Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 5.7

Planning, Partnerships and Population Health Committee	**02 SEPTEMBER 2026**
Subject:	**Partnership Governance and Assurance High Level Report**
Approved and presented by:	Nicola Johnson, Executive Director of Planning, Performance and Commissioning and Executive Mererid Bowley, Executive Director of Public Health
Prepared by:	Assistant Director Partnership Development and contributors
Other Committees and meetings considered at:	Executive Committee 02 September 2026

PURPOSE:

The paper provides the updated Partnership Governance and Assurance High Level Report.

RECOMMENDATION(S):

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

- **ASSURANCE** that appropriate arrangements are in place to monitor and review partnership governance against the PTHB framework.

Approve/Take Assurance	Discuss	Note
Y		

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The Partnership Governance and Assurance Report spans the main partnerships and Joint Committees involving PTHB, which between them cover all the wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

The Partnership Governance and Assurance Framework is in place following approval by the Executive Committee and submission to the Planning, Partnerships and Population Health Committee (PPPH) Committee. (It addresses an Annual Plan action and an Internal Audit recommendation.) It was last updated and received by those committees in Q4 2025/26.

The Framework recommended that there should be a biannual high-level report to PPPH Committee. The third high-level report is attached (**Annexe 1**).

In relation to the multiagency partnerships involving Powys Teaching Health Board (PTHB) (which are predominantly statutory) the updated high-level report provides a view of:

- Risks, issues and mitigation relevant to the health board
- Key changes
- Each partnership's business cycle
- Good practice
- Partnership maturity (which will be populated over time as partnerships undertake self-assessments).

As requested at PPPH Committee on 03 February 2026, this report also provides a spotlight on the Area Planning Board (**Annexe 2**). Given the impact on the Powys population, individuals and NHS resources of alcohol and substance misuse it is important we are fully utilising opportunities to work together in partnership to drive a shift to prevention, early intervention and recovery. The impact on NHS services includes primary care, maternity, mental health, community, emergency and hospital services.

The new Welsh Government signalled in its manifesto the importance of the shift to prevention, the improvement of population outcomes, the development of care closer to home and the protection of vulnerable people in which partnership plays a key role. Specifically, it is committed to developing the role of Regional Partnership Boards and to fostering systematic collaboration and resource sharing between health boards and local authorities. In its first 100 days it has commissioned an external Insight Report on RPBs to help inform the way forward. This paper also provides an update on the management of existing time-limited grants to RPBs from Welsh Government including the Regional Integration Fund (RIF).

BACKGROUND

The approved Framework attempted to provide a basis for understanding PTHB's involvement in partnerships; for ensuring appropriate governance; and for improving partnership working. It used three broad categories "*statutory partnerships*" "*partnerships by choice*" and "*partnership -as a way of working*". In

defining partnerships, which are many and varied, it used, as a starting point, the definition in the Welsh Government guidance:

> Working to achieve a mutually agreed upon goal, to the benefit of all involved groups

The high-level report does not cover all the partnerships listed within the Framework, to prevent duplication where there is already reporting through another route, as summarised in the table below. (The performance of PTHB services funded via partnership grants are reported via the Integrated Quality & Performance Framework).

Level	Partnership included in Framework	Partnership included in High-Level Report
Powys (including where it is designated as a statutory region)	✓Regional Partnership Board	✓
	✓Public Services Board	✓
	✓Powys Community Safety Partnership	✓
	✓Powys Youth Justice Management Board	✓
	✓Area Planning Board	✓
	✓Primary Care Clusters	✓
	✓Local Partnership Forum Advisory Group	This is not included in this report as a Board Advisory Fora Report is a standing item on the Board agenda.
Wider Region	✓Mid and West Wales Regional Safeguarding Boards (CYSUR & CWMPAS)	✓
	✓Violence Against Women, Domestic Abuse and Sexual Violence Regional Boards	✓
	✓Regional Housing Support Collaborative (RHSCG)	✓
	✓Dyfed Powys Local Resilience Forum	✓
	NHS Regional Planning Committees: ✓Mid Wales Joint Committee for Health and Care ✓South East Wales Joint Committee ✓Regional Joint Committee Swansea Bay and Hywel Dda Health Boards	Covered by the Strategic Change report.
National	✓NHS Wales Joint Commissioning Committee	✓

	✓NHS Wales Shared Services Partnership Committee	✓
Partnerships by Choice Schedule	✓Joint Leadership Team Meeting	Reference only as the group which approves Section 33 Agreements.
	✓NHS Cross Border Network (England and Wales)	✓
	✓The Marches Forward Partnership	Watching brief only

Contributors to the third High-level report have included the:

- Regional Partnership Board Co-ordinator
- Deputy Head of Business Intelligence, Powys County Council
- Head of Strategic Planning, Policy and Performance, Powys County Council
- Area Planning Board Manager, Powys County Council
- Housing Support Grant Manager, Powys County Council
- Assistant Director of Nursing
- Assistant Director of Commissioning & Performance
- Civil Contingencies Manager
- Head of Primary Care
- Other Directors and Assistant Directors provided information, signposting and/or advice.

The Framework and High- Level Report attempt to provide information in a way which is succinct, meaningful, and of value to the Health Board. The investment in building and maintaining individual partnerships needs to be proportionate to the potential benefits in achieving shared strategic goals to meet the needs of the local population.

Those involved in co-ordinating partnerships, who contributed to the Framework and Report, have found it helpful to see an overview of the work of other partnerships. Steps continue to be taken to share assessments; to align plans; to share data; and to enable people with lived experience to influence wider partnerships and programmes. Engagement and insight reports are shared through the Engagement and Insight Network.

Key Updates, Risks and Issues

Regional Partnership Board

The new Welsh Government is committed to developing the role of Regional Partnership Boards and to fostering systematic collaboration and resource sharing between health boards and local authorities. To help take this commitment forward, in its first 100 days, it has commissioned The Institute for Public Care to produce an Insight Report to inform the way forward. The review is examining the legislative footing, effectiveness, governance and future role of RPBs across Wales. The previous Government also initiated an evaluation of RIF by The Institute of Health and Care (University of South Wales) which has been underway. The report was expected to be complete by the end of August.

The approved Powys RPB Delivery and Resource Plan for 2026/2027 is supported by a range of Government grants including the Regional Integration Fund; the Integration and Rebalancing Capital Fund; Further Faster; the Housing with Care Fund; Neurodivergence Improvement Programme funding; and Dementia Action Plan funding. Through the RPB Executive Cluster funding is also aligned to shared priorities.

Since the report to PPPH Committee on the 03 February 2026 Wales Audit has published a report on the management of RIF Managing the Regional Integration Fund | Audit Wales

The RIF is a five-year fund running from April 2022 to March 2027. It is WG's main grant to support early intervention, integration, and partnership working through RPBs. Due to the significant financial challenges being faced by health boards and local authorities Welsh Government removed the requirement for tapering in relation to this time-limited fund.

The Audit Wales report found that WG had implemented 5 of the 6 previous recommendations and partly completed the remaining one. Whilst there were improvements it found that WG's funding arrangements were still complex and there were concerns about the longer-term funding to replace RIF funding in 2027. It also identified weaknesses in oversight by statutory organisations of RPB activities and how RIF funding is being used. Health boards and local authorities are responsible for ensuring appropriate oversight takes place.

It reissued two previous recommendations related to further simplifying and aligning funding streams and ensuring appropriate scrutiny of RPB decisions in the regional statutory organisations. It also made two new recommendations to improve the quality of the Welsh Government's oversight of RPB spending.

Within Powys there has been a strengthened focus on RIF over the last two years. In addition to reporting to Welsh Government, in February 2025, PPPH Committee was informed of the detailed Evaluation, Prioritisation and Assurance review of RIF that had been undertaken in Powys involving PTHB officers working with the RPB team and partners.

The first PTHB Partnership Governance and Assurance Framework High-Level Report, in August 2025, highlighted the risk in relation to RIF ending in March 2027 (with no onward arrangements confirmed by Welsh Government) and the need for robust exit planning. It was also recommended that partnership working should be added to the PTHB Organisational Risk Register, including the mitigation of the RIF issue (which has been done). (No specific issues have been escalated in relation to the Housing with Care Fund and the Integration and Rebalancing Capital Fund, which are also due to come to an end in March 2027.)

Relevant actions were built into subsequent RPB Delivery and Resource Plans and PTHB Annual Plans with progress reported, including further prioritisation to address the greatest system risks and strengthening of careful exit management (taking into account principles, impact, outcomes, finance, operational matters, transition plans, workforce, communication, governance & risk management).

To date it remains the case that no WG funding, to follow RIF in 2027/28, has formally been announced. Further work has been taking place within PTHB and with RPB partners to find the best way forward (working in the context of the exceptionally difficult financial situation). All exit plans have been reviewed and a detailed programme categorisation completed across all RIF-funded activity. Work is underway on viable options to mainstream system critical services (including through the Investment Benefits Group, subject to the approval of the Executive Committee). Strengthening impact assessments, communications planning and lessons learned work is underway.

A paper on RIF Exit Management is due to be considered at the RPB's September Board Meeting. Whilst some risks are being managed down, RIF remains at risk level 16 on the PTHB organisational risk register whilst further mitigating work is undertaken.

The chairs of all RPBs in Wales have written to the Minister about the report on the future strengthening of RPBs and the risks in relation to RIF funding. In response a meeting between RPB chairs and the Minister is due to take place at the end of September.

NEXT STEPS:

1. The Partnership Governance and Assurance Framework will be updated annually and a highlight report produced biannually.

A high-level summary of key risks in relationship to partnership working, from a health board perspective, is provided at the end of the report. Risk and mitigation in relation to partnership working and RIF are included Organisational Risk Register and relevant actions submitted for inclusion within PTHB's draft Annual Plan.

Annexe 1 – PTHB Partnership Governance and Assurance Framework High Level Report (Q22026/27)

Powys Multi-Agency Partnerships

Regional Partnership Board (RPB)

RPBs bring together local authorities and health boards to plan and deliver integrated care services, focusing on prevention, early intervention, and better outcomes for people. They coordinate resources, develop joint plans, and manage pooled funds to support key groups such as older people, children with complex needs, and carers. The Powys RPB involves the third sector and other partners. Further details of the RPB's **statutory** basis; Purpose; PTHB Membership; Budget; Plans; and Subgroups are set out in the updated Partnership Governance and Assurance Framework. The RPB Chair is the Chair of PTHB on an interim basis. The PTHB Chief Executive, the Executive Director of Public Health and the Executive Director for Primary, Community & Mental Health (who is the statutory "responsible person") are Members of the RPB Board.

Maturity	PTHB Risks, Issues and Mitigation
The baseline self-assessment undertaken during 2025 remains broadly valid and continues to describe the overall maturity of partnership working across the Powys RPB. Key issues are now: **Shared Strategic Direction:** Strong alignment remains through the Health and Care Strategy, Joint Area Plan and emerging ICCS agenda. However, ensuring sufficient focus and delivery capacity during a period of significant organisational and funding change remains a key challenge. **Governance and Accountability:** Governance arrangements have continued to strengthen through revised Terms of Reference, annual accountability arrangements and improved partnership oversight. A Primary Care representative has now been added to the RPB membership to strengthen partnership links with Cluster developments. **Collaboration and System Leadership:** Relationships remain positive and constructive, supported by a strong culture of partnership working. Nevertheless, sustaining momentum for transformational change while managing RIF exit, financial pressures and organisational priorities remains a challenge. **Co-production and Citizen Voice:** Continued commitment to co-production remains evident, supported by citizen, carer and third sector involvement. Opportunities remain to strengthen	**Resource Plan** The RPB Delivery and Resource Plan for 2026/27 remains focused on the greatest risks facing the Powys health and care system. During Q1, delivery has principally focused on: • Supporting people to return home safely and reducing unnecessary hospital stays. • Preventing escalation of need and reducing avoidable admissions. • Children and young people, particularly those with complex needs and care experience. • Development of integrated models of care and Integrated Community Care Systems. • Prevention, early help and community capacity. • Managing the transition from RIF and identifying future delivery arrangements. • Supporting system sustainability, value and cost avoidance. **Exit Plans** RIF Exit Management remains one of the most significant strategic risks facing the partnership. The 5-year Regional Integration Fund programme is due to conclude on **31 March 2027**, but no formal announcement has yet been made regarding successor funding arrangements. During Q1 the following work has been underway :

feedback loops and demonstrate how insight influences decision making.

Outcomes and Impact Measurement: The partnership has improved its use of evidence, reporting and outcome measures; however, demonstrating the long-term impact of prevention and system integration remains difficult and increasingly important given future funding uncertainty.

This broadly translates across the maturity matrix in the PTHB Partnership Governance and Assurance Framework as follows:

Leadership & Relationships Level 2: Generally positive and effective engagement from all partners. Commitment to open and transparent communication. Shared commitment to success.
Resources Level 2: Compliance with Standing Financial Instructions. Expenditure within delegated limits, but limited information about the impact of expenditure.
Governance Level 2: Assurance Framework in place with regular reporting by exception. Clear route for resolving difficult issues. Risk plan and mitigation in place.
Strategy Level 3: Shared vision. Aligned priorities and strategic plans. Effective horizon scanning. Inclusive decision-making involving partners. Effective joint co-production and engagement. Targeted strategies for improvement.
Operational Working Level 2: Shared commitment to success. Generally collaborative relationships. Recognition of roles and responsibilities, including duties of co-operation.
Outcomes Level 2: Approach for gathering and analysing population, individual and financial outcomes in place, but needs improvement.

Ongoing self-assessment: Welsh Government are updating the RPB Self-Assessment methodology. Further updates will be made

- Detailed programme categorisation has been completed across all RIF-funded activity.
- A structured 8-week assurance and implementation programme has been established to manage RIF Exit
- Minimal Viable Options (MVOs) are being developed for system-critical services where no confirmed future resource exists.
- Impact assessments, communications planning and lessons learned work are underway.

Attention continues to be given to programmes which help reduce pressure elsewhere in the system.

Review of Regional Partnership Boards: The new Welsh Government has commissioned an external review in relation to Regional Partnership Boards which is underway, with draft findings expected during August 2026. The review is examining the legislative footing, effectiveness, governance and future role of RPBs across Wales. Initial focus group discussions regarding the IPC Review have reinforced that the strengths of partnership working lie in relationships, trust, co-production and strategic alignment, whilst highlighting opportunities to further strengthen accountability, outcome measurement and system-wide planning

Growing national discussion around Integrated Community Care Systems is shaping expectations for partnership working, prevention and integration across Wales.

Population Needs Assessment: Work has commenced on developing the next Population Needs Assessment and Market Stability Report, supporting future strategic planning and prioritisation. (The PSB's draft Well-being Assessment 2027 was published for public consultation in July 2026 and has been shared with the RPB.)

available in the Autumn with a likely ask that RPB continue to assess their effectiveness on a going basis.

Key Changes

The process for the appointment of the new chair is underway

Business Cycle

The principal activities for the remainder of 2026/27 are:

- RIF Exit Management assurance, impact assessment and implementation (to March 2027).
- Completion of the Population Needs Assessment (by March 2027 and Market Stability Report (by July 2027)
- Review and refresh of the Joint Area Plan informed by updated evidence and population need.
- Ongoing development of ICCS arrangements and alignment with wider partnership planning.

Good Practice

The RPB Annual Report 2025–26 highlights strong examples of good practice across the partnership, particularly where services are preventative, integrated, co-produced and able to evidence impact.

Prevention and Early Help: Start Well, Live Well and Age Well activity shows a clear shift towards earlier support, helping people and families access help before needs escalate. Examples include Start Well support reaching over 8,000 children, young people and families, Technology Enabled Care supporting over 900 people, and community-based services helping people remain safe and independent at home.

Integrated Care Closer to Home: The report shows good progress in more joined-up community care, including virtual wards, patient flow, integrated brokerage, Home Support and Community Connectors. These services are helping people avoid unnecessary hospital admission, return home more safely, and access support closer to where they live.

