>Level 4 for maternity and neonatal services</li> <li>Level 3 for performance and outcomes related to planned care and Child and Adolescent Mental Health Services</li> </ul>
Public Health Wales NHS Trust	<ul style="list-style-type: none"> <li>Level 1</li> </ul>	<ul style="list-style-type: none"> <li>Level 1</li> </ul>
Velindre University NHS Trust	<ul style="list-style-type: none"> <li>Level 1</li> </ul>	<ul style="list-style-type: none"> <li>Level 1</li> </ul>
Welsh Ambulance Services University NHS Trust	<ul style="list-style-type: none"> <li>Level 1</li> </ul>	<ul style="list-style-type: none"> <li>Level 1</li> </ul>
Digital Health and Care Wales	<ul style="list-style-type: none"> <li>Level 3 for performance and outcomes related to the delivery of major programmes</li> </ul>	<ul style="list-style-type: none"> <li>Level 3</li> </ul>
Health Education and Improvement Wales	<ul style="list-style-type: none"> <li>Level 1</li> </ul>	<ul style="list-style-type: none"> <li>Level 1</li> </ul>

Baseline information



ABUHB in South East Wales covers the local authority areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen and also provides some healthcare services for residents in South Powys.

## Integrated Medium Term Plan 2025-28

### Strategy:

### Finance:

### Performance:

### Satellite radiotherapy unit at Nevill Hall:

### Engagement:

- ABUHB have submitted an Integrated Medium Term Plan for 2025-28.
- The Health Board is currently finalising its new long term strategy following an extensive and successful public engagement in 2024. This is due to be considered by the Board in July. [A conversation for a healthy future - Aneurin Bevan University Health Board \(nhs.wales\)](#)
- The financial plan has been developed with reference to the three-year route map. The updated assessment of the 2025/26 financial forecast ranges from a risk of up to £25m to financial balance dependent on a number of assumptions relating to cost levels and confidence ratings of savings delivery. The Board are continuing to make progress in this area and if the estimated level of savings can be fully delivered and all in year mitigating cost reduction and income opportunities secured, there is the opportunity to deliver financial balance and this forms the basis of the financial plan for 2025/26 and future years.
- Of the 18 Ministerial performance expectations, 13 are planned to be delivered in full. The ministerial performance expectations with respect to urgent and emergency care (2 of the remaining 5 metrics) are showing improvement trajectories, aligned with our plan for 6 goals and our enhanced monitoring improvement plan. These are considered deliverable but stretching and represent a significant improvement of delivery compared to 24/25,
- For the expectation of 0 patients waiting more than 104 weeks, the plan delivers this ministerial priority in 20 out of 24 specialties. Only the specialties of orthopaedics, ophthalmology, ENT and General surgery are forecast not to meet the target, noting that the significantly improved March 25 performance for these specialties was enabled via additional non recurrent monies that have not been assumed in the current 25/26 plan. It is worth noting however that there are parallel discussions with Welsh Government regarding potential additional non recurrent monies for planned care that would improve this position. The 104-week trajectories would be rerun based on the outcomes of these discussions,
- With respect to cancer, the trajectory does demonstrate the ambition to consistently achieve 70% against a target of 80% which would be an improvement to our current position of circa 63%.
- The new satellite radiotherapy unit at Nevill Hall Hospital (now officially named 'Velindre@Nevill Hall') is set to open this summer, enhancing patient experience and bringing additional radiotherapy capacity to south-east Wales cancer treatment services. The unit will be staffed by a team of Velindre Cancer Service experts and will eventually increase radiotherapy capacity in the region by up to 20% and initially treat breast cancer, prostate cancer and palliative radiotherapy patients who meet a set of clinical criteria.
- ABUHB have advised that plans to undertake a period of engagement on "the development of Nevill Hall Hospital and our enhanced local general hospital" will take place later this year, once an details of proposed future service models are finalised

## Baseline information

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# Betsi Cadwaladr University Health Board



Betsi Cadwaladr University Health Board covers a large North Wales footprint spanning six Local Authority areas of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham.

## 3 year plan 2025-28

### Strategy

- The 3 Year Plan 2025-28 sets out the Health Board response to national strategic objectives, including A Healthier Wales and the updated Ministerial priorities, as well as addressing local priorities and strategic objectives as described within the HB's long term strategy, Living Healthier, Staying Well. The Plan is also required to respond to requirements following the escalation into Special Measures in March 2023. The Plan also reflects shared priorities within the strategic partnerships in North Wales and nationally.
- The objectives of the plan are 1. Building an effective organisation 2. Developing strategy and long lasting change 3. Compassionate culture, leadership and engagement 4. Improving quality, outcomes and experience and 5. Effective environment for learning and skills development.

### Performance:

- The Health Board has significant performance challenges in a number of services contributing to the overall escalation status of Special Measures. Response times for urgent and emergency care, planned care, diagnostics and cancer services in particular fall below operational access standards the NHS is required to deliver against. Access to primary care services such as Dental care are reported as not meeting the local needs of the population.

### Finance:

- BCUHB report that the opening deficit of £8.6m combined with high levels of non-recurrent income and cost pressures experienced in 2024/25 is expected to continue into 2025/26, and gives an opening underlying deficit of £188.5m, this being the starting point for the 2025/26 Financial Plan. It is of note that the underlying deficit improves significantly upon the Health Board satisfying the conditions associated with retention of the conditionally recurrent funding (£74.6m) and Welsh Government Strategic and Transformation resource allocations (£82m).

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## Baseline information

# Cardiff & Vale University Health Board



CVUHB in South Wales covers the Local Authority areas of Cardiff and the Vale of Glamorgan; both areas also come together in the Cardiff and Vale Integrated Health and Social Care Partnership (RPB) footprint.

## Plan on a Page

**Strategy:** “Shaping Our Future Clinical Services” looks to develop new service models that integrate care and deliver outcomes that are significant to the individual by listening to what matters most to the populations we serve. As part of the ambition to improve health outcomes and reduce health inequalities, all programmes need to include prevention and early intervention. As we look to the future of our health care system, the need for change is not an option but a necessity. The traditional model of hospital-centric health care is unsustainable. As a part of this, a strategic plan for babies, children and young people and seeking support from partners through completion of a “Paediatric Service Redesign - Shaping our Future Wellbeing” survey launched 8th July 2024.

**Finance:** The Health Board is submitting an Annual Plan financial deficit of £58.2 million, against a Target Control Total of £9.1m, which will constitute a position that is unapprovable by Welsh Government. Delivery of the 2024/2025 Annual Plan will see a continuation of the drive to deliver a robust financial sustainability programme in what continues to be a very difficult operational and financial environment. It is this position that is included within the Annual Plan with key priorities alongside an ambitious cost improvement programme with a trajectory to financial balance over the medium term.

### Translating Strategy to Action

#### Our Plan on a Page 2025/2026

#### VISION

Working together, we will help improve lives so that by 2035 people are healthier and unfair differences in health outcomes are reduced. The care we provide for people who need our services and those delivering services will be outstanding, with outcomes and experience for all that compare with the highest performing peer organisations.

#### Our Mission-

Eradicating Avoidable Harm

#### Main Effort -

Brilliant Basics

#### Strategic Objectives

Putting People First

Providing Outstanding Quality

Delivering in the Right Places

Acting for the Future

#### Strategic Portfolios

People and Culture

Population Health and Places

Quality and Value

Clinical Services

Infrastructure

Future Generations

## Baseline information

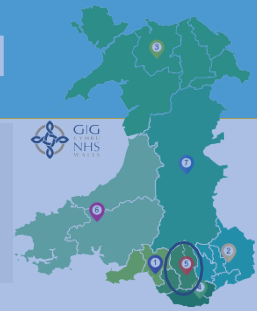
From a focus on individual wellbeing

From a focus on quality and value

From analogue buildings to digitally connected people and places

From firefighting today to planning for a sustainable tomorrow

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Cwm Taf Morgannwg University Health Board was created on 1 April 2019, expanding the responsibility of the former organisation with responsibility for healthcare in the Bridgend area; it also spans the Merthyr Tydfil and Rhondda Cynon Taf local authority areas.

## Integrated Medium Term Plan 2025-28

- Strategy:** CTMUHB have submitted an IMTP for 2025 – 2028. “Our Health, Our Future” is the organisational strategy. Delivery of 'Creating Health Strategic Plan' will commence in 2025-26. The Primary and Community services Transformation Programme will continue, with further work on expanding integrated enhanced community services with a focus on individualised care closer to home and urgent pathways. The Acute Clinical Services Plan will be developed further during 2025-26 in collaboration with stakeholders. The plan focuses on changes to the acute services provided across the hospital sites.
- Finance:** CTMUHB have submitted a balanced plan for 25-26 but that this is supported by a savings plan.
- Change to stroke service provision:** Further information relating to the temporary change in stroke provision can be found in the National Stroke Programme slide.

**Ein Hiechyd Ein Dyfodol** (Welsh) / **Our Health Our Future** (English)

**Building Healthier Communities Together**

**STARTING WELL**, **GROWING WELL**, **LIVING WELL**, **AGEING WELL**, **DYING WELL**

**WE LISTEN, LEARN AND IMPROVE**, **WE TREAT EVERYONE WITH RESPECT**, **WE ALL WORK TOGETHER AS ONE TEAM**

**CREATING HEALTH**: Reducing health inequalities, Equal focus on mental and physical health, Supporting our communities, Being a healthy organisation

**INSPIRING PEOPLE**: Visible and inspiring leadership, Promoting diversity and inclusion, Embedding our values and behaviours, Encouraging local employment

**IMPROVING CARE**: Delivering safe and compassionate care, Developing new models of care, Digital transformation for patients and staff, Ensuring timely access to care

**SUSTAINING OUR FUTURE**: Becoming a green organisation, Ensuring our services' financial sustainability, Embedding value-based healthcare, Ensuring our estate is fit for the future

## Baseline information

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HDUHB has a footprint spanning the three Local Authority areas of Ceredigion, Carmarthenshire and Pembrokeshire in Mid West and West Wales.

## Annual Plan 2025/26

<b>Plan:</b>	The Annual Plan “Healthier Lives, Well Lived” for 2025/26 represents the second year of the Targeted Intervention programme and establishes a trajectory toward sustainable healthcare delivery.
<b>Strategy:</b>	<p><b>2025/26 Annual Plan Priorities :</b></p> <ul style="list-style-type: none"><li>• Value and Sustainability<ul style="list-style-type: none"><li>• Workforce stabilisation</li><li>• INNU/EBI Procedures</li><li>• Financial Recovery and Route Map</li></ul></li><li>• Quality and Performance<ul style="list-style-type: none"><li>• Demonstrating quality consideration in strategic decision making</li><li>• Six Goals and the Transformation of Urgent and Emergency Care</li><li>• Planned Care, Diagnostics and Cancer</li><li>• Mental Health and Child and Adolescent Mental Health Services (CAMHS)</li></ul></li><li>• A Healthier Mid and West Wales - Clinical Services Plan<ul style="list-style-type: none"><li>• The Clinical Services Plan (CSP) programme, approved by the Board in March 2023, aims to address service fragilities and improve healthcare delivery based on principles of safety, sustainability, accessibility, and kindness. Phase 2 (options development and appraisal) was completed in 2024, and the plan for 2025/26 focuses on:<ul style="list-style-type: none"><li>• Quarter 1-2 - Public consultation on service change options for nine services (Critical Care, Emergency General Surgery, Ophthalmology, Dermatology, Urology, Orthopaedics, Endoscopy, Radiology, and Stroke)</li><li>• Quarter 3 - Analysis of consultation feedback and Board decision-making</li><li>• Quarter 4 - Commencement of implementation for agreed service changes</li></ul></li></ul></li><li>• Primary and Community Strategic Plan</li><li>• Estates Plans</li><li>• Digital Plans</li><li>• Population Health</li><li>• Swansea Bay University Health Board Collaboration (see later slide)</li><li>• Mid Wales Collaboration</li></ul>

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## Baseline information

# Swansea Bay University Health Board



Swansea Bay University Health Board was created on 1 April 2019 after responsibility for healthcare in the Bridgend County Borough Council area passed to the new Cwm Taf Morgannwg University Health Board; it spans the Local Authority areas of Swansea and Neath Port Talbot.

## Annual Plan 2025/26

<b>Plan:</b>	SBUHB have submitted an Annual Plan for 2025-26 with continued commitment to deliver <b>safe, high-quality care for patients</b> - working in collaboration with partners to achieve this and fostering an environment and culture within which all can thrive and populations receive the best services possible, both now and in the future. There is acute awareness of the challenges, particularly ensuring the safety and financial sustainability of health care services.
<b>Finance:</b>	Given the scale of underlying run rate coming into 2025/26, the organisation has set an ambitious savings delivery target of 5% for 2025/26. 5% is considered to be the maximum deliverable savings level in a financial year. Even after delivery of this 5% savings requirement the closing assessed Plan for 2025/26 of £58.7m deficit remains in excess of the forecast closing position from 2024/25.
<b>Performance:</b>	<ul style="list-style-type: none"><li>• <b>Planned Care delivery in 25/26:</b> These trajectories are predicated on the receipt of the Planned Care Monies from Welsh Government (£5.2M). Maintain zero 104 week waits for treatment, as achieved by 31st March 2025. Maintain our 'best in Wales' position on 0 patients waiting over 52 weeks for a first outpatients' appointment. Work towards reducing the number of patients waiting over 8 weeks for a diagnostic endoscopy, and continue to maintain current position of patients waiting over 8 weeks for all other diagnostics (80% TI target)</li><li>• <b>Cancer Care Delivery in 2025/26</b> - Deliver a 12-month improvement trend, patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route), building toward achieving the national target of 80% by 31 March 2026.</li><li>• <b>Unscheduled Care Delivery</b> - Reduce ambulance patient handovers</li><li>• <b>Quality &amp; Safety in 25/26:</b> - Focus on the reduction of cases of HCAI across the Health Board and evidence continuous improvement accompanied by a strong QI approach, continue to implement duty of quality, monitor delivery of the quality priorities through the Quality digital dashboard</li><li>• <b>Mental Health Services in 25/26</b> - 80% target of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral, maintain 80% target of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS</li></ul>
<b>Update on maternity and neonatal review:</b>	<ul style="list-style-type: none"><li>• Dr Denise Chaffer, Chair of the Oversight Panel, updated the Health Board in March on the progress with the independent review of maternity and neonatal services. The review is scheduled to conclude by Summer 2025. Llais (patient's voice body) has completed its engagement with families on services and report will be published by the end of April 2025.</li></ul>

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## Baseline information

# Hywel Dda & Swansea Bay Joint Committee

## “Establishing the Joint Committee for Swansea Bay and Hywel Dda

In Wales we expect health boards work together to deliver services for their populations. I want to ensure that Hywel Dda University Health Board and Swansea Bay University Health Board have the appropriate arrangements in place to plan and deliver healthcare services on a regional basis where appropriate to do so. I will, therefore, be using my powers in accordance with Section 12(3) of the National Health Services (Wales) Act 2006 to direct both health boards to establish a Joint Committee. This will be of utmost importance to ensure the continued safety, quality and ongoing viability and sustainability of these services.

I, together with the Director General of Health and Social Services/NHS Wales Chief Executive, have written to the Chairs and Chief Executives of the health boards advising them of my intention. My officials will be working with both health boards over the coming weeks to determine the membership and constitution of the new Joint Committee, together with ensuring their 3-year plans are sufficiently ambitious in their commitment to working regionally, with key deliverables identified.

Both health boards will be held to account for the delivery of these plans via the Quality, Performance and Delivery Framework and the NHS Wales Oversight and Escalation Framework.

**Eluned Morgan, Minister for Health and Social Services, 19<sup>th</sup> March 2024”**

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## Baseline information

# ARCH Programme



ARCH is a regional collaboration for health between three strategic partners; Swansea Bay University Health Board, Hywel Dda University Health Board and Swansea University. It spans the local authority areas of Ceredigion, Pembrokeshire, Carmarthenshire, Neath Port Talbot and Swansea.

## Programme

## Key Points



- Hywel Dda and Swansea Bay UHBs continue to work on a regional basis both through ARCH (in collaboration with Swansea University) and bi-laterally.
- The approach is to consider regional partnerships and regional solutions, a core principle of a whole system approach to the planning and delivery of services. In addition to the NHS transformational priorities below we will also prioritise Workforce, Education, & Skill, Research, Enterprise, & Innovation. Our vision is to deliver outstanding patient outcomes through the provision of high quality and effective specialised healthcare, and to work collaboratively across the region deliver meaningful change to improve the health, wealth and wellbeing of the population, whilst creating a vibrant and sustainable environment for people to live, learn and work.
- Regional Stroke Programme aims to enhance and progress Stroke Services throughout the region. This programme covers the entire service pathways: pre-acute stroke care, Comprehensive Regional Stroke Centres, acute stroke services, to post-acute stroke services such as rehabilitation, early supported discharge, and life after-stroke support. The programme aims to provide the best possible care to stroke survivors.
- Regional Diagnostics Programme is leading the transformation of a broad range of diagnostic services focusing on Endoscopy, Radiology and Pathology, with an aim to increase overall capacity, reduce pressure on accurate sites, regionalise provision, utilise community settings, develop the workforce and minimise inequity of access.
- Regional Eye Care Programme is being scoped for prioritisation in the ARCH portfolio. It aims to explore opportunities which will standardise and stabilise the South West Wales Eye Care Services to ensure overall sustainability.
- Regional Pathology Programme is establishing new Regional Pathology Service via a new Operational Delivery Network and developing an Outline Business Case for a Regional Pathology Centre of Excellence at Morriston hospital.
- Regional Orthopaedic Programme aims to deliver high quality, equitable care across the region whilst balancing orthopaedic demand and capacity in a sustainable way.
- Regional Cancer Centre Programme which is aligning the strategic vision for regional non-surgical oncology services.

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## Baseline information

# South West Wales Cancer Centre



South West Wales Cancer Centre (SWWCC) based in Singleton Hospital, Swansea provides non surgical oncology services (cancer treatment) predominantly for the population of Swansea Bay University Health Board (SBUHB) and Hywel Dda University Health Board (HDUHB). SWWCC serves nearly one-third of the population of Wales. Due to historic flow of patients, some tumour sites for the Bridgend population, including Gynaecology, continue to flow into the SWWCC for treatment rather than into the Velindre Centre. The SWWCC serves a small catchment area on the South West Powys border, due to geographical location.

Programme	Key Points
<p><b>South West Wales Cancer Centre (SWWCC) Regional Strategic Programme</b></p> <p><i>Gwynne Stella 14/11/2025 16:52:55</i></p>	<p>SWWCC Strategic Programme Case (SPC) being developed to confirm the strategic vision and direction of travel for regional non-surgical oncology services over the next 10 year period (23/24 – 33/34).</p> <p>A regional programme looking specifically at improving cancer services for the benefit of patients across South West Wales. The strategic objectives are:</p> <ul style="list-style-type: none"> <li>✓ To provide a fit for purpose SWWCC service for the South West Wales population</li> <li>✓ To improve the quality of the SWWCC and local cancer services</li> <li>✓ To increase the capacity of cancer services to meet local demands and improve access and outcomes</li> <li>✓ To improve the economy of the SWWCC and local cancer services</li> <li>✓ To improve the efficiency of the SWWCC and local cancer services</li> <li>✓ To improve the effectiveness of the SWWCC and local cancer services</li> </ul> <ul style="list-style-type: none"> <li>• Deliver a Transformational Programme Business Case (PBC) to support the delivery of regional cancer services in South West Wales, including Radiotherapy, and Oncology-Specific Outpatients.</li> <li>• Strategic Programme Case shared with Welsh Government July 2023 – no changes impacting Powys residents in short / medium term. In longer term, South Powys residents currently using Singleton Hospital may have the option of receiving radiotherapy from a site in the Hywel Dda area.</li> <li>• There is a Oncology Outpatients Working Group and a Radiotherapy Modernisation Group as part of this programme updates are being provided to PTHB as part of regular Contract Quality Performance Review Meetings (CQPRM).</li> <li>• There are 2 key service changes expected that will affect south Powys border patients:             <ul style="list-style-type: none"> <li>• 2nd CT SIM (permanent) in Singleton – Business Justification Case submitted to Welsh Government in Summer 2024, indicatively operational in April 2025.</li> <li>• 5th linac options appraisal preferred option the out indicatively would be located in Singleton. Aim is to get this to Boards in September, for approval to go to WG to formally launch the capital Business Case process.</li> </ul> </li> </ul>

## Baseline information

# RSSPP Forum



The Regional and Specialised Services Provider Planning Forum has been established as a partnership between Swansea Bay UHB and Cardiff and Vale UHB to support the development of a collaborative approach to deliver and develop safe, sustainable, and effective specialised services across the two tertiary centres in South and West Wales in future and deliver the best quality and outcomes of care possible to patients.

Programme	Key Points
<b>Regional and Specialised Services Provider Planning Forum</b>	<p>The partnership will progress the following workstreams in 2025/26:</p> <ul style="list-style-type: none"><li>• Development of a Hepato-Pancreato-Biliary Shared Delivery Network for South and West Wales to:<ul style="list-style-type: none"><li>• Develop and manage a supraregional approach to manage Severe Acute Pancreatitis;</li><li>• Address other specific gaps within the patient pathway through the development of service specifications, clinical guidelines, etc;</li><li>• Provide a transition from current models to a Shared Delivery Service (A single directorate for HPB across the two organisations); and</li><li>• Maintain project momentum</li></ul></li><li>• Working in partnership with the NHS Wales Joint Commissioning Committee to progress the second phase of the Cardiac Surgery review, which will include the development of options for future service delivery</li><li>• Development of options to improve the sustainability of Gynaecologic Oncology Surgery services for the population of South Wales, West Wales and South Powys</li><li>• Development of a clinical informed implementation plan for Specialised Infectious Disease Services</li></ul>

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## Baseline information

# Mid Wales Joint Committee for Health and Social Care (MWJC)



Mid Wales is formally designated as a Regional Planning Area; MWJC membership is made up of the statutory health and care organisations in the region (PTHB, HDUHB, BCUHB, WAST, Ceredigion County Council, Gwynedd Council and Powys County Council).

Strategy / Plan	Key Points
<b>Strategic Intent</b>	<p>The Mid Wales Joint Committee, as a formally designated regional planning area within Wales, has set out a Strategic Intent to ensure there is a joined up approach to the planning and delivery of health and care services across Mid Wales. It outlines how the Joint Committee’s partner organisations will work together to address the current health and care needs of the Mid Wales population as well as the challenges for the future. It also explains the overarching aims and objectives and describes what the Joint Committee intends to do and achieve across Mid Wales.</p>
<b>Vision - The population of mid Wales has access to safe, sustainable, bilingual and high quality integrated health and care services</b>	<p><b><u>Aim 1: Wellbeing</u></b> - Improve the wellbeing of the Mid Wales population.</p> <p><b><u>Aim 2: Enable people live their best lives</u></b> - Create a sustainable health and social care system for the population of Mid Wales which has greater focus on care in the right place.</p> <p><b><u>Aim 3: Rural Health and Care Workforce</u></b> - Create a flexible and sustainable rural health and care workforce for the delivery of high quality health and care services.</p> <p><b><u>Aim 4: Hospital Based Care and Treatment</u></b> - Create an effective, efficient, sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales with robust outreach services and clinical networks.</p> <p><b><u>Aim 5: Communications, Involvement and Engagement</u></b> - Ensure there is continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners.</p>
<b>Mid Wales priorities for 2025/26</b>	<p>The priorities have been reviewed and a set of proposed annual priorities for 2025/26 were shared at the Committee meeting on 4<sup>th</sup> April 2025. These were broadly supported but remain draft pending final refinements:</p> <ol style="list-style-type: none"> <li>1) Urology</li> <li>2) Ophthalmology</li> <li>3) Cancer</li> <li>4) Community Dental Services</li> <li>5) Strategic service change programmes (noting the importance of Stroke in particular)</li> <li>6) Cross Border workforce arrangements</li> </ol> <p>The Mid Wales Clinical Advisory Group will provide clinical support and advice for these priorities.</p> <p>Additionally there are a set of Social Care priorities covering 1) residential children’s accommodation; 2) Delayed pathways of care, 3) 50 day challenge and Welsh Community Care Information System (WCCIS)</p>

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## Baseline information

# South East Regional Joint Committee

## Strategy / Plan

Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board have been directed to establish a Regional Joint Committee to exercise the facilitation and oversight of regional planning to drive effective collaboration and regional working. This Committee is expected to be established by Q3 2025/26.

The Committee will be responsible for collectively determining the Committee's priorities, informed by a collective review of existing collaboration arrangements and the improvements required of health boards regarding organisation's escalation status under the Escalation and Intervention Framework. This exercise should identify areas that need attention and can be strengthened, while avoiding unnecessary duplication.

The establishment of the Committee is expected to provide a greater focus on

- regional planning and delivery of service models;
- improved outcomes and a reduction in inequalities in access;
- potential for service transformation, including new regional workforce models;
- establishing new relationships and/or resetting existing ones;
- exploring regional solutions to advance sustainable service provision and improve quality and outcomes, while addressing workforce, infrastructure, and financial constraints under the National Clinical Framework and the Value and Sustainability Board; and
- providing coordinated support to the health boards, with a particular focus on priority areas through the NHS Executive.

To enhance collaboration in integrated care, representatives are invited from Powys Teaching Health Board and Velindre NHS Trust to be Associate Members of the Committee.

Baseline information

# South East Wales Region



A Regional Portfolio Delivery Board is in place for the South East Wales region, the sponsor organisations for regional schemes are CTMUHB, ABUHB and CVUHB and PTHB is an attendee in recognition of the Powys resident flows into the South East Wales footprint.

## Strategy / Plan

The Regional Portfolio is overseen and tracked via a Delivery Board. It comprises programmes of work for Pathology, Ophthalmology, Stroke, Cancer, Endoscopy and dependencies with the development of Llantrisant Health Park.

Headline updates:

### Update from Regional Portfolio Delivery Board April 2025

- The Minister's statement on regional planning was noted, in particular the commitment to reorganise the work of the NHS Wales Executive to create a dedicated regional delivery support function and the establishment of a Regional Joint Committee for the South East region.
- The Minister's expectations in relation to Llantrisant Health Park including the timeline to deliver an Outline Business Case were also noted and discussions held on effective alignment between programmes, partners and resources
- A Dashboard was provided giving an update on the overall portfolio, planned activities / decision points and risks
- Update reports were given on each programme, highlights noted below:
  - Pathology: key activities include Standardisation and Single Management Model development, Full Business Case scheduled for November 2026
  - Cancer: 4 priorities agreed for programme: Regional PTL; Regional Cancer Workforce; Regional MDT Resourcing and Governance and Prehab2REhab, each to become a project within the programme
  - Ophthalmology: Stabilisation Plans to be developed; 12 Month Plan for Cataracts agreed; regional Glaucoma approach experiencing some delays; workforce planning session to be held 16 May
- An updated Regional Endoscopy Plan was provided, reflecting collective planning by ABUHB, CAVUHB and CTMUHB
- An update was provided on the National Stroke Programme (see separate slide on Stroke)

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## Baseline information

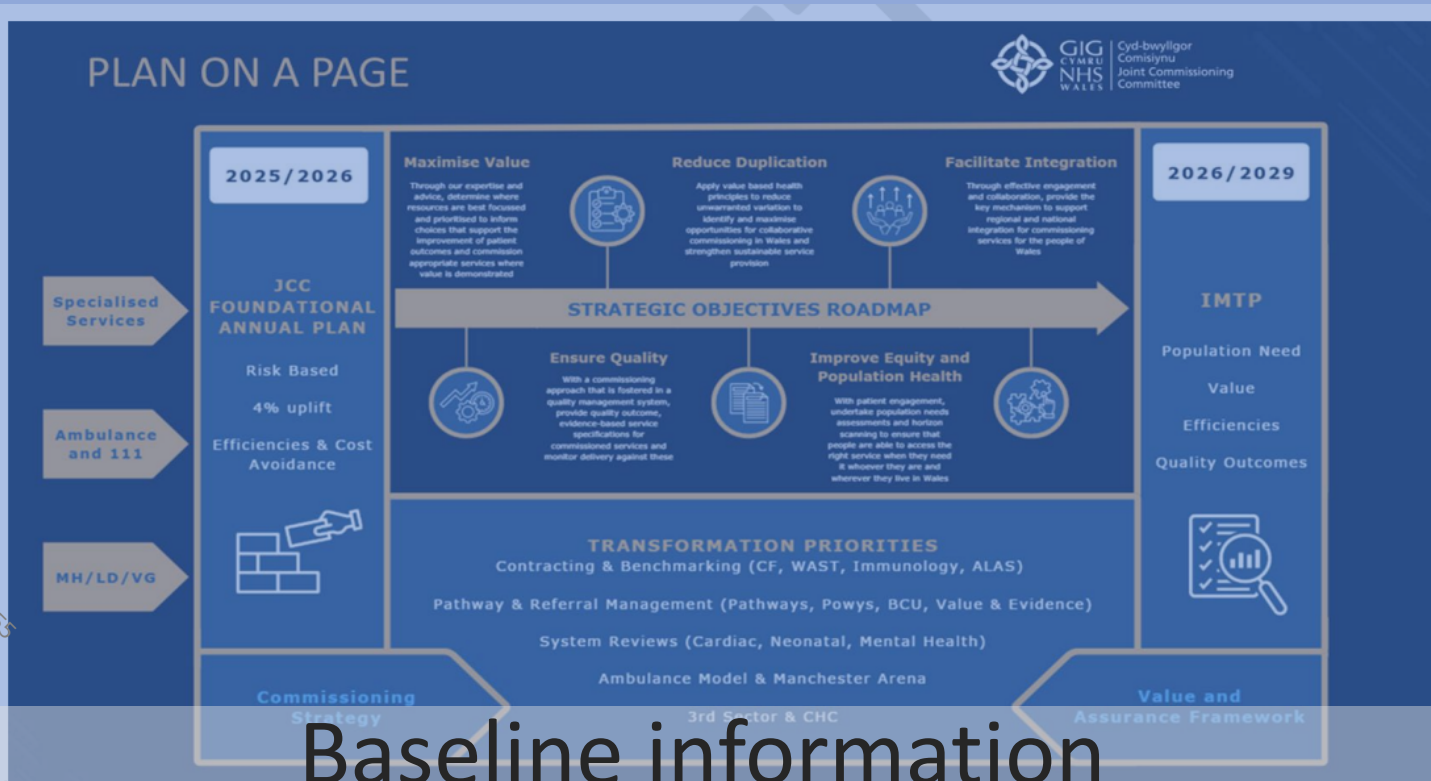
# NHS Wales Joint Commissioning Committee

## Joint Commissioning Committee 2025/26 Foundation Plan

**Strategy:** The 2025/2026 JCC Foundation Plan focuses on a number of strategic priorities:

1. Developing a long-term strategy for commissioning services and producing an Integrated Medium Term Plan (IMTP) to guide service delivery
2. Service Provision: Ensuring the provision of services at regional and national levels, including those provided by external providers
3. Evaluation & Advice: Identifying and evaluating services and treatments, and advising on their commissioning and delivery
4. Policy Development: Creating policies for equitable access to high-quality healthcare services across Wales
5. Annual Commissioning: Determining annually which services should be commissioned regionally or nationally
6. Funding Allocation: Deciding on funding levels for commissioned services and collaborating with Health Boards on necessary contribution
7. Governance: Operating within an appropriate governance framework.

**Finance:** The NWJCC is forecasting a deficit of £6.9m for 2024/2025 as of Month eleven reporting. This increased from the base Month eight position of £5.7m used for the Plan, the majority of which is due to additional activity in Cardiology and ALAS, which was provided for in other Plan lines already.



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Baseline information

# JCC – Emergency Medical Retrieval Transfer Service

## EMRTS / Air Ambulance Service

### Update on Emergency Medical Retrieval and Transfer Service (EMRTS) Review

- Powys Teaching Health Board met on Thursday 11 April to discuss and consider updated recommendations from the NHS Wales Emergency Medical Retrieval and Transfer Service (EMRTS) Review. The Board accepted the case for change and recognised the critical importance of addressing the level of unmet need identified by the review, and also to ensure that the proposed approach sufficiently addressed the concerns that had been raised by residents and stakeholders including by Llais. The Board agreed that further detail was needed in relation to Recommendation 4 and that they were not currently in a position to support the recommendations. All seven health boards met to consider the EMRTS review, and their respective views were considered at a meeting in public of the NHS Wales Joint Commissioning Committee on 23 April 2024. The Committee approved the following recommendations by majority decision:
- **Recommendation 1** – EMRTS Service Model. The Committee approves the recommended service model for EMRTS including the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales (Option A) as it best meets the objectives of the EMRTS Service Review.
- **Recommendation 2** – Implementation. To enable delivery of the agreed service model, the Committee requests that the Charity secures an appropriately located operational base in line with the agreed service model (as per the final recommendations of the Review).
- **Recommendation 3** – Implementation. The Committee approves that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and develop a comprehensive implementation plan for the agreed service model. This plan 14/18 EMRTS Service Review Page 15 of 18 Joint Commissioning Committee Agenda Item 2.3 23/04/2024 will be reflected in the Committee’s future commissioning arrangements with EMRTS and the Charity.
- **Recommendation 4** – Additional service provision. The Committee approved the development of a commissioning proposal for bespoke road based enhanced and / or critical care services in rural and remote areas to enhance the core service model. It recommended a Task and Finish Group to further refine and develop the approach and to deliver a detailed implementation plan by the end of September 2024. The Group worked in partnership with HBs and Llais and other key stakeholders and report to the JCC in October 2024. In July 2024, an EMRTS stakeholder A Task and Finish Group was established for Recommendation 4, with representation from the health board as well as non-voting status for a representative on behalf of Llais, with the Powys Regional Director representing Llais nationally on this group. Alongside this, the Charity is pursuing its work to secure the new operational base. In July, a Claim form was lodged with the Court and sent to a number of organisations including Powys Teaching Health Board bringing a Judicial Review (JR). The relevant response was sent from the Health Board in August and the Claimants response received in September.
- The Judicial Review of the Emergency Medical Retrieval and Transfer Service (EMRTS) Review took place on 22 and 23 January 2025, with an extended day on the 7 February 2025. The decision of the court is still awaited and therefore, in recognition of this, further work by the NWJCC team on the delivery of the Review’s recommendations including on Recommendation 4 has been paused.

Baseline information

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# NHS Wales Executive

## Strategy

## Key Points

**The NHS Wales Executive is a new, national support function, operational from 1 April, 2023.**

Key purpose is to drive improvements in the quality and safety of care - resulting in better and more equitable outcomes, access and patient experience, reduced variation, and improvements in population health.

- The NHS Executive will provide strong leadership and strategic direction – enabling, supporting and directing NHS Wales to transform clinical services in line with national priorities and standards.
- The NHS Executive is a hybrid function bringing together Delivery Unit, Finance Delivery Unit, Improvement Cymru and Health Collaborative.
- Improvement Cymru will retain their name and brand for now.

## Phase 2 Update

There are additional functions joining the NHS Wales Executive on 1 April 2024

- Improvement Cymru will become fully integrated into the NHS Wales Executive structure as part of a new **Quality, Safety and Improvement Directorate** and incorporated within the formal Hosting Agreement with PHW. The Quality, Safety and Improvement Directorate will continue to drive work with NHS Wales on the design, development, and delivery of system level improvements to quality and safety as set out in national policies and standards to meet the needs of the service.
- **Digital, Technology, Innovation and Value** will be a new directorate within the NHS Wales Executive structure. The directorate comprises a new team, bringing together staff from the Welsh Value in Health Centre as well as staff from Technology Enabled Care (TEC) Cymru (with the latter joining the NHS Wales Executive in September 2024).
- **The Strategic Programme for Primary Care (SPPC)** is the all-Wales primary care response to A Healthier Wales and will be a new directorate within the current NHS Wales Executive structure. This national strategic programme focuses on the actions required to implement the Primary Care Model for Wales with a focus on providing care closer to home via sustainable primary and community care services. The Strategic Programme for Primary Care team is comprised of national lead roles and a Programme Management Office, which collectively support its portfolio of national work.
- **The National Programme for Urgent and Emergency Care (UEC)** oversees delivery of the six policy goals that span the urgent and emergency care pathway. These six goals reflect 11 the priorities in the Programme for Government 2021-2026 to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration. The UEC (Six Goals) team comprises national clinical and professional leads and a Programme Management Office, which collectively supports its portfolio of national work. The team will be a new directorate within the current NHS Wales Executive structure.

- **Emergency Planning and Response**

The Executive Emergency Planning and Response function will provide a national focus for co-ordination in NHS Wales contingency arrangements, monitoring and assurance of emergency preparedness activities, as well as providing a mechanism for briefing and information flow across NHS Wales on behalf of Welsh Government (in accordance with the mandate and remit letter).

- The first **Women's Health Plan for Wales** was launched on 9 December 2024 setting out a 10-year vision to improve healthcare services for women. The plan, created by the National Strategic Clinical Network for Women's Health, part of the NHS Wales Executive, sets out how NHS organisations in Wales will close the gender health gap by providing better health services for women, ensuring they are listened to and their health needs are understood.

# Baseline information

# Welsh Government: all-Wales maternity services assessment

Organisation	Key developments
<b>Welsh Government: all-Wales maternity services assessment</b>	<ul style="list-style-type: none"><li>• NHS Performance and Improvement have been commissioned to undertake an all-Wales assurance assessment of maternity and neonatal services. This will start this month and will be independently chaired. It will take account of the findings of the recent reviews of maternity and neonatal services across the UK, including in Swansea Bay.</li><li>• <a href="https://performanceandimprovement.nhs.wales/functions/networks-and-planning/maternity-and-neonatal-services/mnnssp-implementation-network/">https://performanceandimprovement.nhs.wales/functions/networks-and-planning/maternity-and-neonatal-services/mnnssp-implementation-network/</a></li><li>• A Maternity and Neonatal Oversight Panel has been established, which will be a time limited group to provide an independent assessment of Wales maternity and neonatal services. The Panel have national expertise in their respective fields and will support work to improve the quality and safety of maternity and neonatal services.</li><li>• It will provide Welsh Ministers with external assurance on the quality and safety of maternity and neonatal services and make recommendations for the future development and improvement of services. This is a structured process by which the panel members will assess, judge, and evaluate the quality of services across Wales, against a defined standard.</li></ul>

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## Baseline information

# National & Regional Stroke Programmes

## Regional / Health Board Stroke Programmes:

<b>North Wales (BCUHB)</b>	Review and development of stroke services is under way to reflect the Quality Statement.
<b>West Wales (SBUHB and HDdUHB) (catchment includes Powys)</b>	Development of a regional model, including hyper acute stroke unit (HASU)
<b>HDUHB (catchment includes Powys residents)</b>	Stroke is one of 9 specialties that form part of a programme of work to deliver a Clinical Services Plan (CSP), as part of the strategy 'A Healthier Mid and West Wales'. Formal consultation on the CSP is due in Summer 2025.
<b>South Central / South East Wales (CTMUHB, CAVUHB, ABUHB) – current / future flows include South Powys</b>	A paper was presented to the South East Wales Regional Portfolio Programme Board in April 2025 which proposed refreshed arrangements including a Regional Stroke Network Board (this would replace the formal South Central Wales Stroke Programme)
<b>CTMUHB</b>	<p>Temporary changes were made in December 2024 to stroke services provided by CTMUHB, with consolidation of acute stroke provision at the Royal Glamorgan Hospital, temporarily ceasing the service at Prince Charles Hospital but retaining the initial response for self presenters prior to onward transfer for the acute stroke service.</p> <p>It is proposed that the next steps including the permanent service model will be developed and overseen through the Regional Stroke Programme arrangements noted above, which is a component of the National Stroke Programme (Wales).</p>
<b>ABUHB (catchment includes Powys residents)</b>	Review and development of stroke services is under way to reflect the Quality Statement – HASU at Grange Hospital, review of stroke rehabilitation.