Person-Centred Community Support: Home Support, Community Connectors, Befriending and the Prevention Assessment Service demonstrate practical, person-centred support that helps people stay independent, connected and well. Feedback shows people value responsive, local support that reduces isolation, builds confidence and helps them navigate services.

Children, Families and Emotional Wellbeing: Good practice is evident in the emotional health and wellbeing work, NYTH/NEST implementation, Edge of Care support and early help activity. These approaches are relationship-based, trauma-informed and focused on trusted support for children, young people and families before issues become more complex.

Carer Voice and Support: The carers work shows strong progress in identifying, valuing and supporting unpaid carers. The re-established Carers Steering Group, Engage to Change forum, direct support through Credu, and the development of a planned and emergency respite model all strengthen carer voice and help carers sustain their caring roles.

Co-Production and Citizen Voice: The Annual Report highlights meaningful involvement of citizen and carer representatives, the Powys Engagement and Insight Network, Junior Start Well Board, Live Well Forum, Older People's Forum and Llais. These arrangements help ensure lived experience informs planning, service design and improvement.

Social Value and Community Resilience: The Social Value Forum demonstrates the value of small-scale, community-led support. Funded projects have reduced isolation, improved wellbeing, supported independence and strengthened local connections, with volunteers contributing significant time and social value across Powys.

Workforce, Learning and Innovation: Workforce Futures and the Regional Innovation Coordination Hub, show how the partnership is building capacity, testing new ways of working and supporting a more skilled, resilient and innovative health and care system.

More specific examples of good practice can be found in the RPB Annual Report 2025–26 (to be made available on RPB website in September).	

Public Services Board (PSB)	
Details of the PSB's **statutory** basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. This statutory partnership was established under the Well-being of Future Generations (Wales) Act 2015 and its responsibilities are: · To consult on the assessment of Well-being within Powys · To prepare and publish a local Well-being Assessment for Powys · To consult on the Powys Well-being Plan · To prepare and publish a local Well-being Plan for Powys · To review or amend the local Well-being Plan and to publish an amended local Well-being Plan where required · To consult on any amendment to the local Well-being Plan as required · 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. PTHB representation includes the Chair, CEO and Executive Director of Public Health.	
Maturity:	**PTHB Risks Issues and Mitigation**
A National Strengthening PSB Progress Group was established during 2025/26 by Welsh Government, the Future Generations Commissioner's Office, Public Health Wales, Co-Production Network Cymru and PSB representatives, which aims to: • drive improvements in how PSBs operate and deliver against the Well-being of Future Generations Act • bring together national organisations to collaboratively improve PSB effectiveness and impact, and • address challenges identified by PSBs and public bodies to ensure support is coherent, tailored, and systemically desirable. To support the achievement of the above aims, three sub-groups have been formed which will focus on 'monitoring and evaluation guidance', 'communication and visibility' and 'learning spaces. The national group and sub-groups are open to attendance from PSB chairs, board representatives, PSB coordinators and people who support and work alongside PSBs. During 2026 the PSB has continued to engage with the PSB Coordinator Network. The focus has included shared use of intelligence and evidence and developing non-statutory guidance for better alignment between the PSB, RPB and other strategic partnerships.	Closer links to Powys RPB are developing particularly around the sharing of engagement, data and associated insights. The integration of the processes involved to produce the PSBs Well-being Assessment and the RPBs Population Needs Assessment have been explored but due to timescales and demands on the teams involved, integration cannot be pursued for the 2027 publications of these reports. However, conversations and planning will continue in readiness for the next iterations due in 2032, with the aim of limiting the potential for duplication. The information available in the draft Well-being Assessment has been provided for use in the Population Needs Assessment which is currently being developed. While both assessments have separate legislative requirements, at a national level, conversations have begun regarding the potential for integrating both assessments considering their similarities, however this would be subject to legislative changes, and the developing guidance is non-statutory. The PSB ensures that the RPB is informed of activities which may impact on delivery of the Area Plan. The mechanism for how RPB progress is included within the PSB is continuing to be improved. There is a need to ensure timetables are planned and shared in advance of activity to ensure they are effectively aligned, so that the work on preparing and drafting the assessments can also feed into the
Key Changes	
Business Cycle	

PTHB previously approved the Powys PSB Well-being Plan (5-year plan 2023-2028). Planning for the next iteration of the Well-being Plan will commence in 2026 to enable work to take place throughout 2027, ahead of its intended publication on 01 April 2028.
The draft Well-being Assessment 2027 was published for public consultation in July 2026; the consultation will end on 30 September 2026. It is anticipated that the Well-being Assessment will be published on 01 April 2027.
The 2025/26 Annual Report of the PSB and was approved by the PSB in June 2026. It was submitted to the PPPH Committee following approval by the PSB.

Good Practice

6-monthly Engagement and Insight Reports are being produced via the joint RPB/PSB Engagement and Insight Network, which prevents duplication of work and potential engagement fatigue by bringing together the findings gained from existing partner engagement activity into one report, which is shared with the RPB and PSB to ensure senior leaders are informed of engagement findings and are aware of partners' planned future engagement.

In 2026, the Evidence and Insight workstream launched the PSB Hub on Have Your Say Powys, supported development and publication of the Climate Hub, strengthened risk reporting arrangements and continued maintenance of the Well-being Information Bank.

work on the development of the next 10-year Health and Care Strategy. Given current work on the Well-being Assessment and Population Needs Assessment, there is a risk that the timing and resource requirements associated with production of the Well-being Assessment, Population Needs Assessment and wider strategic planning processes place pressure on partner capacity. There is a continued need to evidence the contribution of partnership activity toward long-term well-being outcomes.

A review of Public Service Boards by WAO in 2019 concluded that PSBs are unlikely to meet their potential unless they are given the freedom to work more flexibly and think and act differently. In the Future Generations Report for 2025, the Future Generations Commissioner referenced other report findings relating to PSBs, identifying the need for:

- greater recognition by senior leaders - to promote more effective collaboration across partnership structures;
- a 'One Welsh Public Service' approach – to break down perceived divisions between public services to improve outcomes and reduce resource and capacity pressures;
- geographical alignment of partnerships – to help senior leaders prioritise PSBs, Welsh Government must ensure new policy, legislation and guidance reinforces the importance of PSBs and avoid adding complexity, and
- resourcing of partnerships - emphasising the five ways of working, particularly collaboration, within public sector budgets and grant funding to ensure partnerships are sufficiently resourced.

Powys Community Safety Partnership (CSP)

Details of the CSP's **statutory** basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. In summary, the Powys Community Safety Partnership (CSP) is made up of a number of responsible authorities and agencies that by law, must work together in partnership to reduce crime, disorder, substance misuse and reoffending. Its objectives are to: reduce crime; reduce anti-social behaviour; tackle the drivers of crime (particularly drugs and alcohol); reduce re-offending; reduce the fear of crime; reduce the number of killed and seriously injured (KSI) – Road Safety.

Maturity:	**PTHB Risks Issues and Mitigation**
A self-assessment is undertaken.	
Key Changes	

The Serious Violence Duty has brought in enhanced collaboration on the issue. PTHB as a relevant partner under the Police, Crime, Sentencing and Courts Act 2022 (known as the "Serious Violence Act") has a duty to co-operate. The Powys CSP feeds into the regional Serious Violence and Organised Crime Board spanning Dyfed Powys Police area.	A strategic needs assessment undertaken by the partnership, in relation to the Serious Violence Duty, shows that violence against the person, particularly women and girls, is a significant need to be addressed. The need to ensure prevention of violence against women, domestic abuse and sexual violence (including work within schools) needs to be retained as a focus of the health board working with partners, as this also impacts on primary, mental health and emergency activity.
Business Cycle	
There is a Community Safety Strategy and Community Safety Action Plan. Within PTHB the Executive Director of Nursing, Quality, Women and Family Health chairs a quarterly Strategic Safeguarding Group. Specific issues are reported by exception. An Annual report is submitted to the PEQS Committee and to Board covering Safeguarding, Violence Against Women, Domestic Abuse and Sexual Violence; the Youth Justice Board and Corporate Parenting	
Good Practice	
Annual funding from Home Office under the Serious Violence duty continues for 2026-27 and will focus on targeted interventions Responsibility for Domestic Homicide Reviews has transferred from CSP to the Mid and West Wales Safeguarding Board to be managed under the Single Unified Safeguarding Review process	

Area Planning Board (APB) A fuller spotlight report is provided in Annexe 2	
Details of the APB's **statutory** basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. However, in summary the APB seeks to: strengthen partnership working and strategic leadership in the delivery of the substance misuse strategy; and enhance and improve the key functions of planning, commissioning and performance management.	
Maturity:	**PTHB Risks Issues and Mitigation**
The APB does not yet have a self-assessment process for partnership development but has established a strategic leads group (including the police, county council and NHS), and a financial governance group alongside the main APB with the aim of strengthening partnership working, while also showing clear governance processes.	The APB allocates resources of approximately £2.24m including: • the Substance Misuse Action Fund (SMAF)(£1.2m) • PTHB Ringfenced (£733,000) • OPCC (£75,000) • HMPPS (£59,000) • COMPLEX NEEDS (£177,000) Resources are ring fenced within the budget for specific services such as access to Buvidal, Naloxone, individuals with complex needs, children and young people and residential rehabilitation. Currently Buvidal is funded through a separate SMAF funding allocation. Buvidal is currently
Key Changes	
Welsh Government guidance for APBs is currently being revised.	
Business Cycle	

The APB produces quarterly reports spanning performance against key performance indicators, progress against the annual plan and finance (which is submitted to the Area Planning Board and Welsh Government).	undergoing a Welsh Government review, and a level of uncertainty is present around current funding allocations Wales wide. Over the last twelve months detoxification and rehabilitation placements currently funded through Substance Misuse Action Fund have increased by 100%. As detoxification and rehabilitation is a statutory responsibility additional funding streams will need to be identified through key partners. The emerging findings of an in-depth needs assessment indicate opportunities to: • strengthen referral and treatment pathways to ensure PTHB fully utilises available substance misuse services in the face of growing demand. • prevent alcohol related brain-injury at an earlier treatable stage and to improve outcomes for people using services through earlier intervention in Powys to avoid out of county treatment and admission • improve shared care • improve use of multiagency resources for those with mental health and substance misuse needs in the key age profile 36 to 45 • to strengthen communication and partnership working. • For people with alcohol and substance misuse difficulties who cannot drive, transport to assessment and treatment appointments remains an issue.
Good Practice	
An in-depth population needs analysis has been undertaken to help inform long term and multiagency planning.	

Powys Youth Justice Management Board (YJMB)	
Details of the YJMB's basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. In summary, the Powys Youth Justice Management Board provides an inter-agency management forum to oversee and monitor the work of the Powys Youth Justice Service to meet the statutory principal aim of preventing offending and reoffending by children and young people.	
Maturity:	**PTHB Risks Issues and Mitigation**
National representation at local meetings helps to guide, support, develop ensure linkage with other Youth Justice Boards.	PTHB actively participates and contributes resources. Uncertainly regarding the funding of YJB and if it will be devolved from Westminster to Welsh Government. Turn around Project funding allocated for a further 1 year in comparison to English counterparts who have been allocated 3-year funding. Service Leads are maintaining active engagement with Welsh Government.
Key Changes	
No key changes since the PTHB Partnership Governance and Assurance Framework was published.	
Business Cycle	
There is a Youth Justice Plan 2026-27 and progress against it monitored through a Youth Justice Report every quarter in line national KPIs. There is a national inspection cycle.	

Within PTHB an Annual Safeguarding Report is submitted to the PEQS Committee (July 2026 is the most recent.)	Westminster Knife Crime Guidance requires at least a youth conditional caution for most knife offences; this will impact number of first-time entrant figures for knife-related behaviour. Monitoring of impact via YJMB
Good Practice	
Partnership continues to mature.	
Primary Care Clusters	
Details of the Clusters' basis, Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. In summary, Powys is served by a combination of employed health and social care staff, contractor teams (GP, Community Pharmacy, Optometry and Dentist) and third sector services. A cluster brings together all health and social care services and support across a defined geographical area, typically serving a population between 25,000 and 100,000. There is a shared ambition to achieve the best outcomes for individuals and communities which is achieved through a focus on prevention, early intervention and personalised, coordinated care. There are three key elements: The professional collaboratives; the clusters; and the pan Cluster Planning Group (which is the RPB Executive). (Whilst primary care clusters are an important part of Welsh Government guidance, they are not a statutory partnership. It is expected that Cluster Members reach consensus on decisions through informed discussion.)	
Maturity:	**PTHB Risks Issues and Mitigation**
There was previously a Welsh Government requirement that clusters self-assess annually against the Primary Care for Model Wales (PCMW) and the Accelerated Cluster Development (ACD) frameworks. Scores were self-assessed against "Pre-Foundation"; "Foundation"; "Developing"; and "Mature". This process is currently being reviewed at a national level. Requirements for 2026/27 are yet to be confirmed. There is a peer review process which occurs during quarter 3. Each Health Board receives a peer review and acts as reviewer for other Health Board clusters.	Ensuring clarity of purpose and an effective relationship with the Pan Cluster Planning Group (RPB Executive) remains key. Cluster chairs represent the group at the Pan Cluster Planning Group. The PCPG receives and approves costed improvement plans. The Cluster provides the PCPG with regular updates on delivery against objectives and the associated financial profile. The draft 2026-27 plan was considered at the RPBE in December with priorities including frailty, mental health, urgent care, and prevention (asthma, obesity, diabetes). It should be recognised that clusters work within a wider system and, therefore, the development of the primary and community model extends beyond cluster planning. A senior Cluster Leadership Group has been established to strengthen governance, leadership, strategic planning, and the delivery of cluster priorities, with Executive Director chair and attendees. There is variation in the degree of professional engagement in collaboratives (including due to seasonal pressures) which is being addressed through improved communication. (PTHB will need to keep horizon scanning the cross-border implications of the NHS 10-year plan in England – although this is a wider issue than just primary care.)
Key Changes	
The cluster model was reconfigured during 2025/26 into two clusters following the amalgamation of the South and Mid Clusters from 1st April 2026 onwards. New collaborative arrangements for optometry and community pharmacy established to reflect the new structure. Dental collaborative has been formed and initial meeting held. Cluster Leads have been appointed for the 2026-28 cycle.	
Business Cycle	
Annual Cluster Plans are developed as part of the IMTP process (starting in September 20025). There are quarterly reports to the Pan Cluster Planning Group on progress of development projects. The is a Primary Care Clusters Dashboard. Clusters provide at least bi-annual reports to PPPH Committee.	
Good Practice	

Partnership working within the clusters is maturing. Other parts of Wales have sought to learn from Powys in terms cluster model changes, meeting structures and engagement.	

Mid & West Wales Multiagency Partnerships

Mid and West Wales Regional Safeguarding Boards (CYSUR & CWMPAS)

Details of the Safeguarding Board's **statutory** basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. (CYSUR is an acronym for Child and Youth Safeguarding: Unifying the Region and is also the Welsh word for reassurance and CWMPAS is the Mid and West Wales Regional Safeguarding Adults Board and is an acronym for Collaborative Working and Maintaining Partnership in Adult Safeguarding and is also the Welsh word for scope or remit). The Executive Boards for CYSUR and CWMPAS work together as an overarching regional Board to monitor and improve regional safeguarding activity across Mid and West Wales.

Maturity:

Each partner agency must submit an annual self-assessment against a pre-set template, which PTHB completed for 2025/26. There is also an annual board development day in January, which also assists the development of the annual plan.

Key Changes

No key changes since the PTHB Framework was developed.

Business Cycle

There is an annual plan which is monitored via quarterly performance reports.
The Annual Report from the Mid and West Wales Safeguarding Board is considered by the PTHB Strategic Safeguarding Group and is also submitted to Welsh Government. The report for 2025/26 is due for approved and submission by 31/07/26
Within PTHB an Annual Safeguarding Report is submitted to the PEQS Committee (July 2026 is the most recent). PTHB's 2025-26 Safeguarding Maturity Matrix Improvement Plan has been reported on quarterly to PTHB Safeguarding Strategic Group.

Good Practice

- Mature partnership working
- Coproduction of regional guidance across both adult and child safeguarding
- Regional audit plan
- Collaborative work on National Safeguarding week and campaigns and consultations
- Coordination and oversight of all safeguarding practice reviews and actions plans

PTHB Risks Issues and Mitigation

The safeguarding boards need to ensure links with the Community Safety Partnerships, National Independent Safeguarding Board and Welsh Government.
PTHB provides a resource contribution.

Partnership work has been underway:

- Developing a culture of collaboration and innovation across the partnership, which promotes a safe, skilled and resilient workforce
- Measuring, evidencing and understanding the impact of this Board's work on professional practice, and how this improves outcomes for children and adults at risk
- Undertaking systemic analysis of organisational performance and change to better understand its impact on children and adults at risk.
- Continuing to influence and contribute to the national strategic agenda to support improvements in safeguarding legislation, guidance and policy.

Violence Against Women, Domestic Abuse and Sexual Violence Regional Boards (VAWDASVRB)

Details of the VAWDASVRB's **statutory** basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. In summary, this statutory partnership delivers the regional strategy on violence against women, domestic abuse and sexual violence.

Maturity:	**PTHB Risks Issues and Mitigation**
Each partner agency must submit an annual training report against a pre-set template to the partnership and Welsh Government, which PTHB completed for 2025/26. Board development day arranged for 2026/27	Funding of the partnership is on an annual basis in terms of Welsh Government, which is resulting in projects of a year or less. Local agency partner funding is yet to be determined. Key areas of focus are: • Challenging public attitudes towards violence against women, domestic abuse and sexual violence across the population through awareness raising and a space for public discussion with the aim to decrease its occurrence. • Increasing awareness in children, young people and adults of the importance of safe, equal and healthy relationships and empowering them to make positive personal choices • Increasing focus on holding to account those who commit or may carry out abusive or violent behaviour to change their behaviour and avoid offending/reoffending • Making early intervention and prevention a priority • Ensuring relevant professionals are trained to provide effective, timely and appropriate response to victims and survivors • Providing all victims with equal access to appropriately resourced, high quality, needs-led, strengths based, intersectional and responsive services.
Key Changes	
No key changes	
Business Cycle	
The Mid and West Wales Violence Against Women, Domestic Abuse and Sexual Violence Strategy 2023-27, supported by an annual implementation plan. Progress is monitored via quarterly reports to the VAWDASV Board and via an Annual Report to Welsh Government. Also, within PTHB quarterly updates on progress are given to the Strategic Safeguarding Group. Within PTHB an Annual Safeguarding Report is submitted to the PEQS Committee (July 2026 most recent).	
Good Practice	
The 5-year strategy sets out the priorities Regional Survivor panel supports co production and expertise by experience Regional Reporting data set being developed Review of MARAC process underway	

Dyfed Powys Local Resilience Forum (LRF)

Details of the LRP's **statutory** basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. In summary, the Dyfed Powys Local Resilience Forum sits at the apex of local civil protection arrangements in mid and south-west Wales. Its overall purpose is to ensure that there is an appropriate level of preparedness to enable an effective multi-agency response to emergencies which may have a significant impact on the communities of Dyfed Powys.

Maturity:	**PTHB Risks Issues and Mitigation**

Multiagency training and exercises take place. There are national resilience standards for LRFs. There are ad hoc peer assessments of the LRFs.	The PTHB programme of work continues to be driven by national, regional and local risk assessment and responses to incidents /emergencies. Civil Contingencies related risks are included on both the organisational and strategic risk registers; these risks are monitored via the PTHB Executive Committee and Board. There is a financial review underway.
Key Changes	
No significant changes	
Business Cycle	
Regular updates and assurance on the delivery of the Dyfed Powys LRF Business Plan are monitored via the Training and Coordination Group and the Strategic LRF Group PTHB produces an Annual Report on Civil Contingencies Planning which is submitted to the Board of PTHB and to the NHS Wales Performance and Improvement. The LRF is currently reviewing the Terms of Reference from all group and sub-group meetings to ensure that they remain fit for purpose.	
Good Practice	
There is continued access to a range of multi-agency training and exercising opportunities is available for PTHB staff.	

Regional Housing Support Collaborative Group (RHSCG)	
The RHSCG is currently led by the Housing Support Grant leads for Ceredigion, Carmarthenshire, Pembrokeshire and Powys. The group meets quarterly to discuss regional priorities relating to the commissioning of homelessness prevention and housing support services, with a focus on identifying opportunities for collaboration and alignment across the region. Upcoming commissioning and recommissioning activities across the region are key agenda items, providing opportunities to identify synergies, share best practice and explore options for collaborative or joint commissioning where appropriate. The group has also agreed to share information, learning and relevant documentation to support consistency and efficiency across the region. In addition, the RHSCG is reviewing data collection and performance monitoring requirements with the aim of achieving greater consistency across local authority areas. This work seeks to reduce unnecessary administrative burdens on commissioned providers, particularly third sector organisations, by avoiding requests for significantly different datasets unless there is a clear local requirement arising from specific service needs, population demographics or local circumstances.	
Maturity:	**PTHB Risks Issues and Mitigation**

The continued development of the RHSCG has created greater opportunities to align commissioning approaches, service specifications and contract management arrangements across the region. The group is also working to improve consistency in data collection and performance monitoring requirements, helping to reduce unnecessary administrative burdens on providers whilst ensuring that local reporting requirements remain responsive to specific demographic, service and geographical needs. This work will continue throughout 2026-27 as part of a wider commitment to collaborative commissioning and service improvement.

Key Changes

To inform the development of the next Housing Support Programme Strategy, due for publication in 2027, a comprehensive Housing Needs Assessment is currently being undertaken. The assessment will provide an updated evidence base on housing support and homelessness prevention needs across Powys, helping to identify emerging trends, service gaps and future priorities. The findings will be used to shape commissioning intentions and ensure that the future Housing Support Programme Strategy is responsive to local need and aligned with wider strategic objectives.

Business Cycle

Powys Housing Support Programme Strategy (extended to a 5th year)
Rapid Rehousing Strategy
https://en.powys.gov.uk/media/16238/Local-Housing-Strategy-for-Powys-2022-26/pdf/tkPowys_HSP_Strategy_2022-26.pdf?m=1708682315643

https://powys.moderngov.co.uk/documents/s80685/Appendix%20A%20-%20Rapid%20Rehousing%20Transition%20Plan%20v6.pdf

Good Practice

A significant programme of commissioning activity was undertaken during late 2025 and early 2026, culminating in the successful re-tendering of Housing Related Floating Support Services across Powys. The new contracts are now in place and are being delivered by The Wallich, Kaleidoscope and Sense Cymru.

The recommissioning process provided an opportunity to review service specifications, outcomes and delivery models to ensure services remain responsive to current and emerging needs. The new arrangements strengthen Powys' non-statutory homelessness prevention offer and support the delivery of person-centred services that help people maintain independence, sustain accommodation and prevent homelessness.

Regional Co-ordinator Vacancy

The Mid and West Wales local authorities remain committed to recruiting to the Regional Development Co-ordinator (RDC) post and continue to review options for securing a sustainable appointment. The role is recognised as an important mechanism for supporting regional collaboration, coordinating shared work programmes, facilitating engagement with partners and driving forward regional priorities relating to homelessness prevention and Housing Support Grant (HSG) activity. In the absence of an RDC, there is a risk that progress on regional initiatives may be slower, with increased reliance on local authority HSG leads to coordinate activity alongside existing operational and strategic responsibilities. There is also a risk that opportunities for collaborative commissioning, service alignment, shared learning and regional project development may not be progressed as consistently or at the same pace as would be achievable with dedicated regional capacity.

To mitigate these risks, local authority HSG leads continue to coordinate regional activity through the Regional Housing Support Collaborative Group (RHSCG), share information and best practice, and identify opportunities for joint working in line with Housing Support Grant Guidance, Housing Support Programme Strategies and Rapid Rehousing Transition Plans. Recruitment options, funding arrangements and the long-term sustainability of the RDC role continue to be explored collaboratively across the region.

Prevention of Homelessness

The Powys Housing Support Grant (HSG) allocation for 2026-27 is approximately £8.5 million, with no clear indication on what funding levels will be in 2027-28. The HSG funds a range of non-statutory homelessness prevention and housing support services, including: • Montgomery Family Crisis Centre; Calan Domestic Abuse Service; The Wallich Floating Support Service; Mind in Powys; Sense Cymru; Kaleidoscope; The Housing Related element of 24-hour specialist social care support, including support for people with learning disabilities; Hoarding Prevention Services; Age Cymru Powys; Powys Housing Support Team

PTHB Representation

PTHB representation on the Homelessness and Housing Support Grant Management Board would be welcomed.

The new contracts also provide opportunities to strengthen partnership working with statutory services, including Housing, Social Services and Powys Teaching Health Board (PTHB), ensuring a more coordinated approach to supporting individuals with housing-related support needs.

National Partnerships

NHS Wales Joint Commissioning Committee (NWJCC)

The NHS Wales Joint Commissioning Committee (NWJCC) is a formal joint committee representing all seven Health Boards in Wales. While each Health Board plans and delivers services for its own local population, some services are so specialist, complex, or low-volume that they need to be commissioned once for the whole of Wales. NWJCC brings the Health Boards together to do exactly this, ensuring that nationally commissioned services are planned consistently, collaboratively, delivered safely, and available equitably to everyone, wherever they live in Wales.

The JCC commissions:

- Ambulance Services and National Programmes: Welsh Ambulance Services and NHS 111 Wales
- Specialist Mental Health, Learning Disabilities & Vulnerable Groups: Secure mental health services, perinatal and eating disorder inpatient care, and gender services for adults, children and young people
- Specialised Services: Cardiac, Cancer and Blood, Neurosciences, Rare Diseases, Women and Children, and Welsh Kidney Network

Maturity:

In line with Section 9.2 of the NWJCC Standing Orders there is regular self-assessment of the Committee’s performance & operation. The results for 2024/25 were reported on 15/7/25. Areas to further strengthen were: the Committee development programme; Risk Register & Assurance Framework (differentiating JCC and Health Board risks); development of a population-based strategy; and report writing.

Key Changes

New Team structure comprising: Juliet Brown, Chief Commissioner; Ross Whitehead, Director of Commissioning for Ambulance Services and National Programmes; Sue O’Leary, Director of Commissioning for Specialist Mental Health, Learning Disabilities and Vulnerable Groups; Melanie Wilkey, Director of Commissioning for Specialised Services; Iolo Doull, Medical Director; Carole Bell, Director of Nursing

PTHB Risks Issues and Mitigation

- The impact on the other services for which PTHB is responsible (including primary and community services) if the financial requirement for JCC delegated services exceeds health board uplift.
- Financial Sustainability Plan approved on basis of £16.2m contribution from HBs.
  - In year savings progressed: high secure and MH negotiation (£1.5m improvement).
  - Implemented financial management processes including Q1 Financial Sustainability Review through Value, Efficiency and Sustainability Programme from which funding can be released of £1.3m (with further £4.5m under review until September).
  - Work being progressed through Value, Efficiency and Sustainability Programme has potential to release £2.6m.
  - Impact of the early progress has reduced the original £16.2m commissioner contribution with £1.5m delivered and further 2 green categories. Would result in £10.8m contribution from commissioners.
  - Further opportunities in future months: Ambulance and 111 (£0.2m), Mental Health (up to additional £1m linked to Caswell), Specialised Services (£5m).

and Quality Assurance; Stacey Taylor, Director of Finance and Value / Deputy Chief Commissioner; Georgina Galletly, Director of Corporate Planning and Strategy; Aaron Fowler, Committee Secretary; Lee Leyshon, Deputy Director of Communications and Engagement

Governance structure

The Joint Committee -The Joint Committee's role is to:

- Determine a long-term strategy for the commissioning of services delegated to the JCC
- Produce an Integrated Medium-Term Plan which describes how these services will be delivered on behalf of LHBs through clear 'commissioning intentions' which informs and compliments the LHBs Integrated Medium-Term Plans (IMTPs)
- In commissioning services, the JCC will act in accordance with the Directions and Scheme of Delegation of the health boards and will, for the relevant functions:
  - Identify and evaluate existing, new and emerging services and treatments and advise on the way in which these services should be delivered
  - Develop policies for the equitable access to safe and sustainable, high-quality health care services across Wales for those services which fall within the scope of the JCC
  - Determine annually those services that should be commissioned on a regional or national basis
  - Determine the appropriate level of funding for the commissioning of directed and delegated services at a regional or national level and determine the contribution from each LHBs for those services (which will include the running costs of the JCC and the Joint Commissioning Team) in accordance with any specific directions set by the Welsh Ministers

- Delivery against Strategic Priorities 26/27:

RAG Rating:
BLUE - Complete, GREEN - On Track, AMBER - Slight Slippage or caution around delivery, RED - Significant Slippage or significant caution around delivery, WHITE – Project Not Yet Started

Strategic Priority	Quarter 1 Deliverables	RAG
Ambulance / 111 Review	• Overview Report including productivity and baseline performance pack across the four commissioning domains – **Q1**. • Initial gap analysis between current commissioning information and what the framework requires. – **Q1** • Engagement plan with WAST and health board partners – **Q1** Amber on basis that deliverables not fully achieved, but progress is ongoing.	
Cardiac Review	• Commence work with Shared Services to reduce TAVI device costs – **Q1/Q2** • Collate comparative provider cost/activity data (Wales & England) - **Q1/Q2** • Provider self-assessment against the Cardiac Surgery Service Specification - **Q1/Q2**	
Neo-Natal Review	• Presentation of findings of Mat/Neo Assessment to QSOC 27/4/2026 – **Q1** • Baseline review of current Neonatal commissioning via the JCC – **Q1** Amber on basis that workforce data collection is ongoing.	
Renal Deep Dive	• Commercial contracts – **Q1** • Commissioning commitments between providers and WKN/JCC – **Q1** • Analysis of current flows and activity – **Q1/Q2** • Pathway impacts and interdependencies – **Q1/Q2** • Quality and Outcomes – **Q1/Q2**	
Mental Health Review	• Planning phase of project development, including baseline financial and placement positions near completion. Slight slippage on project set up – **Q1** • Summary of strategic context and evidence base for medium and low secure provision and assessment of population need and demand. This has started and will be developed further with a first draft by July. **Q1/Q2**	
IPFR Deep Dive	• Due to start in **Q2** – No deliverables identified for **Q1**	
Thrombectomy Deep Dive	• Undertake review and document previous decisions, timelines and phasing. – **Q1** • Undertake review and utilisation of existing commissioned services and constraints to achieving the expected thrombectomy rates. – **Q1** • Link with NHS Performance and Improvement (P&I) to understand aims and timelines for the Stroke Regionalisation programme. – **Q1** Amber on basis that data review taking more time to progress than original planned timescales and further engagement with NHS P&I / networks required.	
Pathways & Referral	• Analyse patient pathways and identify opportunities for change: - **Q1/Q2** ○ Identify pathway improvement and development opportunities across all products (provider/specialty/HB combinations). ○ Continue to investigate the potential around a referral management system and process with a clear benefits realisation case. This will include expected KPIs targets for reduction in referrals that can be factored into JCC IMTP Planning and LTA discussion with providers for 2027/28. ○ Continue to develop internal Dashboards to support analysis and understanding, including potential access to Referral data.	
Sustainability & Efficiency	• Collate insights and outputs from the 'Value and Sustainability' workshop to inform the development of an initial programme or project brief for further consideration by SLT. – **Q1** • Establish projects which will deliver savings. **- Q1** Amber on basis that whilst project governance has been established there is medium to low confidence in delivery across some key schemes and the focus is now to ensure a line of sight to improving confidence of delivery across the pipeline of savings opportunities.	