## Stroke programmes in England:

- **Herefordshire and Worcestershire:** Stroke programme under way. Engagement in 2022 identified preferred option as including options for HASU at Worcester (triage –treat-transfer at Hereford). Further information included in the Hereford and Worcester slide
- **Shropshire and Telford & Wrekin:** Hospital's Transformation Programme includes relocation of HASU from Telford to Shrewsbury.

# Baseline information

# Digital Health and Care Wales (DHCW)

## Integrated Medium Term Plan 2025-28

- DHCW have submitted an Integrated Medium Term Plan for 2025/28.
- Finance:** DHCW has this year for the first time been issued with a Remit Letter from Welsh Government setting out detailed priorities, deliverables and milestones for 2025-26, and confirming funding allocations. The Remit Letter was issued on 14 March 2025 and required to be incorporated in the Integrated Medium Term Plan, submitted to Welsh Government on 31 March 2025.
- Performance:** There are over 400 IMTP milestones, which will be reported monthly to the DHCW Management Board and to Welsh Government through monthly IQPD Integrated Quality Performance and Delivery meetings. DHCW have been escalated from level 1 to level 3 related to delivery of major programmes.

Portfolios	Plan on a Page 2025-28					
	QTR1	QTR 2	QTR 3	QTR 4	2026/27	2027/28
1.1 Data Platform and References Services	Encounters available in the Care Data Repository (CDR) to consume via APIs	Commence early wave of Health Board/Trusts migrations into the national data and analytics platform	National data catalogue development Scope a Natural Language Processing solution to assist with clinical coding	Complete historical docs and results backload to care data repository	Trust / Health Board data migrations into national data and analytics platform	Decommission records and results services
1.2 Open Architecture and Interoperability	Publish draft target architecture in collaboration with NHS partners	Minimum viable product of cloud based integration service	Develop API roadmap	Publish final national target architecture and roadmap	Expansion and enhancements of API cataloguing, onboarding, management and monitoring Evolution of target architecture	
1.3 Protecting Patient Data	Clinical Risk Mngt Stds – draft developed for formal consultation	Information Sharing Gateway operational		National IG Framework – Formal consultation on approved WASPI Code	Replacement solution to National Audit Tool	
1.4 Sustainable and Secure Infrastructure	Cyber improvement solutions			Deliver first wave of cloud migrations	Implement new Microsoft 365 Enterprise Agreement	Implement new Microsoft 365 Enterprise Agreement
2.1 Public Health		Support central procurement of Flu vaccines	Welsh Immunisation System move to Cloud			
2.2 Primary, Community and Mental Health	Discovery work for integrated care record	Develop plan for mental health, community and social care digital/data designs	Framework for procuring community health products	Modernise and patient centric re-design Choose Pharmacy	Decommission legacy community system Conclude GP migrations	Integrate Choose Pharmacy with Shared Meds Record
2.3 Planned Care	Admissions, discharges and transfers APIs	Draft eyecare business case	Pipeline : Strategic Programme for Planned Care priorities			
2.4 Urgent and Emergency Care	Intensive Care (WICIS) Implementation Plan drafted	Welsh Emergency Care Data Set FHIR profile specification	Emergency Dept Module built	Support Welsh Emergency Care Data Set roll out	Further Dashboards of Emergency Care	
2.5 Diagnostics	Laboratory system early adopter go lives	Next wave of laboratory go lives	Next wave of laboratory go lives	Decommission legacy laboratory system	Start re-procurement of next laboratory system	
	Support early radiology system go lives	Support next wave of radiology system go lives	Support next wave of radiology system go lives	Support next wave of radiology system go lives	Start re-procurement of next radiology system	
2.6 Digital Medicines	Further Electronic Prescription Service roll outs	Electronic Prescriptions transitioned to service	Further Electronic Prescription Service roll outs	Further Electronic Prescription Service roll outs	Further Electronic Prescription Service roll outs	
	E-Prescribing integrations and connectivity	E-Prescribing integrations and connectivity	E-Prescribing integrations and connectivity	E-Prescribing integrations and connectivity		
3.1 Health and Care Professions	Further test requesting specialities	Cardiology Test Requesting form	Further test requesting specialities			
		Deliver the Cancer prioritised enhancements	Welsh Clinical Portal Single Instance	Further Nursing forms	Nursing Care Record to Cloud. Roll out of paediatrics forms	
3.2 Patients and the Public	Developing subsequent priorities from a requirements list including patient captured information, access to patient health record documents and test results, vaccinations summaries and booking online in the App.				Service transition to DHCW complete	
4.1 Research and Innovation	Roadmap for DHCW Artificial Intelligence adoption	Refresh R&I strategy		Clinical Trial 'Find, recruit, follow up' scoping	Increase E-library collections and usage Open Access service (DHCW research deposits)	
4.2 Value from Data						

Baseline information

Mission 5 Enablers: People and culture, finance, sustainability, stakeholder engagement, quality and safety, governance, performance and assurance, commercial services, clinical informatics and business change.

## Integrated Medium Term Plan 2025-28

### Strategy:

The Long-Term Strategic Framework '**Delivering Excellence**' sets out the future vision for the organisation up to 2030. The strategy is framed around the transformation our clinical services model to ensure that patients receive the '**right advice and care, in the right place, every time**'. The ambition is to evolve from a traditional ambulance and transport service, towards an integrated clinical service which works in collaboration with the health and care system to best meet the needs of patients who make contact through 111, 999 and non-emergency services in a way which makes the most of the Welsh pound, adding value to the system within which WAST work.

The evolved Clinical Services Model is designed to be clinically led, patient centred and integrated across multiple services. To deliver this transformation, WAST will:

- Embed clinically led decision making: Clinically led care decisions from first patient contact, ensuring timely, personalised responses, reducing unnecessary interventions and improved outcomes.
- Enhance system connectivity: Systems, processes and staff integrated across WAST and supported by digital solutions to deliver consistent patient experiences and maximise resource efficiency.
- Offer choice through diversified response options: Expanding response pathways in collaboration with the wider system, will allow safe, community-based treatments while ensuring ambulance dispatch is prioritised for critical needs.
- Strengthen collaborative pathways: Partnerships with Health Boards, commissioners, and community services will create shared care pathways, enabling patients to the access most appropriate local services.

### Finance

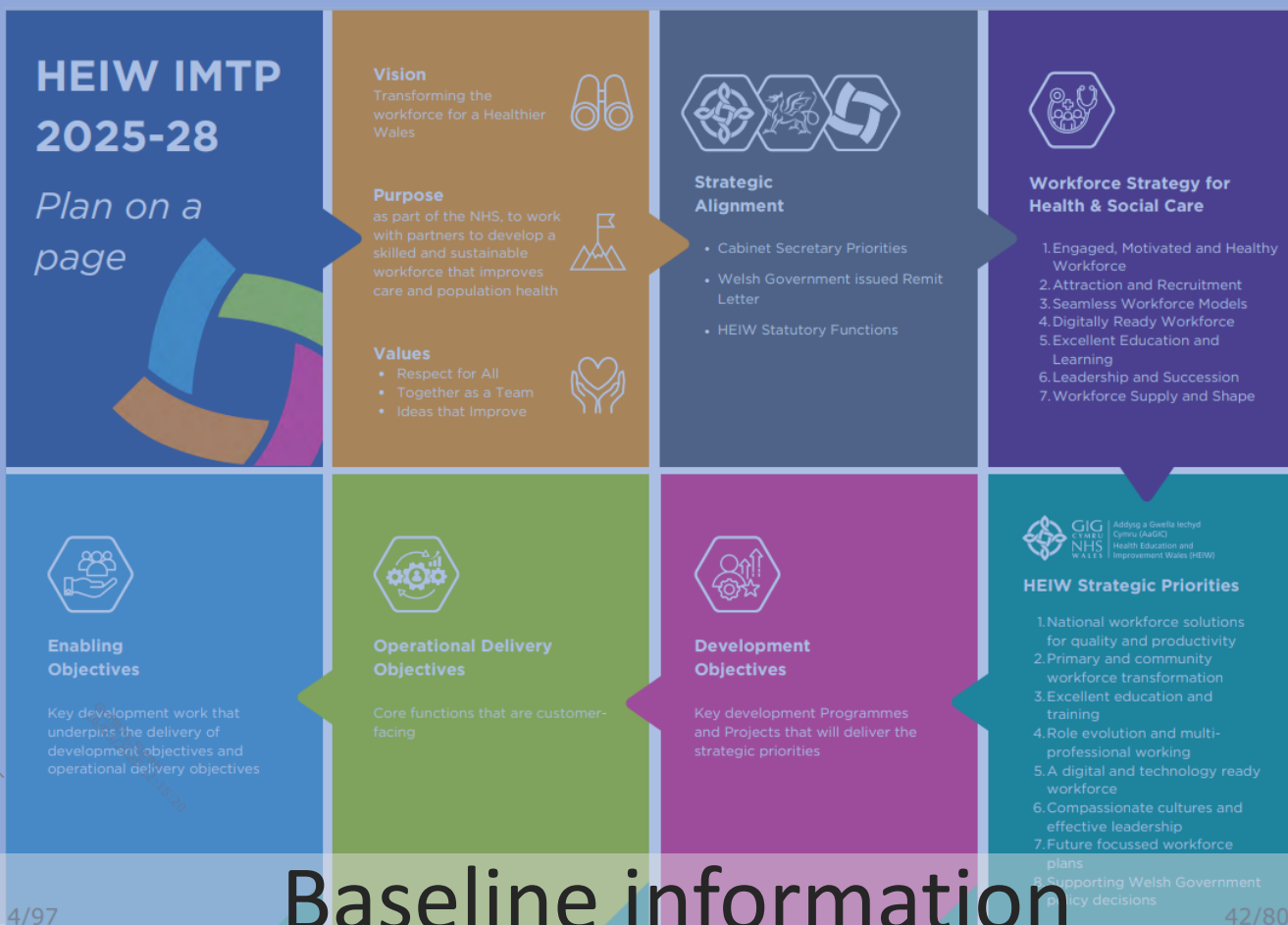
Given the Trust's current underlying position, along with the level of funding able to be made available, and subject to some of the remaining risks highlighted in the paper presented by the Executive Director of Finance & Corporate Resources, this does provide the ability for the Trust to present a balanced financial plan for 2025/26. WAST has been asked to outline what further stretch it could make in its cost improvement/savings plans by the JCC, however this plan is presented in the context of an £8.5m savings target.

## Baseline information

# Health Education and Improvement Wales (HEIW)

## Integrated Medium Term Plan 2025-28

- DHCW have submitted an Integrated Medium Term Plan for 2025-28.
- **Strategy:** The Strategic Framework for the development of the IMTP (2025-28) agreed the IMTP needed to be reshaped to focus on big strategic shifts needed to deliver the 10-year Workforce Strategy and to provide a 3-year focus for delivery.
- **Finance:** The financial outlook for 2025-26 in Wales is challenging and there are some areas of risk that will need to be managed, but as per the expectation outlined in the Welsh Government Planning Framework 2025-28, the Plan is deemed approvable and financially balanced and submitted to Welsh Government on the 31 March 2025.



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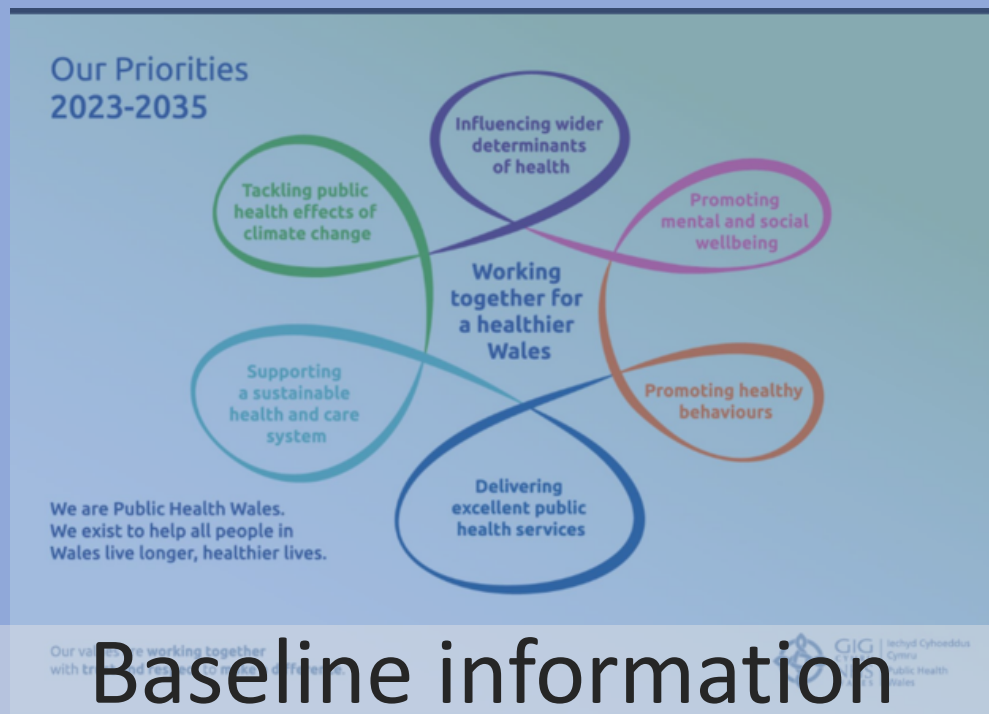
Baseline information

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## Strategic Plan (IMTP) 2025-28

PHW have submitted a Strategic Plan for 2025-28.

- **Strategy:** The Strategic Plan sets out, by six strategic priorities, the actions that will be delivered over the next three years. This is informed by progress made during 2024/25, remit Letter for 2025/26 and key developments, such as the establishment of a national lung cancer programme, strategic health improvement developments (e.g. Tackling Diabetes Together) and development of key digital systems (e.g. Health Protection). An assessment of the draft plan has been undertaken, which shows that, compared to the 2024/25 plan, overall number of milestones have significantly reduced. This reflects work to improve the overall feasibility of the plan and ensure that there is focus on the key high-level actions that will have the greatest impact.
- **Finance:** PHW set out a balanced plan which ensures known cost pressures are funded and that cash releasing savings are delivered. The resources released have provided a small investment fund which will be re-prioritised across three key areas identified as part of strategic investment approach, 1. Digital and Data, modelling and artificial intelligence, 2. Strategic change and delivery and 3. Strengthening core areas and business as usual.



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# Baseline information

## Strategic Plan (IMTP) 2025-28

## Plan on a Page 2025-26

### NWSSP Strategy Map

Delivering Value, Innovation and Excellence through Partnership

#### Our Values



#### Our Strategic Objectives



Our Services	Our Value	Our People
Continue with Learning Programmes, with a focus on Women's Health in maternity and neonatal services.	Continued development of Transforming Access to Medicines.	Provide revised guidance and support to NHS Wales in relation to Putting Things Right.
Support the transfer of the WIBBS scheme to the Infected Blood Compensation Authority.	Continued development of Scan for Safety as part of the modernisation programme for NHS Wales.	Developing services and specialities under the Single Lead Employer model.
Support the re-procurement and implementation of a Health Roster Solution on an All-Wales Basis.	Identify solutions to drive automation and support embedding of the Wales Ophthalmic contract.	Review and report on the long-term strategic options for Financial Management System services.
Move to mobilisation stage of the Workforce Transformation Solution.	Lead a group looking at central procurement of reusable gowns for Health Boards.	Upskill staff to prepare for increased digital and automation in the workplace.
Review reporting in the Medical Examiner Service to meet customer requirements and alignment to the Duty of Quality.	Establishing a robust service model for national delivery of seasonal vaccination Programmes.	Launch a new Welsh Language Strategy to support 'More Than Just Words' and Welsh Language standards.
Further embed the recruitment improvement programme to advance service efficiencies through innovation and digital automation.	Deliver agreed Procurement Foundational Economy workplan for NHS Wales, with milestones and deliverables being developed with WG.	Enhance our commitment to the armed forces community as a pledged employer to support the Armed Forces.
Work with Welsh Government to extend the All-Wales International Recruitment Programme.	Continue to deliver NWSSP decarbonisation actions and support more widely decarbonisation across Wales.	Continued roll out of Duty of Quality principles and embedding across the divisions.
Enhance the use of data analytics in the work of internal audit.	Undertake a full review of Engineering maintenance services to develop a more resilient and efficient laundry service.	Implement Speaking up Safely with Health Education and Improvement Wales.
Develop Primary Care Workforce Intelligence Services.	Establish a Radiopharmacy Unit from South East Wales to support NHS Wales.	Continue developing our Employee Value Proposition.
Support NHS Wales to deliver patient facing services including enhanced emergency preparedness and resilience.	Continue with National Logistics Programme Services with a focus on standardisation and standardisation.	Through the NWSSP's Inclusive Culture Action Plan continue to embed Anti Racist Wales Action Plan.

# Baseline information

# Escalation and Assurance Arrangements in NHS England

An announcement was made on the 13th of March that NHS England administrative body would be abolished. Further information is awaited.

NHS Trusts in England are assessed and rated by the Care Quality Commission which is the independent regulator for health and care services in England. Current ratings for the main providers of services for Powys residents are as follows:

Organisation	Current Status
The Shrewsbury and Telford Hospital NHS Trust	Overall : Requires improvement
Wye Valley NHS Trust	Overall: Requires improvement
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	Overall: Good

PTHB 3 main English providers are in the following categories - SaTH segment 4 - Recovery Support Programme, WVT & RJAH segment 3 of the NHSE Oversight Framework.

To provide an overview of the level and nature of support required across systems and target support capacity as effectively as possible, NHS England and NHS Improvement have allocated trusts and ICB's to one of four segments. A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4).

For ICBs and trusts in segments 1 and 2, overall support needs will be formally reviewed on a quarterly basis by the relevant regional team (in the case of individual organisations this will happen in partnership with the integrated care board).

For trusts and ICBs in segment 3, NHS England and NHS Improvement regional teams will work collaboratively with them to undertake a diagnostic stocktake to identify the key drivers of the concerns that need to be resolved. Through this, we aim to better understand their support needs and agree improvement actions.

Those in segment 4 enter the new Recovery Support Programme (RSP). The RSP replaces the previous financial and quality special measures programmes and will provide a collaborative, ICB-focused approach for supporting those trusts and ICBs with the toughest challenges. ICBs and trusts will get intensive support to use all their levers to address the often complex, historical problems they face, and embed lasting solutions.

## Baseline information

# Herefordshire and Worcestershire Integrated Care System

Herefordshire and Worcestershire Integrated Care system was formally designated in April 2021 and Clinical Commissioning Groups functions transferred to a statutory Integrated Care Board (ICB).

Strategy	Key Points
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## Integrated Care System

An Integrated Care Partnership Assembly has been established, bringing together the NHS, Local authorities, and other partners; a draft integrated care strategy has been published (see below):



Further information is available at [Integrated Care Strategy :: Herefordshire and Worcestershire Integrated Care System \(hwicvs.org.uk\)](https://www.hwicvs.org.uk)

## Programme

## Key Points

### Stroke Programme

Herefordshire and Worcestershire Stroke Programme is now undertaking detailed work on service models and options, clinical pathways (Acute and Rehabilitation), demand and capacity modelling, workforce and financial assessment... At present however no final model has been agreed upon. Options have been modelled and discussed with the preferred model being presented at a Clinical Senate on 27th September 2024. The requirement to hold a Clinical Senate is part of the Clinical Specialty Change guidance in England. Both the Director of Planning, Performance & Commissioning and the Director of Therapies were in attendance.

# Baseline information

# Robert Jones & Agnes Hunt Foundation Trust (RJAH)

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) is one of the UK's five Specialist Orthopaedic Centres. It is a leading orthopaedic centre of excellence with a reputation for innovation. The Trust provides both specialist and routine orthopaedic care to its local catchment area and nationally. It is a specialist centre for the treatment of spinal injuries and disorders and also provides specialist treatment for children with musculoskeletal disorders. The hospital has nine inpatient wards including a private patient ward; 12 operating theatres, including a day case surgery unit; and full outpatient and diagnostic facilities. The Trust works with partner organisations to provide specialist treatment for bone tumours and community-based rheumatology & orthotic services. The Trust is based on a single site in Oswestry, close to the border with Wales. The surrounding geographical area includes Shropshire, Wales, Cheshire, and the Midlands. As such, they serve the people of both England and Wales, as well as a wider national catchment and the Trust has contracts with a number of commissioners.

## Strategy

## Key Points

### Trust Strategy 2023-28

New five-year strategy, which sets out how they will deliver an innovative future for patients, colleagues and communities.

Five key objectives:

1. Deliver high quality clinical services - recognised for delivering outstanding standards of care for patients, address health inequalities for English and Welsh population and ensure a fair, equal and inclusive culture across the Trust. Develop services through partnership and shared decision making with clinicians, patients and partners. Empower departments to innovate and continuously improve services for patients. Recruit, retain and transform workforce to provide an exemplar experience for staff and patients
2. Develop our Veterans Service as a nationally recognised centre of excellence
3. Integrate MSK pathways across Shropshire, Telford and Wrekin
4. Grow our services and workforce sustainably
5. Innovation, education and research at the heart of what we do

RJAH is preparing to open its new £10 million Theatre building extension, which offers the opportunity to increase capacity and reduce waiting lists. The development will initially see the addition of one new theatre, giving the capacity to carry out an additional 1,200 surgical procedures a year. RJAH also has plans to build three further new Theatres over the next three years, as well as refurbishing four existing ones. The development plans are evolving in conjunction with co-ordinated recruitment and retention activity to ensure the hospital has the staff and the skills it needs to make the most of the new facilities.

Opening of new Theatre building

## Baseline information

# The Shrewsbury and Telford NHS Trust (SATH)

The Shrewsbury and Telford Hospital NHS Trust is the main provider of district general hospital services for nearly half a million people in Shropshire, Telford & Wrekin and mid Wales. The main service locations are the Princess Royal Hospital in Telford and the Royal Shrewsbury Hospital in Shrewsbury, which together provide 99% of activity. Both hospitals provide a wide range of acute hospital services including accident & emergency, outpatients, diagnostics, inpatient medical care and critical care.

Strategy	Key Points
<b>SATH Trust Strategy 2022-27</b>	<ul style="list-style-type: none"> <li>• Our vision “ To provide excellent carer for the communities we serve”. The six strategic themes - Improve the quality of care that we provide, Deliver a better patient journey and experience, Ensure seamless patient pathways, Make our organisation more sustainable, Enhance wider health and wellbeing of communities, Make SaTH a great place to work</li> </ul>
<b>Development works</b>	<ul style="list-style-type: none"> <li>• Work to improve hospital care for communities in Shropshire, Telford and Wrekin and mid Wales has taken another step forward, as The Shrewsbury and Telford Hospital NHS Trust (SaTH) signs the design and build contract with Integrated Health Projects (IHP). This marks a key milestone for the county’s largest investment in hospital services, as part of the Hospitals Transformation Programme (HTP). The plans have been developed and supported by clinicians and will see the Princess Royal Hospital (PRH) site in Telford specialise in planned care and the RSH site specialise in emergency care. Enabling works and site preparations are currently underway at the RSH site. The development will see the construction of the new four-storey building near the former Outpatients’ entrance, and the remodelling of the existing Emergency Department at RSH. The building will provide new emergency care, women and children’s and critical care facilities. The Trust’s clinically-led designs will include; modern fit for purpose internal healthcare spaces; external balconies; an internal atrium and single ensuite bedrooms. The benefits of the new clinical model for patients include planned care services in PRH which will be available throughout the year, enhanced urgent care services which will be available 24/7 on both hospital sites and improved emergency care services delivered from a new, purpose-built Emergency Department at RSH.</li> </ul>
<b>Urgent temporary changes to oral and maxillofacial services</b>	<ul style="list-style-type: none"> <li>• SATH have advised that the oral and maxillofacial service is facing significant workforce challenges. This service specialises in urgent conditions or injuries affecting the mouth, jaw, face and neck. Emergency action is required to support the provision of this service as an interim measure which means that SaTH patients requiring inpatient emergency care will be referred and transferred to Royal Stoke University Hospital from 10 March 2025. SaTH have advised that there is a robust standard operating procedure in place with UHNM to ensure safe and timely transfer and they are working towards a long-term solution for the service linked with their wider hospital transformation programme.</li> </ul>
<b>Phase 1 works</b>	<ul style="list-style-type: none"> <li>• Works to modernise and redesign the Emergency Department (ED) at Royal Shrewsbury Hospital (RSH) are well under way with the first phase of work on track for completion in April. The improvements to RSH ED at The Shrewsbury and Telford NHS Hospital Trust (SaTH) include long open-plan built resuscitation area, new larger patient bays and improved patient visibility through modern staff bases. The refurbishment forms part of the Trusts wider ITT plans, where a four-storey expansion is currently underway at the front of the RSH site and is expected to open in 2028.</li> </ul>

## Baseline information

# NHS Shropshire, Telford and Wrekin

NHS Shropshire, Telford and Wrekin was created on 1 July 2022, replacing NHS Shropshire, Telford and Wrekin Clinical Commissioning Group (CCG), as part of Shropshire Telford and Wrekin (STW) Integrated Care System.

Strategy	Key Points
Integrated Care System	<p>Integrated Care Systems (ICS) are required to produce an Integrated Care Strategy and a Joint Forward Plan. The Integrated Care Partnership (ICP) is responsible for the development of the strategy, against which the Integrated Care Board (ICB) will reflect and respond. Shropshire, Telford and Wrekin ICS have produced an interim Care Partnership Strategy with 6 focus areas: People First; Prevention and inequalities; Subsidiarity; Joint working; Empowerment; Innovation, evidence and research. Further information is available at <a href="#">Integrated Care Strategy and Joint Forward Plan - STWICS</a></p>
Programme	Key Points
Hospitals Transformation Programme (HTP)	<ul style="list-style-type: none"><li>• The Trust has received national approval of its Full Business Case (FBC) for the Hospitals Transformation Programme (HTP), which is the final stage of approval. This releases the full £312million investment in local services and means implementation of a new model of healthcare in the county, including construction, can begin.</li><li>• The Hospitals Transformation Programme is implementing the outcome of the NHS Future Fit consultation. The HTP Board includes senior level membership from the health and care system across Shropshire, Telford and Wrekin</li><li>• Shrewsbury and Telford Hospitals NHS Trust (SaTH) have taken a prime provider responsibility to lead the delivery of the HTP on behalf of the Integrated Care System. The Strategic Outline Case (SOC) has been approved, by the Department of Health and Social Care and NHS England, with certain conditions, focusing on additional analysis/ information including workforce, demand planning, timescales, delivery sensitivities, contracting and capital. The Programme Board and leads are working with Regional and National teams in NHS England, seeking clarification and responding on these. A Local Care Programme Board has been established to accelerate delivery of the local care services within the health and care system to align with the HTP</li><li>• Work continues to implement the future model of care agreed as part of the NHS Future Fit programme which included extensive consultation with communities and stakeholders in Powys.</li><li>• The Outline Business Case for The Shrewsbury and Telford Hospital NHS Trust Hospitals Transformation Programme was approved in January 2024 and Integrated Health Projects has been appointed as their design and construction partner. Full Planning Permission granted for new healthcare facilities at Royal Shrewsbury Hospital and enabling works are under way.</li><li>• Work is also nearing completion on the new surgical hub at Princess Royal Hospital which is a key step in establishing PRH as the Trust's main Planned Care site with the new hub set to open this Summer.</li></ul>

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## Baseline information

# Wye Valley Trust (WVT)

Wye Valley NHS Trust is the provider of healthcare services at Hereford County Hospital, along with a number of community services for Herefordshire and its borders including Powys.

Strategy	Key Points
<b>Trust strategic objectives 2025/26</b>	The annual Trust Objectives signal the Board's key priorities for the coming year. These take account of Trust strategy, local priorities and national planning guidance.
<b>Spinal surgery referrals</b>	Referrals relating to possible Spinal Surgery that are sent to Wye Valley NHS Trust for procedures carried out in partnership with Robert Jones and Agnes Hunt Hospital (RJAH) are stopping with immediate effect. Referrals for Robert Jones and Agnes Hunt Hospital can now be referred directly. There is no change to referrals for the Royal Orthopaedic Hospital. For patients already referred, the service will remain in Hereford until the end of April 2025. Any patient likely to wait longer than April, will be contacted regarding onward referral locations.

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## Baseline information



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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 5.2**

**EPLANNING, PARTNERSHIPS AND  
POPULATION HEALTH COMMITTEE**

**20 NOVEMBER 2025**

<b>Subject:</b>	<b>Childhood Immunisations Report</b>
<b>Approved and presented by:</b>	Mererid Bowley, Executive Director of Public Health
<b>Prepared by:</b>	Public Health Practitioner
<b>Other Committees and meetings considered at:</b>	Executive Committee (29 October) – who supported the paper to the Committee.

**PURPOSE:**

The purpose of this paper is to update the Planning, Partnerships and Population Health Committee regarding the uptake of childhood vaccinations across Powys Teaching Health Board (PTHB) from 01 April 2024 to 31 March 2025, including the outcome of a Teenage Immunisation Catch-Up Campaign during the Summer of 2025.

The Welsh Government performance measures for childhood immunisation for April 2024 to March 2025 were:

- The percentage of children receiving complete course of 6 in 1 vaccine by 1 years of age.
- The percentage of children receiving complete two dose course of MMR vaccine by 5 years of age.
- Percentage of children who are up to date with the scheduled vaccinations by age 5.

In addition, the Chair’s objectives include the following target:

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- Percentage of children who are up to date with the scheduled vaccinations by age 4.

**RECOMMENDATION(S):**

The Planning, Partnerships and Population Health Committee is asked to:

- Take **ASSURANCE** regarding the uptake in childhood immunisations and the actions being undertaken to maintain and / or further increase the uptake of childhood immunisations, including targeted catch-up campaigns
- NOTE** the successful implementation of a targeted HPV vaccination catch-up campaign in August 2025 to increase uptake rates in Powys.

Approve/Take Assurance	Discuss	Note
Y	N	Y

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

1. Focus on Wellbeing	Y	
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

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## EXECUTIVE SUMMARY:

### 1. Background and Context

#### 1.1 Delivery of Scheduled Immunisation

Childhood immunisations protect against a range of diseases and are delivered according to a national schedule as recommended by the Joint Committee on Vaccination and Immunisation (JCVI) and adopted by the Welsh Government. The JCVI recommendations are based on the evidence of effectiveness and cost effectiveness of each vaccination, based on both direct and indirect benefits.

Childhood immunisations forms part of the General Medical Services contract delivered through General Practice, with the contract management process undertaken by the Primary Care Team. The target for all scheduled childhood vaccinations is 95%, a level which provides 'community immunity'; the approximate rate at which disease outbreaks are unlikely, and protection is therefore conferred to vulnerable individuals, for whom vaccination is contraindicated.

The immunisation uptake within this report is based on data from the:

- COVER Annual Report 2025, published by Public Health Wales which provides vaccination uptake data for childhood immunisations for the period from 01 April 2024 to 31 March 2025.<sup>1</sup>

<sup>1</sup> There is a slight variation in denominator data reported in the COVER Annual Report and the GP clusters in Powys resulting in higher average uptake percentage reported across GP clusters. This is due to the COVER Report recording uptake for people resident in Powys regardless of where their GP is located and the GP cluster report recording uptake for people registered with a GP in Powys. Therefore, the GP clusters could account for people who are resident in England but registered with a GP in Powys.

#### 1.2 Summary of overall performance

Powys Teaching Health Board (PTHB) continues to maintain relatively high uptake for most of the childhood vaccinations up to the age of five years. This reflects the well-established processes within GP Practices for childhood immunisations, continued work as a system between professionals to follow-up on overdue vaccinations, data cleansing and proactive offer of catch-up to children to complete their childhood immunisation schedule.

There is variation in uptake across GP Practices and uptake of Measles Mumps and Rubella (MMR) vaccination declined during the pandemic. This was addressed in July 2024, through implementing a targeted MMR catch-up plan which resulted in all primary & secondary schools in Powys achieving an MMR2 uptake of over 90%.

Small numbers can also distort percentage uptake; therefore, numbers have been included to demonstrate the gap to reach 95% target.

**2. Uptake of childhood immunisations for children reaching their 1<sup>st</sup> birthday between 01/04/2024 and 31/03/2025.**

The COVER Annual Report 2025 found uptake of immunisations for 1 year-old residing in Powys in 2024-2025 remains high and in line with all Wales average, as shown in **table 1** below.

**Table 1: Uptake of childhood vaccinations by age 1**

	Percentage PCV <sup>2</sup> vaccine	Percentage uptake 6 in 1 <sup>1</sup> vaccine	Percentage uptake Men B <sup>3</sup> vaccine	Percentage uptake Rotavirus <sup>4</sup> vaccine
<b>PTHB</b>	94.9%	94.3%	93.8%	92.2%
<b>Wales</b>	95.7%	94.1%	93.8%	92.0%

<sup>1</sup>Vaccination with a Welsh Government delivery target of 95% uptake. Uptake consists of three separate doses in children by their first birthday.

<sup>2</sup>Uptake in full annual cohort of children to be on the new one dose of primary pneumococcal conjugate vaccination (PCV)

<sup>3</sup>Uptake of two doses of MenB vaccine, scheduled at two and four months of age.

<sup>4</sup>Rotavirus vaccine uptake of two doses by age one.

The uptake of the pneumococcal conjugate vaccine (PVC) increased to 94.9% in 2024-2025 to slightly below the Wales average. However, if 2 more children had received the PCV vaccine, the 95% target would have been reached.

Similarly, if an additional 8 children had been fully vaccinated (3 separate doses) for the '6 in 1' by their first birthday, the 95% target would have been achieved. Additionally, to meet the 95% uptake for the Men B vaccine and Rotavirus vaccine, an additional 13 children and 29 children respectively would have needed to be recorded as vaccinated.

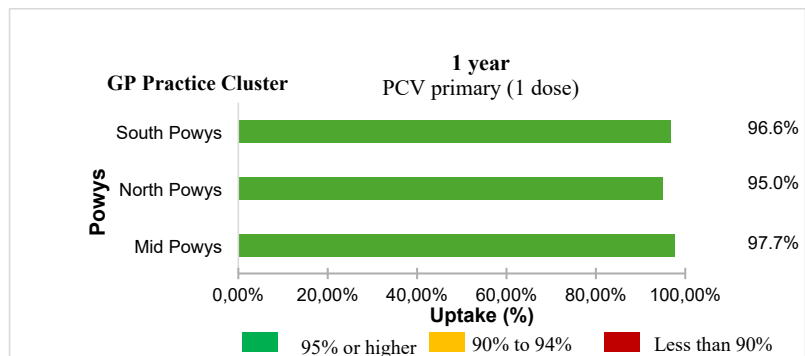
**2.1 Variation by GP Practice and cluster**

Uptake of PCV Vaccine

Overall, uptake across the GP clusters in Powys is high for PCV with all GP clusters achieving 95% uptake. An increase in uptake was achieved for both north Powys (0.6%) and mid Powys (2.7%) compared to the previous year.

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**Figure 1: Uptake of PCV by one year of age by GP Powys cluster (April 2024- March 2025)**



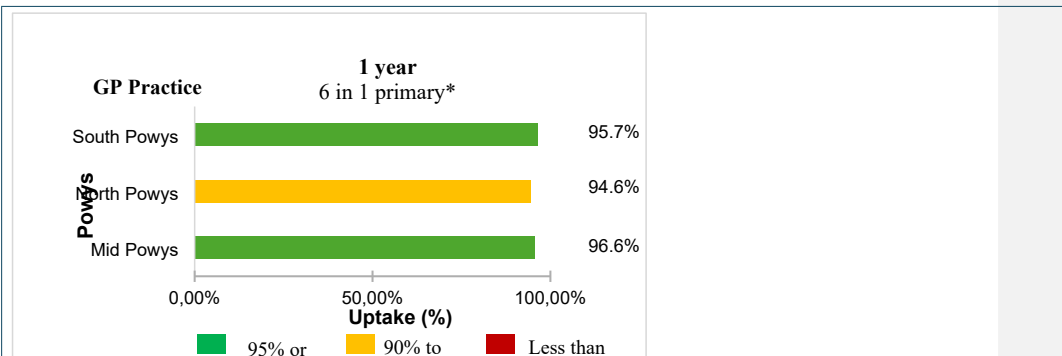
Uptake of '6 in 1' vaccine

The uptake of '6 in 1' vaccine is high across the clusters, with 11 GP practices achieving an uptake rate of 95% or above, compared to 10 GP practices the previous year.

All GP practices in mid-Powys achieved over 95% uptake, with two practices achieving 100% uptake. An additional 3 children would have needed to be recorded as being vaccinated for the north cluster to achieve the 95% target. Half (2) of the GP practices in south-Powys achieved over 95% uptake, for all GP practices to achieve 95% uptake, 1 GP would need to vaccinate 1 more child and the other GP would need to have 3 more children recorded as vaccinated. One GP practice in north-Powys achieved 88%, to achieve 95% uptake 6 more children would need to be vaccinated. For the other 2 practices in north Powys with an uptake of 92.9% and 93.1%, 3 more children would need to be vaccinated collectively to achieve 95%.

**Figure 2: Percentage uptake of 6 in 1 vaccine by age 1, by Powys GP Clusters (April 2024-March 2025)**

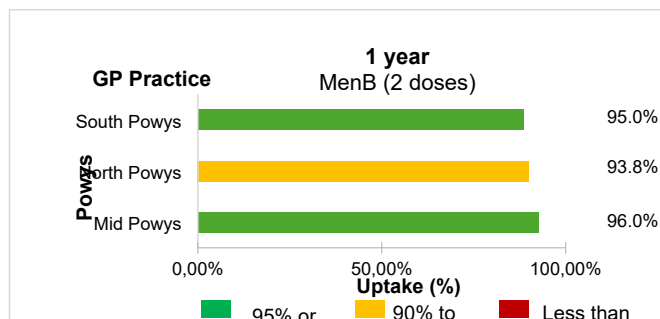
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Uptake of MenB vaccine

During (April 2024 - March 2025), both mid and south-Powys achieved 95% uptake. Mid-Powys reported a 3.6% increase in uptake from the previous year, the highest of all the clusters, south-Powys achieved the 95% target. For context, if an additional 7 children had been vaccinated in the north cluster of GP practices, the 95% target would have been achieved.