A short independent review has been initiated about commissioning practice

- Secure the provision of services delegated at a regional and national level including those to be delivered by providers outside of Wales
- Ensure the JCC operates within an appropriate governance framework.

Members: Ian Green, Chair; Lay members – Susan Elsmore, Paul Worthington, Nia Roberts, Shameem Nawaz, Mandy Rayani; Full Committee Members – CEO/s of HBs; Associate Committee Member- Julie Brown, Chief Commissioner

Collaborative Commissioning Leadership Group (CCLG)

- Provide Executive level support to the Chief Commissioner and JCC team in partnership and collaboration to plan, advise, develop and implement key plans and strategies (including the IMTP) for the JCC.
- PTHB represented by the Executive Director of Planning, Performance and Commissioning.

Collaborative Commissioning Delivery Group

- First meeting 30/7/26 – commissioning forum for HB and JCC to scrutinise, test and shape JCC business.
- Provide assurance and recommendations to CCLG, JCC and its sub committees as appropriate.

PTHB represented by Deputy Director of Performance and Commissioning.

Business Cycle

Foundation Plan 2025/26.Annual Plan 2026/27 submitted.
IMTP 2027-30 development update

- Commissioning Intentions 2027-30 to set out how JCC will shape priorities, resource allocation and service development over next 3 years. Workshop held on 30/6 agreeing that the CI's would focus on outcomes, taking into account D&C, quality, value and equity. Performance, risk, quality and financial information to support timely assurance and escalation to support decision making. Use robust

commissioning specifications with clear outcome measures and performance frameworks. Ensure future proposals are clinically assessed, supported by evidence and EIAs. Cross cutting themes identified including population need, collaborative commissioning models, sustainability and efficiency, prioritise prevention.

- Prioritisation and risk assessment process – review has been undertaken to ensure clinical oversight to determine priority areas for investment, recommissioning, transfer commissioning or disinvestment. Evidence and risk-based assessment that incorporates clinical (quality and outcomes), financial (value and sustainability) and delivery (activity) to be undertaken to inform prioritisation and ultimately proposals for inclusion in the draft IMTP. This process to run from summer months into the autumn.

- High level plan has been developed:

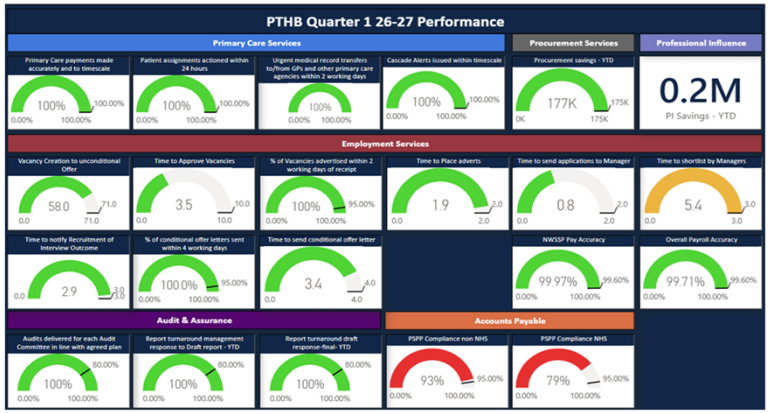
- Comms and Engagement Plan has been developed. Key collaborative working to take place via the CCLG and CCDG with workshop for early Sept to discuss and refine commissioning intentions.

Good Practice

Details of the NWSSP's basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. As a hosted organisation NWSSP operates under the legal framework and Establishment Order of Velindre University NHS Trust. (The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012)

Maturity:	**PTHB Risks Issues and Mitigation**
The ten NHS bodies (the Partners) in Wales participate in the Shared Services Partnership Committee and take collective responsibility for the delivery of the services through a Hosting Agreement between the Partners. (The self-assessment process for the NWSSP Committee is being confirmed.).	Welsh Government's independent review of NWSSP's accountability arrangements confirmed that the existing governance arrangements are fundamentally sound. Recommendations were made to further strengthen clarity, assurance and accountability. Since publication, the Welsh Government has convened an Implementation Group, comprising representatives from the Welsh Government, NWSSP, the Trust and health boards, to oversee and coordinate delivery of the accepted recommendations. In 25/26 NWSSP broke-even and remains in a financially stable position. However, there is a significant cost pressure in relation to Welsh Risk pool, particularly in relation to clinical negligence costs. In 2025/26 NWSSP managed a turnover of £717 million. The PTHB spend in 2025/26 for these services provided by NWSSP was £3.236m. Performance is generally positive: key areas requiring improvement are the service turnaround time of draft audit reports and digital workforce solutions customer satisfaction. Q1 26/27 performance in relation to PTHB below. Possible areas for further collaboration include Foundational Economy, efficiency / productivity (i.e. streamlining processes); service change, legal, procurement, regional working (i.e. opportunities to do it "once for Wales"), national insourcing, cross border, rural areas, learning from England in terms of new regime and challenges, medical examiner provision, agency and recruitment processes, risk pool and risk sharing/ learning lessons. Key issues in current work: Procurement of a future Electronic Staff Record (ESR) workforce information system underway jointly with NHS in England is moving forward. Work related to the business case for Transforming Access to Medicines (TRAMS) (involving shared pharmacy technical services) is being undertaken. (This is in relation to the sterile preparation of medicines in Aseptic Units).
Key Changes	
The new independent chair is Dr Sue Barnes.	
Business Cycle	
The Shared Services Partnership Committee Assurance Report summarises key matters, including achievements, progress and any related decisions. This is used to inform the PTHB Chief Executive's update to the Board, when there is a matter of significance. In July 2026 the Shared Services Committee considered NWSSP's Annual Report for 2025/6. NWSSP representatives met the PTHB Executive Committee on the 9th July 2026.	
Good Practice	
• Delivering decarbonisation innovation • The primary care workforce intelligence system delivery • NHS Wales Influenza Vaccination Procurement and Distribution • National Insourcing to improve access to first outpatient appointments	

Summary Performance



Partnerships By Choice

NHS Cross Border Network (England and Wales) [update from minutes of last meeting sent through]

This is a partnership by choice. Further details are provided in the Partnership Governance and Assurance Framework. This group considers issues both pertinent to the immediate England/Wales border and wider cross border issues impacting across England and Wales.

Maturity:	**PTHB Risks Issues and Mitigation**
The Cross Border Network has been in place for more than 10 years.	• Elective care policy differences between England and Wales • "Choice" policy for English patients registered with Welsh GPs • Differences in the funding and commissioning arrangements between England and Wales • Escalation and dispute resolution process set out in the Statement of Values and Principles and its application • New operating model in England (NHS England regional operating models published June 2026 and operational from October 2026. Different process and timescale for Integrated Care Boards) • Discharge arrangements • Interoperability of NHS systems • Rural populations reliant on smooth cross border working
Key Changes	
The NHS Cross Border Network is jointly chaired by a representative from the NHS in England and the NHS in Wales. Updated terms of reference.	
Business Cycle	
Quarterly meetings	
Good Practice	
The group sponsors collaboration between Health Boards and Integrated Care Boards on both sides of the border. Statement of Values and Principles	

The table below is a "heat map" of risks in relation to partnership working from a PTHB perspective, to help inform risk management. Mitigating actions are being built into plans. For the most part these are cross-cutting, but where the risk is in relation to a specific partnership this is given. The PTHB Organisational Risk Register includes Partnership Working and RIF Exit Management.

	PTHB Partnership Governance & Assurance High Level Report Summary of Risks Q2 2026/2027				
LIKELIHOOD	IMPACT				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost certain 5				◇JCC resource requirement exceeding uplift to health boards	
Likely 4			◇Focus on immediate system pressures limits resource allocation to prevention. ◇Short-term funding affects recruitment and continuity ◇ Changes to grant funding affecting vulnerable groups in Powys. ◇Insufficient information about outcomes.	◇Pressures arising from some RIF funded projects/posts during to funding ending in March 2027	
Possible 3			◇Difficulty aligning strategy and planning arrangements due to different statutory requirements and timetables. ◇Unintended consequences of changes to RPB accountability.	◇Difficulty focusing on areas of greatest system opportunity and impact within complex partnership arrangements. ◇Insufficient co-production and involvement of those with lived experience.	

			◇Difficulty confirming the PTHB contribution to some partnerships (representation and/or resource) ◇PTHB Standing Orders and Scheme of Delegation not up to date in relation to partnerships.		
Unlikely 2			◇Partners Do Not Share vision & strategy ◇Section 33 Agreements not signed	◇Partnerships overspend	
Rare 1					◇Partnership "Never Events" such as legal action between partners; noncompliance with Standing Orders or the scheme of delegation.

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

Annexe 2

SPOTLIGHT REPORT ON THE POWYS AREA PLANNING BOARD

Area Planning Boards (APBs) were established in each local authority in 2010 to deliver the Welsh Government (WG) Substance Misuse Strategy 'Working Together to Reduce Harm'. APBs provide a regional framework, to strengthen in relation to substance misuse partnership working, strategic leadership, planning, commissioning and performance management.

The Powys APB also has a Finance Group; a Leadership Group; an operational Drugs Related Deaths (DRD) Group; an Adult Harm Reduction Group; and a Young Person's Harm Reduction Group- all also identifying emerging trends and needs.

Legislative Framework
The legislative framework relevant to APBs includes:

- The Wellbeing of Future Generations (Wales) Act 2015;
- The Social Services and Well-being (Wales) Act 2014, which requires local authorities and health boards to assess population care and support needs, including substance misuse, and prioritise service integration.
- The Crime and Disorder Act 1998, requiring responsible authorities, including health boards, to formulate and implement strategies to reduce crime and disorder and combat misuse of drugs, alcohol and other substances.
- Housing (Wales) Act 2014, which requires early help for people who are homeless or at risk of homelessness, recognising links between homelessness and substance use.

Funding
The key sources of funding for APBs are:

The Substance Misuse Action Fund (SMAF -Revenue) is allocated by Welsh Government each year (based on a formula) with formal approval subject to the submission of an expenditure plan.

Priorities for the use of these resources align to 'Working Together to Reduce Harm': improving the access, availability and quality of children and young peoples' services; addressing waiting lists including those for in-patient services; tackling alcohol misuse; commissioning appropriate detoxification and rehabilitation services; and integrating recovery into mainstream services.

Substance Misuse Action Fund (SMAF–Capital) is allocated by WG via a national bidding process once a year (although this is subject to change). Proposals must first be approved by APBs in line with their agreed Estates

strategy. Priority is given to proposals which: focus on improving the capacity, access and/or quality of treatment facilities through the creation of multi-agency bases, residential treatment and detoxification centres, increasing GP shared care participation, youth facilities, mobile outreach and day-centres; demonstrate collaborative ventures between partnerships on a regional (or multi-regional) basis; and address assessed local need and reflected priorities in action plans.

Local Health Board ring-fenced funding for substance misuse services. WG requires APBs to work collaboratively with their respective health boards to ensure that the funding allocated to tackling substance misuse is both coordinated to provide the most effective use of the available funding and to avoid potential duplication. Given that the APBs have responsibility for agreeing and signing off the Health Board's contributions to substance misuse, the need for consideration of the assessed needs of the region alongside the current APB commissioning strategy must also be taken into consideration to ensure the best outcomes are delivered.

Funding allocations to Health Boards for substance misuse services are subject to confirmation from the APB Chair that the use of these resources complements the delivery of the Welsh Government Substance Misuse Strategy, the Health Board local delivery plans and local substance misuse action plans.

Other Funding: Funding is also provided to the APB His Majesties Prison and Probation service and the Office of Police and Crime Commissioner.

Needs Assessment

The APB has carried out a needs assessment across Powys utilising partnership data. Some key highlights are below:

- Case-load data identified the 36–45-year-old age group as dominant within multiple services, indicating the point of crisis for individuals where they become actively engaged within services.
- Referrals into services from criminal justice partners show the predominant age profile is 26-35, highlighting that first contact with the adult treatment system is likely to be from within the criminal justice system.
- Young people aged 12–15 is a key age profile within Child and Adolescent Mental Health Services (CAMHS) and highlights the need for prevention and early intervention, with more research and planning also required to target the 16–25 cohort who are mostly in contact with the "Detached Youth" team.
- Within Mental Health, Social Services and the Police, there is a need for a more in-depth analysis of the correlation between substance misuse and mental health; the links with Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV); and research around inter-generational substance misuse.

- Powys data shows some of the highest numbers within a Wales-wide rise in stimulant based medication being prescribed. Research also shows that 10-15% of young adults in Powys have a prior history of substance misuse. More research is needed into comorbidities, such as Neurodiversity and substance misuse.

The APB has developed recommendations arising from the needs assessment to inform planning and its recommissioning strategy laid out in line Welsh Government's key pillars of: Preventing harm; support for individuals; supporting and protecting families; tackling availability and protecting the community; and stronger partnerships and co-production.

Preventing Harm: A full alcohol strategy is needed to manage the multiple complexities that alcohol dependency can bring, together with a clear treatment pathway.
The APB needs to explore potential links between third sector provision and primary care to expand and enhance support for individuals with a prescription for both opioid and alcohol-based medication.

Clear pathway documents need to be developed to guide people through what can be a complex treatment system. Current housing assessment data supports the need to take a 'Housing First' partnership-based approach to key areas of need including substance use, mental health, and resettlement, as well as transitions between young people's and adult services.

An awareness-raising campaign focusing on education, training and resources is required to raise awareness of substance misuse and its impact on the night-time economy.

Work is needed to manage and overcome the barriers posed by rurality, including travel time to needle exchange and pharmacy provision which is greater than one hour for many service users.

The APB also needs clearer understanding of substance misuse education in Powys schools, including impact, gaps and duplication (and how to improve this).

Trends in prescribing Pregabalin and Gabapentin, and Opiate based medications require further analysis, with a view to understanding implications for APB strategy and commissioning, and support needs.

The reported increase in prescribing medications in relation to ADHD and a prior history of substance misuse needs further research.

On the Welsh National Database for Substance Misuse, in 2025/26, Powys (Kaleidoscope) remained the highest area in Wales for offering Blood Borne Virus tests to clients (79 %) and the largest percentage (64.4%) of clients

tested and matched for the second-year running, helping illustrate the quality work being provided in Powys.

Through collaboration with PTHB, Kaleidoscope in Powys have also recently commenced providing Hepatitis B vaccinations, and in the last quarter of 2025/26 provided first vaccinations to 74 clients.

The APB continues to monitor and support testing across service provision.

Support for Individuals: APB funding supports several specialist roles across Powys and consideration needs to be given to whether it would be possible to develop a multidisciplinary specialist assertive outreach team, working across both the statutory and voluntary sectors.

Analysis of treatment data shows that older clients are more likely to present with long-term alcohol dependency. These individuals should be placed on a targeted treatment pathway that includes evidence based preventative care for Alcohol Related Brain Damage. Early intervention can reduce long-term health and social care costs.

Partner data highlights an under-represented 16–25 age group—often the stage where substance use shifts from experimentation to habitual patterns, potentially leading to dependency in later years. To address this gap, future APB commissioning should establish a transitional team to bridge young people's and adult services, ensuring early engagement and support.

A trauma-informed, multi-agency approach is needed to intervene earlier and prevent escalation.

Long-term prescribing is a key aspect of treatment, with 52% of opioid substitution therapy clients in treatment for over five years—many for over a decade. A workstream should explore implementing a shared care model, aligned with upcoming service recommissioning.

Neurodiversity intersects with criminal justice, mental health and substance misuse and should be considered within the broader definition of multiple disadvantage.

There need to be clear referral and treatment pathways as some are underutilised at present.

Supporting and Protecting Families: CAMHS data highlights ages 12–14 as a key group for early intervention. A one-year pilot dual diagnosis worker in CAMHS could assess prevalence of co-occurring issues and inform future funding. There needs to be further consideration of cases not accepted into services.

Stigma remains a barrier to treatment. Awareness-raising with professionals and communities has begun through the ANEW project, with service-user videos praised in Wales and abroad.

Further work is needed to clarify the support available for families with substance misuse issues.

In addition to moving towards a more preventative approach and strategy in relation to substance use, there must also be a more recovery focussed outcome for individuals. Information provided through the Schools Health Research Network (2024) identifies the need for a clear referral pathway for young people through the treatment system in line with the new Welsh Government Substance Misuse Treatment Framework: Integrated Substance Misuse Service Provision for Children and Young People (2024).

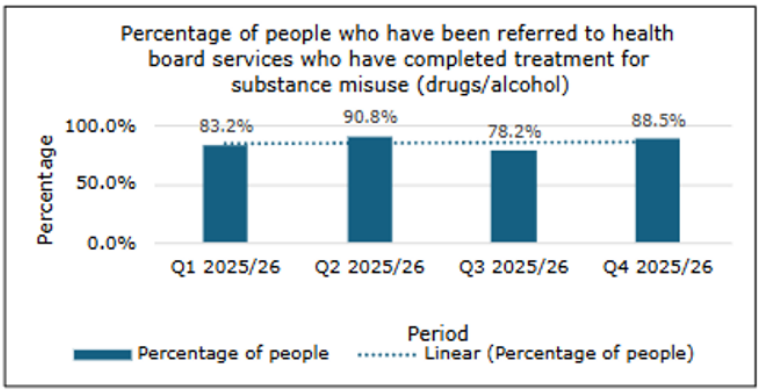
Tackling availability and protecting the community: Police and partnership data highlights areas in Powys requiring targeted intervention, including in relation to domestic violence; steroid and image enhancing drug use; and rising use of benzodiazepines, heroin, and ketamine. This calls for targeted harm reduction campaigns, multi-agency outreach, and the development of a shared intelligence and data-sharing framework to support prevention efforts.

Stronger partnerships/ Co-production: In 2025/26 the APB is developing a communication strategy, exploring a dedicated data capture system, considering expanded virtual engagement and responding to service-user feedback on the need for a structured staff/partnership training programme to ensure consistent knowledge and professional development across adult and youth services.

PTHB monitors the percentage of people referred to services who have completed treatment for substance misuse.

Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)	PM3

Latest Period	Executive Lead – Elaine Lorton - Executive Director of Primary, Community Care & Mental Health
Q4 2025/26	
Target	
80%	
Reported position	
88.5%	
Escalation level	
Level 1	
SPC assurance	
N/A	



Summary

What the data tells us

Performance continues to fluctuate by quarter although the target has been achieved 3 out of 4 reported quarters. Latest performance is positive and above target reporting 88.5% in Q4 25/26. PTHB ranks 4th in Wales with an All-Wales reported position of 88.0% for the same period.

Key challenges/ issues

- Interpretation of the target varies across Wales. PTHB have focussed service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence, and clients may access the service for a significant length of time.
- South Powys Dual Diagnosis worker role remains vacant.

Key action/ initiatives

- The provider has recently been awarded a contract to deliver wellbeing service from Housing Support Local Authority.

The Shift to Prevention and a Whole System Approach

The Deputy Minister for Public and Preventative Health portfolio includes addiction and harm reduction, with a commitment to work across Welsh Government to tackle risk factors and strengthen support.

The shift to prevention should focus on population health and primary prevention, within a whole-system approach, from prevention to recovery.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 5.8

Planning, Partnerships and Population Health Committee	**15 SEPTEMBER 2026**
Subject:	**Meeting the Needs of Children with Additional Learning Needs in Powys: Update Report**
Approved and presented by:	Paul Hooton, Executive Director of Nursing, Quality, Women and Family Health
Prepared by:	Designated Education Clinical Lead Officer (DECLO) Head of Nursing, Children's Services.
Other Committees and meetings considered at:	Previous Paper presented to Executive Committee and PPPH Committee in February 2026

PURPOSE:

This purpose of this paper is as follows:

- to update the Committee on the Health Board's responsibilities under the Additional Learning Needs and Education Tribunal (Wales) Act (the ALN Act) and ongoing activity to work with Education partners to meet the needs of children and young people with additional learning needs.
- To raise awareness regarding to the introduction of a national reporting framework for Health Boards in relation to their compliance with key statutory duties under the ALN Act.
- To provide assurance regarding the Health Board's ability to report and to comply with these duties in line with the new reporting framework and Welsh Government expectations regarding compliance.
- To provide partial assurance regarding the Health Board's compliance with its legal duties from January-July 2026, setting out reasons for gaps in compliance during this period and activity to address thus.
- To outline key collaborative activity with Powys County Council, under the framework of the ALN Integrated Steering Group (AISG).

RECOMMENDATION(S):

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

- Take **ASSURANCE** the relevant governance arrangements are in place to support effective Health / Education collaboration and to ensure that the Health Board meets its statutory duties under the ALN Act, in readiness for anticipated national reporting requirements.

- Receive **PARTIAL ASSURANCE** with regard to the Health Board's current compliance with its legal duties, though it is anticipated that compliance will be at least 80% for all reportable duties, when the trial period of reporting commences in October 2026.

Approve/Take Assurance	Discuss	Note
Y	Y	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	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

This paper provides the Committee with an update on the Health Board's responsibilities under the Additional Learning Needs and Education Tribunal (Walesa) Act (the ALN Act) and ongoing activity to work with Education partners to meet the needs of children and young people with additional learning needs.

The paper raises the Committee's awareness regarding to the introduction of a national reporting framework for Health Boards in relation to their compliance with key statutory duties under the ALN Act. In this context, the paper focuses primarily on issues relating the health Board's ability to report and its compliance with these duties.

This paper provides assurance regarding the Health Board's ability to report and its compliance with these duties in line with the new reporting framework. It provides partial assurance with regard to the Health Board's current compliance with its legal duties.

The paper also outlines key collaborative activity with Powys County Council, under the framework of the ALN Integrated Steering Group (AISG).

PROGRESS:

1.1 The National Context: The Introduction of a National Reporting Framework for Health Boards

The ALN Act introduced new statutory duties for Health Boards, but to date there have been no external reporting requirements. This is about to change.

The Welsh Information Development Group (WIDG) have approved the introduction of a national reporting framework to monitor Health Boards' compliance with statutory duties under the ALN Act. A Data Provision Notice was issued to Health Boards in July 2026. Powys Teaching Health Board will submit its first ALN compliance data in October 2026 (covering September 2026 compliance) as part of a trial period of reporting.

Health Boards will be required to report against three of their statutory duties under the ALN Act:

- The duty to respond promptly (and within 6 weeks) to requests for information about children who have or may have addition al learning needs (ALN) that are issued by Local Authorities (ALN Act Section 65)
- The duty to respond promptly (and within 6 weeks) where approved Education bodies refer a matter asking the Health Board to consider whether there is relevant NHS provision that is likely to be of benefit in addressing a child's ALN (ALN Act Section 20)

- Where relevant provision is identified, the duty to decide whether this requires to be secured in Welsh (ALN Act Section 20)

Pending learning through the trial reporting period, it is planned that formal reporting to Welsh Government will commence in April 2027. An initial 80% compliance standard is expected.

1.2 The Local Context 1: Powys Teaching Health Board's Ability to Report

Over the past six months, problems with the digital infrastructure that the Health Board uses to monitor its compliance with its ALN legal duties and that it would use to reports on its compliance have become increasingly apparent. These challenges have proved difficult to resolve and have presented risks both to the Health Board's ability to comply with its statutory duties, and to its ability to provide assurance and report in relation to its compliance.

Following work with Digital Services, these challenges have been resolved via the introduction of a new ALN App. This new digital solution, which was adapted from a neighbouring Health Board's ALN App, ensures accurate and reliable data for the Health Board regarding its compliance with its ALN duties moving forward. It also offers a significantly improved user interface. The new App was launched in mid-July 2026, supported by training to operational service staff. This will ensure that accurate and reliable data is available from September 2026 onwards, in line with the introduction of a trial period of reporting as outlined above.

Activity is underway to develop a data dashboard that is 'fed' by the new PtHB ALN App, again adapting a framework developed by a neighbouring Health Board. Assurance is provided that this dashboard will be in place to enable reporting in October 2026, as outlined above.

1.3 The Local Context 2: Powys Teaching Health Board's Compliance with its Statutory Duties

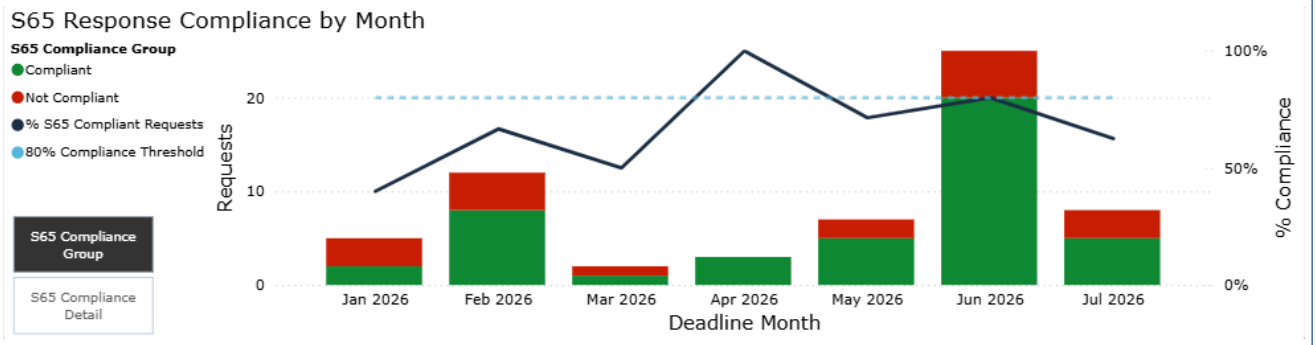
Compliance data in relation to Health Board's soon-to-be-reportable duties under Sections 65 and Section 20 of the ALN Act is shown below, covering the period since the last report to the group. It should be noted that while the data is substantially accurate, because of digital challenges outlined at 1.2, there remain some data quality issues and that the data below under-represents the Health Board's true level of compliance in places.

To summarise with a focus on reportable data, January – July 2026 compliance data is as follows:

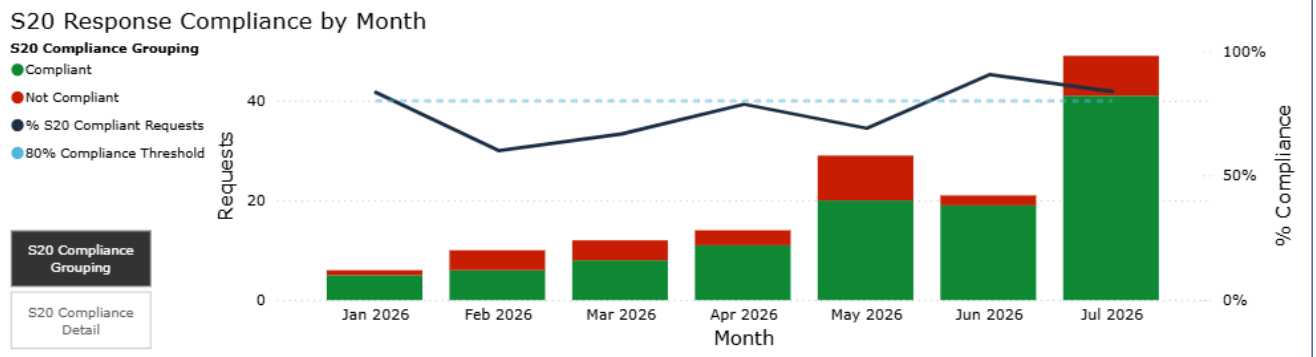
- For timely responses to Local Authority-issued requests for information – 71%

- For timely responses to referrals under Section 20 of the Act asking the Health Board to consider whether there is a relevant treatment or service – 78%
- For making a decision about whether identified provision should be delivered in Welsh – 100%

Regarding Local Authority-issued requests for information about children and young people, from January – July 2026 that Health Board was required to respond to 62 requests, responding promptly and within 6 weeks. The Health Board met this requirement in 71% of cases.

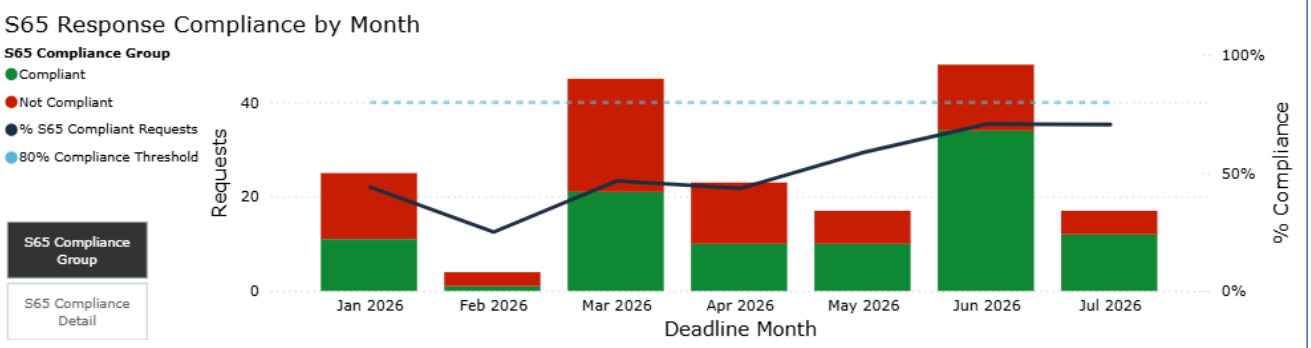


Referrals under Section 20 of the ALN Act asking Health Board services whether there was a relevant treatment or service likely to be of benefit in addressing a child's learning needs were responded to promptly and within 6 weeks in 78% of cases. 141 of such referrals required a response during the same timeframe.



Where a decision was made that there was a relevant treatment or service, consideration was given to whether the provision should be delivered in Welsh in 100% of cases.

In addition to the statutory and reportable duties above, requests for information under 65 of the ALN Act may be issued to the Health Board by schools. A timely response to such requests is not a statutory requirement for the Health Board, but 'should' be provided under the statutory guidance of the ALN Code. January – July 2026 data shows that in this period, Health Board services were required to respond to 179 such requests, and that a timely response was issued in 55.3% of cases.



1.4 Interpreting ALN compliance data and ensuring improvement

Taken as a whole, the data shown in section 1.3 shows that while Health Board services are compliant with their duties under the ALN Act in a high proportion of cases, there have been ongoing challenges for the Health Board in reliably fulfilling its statutory duties under the ALN Act. This is in a national context where a trial period of national reporting is imminently being introduced.

A number of factors have impacted on the Health Board's level of compliance, and actions have been taken and/or are in train to address these:

- **Digital issues**: challenges with the Health Board's ALN digital system have made it difficult for operational services to accurately and reliably monitor their compliance with ALN duties. This has now been addressed with regard to prospective data, through the successful introduction of a new ALN App, with activity underway to ensure a dashboard is available to enable reporting.
- **Operational challenges - ensuring the right Services are involved via the right processes:** it has jointly been identified with Powys County Council that their agreed operational processes are not always followed as intended. Processes have been refined and guidance shared with relevant Powys Teaching Health Board staff, and activity is planned to deliver training the Council's ALN caseworkers and Powys schools' Additional Learning Needs Co-ordinators. Additionally, it has been identified that there is a need to clearly differentiate the routes by which ALN-requests and other, non-ALN requests for NHS involvement are issued by Education partners, especially regarding the involvement of nursing professional in the review of children's Individual Healthcare Plans. Process changes have been agreed and require formalisation and joint implementation with Powys County Council.
- **Operational processes – management of ALN requests:** a proportion of the Health Board's ALN requests are received through a centralised ALN mailbox. It has been identified that there is a need to enhance and formalise processes by which such requests are managed via this centralised point. A Standard Operating Procedure for the management of the ALN mailbox is in draft and being finalised.
- **Embedding assurance systems:** While the Health Board's grip and control in relation to ALN compliance has strengthened through the introduction of an

ALN Compliance and Monitoring Group, a need has been identified to ensure participation from all ALN-impacted services in these meetings and to ensure regular reporting from this group through to the Women and Children's Quality and Performance Meeting. In addition, it has been agreed that reportable ALN compliance data will be integrated into the Women and Children's Integrated Quality and Performance Dashboard (IQPD) from October 2026. These changes will ensure close organisational oversight of ALN compliance moving forward.