**Figure 3: Percentage uptake of MenB vaccine (2 doses) by age 1 by Powys GP Clusters (April 2024- March 2025)**



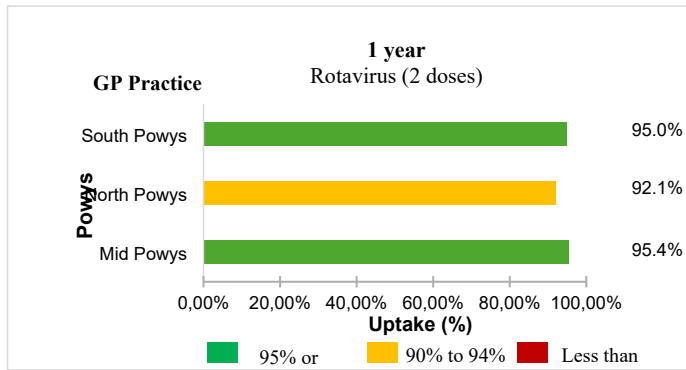
Uptake of Rotavirus vaccine

Previously, south-Powys was the only cluster to reach the 95% uptake target of Rotavirus (2 doses) for 1-year olds during April 2023-March 2024. This year, all clusters reported an increase in uptake, with both south-Powys and mid-Powys clusters reaching 95% uptake.

For the north Powys cluster to achieve 95% uptake, 16 more children would have to be recorded as vaccinated.

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**Figure 4: Percentage uptake of Rotavirus vaccine (2 doses) by age 1 by Powys GP Clusters (April 2024-March 2025)**



**3. Uptake of MMR1 and MMR2 vaccine for children reaching their 2<sup>nd</sup>, 4<sup>th</sup> and 5<sup>th</sup> birthday between 01/04/2024 and 31/03/2025**

**Table 2: Uptake of childhood vaccinations by age 2, 4 and 5 years.**

	Percentage uptake of MMR1 by age 2	Percentage uptake of MMR2 by age 4 <sup>2</sup>	Percentage uptake of MMR1 by age 5	Percentage uptake of MMR2 by age 5 <sup>1</sup>
<b>PTHB</b>	93%	89.2%	95.6%	92.4%
<b>Wales</b>	93%	86.7%	95.2%	89.5%

<sup>1</sup> Vaccination with a Welsh Government delivery target of 95% uptake in 2024-2025.  
<sup>2</sup> MMR2 eligibility from age 3 years 4 months

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The Health Board’s performance for annual uptake for one dose of Measles, Mumps and Rubella (MMR) by age two is equal to the Wales average, both reporting 93%. To reach the target uptake rate of 95%, an additional 20 children would have needed to have been recorded as being vaccinated in Powys.

Uptake of MMR2 by age 4 during this period was 89.2%, and the highest uptake of the 7 health boards.

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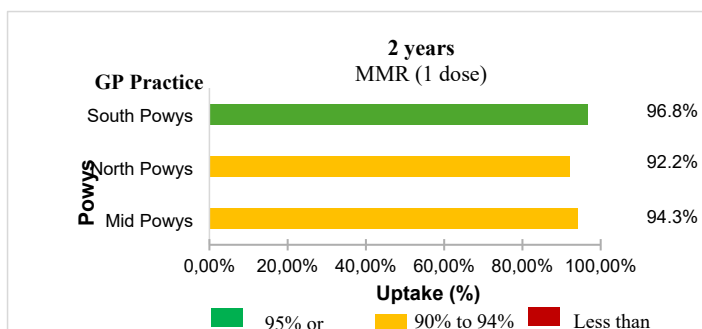
MMR vaccine uptake of a complete two dose course in children by five years of age was 92.4% in Powys. This percentage remains above the Welsh average of 89.5% and remains the highest reported amongst the 7 health boards. An additional 29 children would have needed to be recorded as vaccinated to meet the 95% target by age 5.

### 3.1 Variation of MMR uptake by GP Practice cluster

South-Powys GP cluster continues to have the highest uptake of 1 dose of MMR by age 2 reporting 96.8% uptake, followed by the mid-Powys (94.3%) and north-Powys (92.2%), as shown in Figure 5.

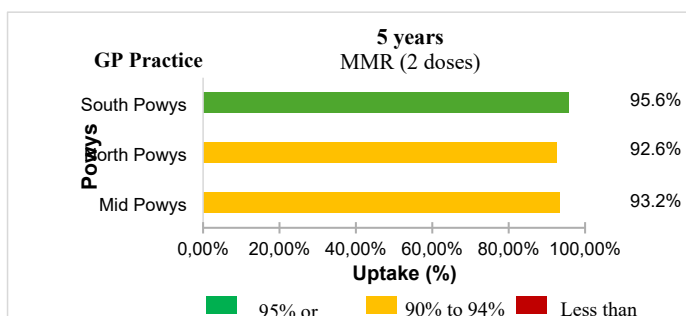
To reach the 95% target, 2 more children would need to be recorded as vaccinated in mid-Powys and an additional 16 in north-Powys within the timescale.

**Figure 5: Percentage uptake of MMR (1 dose) vaccine by age 2 by Powys GP Clusters (April 2024- March 2025)**



For uptake of 2 doses of MMR by age 5, south-Powys remained the GP cluster achieving the highest uptake, reporting 95.6%, as seen in Figure 6.

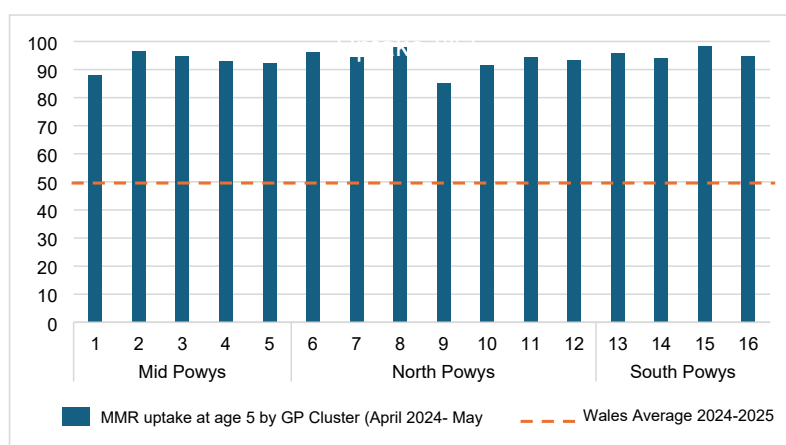
**Figure 6: Percentage uptake of MMR (2 doses) vaccine by age 5 by Powys GP Clusters (April 2024- March 2025)**



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Across Powys, 5 GP practices achieved over 95% uptake, and 9 practices were in the 90-94% uptake range, with two practices achieving below 90%. The 2 practices with the lowest uptake (85.1% and 88%) needed to vaccinate 11 more children collectively to reach 95% target.

**Figure 6: Percentage uptake of MMR (2 doses) vaccine by age 5 by GP Practice (April 2024-March 2025)**



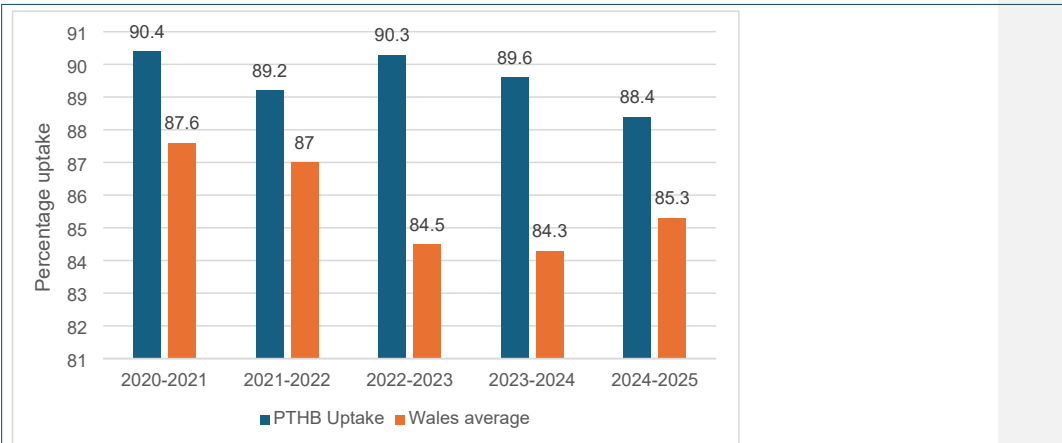
**4. Uptake of all routine immunisations for children reaching their 4<sup>th</sup> and 5<sup>th</sup> birthday between 01/04/2024 and 31/03/2025**

Routine immunisation uptake by 4<sup>th</sup> birthday

The proportion of children up-to date with all routine vaccinations when reaching their fourth birthday between 01/04/2024 and 31/03/2025 in Powys was 88.4%, a decrease of 1.2% compared to 2023-2024 (89.6%) and 1.9% from 2022-2023 (90.3%). Although uptake has decreased since last year, uptake in Powys remains above the Wales average of 85.3% and continues to be the Health Board recording the highest uptake of all immunisations by age 4.

**Figure 7: PTHB and Wales average percentage uptake of all routine immunisations by age 4 (April 2020- March 2025)**

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To reach the 95% uptake target by age 4, 71 children would need to be recorded as vaccinated in Powys. This measurement is for those children who have received all the following vaccines by their fourth birthday: 4 in 1 DTaP/IPV3 pre-school booster, Hib/MenC booster and two doses of MMR.

**Routine immunisation uptake by 5<sup>th</sup> birthday**

Overall coverage of all routine immunisations from birth to age 5 has remained stable, with 92% of 5-year-olds up to date with all immunisations, compared to 92.1% in 2023-2024. This continues to be above the Wales average of which is the highest uptake across all Health Boards in Wales and above the Wales average of 89.1%. This also reflects the continued work to offer catch-up to children to complete their childhood immunisation schedule, together with data cleansing.

**5. Factors influencing vaccine uptake rates**

The variation in uptake rates can be due to a range of factors for example, the time allocated to immunisation clinics, the rigour with which immunisation is actively promoted by health care professions, and the demographic makeup of the practice population. Complexity of social circumstances and frequently changing contact details can also create barriers to vaccination uptake. Family mobility, family size, child age, vaccine beliefs, socioeconomic status, geography, rurality, and service delivery method can all influence the likelihood of children receiving timely routine immunisations. Offering families’ flexibility with appointment time and date, checking contact details at every opportunity and continuing to offer catch-up for missed vaccinations help improve timely vaccination uptake.

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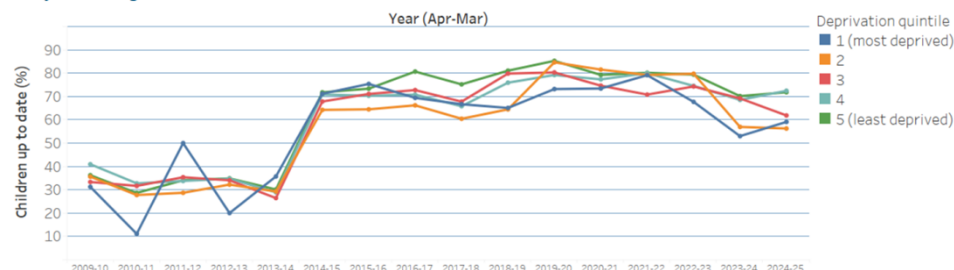
The recent MMR catch-up campaign undertaken between February and July 2024 further highlighted the known challenges of accurate data recording. Powys shares borders with a number of other Health Boards as well as a border with England which can impact the quality and accuracy of data recording where children reside in Powys and are registered with a GP outside of Powys.

### 5.1 Teenage Immunisation Improvement

In February 2025, Public Health Wales published a Teenage Immunisation Coverage Report. The report provided the previous 5-year (2018 to 2024) data trend for HPV, 3-in1 booster (DTP) and MenACWY. It showed that teenage immunisation in Powys was subject to the same gradual decline in uptake over the past five years across all teenage vaccination programmes to that experienced across Wales. Those living in the most deprived areas of Powys had a lower proportion (%) of children up to date with routine immunisations by 15 years of age. To address this decline, a Powys Teenage Immunisation Improvement Action Plan has been developed under the governance of the Powys Vaccination Group, and a catch-up campaign implemented during August 2025.

**Figure 9: Childr**

The proportion (%) of children up to date with routine immunisations by 15 years of age in Powys Teaching HB



**Figure 9: Children up to date with routine immunisations by 15 years of age in PTHB**

### 5.2 Teenage Immunisation Catch-up Campaign 2025

A teenage immunisation catch-up campaign was implemented from 18<sup>th</sup> August 2025 to 5<sup>th</sup> September 2025. Letters were sent from the Executive Director of Public Health to parents/guardians of children of secondary school age with missing vaccinations on the child health system. Over 130 vaccinations were administered during the catch-up period.

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Those coming forward ranged from recently moving to the area, home schooled children, those who missed the vaccination when given in school or those that are now old enough to make an informed decision to be vaccinated.

During the catch-up campaign over 80 emails were received by the Immunisation Coordinator in response to the letters sent out. Some of these queries included parents providing up-to-date records for their child so that their child's vaccination record could be updated.

The combination of data cleansing and administering the HPV vaccination resulted in an increased uptake of 5% for the HPV vaccine.

## **6. Actions being implemented to increase vaccine uptake**

Below are some of the wider actions currently being implemented to maintain and improve childhood immunisation uptake:

### **Governance and leadership**

- The Powys Vaccination Group, chaired by the Executive Director of Public Health, provides strategic leadership, scrutiny, coordination, and monitoring of plans for all routine vaccination programmes.

### **Monitoring and reporting performance**

- Data cleansing process to cross-check vaccination status of children under five years of age recorded on GP system with child health system
- Regular monitoring of performance and escalation process in place to understand reasons for any decline in uptake and if any support is required by GP Practices
- GP Practice queues are monitored and regular communication with practices to understand reasons for immunisation queues and support offered to resolve these to ensure timely immunisation offered
- 'Real time' dashboards will be scoped utilising vaccination recorded on CYPrIS to inform further targeted actions.
- The vaccination service is part of the PTHB General Medical Services (GMS) Contracts Management Group. This process allows the review of childhood vaccination uptake rates by GP practice and joint discussions on improvement.

### **Targeted catch-up campaigns**

Catch-up of routine vaccinations remains a priority in averting large outbreaks of vaccine-preventable infections. Data will be continually monitored and rolling programme of catch-up campaign delivered.

### **Implementing and monitoring a systems approach**

- Primary immunisations for babies are prioritised within the childhood immunisation schedule by the Child Health System
- Pathways agreed with GP Practices and Health Visitors for:
  - Pathway for missed immunisation
  - Pathway for Refusal of consent
  - Protocols in place for health visiting service in their public health remit to support practices and follow-up where children have missed appointments (follow-up of hard to reach)
  - Health Visitors discuss and promote immunisation as part of contacts with parents/guardians
  - SOPs have been developed to support Primary Care Clinicians with clear and robust reporting processes with both scheduled and unscheduled immunisations
- Ongoing work with Child Health Team to obtain immunisation history for children residing in Powys and registered with GP outside of Powys, alongside the immunisation history of international children residing within Powys.
- Development and dissemination of childhood immunisation communications to include immunisation schedule postcards and informative videos shared on social media. Animated films were circulated on social media during World Immunisation Week, in April 2025, and information on HPV was shared on the schools HWB page.
- Develop and agree a data sharing agreement between the Health Board and Powys County Council for updated school pupil lists for the School Nursing Team.

### **NEXT STEPS:**

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Continue developing the systems approach to vaccination delivery to maintain and further increase childhood teenage immunisation uptake rates across Powys.

**Subject:** Smoke-Free Powys: Update and Assurance

**Approved and Presented by:** Mererid Bowley, Executive Director of Public Health

**Prepared by:** Head of Service: Public Health Programmes and Projects  
Principal Public Health Practitioner

**Purpose:** The purpose of this paper is to provide an update on the actions in Powys to implement a smoke-free Powys by 2030 and progress towards meeting IMTP Targets

**Recommendations:** The Planning, Partnerships and Population Health COMMITTEE is asked to:

- **NOTE** the contents of this briefing
- **TAKE ASSURANCE** about progress in delivery of actions towards achieving the Health Board's smoking cessation targets and the ambition of a smoke-free Powys and Wales by 2030, as well as proactive and innovative work to tackle the rise in vaping activity in young people.

**Summary:** Welsh Government published a Tobacco Control Strategy for Wales in July 2022 which had the ambitious aim for a smoke-free Wales by 2030.

This report provides:

- an update to previous reports to Committee, and aims to provide assurance about the progress made to date in delivery of actions towards the ambition of a smoke-free Powys and Wales by 2030 and in achieving the Health Board's smoking cessation targets.
- A deep dive into vaping activity in young people and describes the proactive and innovative work to tackle this.

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Since Welsh Government published in 2022 the national “A Smoke-Free Wales: Our long-term Tobacco Control Strategy” towards a smoke-free Wales by 2030, an annual report has been provided to PPPH Committee on progress being made locally to achieve a smoke-free Powys by 2030. This report provides a further update on the work being undertaken.

There has been a gradual downward trend in smoking prevalence over recent years. **Latest data shows the proportion of the adult population smoking in Powys has reduced to 7%\*, below the Wales average of 10% .** This equates to approximately 8,000 smokers. However, tobacco smoking remains the leading single cause of preventable ill health and premature death in Wales, and the biggest single contributor to health inequalities. We need to continue the work to prevent people starting to smoke and increase the number quitting to achieve the ambition of a Smoke-free Powys by 2030.

## Health inequalities

Smoking prevalence and exposure to smoking is not equally distributed across society. Children and young people in more deprived areas are much more likely to be exposed to smoking throughout their childhood, including in pregnancy and in the home. This increases the harm from second-hand smoke, and risk of young people taking up smoking themselves, contributing to generational smoking patterns which also perpetuates health inequalities.

\*National Survey for Wales 2024-25

## Trend in age-standardised percentage of adults aged 16+ who smoke in Powys and Wales

Produced by Public Health Wales using NSFW (WG)



Primary Prevention	Secondary Prevention
Preventing young people from starting to smoke	Supporting smokers to quit
<p>Educational settings:</p> <ul style="list-style-type: none"><li>• Health &amp; Wellbeing Promoting Schools scheme<ul style="list-style-type: none"><li>○ Smoke-free policy for schools (including vaping) and guidance on enforcement</li><li>○ Young Person's pathway for smoking and vaping</li></ul></li><li>• JustB SmokeFree</li></ul>	<ul style="list-style-type: none"><li>• PTHB Stop Smoking service</li><li>• HMQ Baby</li><li>• HMQ Hospital</li><li>• HMQ Pharmacy</li><li>• Targeted primary care intervention</li></ul>

## Creating supportive smoke-free environments

Making smoke-free the norm & reducing exposure to second hand smoke

PTHB Smoke-free Policy in place / Smoke-free hospital sites

Trading Standards – enforcing legislation around smoke-free premises and vehicles, and the illegal and illicit sale of cigarettes and vapes

## Smoke-free Powys Steering Group

Multi-agency Smoke-free Powys Steering Group oversees action plan, led by the Public Health Team

# Primary prevention: stopping people from starting

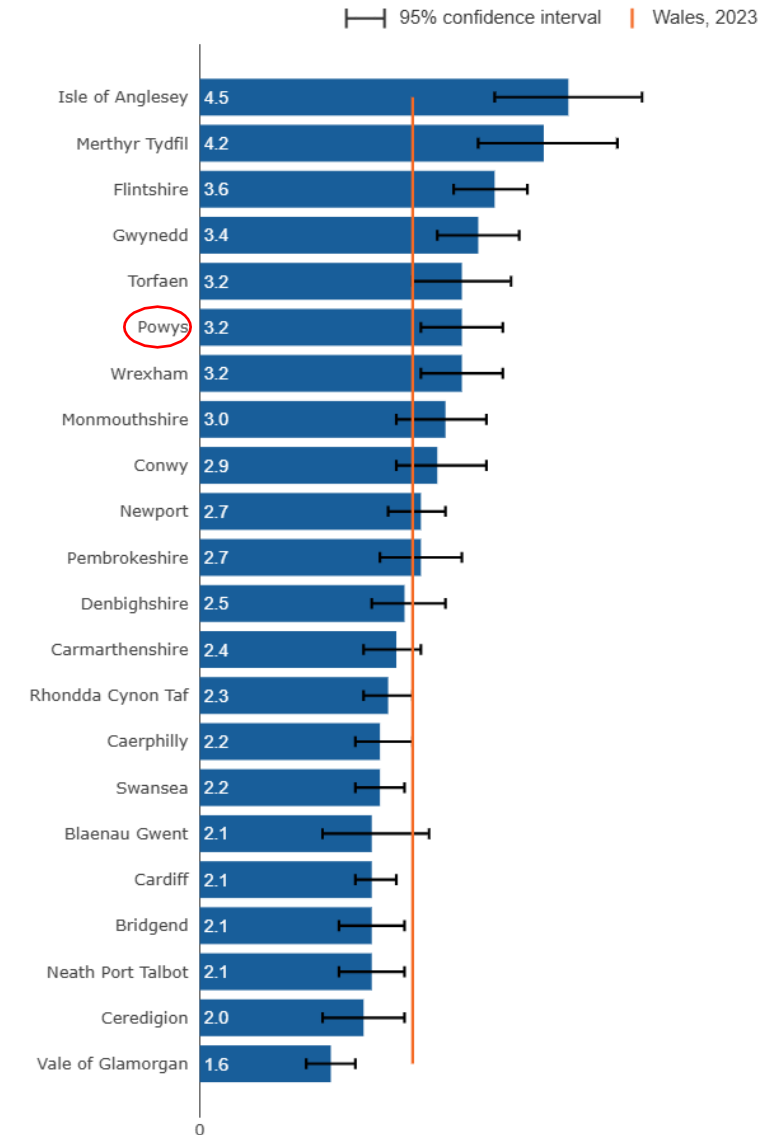
Most smokers start before the age of 18. If we are to reduce the number of people taking up smoking, it is therefore important to help prevent young people from starting to smoke in the first place, before they become addicted. This has been identified as a priority action both nationally and locally to protect future generations, along with addressing maternal tobacco use in pregnancy.

The majority of young people do not smoke tobacco.

In Powys in 2023 only 3.2% of 11-16 year olds reported smoking at least once a week, although this was statistically significantly higher than the average for Wales (2.6%).\*

Reported smoking at least once a week, percentage, persons, aged 11-16, multiple local authorities, Wales, 2023

Produced by Public Health Wales, using SHRN data



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\* Source: School Health Research Network Student Health and Wellbeing Survey 2023

## Systems level:

Working with schools through the **Health & Wellbeing Promoting Schools Scheme** to promote health and wellbeing in schools. Specifically, around tobacco control, this includes working with schools to embed:

- **Smoke-free Policy for schools** – developed in 2024, this continues to be promoted to schools to support them to deal with tobacco and vaping. This includes enforcement to comply with the legislation around smoke-free school grounds which came into force March 2021.
- **Smoking and Vaping pathway** - developed in 2024 to enable signposting of young people to appropriate support to quit smoking and/or vaping.

## Targeted intervention:

**JustB SmokeFree** is an evidence-based schools-based smoking prevention programme delivered by the JustB Team, employed by Public Health Wales. Schools are identified where there is the highest risk of pupils smoking.

In each participating school, a group of influential Year 8 learners (12-13 year olds) are identified by their peers to become Smoke-free Ambassadors. These young people attend a two-day training course to provide them with the knowledge, skills and confidence to talk to their peers about smoking and being smoke-free. This also includes providing them with information on e-cigarettes/vapes and illegal and illicit tobacco.

Five Powys schools completed the programme in 2024-25 academic year: Newtown; Builth Wells; Llandrindod Wells; Maesyrdderwen; Brecon.

Nine Powys schools are eligible for the programme in 2025-26.



# Secondary prevention: supporting people to quit through Help Me Quit [HMQ] Service

## Help Me Quit

HelpmeQuit was established in 2017 as a smoking cessation service for Wales which is delivered in partnership between Health Boards and Public Health Wales. The local HB Service provides access to evidence-based behavioural support and effective prescribing of pharmacological aids, whilst nationally PHW operate a central telephone hub processing referrals to services and are responsible for mass advertising.

**The local service comprises 3.0wte staff (Smoking Cessation Lead and Smoking Cessation Advisors), predominantly funded through Welsh Government grant funding to provide current staffing level. This grant funding is currently in place until March 2026.**

## Targeting inequalities

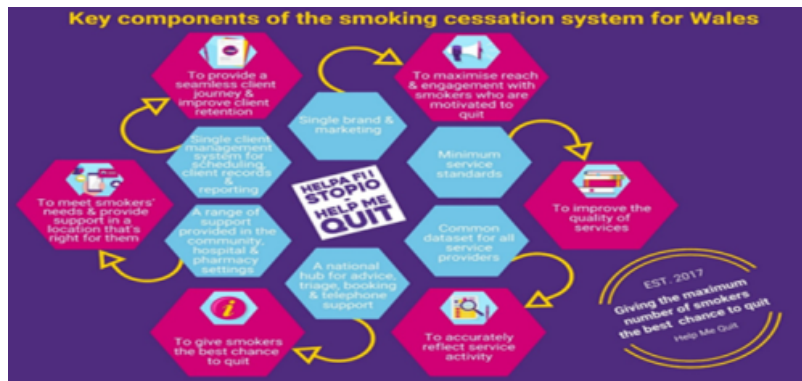
The service is orientated to provide greater support in targeted areas of deprivation and adopts a proportionate universalism approach:

- One-to-one telephone and virtual support available for anyone.
- Weekly face to face groups in Welshpool Family Centre and in Brecon Hospital (evening).
- Face-to-face clinics in GP practices in more deprived areas.

## Smoking cessation model of approach



## Help Me Quit system



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## Communications and engagement

A Powys Stop Smoking Team communication and engagement plan for the public, professionals and partners is being implemented to enhance national campaigns. The aim is to encourage people to quit smoking to improve their health and wellbeing. This includes:

- Developing and using **client stories** to promote stop smoking services and the benefits of being smoke-free.
- Promoting **referral pathways** to professionals to support smokers to access appropriate stop smoking services for help to quit smoking. Work with professionals aligns with the Making Every Contact Count (MECC) approach, providing MECC resources and encouraging the use of brief advice/ motivational interviewing for staff to effectively support their patients to initiative attempt to stop smoking.
- Connecting with groups to **target population groups** For example, ensuring quit smoking messages and signposting are included in the delivery of the 'Farming Fit' project targeting local farmers; linking with Lingen Davies Cancer Champions events.

## Smoking Cessation Champion Scheme

The Smoking Cessation Champions scheme was launched in March 2025. The champion's role is to promote a smoke-free lifestyle, the benefits of quitting within the community and to signpost smokers to stop smoking services.

Since its inception, over 50 Smoking Cessation Champions have been recruited and trained, including professional and community champions.

At the launch in March 2025, pupils from Newtown High school interviewed ex-smokers about why they had started to smoke originally and how they have successfully quit.



Deborah who has recently quit smoking after 42 years says 'the life changing results that you get are amazing'



Smoking is known to increase the risk of complications during pregnancy and beyond, such as low birth weight, premature birth and stillbirth. Also, maternal smoking is a leading risk factor for uptake of smoking in young people. There are health benefits to both the mother and baby for stopping smoking at any time during pregnancy. Health Board data show that around 8% of pregnant women in Powys report being a smoker (81 individuals in 2024/25) at their initial antenatal booking assessment at around 10 weeks of pregnancy.



A focus over the past two years in Powys has been to work with Midwifery to establish the role of midwives in discussing the issue of smoking with pregnant women, and to make an 'opt-out' referral to the Stop Smoking Team for specialist advice and support to stop smoking. Quality Improvement Initiatives to improve referral rates are included in a Midwifery Action Plan and increase in referrals can be seen in the graph below.

## Performance against target

The Chairs' objectives includes the following smoking cessation target:

- **Ensure 100% of pregnant smokers attending LHB maternity services undergo carbon monoxide\* testing and referral to smoking cessation services at their initial booking assessment.**

Progress has been made towards meeting these targets with increase in percentage of pregnant women participating in CO monitoring, and referral to Stop Smoking Service.

Percentage of pregnant women participating in Carbon monoxide monitoring and referral to Stop Smoking Service



## Guidelines for supporting women who smoke during pregnancy.

<b>Document Reference No:</b>	PTHB / MAT 094	
<b>Version No:</b>	1	
<b>Issue Date:</b>	April 2024	
<b>Review Date:</b>	April 2027	
<b>Author:</b>	Midwife	
<b>Document Owner:</b>	Head of Midwifery and Sexual Health	
<b>Accountable Executive:</b>	Executive Director of Nursing and Midwifery	
<b>Approved By:</b>	Women and Childrens Policies and Procedures Governance Group	
<b>Approval Date:</b>	18 March 2024	
<b>Document Type:</b>	Guideline	Clinical
<b>Scope:</b>	PTHB (Powys Teaching Health Board) Midwives	

## Quality Improvement Initiatives include:

- Embedding the **Powys Maternity Smoking Cessation training** developed into the mandatory training programme for all midwives. Three sessions were delivered in 2024/25 by the Smoking Cessation Clinical Lead, which will be repeated again in 2026.
- Embedding the **locally approved midwifery guidelines** for supporting women who smoke during pregnancy and following childbirth. It is underpinned by NICE guidance and emphasises the importance of opt-out referral (rather than opt-in) and CO monitoring during pregnancy.
- Using the **Maternity smoking dashboard** which captures live data on pregnant women in Powys identified as smokers at their booking appointment, numbers receiving CO monitoring and referral to specialist smoking support. This enables targeted public health action with midwifery colleagues to identify and address barriers to referral.

## Next steps:

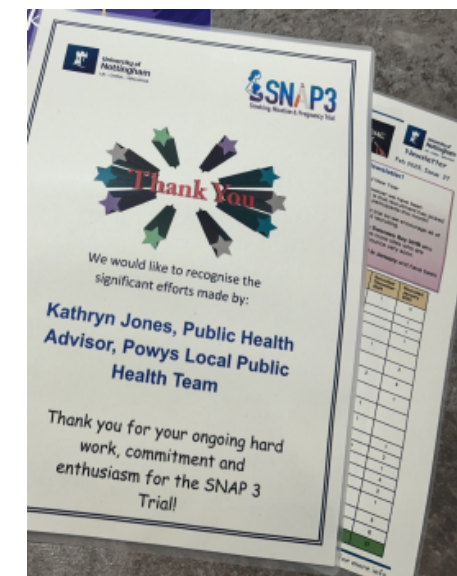
- **HMQ Baby promotional film** promoting support available to pregnant smokers.

## SNAP3 Research Trial

Powys THB is participating in the SNAP 3 Research Trial (until December 2025) which aims to find out if additional support of Nicotine Replacement Therapy (NRT) can increase a pregnant woman's chances of quitting long term compared to usual care. Being delivered alongside standard smoking cessation support, three different approaches are being studied:

- (1) NRT use for 'preloading' before quit date
- (2) NRT use in recovery from brief lapses (slip-ups) to smoking
- (3) NRT use for smoking reduction, with the aim to induce cessation in those unable to quit.

In February 2025, Kathryn Jones, Powys Stop Smoking Advisors, was recognised by the research team for her ongoing hard work, commitment and enthusiasm for the SNAP 3 trial.



## Embedding smoking cessation pathways in hospital

- **Developing and established hospital referral pathway for smokers**

Process developed and in place to identify patient who smoke on admission, and to offer NRT and a direct referral pathway to the Stop Smoking Team for behavioural support to quit smoking.

Further links developed with neighbouring health boards to ensure pathways are in place to transfer Powys residents to the Powys Stop Smoking Service on discharge to ensure continuation of support to sustain quit smoking attempt.

- **Nicotine Replacement Therapy (NRT) Protocol**

The NRT Protocol in place ensuring prompt access to NRT on admission for inpatients to relieve cravings and nicotine withdrawal symptoms whilst unable to smoke or vape on hospital grounds.

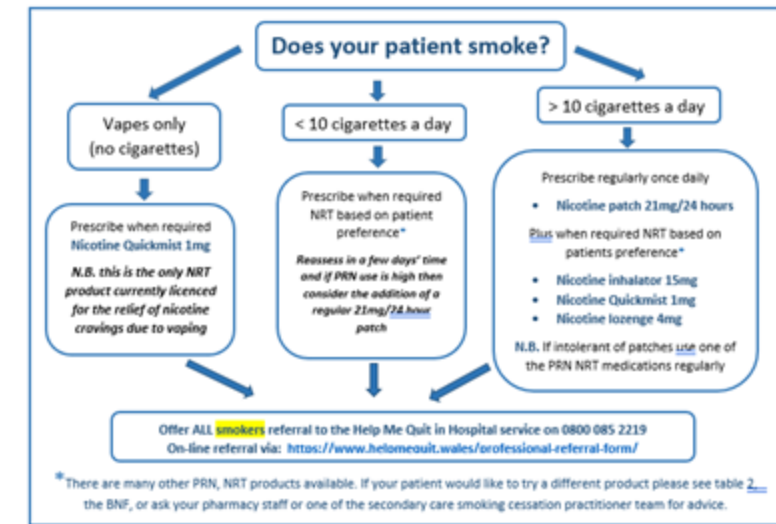
- **Inpatient dashboard**

The inpatient dashboard developed provides data on the number of smokers admitted to general hospital wards in Powys, the number who are provided with NRT, and those referred to the Stop Smoking Service for behavioural support. This dashboard is being used to help target resources and training/support as required.

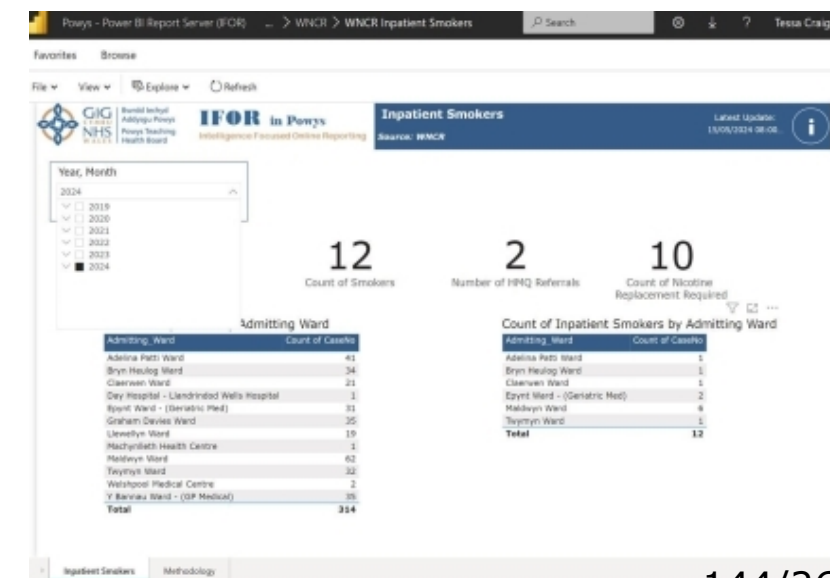
- **Smoke-free Policy**

The PTHB Smoke-free Policy was updated and approved by Innovative Environment Group.

## NRT Protocol



## Inpatient dashboard



Community pharmacy participation in offering smoking cessation service has fully recovered following the disruption to the service during the covid-19 pandemic, with:

- 22 out of the 23 pharmacies providing **Level 2 service**: supplying NRT to those already receiving behavioural support from HMQ
- 17 out of the 23 pharmacies delivering **Level 3 service**: delivering behavioural support and supplying NRT.



### Increasing knowledge, confidence and skills of pharmacy staff in providing support to clients

Training delivered to pharmacy staff, by the Help Me Quit Service, which includes knowledge and skills on delivering behavioural change support to smokers.

Number of treated smokers by pharmacy Lever 3 service	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2024/25	58	38	49	32
2023/24	40	42	32	64

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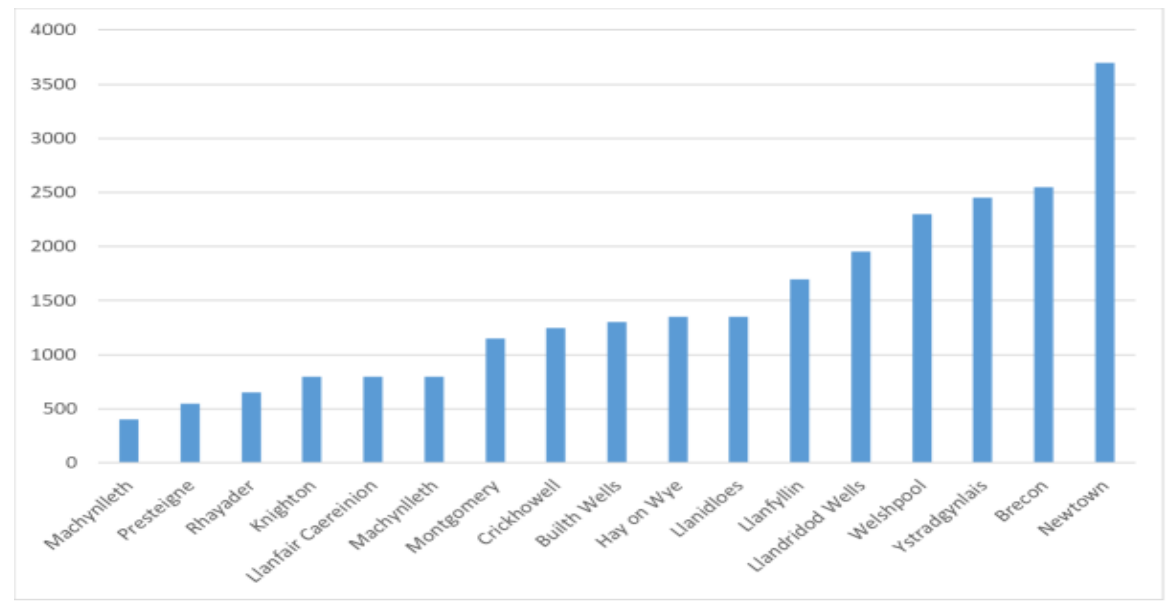
# Engaging primary care through a Targeted approach: Proportionate Universalism

A proactive approach is undertaken using GP practice data on smoking prevalence to target those practices with the highest prevalence. Practices contact their patients identified as smokers via text, providing information about the smoking cessation support available. Alongside this, Smoking Cessation Advisors offer face-to-face appointments at the practice to increase accessibility and to embed the service within the GP Practice.

Evaluation of the project has showed that referral numbers from smokers in those participating practices increased directly after the targeted text messages were sent. Feedback from Practice Managers has been positive as they felt it improved access for patients.