- **Consideration of demand / capacity challenges:** Challenges in consistently reaching an appropriate level of compliance with ALN statutory duties are felt to reflect the need for improvement with digital, operational and assurance-related issues rather than primarily reflecting demand / capacity challenges. Alongside this, it is important to note that the quantity of ALN requests has increased and. As systems and processes continue to embed themselves, are likely to further increase over time. Monitoring of the levels of demand and the consideration of demand / capacity issues for operational services will be important moving forward.

Through the changes that have been made and those in progress, as outlined above, there is confidence that achieving at least 80% compliance with the Health Board's statutory duties when reporting is introduced is realistic and achievable. This will be monitored as part of the Women and Children's IQPD, and if an appropriate level of compliance is not achieved, review and escalation will be required.

1.5 Update on collaborative working with Powys County Council: The ALN Integrated Steering Group

Multi-agency collaboration is a key principle underpinning the ALN Act, and the oversight and strategic leadership of multi-agency working within the ALN system is provided by the ALN Integrated Steering Group (AISG). This group is jointly chaired by Powys County Council's ALN and Inclusion Lead Officer and PTHB's Head of Children's Public Health Nursing and Paediatric Services.

Progress with the group's shared agenda over the most recent period is set out more fully in a recent report to the Powys Joint Leadership Team, which is appended to the current report. To provide some highlights of progress:

- **Early identification of needs**: Effective collaboration continues to be in place to ensure that Health Board services notify Education partners where it is identified that a pre-school child is likely to have additional learning needs, in line with the Health board's statutory duty to notify under Section 64 of the ALN Act (it should be noted that this will not be a reportable duty under the new reporting framework). In the 2025 / 26 school year, the Health Board statutorily notified Powys County Council of 9 pre-school children who were

likely to have ALN and of a further 28 children with emerging needs. A single case was identified where a child with significant needs started in a Powys school without prior awareness for the Council, and it was identified that this was the result of a 'late mover' into Powys. This provides assurance that the Health Board is effectively fulfilling its statutory duty under Section 64 of the ALN Act, supporting the early identification of needs and early intervention.

- **Meeting learners' healthcare needs in schools**: Activity is in progress to ensure that there is effective Health - Education collaboration to promote and safeguard the health and wellbeing of children with significant and complex healthcare needs in schools.
- **Education Tribunal for Wales**: There continues to be effective collaboration between the Council and the Health Board where health Board involvement is required in responding to appeals that are issued to education Tribunal for Wales, with a Standard Operating Procedure to formalise the process for this currently awaiting approval.
- **Post-16 / Specialist colleges:** Through the Powys Complex Transition Panel for young people may require specialist post-compulsory education, there has been significant activity to ensure timely, robust, person-centred and prudent decision-making between Health, Education and Social Care. A workshop between partners to strengthen and refine processes for the 2026 / 27 school year was held in August 2026, with next steps from this meeting to be finalised.

An event between Powys County Council and the Health Board to review progress and establish key priorities for ongoing collaboration through the 2026 / 27 school year is planned for October 2026. Feedback from the Council has indicated that with regard to Health – Education collaboration to meet the needs of children and young people with ALN, the key priority for the Council is to ensure timely responses from health Board services to statutory ALN requests for involvement, which supports the actions that have been set out above and the focus of this paper.

2 Priorities for the next period

Fulfilling the Health board's statutory requirements under the ALN Act Timescale: October 2026 – April 2027

Activity will be progressed to ensure that the Health Board can accurately and reliably report its compliance with the requirements of the ALN Act from October 2026; and to ensure that its compliance is at or above the 80% performance target that is expected to be introduced by Welsh Government in April 2027.

This is a critical requirement with the trial period of reporting for Health Boards due to commence. Success in this area will be supported by completing a number of actions set out earlier in this report and effectively embedding assurance

processes, including the incorporation of ALN compliance data in the Women and Children's IQPD.

Progressing collaborative priorities and updating the AISG workplan
Timescale: December 2026
Following the scheduled review session with Powys County Council colleagues in October 2026, priorities for ongoing collaboration will be recalibrated and the joint Health Board – Council AISG workplan will be reviewed and updated.

3 Risks and challenges

The ALN Act presents challenges for the Health Board as it needs to comply with its new statutory obligations and to continue to develop its collaboration with PCC to meet the Act's requirements. With the introduction of a national reporting framework, the profile and visibility of meetings these requirements is increasing and is likely to continue to increase.

Data shows an increasing rate of statutory ALN requests with maturation of the existing systems, and it is expected that the numbers of statutory requests for involvement will continue rise.

Consequences of not meeting these challenges would include poorer outcomes for children and young people; breaches of the Health Board's statutory duties; risk of complaints, appeals to Education Tribunal and potentially Judicial Review; and not meeting Welsh Government performance targets (when these are introduced).

However, these challenges are mitigated by a number of factors:

- an operational framework through which the Health Board fulfils its key statutory duties under the ALN Act.
- the revised digital infrastructure that both supports compliance and provides data for purposes of assurance.
- an enhanced compliance monitoring infrastructure, with the incorporation of ALN compliance data into the Women and Children's Integrated Quality and Performance Dashboard
- collaborative arrangements in place between the Health Board and its key delivery partner, PCC, through the AISG.
- processes to monitor and escalate concerns within Women & Childrens services and PCC.

It is recognised that full implementation of the Act will place additional demand on operational services, especially in the Therapies and Healthcare Sciences Directorate and the Women and Children's Directorate. As the additional demands presented by the Act continue to come into fuller effect, demand /

capacity activity will be key to articulating this risk and identifying potential solutions.

NEXT STEPS:
Reporting will continue as set out.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

Agenda item: 7.1

PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE	15 SEPTEMBER 2026
Subject:	**Committee Effectiveness: Governance Development Plan 2026-27**
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Deputy Board Secretary
Other Committees and meetings considered at:	N/A
Appendices :	Appendix A – Governance Development Plan 2026-27

PURPOSE:

This report provides the Committee with the plan for continuous development, based upon the matters identified as actions arising the 2025-26 annual review of Committee effectiveness.

The 2026-27 plan comprises of actions arising from and relevant to all Committees (Cross Committee Action Plan) and the Board.

RECOMMENDATION(S):

The Committee is asked to:

a. **RECEIVE** the Governance Development Plan 2026-27 and
b. **TAKE ASSURANCE** that the implementation of development actions will be monitored and reported on throughout the year as a key principle of good corporate governance.

Approve/Take Assurance	Discuss	Note
x		

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	A commitment to good governance and robust corporate systems are a key enabler of all of our wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	

8. Transforming in Partnership	Y	

COMMITTEE EFFECTIVENESS

Each Committee of the Board is required to assess its effectiveness at the end of each year and to report its views to the Board on how governance arrangements might be improved. This is a key principle of good corporate governance which demonstrates a committee's understanding of its remit and oversight responsibility and a culture of continuous improvement.

PTHB has adopted a two-yearly approach to Committee Effectiveness Reviews, with an in-depth questionnaire in year 1 and a more informal facilitated discussion approach in year 2. 2025/26 constitutes year 2 of the current cycle, and in March 2026 a Board Development session provided Board members with the opportunity to discuss in a shared environment the effectiveness of our Committees.

A key aspect of the effectiveness review is the formulation of actions based upon identified opportunities for continuous improvement as part of the process.
The outcome of the Board Development discussion and the actions arising have been reviewed and formed into a development plan by the Corporate Governance team, which has subsequently been received and supported by the Chair's Forum and Board Development.

Implementation of the Governance Development Plan 2026-27 (Appendix A) will be monitored by the Corporate Governance team throughout the year, and an update on implementation will return to the Committee in Q4 of 2026/27.

NEXT STEPS:

Implementation of the Governance Development Plan 2026-27 (Appendix A) will be monitored by the Corporate Governance team throughout the year, and an update on implementation will return to the Committee in Q4 of 2026/27.

Appendix A – Governance Development Plan 2026/2027.

Committee Effectiveness: Governance Development Plan 2026–2027

Theme	Action	Owner	Timeline	Status
Committee Agenda Focus	a) Executive/Assistant Directors to feedback where greater clarity re the expected content/focus of agenda items would be beneficial b) Committee Chair's to provide clarity in meetings regarding the content/discussion required around agenda items	Governance Team / Executive Directors / Committee Chairs	Q1	Underway
Committee Agenda Focus	Review of proportionality of Committee reporting across key services/areas of risk as part of the development of annual work programmes	DCG / Governance Team / Executive Directors / Chairs	Q1	Underway
Board Member Training	Focused Board Member training on key areas e.g. financial recovery, scrutiny vs assurance etc. as part of	PTHB Chair / DCG	Q2	Underway

	structured Board Development programme			
Organisational Learning	Undertake to identify a comparable organisation for benchmarking of key data beyond NHS Wales	DCG / Governance Team / DPP&C	Q3	Not yet due
Organisational Learning	Identify partners or opportunities to hear from and share learning with relevant organisations and sectors	PTHB Chair / DCG / Committee Chairs	Q4	Not yet due
Board Out and About	Review potential for half-day IM out and about sessions as part of Board Development twice per year	PTHB Chair / DCG	Q2 – Q4	Underway

GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

Joint Commissioning Committee

Highlight Report from the Planning, Performance and Finance Sub-Committee

Dyddiad y Cyfarfod / Date of Meeting	21/07/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Assurance & Risk Officer, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, PPF Chair and Lay Member, NWJCC
Noddwr yr Adroddiad / Report Sponsor	George Galletly, Director of Corporate Planning and Strategy, NWJCC Stacey Taylor, Director of Finance and Value, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Assurance

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Health Boards	Various	Noted

1. SITUATION/BACKGROUND

This report has been prepared to provide NWJCC Joint Committee Members with a summary of the key issues considered by the NHS Wales Planning, Performance and Finance (PPF) Sub-Committee at its public meeting on 2 July 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

Links to reports highlighted - July 2026 - Planning, Performance and Finance Sub-Committee

Status	Update
Alert / Escalate	• The Committee received the PPF Sub-Committee's assigned risks from the NWJCC Operational Risk Register as of 31 May 2026. After PPF scrutiny and review, the NWJCC will receive the May 2026 risk register at its July 2026 meeting. Particular focus was given on the re-description of the new Emergency Ambulance Service risk. The shift towards a more commissioner-focused articulation was acknowledged, however concerns were raised that the proposed wording placed insufficient emphasis on patient outcomes and potential patient harm. Whilst financial, reputational, legal and regulatory consequences were relevant to the NWJCC as a commissioner, the primary narrative should also reflect commissioning for better patient outcomes. The Sub-Committee agreed that the wording of the ambulance risk would be refined before submission to the Joint Committee, ensuring that it reflected the NWJCC's levers as a commissioner whilst maintaining a clear patient-outcome focus.
Advise	• The Sub-Committee received the NWJCC Finance Report – Month 2 2026/27. The reported year-to-date position was an underspend of £361k, with a forecast year-end benefit of just under £0.5m. The report noted delivery against plan at Month 2, while recognising the limited robustness of early-year data and forecasting. It was agreed that the most recent available data should be used for future Sub-Committee and Joint Committee reporting. The outcome of the arbitration process with Cardiff and Vale University Health Board (CVUHB) was advised, noting that Welsh Government (WG) had confirmed that the Joint Committee decision should be upheld in relation to the 2% savings requirement, while also making clear that arbitration between NHS Wales organisations should be avoided in future. The need for earlier collaborative planning and stronger relationships to prevent recurrence will be a priority for 2026/27. • The NWJCC Combined Operational Performance Report – Month 2 2026/27 was received. The following was highlighted:

Status	Update
	○ The Sub-Committee requested that future reports should include the most up-to-date information available, recognising that different data sets may be available at different points in the reporting cycle. ○ It was noted that neonatal services had been de-escalated to Level 0 following the May quality assurance meeting and cardiac surgery at CVUHB UHB had been escalated to Level 2 due to an increasing waiting list and delays in receiving an action plan. ○ The Sub-Committee were advised that there are currently no 104-week waits across commissioned specialties, however forward projections to identify any future risks were requested. ○ Concerns about ambulance performance reporting under the new clinical model was raised. It was agreed that additional statistical process control (SPC) charts and more meaningful input, output and outcome measures would be developed, and the colour coding of Non-Emergency Patient Transport Services (NEPTS) metrics would also be reviewed to ensure red and green indicators reflected whether movements were positive or negative. ○ It was advised that a stipulation of the WG Planned Care Funding will require Health Boards (HBs) to improve theatre efficiencies before the additional funding could be accessed. • The Sub-Committee received an update on the development of the NWJCC Integrated Medium-Term Plan (IMTP) 2027-30. Members were advised that work had begun on commissioning intentions and a revised clinical prioritisation approach, and that early engagement with HBs had commenced. It was noted that the national clinical strategy would be an important dependency, although timescales suggested it may not be available in time to fully inform the IMTP.
Assure	• NWJCC Risk Management and Assurance Framework – The Sub-Committee endorsed the Risk Management Procedure, Joint Committee Assurance Framework (JAF), Risk Appetite Statement and strategic risk reporting arrangements for onward consideration by the Joint Committee. Members welcomed the strengthened approach to strategic risk management and assurance and were pleased with the progress made to strengthen Risk Management. It was acknowledged that the risk appetite would require ongoing

Status	Update
	collective discussion with Chief Executives, lay members and executive colleagues, and may evolve over time. • The Financial Sustainability Review was received, outlining the current status of savings initiatives. This was the first in a series of updates to provide transparency on allocations, opportunities and slippage. The importance of pace and rigour, particularly given the challenging national financial context and the expectations of HB partners was highlighted. It was noted that the current pipeline is not yet where it needs to be, with too many schemes rated red or amber and insufficient schemes rated green. This will be a priority for the NWJCC Senior Leadership Team to urgently review the pipeline, convert green schemes into cash-releasing benefits, identify further opportunities and strengthen grip on expenditure controls. • The NWJCC Annual Plan 2026-27 delivery update was received focussing on the strategic priority areas, service reviews, deep dives and enabling projects. Members noted that some delivery confidence ratings were medium, largely due to data availability, analytical capability and capacity. It was recognised that the NWJCC was developing a new way of working and that HB engagement would be essential, both to secure analytical support where possible, and to ensure collective ownership of difficult prioritisation decisions, noting the need to balance patient outcomes with affordability in the current financial climate, acknowledging that some planned initiatives may need to be paused or reconsidered. • The Sub-Committee received a verbal update on the grip and control work requested by NHS Performance and Improvement and WG Directors of Finance. A self-assessment had been completed against the relevant elements of the best practice framework, and further work would be undertaken to define good grip and control for the NWJCC as a maturing commissioning organisation. It was agreed that future updates will be reported through the Sub-Committee, with internal audit reporting providing assurance to the host body audit committee.
Inform	• The Sub-Committee received a verbal update on the NWJCC Strategy Development, noting that it would be informed by the NWJCC strategic reviews, deep dives, the three-year IMTP and alignment where possible with the emerging national clinical strategy. The importance of the NWJCC's role in a

Status	Update
	once-for-Wales collaborative commissioning space was reiterated. • The Sub-Committee received a verbal update on the annual review of committee effectiveness. Feedback had been shared with the chairs of the committees, and proposed actions would be developed for inclusion in an action plan for approval by the Joint Committee. • Forward Plan of Business – The Sub-Committee reviewed and noted the 2026–27 Forward Plan.
Appendices	None.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC **Link to JCC Strategic Objectives(s)**	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Domains of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~ Outcome for Welsh Language (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

4. RECOMMENDATIONS

The members of the Joint Commissioning Committee are asked to:

- **Receive** the report as **assurance.**

Vaccine Storage

Final Internal Audit Report

2025/26

Powys Teaching Health Board

Reasonable Assurance

Contents

Review Reference	PTH-2526-25
Fieldwork	March - May 2026
Executive Sign Off	August 2026
Audit Committee	June 2026
Executive Lead	Mererid Bowley, Executive Director of Public Health
Audit Team	Ian Virgill, Head of Internal Audit
	Ken Hughes, Audit Manager

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

Executive Summary

Purpose

Our review of Vaccine Storage arrangements was completed in line with the 2025/26 Internal Audit Plan and focused on the arrangements for the transportation and storage of vaccines.

Overview

Immunisation is a highly effective way of protecting individuals and communities from infectious disease. To remain potent, vaccines must be stored within the manufacturers' recommended storage temperatures. Failure to store vaccines correctly can reduce vaccine effectiveness and cause vaccine failure in addition to being wasteful and costly to the NHS.

We have concluded reasonable assurance on this area. The following matters require management attention:

- Central pharmacy vaccine storage arrangements may not always meet minimum standards;
- Manual stock records were sometimes incomplete or inaccurate;
- The recording of cold chain disruptions due to temperature excursions needs improvement;
- Investigations of temperature excursions are not always being carried out within reasonable timescales; and
- Vaccine waste is not currently being fully reported within the Health Board.

Full details of matters arising are detailed within the Findings & Agreed Action Plan. The following opportunities for enhancement have been identified that do not impact the overall opinion and are highlighted for management information:

- At the time of our review, Policies and procedures needed to be updated to reflect changes to procedures such as the move away from using vaccine porters.

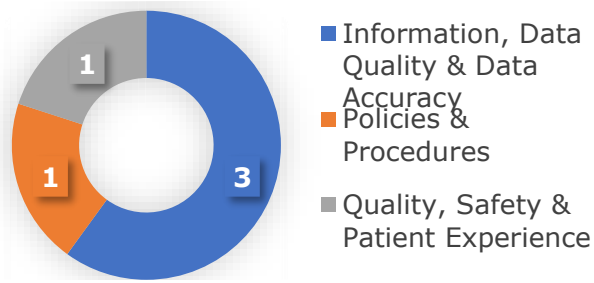
Scope & Assurance Summary

Objectives (The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.)		Related Findings	Assurance
1	There are clearly defined standards for the safe storage and transportation of vaccines and accurate stock records of vaccines in storage are kept.	1, 2	**Reasonable**
2	Refrigerator temperatures are regularly and accurately recorded to provide assurance that vaccines are stored within the manufacturers recommended temperature range.	-	**Substantial**
3	Procedures to be used when refrigerated vaccines are stored outside of the manufacturers recommended range or in the event of a fridge temperature excursion outside of the cold chain range of +2°C to +8°C have been established and are adhered to.	3, 4	**Reasonable**
4	Incidents are recorded in Datix on a timely basis when vaccines have to be destroyed.	5	**Reasonable**
5	The collection and transportation of vaccines complies with applicable guidance and procedures.	-	**Reasonable**

Management Actions

0	5
High Priority	Medium Priority

Themes



Risk Types

Quality or Safety Issues

Public Perception & Reputational Risk

Lewis Raychelle
10/09/2026 13:39:25

Findings & Agreed Action Plan

Objective 1: There are clearly defined standards for the safe storage and transportation of vaccines and accurate stock records of vaccines in storage are kept.	**Reasonable**

Overview / Summary of Observations

Historically the primary guidance for the safe storage and transportation of vaccines issued by the Welsh Government was their Advisory Document on the Ordering, Storage and Handling of Vaccines. This document set the standards required and recommended it should be used by all Health Boards in Wales to inform their local policies and guidance. This document is the 7th revision and was last updated in September 2017, although we note that it is currently under review. Until the review and during the interim period, guidance on the safe storage and transportation of vaccines is provided within local Standard Operating Procedures (SOPs), including reference to the Green Book.

There are a range of guidance documents for staff on the Pharmacy SharePoint page relating to the safe storage and transportation of vaccines. All the guidance documents were in date with review dates in 2027 or 2029. Section 5 of the WG Advisory Document covers the storage of vaccines and section 7 covers transportation. The local guidance was reviewed and found to be in line with the WG guidance.

The conditions under which vaccines are being stored are in line with the WG guidance, for example vaccines are stored in their original packaging retaining batch numbers and expiry dates and are stored within the manufacturers specified rang of +2C to +8C and are protected from natural light in specialist vaccine refrigerators. Each vaccine refrigerator has a glass front and a digital temperature display so the contents can be seen, and the temperature taken without opening the fridge door.

We were informed that the vaccine store is connected to an emergency generator that would be used to maintain the electricity supply to the fridges in the event of a power cut. The guidance also states that refrigerators need to meet storage needs and can be stored in a cold room or specialist vaccine refrigerators, but we were informed by the Pharmacy Technician that the current arrangements do not always meet storage needs.

Manual stock records are kept on individual Excel spreadsheets at the Pharmacy stores, with each vaccine having its own spreadsheet. However, our review of the spreadsheets identified some issues.

	Key Findings	Risk & Impact	Agreed Management Action
1	**Bronllys Pharmacy Store** Welsh Government guidance states that vaccines can be stored in a cold room or specialist vaccine refrigerators, but there should be sufficient space around the vaccines for air to circulate. There should also be sufficient capacity to meet seasonal demands such as flu vaccine stocks. At the time of our visit there was sufficient capacity for the vaccines being stored, with only 5 of the 11 fridges being used to store vaccines. The remaining 6 fridges were storing cool packs used in the transportation of vaccines.	The storage of vaccines may not always meet the minimum storage standards.	**Agreed Action:** A paper was presented to the Vaccination Service highlighting challenges related to fridge capacity and cold chain assurance across both the Pharmacy Store and the Vaccination Centres. The paper identified limitations in current storage arrangements and distribution process and the potential impact on maintaining optimal temperature control and service resilience. As part of the recommendations, the vaccination service was asked to consider investment in a cold room facility to enhance overall storage capacity and strengthen the efficiency and reliability of vaccine distribution processes.

	However, we were informed by the Senior Pharmacy Technician that during peak periods all available refrigerators may be fully utilised to store vaccines and associated cool packs required for vaccination teams for the forthcoming week. This can result in refrigerators operating at maximum capacity, limiting appropriate air circulation and reducing overall storage resilience. Consequently, there is limited flexibility to accommodate any additional stock if required, which may pose a risk to maintaining optimal storage conditions and effective cold chain management.		A further appraisal of the options available to ensure sufficient capacity to safely store vaccines throughout the year will be undertaken and submitted to the Health Board for consideration. **Expected Evidence of Implementation:** The HB has sufficient capacity to safely store sufficient quantities of vaccine to meet demand throughout the year.
		Medium Priority	**Officer:** Nikki Mathers, Senior Pharmacy Technician **Target Implementation Date:** 31st December 2027
	Theme: Quality, Safety & Patient Experience	Control Design	
2	**Manual Stock Records** The Excel spreadsheets used to record stock levels for Covid, Flu and RSV vaccines were reviewed and the following issues were identified: • The spreadsheets have a formula to record balances, but these are often overwritten. Consequently, some of the balances were incorrect. • There is no column to record where stock has been supplied to, the name of the stock checker or to make notes, so Excel 'Comments' function is being used for this.	Vaccine stock records may not be accurate.	**Agreed Action:** A review of the format and accuracy of the stock management spreadsheet was undertaken in May. The revised version is scheduled for implementation from 1 September, aligning with the commencement of the Autumn/Winter vaccination programme. Enhancements to the updated spreadsheet include the restriction of the stock balance column to prevent manual overwriting, thereby improving data integrity. In addition, new fields have been incorporated to record the destination of supplied stock and to capture the name of the individual responsible for checking entries, supporting improved accountability and traceability within the process. This process will be reviewed, and scoping of suitable digital dashboards and software to be explored.
			Expected Evidence of Implementation: Improvements to the format of spreadsheets and accuracy of data held.
		Medium Priority	**Officer:** Nikki Mathers, Senior Pharmacy Technician **Target Implementation Date:** 1st September 2026
	Theme: Information, Data Quality & Data Accuracy	Control Operation	

Objective 2: Refrigerator temperatures are regularly and accurately recorded to provide assurance that vaccines are stored within the manufacturers recommended temperature range.	**Substantial**

Overview / Summary of Observations

Health Board procedures require staff to check and record the temperature in each fridge at least once each day and record the temperature in the Welsh Immunisation System (WIS), but this can only be done when the pharmacy store is manned. Although the WIS retains all data input, users can only display data from the last 3 months. A review of the daily temperature recordings in the WIS for the period 31st March 2026 to the 5th May 2026 identified that a daily temperature was not recorded for 12 of the 26 working days in the period (excluding weekends). However, fridge temperatures are automatically recorded and retained until the fridge thermometer is reset and data logger information would be available to download and be assessed if a deviation is found. Local Standard Operating Procedures (SOPs) for the management of refrigerated medicines and vaccines recognise that some teams may not be present on site daily to record fridge temperatures. In such cases, a risk assessment is recommended to evaluate any potential impact on vaccine integrity. Mitigation measures are in place for the pharmacy store, including the use of maximum temperature readings to identify any deviations occurring between readings. These alerts prompt staff to review data logger records, providing a more comprehensive assessment of temperature stability over time.

It is however, recognised that the above provides retrospective information, therefore a digital initiative request has recently been submitted to support the implementation of Wi-Fi-enabled data loggers across the Vaccination Service, including use within community vaccination settings. Subject to approval, these devices would enable remote, real-time temperature monitoring, allowing for earlier identification and resolution of any temperature excursions and improving compliance with cold chain requirements. The introduction of this technology would also remove the need for manual downloading of temperature data, as records would be automatically captured, stored, and accessible within the system, providing a robust audit trail for assurance purposes. Overall, this approach would enhance the reliability of temperature monitoring, reduce workload pressures on vaccination and pharmacy teams, and provide increased assurance in maintaining the integrity of the vaccine cold chain.

Each vaccine fridge has an external display showing the current temperature, and an alarm sounds in the event of a temperature excursion. Each fridge also has a portable data logger inside that records the temperature at 5-minute intervals. The data can be downloaded via USB to computer and a temperature log created that records the fridge number, start date, finish date and temperature every 5 minutes. During our visit it was confirmed that all fridges had a functioning external temperature display, and all fridges with vaccines had a data logger within.

The data loggers can operate for up to two months after which time they must be downloaded, otherwise the data is overwritten and lost. We were informed by the Senior Pharmacy Technician that data loggers used within Pharmacy Store refrigerators and Vaccination Centres are downloaded on a weekly basis, reflecting the high frequency of fridge access and use within the service. However, outside the pharmacy store, they are normally left in place for up to one month if there are no fridge alarms before being downloaded and checked. If no temperature excursions are identified the logs are then deleted and are only retained if there has been a temperature excursion. They are then used to determine if the vaccines can be used in line with their expiry date, used within a reduced timescale or must be destroyed.

Objective 3: Procedures to be used when refrigerated vaccines are stored outside of the manufacturers recommended range or in the event of a fridge temperature excursion outside of the cold chain range of +2°C to +8°C have been established and are adhered to.	**Reasonable**

Overview / Summary of Observations

Sections 9 and 10 of the Standard Operating Procedure MMP 427 (Safe and Secure Management of Refrigerated Medicines and Vaccines) cover the actions to be taken when a temperature excursion or disruption to the cold chain occurs. The SOP requires all temperature excursions outside of the range of +2°C to +8°C to be acted on immediately, regardless of duration. Once vaccines are exposed to temperatures outside of this range, they must be quarantined in a separate fridge and clearly labelled 'quarantined - do not use'. The fridge should then be re-set, and the temperature re-checked after one hour. A 'Disruption of Cold Chain' form should then be completed and the incident recorded on the 'Cold Chain Disruption' log. The Medicines Management Team should then be notified and forwarded the 'Disruption of Cold Chain form'. The Medicines Management Team will then contact the vaccine manufacturers for advice and decide if the vaccine is safe to use, should be used within a shortened expiry date or destroyed. In accordance with the internal procedures, instances of cold chain disruption should also be recorded on Datix.

All the entries on the 2025/26 'Cold Chain Disruption Log' were checked to ensure a 'Cold Chain Disruption' report had been completed and that all entries were consistent and accurate, and action taken was timely and in line with the SOP. A number of issues were identified, as highlighted in the finding below.

	Key Findings	Risk & Impact	Agreed Management Action
3	**Cold Chain Disruption Log** The cold chain disruption log shows 25 instances of temperature excursions for 2025/26. A copy of the cold chain disruption report was requested for each entry in the log for 2025/26. Our testing identified that: • There was no Cold Chain Disruption Report on file for 3/25 entries in the 2025/26 Cold Chain Disruption Log. • 7 Cold Chain Disruption Reports or notifications of a temperature excursion on file were not recorded in the Cold Chain Disruption Log. • The Cold Chain Disruption Reports are not cross referenced to the Log (i.e. no unique identifier such as a reference number). • The value of lost stock was not recorded on the log for 4/23 occurrences in 2025/26 where stock was destroyed. • A number of the Cold Chain Disruption reports were not initially available for review.	Inaccurate records and investigations not carried out resulting in additional wastage.	**Agreed Action:** The respective responsible individuals within each of the areas covering the Vaccination Team, wards and Primary Care will review the way cold chain disruption reports are completed and collected to ensure consistent compliance with the Standard Operating Procedure. **Expected Evidence of Implementation:** Each entry on the cold chain disruption log has a corresponding cold chain disruption report.
	Theme: Information, Data Quality & Data Accuracy	Control Operation	**Medium Priority** **Officer:** Nikki Mathers / Kath Harries / Jade Bell **Target Implementation Date:** 31st August 2026

4	**Temperature Excursion Investigations** When a temperature excursion occurs, it must be recorded on the cold chain disruption log. A cold chain disruption report must also be completed and submitted to the medicines management team so that an investigation can be carried out to determine whether the vaccine can still be used. Affected vaccines are quarantined at +2°C to +8°C. Where quarantined vaccines are required for a scheduled vaccination clinic, and to avoid service disruption, new vaccine stock is supplied in the interim. Our review of the 23 instances of temperature excursions recorded on the log for 2025/26 identified that the average time taken to complete investigations was 10 days (excluding an outlier), with some investigations taking up to 90 days to complete. We were informed that Vaccines supplied from the pharmacy store should be investigated immediately and completed within 2-5 days. However, there is no target time set for completion of investigations in other areas.	Vaccines that could have been used may have to be destroyed.	**Agreed Action:** Responsible individuals will be reminded of the requirement to ensure that all Pharmacy store investigations are completed within the stated 2 to 5 days. Other areas will ensure that all investigations are completed within a reasonable timescale. **Expected Evidence of Implementation:** Future investigations consistently completed within the required timescales.
		Medium Priority	**Officer:** Nikki Mathers, Senior Pharmacy Technician **Target Implementation Date:** 31st August 2026
	Theme: Policies & Procedures	Control Design	

Objective 4: Incidents are recorded in Datix on a timely basis when vaccines have to be destroyed.	**Reasonable**

Overview / Summary of Observations

The main reasons vaccines are destroyed are due to temperature excursions or vaccines exceeding their expiry date. We were informed during the audit that teams reporting fridge temp excursions are requested to submit a Datix report, if vaccines/medicines have to be disposed of then it would be noted on the Datix report. Also, any wastage relating to vaccines ordered through the UKHSA ImmForm platform is recorded directly within that system. We were provided with waste data for 2025/26, but this includes mainly vaccine disposals from GP practices, whose stock PTHB does not manage. In addition, RSV/Covid-19/Flu vaccine waste is captured via the Welsh Immunisation Service (WIS) platform, however data more than 3 months old is not readily available, although we understand that a request may be made to DHCW for this.