The project is currently running in 6 GP practices, including 2 new practices. Ystradgynlais, Llandrindod Wells, Newtown, Llanfair Cereinion, Welshpool, Brecon. Community clinics are also holed at Welshpool Integrated Family Centre and Brecon Hospital.

**Estimated number of reported smokers by GP Practice**



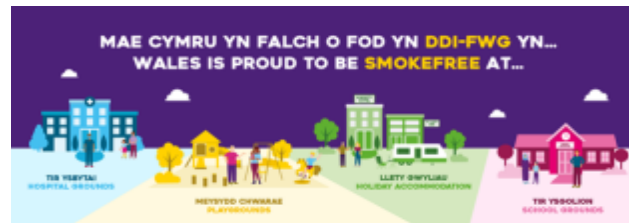
Source: Public Health Wales Observatory

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## Smoke-free Policy

A key action towards achieving the ambition for a smoke-free Wales, is the introduction of legislation that supports denormalisation of smoking, reduces exposure to tobacco and second-hand smoke, and strengthens the approach that smoke-free is the norm in today's society. The Health Board implemented the Smoke-free Premises and Vehicles (Wales) Regulations from March 2021 on all hospital sites. Actions progressed in support of reinforcing the legislations include:

- PTHB Smoke-free policy updated in March 2024 and approved by Innovative Environments Group. The changes reflect up to date legislation and continue to include vaping as part of Smoke-Free Policy across Health Board sites. The Policy continues to provide support to staff and patients to help ensure hospital grounds remain smoke-free.
- Support to staff and patients to access smoking cessation support.



## Tackling Illegal Tobacco and Vapes

Illegal tobacco takes many forms, which includes:

- 'Cheap whites', which are cigarettes mass produced in one country and smuggled to another.
- Fakes, which look like well-known brands.
- Genuine tobacco smuggled into the UK with no-duty paid (often cheap and display foreign languages)
- Cigarettes sold individually instead of in packets.

  
PTHB Smoke-Free Policy

Document Reference No:	PTHB/ EWP 010
Version No:	9
Issue Date:	May 2024
Review Date:	February 2027
Expiry Date:	May 2027
Author:	Consultant in Public Health NHS Principal Public Health Practitioner (previous version)
Document Owner:	Executive Director of Public Health
Accountable Executive:	Executive Director of Public Health
Approved By:	Innovative Environments Group
Approval Date:	23 <sup>rd</sup> April 2024
Document Type:	Policy Non-clinical
Scope:	PTHB



According to research by ASH Wales, illegal tobacco is estimated to make up 10% of the tobacco market and makes it easy for children to start smoking. A Wales-wide survey undertaken by ASH Wales reported that 32% of smokers aged 11-16 years stated they had been offered illegal tobacco and 25% had gone on to buy it (ASH Wales, 2022). The survey showed children in Wales were most likely to be offered illegal tobacco by friends or family (39%), in educational settings (17%) and in shops (11%). The survey also revealed that children who bought illegal tobacco, over 50% said it allowed them to continue smoking because it was cheaper and easier to get hold of. In response to these findings, the Welsh Government, Trading Standards and ASH Wales jointly launched a national drive to encourage members of the community to anonymously report information about illegal tobacco through the NoIfs-NoButts website ([www.noifs-nobutts.co.uk](http://www.noifs-nobutts.co.uk)).

The Trading Standards Team within the Local Authority leads on enforcement of legislation, conducting checks to monitor underage sales of tobacco and vapes by retailers and compliance with point-of-sale requirements, issuing fixed penalty notices for anyone caught smoking in a vehicle carrying children; and littering of

## UK Tobacco and Vapes Bill

On 5<sup>th</sup> November 2024, the UK Government announced the Tobacco and Vapes Bill in Parliament. This Bill stands to be one of the most significant public health interventions in a generation and includes measures to:

- Change the age of sale for all tobacco products, cigarette papers and herbal smoking products whereby anyone born on or after 1 January 2009 will never legally be sold tobacco products alongside prohibiting proxy sales, and changing warning notices.
- Introduce regulation-making powers to restrict flavours, point of sale and packaging for vaping products (nicotine and non-nicotine) as well as other consumer nicotine products.
- Introduce new fixed penalty notices (FPNs) for England and Wales for breaches of age of sale legislation for tobacco and vapes (nicotine and non-nicotine) and other consumer nicotine products.

The Bill is currently at Committee Stage in the House of Lords and the UK Government has issued a Call for Evidence to gather more information by 24<sup>th</sup> December 2025. The Public Health Team is leading the response for the Health Board.

## Welsh Government legislation to introduce a ban on disposal vapes

Following the UK wide consultation, the Welsh Government introduced a **ban on single-use vapes** in Wales from 1 April 2025, using Environmental Protection 1990 Act. Reusable vapes are unaffected by this change. The aim of this legislation is to reduce the environmental damage caused by the use and disposal of single-use vapes and encourage people to use reusable alternatives.

## Welsh Government Smoke-Free Wales: Our long-term tobacco control strategy

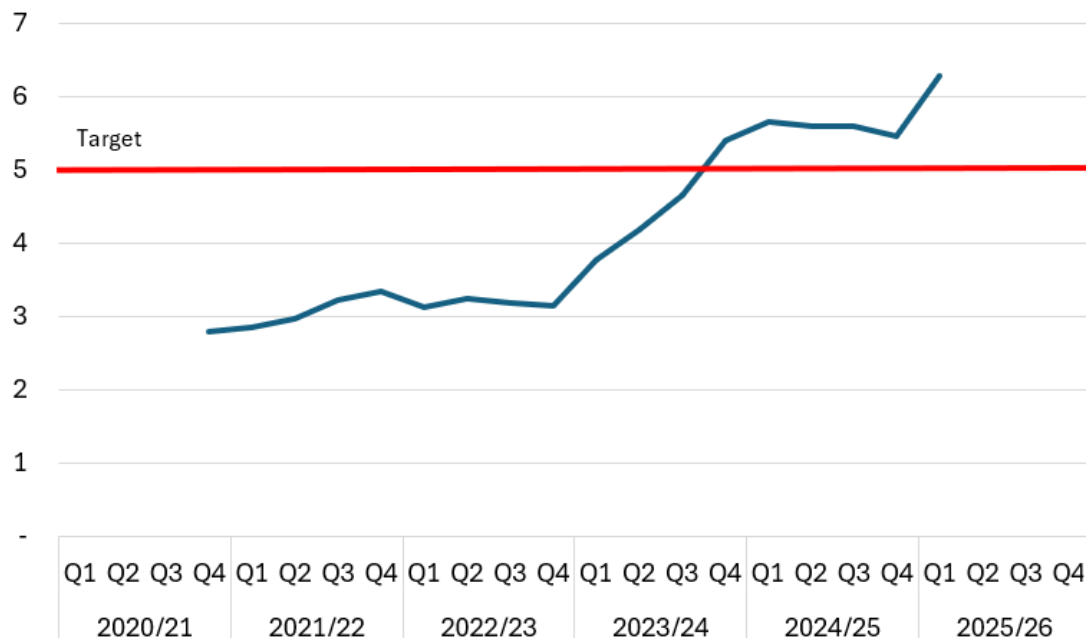
To support the ambition of a smoke-free Wales by 2030, Welsh Government set out to publish a series of two-year delivery plans, the first of which was for the period 2022-24. A refreshed Delivery Plan is awaited with continued focus on tobacco control, prevention, smoking cessation and smoke-free environments. On publication, the Powys Smoke-free Delivery Plan will be reviewed to ensure alignment with the national Delivery Plan.

## Exposure to second-hand smoke

Legislation has been key to reducing exposure to tobacco and second-hand smoke, and strengthening the approach that smoke-free is the norm in society. The legislation includes the ban on smoking on hospital grounds, school grounds and public playgrounds from 2021.

# Smoking Cessation - Performance against targets

Percentage of adult treated smokers who have made a quit attempt via smoking cessation services. Target: 5% (over 12 months)



Target	Actual 2024/25
5% of adult smokers make a quit attempt by smoking cessation services	<b>5.5%</b>
40% of adult smokers who made a quit attempt by smoking cessation services who are CO validated at 4 weeks	<b>14.8% CO validated + 51.3% self-reported = 66%</b>

In 2023/24, the 5% target was exceeded for the first time. It was exceeded again in 2024/25 for the second year running.

Many clients are choosing telephone support, so it is challenging to obtain validated CO reading (rather than self-report). The rurality of Powys, transport issues etc, make it challenging for some clients to meet face to face to undertake CO monitoring, preferring to self-validate their successful quit.

## Maternal smoking

Peirianteg Data a Dadansoddeg  
Data Engineering & Analytics  
Healthcare Wales | Central Clinical Systems Unit

Agreed to Smoking Cessation Referral at Booking by Team

Last Refreshed: 30 October 2025

Calendar Year	2024												2025			Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total			
<b>Yes</b>	3	2	5	3	4	2	9	5	6	30	3	5	4	12	51	
Brecon War Memorial							1	1	1	3			1	1	4	
Krighon Hospital										2	3				3	
Llandrindod Wells Hospital	1	1					5	1		8			1	1	9	
Llanedwain Hospital	1	1	2	1					2	6	1			1	7	
Machynlleth Hospital	1					1			1	3	1			1	4	
Myrddin Known Locations											1			1	2	
Newtown Hospital	1	1	1	1	1		1			6	1			2	8	
Welshpool Hospital			2	1			1	2		6	2	1		3	9	
Ystradgynlais Hospital	1			2						4	1			1	5	
<b>No</b>	2	5	6	2	5	1	1	1	1	23	3	1	3	7	30	
Brecon War Memorial							1			1	1			1	2	
Krighon Hospital										2	1			1	3	
Llandrindod Wells Hospital										1				1	2	
Llanedwain Hospital	1													1	1	
Machynlleth Hospital				1						1				1	1	
Myrddin Known Locations												1	1	1	1	
Newtown Hospital		1	3	1		1				6	1		1	2	8	
Welshpool Hospital	1	2	2	2			1	1		9				9	9	
Ystradgynlais Hospital			1		1					2	1			1	3	
<b>Total</b>	5	7	11	5	9	3	10	5	7	62	6	6	7	19	81	

Target	2024/25 actual	2025/26 Q2
Ensure all pregnant smokers attending LHB maternity services undergo carbon monoxide testing at their initial booking appointment	94%	95%
Percentage of all pregnant smokers referred to smoking cessation support following initial booking appointment	63%	75%

# Comparing outcomes by deprivation

- The HelpmeQuit Service demonstrates that it is accessible and tackles inequalities with target approach.

## Powys HelpmeQuit clients 2024/25

Comparison	% of AS attendees who became treated smokers	% of treated smokers who became 4-week quitters ('quit rate')	Average AS waiting time (days)
1 (most deprived fifth)	68%	51%	4.5
2 (second most deprived fifth)	65%	58%	4.4
3 (middle fifth)	70%	67%	6.1
4 (second least deprived fifth)	71%	66%	5.9
5 (least deprived fifth)	57%	63%	7.5
<b>Total</b>	<b>68%</b>	<b>63%</b>	<b>5.6</b>

Gwynne Stella  
14/11/2025 16:52:55

# VAPING

Gwynne Stella  
14/11/2025 16:52:55

Concerns have been growing both locally and nationally regarding the incidence of vaping. Vapes can be effective in helping smokers to quit, and current evidence shows that using nicotine vapes is much less harmful than continuing to smoke tobacco. However, there are concerns around a lack of long-term evidence on the use of vapes, and the potential for them to cause health harm. Evidence on the impact of increases in vaping on smoking in Wales is still emerging, including the use of vapes to support cessation by smoke smokers and vape use amongst adults who do not and have never smoked.

### Adult vaping rates

The National Survey for Wales reported 8% of the population aged 16+ were vaping (using an e-cigarette) in Wales in 2022-23, an increase from 6% reported in 2021-22. More recent evidence (from the Smoking Toolkit Study), a monthly telephone survey systematically sampling the populations of England, Scotland and Wales) has supported this figure as a robust current estimate and also suggested that it is comparable to the proportion vaping in Scotland (8.5%) but less than reported in England (11.8%). The same study reported that 2.5% of the Welsh adult population were using disposable vapes regularly.

Young people are more likely to vaping compared with older generations, with 23.3% of 16-24-year-olds reporting that they vape compared with 9.6% of 45-54-year-olds. Amongst vapers, 45.2% were current smokers, 9.8% smokers who had quit in the past year, 31.1% smokers who had quit more than 1 year ago and 13.8% had never smoked.

Styrene-Stella  
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# Vaping rates in young people in Powys, and across Wales

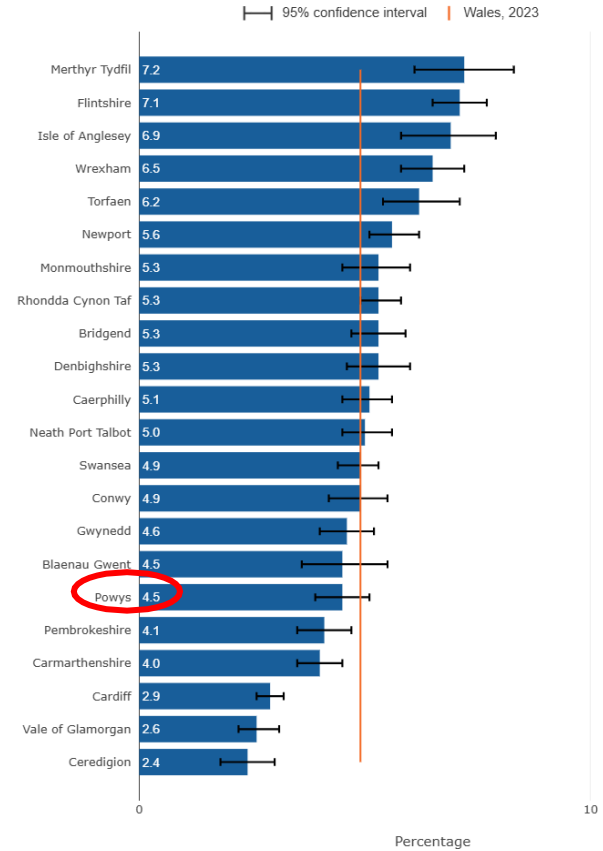
The latest data (2023) shows that there is a small minority of 11-16 year olds (4.5%) reporting that they are daily users of vapes.

7% of learners in Years 7-11 reported that they vaped at least weekly, an increase on 2021 when the figure was 5.4%. Girls (8.6%) are more likely to vape than boys (5.1%).

A total of 5.2% of all learners in Years 7 to 11 reported vaping but not smoking.

## Daily vaping

Reported using e-cigarettes/vapes at least daily, percentage, persons, aged 11-16, multiple local authorities, Wales, 2023  
Produced by Public Health Wales, using SHRN data

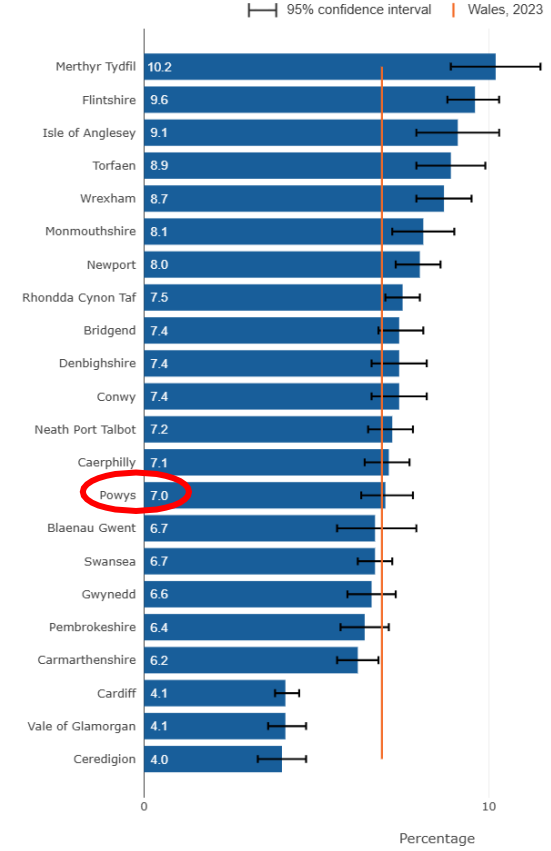


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\*Currently, only 2023 data is available for this variable

## Weekly vaping

Reported using e-cigarettes/vapes at least weekly, percentage, persons, aged 11-16, multiple local authorities, Wales, 2023  
Produced by Public Health Wales, using SHRN data

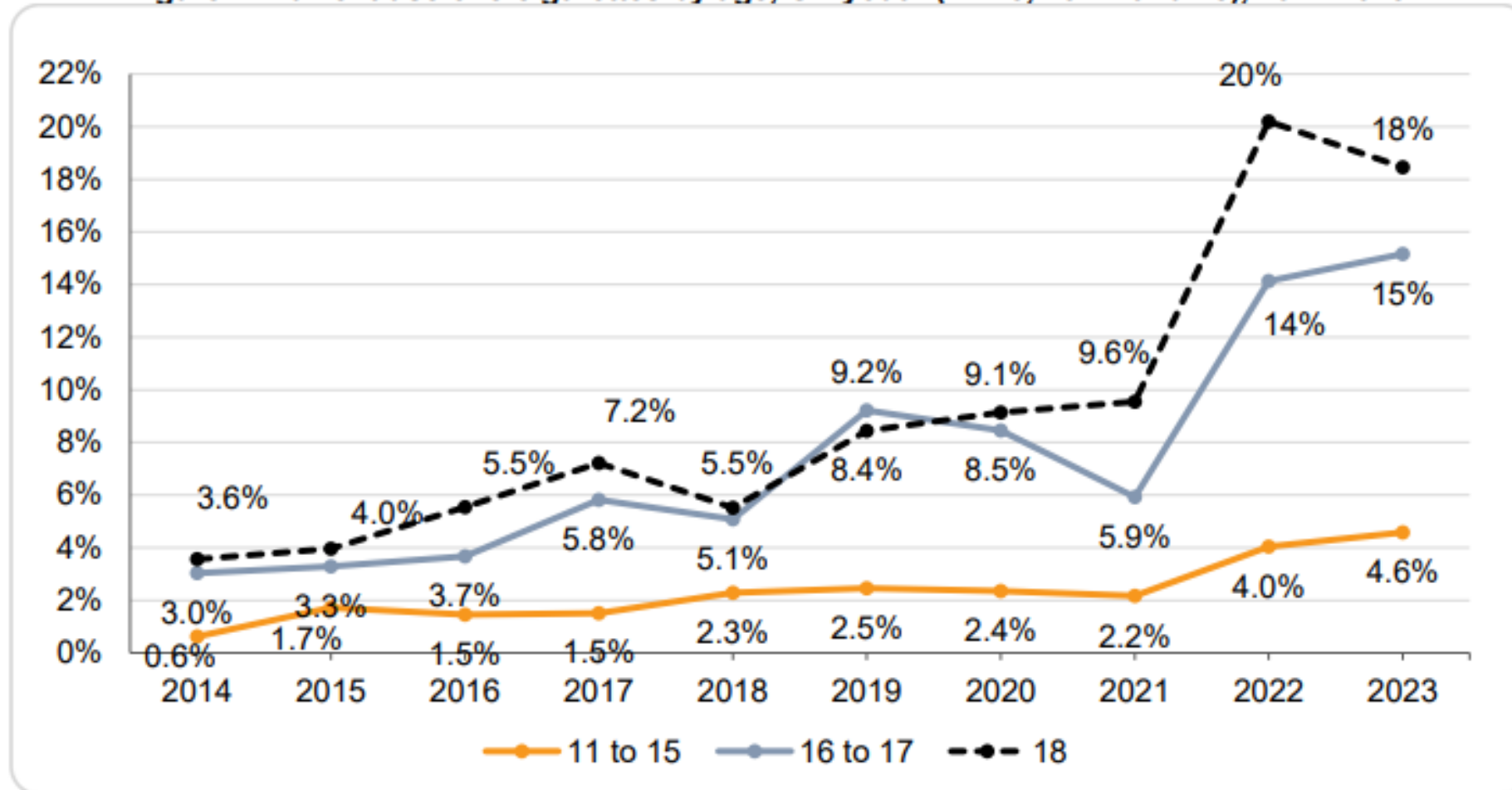


\*Currently, only 2023 data is available for this variable

# Current use of e-cigarettes by 11-18 year olds

- Vaping use increases with age in young people (GB data, 2023).

Figure 4. Current use of e-cigarettes by age, GB youth (11-15, 16-17 and 18), 2014-2023

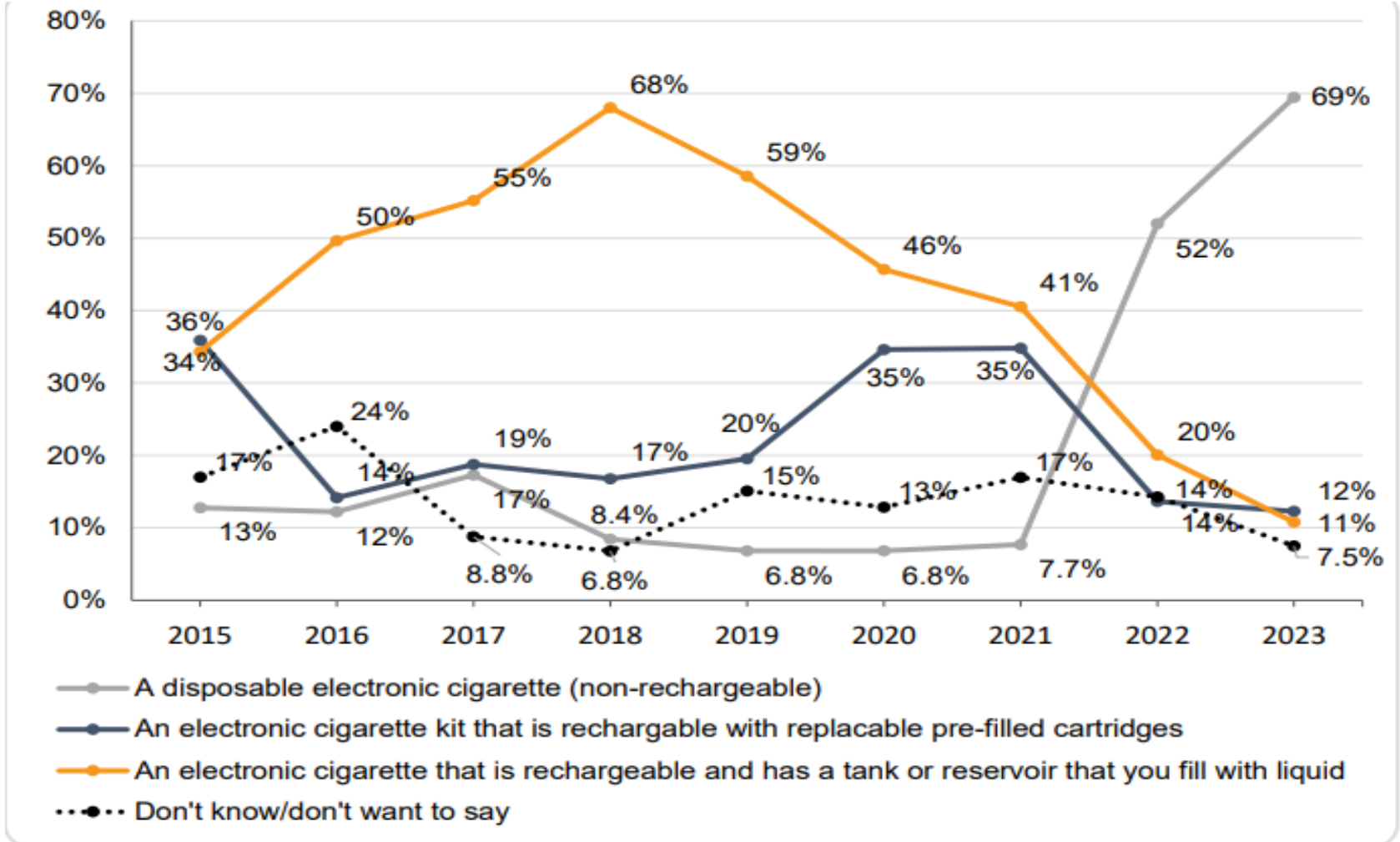


ASH Smokefree GB Youth Survey, 2023. Unweighted bases: All 11-18 year olds (counts in table in the appendix).

Gwynne Stella  
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# Type of device use by young people aged 11-17

- Disposable electronic cigarettes are reported as the most common type of device used by young people aged 11-17 according to a Smokefree Youth Survey by ASH (GB data, 2023).



ASH Smokefree GB Youth Surveys. Unweighted base: 11-17 year olds who are current users of e-cigarettes (2015 = 41, 2016=36, 2017=60, 2018=59, 2019=94, 2020=94, 2021=76, 2022=172, 2023=187)

Gwynne Stella  
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# Health harms – associations with disease

- **outcomes**
- Systematic review for all ages<sup>1</sup>
- Conclusive evidence
  - Poisoning, immediate inhalation toxicity (including seizures)
  - e-cigarette or vaping product use-associated lung injury (EVALI)
    - largely but not exclusively e-liquids containing THC and vitamin E acetate
  - Malfunctioning devices causing injuries and burns
  - Environmental fires
  - Generation of indoor particulate matter
- Substantial evidence
  - Nicotine dependence
- Evidence insufficient or unavailable
  - Cardiovascular disease
  - Cancer
  - Reproductive health
- Vape use associated with higher prevalence of clinical and self-report mental health conditions amongst 12-26yo compared with no smoking/vaping<sup>2</sup>
  - Higher levels and different patterns in younger adolescent
  - Direction of causation not clear

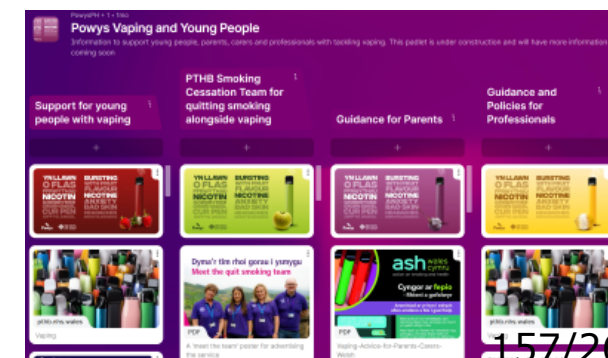
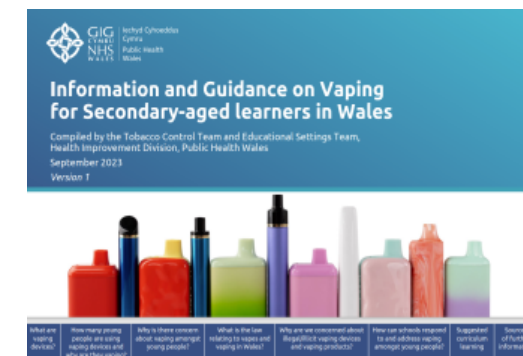
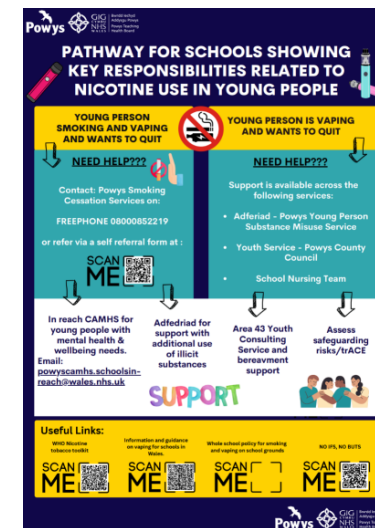
<sup>1</sup> Banks et al (2022) [Electronic cigarettes and health outcomes: umbrella and systematic review of the global evidence](#), Medical Journal of Australia, Vol 281:6

<sup>2</sup> Becker et al (2020) [Systematic Review of Electronic Cigarette Use \(Vaping\) and Mental Health Comorbidity Among Adolescents and Young Adults](#), *Nicotine & Tobacco Research*, 2021, 415-1436/265

# Action to tackling vaping in young people: Powys approach

To tackle the rise in vaping in young people, Public Health Team has led on working to develop and implement a package of interventions, including:

- Clear Service Pathway:** Developed in 2024/25 to signpost young people to appropriate support for smoking and vaping.
- Guidance & Resources:** Public health toolkit and online resources for schools, teachers, and parents—including a dedicated website and Padlet for easy access. A website has been developed to ensure the information is easily accessible [Vaping - Powys Teaching Health Board \(nhs.wales\)](https://www.nhs.uk/healthboards/wales/powys-teaching-health-board)
- Staff Training:** Online awareness sessions and webinars to build confidence among teachers and professionals.
- Key Message:** *Don't Smoke? – Don't Start Vaping.*
- Collaborative Effort:** Led by Public Health Team, with support from Powys County Council, School Nursing Team, and Adferiad.
- Communications Campaign:** 'Bursting with...' campaign co-produced with young people, using social media, bus stops, and educational activities in schools. Produce a film for schools to utilise within lesson planning:  
[Vaping Bursting with Flavour Campaign / Fêpio Ymgyrch Yn Llawn o Flas](#)
- Innovative Engagement:** Developed an educational campaign including film highlight the risks and marketing tactics of vaping, piloted and delivered to 3 secondary schools.
- Fake vape packages and Curriculum Integration:** Resources linked to the new curriculum for Wales, supporting ongoing education and prevention



**Phase 1** – Developed through insight work with young people to co-produce messaging to inform a Powys Vaping communications campaign. Launched April 2024, the 'Bursting with...' campaign used a range of methods including social media and bus stop advertisements.



**Phase 2** - Educational activity in 3 secondary schools in March 2025. Fake vape packages were used to draw attention to the harmful marketing practices that are contributing to a rise in youth vaping. On closer inspection the images of the fruit are mouldy and rotten with the packages covered with health warnings and hold a QR code for more information.

A film has been produced and used as a resource in schools and for media campaign.

[Vaping Bursting with Flavour Campaign / Fêpio Ymgyrch Yn Llawn o Flas](#)



**Phase 3** - Education activity offer extended to all high schools in Powys from September 2025.

Gwynne Stella  
14/11/2025 16:52:55

## Summary

This briefing has provided an update and overview of the progress in implementing actions towards achieving the ambition of Smoke-Free Powys by 2030, and a 'deep dive' into vaping. Notable progress includes:

- A continuation of achieving the Health Board target of treating a minimum of 5% smokers (achieved in 2023/4 for the first time since introduction of the target in 2012 and again achieved in 2024/25 )
- Development of a Smoking Cessation Champions programme to share information about smoking cessation service and referral routes. Champions include ex- smokers within the community and previous service users, professionals in the Health Board and partner agencies.
- Improvement in supporting pregnant women to quit smoking and participation in a national research trial.
- Supporting implementation of JustB smoking prevention programme in nine secondary schools who are eligible this year. Last year 6 schools across 4 sites completed the program.
- Leading a proactive communication campaign in partnership with Powys County Council which was co-produced with young people of secondary school age focusing on potential harms caused by increase in use of vapes in young people
- Promotion of new emerging resources for educational system to support teachers and partners to respond to concerns around vaping, and the local referral pathway created in partnership to meet needs of young people
- Effective partnership work and system leadership by the Public Health Team on tobacco control and vaping.

Gwynne Stella  
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## 1 Whole system Approach to Smoke-free Powys

Using the the five ways of working (Future Generations Act 2015) to implement and deliver the Powys Smoke-free strategy  
Support collaboration by ensuring the actions of partners are co-ordinated at a local level, and together contribute towards a smoke-free Powys.



## 2 Reducing Inequalities

Increase awareness of Smoking Cessation Service especially in amongst priority groups  
Increase referrals to Smoking Cessation Service in areas of deprivation  
Increase referrals of both inpatients and outpatients in areas of deprivation to Powys Smoking Cessation Service  
Increase quit attempts made with support from Community Pharmacies in areas of deprivation in Powys  
Target Promotion of smoking Cessation Service in schools in areas of deprivation  
Use whole system approach to take further steps to protect people from the harms of second-hand smoke



## 3 Protecting Future Generations

Support smoke-free pregnancies in Powys  
Implementation of schools-based smoking prevention programme  
Implementation of vaping/ nicotine addiction harm reduction programme



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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 5.4**

**PLANNING, PARTNERSHIPS & POPULATION HEALTH COMMITTEE** **20 NOVEMBER 2025**

<b>Subject:</b>	<b>Public Service Board (PSB) Annual Report 2024-2025</b>
<b>Approved and presented by:</b>	Mererid Bowley, Executive Director of Public Health
<b>Prepared by:</b>	Cover paper prepared by: Executive Director of Public Health  Annual Report prepared by: - PSB Support Officer (Local Authority) with contributions from lead partner agencies
<b>Other Committees and meetings considered at:</b>	Executive Committee (12 November) – who supported the report to the Committee.

**PURPOSE:**

To present to the Planning, Partnerships and Population Health Committee the Public Service Board Annual Report for April 2024 to March 2025

**RECOMMENDATION(S):**

The Planning, Partnerships and Population Health Committee is asked to:

- RECEIVE** the Public Service Board (PSB) Annual Report
- Take **ASSURANCE** that the Health Board is contributing effectively to the PSB plans and requirements in delivering the agreed PSB Well-being Delivery Plan.

<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
Y	Y	N

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

1. Focus on Wellbeing	Y/N	See attached PSB Report
2. Provide Early Help and Support	Y/N	
3. Tackle the Big Four	Y/N	
4. Enable Joined up Care	Y/N	
5. Develop Workforce Futures	Y/N	
6. Promote Innovative Environments	Y/N	
7. Put Digital First	Y/N	
8. Transforming in Partnership	Y/N	

## **EXECUTIVE SUMMARY:**

### **1.0 Powys Teaching Health Board and the Powys Public Service Board Governance**

The PSB is a statutory strategic partnership established under the well-being of Future Generations (Wales) Act 2015. The Act requires key local organisations in Powys to work together and take a more coordinated and long-term approach to the issues that really matter to the people of the county. In doing so, the statutory responsibilities of the PSB are to:

- To consult on the assessment of well-being within Powys
- To prepare and publish a local well-being assessment for Powys
- To consult on a Powys well-being plan
- To prepare and publish an Annual Report that sets out the Powys PSB's progress in meeting the local objectives
- To review and report annually on progress to the public, Welsh Government, democratically elected members, and Powys PSB member organisations.

#### Membership

The statutory members are organisations that are required by the Act to be members of the PSB; they are:

- Mid & West Wales Fire & Rescue Service
- Natural Resource Wales
- Powys County Council
- Powys Teaching Health Board.

Other invited organisations who play a key role in the PSB include:

- Bannau Brycheiniog National Park
- Powys Association of Voluntary Organisations
- Dyfed Powys Police
- Dyfed Powys Police and Crime Commissioner
- Department for Work and Pensions
- Welsh Government
- Probation Service.

The PSB is chaired by the leader of the Powys County Council with meetings held in public on a quarterly basis.

### **2.0 Objectives of the Well-Being Plan**

Powys PSB's vision is for a Fair, Sustainable and Healthy Powys. The three well-being objectives which shape the work to achieve the vision are:

- People in Powys live happy, healthy and safe lives
- Powys is a county of sustainable places and communities

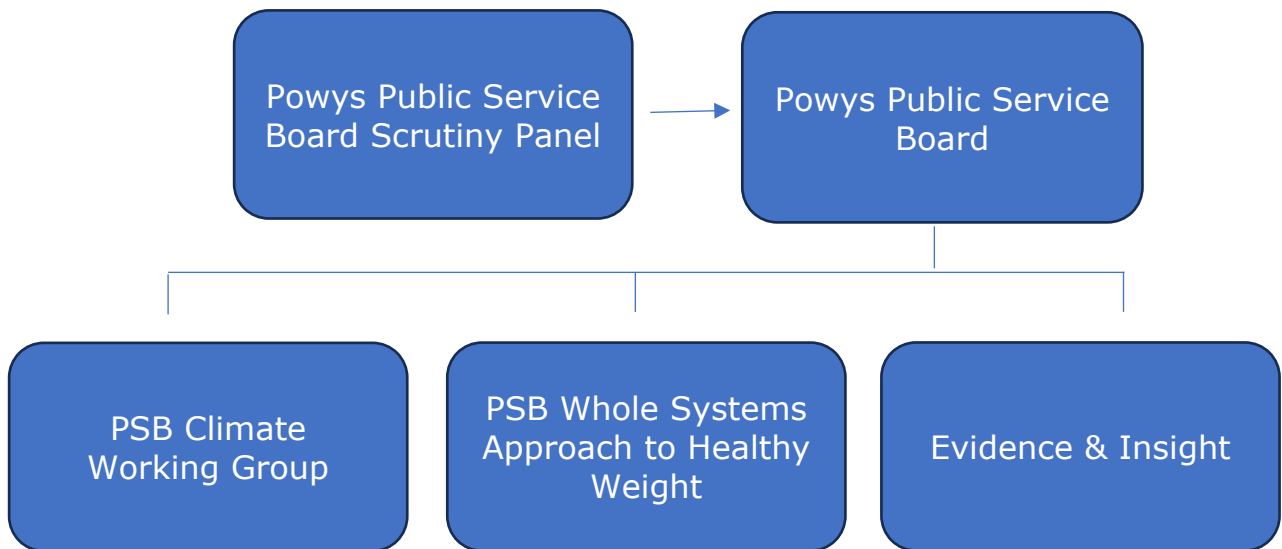
- An increasingly effective Public Service for the people of Powys

### **3.0 Priorities to Deliver Well-Being Objectives**

Three priorities have been identified as the most important focus to help achieve the well-being objectives:

<b>Objective</b>	<b>Lead Agency</b>
Responding to the climate emergency	Bannau Brycheiniog National Park
Taking a whole systems approach to healthy weight	Powys Teaching Health Board
Shaping the future by improving our understanding of what matters to the people of Powys through evidence and insight	Powys County Council

Working groups have been established to coordinate delivery across the partnership to deliver on the joint priorities. Powys Teaching Health Board leads on the whole systems approach to healthy weight objectives and has representatives actively participating in partnership in the Climate Working Group through the Health Boards Environment and Sustainability Manager.



Gwynne Stella  
14/11/2025 16:52:35

## **4.0 PSB Funding**

The Powys PSB's budget for 2024/25 was £47,077, provided by the Welsh Government Regional Support Grant.

It is for each organisation to determine appropriate and proportionate resourcing of their collective functions which are the responsibility of all of the statutory members equally.

## **5.0 Annual Report – See Appendix A**

Powys County Council provide the administrative co-ordination and support to the PSB and take the lead role in authorising the Annual Report for the PSB, with contributions from partners.

In addition to the Annual Report, each quarter the workstreams which support delivery of the well-being plan provide a progress update to the PSB.

The PSB Annual Report is a highlight of the work and progress of the priority working groups during 2024/25 to deliver the objectives. This report was approved by the PSB Board on the 25<sup>th</sup> September 2025, following consideration by the PSB Scrutiny Committee. The Observations of the Scrutiny Committee can be seen Appendix B.

### **5.1 Climate Working Group**

The Health Boards Environment & Sustainability Manager is effectively contributing to the Climate Change Working Group, ensuring health-related impacts are considered as part of action planning. A more detailed paper (Attached on Appendix C) on this was considered by the Finance & Performance Committee at its meeting in October 2025

### **5.2 Whole System Approach to Healthy Weight**

The Health Board leads on this objective for the multi-agency partnership. This objective of tackling childhood obesity is also a priority in the Health Board Annual Plan, thereby effectively aligning key priority for population health across the partnership structure. A more detailed report on the progress of implementing whole system approach to Healthy Weight was considered by the Planning Partnership and Population Health Committee at its meeting of 19<sup>th</sup> May 2025. A key outcome of this systems approach is that the upward trend of overweight and obesity at age 4-5 years appears to have stabilised. It now demonstrated a reduction from 28.1% in 2019 to 22% in September 2022.

### 5.3 Evidence and Insight

The Local Authority leads on this objective for the multi-agency partnership. A mid-point review of the Population Needs Assessment to inform was undertaken in preparation for future assessments and the Local Authority maintains and updates the Well-being Information Data Bank. This workstream has strengthened links with the Regional Partnership Board Engagement and Insight Group to align work and reduce duplication.

### 6.0 Sustainable Development Principles - The Ways of Working

The PSB Working Groups embrace the sustainable development principle (5 Ways of Working) as part of planning and delivery of the well-being plan.

Sustainable Development 5-ways of working	Definition	Purpose
Long Term	Consider the importance of balancing short-term needs with the need to safeguard the ability to meet long-term needs	Encourages strategic thinking that avoids short-term fixes which may create long-term problems
Prevention	Take action to prevent problems from occurring or getting worse, which may help public bodies meet their objectives.	Reduces future demand on services and improves outcomes by addressing root causes early.
Integration	Consider how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies	Promotes joined-up thinking and avoids siloed decision-making.
Collaboration	Act in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.	Builds partnerships and shared ownership of outcomes across sectors and communities.

Involvement	Involve people with an interest in achieving the well-being goals and ensure that those people reflect the diversity of the area which the body serves.	Ensures decisions are informed by those affected and builds trust and legitimacy
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Examples of how the PSB demonstrates this have been included within the Annual Report, including:

- Long term: Climate Action Plan and Childhood Obesity focus on early years
- Prevention: Healthy Eating, and Climate Resilience
- Integration: Strengthening Alignment between PSB and PPB through evidence and insight work
- Collaboration: Public sector, voluntary sector and business engagement in delivery of plan
- Involvement: Inclusive approaches to community engagement informing workstreams, including digital engagement to gather and shape action plans.

Partnership working across the workstreams is well developed with cross - organisational ownership of delivery of the workstreams objectives with the Health Board actively and effectively delivering on its areas to improve health outcomes. The main risks and challenge highlighted by all three workstreams is funding and capacity with most of the work undertaken is through grant funded posts to lead the workstream areas.

### Next Steps

The Health Board continues to work in partnership with other members of the PSB to implement the Well-being Plan workstream priority areas.

- Appendix A: PSB Annual Report 2024-25
- Appendix B: PSB Scrutiny Committee Observations
- Appendix C: Climate Working Group update paper

### IMPACT ASSESSMENT

This section must be completed for all strategic organisational decisions including approval of health board policies.



Bwrdd Gwasanaethau  
Cyhoeddus Powys

Powys Public  
Service Board

# ANNUAL REPORT 2024-25

# Powys Public Services Board

*A Fair, Sustainable and Healthy Powys*

Mae'r ddogfen hon hefyd ar gael yn Gymraeg / This document is also available in Welsh

Gwyneth Stella  
14/11/2025 16:52:55

## Get in touch

Powys Public Services Board (PSB) is committed to involving everyone along the way, as we feel that the more the people of Powys help to shape our plans, the greater the positive impact will be on well-being in Powys.

You can track our progress during the year by viewing the reports that are presented to the PSB at their meetings - [Powys Public Services Board](#)

The work of the PSB Scrutiny Committee is available to view here - [Public Services Board Scrutiny Committee](#)

If you would like any further information or have any questions, there are many ways to get in touch with us:

**Email:** [powyspsb@powys.gov.uk](mailto:powyspsb@powys.gov.uk)

**Post:** Powys Public Services Board Secretary, Powys County Council, County Hall, Llandrindod Wells, Powys, LD1 5LG.

**Phone:** 01597 826000

Gwynne Stella  
14/11/2025 16:52:55

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**Councillor Jake Berriman, Chair of Powys Public Services Board**

## A Message from the Chair

I am very pleased to present my first annual report since becoming Chair of Powys Public Services Board (PSB) on the 15<sup>th</sup> of July 2025. I would like to thank the previous Chair, County Councillor James Gibson-Watt, for his chairing and service to the PSB since June 2022 and look forward to working with partners to deliver on our Well-being Plan.

This is the second annual report for 'A Fair, Sustainable and Healthy Powys', our Well-being Plan for 2023–2027. Over the past year, we've built on the foundations laid in 2023–24, when much of the groundwork was laid for our three Steps, with each Step being aligned to each of the three objectives of our Well-being Plan. I'm pleased to report that we've made strong progress across all three.

Powys is one of the first PSBs to have conducted a systematic climate risk assessment. This work has informed the development of the Powys Climate Action Plan, shaped by robust research and stakeholder engagement. This plan sets out nine transformational shifts, from energy saving and sustainable travel to restored nature and joined-up public services, that will guide our journey toward a net-zero and climate-resilient future. We've also laid the groundwork for a new Climate Hub and a more inclusive Climate Stakeholder Panel to ensure community voices shape our next steps.

Our Whole System Approach to Healthy Weight has gained momentum. We've focused on supporting families with young children, launching initiatives like the Breastfeeding Welcome Scheme and the Gold Standard Healthy Snack Award. Projects like Cooking Counts and partnerships with local growers are helping to make healthy food more accessible and affordable across Powys.

The Evidence and Insight Step has strengthened how we work together. A mid-point review of the Population Needs Assessment has helped us prepare for future planning, while our engagement work ensures we remain connected to the communities we serve. We've also built stronger ties with other partnerships in Powys, particularly the Regional Partnership Board, aligning our work to reduce duplication and improve collaboration.

Beyond these steps, the PSB has continued to develop relationships with town and community councils, improved scrutiny and governance, and explored new ways to collaborate across

organisations. We've faced challenges, particularly around funding and capacity, but our commitment to long-term, joined-up working remains unwavering.

As a new chair I want to try and generate a bit more energy into the collaborative relationships across the public sector organisations we represent to get greater "added value" from our combined efforts. In this context I very much look forward to continuing this journey together, ensuring that our work delivers meaningful change for people and communities of Powys to create a 'Fair, Sustainable and Healthy Powys' for all.

**Chair of Powys Public Services Board - Councillor Jake Berriman**

Gwynne Stella  
14/11/2025 16:52:55

## What is this Annual Report?

This is Powys Public Services Board's (PSB) annual progress report, which highlights the work and progress made by the PSB during 2024-2025 to deliver the objectives in our [Well-being Plan](#) for 2023-2027.

We launched our Well-being plan in July 2023 following a comprehensive [Assessment of the well-being](#) of the people of Powys and extensive engagement with a wide range of stakeholders. The objectives in our plan aim to address the issues which the people and communities of Powys told us are most important to improving their well-being.

By publishing this report, Powys PSB is fulfilling its responsibility under the Well-being of Future Generations (Wales) Act 2015 to share the progress made towards achieving the objectives in the Well-being Plan. We published our first annual report in July 2019 and continued to publish reports on an annual basis – copies can be found here: [Powys Public Services Board - Our Annual Progress Report](#).

## What is Powys Public Services Board?

The Powys Public Services Board (PSB) is a statutory strategic partnership established under the [Well-being of Future Generations \(Wales\) Act 2015](#). The Act requires key local organisations in Powys to work together and take a more co-ordinated and long-term approach to the issues that really matter to the people of the county. In doing so, the PSB must assess the state of well-being locally (a copy of the most recent Well-being Assessment can be found here: [Well-being Assessment analysis](#)).

The findings from the Well-being Assessment have been used to inform objectives and produce a plan designed to improve economic, social, environmental, and cultural well-being in the Powys area.

The statutory members are organisations that are required by the Act to be members of the PSB, they are:

- Mid and West Wales Fire and Rescue Service - [www.mawwfire.gov.uk](http://www.mawwfire.gov.uk)
- Natural Resources Wales - <https://naturalresources.wales>
- Powys County Council - <http://www.powys.gov.uk>
- Powys Teaching Health Board – <https://pthb.nhs.wales/>

Other invited organisations who play a key role in the PSB include:

- Bannau Brycheiniog National Park - [www.beacons-npa.gov.uk](http://www.beacons-npa.gov.uk)

- Powys Association of Voluntary Organisations - [www.pavo.org.uk](http://www.pavo.org.uk)
- Dyfed Powys Police - [www.dyfed-powys.police.uk](http://www.dyfed-powys.police.uk)
- Dyfed Powys Police and Crime Commissioner - [www.dyfedpowys-pcc.org.uk](http://www.dyfedpowys-pcc.org.uk)
- Department for Work and Pensions
- Welsh Government
- Probation Service

## What are the objectives in our Well-being Plan?

Powys PSB's vision is for a Fair, Sustainable and Healthy Powys. **The three well-being objectives** which shape the work to achieve the vision are:

- People in Powys live happy, healthy and safe lives
- Powys is a county of sustainable places and communities
- An increasingly effective Public Service for the people of Powys

## What steps are we taking to help meet these well-being objectives?

To deliver our well-being objectives, we are taking a series of steps. A step is a delivery mechanism, which may include a project, work focus, or board that helps us to make progress against our objectives.

**Three priorities** have been identified as the most important focus to help achieve the well-being objectives:

- Responding to the climate emergency
- Taking a whole systems approach to healthy weight
- Shaping the future by improving our understanding of what matters to the people of Powys through evidence and insight

The areas of work are interconnected and will contribute to achieving all three well-being objectives.

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## How have the Steps progressed during 2024/25?

### Responding to the Climate Emergency

Powys is already being hit by the impacts of climate change – from flooding and droughts to increased costs of goods and supply shortages caused by extreme weather events around the world. There is much that we can do in Powys to make ourselves more resilient to these climate impacts and to restore nature’s capacity to absorb and store excess atmospheric carbon.

Powys is already taking action, communities such as Newtown, Builth Wells, Brecon and Crickhowell have embraced local renewable energy generation and electric car clubs. Neighbourhoods can jump into action at times of flooding. Social enterprises and volunteers keep our things usable for longer through school uniform swaps and repair cafes. Powys farmers are innovating greener farmland practices and regenerative horticulture. Powys’ Centre for Alternative Technology has been a beacon of climate solutions innovation for decades.

In leading county-wide climate action the Powys public bodies are seeking to future-proof services the people of Powys expect and rely on, making them more resilient to anticipated climate impacts, lower-carbon and more nature-friendly; and also to catalyse, focus, enable and sustain the efforts of many more people across the county who are experts in their own communities, land, businesses, projects and initiatives.

Powys is not acting alone in striving for a fairer and greener future. We are part of the Welsh and UK efforts to tackle climate change and its impacts, and part of a global community that has tested technologies, policies, systems and approaches meaning we can learn from those with the biggest successes and avoid repeating mistakes.

This is a time of immense potential for Powys as well as a time of threat, the PSB is working to create and seize opportunities, use the resources we have wisely and to attract new investment in our county.

#### 1. What did we say we would do/achieve in 2024-25?

- i. Have a carbon footprint assessment, carbon sequestration opportunity analysis and climate risk and vulnerability assessment.
- ii. Have conducted feasibility studies to inform a Powys Climate Action Plan.
- iii. Have developed a draft of a Powys Climate Action Plan and engaged stakeholders in reviewing and shaping it.
- iv. Have finalised a high-level Powys Climate Action Plan which sets out:
  - a. Powys’ carbon footprint, sequestration and climate risk exposure

- b. Identify priorities for action.
- c. A matrix of responsibility
- d. Fundable projects (which will require fundraising)

## **2. What have we been doing during 2024-25 to help deliver our objectives?**

The Public Services Board has developed a Powys Climate Action Plan to:

- Strengthen the leadership role of public bodies in Powys.
- Catalyse and support climate action across communities, sectors and landscapes.
- Align local efforts with national and global climate goals, including the Paris Agreement.

The overarching vision is to build a fairer, more sustainable and healthier Powys, where climate action also delivers.

At the heart of the plan are nine transformational shifts needed to transition Powys to a net zero and climate-resilient future; these are:

1. Climate Safety
2. Energy Saving & Renewable Energy
3. Sustainable Travel
4. Restored Nature
5. Affordable Sustainable Food
6. Well-being Economy & Sustainable Resource Use
7. Sustainable Planning
8. Active Citizens
9. Joined-up Public Sector

These shifts are supported by an approach that emphasises public sector leadership, community involvement and iterative, evidence-based planning. The Plan is underpinned by the research set out above.

## **3. What have we learned and what do we need to do differently?**

The next phase of work will move from a focus on research, analysis and building relationships, to catalysing direct climate action, supporting peer learning, and showcasing climate action that also strengthens well-being, the local economy and the natural world.

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#### 4. What do we plan to do in 2025-26?

- i. Develop and launch a new online Powys Climate Hub – a one-stop-shop to help people find climate information, inspiration and to connect with others taking action.
- ii. Transition the Powys Climate Stakeholder Group to a more representative Climate Stakeholder Panel with clear Terms of Reference and effective ways of working to involve more people in shaping climate-related decisions.
- iii. Support social enterprises to scale up delivery across Powys, focusing on the circular economy and sustainable food.
- iv. Organise events across Powys to support communities and their representatives to take climate action.

#### 5. What challenges do we face?

- i. Short-term funding makes it challenging to plan over the longer-term, sustain staffing and meaningfully involve stakeholders and communities.
- ii. The scale of public sector capital and revenue funding available for climate action is a fraction of what is needed. Private sector and community investment is needed to galvanise society-wide climate shifts.

### A Whole System Approach to Healthy Weight

The Whole System Approach to Healthy Weight is a population level prevention programme that forms part of the local delivery of the national Obesity Strategy ‘Healthy Weight: Healthy Wales’.

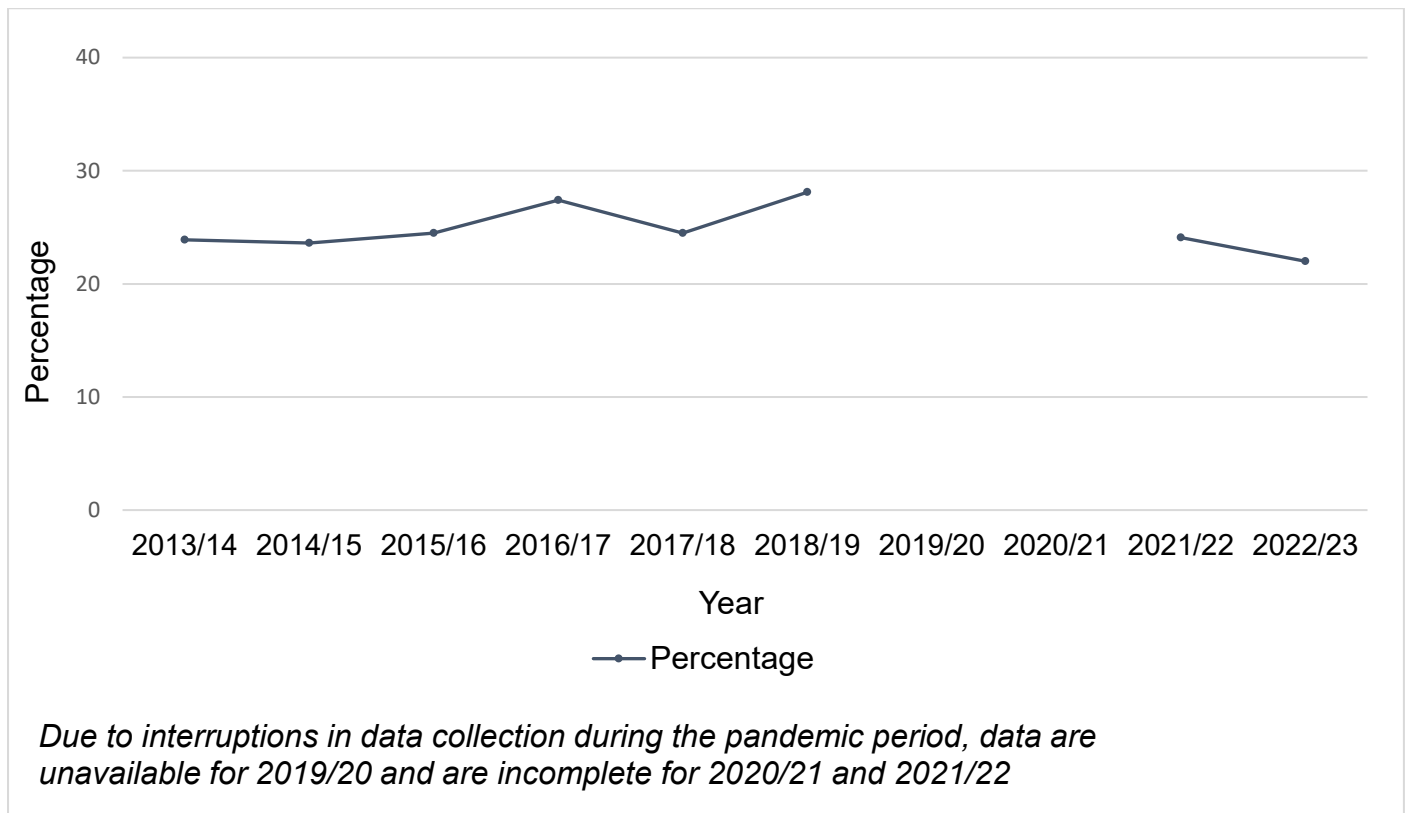
This programme works with local strategic system leaders and partner organisations with the aim of reducing the prevalence of unhealthy weight in the local population by understanding and influencing the local healthy weight system. Stakeholder engagement has identified “children (aged 0-5), families and access to healthy food” as the priority system for this work to focus on.

The results from the Child Measurement Programme Wales surveys which provide data on healthy weight, overweight and obesity in children in Reception Class (aged 4-5 years) will be used to help us to understand the impact of this work on healthy weight in children in Powys. Other outcome measures will be used as appropriate, for example, breastfeeding rates and uptake figures for the Healthy Start Scheme.

Recent data from the Child Measurement Programme indicates that the upward trend of overweight and obesity at age 4-5 years appears to have stabilised. It now demonstrates a reduction from 28.1% in 2019 to 22% in September 2022 (Figure 2).

**Figure 1: Percentage of children aged 4 to 5 years with overweight or obesity, Powys 2013/14 - 2022/23**

*Produced by Public Health Wales, using Child Measurement Programme data (DHCW)*



**1. What did we say we would do/achieve in 2024-25?**

- i) Establishment of working groups for each of the four priority areas (breastfeeding; introduction to solid foods; cooking skills and affordability of healthy food).
- ii) Development of action plans for each priority area.
- iii) Introduction and implementation of a Breastfeeding Welcome Scheme for Powys.
- iv) Further work aimed at increasing the uptake of the Healthy Start Scheme by eligible families in Powys.
- v) Provide public health advice and oversight to support the delivery of the Cooking Counts project.
- vi) Further work to develop the alignment of the Whole System Approach to Healthy Weight workstream with the work of the other two PSB Steps: Responding to the Climate Emergency and Evidence and Insight.

**2. What have we been doing during 2024-25 to help deliver our objectives?**

General Actions:

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- i) Establishment of four working groups aligned to each of the priority areas identified within the system of 'Children, families and access to healthy food'. Each working group meets regularly across the year and reports to the Whole System Approach Strategic Steering Group. Action plans have been developed by the working groups to support the work within each priority area. Vision statements for each priority area have been agreed.
- ii) Development of a communications plan to support actions within identified priority areas.
- iii) Established governance with a reporting structure in place.

#### Priority Area: Breastfeeding

- iv) Launch and implementation of the Breastfeeding Welcome Scheme across Powys. The Breastfeeding Welcome Scheme aims to support breastfeeding women to feel confident and supported when feeding their babies out and about in Powys. Over 250 businesses and organisations have now signed up to the scheme.
- v) Working with businesses and organisations to review and improve workplace policies linked to breastfeeding.
- vi) Actions being undertaken to improve accuracy of breastfeeding data in order to inform targeted action.

#### Priority Area: Introduction to Solid Foods

- vii) Development, launch and implementation of the Gold Standard Healthy Snack Award for pre-schools and childcare settings. This award aims to improve nutritional standards within childcare settings and encourages a whole-setting approach to healthy eating, including good food policies and hygiene practices and creating a positive eating environment. Specific training has been rolled out to settings including 'Early Years Food and Nutrition', 'Fussy Eaters' and 'Gold Snack Award'.
- viii) Training developed and delivered to health visitors and nursery nurses, with supporting resources produced for parents, so that regular 'weaning' sessions are delivered consistently across Powys, developing parents' knowledge and confidence in initiating good eating habits.
- ix) Dissemination and evaluation of a 'Good Food Survey' to gain a deeper understanding of food provision in early years settings and staff knowledge around healthy weight.

#### Priority Area: Cooking Skills

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- x) Delivery and evaluation of the 'Cooking Counts' project. This project targeted areas with high deprivation to promote healthy eating habits, financial resilience and confidence using basic maths. A total of 11 courses consisting of six sessions were delivered across Powys.
- xi) Bwyd Powys Food are working to develop a central website to collate all cooking classes available across the county. Emphasis is placed on ensuring classes are delivered by those trained in Level 2 Agored Cymru courses to ensure quality and consistency.

Priority Area: Affordability of Healthy Food

- xii) Links developed between [Bwyd Powys Food](#), local growers and Flying Start pre-school settings to pilot local growers supplying fruit and vegetables to settings. Potential use of Healthy Start card as part of the pilot is being explored.
- xiii) Healthy Start Scheme continues to be promoted to encourage eligible families on low incomes to claim financial help to buy healthy food. Currently, a national evaluation of the Healthy Start Scheme is being conducted by Public Health Wales, and local views have been fed into this review.

### 3. What have we learned and what do we need to do differently?

Work within this step has been progressing well. Understanding the healthy weight system and building strong connections with stakeholders involved in this work has helped to align priorities and ensure efficient and effective ways of working.

To date, we have focused on understanding the system from a partner and stakeholder landscape. Going into 2025-26, we intend to capture the views of our target audience (families with children aged 0-5 years) to help strengthen our understanding of the system. This knowledge will then be fed into our existing action plans and priorities.

We are also exploring combining our four working groups to form two separate working groups. It has been identified that there is some cross-over in actions and membership of the groups. Combining them will help to avoid duplication and ensure efficient working across the system.

### 4. What do we plan to do in 2025-26?

- i. Continue to progress project work started in 2024-25, including the roll-out of the Breastfeeding Welcome Scheme, the Gold Standard Healthy Snack Award and the Healthy Start Scheme.
- ii. Continue to ensure key stakeholder involvement and effective programme delivery via our Strategic Steering Group and working groups.

- iii. Develop our communications plan for 2025-26 to help raise awareness of the work going on within this workstream.
- iv. Work with our target population to gain a deeper understanding of key issues around topics identified within our initial mapping process.
- v. Review our existing causal loop maps in each of the four priority areas.
- vi. Implement ripple effect mapping to monitor impact.

## 5. What challenges do we face?

This Step is led by the Powys Teaching Health Board Executive Director of Public Health, supported by a small Welsh Government grant-funded “whole system approach” team, comprising just 1.5 full-time equivalent members of specialist staff. Funding and capacity are therefore our main challenges in delivering the ambitions of this Step.

Shaping the future by improving our understanding of what matters to the people of Powys through evidence and insight (Evidence and Insight)

From the outset, we acknowledged that the Evidence and Insight Step would be primarily focused on delivering activity over years one to three of the PSB’s Well-being Plan, as it was anticipated that much of years four and five would be dedicated to supporting the development of the Well-being Assessment (due for 2027) and the Well-being Plan (due for 2028).

The Evidence and Insight Step focuses on promoting the sharing and use of internal and external engagement and data insights across the PSB and wider partnerships, to improve our understanding of well-being and what matters to people in Powys in real-time. The Step also seeks to promote the role of the PSB and purpose of the Well-being of Future Generations Act in Powys.

This year, a key priority has been strengthening collaboration with other Powys partnerships (particularly the Regional Partnership Board) to improve collaboration and integration, reduce duplication and enhance our shared understanding of well-being across the county.

### 1. What did we say we would do/achieve in 2024-25?

- i. Explore the feasibility of a dedicated PSB website or potential to utilise existing engagement platforms for this purpose.
- ii. Formalise mechanisms for sharing engagement findings between the Powys Regional Partnership Board (RPB) and PSB.
- iii. Support the implementation and evaluation of the Co-production Principles for Powys.
- iv. Explore appetite for regular PSB newsletters.

- v. Align Evidence and Insight Step workstreams to support the other PSB Steps.
- vi. Strengthen links with other partnerships in Powys to improve information exchange.
- vii. Undertake a data maturity assessment across PSB partners.
- viii. Support the Responding to the Climate Emergency Step with data analysis.
- ix. Support the mid-point review of the Population Needs Assessment.
- x. Prepare for future population needs and well-being assessments.
- xi. Explore feasibility for future joint population needs and well-being assessments.
- xii. Identify and bid for funding to support the delivery of the Evidence and Insight Step.
- xiii. Address capacity challenges of the Step.
- xiv. Produce the PSB annual report for 2024/25 in conjunction with Step Leads.

## 2. What have we been doing during 2024-25 to help deliver our objectives?

- i. We monitored potential grant funding opportunities to support the delivery of Evidence and Insight Step activities and signposted where others could potentially apply for funding, such as the Shared Prosperity Fund.
- ii. We have raised a risk to the Board to address capacity challenges, as the workstream currently relies on existing resource of employees from partner organisations without dedicated funding.
- iii. We have aligned the Evidence and Insight Step workstreams more closely with the other PSB Steps, helping to strengthen cross-cutting delivery and maximise shared outcomes.
- iv. Strengthened links with other partnerships in Powys, such as the Powys Regional Partnership Board (RPB) to improve information exchange between boards.
- v. Clarified and enhanced the PSB's digital footprint, including:
  - a. Exploring the feasibility of a dedicated PSB website
  - b. Exploring integration with existing engagement platforms such as Have Your Say Powys, making it easier for residents to access information and to get involved in PSB activities.
- vi. We agreed new mechanisms to share engagement findings regularly between the PSB and RPB, helping to ensure community voices inform decision-making across both partnerships
- vii. We began implementing the [Co-production Principles for Powys](#), supported by a bespoke maturity matrix tool to aid with evaluation, to embed more inclusive approaches to co-productive work across PSB activities.
- viii. We facilitated a workshop to undertake Data Maturity Assessments with partners; however, we learned that the approach needs to be adapted and revisited with the right people in the room.

- ix. We supported the Climate Emergency Step by exploring data visualisation options for the Climate Action Plan, in order to help make complex emissions data more accessible to the public and partners.
- x. We began preparing for future assessments, exploring streamlining of the Population Needs Assessment and Well-being Assessment due in 2027 into a single process and report, aiming to reduce duplication and improve efficiency.
- xi. We have maintained the reports contained in the [Well-being Information Bank](#). We delivered 106 report updates in the year, ensuring that data is kept up to date, with 95% of report updates completed within 10 working days of new data being released.
- xii. We have included the Powys five 'core area' boundaries in 19 of our Well-being Information Bank reports, meaning that decision makers have the right level of data to make evidence-based decision making.

### 3. What have we learned and what do we need to do differently?

- i. The proposed PSB newsletter needs to be assessed for its potential reach and impact, against the administrative effort required, to ensure it supports internal engagement effectively and efficiently.
- ii. Powys PSB's digital presence is currently hosted on the Powys County Council website. While functional, it lacks tools for meaningful public engagement. We've explored alternatives like [Have Your Say Powys](#), but a sustainable funding model is needed to ensure its long-term availability.
- iii. Partner feedback on the Six-Monthly Engagement and Insight Summary reports highlighted the importance of regularly capturing and sharing community voices (especially from young people) with senior leaders.
  - a. We have learnt that these reports can inform future Population Needs and Well-being Assessments.
  - b. We learnt that the section on upcoming engagement activity could help all PSB and RPB partners understand what engagement is happening across organisations and help coordinate efforts, reduce duplication and collaborate more effectively.
- iv. The development of the Co-production Principles and Journey Tracker has reinforced the need for consistent, measurable approaches to co-production. These tools can help evaluate and improve how we involve communities in shaping services.
- v. We need to gauge interest for conducting data maturity assessments across PSB and RPB partners to ensure the right stakeholders are involved.
- vi. Mapping existing and new data sources is essential to support robust analysis for the next iteration of the Population Needs and Well-being Assessments.

- vii. Participation in the [Shaping Places for Well-being in Wales Programme](#) has helped PSB members understand how systems mapping can support delivery of the Well-being Plan.
- viii. We need to identify practical ways to embed systems-thinking and future design approaches across partner organisations to better address complex challenges and promote long-term well-being.

#### 4. What do we plan to do in 2025-26?

- i. Continue to identify and pursue grant funding opportunities to support the Evidence and Insight Step and wider PSB activity.
- ii. Subject to agreement of long-term funding arrangements:
  - a. launch the PSB Hub via the Have Your Say Powys platform to improve visibility and engagement, and
  - b. support the Climate Emergency Step with the launch of a dedicated Climate Hub on Have Your Say Powys.
- iii. Participate in the Co-production Network for Wales' Co-production Champion training programme and share learning and best practices across the PSB and wider partnerships.
- iv. Review data sharing agreements in preparation for the next Population Needs and Well-being Assessments.
- v. Develop and implement a PSB risk register to strengthen governance and oversight.
- vi. Update the data connections for all [Well-being Information Bank](#) reports connected to StatsWales once their new website is launched, to replace the OData feeds that StatsWales no longer use.
- vii. Conduct a detailed gap analysis for each theme of the Well-being Assessment to inform future planning and work collaboratively with PSB and RPB partners to identify opportunities to plug these gaps through sharing data, local intelligence and joint analysis ahead of the next assessment cycle.
- viii. Maintain and update the [Well-being Information Bank](#), and where possible add new reports to give insight to the identified data gaps in the 2022 assessments.
- ix. Support the evaluation, drafting and approval process for the PSB Annual Report 2025/26.

#### 5. What challenges do we face?

- i. Limited and short-term funding continues to impact our ability to plan and deliver long-term, sustainable activity across the Evidence and Insight Step and wider PSB workstreams.
- ii. Staff capacity remains a key concern—particularly looking ahead to 2026/27 and 2027/28, when significant input will be required to support the next iterations of the Population Needs Assessment, Well-being Assessment and Well-being Plan.

## What else have we been doing as a Public Services Board?

Alongside delivering the Well-being Plan, the PSB has strengthened how partner organisations work together to improve well-being in Powys. Recent activity has focused on collaboration, engagement and strategic planning. Key examples include:

### Scrutiny

The Powys PSB Scrutiny Committee received updates on the progress of the three Steps during the year. A member development session was held to improve understanding of well-being data, including how to use the Powys [Well-being Information Bank](#), an interactive Power BI tool that brings together multiple data sources.

### Working with Town and Community Councils (TCCs)

We engaged with TCCs across Powys both individually and collectively. A dedicated event on 10 October 2024 helped inform the Powys Climate Action Plan and provided a platform for TCCs to share their views. While the event was successful, we recognised the need to develop more inclusive approaches to reach as many TCCs as possible, given Powys's geographical size.

### Sustainability Planning

At each quarterly PSB meeting, partners share sustainability updates in a private session. This promotes open dialogue on strategic issues such as budget decisions and opportunities for collaboration.

Given the PSB's quarterly meeting schedule, we've identified the need for better communication mechanisms between partners—especially for officers involved in strategic planning and delivery. Differences in IT systems and security across organisations continue to pose challenges for collaboration.

We are testing potential solutions and remain focused on identifying a digital forum that is accessible to all partners, particularly as we prepare for the next Well-being Assessment.

### National Representation

During the year, we have continued to engage with national programmes and networks to strengthen our strategic approach to promoting well-being in Powys:

#### Shaping Places for Well-being in Wales Programme (Public Health Wales)

This three-year Health Foundation-funded initiative is focused on equipping PSBs with skills to influence the wider determinants of health (the social, environmental and economic factors that

influence well-being), through an applied systems-thinking approach. We have been engaged in three thematic learning groups throughout the year are now identifying potential areas within the PSB to apply the systems-thinking approach to.

Officers also attended a workshop which utilised the Viable Systems Model to understand the key barriers to PSBs achieving their full potential, which resulted in several actions being identified which were shared with stakeholders to take forward, including PSB Chairs, the Office of the Future Generations Commissioner and Welsh Government.

### **Future Generations Commissioner for Wales engagement**

Throughout the year, we have actively engaged with the Office of the Future Generations Commissioner for Wales by participating in various shared learning events and workshops throughout the year, sharing learning with the wider PSB as relevant. This collaboration has enabled us to contribute meaningfully to the development of the Future Generations Report for 2025, ensuring our insights and experiences help shape its recommendations and priorities.

### **Sustainable Development Co-ordinators Cymru+ (SDCC+)**

SDCC+ is a professional network of policymakers and practitioners working across Wales' public sector to embed sustainable development in line with the Well-being of Future Generations Act. The network connects officers, many of whom are responsible for co-ordinating the work of their local PSBs, to share knowledge, skills and to support members through shared learning events. Topics covered during the year included:

- Financial planning in the light of the current economic climate
- Understanding our contribution to the least well-understood Well-being Goal: A Wales of Vibrant Culture and Thriving Welsh Language
- Well-being Goal: A Healthier Wales

### **PSB Co-ordinators Network**

This Welsh Government-run network supports officers with PSB co-ordinator roles to share knowledge and best practice, whilst also promoting regular information exchange between PSB co-ordinators and Welsh Government officials responsible for PSB policy.

## **Five Ways of Working – How are we doing things more sustainably?**

We have continued to embrace the sustainable development principle (also known as the five ways of working) as part of planning and delivering each of our steps. This means that we think about how we work together, between public services, communities, and others, to have a joined-up approach to thinking longer term about what the people of Powys need and want the county to

be like in the future. We also recognise that we still have a long journey ahead to ensure this way of working is fully adopted and embedded.

Here are some examples of how Powys PSB has demonstrated the five ways of working throughout the year:

**1. Long-term: Balancing the meeting of short-term needs with the ability to meet long-term needs, considering the impact on future generations in particular**

- The development of the Powys Climate Action Plan demonstrates a long-term commitment to building a net-zero and climate-resilient future.
- The Whole System Approach to Healthy Weight focuses on early years (ages 0–5), aiming to improve lifelong health outcomes.
- Preparation for future Population Needs and Well-being Assessments (2027/28) evidences our forward planning, to ensure public services meet the needs of future generations in Powys.

**2. Prevention: Taking action or deploying resources to prevent problems from occurring or getting worse**

- The Breastfeeding Welcome Scheme and Gold Standard Healthy Snack Award aim to prevent childhood obesity and promote healthy habits from an early age.
- The Cooking Counts project supports financial resilience and healthy eating in areas of high deprivation.
- The climate risk assessment, supporting feasibility studies and action plan will help partner organisations to understand how the impacts of climate change could affect service delivery in future, and potential actions to take now, to prevent the worst outcomes from occurring.

**3. Integration: Considering how the PSB's objectives impact each other and align with other public bodies' objectives, as well as the impact on each of the seven well-being goals**

- The Evidence and Insight Step has strengthened integration between the PSB and the Powys Regional Partnership Board, reducing duplication and improving joint working.
- The Climate Action Plan's nine transformational shifts are relevant to all three of the PSB's well-being objectives, in addition to the well-being goals.
- The Healthy Weights Step is increasingly aligned with the Climate Emergency and Evidence and Insight Steps.

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#### **4. Collaboration: Working with others to help achieve the PSB's and others' objectives**

- Collaboration with partner organisations, town and community councils and other stakeholders helped to inform the Climate Action Plan through various engagements.
- Over 250 businesses and organisations have signed up to the Breastfeeding Welcome Scheme.
- The PSB has worked with local growers, Flying Start settings and social enterprises to improve access to healthy food.
- Collaborating with national bodies like Public Health Wales and participation in the Shaping Places for Well-being Programme supports shared learning and delivery towards the seven Well-being Goals for Wales.

#### **5. Involvement: Involving people with an interest in achieving the seven well-being goals and ensuring they reflect the diversity of Powys.**

- Wide ranging stakeholder engagement shaped the Climate Action Plan and identified priorities for the Healthy Weight programme.
- Plans are in place to transition to a Climate Stakeholder Panel which better represents community voices.
- The PSB has explored digital platforms like Have Your Say Powys to improve public engagement and feedback loops.
- The Co-production Principles for Powys and the Journey Tracker tool are being implemented to ensure meaningful involvement in decision-making.

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## How are we working towards the well-being goals?

The Well-being of Future Generations (Wales) Act 2015 requires the Welsh Ministers to set [national indicators](#) to assess progress towards achieving the seven well-being goals. Outlined below are some of the key indicators, which are most relevant to our three objectives. Based on the most recent data available, they show the level of progress in Powys compared to Wales as a whole. However, we would not expect the impacts of our changes to be seen immediately in these measures as we are focused upon long-term change, which may not be visible straight away.

Alongside these indicators, we have the [Well-being Information Bank](#) (WIB), which provides a range of information surrounding well-being related to Powys, which is often comparable at many levels, including nationally or localities within Powys.

Area	Indicator	Powys	Wales	Date	Happy, healthy, and safe lives	County of sustainable places and communities	Increasingly effective Public Service for the people of Powys	Data links
Economy	<u>Gross Value Added (GVA) per hour worked (relative to UK average)</u>	64	84	2023	Yes	Yes	No	<a href="#">Click here to view the data on the Office for National Statistics website</a>

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Area	Indicator	Powys	Wales	Date	Happy, healthy, and safe lives	County of sustainable places and communities	Increasingly effective Public Service for the people of Powys	Data links
Economy	Gross Disposable Household Income <sup>1</sup>	£19,772	£18,652	2022	Yes	Yes	No	<a href="#">Click here to view this dataset on StatsWales website, includes trend over time</a>
Economy	<a href="#">Percentage of people in employment</a>	73.7%	76.1%	May 2025	Yes	Yes	Yes	<a href="#">Click here to view this data on the WIB, includes trend over time</a>
Environment	Number of properties at risk of flood	14,171	334,829	August 2024	Yes	Yes	No	<a href="#">Click here to view this data on the WIB</a>

<sup>1</sup> The measure previously reported as Household Income (based on a static 2021 CACI dataset) has been replaced with Gross Disposable Household Income (GDHI), sourced from the Regional Accounts, Office for National Statistics. This change ensures alignment with an official national measure and provides more up-to-date and comparable data.