We were informed that VPW monitor HB vaccine waste related to stock ordered and managed via the Pharmacy Store for COVID-19, and we were provided with their waste assessment and comparison for 2024/25 and 2025/26. This showed that the Health Board's assumed waste percentage for the Autumn 2025/26 campaign was 3.97% against an All-Wales figure of 12.57%, although we note that this was 13.36% for Spring 2025 against an All-Wales figure of 14.23%.

The disposal of vaccines is also recorded on the Cold Chain Disruption Log. This records all instances of temperature excursions notified to the team, and whether the vaccine has been destroyed together with the cost. A separate Waste Log is also maintained that records all waste across the Health Board on a month-by-month basis. The waste log for 2025/26 was reviewed, and this raised a number of issues.

Vaccines deemed no longer fit for purpose are disposed of via the pharmacy waste medicines bin. All waste medicines are collected by the nominated contractor (there is an All-Wales contract in place for this) and disposed of safely, normally through incineration.

	Key Findings	Risk & Impact	Agreed Management Action
5	**Waste Recording** A Waste log is maintained that mostly contains details of vaccines destroyed due to going out of date. It does however also contain some entries of vaccines destroyed due to temperature excursions which should also be recorded on the Cold Chain Disruption Log. Our review of the Waste Log and Cold Chain Disruption Log identified several omissions from the Cold Chain Disruption Log of vaccines destroyed due to temperature excursions. There were also many examples of wastage due to temperature excursions recorded in the Cold Chain Disruption Log that were not recorded in the Waste Log.	The HB is unable to effectively monitor vaccine waste or provide assurance that wastage for all vaccines is at a reasonable level.	**Agreed Action:** A review of all vaccine wastage reporting will be undertaken to ensure there is overall monitoring and reporting of Health Board waste to an appropriate group or committee. There are currently waste reports for vaccines inputted into the WIS system including flu, RSV and Covid-19. This is presented and reviewed through the Vaccine Programme Wales structure and reposts issued to the Vaccination Service. The gap in other programmes that order stock via ImmForm will be explored to develop a summary of waste to be reported through the Powys Vaccination Group on a Quarterly basis.

	Wastage is also input to the WIS, however, the data extracted for 2025/26 does not provide a monetary value, just a percentage value. There are currently no KPI's relating to vaccine waste and a lack of comprehensive reporting of all wastage within the Health Board.		**Expected Evidence of Implementation:** More detailed and comprehensive monitoring and reporting of wider vaccine waste levels in place.
		Medium Priority	**Officer:** Sarah Barnes, Head of Service: Public Health Programmes and Projects
	Theme: Information, Data Quality & Data Accuracy	Control Operation	**Target Implementation Date:** 30th September 2026

Objective 5: The collection and transportation of vaccines complies with applicable guidance and procedures.	**Reasonable**

Overview / Summary of Observations

There are two Standard Operating Procedures (SOPs) covering the transportation of vaccines. These are SOP MMP428 - Use of Labcold Vaccine Carriers and MMP432 - Use and Management of Helapet Vaccine Carrier Systems. Both documents had been approved by the PTHB Vaccination and Immunisation Operational Development Group in April 2024 and were not due for review until 2027.

Prior to our audit, vaccines were distributed using specialised vaccine carriers which the Health Board has in a variety of sizes. Vaccination distributions reflect known appointments scheduled at the vaccination centres (Bronllys and Newtown), to whose records Pharmacy Stores has access, or requests from District Nurses, Maternity Services or School Nurses.

The basic details for each distribution are recorded on the relevant vaccine log and a more detailed vaccination Delivery Note template is completed for each distribution from the pharmacy store. The delivery note accompanies the vaccination distribution and is signed by the driver and vaccine recipient. Following sign off by the recipient, the completed version should be returned to Pharmacy Stores for retention. A random sample of 26 distributions was selected from the three main vaccine spreadsheets for reconciliation to a completed distribution template, however only 16 delivery notes could be found and a small number of these had not been signed by both the driver and recipient.

However, we were informed in discussions with the Medicines Management team that the vaccine delivery process was updated at the start of the Spring Vaccination Programme. Health Courier Service Wales (HCSW) now deliver the vaccines using vehicles equipped with validated temperature-controlled units, removing the need for vaccines to be packed into individual vaccine porters. The entire delivery journey, from collection through to receipt, is fully tracked and documented digitally. Orders are entered onto the Cleric system by HCSW, and temperature conditions are continuously monitored throughout transport to ensure compliance with cold chain requirements. Full traceability is maintained, and journey details can be retrieved if required using the pharmacy store reference number and the corresponding Cleric order number assigned by HCSW. This approach aligns with the standard HCSW delivery model implemented across Wales, ensuring consistency, reliability, and adherence to best practice.

We have not raised an issue under this objective as the system has recently changed and the testing we carried out retrospectively covered the old system. However, we are only able to provide Reasonable assurance for this objective as it was too early for us to carry out any substantive testing on the new process.

Appendix A

Assurance Opinion

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

Prioritisation of Findings

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

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

Disclaimer

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

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

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

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

Public Sector Internal Audit Standards

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

Planning, Partnerships and Population Health Committee 2026-2027

Theme	Item Title	Duration (mins)	Role of Committee	Onward Journey to Board (Y/N)	Exec Lead	May 18/05/2026	September 15/09/2026	November 19/11/2026	February 02/02/2027
Governance	Minutes of previous meeting		Approval	No	DCG	✓	✓	✓	✓
Governance	Declaration of Interests		Compliance	No	DCG	✓	✓	✓	✓
Governance	Action Log		Approval	No	DCG	✓	✓	✓	✓
Governance	Committee Reflections	5	All	No	DCG	✓	✓	✓	✓
Governance	Committee Risk Register	5	Assurance	No	DCG	✓	x	✓	✓
Governance	Annual Work Programme	15	Recommendation to Board	Yes	DCG	✓			
Governance	Work Programme (updated through year)	0	Review	No	DCG	✓	✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness	25	Review	Yes	DCG	✓			
Governance	Committee Governance Action Plan	10	Assurance	No	DCG		✓		✓
Governance	Committee Annual Report	10	Recommendation to Board	Yes	DCG	✓			
Governance	Review of Terms of Reference	10	Recommendation to Board	Yes	DCG				✓
Planning	Approach for development of 27/28 Annual Plan, Health and Care Strategy update	25	Assurance	Yes	DPP&C			✓	
Planning	Integrated Plan 2025/2026 Development and Draft Maturity Matrix	25	Recommendation to Board	Yes	DPP&CT		x	✓	✓
Planning	Strategic Change Report and Engagement Report	30	Assurance	No	ED PP&C	✓	✓	✓	✓
Planning	Primary Care Cluster Reporting against delivery **2025/26**	20	Assurance	No	ED PCCMH		✓		
Partnerships	Regional Partnership Board - (Annual Report Aug) and (Annual Delivery Plan Feb 2027)	15	Disscussion	No	ED PH		✓		x
Partnerships	Public Service Board Annual Report	15	Disscussion	Yes	ED PH			✓	
Estates / Environment	PTHB climate change / Decarbonisation	15	Assurance	No	ED FCSS				
Partnerships	North Powys Wellbeing Programme	20	Assurance	No	AD ECP		✓		✓
Partnerships	NWSSP Performance Report	5	Assurance	No	ED FCSS	✓ Year-end		✓ Mid-year	
Partnerships	Strategic Improvement and Transformation	25	Assurance	No	D I&T			✓	✓
Partnerships	Partnership Governance Framework	10	Assurance	Yes	DCG		✓		✓
Population Health	Whole Systems Approach to prevention of obesity	15	Assurance	No	ED PH	✓			
Statutory Compliance	Pharmaceutical Needs Assessment - Kate Wright	10	Assurance		E MD		✓		
Population Health	Adult Weight Management Pathway Update	20	Assurance	No	ED PCCMH	✓			
Population Health	Healthy Child Wales Programme (CR) Health visiting programme	15	Assurance	No	ED NQW&FH	✓			
Population Health	Summary of screening programmes (uptake of screening programmes) *When published by PHW. Timeframe TBC	15	Assurance	No	ED PH				✓
Partnerships	Partnership Governance and Assurance Framework Report	10	Assurance		DCG		✓		✓
Population Health	Annual Report of Director of Public Health (including reducing inequalities)	15	Assurance	Yes	ED PH			x	✓
Population Health	Health Protection Summary Report	10	Assurance	No	ED PH				✓
Population Health	Child Immunisation Annual Report	10	Assurance	No	ED PH			✓	
Population Health	Additional Learning Needs (ALN)	10	Assurance	No	ED NQW&FH		✓		✓
Population Health	Winter Plan 2026/27	15	Assurance	Yes	ED PP&C		✓		
Population Health	Substance Misuse Review with deep dive on Alcohol and Controlled Drugs and Tobacco Control Plan Update	20	Assurance	No	ED PH				✓
Audit Reports	Any Internal Audit/Wales Audit reports received - for information	NA	Information	No	N/A	✓			
JCC Report	Any updates from JCC Planning, Performance and Finance Sub-Committee					✓			
Planning	Final Integrated Annual Plan 2025/2026	25	Recommendation to Board	Yes	ED PP&C				

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Powys Teaching Health Board Glossary (Last updated August 26)

Acronym	
AD ECP	Associate Director of Estates, Capital & Property
ACEO	Acting Chief Executive Officer
ADoF	Acting Director of Finance
ADCEO / EMD	Acting Deputy Chief Executive / Executive Medical Director
CEO	Chief Executive Officer
DCEO / ED FC&SS	Deputy Chief Executive Officer / Executive Director of Finance, Capital & Support Services
DCG	Director of Corporate Governance
D I&T	Director of Improvement & Transformation
E MD	Executive Medical Director
ED PH	Executive Director of Public Health
ED PC&T	Executive Director of People, Culture & Transformation
ED PP&C	Executive Director of Planning, Performance and Commissioning
ED AHPHS&D	Executive Director of Allied Health Professions, Health Sciences and Digital
ED NQW&FH	Executive Director of Nursing, Quality, Women and Family Health
ED PCCMH	Executive Director of Primary Care, Community & Mental Health
ABUHB	Aneurin Bevan University Health Board
AFC	Agenda for Change
A&E	Accident and Emergency
AGW	The Auditor General for Wales
AHPs	Allied Health Professionals
ALN	Additional Learning Needs
ANP	Advanced Nurse Practitioner
AO	Accountable Officer
AQS	Annual Quality Statement/Report
ARAC	Audit, Risk and Assurance Committee
ASM	Accelerated Sustainable Model
AR	Audit Recommendations
AF	Audit Findings
APB	Area Planning Board
AGS	Annual Governance Statement
BAF	Board Assurance Framework

BCUHB	Betsi Cadwaladr University Health Board
BMA	British Medical Association
CAHPO	Chief Allied Health Professionals Officer
CAAP	Clinical Associate in Applied Psychology
CAMHS	Child and Adolescent Mental Health Services
CCN	Childrens Community Nursing
COC	Continuity of Care
CDO	Chief Dental Officer
CEMT	Chief Executive Management Team
CHC	Continuing Health Care
CIW	Care Inspectorate for Wales
CLIP	Collaborative Learning in Practice
CNO	Chief Nursing Officer
CPCF	Community Pharmacy Contractual Framework
CPD	Continued Professional Development
CPR	Child Practice Review
CRR	Corporate Risk Register
CSP	Clinical Service Plan
CTMUHB	Cwm Taf 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
DAP	Dental Access Portal
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/Pathway of Care Delays
D2RA	Discharge to Recover and Assess
DST	Decision Support Tool
DOI	Declaration of Interest
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
GLP-1	Glucagon Like Peptide
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
GNCC	General Nursing Complex Care Team
G&H	Gifts and Hospitality
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
HIA	Health Impact Assessment
HIW	Healthcare Inspectorate Wales
HP	Health Protection
HPF	Healthcare Professionals Forum
IBG	Investment Benefit Group
ICB	Integrated Care Board
ICF	Integrated Care Funding
ICU	Intensive Care Unit
IEN	Internationally Educated Nurse
IG	Information Governance
IM	Independent Members
IMTP	Integrated Medium-Term Plan
IPFR	Individual Patient Funding Request
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
KSF	Knowledge and Skills Framework
LoF	League of Friends
LA	Local Authority
LHB	Learning Health Board
LMC	Local Medical Committee
LPF	Local Partnership Forum
LPMHSS	Local Primary Mental Health Support Services
LRF	Local Resilience Forum
LTA	Long Term Agreement
LTCs	Long-Term Conditions
NDR	National Data Resource Platform
NICE	National Institute for Health and Care Excellence
MAC	Mindfulness, Acceptance and Compassion Team
MD	Ministerial Direction
MD's	Minimum Data Set
MDTs	Multi-Disciplinary Teams
MAP	Medical Associate Practitioner
MEG	Medical E-Governance System
MEG	Main Expenditure Group
MH	Mental Health
MHD	Mental Health & Learning Disability
MIU	Minor Injury Unit
MOU	Memorandum of Understanding
MOA	Memorandum of Agreement
MSK	Musculoskeletal
MV	Mass Vaccination
NWSSP	NHS Wales Shared Services Partnership
JCC	NHS Wales Joint Commissioning Committee
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
ODEC	Organisational Development, Engagement and Communications
OOC	Out of County
OOH	Out of Hours
ORS	Opinion Research Services
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
PA	Physician Associate
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
PET CT	Positron Emission Tomography Computed Tomography
PCC	Powys County Council
PALS	Patient Advice and Liaison Service
PEQS	Patient Experience, Quality and Safety Committee
PREM	Patient-Reported Experience Measure
PROM	Patient-Reported Outcome Measure
PCMW	Primary Care Model for Wales
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
QOF	Quality and Outcomes Framework
RaTS	Remuneration and Terms of Service Committee
DDRB	Review Body on Doctors' and Dentists' Remuneration
RCN	Royal College of Nursing
REES	Race Equality Employment Standard
RIIC	Research, Innovation & Improvement Coordination

RIF	Regional Investment Fund
RISP	Radiology Information System Procurement
RJAH	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
RN	Registered Nurse
RPB	Regional Partnership Board
RTT	Referral to Treatment
RTS	Routemap To Sustainability
RAMI	Risk Adjusted Mortality Index
RMF	Risk Management Framework
RHCW	Rural Health and Care Wales
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	The Shrewsbury and Telford Hospital NHS Trust
SPB	Strategic Programme Board
SRO	Senior Responsible Owner
SPPP	Social Partnership and Public Procurement (Wales) Act 2023
RJC	South East Wales Regional Joint Committee
TaODEC	Tactical Organisation Development, Engagement and Communication
TI	Targeted Intervention
ToR	Terms of Reference
TRAC	Online Recruitment Management System
T&V	Transformation & Value
TUPE	Transfer of Undertakings Protection of Employment
VERS	Voluntary Early Release Scheme
WAST	Welsh Ambulance Services NHS Trust
W&C	Workforce and Culture Committee
WCCIS	Welsh Community Care Information System
WG	Welsh Government

WCVA	Wales Council for Voluntary Action
WESB	Wales Employment and Skills Board
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
WLGA	Welsh Local Government Association
WNCR	Welsh Nursing Care Record
WNHSC	Welsh NHS Confederation
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
WVT	Wye Valley NHS Trust
WCD	Written Controlled Document
YTD	Year to Date