Area	Indicator	Powys	Wales	Date	Happy, healthy, and safe lives	County of sustainable places and communities	Increasingly effective Public Service for the people of Powys	Data links
Environment	<u>Annual reuse/recycling/composting rates by local authority</u>	68.5%	66.6%	2023/24	Yes	Yes	No	<u><a href="#">Click here to view this data on the WIB, includes trend over time</a></u>
Environment	Carbon Dioxide Emissions	4	7.26	July 2022	Yes	Yes	No	<u><a href="#">Click here to view this data on the WIB, includes trend over time</a></u>
Culture and Community	Percentage of people satisfied with local area as a place to live	95%	89%	2021/22	Yes	Yes	Yes	<u><a href="#">Click here to view this data on the WIB, includes trend over time</a></u>
Culture and Community	Percentage of people feeling safe at home, walking	81%	66%	2021/22	Yes	Yes	No	<u><a href="#">Click here to view this data on the</a></u>

Area	Indicator	Powys	Wales	Date	Happy, healthy, and safe lives	County of sustainable places and communities	Increasingly effective Public Service for the people of Powys	Data links
	in the local area, and when travelling							<a href="#">WIB, includes trend over time</a>
Culture and Community	Number of people who can speak Welsh	16%	18%	2021	Yes	Yes	Yes	<a href="#">Click here to view this data on the WIB, includes trend over time</a>
Social	Percentage of adults with two or more healthy lifestyle behaviours	95%	93%	2022-23	Yes	Yes	Yes	<a href="#">Click here to view this data on the WIB</a>
Social	Percentage of people who are lonely	11%	13%	2022-23	Yes	Yes	Yes	<a href="#">Click here to view this data on the WIB, includes trend over time</a>

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Area	Indicator	Powys	Wales	Date	Happy, healthy, and safe lives	County of sustainable places and communities	Increasingly effective Public Service for the people of Powys	Data links
Social	Percentage of population who are unpaid carers	10.56%	10.53%	2021	Yes	Yes	Yes	<a href="#">Click here to view this data on the WIB, includes trend over time</a>

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## **Powys Public Services Board (PSB) Scrutiny Committee**

### **Scrutiny Observations to Powys Public Services Board on: 25/09/2025**

Powys PSB Scrutiny Committee were provided with the draft Powys PSB Annual Report for 2024/25 to undertake virtual scrutiny, to allow for any observations and recommendations to be made available for the Board to consider prior to the draft report being formally considered for approval and publication.

#### **General Observations:**

- The progress made across the three priority steps was welcomed, with partners having been engaged in important work and that demonstrable progress had been made.
- The degree of collaborative/partnership working was highlighted as particularly good, given the need for 'joined up thinking' to secure the right solutions for people in Powys.
- The inclusion of high-level well-being data was welcomed.
- There was appetite to better understand the Chair's vision and direction for Powys PSB, particularly around driving the energy needed to encourage collaborative partnership working, including what action the PSB intends to take to address that challenge, to ensure greater collaboration between partners is achieved and that measures of success are used to track progress of that ambition.
- Closer working with the Powys Regional Partnership Board (RPB) was referenced on a number of occasions which was welcomed as part of the drive to ensure greater alignment across service delivery partners across Powys and beyond.

Gwyneth Stead  
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- The introduction of a risk register was welcomed, noting that this formed part of PSB Scrutiny Committee feedback to PSB for the previous annual report for 2023/24.
- There was interest to review the risk register when available, taking a particular focus on how the PSB will manage and mitigate the risks of lack of funding and capacity, given that these are identified in the progress updates as key barriers to achieving the full potential of each of the three key work streams.

### **Questions for Powys Public Services Board:**

#### *Collaboration/partnership working:*

- What plans are being put in place in 2025/26 to ensure that the collaboration and partnership working between and across partnerships, such as between Powys PSB and RPB, will continue, given the expected change to RPBs in their present form in early 2027? What preparatory work is being done now by Powys PSB to encourage and ensure a seamless transition to a post-RPB environment in Powys?
- What consideration is being given to how the progress made by the PSB will be sustained, and where appropriate, be transitioned into business-as-usual functions within partners' future work programmes?
- Considering that some key partners of the PSB are engaged in transformational change programmes, how is the PSB keeping abreast of and supporting the 'case for change' driving these service transformation agendas, and the options development process designed to scope future solutions for Powys citizens going forward? How is that work reflected in this report?
- Regarding data and information sharing, given the plethora of data available to partners and that most of the larger public service partners across Powys PSB will be capturing and building their own datasets, is the PSB pushing for a more collaborative approach to data capture and data sharing, to improve efficiency and impact of data interrogation and usage?

Gwynne Stella  
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Membership of Powys PSB Scrutiny Committee

Co-opted Members: Jennifer Owen-Adams (Chair) (representing Powys Teaching Health Board) and David Price (representing PAVO)

County Councillors: Gareth E Jones (Vice-Chair); Adrian Jones; Ange Williams; Corinna Kenyon-Wade; Geoff Morgan; Glyn Preston; Susan McNicholas; Gary Mitchell and Lucy Roberts

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**NHS**  
WALES

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Powys Teaching  
Health Board

**Agenda item: 5.4c**

<b>Planning, Partnerships &amp; Population Health Committee</b>		<b>Date: 20 November 2025</b>
<b>Subject:</b>	<b>Powys Public Service Board Climate Working Group update</b>	
<b>Approved and presented by:</b>	Pete Hopgood, Executive Director Finance, Estates and Support Services	
<b>Prepared by:</b>	Associate Director of Capital, Estates and Facilities Environment and Sustainability Manager	
<b>Other Committees and meetings considered at:</b>	Executive Committee – 15 October 2025 Finance & Performance Committee – 21 October 2025	
<b>PURPOSE:</b>		
To provide update of progress made by Powys’ Public Service Board Climate Working Group on county wide climate foot printing and climate adaptation.		
<b>RECOMMENDATION(S):</b>		
The Finance and Performance and Executive Committees were asked to: <ul style="list-style-type: none"> <li><b>RECEIVE</b> the shared work identifying the ongoing response to climate change by the Powys Public Service Board Climate Working Group.</li> <li>Take <b>ASSURANCE</b> the partnership work contributes effectively to PTHB plans and requirements.</li> <li><b>NOTE</b> the intention to continue to the shared working amongst PSB members and support through Environment &amp; Sustainability Team to draw out points of action for PTHB and include within the Health Board’s bespoke climate adaptation plans.</li> </ul>		
<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
N	N	Y

<b>ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:</b>		
1. Focus on Wellbeing	N	
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	Y	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

## EXECUTIVE SUMMARY:

The Powys Public Service Board (PSB) Climate Working Group continues to lead a coordinated county-wide response to the climate emergency, aligned with the 2023–2028 Well-being Plan. The program focuses on achieving a just transition to net zero by 2050 and building climate resilience across Powys.

Recent climate data highlights the urgency of this work: the UK experienced its hottest summer on record in 2025, with Powys recording significantly above-average temperatures and reduced rainfall<sup>1</sup>. These trends underscore the increasing risks posed by climate change, particularly to rural communities and land-based economies.

The PSB Climate Working Group has developed a two-phase programme. Phase one concluded in December 2024, and phase two is now underway, supported by Shared Prosperity Fund funding through February 2026. Key achievements include:

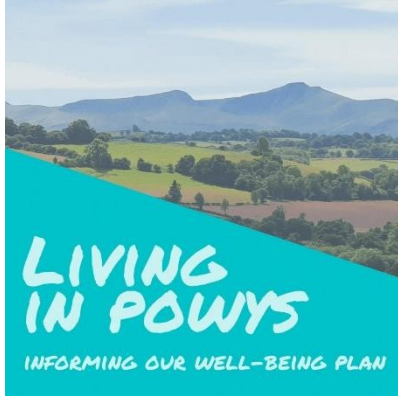
- Completion of a county-wide carbon footprint assessment, revealing a total footprint of 3.5 million tonnes CO<sub>2</sub>e in 2022, with agriculture and land use as the largest contributors.
- Development of a science-based decarbonisation trajectory and carbon sequestration opportunity mapping.
- Initial climate risk assessments aligned with national frameworks (CCRA3 and CCRA4).
- Drafting of a Climate Action Plan outlining nine transformational shifts, including energy transition, sustainable travel, restored nature, and joined-up public sector leadership.
- Establishment of a Climate Engagement Hub and Stakeholder Panel to support community-led action.

The programme has strengthened Organisational capability, improved data capture, and enhanced public engagement. A third phase is under development to deepen data granularity and expand community-level action. Powys Teaching Health Board (PTHB) remains a core member, ensuring health-related impacts are considered in future planning.

The Committee is asked to **note** the shared work ongoing to respond to climate change by the PSB Climate Working Group.

<sup>1</sup> [Summer 2025: A regional breakdown - Met Office](#)

## BACKGROUND DETAIL



The climate crisis is already having profound impacts worldwide, with extreme weather events, rising sea levels, and shifting ecological patterns disrupting communities and economies. Global food security is under increasing threat, as climate breakdown exacerbates crop failures, supply chain disruptions, and resource scarcity. Powys is not immune to these challenges. As a predominantly rural county, its people and economy are directly tied to the land, making the region particularly vulnerable to climate-related impacts on food and land. Recent studies confirm that human-induced climate change has played a significant role in the increasing frequency and intensity of extreme weather events. Notable examples include the unprecedented 40°C heatwave in July 2022 and the severe winter storms of 2020, 2022, and 2024, which caused widespread damage to UK infrastructure and agriculture.

Under the Well-being of Future Generations (Wales) Act, Public Service Boards must carry out a well-being assessment, publish a local well-being plan, and report annually. Powys' current plan (2023–2027) identifies Responding to the Climate Emergency as one of three strategic Steps.



The Powys Public Service Board (PSB) made responding to the climate emergency a priority for its 2023-2028 Well-being Plan. This five-year effort focuses on a "just transition to net zero" by 2050 and building climate resilience. The program aims to improve community well-being, protect nature, and ensure the economic and social benefits of the transition are shared equitably.

The Public Service Board (PSB) Climate Working Group was formed in 2023 to develop and deliver a five-year programme, help manage increasing risks posed by climate change and to establish ways of working to support an approach to climate adaptation.

Climate resilience entails safeguarding individuals, infrastructure, and essential services from the escalating impacts of climate change. Decarbonisation, meanwhile, seeks to unlock the economic and social co-benefits of energy and resource efficiency, while ending dependence on fossil fuels. The strategic ambition for Powys is to become both net zero and climate resilient, while actively restoring natural ecosystems—recognising both their intrinsic value and their role in delivering vital ecosystem services, such as carbon sequestration.

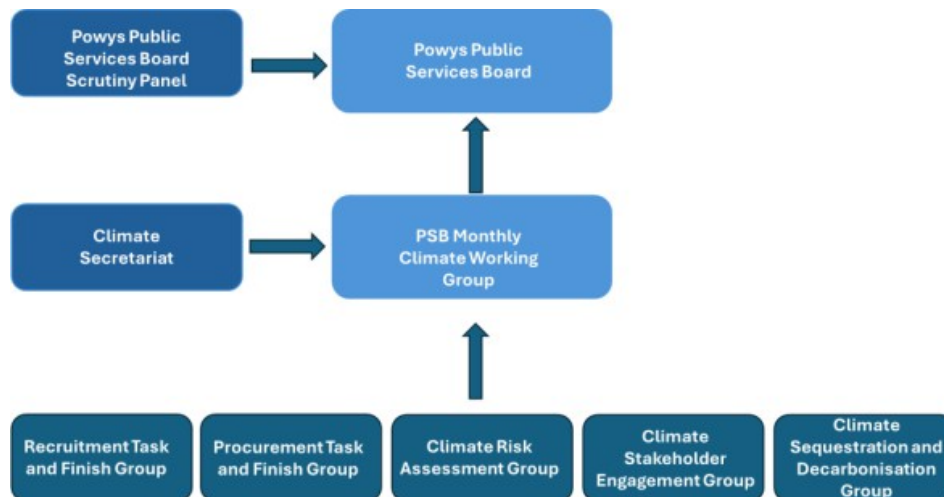
This vision is underscored by recent climate data: the UK experienced its hottest summer on record in 2025<sup>2</sup>, with a mean temperature of 16.10°C—1.51°C above

<sup>2</sup> [Summer 2025 is the warmest on record for the UK - Met Office](#)

the long-term average. Wales recorded a mean summer temperature of 16.06°C, with rainfall at just 79% of the seasonal norm and sunshine hours 8% above average. These conditions reflect a broader trend of intensifying heatwaves and reduced rainfall, driven by human-induced climate change.

Powys' Public Services Board (PSB) decided to establish the Powys PSB Climate Working Group at a meeting on 4 October 2023 to lead the development and delivery of Powys Public Services Board's response to the climate emergency in line with the 2023-28 Powys Well-being Plan.

The Climate Working Group membership is made up of representatives of Powys Public Services Board statutory partners and invited partners. PTHB is a Core Member (PTHB, PCC, NRW, MAWWFRS, DPP and PAVO) and represented by the Health Board's Environment & Sustainability Manager. Six sub-groups report to the Climate Working Group: Recruitment Task & Finish, Procurement Task & Finish, Climate Risk Assessment, Climate Sequestration and Decarbonisation, Climate Stakeholder Engagement Task & Finish, and Fundraising Task & Finish group.

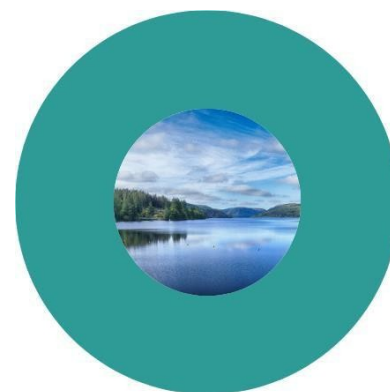


A two-phase project plan was developed, with the first phase work completed in December 2024. Phase two has continued the work, with planned outcomes in 2026.

### County wide carbon baseline and Net Zero Transition

Gwynne Stella  
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The study, commissioned by the PSB and undertaken by Small World Consultancy, seeks to provide a roadmap for Powys to help responsibly manage a transition to a low carbon economy, while supporting the county’s resilience and long-term prosperity. It provided details of woodland and peatland carbon sequestration opportunity mapping; a science-based fair-share decarbonisation trajectory; and a policy and priority intervention analysis.



Spend and science-based emissions calculations, covering all 3 scopes (see Figure 1) of emissions, for Powys in 2022 were based on national and local data sets covering 105 sectors.

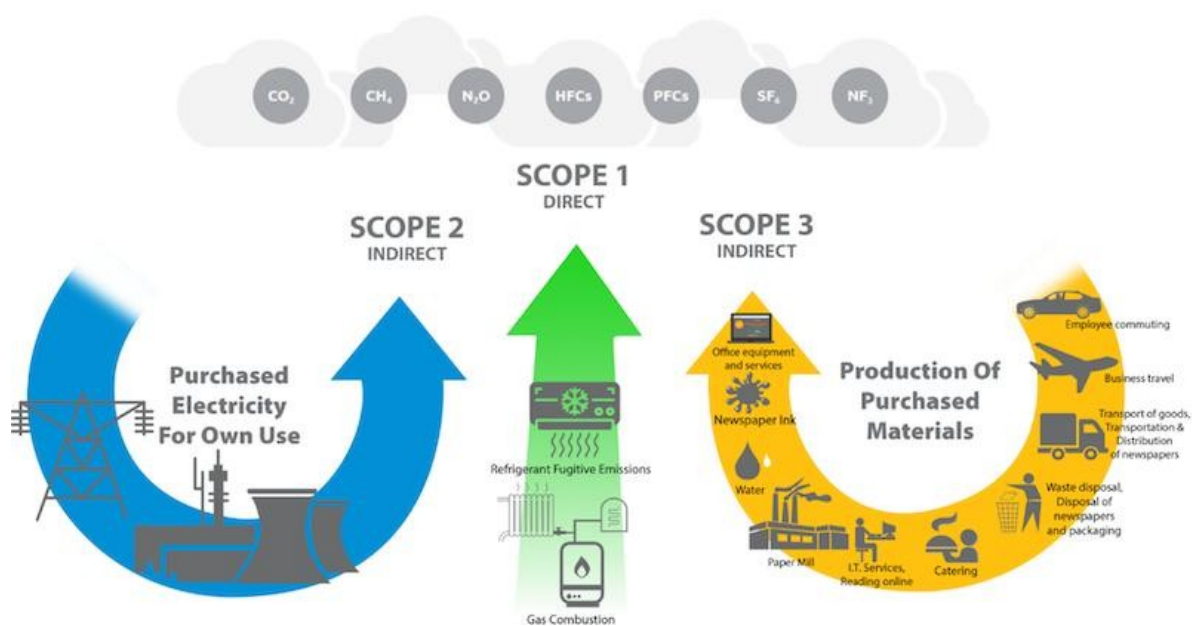


Figure 1: Emission scopes

The total footprint of Powys’ residents, visitors, agriculture and land use, and industrial energy use in 2022 is 3.5 million tonnes of CO<sub>2</sub>e. The exact figure and the breakdown by working group category is given in Table 1. The ‘land, rivers and nature’ category includes agriculture and makes up the single largest contribution, even after taking into account carbon sequestration from forests and grasslands. (There were over 3.6 million sheep in Powys in 2022<sup>3</sup>.)

Table 1: Footprint by category in tonnes of CO<sub>2</sub>e, and as a proportion of the total footprint.

Category	tonnes CO <sub>2</sub> e	% of total
Electricity	68,245	2%
Food	518,352	15%

<sup>3</sup> [Total Livestock in Wales by Area](#)

Buildings (incl heating)	522,765	15%
Goods and services	565,383	16%
Mobility and transport	871,376	25%
Land, rivers and nature	1,000,895	28%
<b>Total</b>	<b>3,547,016</b>	<b>100%</b>

Table 2: Total residents' footprint by sub-category.

Category	tonnes CO <sub>2</sub> e	% of total
Food & Drink Shops	454,384	24%
Vehicle Fuel	249,395	13%
Health, Education, Other Public Services	205,267	11%
Household Fuel	190,050	10%
Other Non-Food Shopping	125,121	7%
Personal Flights	123,044	7%
Other Bought Services	113,860	6%
Housing	92,926	5%
Car Manufacture & Maintenance	58,088	3%
Household Electricity	55,396	3%

Apportioning this total footprint equally across the **133,891** residents of Powys gives a per capita footprint of **13.9 tonnes** of CO<sub>2</sub>e per person in 2022. This is 17% higher than an average UK resident (11.8 tonnes of CO<sub>2</sub>e per person), which can be attributed to land use and the high levels of livestock farming.

Although reducing reliance on polluting fuels for household heating is possible via retrofitting insulation and heat pumps, reducing car dependence requires holistic policies and engagement covering land use, planning, community health and viability, and the very nature of the residents' current lifestyles.

Emissions trajectory and sequestration opportunity mapping has also been undertaken for each sector to help the PSB understand a pathway to Net Zero by 2025.

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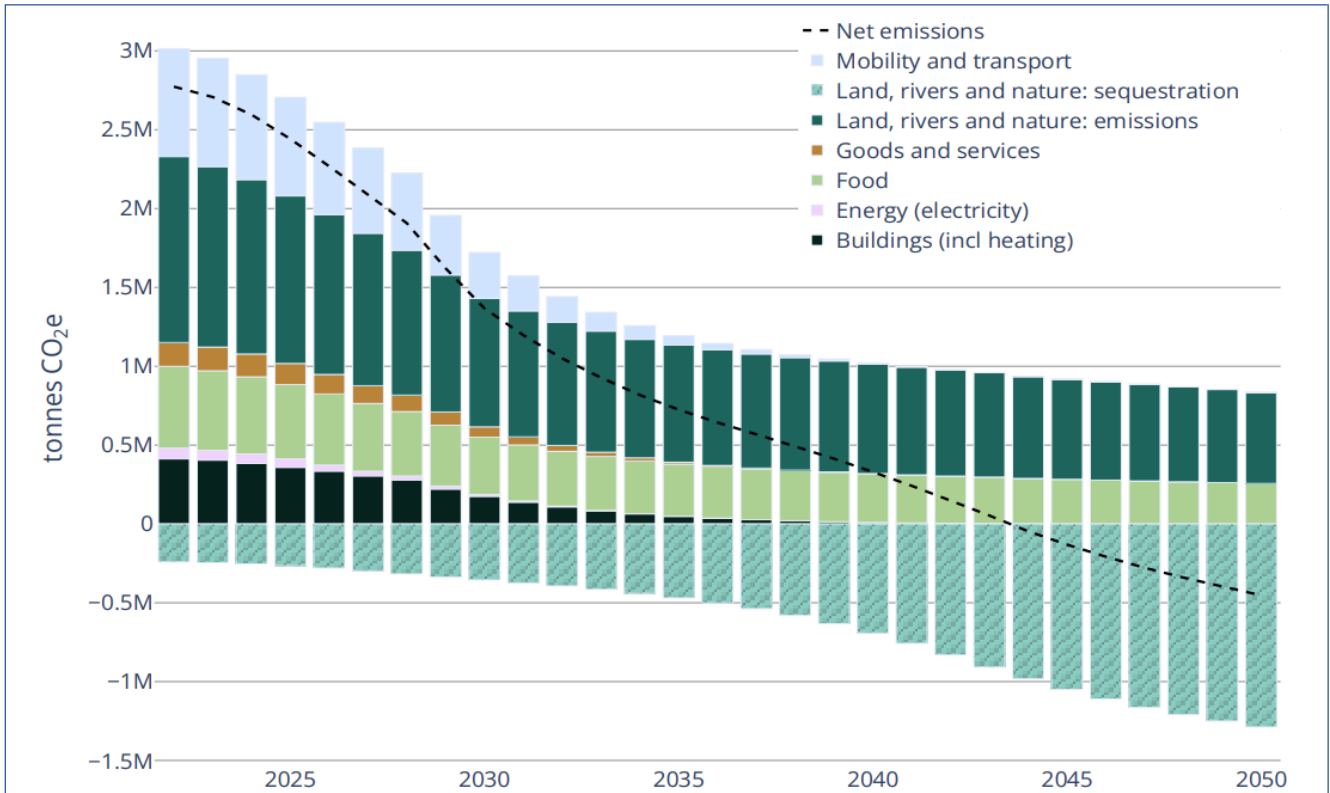


Figure 2: Overall decarbonisation trajectory for all sectors of the baseline footprint to 2050

Across the selected sectors, the total net GHG footprint is projected to decrease from around 2.9 million tonnes CO<sub>2</sub>e in 2022 (baseline year) to – 0.41 million tonnes CO<sub>2</sub>e in 2050. Despite the rapid decrease in emissions across many sectors, the large proportion of the footprint which is covered by food and agriculture leaves nearly a quarter of today’s remaining in 2050. However, the sequestration level by then is nearly half of today’s emissions in absolute terms, resulting in a net carbon sink in 2050.

Despite the high ambition of these targets, the nature of the multi-dimensional crisis we face demands that these are the essential levels of action we ought to take to secure a viable future for all of us. But we should bear in mind that the nature of the crisis also means that interventions which truly address the underlying causes will improve our well-being, and that of the natural world around us, meaning we can lead happier and healthier lives<sup>4</sup>.

Small World’s online Landscape Carbon Tracker tool has been made available to the PSB to allow annual progress updates to be checked against recommended decarbonisation trajectory by calculating a new footprint year on year. How the tracker will be updated by each of the public services is yet to be agreed amongst the membership.

**Climate risk assessment**

Work has been undertaken by the Climate Risk Secretariat and Local Partnerships, in-line with the Climate Change Committees Climate Change Risk

Assessment CCRA3 and CCRA4, to develop an approach to risk, risk ownership and solutions cumulating in a series of planned on-line officer meetings and an in-person PSB board workshop planned for 11 November.

This work dovetails with PTHB’s own climate adaptation plan developments (to be delivered 2025-26), and its risk assessments. To ensure PTHB can easily report its risks and adaptation plans into the PSB reporting framework, PTHB Environment team are waiting for a final risk assessment format which can be incorporated into draft adaptation delivery plans.

Progress has been made to build on work undertaken by the Climate Change Committee on ‘control and influence’ in relation to climate change. Public services directly control between 2-5% of local emissions, but can influence up to 30% if resources are pooled and leadership is combined, driving deeper and faster local change.

### 2025 Progress

A second allocation of funding from the Shared Prosperity Fund has enabled the Public Services Board (PSB) Climate Secretariat to initiate and begin implementing a structured programme of work, scheduled to continue through February 2026. This defined timeframe has informed the development of short-term priorities, with a particular focus on enhancing organisational capacity and capability to support sustained, long-term climate action.

The programme has continued to build upon the data collection and insights established during phase one, thereby enhancing delivery effectiveness, strengthening organisational capability, and fostering greater public engagement.

#### Q1

- **Carbon footprint:** Develop carbon footprint and climate transition draft document.
- **Risk assessment analysis (CCRA3):** Initial County wide climate risk assessment undertaken.
- **Carbon Disclosure Report:** data submitted.

#### Q2

- **Climate Action Plan:** A draft plan has been developed, highlighting nine transformational shifts:

Shift	Description
1: CLIMATE SAFETY	From vulnerability to resilience and preparedness.
2: ENERGY SAVING & RENEWABLE ENERGY	From fossil fuel reliance to energy efficient clean energy.
3: SUSTAINABLE TRAVEL	From petrol and diesel car-dependence to active, public, shared, and electric transport.

<sup>4</sup> PSB/Powys\_Carbon\_Footprint\_Assessment\_241001\_FINAL.pdf

4: RESTORED NATURE	From depleted ecosystems to thriving, biodiverse landscapes.
5: AFFORDABLE SUSTAINABLE FOOD	From unhealthy, extractive food systems to nutritious, local, low-impact food for all.
6: WELL-BEING ECONOMY & SUSTAINABLE RESOURCE USE	From GDP-driven extraction to circular, community-focused prosperity.
7: SUSTAINABLE PLACES	From disconnected services to vibrant, accessible and connected local hubs.
8: ACTIVE CITIZENS	From passive engagement to empowered, informed local action.
9: JOINED UP PUBLIC SECTOR	From siloed efforts to coordinated, community-responsive leadership.

- **Climate risk assessment**

Work has been undertaken with Local Partnerships to develop an approach to risk ownership and solutions including a series of on-line officer meetings and an in-person PSB board workshop planned for 11 November.

- **Carbon footprint:** Draft carbon footprint doc produced, and amendments made. Awaiting final draft for approval.
- **Monitoring and Evaluation:** Work on monitoring and evaluation mechanisms underway.
- **Carbon Disclosure Report** A CDP carbon disclosure report has been completed.
- **Climate action:** An Expression of interest for Welsh Local Government Association (WLGA) funding to trial a new 'onion' framework for area-based climate action has been submitted.
- **Climate Hub:** web-based site for local community group communications. concept developed and roll out 22 September.
- **Climate Stakeholder Group:** Review Climate Stakeholder Group membership and expand invitations. Prioritise community led action.
- **Funding:** The PSB secured grant funding to support Phase 1 and Phase 2 of the Climate Wellbeing Plan, which includes developing a Climate Engagement Hub and forming a Climate Stakeholder Panel. Phase 3 is yet unfunded and the current funding finishes end of Feb 2026.

Q3 Priorities:

- **Climate risk:** Deepen climate risk ownership and mitigation analysis, and support PSB coordination on cross-cutting and cascading risks such as food insecurity and wildfires.
- **Stakeholder engagement:** Support embedding in mainstream PSB climate decision-making.
- **Behaviour change:** Public sector and stakeholder behaviour change initiatives (to be agreed).

**Phase 2 focus**

Gwynne Stella  
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Phase 2 will be focused on: deepening understanding gained to date, sharing the evidence, setting up a coherent approach to stakeholder involvement to support scaled up action, supporting PSB joined-up working on climate, developing Monitoring, Evaluation, Accountability and Learning, supporting social enterprises.

Six work packages have been set out which aim to support Powys PSB to scale up its direct impact and strategic influence, in line with Climate Change Committee advice. The programme team have a live tracking document which illustrate the actions, deliverables and success to the end of phase 2 (February 2026).

Tasks	Jun-25				Jul-25				Aug-25				Sep-25				Oct-25				Nov-25				Dec-25				Jan-26				Feb-26																																																																																											
	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4																																																																																								
Work Package 1 Have Your Say Powys climate hub	1.1 Develop and Launch the new Powys Climate Hub																																								M1.1				D1.1																																																																															
	1.2 Create Powys Climate Hub rolling updates function and online climate organising space																																								M1.2				D1.2																																																																															
	1.4 Launch Powys Climate Hub helpdesk + online Q&A/FAQ function																																								M1.4				D1.4																																																																															
Work Package 2 Public body and stakeholder coordination and involvement	2.2 Powys Stakeholder Panel convening and transition																																																																																D2.1																																											
	2.3 PSB Climate Working Group convening: coordinating public body climate action																																								M1.3				D2.2																																																																															
	2.4 T&CC climate network support: enabling community-centred climate action																																								M1.4				D2.3																																																																															
	2.5 Public body support: helping public bodies to plan their own climate action within Powys																																																																																D2.4																																											
Work Package 3 Climate social enterprises and initiatives	3.1 Develop plans to scale up two priority Powys social enterprises: The Hive + Super Surplus food project																																								M1.5				D3.1																																																																															
	3.2 Develop plans to scale up child-focused food engagement project (time travel)																																								M1.6				D3.2																																																																															
	3.3 Active Citizens support: enabling social enterprises and community initiatives																																																																																D3.3																																											
Work Package 4 Climate problem solving and advocacy	4.1 Climate hackathon organising: problem solving thorny climate problems in Powys																																								M1.7				D4.1																																																																															
	4.2 Develop a forward planner of major climate related public body decisions in Powys.																																																																																D4.2																																											
	4.3 Bring to the attention of relevant decision-makers key issues arising from stakeholder and community engagement and support good practice adoption																																																																																D4.3																																											
Work Package 5 Strategy, policy and project management	5.1 Monitor, evaluate, learn and disclose in relation to the Powys Climate Action Plan																																								M1.8				D5.1																																																																															
	5.2 Identify priorities and develop costed plans and a clear exit strategy for the next phase of Climate Secretariat climate action in 2026.																																																																																D5.2																																											
Work Package 6 Funding, fundraising and financing	6.1 Identify opportunities and develop and submit fundraising bids for PSB climate work, partnerships and social enterprise support																																																																																D6.1																																											
	6.2 Manage SPF grant in line with agreed terms																																																																																D6.2																																											
	6.3 Explore and support opportunities for innovative finance for Powys climate action																																																																																D6.3																																											

Figure 3: Climate Working Group tracking document

A third phase is currently under development and evaluation to deepen data granularity and spread action further into community areas, including:

- **Climate risk:** Deepen climate risk ownership and mitigation analysis, and support PSB coordination on cross-cutting and cascading risks such as food insecurity and wildfires.
- **Stakeholder engagement:** Support embedding in mainstream PSB climate decision-making.
- **Behaviour change:** Public sector and stakeholder behaviour change initiatives.

Gwynnir Stebbins  
14/11/2025 16:52:55

- **MEAL framework:** use to strengthen impact.

Whilst the main focus of the PSB Climate Working Group isn't health, it's still important for Powys Teaching Health board to be involved in this work to add value and to ensure health related issues are well considered in future work.

#### **NEXT STEPS:**

Continued shared working amongst PSB members and support through Environment & Sustainability Team to draw out points of action for PTHB and include within the Health Board's bespoke climate adaptation plans.

Gwynne Stella  
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## IMPACT ASSESSMENT

This section must be completed for all strategic organisational decisions including approval of health board policies.

### QUALITY:

	No impact	Negative	Positive	Both
Safe	x			
Timely	x			
Effective			x	
Efficient	x			
Equitable	x			
Person Centred	x			
Workforce	x			
Leadership	x			
Culture			x	
Information			x	
Learn, Improve, Research			x	
Whole Systems Approach			x	

Supporting the PSB work on climate is important in assessing risks in a specific way for Powys and building an appreciation of impacts of the way in which we work on our environment.

### EQUALITY:

	No impact	Negative	Positive	Both
Age	x			
Disability	x			
Gender reassignment	x			
Marriage / civil partnership	x			
Pregnancy / maternity	x			
Race	x			
Religion or Belief	x			
Gender	x			
Sexual Orientation	x			
Welsh Language	x			
Socio-economic status	x			
Social exclusion	x			
Carers	x			

Supporting the PSB work on climate is important in assessing risks in a specific way for Powys and building an appreciation of impacts of the way in which we work on our environment

### RISK ASSESSMENT:

	Level of risk identified			
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)
Clinical		x		
Financial			x	
Corporate			x	
Operational			x	
Reputational			x	

Supporting the PSB work on climate is important in assessing risks in a specific way for Powys and building an appreciation of impacts of the way in which we work on our environment

Gwynne Stella  
14/11/2025 16:52:55



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Health Board

**Agenda item: 5.5**

<b>Planning, Partnerships and Population Health Committee</b>	<b>Date: 20 November 2025</b>
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<b>Subject:</b>	<b>Committee Risk Register</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>	N/A
<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 copy of the Committee Risk Register is based upon the updates provided by Executive Leads in readiness for reporting to the Executive Committee on 19 November and Board on 26 November 2025.

The Committee Risk Register is provided as **Appendix A**. Updates since the last report are highlighted in red.

**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
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2. Provide Early Help and Support	Y	The corporate risks are a reflection of the significant risks to the delivery of the health board's strategic objectives and therefore underpin all wellbeing objectives.
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	

**NEXT STEPS:**

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

The next Strategic Risk Register update is due to the Board on 26 November 2025.

Gwynne Stella  
14/11/2025 16:57:55



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# Committee Risk Register

## Planning, Partnerships and Population Health Committee

November 2025

Gwynne Stella  
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**STRATEGIC RISK DASHBOARD**

Risk Lead	Risk ID	Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	At Target ✓/✗	Lead Board Committee	Link to Strategic Priorities:
EDP&C	SRR 002	Innovation and Strategic Change	The Health Board is unable to successfully deliver and realise the benefits of transformation	4 x 4 = 16	↑	Eager	✗	Planning, Partnerships and Population Health Committee	Several SPs and WBOs 4 and 8
EDPCC MH	SRR 005	Performance and Service Sustainability	Primary Care is unable to respond to demand.	4 x 4 = 16	→	Open	✗	Planning, Partnerships and Population Health Committee	Several SPs and WBOs 4 and 8
EDPH	SRR 008	Innovation and Strategic Change	The Health Board is unable to shift to a primary prevention focused health care system	4 x 4 = 16	→	Eager	✗	Planning, Partnerships and Population Health	SP 1 and WBO 1
EDPH	SRR 010	Safety	The Health Board is unable to respond in a timely, efficient, and effective way to a major incident, or critical incident	3 x 4 = 12	↓	Averse	✗	Planning, Partnerships and Population Health	Cross-cutting (All SPs and WBOs)

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**KEY:**

<b>Executive Lead</b>	
<i>EDP&amp;C</i>	Executive Director of People and Culture
<i>EDPCCMH</i>	Executive Director of Primary Care, Community and Mental Health
<i>EDPH</i>	Executive Director of Public Health
<b>Trend</b>	
<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				SRR 002 – Transformation SRR 005 – Primary Care SRR 008 – Primary Care	
<b>Possible</b> 3				SRR 010 – Emergency Response	
<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

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<p><b>SRR 002</b></p>	<p><b>There is a risk that:</b> The Health Board is unable to successfully deliver and realise the benefits of transformation</p>										
<p><b>Current Risk Score:</b></p> <p><b><del>12</del> 16</b></p>	<p><b>Risk rating detail:</b> (likelihood x impact)</p> <p>Current: <del>3</del> 4 x 4 = <del>12</del> 16</p> <p>Inherent: 4 x 4 = 16</p> <p>Target: 2 x 4 = 8</p>	<p><b>Risk Category:</b> Innovation and Strategic Change</p> <p><b>Boards Risk Appetite:</b> Eager</p>									
<p><b>Executive Lead:</b> Executive Director of People and Culture</p>	<p><b>Assuring Committee:</b> Planning, Partnerships and Population Health</p>										
<p><b>Latest review date:</b> July 2025</p> <p><b>Added to register:</b> July 2025</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;">Risk Score Trajectory</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 25</td> <td>8</td> <td>12</td> </tr> <tr> <td>Nov 25</td> <td>8</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 25	8	12	Nov 25	8	16	<p><b>Risk cause/source:</b></p> <ul style="list-style-type: none"> <li>• Insufficient capacity to deliver across the Better Together Portfolio</li> <li>• Insufficient cognition and capability to deliver the level of transformational change across the Better Together Portfolio</li> <li>• Lack of organisational and public readiness for change</li> <li>• Timescales are too challenging to deliver</li> <li>• Inability to invest in estate and infrastructure required to deliver level of transformational change across the Portfolio</li> <li>• Financial recovery plan FY25/26 impacts on ability to deliver the Better Together portfolio</li> <li>• Unable to access reliable data and/ or deliver digital transformation and infrastructure to support change</li> <li>• Misalignment with key dependencies both external and internal to the portfolio</li> </ul>
Month	Target Score	Risk Score									
July 25	8	12									
Nov 25	8	16									

		<p><b>Risk materialising would result in:</b></p> <p>Will not deliver improved quality and sustainability of services or make better use of resource. Health Board will remain in escalated measures.</p> <p>Services remain fragile with significant variation / inconsistency in service provision creating inequity and gaps</p> <p>Unable to develop clinical services plan required as part of Level 4 de-escalation criteria. Commissioning spend continues to escalate.</p> <p>Unable to realise wider benefits of transformation in a timely manner</p> <p>Reputational damage</p>		
<p><b>Controls (What has been implemented to manage the risk?)</b></p>		<p><b>Sources of Assurance</b></p>	<p><b>Level of Assurance</b></p>	<p><b>Highest Assurance provided to:</b></p>
<p>2.1</p>	<p>Transformation programmes in place under the Better Together Portfolio, in line with PTHB Strategic Priorities, to provide the capacity to deliver the transformational deliverables required to support delivery of a balanced financial plan within 3-5 years.</p>	<ul style="list-style-type: none"> <li>Transformation updates provided to Executive Committee</li> <li>Portfolio Highlight report, Portfolio and Programme workbooks, minutes and assurance reports from the Better Together Portfolio including North Powys</li> </ul>	<p>Reasonable</p>	<p>Executive Committee</p>

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		Wellbeing Programme, Frailty & Community Model incorporating the Six Goals for Urgent & Emergency Care Programme, Planned Care & Diagnostics Programme, Mental Health Transformation Programme, Business Efficiencies Programme and Temporary Service Change Programme		
2.2	Better Together Portfolio Board established as a Sub—Group of the Executive Committee	<ul style="list-style-type: none"> <li>Regular reporting to the Executive Committee</li> </ul>	Substantial	Executive Committee
2.3	Oversight of Better Together and Transformation integrated into Terms of Reference of F&P, P&C and PPPH Committees	<ul style="list-style-type: none"> <li>Regular reporting to Board Committees and onwards assurance provided to Board</li> </ul>	Substantial	Multiple Board Committees
2.4	Better Together <b>Stage</b> Phase 2 engagement programme has been developed and commenced including staff roadshows and workshops as well as several public events across Powys.	<ul style="list-style-type: none"> <li>Review and report on outcomes arising from engagement</li> </ul>	Reasonable	Better Together Portfolio Board
2.5	Monthly informal Planning update meetings with WG including Better Together update	<ul style="list-style-type: none"> <li>Regular informal discussion with WG leads</li> </ul>	Substantial	N/A
2.6	Wider stakeholder engagement plan in place with regular Primary Care, PCC, PAVO and Llais interface.	<ul style="list-style-type: none"> <li>Inputs and reporting from primary care workshops and meetings.</li> </ul>	Reasonable	Better Together Portfolio Board

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		<ul style="list-style-type: none"> <li>Inputs and outputs from wider stakeholder engagement meetings.</li> </ul>		
2.7	Ongoing assessment of delivery capacity as portfolio plan develops. Monitored through Portfolio Board and reported to Executive Committee	<ul style="list-style-type: none"> <li>Portfolio Board reporting to Executive Committee</li> </ul>	Reasonable	Better Together Portfolio Board

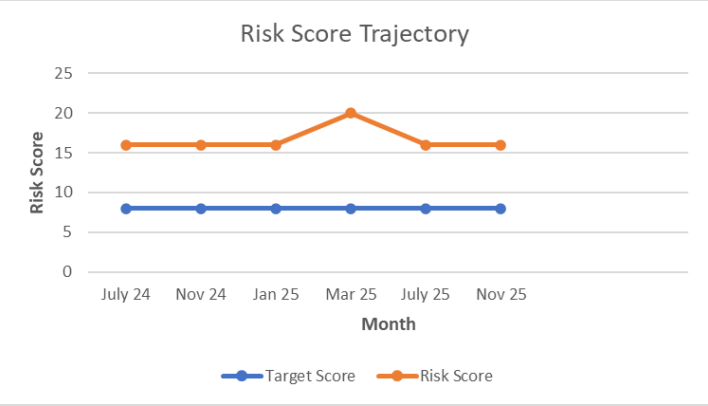
**Mitigating Actions (What more will we do?)**

Action	Lead	Action update	Deadline	Action on Target
Revised timeline in development, including consideration of alignment for future phases and resourcing plan to strengthen delivery confidence	DI&T	NEW	End Nov 2025	On track
Continued implementation of transformational programmes aligned to the PTHB Strategic Priorities to deliver agreed benefits and deliverables	DI&T	This continues	Ongoing	On track
Implementation of Strategic Change deliverables to support achieving financial sustainability	DI&T; Executive Director Programme Leads; Programme SROs	Approved Temporary Changes implemented for 6 month period and under evaluation. Further decision making aligned with Better Together.	<del>July 2025</del> Ongoing	On track Aligned to extension of Better Together timeline
Ongoing public, staff and stakeholder communication & engagement	DI&T; Director of Corporate Governance	ODEC workstream established to oversee delivery of Comms & Engagement activity to support portfolio delivery Resource plan supported and in implementation.	Ongoing	On track

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Map dependencies within portfolio and external to portfolio including strategic change being enacted on PTHB borders and assess impact and areas for close monitoring	DSI&T; Director of Planning, Performance & Commissioning	This continues	Ongoing	On track
Development of Estates Strategy	Associate Director of Capital, Estates & Property	Close working with Better Together programme to support strategy development	Ongoing	On track
Assess dependencies with digital work plan	DSI&T; Director of AHPs, Health Science and Digital	Dependencies and interdependencies under ongoing assessment	Ongoing	On track
<b>Additional information:</b>				
<b>N/A</b>				

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<b>SRR 005</b>	<b>There is a risk that Primary Care is unable to respond to demand</b>																						
<b>Current Risk Score:</b>  <b>16</b>	<b>Risk rating detail:</b> (likelihood x impact)  Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L3 x I4 = 12	<b>Risk Category:</b> Performance and Service Sustainability  <b>Boards Risk Appetite:</b> <b>Open</b>																					
<b>Executive Lead:</b> Executive Director of Primary Care, Community and Mental Health	<b>Assuring Committee:</b> Planning, Partnerships and Population Health Committee																						
<b>Latest review date:</b> July <b>October</b> 2025  <b>Added to register:</b>  July 2024  <b>Link to Strategic Priorities and Wellbeing Objectives:</b>  SP 4 and WBO 8	 <table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Jan 25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Mar 25</td> <td>8</td> <td>20</td> </tr> <tr> <td>July 25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov 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	Mar 25	8	20	July 25	8	16	Nov 25	8	16	<b>Drivers/causes of risk:</b> <ul style="list-style-type: none"> <li>Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures</li> </ul> <b>Risk materialising would result in:</b> <ul style="list-style-type: none"> <li>Related workforce challenges may lead to services becoming unsustainable</li> </ul>
Month	Target Score	Risk Score																					
July 24	8	16																					
Nov 24	8	16																					
Jan 25	8	16																					
Mar 25	8	20																					
July 25	8	16																					
Nov 25	8	16																					

Controls (What has been implemented to manage the risk?)	Sources of Assurance	Level of Assurance	Highest Assurance provided to:
<p>5.1 Monitoring and liaison with GP practices to offer support including weekly review of the escalation tool, reviewing the sustainability matrix, and considering sustainability funding applications. Regular discussions with Cluster Lead and LMC regarding ongoing demands and additional actions to manage peaks.</p> <p><del>Additional national and local investment into GMS for 24/25. National 25/26 negotiations have been delayed; however the expectation is additional national investment will be announced. about to commence.</del></p> <p>Sustainability Assessment Panels being held following practice application submission. Targets discussions and action plans <b>and support packages</b> in place with specific practices.</p> <p><del>Implementing a local sustainability framework to consider supporting practices who do not meet the National Sustainability Assessment Framework criteria.</del></p>	<ul style="list-style-type: none"> <li>Escalation Tool</li> <li>Sustainability matrix score</li> <li>National Sustainability Assessment Framework</li> <li><b>Primary Care Information Portal – access standards</b></li> </ul>	Reasonable	Executive Committee
<p>5.2 National Contract Assurance Framework embedded to support contract assurance.</p>	<ul style="list-style-type: none"> <li>Contract Assurance Framework</li> <li>Annual Return</li> <li>Supplementary Service Audits</li> <li>Prescribing Data</li> </ul>	Reasonable	Executive Committee / Finance & Performance

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	<p><del>23/24 CAF cycle completed, with a mixture of targeted Practice visits and action plans. Outstanding actions being picked up as part of the 24/25 review process</del></p> <p>24/25 evidence reviews commenced, including a comparison of clinical indicators across the 2 years for consistency/improvement assurance. <b>Outstanding actions from 23/24 being followed up as part of the 24/25 review process</b></p> <p>GMS Contracts Management Group <b>currently meeting in mid July to confirming</b> practice action plan requirements or targeted practice visits required as part of the 24/25 cycle.</p>	<ul style="list-style-type: none"> <li>• Practice Declarations</li> <li>• GP Clinical Governance Self-Assessment Tool</li> <li>• Information Governance Toolkit</li> </ul>		
5.3	<p>Implementation and maturity of Accelerated Cluster Development Programme and associated cluster projects of local pathways will support practice sustainability.</p> <p><b>26/27 Cluster IMTP plans currently being progressed, for presentation to agreed by RPB Executive Group by end of Q3 – 09/01/25</b></p>	Cluster Plan progress reported to RPB Executive Group	Reasonable	Executive Committee / Finance & Performance
5.4	<p>OOH APMS contract is in place with Shropdoc from 01/04/25 to 05/06<del>1</del>/26 (including extensions). <b>PTHB Board have approved Direct Award to continue with current specification from 01/07/26 to 30/09/27.</b></p>	<ul style="list-style-type: none"> <li>• Weekly Rota (triage &amp; base cover)</li> <li>• Monthly achievement against OOH Performance Standards</li> </ul>	Limited Reasonable	Executive Committee / Finance & Performance

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	<p>The future long-term viability of Shropdoc continues to be a high-risk concern for PTHB. The long-term company viability review is currently under review by the Health Board. This is not having an impact on current service delivery, however, is an ongoing risk for PTHB.</p> <p>Resolve and secure current commissioning arrangements with SBUHB for 25/26 to ensure ongoing provision of OOH cover for Ystradgynlais patients and Ystradgynlais Community Hospital. Meeting dates being arranged/Conversations being led at Director level between PTHB and SBUHB. SBUHB continue to provide a service.</p> <p>Quarterly Performance Reviews continue to monitor out of hours services.</p>	<ul style="list-style-type: none"> <li>Quarterly Performance Review Commissioning Assurance Framework</li> </ul>		
5.5	<p>Allocating patients from the Dental Access Portal is in place. DAP is fluid with regular 'on and offs'</p> <p>Patient urgent access demand has sufficient capacity in the system to address patient need and this is monitored very closely on a weekly basis. Urgent access pathways in place in all contract reform practices, further supported by the Community Dental Service pathway when needed.</p> <p>Mobile Dental provision, salaried PTHB service working well. Pathways in place to support patients following completion of course of treatment. Current location is Bronllys and from September onwards Gwynfyd High School.</p>	<ul style="list-style-type: none"> <li>Dental Access Portal</li> <li>Contract Reform new patient and historic patient metrics.</li> <li>GDS monitoring Group</li> </ul>	Limited	Executive Committee / Finance & Performance


	Non-Recurrent investment added to contracts in areas of need (geographical and service need) securing increased access provision. <b>Procurement underway to recommission general dental services in Crickhowell and Knighton</b>			
<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>
To complete GP Practice visits following outcome of Desktop Reviews. These will take place in Q4	Assistant Director Primary Care (ADPC)	Desk top reviews to commence in July	<del>October</del> <b>November</b> 2025	On track
Review and assess completion of General Practice Improvement Plans	ADPC	Not yet commenced - linked to desktop reviews above.	March 26	On track
To undertake GDS End of year review visits with all contract holders	ADPC	Arranged for July/August 25. Includes 3 face to face visits	August 25	<b>Completed</b>
Undertake GDS Mid-Year Review visits	ADPC	Will be undertaken in October/November 2025	November 25	On track
Review of GMS sustainability matrix	ADPC	To be undertaken in Q2	November 25	On track
Relocate mobile dental clinic to Gwernyfed High School	Associate Dental Director/ADPC	Agreed implementation plan in place with the school	<del>October</del> <b>December</b> 25	On track
Offer additional non recurrent GDS access opportunities across Powys	ADPC	3 non-recurrent ortho contracts being progressed. Also Clifton Dental Practice non recurrent CVN agreed	September 25	Completed
Procure additional recurrent GDS access opportunities across Powys	ADPC	Crickhowell contract <b>award – pending November Board</b>	April 25	Completed

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		Approval currently out to tender		
Procure additional recurrent GDS access in mid Powys		Knighton contract procurement commenced	March 26	On track
Assessment of delivery model of current GMS OOH service provision and future procurement options	Executive Director of Primary Care, Community and Mental Health (EDPCCMH/ADPC)	GMS out of hours review and future model appraisal group with multiple stakeholder representation set up, to consider various options for the future OOH GMS service delivery and model across Powys. This will be presented to September Board for approval	September 25	Complete
Complete Procurement of direct award for future provision of GMS OOH services	EDPCCMH/ADPC	Will commence following Board approval in September to proceed.	March 26	On track
Ensure future provision of general medical services for patients registered at Rhayader Medical Practice post 30 <sup>th</sup> September 2025	EDPCCMH/ADPC	Procurement process concluded and APMS contract award issued. To be implemented on 01/01/26 being worked through with 2 bidders for Board approval of selected bidder (July Board)	July January 2026	On track
<b>Additional information:</b>				
<b>Rationale for current score:</b>				
<ul style="list-style-type: none"> <li>Current Shropdoc OOH contract due to end 30/06/25</li> </ul>				

- Sustainability assessment and escalation tool of GP Practices identifying consistently high-risk practices across Powys. Practices may not be able to provide sustainable GMS services. Approx. 50% of GP Practices reporting level 3/level 4 currently confirming the ongoing pressure. Appointment/contact activity data confirms continued high patient demand.
- Practice Sustainability support in place for Llanfyllin and Knighton
- Practice Sustainability applications for support being considered prepared for Llanidloes and Welshpool
- ~~Termination of Rhayader Medical Practice contract, effective from September 2025.~~
- Financial sustainability of practices may influence the termination of Local Supplementary Services
- Dental access continues to be challenging in areas with recruitment and workforce challenges. Mid cluster particularly affected currently.
- DAP waiting list currently at 3,500~~710~~ patients on the waiting list.
- Orthodontic demand continues to exceed capacity across Powys.
- New Optometry Regulations and implementation of WGOS4 challenging due to complex secondary care pathways and implementation is further compromised by ~~appropriately trained workforce~~ information governance complexities

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<p><b>SRR 008</b></p>	<p><b>There is a risk that:</b> The Health Board is unable to shift to a primary prevention focused health care system</p>										
<p><b>Current Risk Score:</b></p> <p><b>16</b></p>	<p><b>Risk rating detail:</b> (likelihood x impact)</p> <p>Current: L4 x I4 = 16          Inherent: L5 x I4 = 20          Target: L2 x 3I = 6</p>	<p><b>Risk Category:</b> Innovation and Strategic Change</p> <p><b>Boards Risk Appetite:</b> Eager</p>									
<p><b>Executive Lead:</b> Executive Director of Public Health</p>		<p><b>Assuring Committee:</b> Planning, Partnerships and Population Health</p>									
<p><b>Latest review date:</b> July <del>October</del> 2025</p> <p><b>Added to register:</b> July 2025</p> <p><b>Risk source:</b> SP 1 and WBO 1</p> <p><i>Gwynne Stella 14/11/2025 16:52:55</i></p>	 <p>Risk Score Trajectory</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 25</td> <td>6</td> <td>16</td> </tr> <tr> <td>Nov 25</td> <td>6</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 25	6	16	Nov 25	6	16	<p><b>Cause of risk and rational for current score:</b></p> <ul style="list-style-type: none"> <li>• NHS historically structured around acute and reactive care</li> <li>• The NHS is under immense pressure with escalating acute care demand; means it's a challenge to 'shift left' to reallocate resources to redesign care models around primary care and prevention</li> <li>• NHS Wales priorities and performance measures respond to rising health care pressures and are predominantly focused on activity and acute care rather than broader system change and population health outcomes.</li> <li>• Predominately community-based prevention services undertaken by the Health Board for tobacco control/smoking cessation and preventing childhood obesity is currently reliant on external grant funding.</li> </ul>
Month	Target Score	Risk Score									
July 25	6	16									
Nov 25	6	16									

		<b>Risk materialising would result in:</b> <ul style="list-style-type: none"> <li>Without increased focus and resources on prevention and shifting of healthcare system towards a preventative model risks: more people will develop avoidable chronic conditions, and live more years in poorer health, and further increased unsustainable demand on acute care/services and escalating healthcare costs</li> <li>Preventable disease disproportionately affects disadvantaged communities and groups, widening health inequalities</li> </ul>		
<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>
8.1	The Health Board <i>Annual Plan 2025/26</i> contains a number of prevention focused activities under the strategic priority 'Focus on Wellbeing'.	PTHB Annual Plan internal performance reporting procedures.	Reasonable	Board/ Committee/ Executive Committee/ Group
8.2	The Powys Public Services Board <i>Wellbeing Plan</i> has the objective that 'People in Powys live happy, healthy, and safe lives' with the associated delivery step 'Taking a whole systems approach to healthy weight'.	Powys Public Services Board internal and external reporting requirements.		
8.3	The Powys Regional Partnership Board <i>Area Plan 2023-28</i> includes 'Priority 1.3 Population health improvement, including health inequalities'.	Powys Regional Partnership Board internal and external reporting requirements.		
8.4	PTHB is required to report against vaccination uptake and smoking cessation targets contained in the <i>NHS</i>			

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	<i>Wales Performance Framework 2025-26.</i>	NHS Wales Planning Framework reporting procedures.		
<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>
The <i>Better Together</i> consultation on adult physical and mental health community services in Powys contains the ambition that 'Together we want to create a future that helps people to stay healthy'.	Director of Improvement and Transformation	<del>Phase 2 consultation underway until end July.</del> Detailed work is underway to make sure the right timeline is in place for the work ahead	End of 2025/26 To be confirmed	On track
A Population Health Framework for Powys (DPH Annual Report) will be published.	Executive Director of Public Health	Completed. Published as part of Sept'25 Board papers.	24/09/25	Completed
The 2026/27 planning process in the Health Board will be used to take forward actions in the Population Health Framework.	Executive Director of Public Health	Work is underway to understand the 2026/27 planning process and how actions in the Framework can be included.	March'26.	On track.
<b>Additional information:</b>				
<b>Rationale for current score:</b> The controls currently in place are considered sufficient to reduce the inherent score to a current score of 16.				

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<b>SRR 010</b>	<b>There is a risk that:</b> The Health Board is unable to respond in a timely, efficient, and effective way to a major incident, or critical incident										
<b>Current Risk Score:</b>  <b>12 16</b>	<b>Risk rating detail:</b> (likelihood x impact)  Current: 34 x 4 = 12 16 Inherent: 4 x 4 = 16 Target: 24 x 3 = 6 12	<b>Risk Category:</b> Safety  <b>Boards Risk Appetite:</b> Averse									
<b>Executive Lead:</b> Executive Director of Public Health	<b>Assuring Committee:</b> Planning, Partnerships and Population Health Committee										
<b>Latest review date:</b> October 2025  <b>Added to register:</b>  July 2025  <b>Link to Strategic Priorities and Wellbeing Objectives:</b> Cross-cutting risk relevant to all SPs and WBOs	 <table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 25</td> <td>12</td> <td>16</td> </tr> <tr> <td>Nov 25</td> <td>6</td> <td>12</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 25	12	16	Nov 25	6	12	<b>Cause of risk and rational for current score:</b> <ul style="list-style-type: none"> <li>• Due to emergency planning arrangements at both the corporate level and operational level not being sufficiently robust to respond to the incident or emergency.</li> </ul> <b>Risk materialising would result in:</b> <ul style="list-style-type: none"> <li>• Adverse impacts on delivery of care to patients</li> <li>• Inability to respond to a major incident to meet needs of those affected</li> <li>• Harm or injury to population, patients and/or staff</li> <li>• Health Board breaches statutory duties under the Civil Contingencies Act 2004</li> <li>• Litigation &amp; financial penalties</li> <li>• Reputational damage and loss of public confidence</li> <li>• Staff absence (injury, wellbeing)</li> </ul>
Month	Target Score	Risk Score									
July 25	12	16									
Nov 25	6	12									

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<b>Controls (What has been implemented to manage the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
10.1	Major Incident and Emergency Response Plan and Corporate Business Continuity Plan are in place and updated on an annual basis.	<ul style="list-style-type: none"> <li>Plan approved by Executive Committee</li> <li>Civil Contingency Annual Report</li> </ul>	Substantial	Executive Committee
10.2	Business Continuity Policy in place, with supporting 'Business Continuity Toolkit' available for operational services to develop service level business continuity plans.	<ul style="list-style-type: none"> <li>Policy approved by Executive Committee</li> </ul>	Substantial	Executive Committee
10.3	PTHB Pandemic Framework is in place to guide the Health Board's response to a new or emerging pandemic. The Health Board is currently awaiting the publication of updated UK Pandemic Guidance, prior to completing a further review of the Framework.	<ul style="list-style-type: none"> <li>Framework approved by Executive Committee</li> </ul>	Substantial	Executive Committee
10.4	PTHB Adverse Weather Arrangements is in place and is updated on an annual basis.	<ul style="list-style-type: none"> <li>Arrangements approved by Executive Committee</li> </ul>	Substantial	Executive Committee
10.5	Internal protocols are in place for the management of patients self-presenting with a suspected High Consequence Infectious Diseases (HCID) are in place and are subject to regular review.	<ul style="list-style-type: none"> <li>Protocols in place</li> </ul>	Substantial	Executive Director
10.6	PTHB Civil Contingencies Training Plan in place and updated on an annual basis.	<ul style="list-style-type: none"> <li>Plan approved by Executive Committee</li> </ul>	Substantial	Executive Committee
10.7	Corporate level Business Continuity arrangements subject to internal audit 2023/24.	<ul style="list-style-type: none"> <li>Audit Report – substantial assurance (Dec 2023)</li> </ul>	Substantial	Audit Committee
10.8	Operational level Business Continuity arrangements subject to internal audit 2024/2025.	<ul style="list-style-type: none"> <li>Audit Report – substantial assurance (May 2025)</li> </ul>	Substantial	Audit Committee
10.9	The Health Board is fully engaged in Dyfed Powys Local Resilience Forum's planning and response structures.	<ul style="list-style-type: none"> <li>Minutes of meetings</li> </ul>	Substantial	Executive Director

		<ul style="list-style-type: none"> <li>• Training and exercise records</li> </ul>		
10.10	The Health Board is fully engaged in the NHS Wales Emergency Preparedness, Resilience and Response planning structures.	<ul style="list-style-type: none"> <li>• Minutes of meetings</li> <li>• Training and exercise records</li> </ul>	Substantial	Executive Director
10.11	<p>The Health Board has participated in a variety of exercises. Examples of these exercises are included below (not inclusive):</p> <ul style="list-style-type: none"> <li>• Exercise Mighty Oak (National Power Outage)</li> <li>• Exercise Pen Y Darren (Mass Casualty)</li> <li>• Exercise CYD (Communicable Disease)</li> <li>• Exercise Fad Fellin (Mpox/HCID)</li> <li>• Exercise Solaris (Pandemic)</li> <li>• Exercise Redstreak (Water disruption)</li> <li>• Exercise Wales Connect (Regular Pan Wales Response Plan activation test)</li> <li>• Walkthroughs of the operational response to major incidents/Mpox arrangements</li> <li>• Exercise Pegasus (Pandemic Response)</li> </ul>	<ul style="list-style-type: none"> <li>• Exercise Reports</li> </ul>	Substantial	Executive Director
10.12	Testing of internal major incident and business continuity response plans through response to incidents, including: Powys Train Collision (October 2024) Storm Darragh (December 2024)	<ul style="list-style-type: none"> <li>• Debriefs from internal responses to incidents</li> </ul>	Substantial	Executive Committee
10.13	Internal repository in place for all internal Response Plans	<ul style="list-style-type: none"> <li>• Internal repository</li> </ul>	Substantial	Executive Director
10.14	Strengthened cross-border multi-agency working through the establishment of regular meetings to share information on identified areas of risks, preparedness activities and response.	<ul style="list-style-type: none"> <li>• Six monthly meetings in place</li> </ul>	Substantial	Executive Director

**Mitigating Actions (What more will we do?)**

Action	Lead	Action update	Deadline	Action on Target
Deliver programme of work in place to strengthen identified areas of risk.	Civil Contingencies Manager		31 <sup>st</sup> March 2026	On Track
Complete cycle of work to ensure that PTHB internal response plans remain up to date.	Civil Contingencies Manager		31 <sup>st</sup> March 2026	On Track
Continue to provide regular update reports to the Executive Committee on programmes of work in place to strengthen identified areas of risk	Civil Contingencies	Regular updates on Exercise Pegasus (pre and during Exercise) to Executive Committee during August/September/October 2025. Debrief learning report will be incorporated into update report.	February 2025	On Track
Complete internal operational review of clinical governance arrangements for operational major incident response arrangements	Civil Contingencies Manager/ Urgent and Emergency Care Clinical Transformation Lead	Mass Casualty Incident Arrangements for Wales updated and approved at NHS Wales Executive Civil Contingencies Group (October 2025). This is informing update of HB review of arrangements underway.	December 2025	On Track
Additional training and exercise opportunities to support PTHB's staff preparedness in response to an incident or emergency to be made available	Civil Contingencies Manager		31 <sup>st</sup> March 2026	On Track

Continue to engage in, and actively promote preparedness activities (including planning, training, exercising) taking place with multi-agency partners, including NHS Wales Emergency Preparedness, Resilience and Response networks and Dyfed Powys Local Resilience Forum	Civil Contingencies Manager		31 <sup>st</sup> March 2026	On Track
Continue to incorporate lessons identified from other incidents and exercises into internal plans and procedures to strengthen the Health Board's future response to incidents	Civil Contingencies Manager		31 <sup>st</sup> March 2026	On Track

**Additional information:**  
The Executive Director of Public Health holds the overall responsibility for Civil Contingencies Planning within PTHB, however all Executive Directors are responsible for ensuring business continuity for the services that sit within their portfolio areas, as outlined within the PTHB Business Continuity Policy. Cyber resilience and response sits within the responsibility of the Executive Director of Allied Health Professions, Health Sciences and Digital

**Rationale for current score:** There are a number of control measures in place, however further work is required to strengthen identified areas of risk and test internal response capabilities.

Gwynne Stella  
14/11/2025 16:52:55

Planning, Partnerships and Population Health Committee 2025-2026							
Theme	Item Title	Duration (mins)	May 19/05/2025	August 14/08/2025	November 20/11/2025	February 03/02/2026	Comments
Governance	Minutes of previous meeting		✓	✓	✓	✓	
Governance	Declaration of Interests		✓	✓	✓	✓	
Governance	Action Log		✓	✓	✓	✓	
Governance	Committee Reflections	5	✓	✓	✓	✓	
Governance	Committee Risk Register	5	✓	✓	✓	✓	
Governance	Annual Work Programme	15	✓				
Governance	Work Programme (updated through year)	0		✓	✓	✓	
Governance	Annual Assessment of Committee Effectiveness	25	✓				
Governance	Committee Governance Action Plan	10		✓		✓	
Governance	Committee Annual Report	10	✓				
Governance	Review of Terms of Reference	10	✓				
Planning	Approach for development of 26/27 Annual Plan, Health and Care Strategy update	25			✓		
Planning	Integrated Plan 2025/2026 Development and Draft Maturity Matrix	25			✓		
Planning	Strategic Change Report and Engagement Report	30	✓	✓	✓	✓	
Planning	Primary Care Cluster Reporting against delivery 2024/25	20	✓				
Planning	Strategic Commissioning Framework	20				✓	
Partnerships	Regional Partnership Board - Annual Delivery Plan	15		✓		✓	
Partnerships	Public Service Board Annual Report (to include Climate change)	15			✓		
Partnerships	North Powys Wellbeing Programme	20		✓		✓	
Partnerships	NWSSP Performance Report	5	✓ Year-end		✓ Mid-year		
Partnerships	Transformation and Change	25	X (direct to Board)	✓	✓	✓	
Partnerships	Partnership Governance Framework	10	✓	✓			
Population Health	Whole Systems Approach to prevention of obesity	15	✓				
Population Health	Adult Weight Management Pathway Update	20	✓				
Population Health	Healthy Child Wales Programme (CR) Health visiting programme	15	✓				
Population Health	Summary of screening programmes (uptake of screening programmes) *When pu	15				✓	
Partnerships	Partnership Governance and Assurance Framework Report	10		✓		✓	
Population Health	Annual Report of Director of Public Health (including reducing inequalities)	15	X	✓		✓	
Population Health	Health Protection Summary Report	10				✓	
Population Health	Child Immunisation Annual Report	10			✓	✓	
Population Health	Additional Learning Needs (ALN)	10		✓		✓	
Population Health	Winter Plan 2025/26	15		✓			
Population Health	Vaping Deep Dive/Tobacco Control Action Plan (Annually at request of Committee)	20		X	✓		
Population Health	Reasons why health is deteriorating - age, MH, substance misuse, vaping, co morbidity.	20					
Audit Reports	Any Internal Audit/Wales Audit reports received - for information	NA	✓				
JCC Report	Any updates from JCC Planning, Performance and Finance Sub-Committee		✓				
Statutory Compliance	Wellbeing of Future Generations Act Report	10			X		Report will be incorporated into the organisational annual report so not longer needed as a separate item
Population Health	Charter for Families Bereaved by Public Tragedy			X		✓	
Transformation & Value	Specific projects from the Transformation programme would be brought back to future meetings to look at financial innovation and transformation.	15					
Planning	Final Integrated Annual Plan 2025/2026 Second look needed at joint PPPH and D&P meeting March 2026 - 16.03.26 HOLD	25					
Population Health	Eye Health Needs Assessment publication	10		✓			

Gwynne Stella  
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# NWSSP SUMMARY PERFORMANCE REPORT

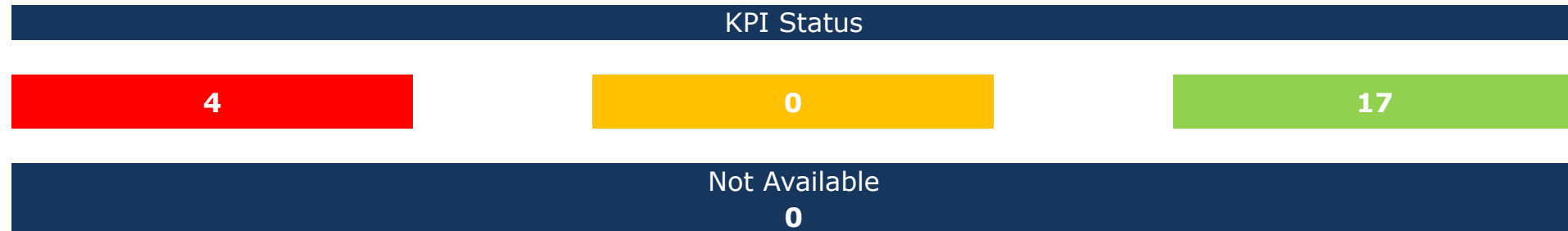
## POWYS TEACHING HEALTH BOARD

Period 1st July 2025 – 30<sup>th</sup> September  
2025

Gwynne Stella  
14/11/2025 16:52:58

*Delivering Value, Innovation  
and Excellence through  
Partnership*





**Points of Contact**

Rebecca Nelson – Director of Planning, Performance & Informatics (Rebecca.Nelson2@wales.nhs.uk)

Richard Phillips – Assistant Director of Planning & Performance (Richard.phillips@wales.nhs.uk)

Gwynne Stelling  
14/11/2024 15:53

The purpose of this report is to provide summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 30th September 2025.

As part of the approval of our Year 1 of our IMTP for 2025-26, the Shared Services Partnership Committee (the Committee) reviewed our Key Performance Indicators. We then identified a number of Lead indicators for each division. There are 21 Lead indicators in total.

The Quarter 2 performance for the organisation was generally on target with 17 out of 21 KPIs showing as green.

The time to hire target was achieved in September.

Further action will continue to be taken forward to address the performance in areas of underperformance.

Of the 4 KPIs that did not achieve the targets:

- 1 is the responsibility of the health organisation.
- 3 are a combination of both NWSSP and our customer's processes.

NWSSP continue to support the organisation in relation to recruitment, audit and accounts payable performance.

The main financial benefits accruing from NWSSP relate to professional influence benefits derived from NWSSP working in partnership with Health Boards and Trusts. These benefits relate to savings and cost avoidance.

- Legal Services – Settled Claims savings, damages and cost savings.
- Procurement Services – Cost reduction, catalogue management etc. (Heads of Procurement discuss with Director of Finance of Health Orgs)
- Specialist Estates Services – Property management/lease/rates negotiated reductions and Build for Wales framework savings.
- Counter Fraud Services – Financial Recoveries and prevention.
- Accounts Payable - statement reconciliation, priority supplier programme (PSP) and the prevention of duplicate payments.

The indicative financial benefits arising in the period April – September 2025 for the organisation is £0.5M with the breakdown in the following table.

Service	YTD Benefit £m
Specialist Estates Services	0.03
Procurement Services	0.51
Legal & Risk Services*	-
Accounts Payable	0.00
Oxygen Finance – PSP	0.00
Counter Fraud Services**	0.01
<b>Total</b>	<b>0.5</b>

\* Not available at the time of writing

\*\* Q1 only

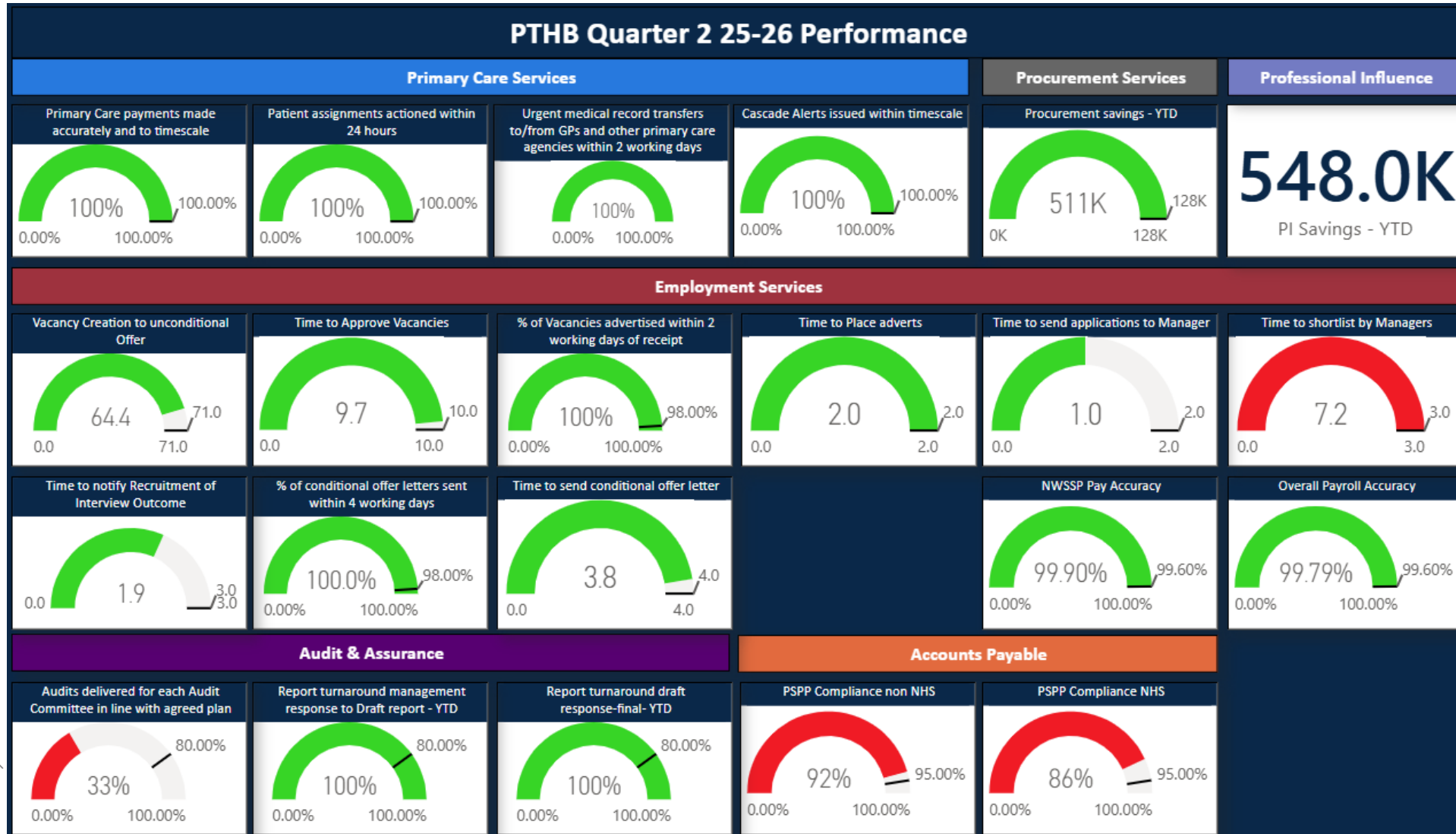
**Appendix 1** to this report provides the September performance for your health organisation against the Lead indicators with comparison data for the rolling twelve-month period to 30th September 2025.

**Appendix 2** provides September performance against All Wales KPIs which cannot be attributed to a specific health organisation but report an All-Wales position with comparison data for the rolling twelve-month period to 30th September 2025.

**Appendix 3** then highlights the position for all health organisations at the end of September 2025.

**Appendix 4** highlights the Outcome measures reporting we have been working on at the end of September 2025.

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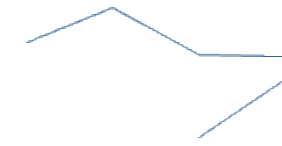
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# Action Plan for Lead Indicators

There were four KPIs showing as red for the in-month September position.

There were no KPIs showing as amber for the in-month September position.

Gwynne Stella  
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PTHB High Level - KPIs Sep 2025						
	Target	31/12/2024	31/03/2025	30/06/2025	30/09/2025	Trend
<b>Accounts Payable</b>						
PSPP Compliance non NHS	95%	92.2%	93.8%	91.6%	91.5%	
PSPP Compliance NHS	95%			79.3%	86.3%	

### What is happening?

PSPP Compliance non-NHS failed to reach the 95% target during quarter 2 reporting 91.5%, PSPP Compliance NHS also missed the 95% target reporting 86.3%

### What are we doing about it?

Accounts Payable continues to support NHS and non-NHS PSPP reporting by providing regular updates and invoice on hold data to help address the performance.

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# Accounts Payable

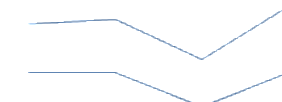
All Wales performance in relation to P2P as at the end of September 2025.

All Wales Accounts Payable data @ end September 2025	AB	BCU	C&V	CTM	DHCW	HEIW	HD	POWYS	PHW	SBU	VEL	WAST	TOTAL
Number of Invoices on Hold	6,317	7,825	7,641	6,742	219	518	2,833	693	1,171	5,719	2,538	695	42,911
Value of Invoices on Hold £m	9.690	15.486	25.796	12.788	2.285	5.166	8.427	10.400	6.836	17.821	6.605	2.736	124.036
Number of Invoices on hold, older than 30 days	4,406	5,166	5,042	4,613	86	105	1,647	428	731	3,641	1,664	360	27,889
Number of invoices on No PO No Pay Hold	1,037	820	297	770	12	13	145	85	115	1,152	99	101	4,646
Number of invoices - Top 15 suppliers for NPNP	522	300	68	337	3	1	29	15	23	618	14	12	1,942
Number of invoice lines on a Receipting hold	4,502	5,003	5,704	4,911	102	77	2,649	554	415	3,929	1,956	426	30,228
Priority Supplier Programme - Rebate income to date	£20,951	£57,651	£26,313	£56,444	£2,511	£526	£15,578	£2,574	£2,239	£48,643	£30,483	£25,510	£289,423
Agreed Invoice Exception approval implementation	Mar-26	No	No	Sep-25	Live	No	No	No	Jan-26	Oct-25	Live from Jun 25	No	
Reviewed governance of data load submissions	No	No	No	No	No	No	No	Yes	Yes	Yes	No	Yes	

Gwynne Stella  
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**Key**

- Deterioration on Previous Month
- Same as Previous Month
- Improvement on Previous Month

PTHB High Level - KPIs Sep 2025	Target	31/12/2024	31/03/2025	30/06/2025	30/09/2025	Trend
<b>Audit &amp; Assurance</b>						
Audits reported to agreed Audit Committee (Excluding External Factors)	80%	67%	71%	Not Applicable	33%	
% of audit outputs in progress		20%	25%	8%	13%	
Report turnaround management response to Draft report - YTD	80%	67%	75%	Not Applicable	100%	
Report turnaround draft response-final- YTD	80%	100%	100%	Not Applicable	100%	

## What is happening?

Audits reported to agreed Audit Committee failed the 80% target reporting 33% during September. 1 of the 3 reports were submitted on time. The delays were primarily caused by a team member being ill and a slight hold-up in brief sign-off.

## What are we doing about it?

Heads of Audit discuss any delays directly with the health orgs and are made aware of any revised timings of reports and submission to committees.





Gwynne Stella  
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## Audit & Assurance performance at end of September 25.

Client	Total Reviews Planned	Audits Reported (Draft / Final)	Audits in Progress	On Track/ Achieved Proposed Audit Committee	Report turnaround fieldwork to draft reporting [10 days]	Report turnaround management response to draft report [15 days]	Report turnaround draft response to final reporting [10 days]
Aneurin Bevan	28	14.3%	28.6%	88.89%	100.0%		
Betsi Cadwaladr	33	27.3%	18.2%	77.78%	100.0%	60.0%	100.0%
Cardiff & Vale	35	11.4%	20.0%	100.00%	100.0%	100.0%	100.0%
Cwm Taf Morgannwg	32	9.4%	15.6%	100.00%	100.0%	100.0%	100.0%
DHCW	13	30.8%	23.1%	100.00%	100.0%	66.7%	100.0%
HEIW	11	27.3%	36.4%	85.71%	100.0%	100.0%	100.0%
Hywel Dda	30	23.3%	26.7%	87.50%	100.0%	85.7%	100.0%
Joint Commissioning Committee	4	0%	0%				
NHS Wales Performance & Improvement	4	25.0%	0%	100.00%	100.0%		
NWSSP	19	15.8%	15.8%	100.00%	100.0%	100.0%	100.0%
PHW	12	25.0%	33.3%	100.00%	100.0%	100.0%	100.0%
Powys THB	24	16.7%	12.5%	33.33%	100.0%	100.0%	100.0%
Swansea Bay	27	18.5%	25.9%	100.00%	100.0%	0%	100.0%
Welindre	17	23.5%	17.6%	100.00%	100.0%	100.0%	
WAST	20	15.0%	35.0%	100.00%	100.0%	100.0%	100.0%
<b>Total</b>	<b>309</b>	<b>18.4%</b>	<b>22.0%</b>	<b>91.76%</b>	<b>100.0%</b>	<b>79.4%</b>	<b>100.0%</b>

Gwynne Stovall  
14/11/2025 16:12:55

# Employment Services – Recruitment

PTHB High Level - KPIs Sep 2025						
	Target	31/12/2024	31/03/2025	30/06/2025	30/09/2025	Trend
<b>Employment Services Organisation KPIs Recruitment</b>						
% of vacancy creation to unconditional offer within 71 days		56.0%	41.4%	65.6%	63.0%	
Vacancy creation to unconditional offer	71 days	70.2	81.3	70.8	64.4	
% of vacancies shortlisted within 3 working days		32.1%	36.4%	51.9%	49.0%	
Time to Shortlist by Managers	3 days	9.2	9.1	5.6	7.2	

## What is happening?

The overall time to hire target was achieved however, time to shortlist missed the target taking on average 7.2 days against the 3-day target.

Recruitment Modernisation Process changes have been implemented. We are starting to see improvements in both the manager and candidate experience as well as reductions in the time to hire in individual elements of the process.

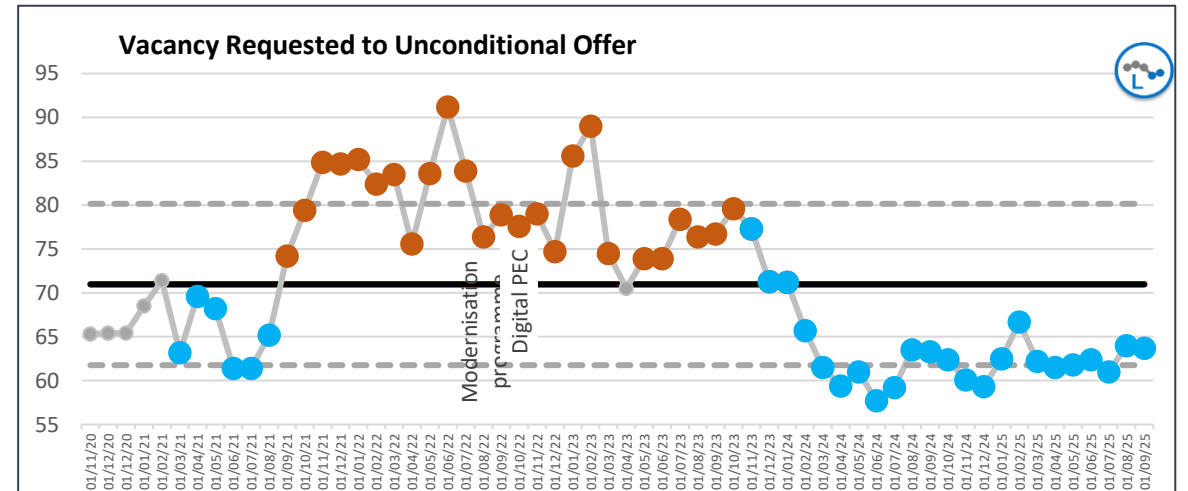
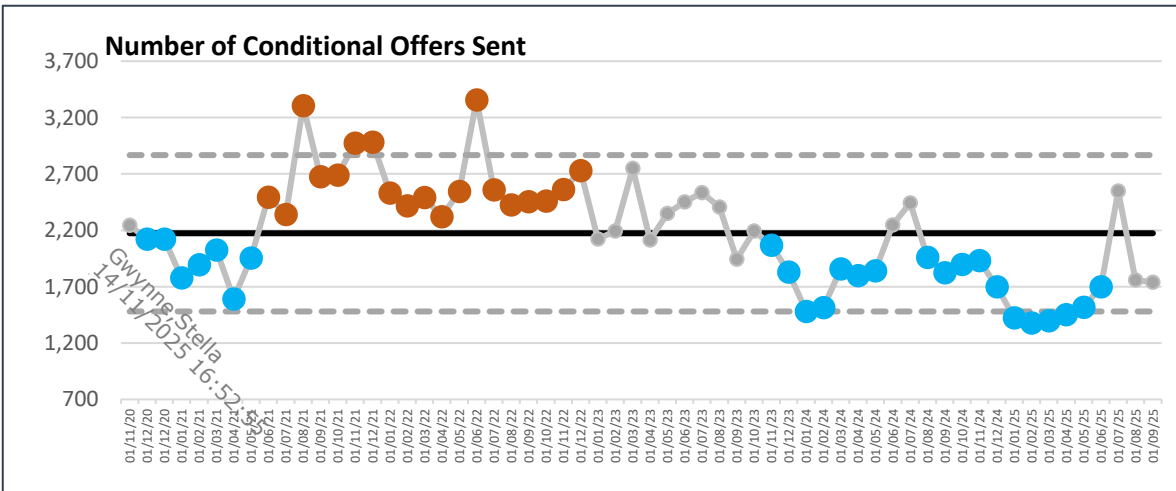
## What are we doing about it?

The Recruitment team continue to work with managers and organisations in relation to their responsibilities as part of the recruitment journey, to reduce the time to hire and ensure their applicant is engaged in the process.

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# Employment Services – Recruitment

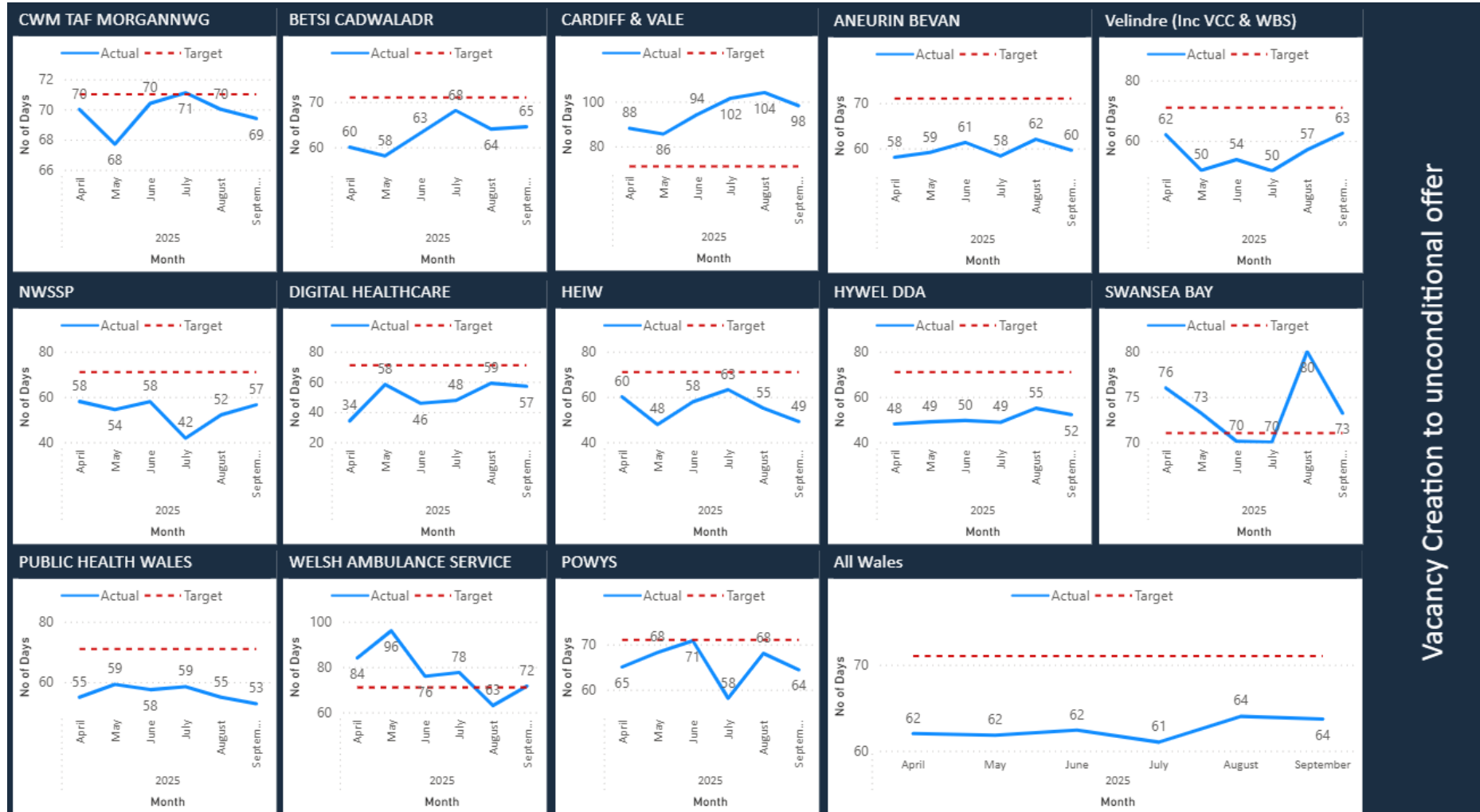
Recruitment		Vacancy Creation to Unconditional Offer													
Org	Target	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Trend	
AB	71	67	76	68	70	64	64	58	59	61	58	62	60	↑	
BCU	71	66	61	57	58	58	56	60	58	63	68	64	65	↓	
CV	71	87	82	75	81	88	95	88	86	94	102	104	98	↑	
CTM	71	72	72	75	74	76	74	70	68	70	71	70	69	↑	
HD	71	52	55	50	56	48	51	48	49	50	49	55	52	↑	
HEIW	71	62	53	44	61	66	47	60	48	58	63	55	49	↑	
DHCW	71	46	39	45	57	53	32	34	58	46	48	59	57	↑	
NWSSP	71	60	49	50	61	56	61	58	54	58	42	52	57	↓	
PTHB	71	72	70	70	76	70	81	65	68	71	58	68	64	↑	
PHW	71	58	52	55	52	59	63	55	59	58	59	55	53	↑	
SBU	71	65	65	63	68	71	72	76	73	70	70	80	73	↑	
VEL	71	51	50	55	49	67	54	55	50	54	50	57	63	↓	
WAST	71	76	79	72	77	76	76	84	96	76	78	63	72	↓	
All Wales	71	62	60	59	63	67	62	62	62	62	61	64	64	↑	



# Employment Services – Recruitment



The charts below show the Vacancy creation to unconditional offer performance for the individual organisations April – September 25.



Vacancy Creation to unconditional offer

Gwynne Stella  
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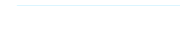





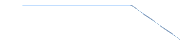










# Appendix 1 – Performance for the period to 30th September 2025



PTHB High Level - KPIs Sep 2025	Target	31/12/2024	31/03/2025	30/06/2025	30/09/2025	Trend
<b>Financial Information</b>						
Professional Influence Savings - YTD		£0.714 m	£1.935 m	£0.366 m	£0.548 m	
<b>Employment Services</b>						
<b>Payroll services</b>						
NWSSP Pay Accuracy	99.6%	99.75%	99.96%	99.93%	99.90%	
Overall Pay Accuracy	99.6%	99.68%	99.75%	99.87%	99.79%	
<b>Organisation KPIs Recruitment</b>						
% of vacancy creation to unconditional offer within 71 days		56.0%	41.4%	65.6%	63.0%	
Vacancy creation to unconditional offer	71 days	70.2	81.3	70.8	64.4	
% of vacancies approved within 10 working days		66.7%	43.2%	53.8%	61.8%	
Time to Approve Vacancies	10 days	8.2	16.3	12.5	9.7	
% of vacancies shortlisted within 3 working days		32.1%	36.4%	51.9%	49.0%	
Time to Shortlist by Managers	3 days	9.2	9.1	5.6	7.2	
% of interview outcomes notified within 3 working days		81.3%	78.3%	79.3%	80.4%	
Time to notify Recruitment of Interview Outcome	3 days	1.8	1.8	2.0	1.9	
<b>NWSSP KPIs Recruitment</b>						
% of Vacancies advertised within 2 working days of receipt	95.00%	100.0%	100.0%	100.0%	100.0%	
Time to Place Adverts	2 days	1.9	1.6	1.6	2.0	
% of applications moved to shortlisting within 2 working days of vacancy closing		100.0%	100.0%	100.0%	100.0%	
Time to Send Applications to Manager	2 days	0.9	0.9	1.0	1.0	
% of conditional offer letters sent within 4 working days	95.00%	100.0%	100.0%	100.0%	100.0%	
Time to send Conditional Offer Letter	4 days	3.9	3.9	3.7	3.8	
<b>Procurement Services</b>						
Procurement savings - YTD		Target £0.200m	Target £0.298m	Target £0.104m	Target £0.128m	
		Actual £0.392m	Actual £0.388m	Actual £0.360m	Actual £0.511m	
<b>Accounts Payable</b>						
PSPP Compliance non NHS	95%	92.2%	93.8%	91.6%	91.5%	
PSPP Compliance NHS	95%			79.3%	86.3%	
<b>Primary Care Services</b>						
Primary Care payments made accurately and to timescale	100%	100%	100%	100%	100%	
Patient assignments actioned within 24 hours	100%	100%	100%	100%	100%	
Urgent medical record transfers to/from GPs and other Primary Care agencies within 2 working days	100%	100%	100%	100%	100%	
Cascade Alerts issued within timescale	100%	100%	100%	100%	100%	
<b>Audit &amp; Assurance</b>						
Audits reported to agreed Audit Committee (Excluding External Factors)	80%	67%	71%	Not Applicable	33%	
% of audit outputs in progress		20%	25%	8%	13%	
Report turnaround management response to Draft report - YTD	80%	67%	75%	Not Applicable	100%	
Report turnaround draft response-final- YTD	80%	100%	100%	Not Applicable	100%	

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# Appendix 2 – All Wales Performance for the period to 30th September 2025

ALL WALES KPIs		31/12/2024	31/03/2025	30/06/2025	30/09/2025	Trend
<b>Primary Care Services</b>						
Prescription - Payment Month keying Accuracy rates	99%	99.77%	99.84%	99.69%	99.81%	
Prescriptions processed (Apr - Sept)		43.2m	73.1m	7.03m	42m	
<b>Welsh Risk Pool</b>						
Time from submission to consideration by the Learning Advisory Panel	95%	100%	100%	100%	100%	
Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	100%	100%	100%	100%	
Holding sufficient Learning Advisory Panel meetings	90%	100%	100%	100%	100%	
<b>Legal and risk</b>						
Advice acknowledgement- 24hrs	90%	100%	100%	100%	100%	
Advice response – within 3 days	90%	100%	100%	100%	100%	
<b>Student Awards</b>						
% of NHS Bursary Applications processed within 20 days	100%	100%	100%	100%	100%	
Student Awards % Calls Handled	95%	97.7%	98.9%	98.9%	98.4%	
<b>CTeS</b>						
P1 incidents raised with the Central Team are responded to within 20 minutes	80%	100%	100%	100%	Not Applicable	
BACS Service Point tickets received before 14.00 will be processed the same working day	92%	100%	100%	100%	99%	
<b>Digital Workforce</b>						
DWS % Calls Handled	85%	91%	96%	96%	98%	
<b>SMTL</b>						
% of Monitoring reports completed within 14 days from receipt into the laboratory	91%	100%	100%	100%	100%	
% of Monitoring reports completed within 40 days from receipt into the laboratory	91%	100%	100%	100%	100%	
% delivery of Audited reports on time (NHS)	92%	Not Applicable	100%	100%	100%	
<b>Pharmacy Technical Services</b>						
Complaints	0	0	0	0	0	
<b>Medical Examiner</b>						
Deaths Scrutinised		100%	100%	100%	100%	
<b>All Wales Laundry</b>						
Orders dispatched meeting customer standing orders	90%	95%	94%	94%	97%	
Microbiological contact failure points	85%	100%	97%	97%	95%	
Number of pieces of returned linen by customer not meeting quality standards	<100	1	0	0	0	

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# Appendix 3 – Health Org Performance comparison 30th September 2025

KPIs Sep 25	KFA	Target	SB	AB	BCU	C&V HEALTH ORG KPIs Financial Information	CTM	HD	PHW	PTHB	VEL	WAST	HEIW	DHCW
Professional Influence Savings- YTD	Our Value		£5.669 m	£8.284 m	£8.249 m	£7.443 m	£5.684 m	£4.398 m	£0.743 m	£0.548 m	£1.787 m	£0.338 m	£0.014 m	£0.173 m
<b>Employment Services</b>														
<b>Payroll Services</b>														
NWSSP Pay Accuracy	Our Services	99.6%	99.98%	99.99%	99.96%	99.90%	99.95%	99.98%	99.81%	99.90%	100.00%	99.94%	99.72%	99.92%
Overall Pay Accuracy	Our Services	99.6%	99.81%	99.81%	99.81%	99.78%	99.66%	99.91%	99.72%	99.79%	99.78%	99.77%	99.37%	99.84%
Calls Handling % Quarterly Average	Our Services	95%	98.8%											
<b>Organisation KPIs Recruitment</b>														
Vacancy creation to unconditional offer	Our Services	71 days	73.2	59.6	64.5	98.2	69.4	52.2	52.8	64.4	47.9	71.6	49.1	57.0
Time to Approve Vacancies	Our Services	10 days	19.7	9.2	4.7	20.6	22.5	5.9	10.6	9.7	0.9	8.7	3.6	0.0
Time to Shortlist by Managers	Our Services	3 days	7.3	6.1	6.2	7.5	5.1	1.7	8.3	7.2	10.8	6.5	3.8	11.3
Time to notify Recruitment of Interview Outcome	Our Services	3 days	4.5	2.8	1.8	2.4	3.1	1.6	5.4	1.9	2.3	6.9	4.1	4.2
<b>NWSSP KPIs Recruitment</b>														
Time to Place Adverts	Our Services	2 days	1.4	1.5	1.6	1.4	1.4	1.8	1.9	2.0	1.3	1.3	1.3	1.6
Time to Send Applications to Manager	Our Services	2 days	1.0	1.1	1.0	0.9	0.8	1.1	1.0	1.0	1.0	1.0	1.1	1.0
Time to send Conditional Offer Letter	Our Services	4 days	3.7	3.5	3.7	3.5	3.7	3.6	3.6	3.8	3.4	4.0	3.7	3.4
Calls Handling % Quarterly Average	Our Services	95%	98.9%											
<b>Procurement Services</b>														
Procurement Savings- YTD	Our Value		Target £2.815m Actual £4.204m	Target £5.061m Actual £7.569m	Target £3.339m Actual £6.522m	Target £4.291m Actual £6.396m	Target £2.913m Actual £4.564m	Target £2.046m Actual £3.973m	Target £0.409m Actual £0.536m	Target £0.128m Actual £0.511m	Target £0.255m Actual £1.406m	Target £0.005m Actual £0.055m	Target £0.001m Actual £0.000m	Target £0.000m Actual £0.000m
<b>Accounts Payable</b>														
Call Handling % - Quarterly Average	Our Services	95%	98.6%											
PSPP Compliance non NHS	Our Services	95%	96.7%	96.9%	96.9%	96.6%	96.2%	96.2%	97.8%	91.5%	96.4%	98.8%	98.3%	99.0%
PSPP Compliance NHS	Our Services	95%	94.4%	91.5%	87.8%	76.4%	86.8%	85.8%	93.6%	86.3%	81.7%	91.0%	95.5%	95.4%
<b>Audit &amp; Assurance</b>														
Audits reported to Agreed Audit Committee (Excluding External Factors)	Our Services	80%	100%	89%	78%	100%	100%	88%	100%	33%	100%	100%	86%	100%
% of Audit outputs in progress	Our Services		26%	29%	18%	20%	16%	27%	33%	13%	18%	35%	36%	23%
Report turnaround (15 days) management response to Draft report - YTD	Our Services	80%	0%	Not Applicable	60%	100%	100%	86%	100%	100%	100%	100%	100%	67%
Report turnaround (10 days) draft response - final YTD	Our Services	80%	100%	Not Applicable	100%	100%	100%	100%	100%	100%	Not Applicable	100%	100%	100%
<b>Primary Care Services</b>														
Primary Care payments made accurately and to timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Patient assignments actioned within 24 hours	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Urgent medical record transfers to/from GPs and other Primary Care Agencies within 2 working days	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Cascade Alerts Issued within timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A

## Our Services

Driving the pace of innovation and consistently providing high quality services

### Outcomes

We will enable our customer facing teams to close the majority of enquiries at first contact, by improving service speed, quality, and experience.

We will drive innovation, setting the standard for good practice, and enhance our processes through automation.

We will cultivate partnerships with industry leaders and academic institutions and seek University status.

We will be data driven, sharing intelligence with our partners to influence decision making across NHS Wales.

#### RPA Processes

Division

- Central Te... 57
- Employ... 14
- Accounts ... 9
- Other 9
- Primary C... 5

#### Legal & Risk Services

Case Closure Client Satisf...

100% to 95.0%

\*July 25 Data

#### DWS

Customer Satisfaction

94% to 95.0%

#### Primary Care Services

Customer Satisfaction re...

97% to 75.0%

#### Central Team

Annual Customer Satisf...

82% to 90.0%

#### Specialist Estates

Annual Customer Satisf...

99% to 95.0%

#### Website Bounce Rate

35%

#### Customer Service Excellence

CSE Compliance Met	45
CSE Compliance Plus	12
CSE Partial Compliance	0

#### NWSSP Assurance Overview - 25/26

NWSSP Audits - Reasona...	1
NWSSP Audits - Limited	0
NWSSP Audits - Substant...	0

#### Volume of Calls

Payroll	6.8K
Recruitment	4.8K
HCS	3.3K
DWS	3.1K
SAS	1.0K
Accounts Payable	0.6K

#### Calls Answered

Payroll	99%
Recruitment	99%
Accounts Payable	99%
DWS	98%
SAS	98%
HCS	98%

Website Users	13K	Website Page Views	37K
---------------	-----	--------------------	-----

**Website Pages - September 25 (Top 3)**

- Current Vacancies - 5,383
- Student Award Services - 3,746
- How do I apply for a bursary - 2,907

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# Appendix 4 – Outcome Reporting (Our People)

## Our People

Working together to be the best that we can be



Our Services

Our People

Our Value

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### Outcomes

We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.

We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do.

We will promote physical, social, mental, and financial wellbeing throughout the organisation to support our staff.

We will listen and learn from our staff to co-produce innovative solutions with our partners.

### Sickness



● Sum of Actual ● Sum of Target

### NHS Wales Staff Survey



● NWSSP ● All Wales

### Staff Award Submissions



### Top 3 Sickness Reasons

1. Cold, Cough, Flu - Influenza
2. Anxiety/ stress/ depression/ other psychiatric illness
3. Gastrointestinal problems

### Response Rate - 2024



Sum of Actual

Division

### Response Rate 2024 excluding SLE

Engagement Score - 2024

### Annual Turnover (Excluding SLE)

9%

### September 25 - Reasons for Leaving (Excluding SLE) (Top 3)

1. Voluntary
2. Retirement
3. Other

### NWSSP Internal Promotion excl SLE (October 23 - September 24)

179

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19

253/265

# Appendix 4 – Outcome Reporting (Our Value)

**Our Value**  
Maximising the benefit, efficiency, and social impact of what we do for our partners

**Outcomes**

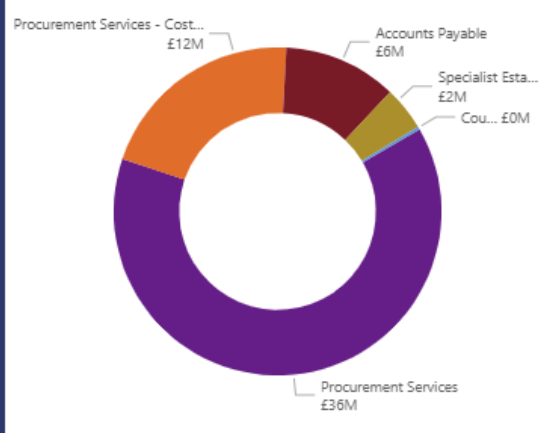
- We will make bold investment decisions that drive transformation and add value.
- We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets.
- We will utilise our resources efficiently and make a positive impact on a social and sustainable basis.
- We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.

Our Services

Our People

**Our Value**

**Professional Influence Benefits**  
2025 YTD



£ Spend in with Welsh Suppliers (Q2)

**£1.06bn**

% Spend in with Welsh Suppliers (Q2)

**43%**

£ Spend in Wales

Year ● 2023 ● 2024 ● 2025

£2.3bn £2.1bn £2.1bn

% Spend in Wales

Year ● 2023 ● 2024 ● 2025

44% 44% 43%

NWSSP Employee Electric Miles (% of Total Miles)

**21%**

NHS Employee Electric Miles (% of Total Miles)

**7%**

NWSSP Employee Electric Miles

**4K**

NHS Employee Electric Miles

**222K**

Supply Chain Logistics - Electric Miles %

**12%**

% of Electric Salary Sacrifice Cars

**76%**

Project/Improvement Work Packages

**49**

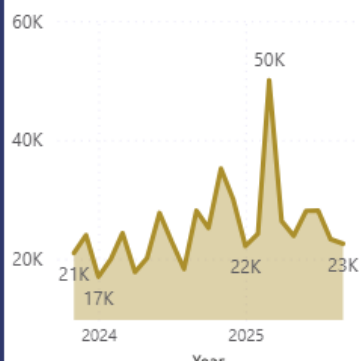
NWSSP Procurement Savings - In Year 2025

£0K £67K ✓ £43K


NWSSP Procurement Savings - Cost Avoidance 2025

£0K £370K ✓ £340K

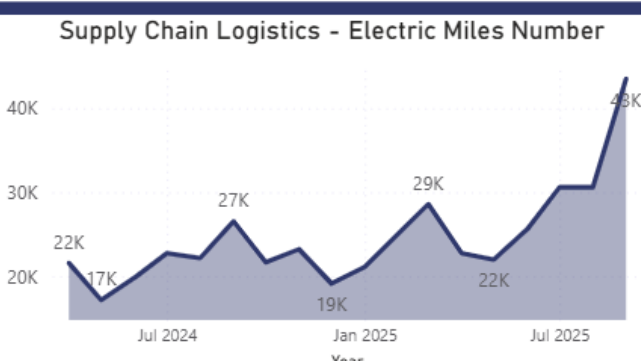
**Travel & Subsistence (Excluding SLE)**  
(£'s)



**All Wales Salary Sacrifice Cars**



**Supply Chain Logistics - Electric Miles Number**



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The table below provides an overview of the total mileage claims by organisation, along with the proportion that are electric miles in September 25.

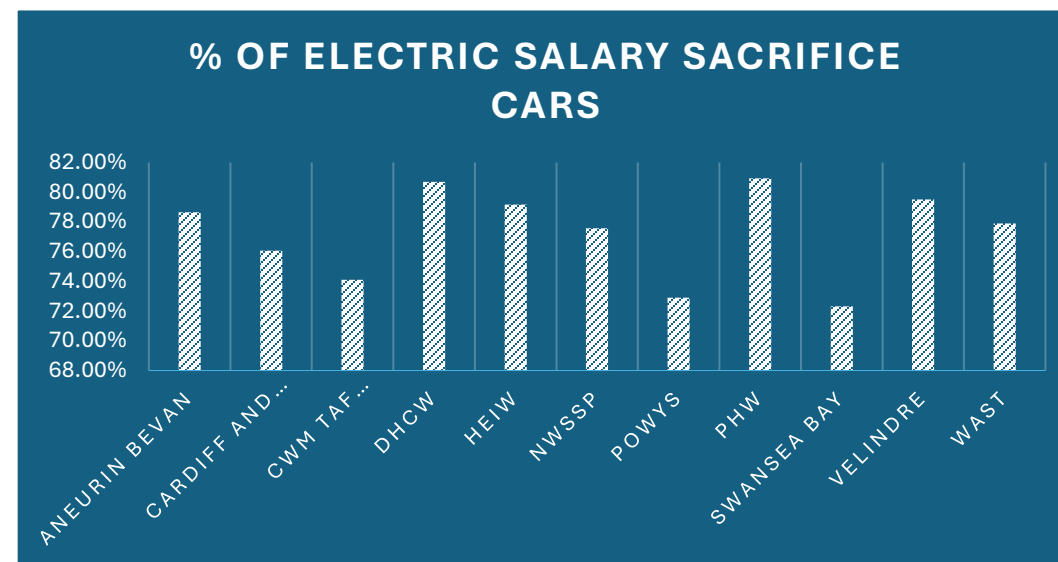
Organisation	Total Miles Claimed	Electric Miles	
		Claimed	Electric Miles %
Cardiff & Vale	190,700	9,434	5%
WAST	137,695	15,218	11%
DHCW	10,282	2,087	20%
CVB	8,124	0	0%
Public Health	72,845	6,403	9%
AB	410,869	28,742	7%
NWSSP SLE	286,670	16,864	6%
NWSSP exc SLE	18,246	3,894	21%
BCU	569,107	51,029	9%
Powys	157,527	6,134	4%
HEIW	12,228	1,264	10%
Hywel Dda	434,042	32,642	8%
Cwm Taf	398,693	27,707	7%
Velindre	16,180	702	4%
Swansea Bay	352,847	19,625	6%
<b>Total</b>	<b>3,076,054</b>	<b>221,747</b>	<b>7%</b>

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# Salary Sacrifice Cars

The table and chart below provide an overview of the total number of vehicles managed under the NWSSP scheme, along with the proportion that are electric as of September 25.

Organisation	Total Cars	Live Electric	Live Hybrid	Live Petrol	% Electric
Aneurin Bevan	932	733	172	27	<b>78.65%</b>
Cardiff and Vale	990	753	192	45	<b>76.06%</b>
Cwm Taf Morgannwg	857	635	182	39	<b>74.10%</b>
DHCW	145	117	24	4	<b>80.69%</b>
HEIW	72	57	13	2	<b>79.17%</b>
NWSSP	312	242	68	2	<b>77.56%</b>
Powys	107	78	24	5	<b>72.90%</b>
PHW	152	123	26	3	<b>80.92%</b>
Swansea Bay	943	682	209	52	<b>72.32%</b>
Velindre	122	97	22	3	<b>79.51%</b>
WAST	416	324	81	11	<b>77.88%</b>
<b>TOTAL</b>	<b>5,048</b>	<b>3,841</b>	<b>1,013</b>	<b>193</b>	<b>76.09%</b>

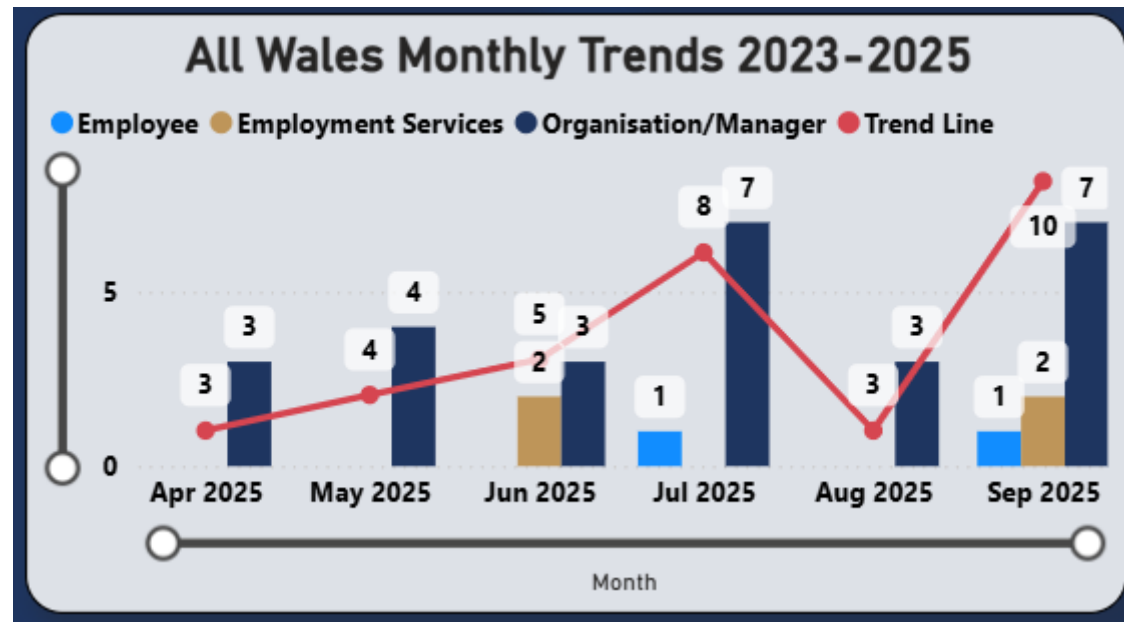


The table below provide an overview of the identified cash releasing procurement savings by procurement team for April – September 25.

HB	POW	
	Target	Actual
<b>TEAM DELIVERING SAVINGS</b>		
NATIONAL - CLINICAL	£0	£20,513
NATIONAL - COMMISSIONING	£0	£90,505
NATIONAL - ENERGY	£67	£264
NATIONAL - HOTEL SERVICES AND TEXTILES	£0	£16,168
NATIONAL - MAINTENANCE	£103	£0
NATIONAL - MEDICAL	£3,966	£15,493
NATIONAL - PHARMACY	£106,250	£360,739
NATIONAL - PROVISIONS	£6,525	£2,590
POWYS PROCUREMENT TEAM	£10,700	£5,100
	<b>£127,611</b>	<b>£511,371</b>

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The chart below provides a summary of the payroll overpayment amounts for the organisation, based on data from the overpayments dashboard covering the period from April to September 25.



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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

## Powys Teaching Health Board Glossary (Last updated November 2025)

Acronym	
ADoECP	Associate Director of Estates, Capital & Property
CEO	Chief Executive Officer
DCG	Director of Corporate Governance
DIT	Director of Improvement & Transformation
EMD	Executive Medical Director
ED PH	Executive Director of Public Health
ED P&C	Executive Director of People and Culture
ED PP&C	Executive Director of Planning, Performance and Commissioning
ED FCSS	Executive Director of Finance, Capital & Support Services
ED AHPHSD	Executive Director of Allied Health Professions, Health Sciences and Digital
ED NQW&FH	Executive Director of Nursing, Quality, Women and Family Health
EDPCCMH	Executive Director of Primary Care, Community & Mental Health
ABUHB	Aneurin Bevan University Health Board
AFC	Agenda for Change
AGW	The Auditor General for Wales
AHPs	Allied Health Professionals
ALN	Additional Learning Needs
AO	Accountable Officer
ARAC	Audit, Risk and Assurance Committee
ASM	Accelerated Sustainable Model
AR	Audit Recommendations
APB	Area Planning Board
BAF	Board Assurance Framework
BCUHB	Betsi Cadwaladr University Health Board
BMA	British Medical Association
CAAP	Clinical associate in applied psychology
CAMHS	Child and Adolescent Mental Health Services
CCN	Childrens Community Nursing
CEMT	Chief Executive Management Team
CHC	Continuing Health Care
CIW	Care Inspectorate for Wales
CLIP	Collaborative Learning in Practice

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

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

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MHD	Mental Health & Learning Disability
MIU	Minor Injury Unit
MOU	Memorandum of Understanding
MOA	Memorandum of Agreement
MSK	Musculoskeletal
MV	Mass Vaccination
NHSE	National Health Service England
NHS	National Health Service
NHSWE	NHS Wales Executive
NICE	National Institute of Health and Clinical Excellence
NRI	Nationally Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
NNA	Nursing Needs Assessment
OBC	Outline Business Case
OCP	Organisational Change Process
OOB	Out of County
OOH	Out of Hours
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
PA	Physician Associate
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
PCC	Powys County Council
PEQS	Patient Experience, Quality and Safety Committee
PHE	Public Health England
PHW	Public Health Wales
PMVA	Prevention and Management of Violence and Aggression
PPPH	Planning, Partnerships and Population Health Committee
PSB	Public Service Board
PSOW	Public Services Ombudsman for Wales
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
P&C	People and Culture Committee
QA	Quality Assurance
RaTS	Remuneration and Terms of Service Committee
RCN	Royal College of Nursing
RIIC	Research, Innovation & Improvement Coordination
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
VERS	Voluntary Early Release Scheme
WAST	Welsh Ambulance Services NHS Trust
W&C	Workforce and Culture Committee
WCCIS	Welsh Community Care Information System
WG	Welsh Government
WHC	Welsh Health Circular
WHSSC	Welsh Health Specialised Service Committee
WNB	Was Not Brought
WOD	Workforce and Organisational Development
WPAS	Welsh Patient Administration System
WPOCT	Welsh Point of Care Test System
WTE	Whole Time Equivalent
WVT	Wye Valley Trust
YTD	Year to Date

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