

Planning, Partnerships and Population Health Committee

Mon 18 May 2026, 10:00 - 13:00

Agenda

10:00 - 10:00 1. PRELIMINARY MATTERS

0 min

Rhobert Lewis

📄 Agenda PPPH_18 May 2026_Final.pdf (2 pages)

1.1. Welcome and Apologies

Chair

1.2. Declarations of Interest

All

📄 PPPH_1.2_May 2026_Board Members Declaration of Interests Summary 2026-27.pdf (3 pages)

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

0 min

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

0 min

3.1. Minutes of the previous meeting/s held on 03 February 2026.

📄 PPPH_3.1_Minutes 03 February 2026 unconfirmed.pdf (11 pages)

3.2. Committee Action Log

📄 PPPH_3.2_Action Log 2026-27.pdf (2 pages)

3.3. Annual Work Programme 2026/2027

📄 PPPH_3.3_DRAFT 2026-27 Board & Committee work plans.pdf (1 pages)

10:00 - 10:00 4. ESCALATED ITEMS

0 min

4.1. Organisational Escalation (Planning Component)

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

0 min

5.1. Strategic Change and Engagement Report

Director of Planning and Commissioning

📄 PPPH_5.1_Strategic Change Cover Paper.pdf (3 pages)

📄 PPPH_5.1a_Strategic Change Stocktake.pdf (46 pages)

5.2. Adult Weight Management Pathway update

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📄 PPPH_5.2_Adult Weight Management Pathway update.pdf (6 pages)

5.3. Healthy Child Wales Programme (CR) Health Visiting Programme

📄 PPPH_5.3_Health Child Wales Programme May 2026.pdf (12 pages)

5.4. Whole Systems approach to prevention of Obesity

📄 PPPH_5.4_WSA Healthy Weight.pdf (9 pages)

5.5. High level PTHB Commissioned Third Sector Services Review

📄 PPPH_5.5_PTHB Commissioned Third Sector Review.pdf (7 pages)

5.6. Committee Risk Register

📄 PPPH_5.6_Committee Risk Register Cover.pdf (2 pages)

📄 PPPH_5.6a_Appendix A - PPPH Committee Risk Register.pdf (28 pages)

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

0 min

10:00 - 10:00 7. CONSENT AGENDA

0 min

7.1. Internal Audit Report NWSSP Performance Report

📄 PPPH_7.1_NWSSP Performance Report Q2.pdf (25 pages)

7.2. Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Highlight Report

📄 PPPH_7.2_JC Highlight Report - 17 March 2026.pdf (7 pages)

📄 PPPH_7.2a_JC Highlight Report - 23 March 2026.pdf (4 pages)

7.3. Glossary

📄 PPPH_7.3_Glossary.pdf (6 pages)

7.4. Committee Annual Report 2025-26

📄 PPPH_7.4_Committee Annual Report_2025-26.pdf (10 pages)

10:00 - 10:00 8. OTHER MATTERS

0 min

8.1. Any Other Urgent Business

Chair

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

Chair

8.3. Committee Reflections

8.4. Date of the Next Meeting: 15 September 2026

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PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE
18 May 2026



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Bwrdd Iechyd
 Addysgu Powys
 Powys Teaching
 Health Board

10:00-13:00
VIA MICROSOFT TEAMS
CHAIR: RHOBERT LEWIS

AGENDA

Time	Item	Title	Attached / Verbal	Owner
	1	PRELIMINARY MATTERS		
10:00	1.1	Welcome and apologies	Verbal	Chair
	1.2	Declarations of Interest <ul style="list-style-type: none"> Board Member register of Interests 2026/2027 	Verbal	All
	2	CONSENT AGENDA BUSINESS		
The Chair will ask if there are any items from the Consent Agenda (Item 7) that Committee Members wish to bring forward to the main agenda.				
	3	ITEMS FOR APPROVAL / DECISION / RATIFICATION		
	3.1	Minutes of previous meeting held on 03 February 2026	Attached	Chair
	3.2	Committee Action log	Attached	Chair
10:05 10min	3.3	Annual Work Programme 2026/27	Attached	Director of Corporate Governance
	4	ESCALATED ITEMS		
10:15 20min	4.1	Organisational Escalation (Planning Component)	Presentation	Executive Director Planning, Performance and Commissioning
	5	ITEMS FOR ASSURANCE		
10:35 30min	5.1	Strategic Change and Engagement Report	Attached	Executive Director of Planning, Performance and Commissioning and Deputy Director of Communications and Engagement
11:05 20min	5.2	Adult Weight Management Pathway update	Attached	Executive Director Community, Primary Care & Mental Health
COMFORT BREAK (10 minutes)				
11:25 20min	5.3	Health Child Wales Programme (CR) Health visiting programme	Attached	Executive Director of Nursing, Quality and Family Health

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11:45 10min	5.4	Whole Systems approach to prevention of Obesity	Attached	Executive Director of Public Health
12:05 10min	5.5	PTHB Commissioned Third Sector Services Review	Attached	Executive Director Planning, Performance and Commissioning
12:15 10min	5.6	Committee Risk Register	Attached	Director of Corporate Governance
	6	ITEMS FOR DISCUSSION		
There are no items for inclusion in this section				
	7	CONSENT AGENDA		
	7.1	NWSSP Performance Report Purpose: For Assurance	Attached	Deputy Chief & Executive Director Finance, Capital and Support Services
	7.2	Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Highlight Report 17 March/23 March 2026 Purpose: For Assurance	Attached	Director of Corporate Governance
	7.3	Glossary Purpose: Information	Attached	Director of Corporate Governance
	7.4	Committee Annual Report 2025/26	Attached	Director of Corporate Governance
	8	OTHER MATTERS		
	8.1	Any other urgent business	Verbal	Chair
	8.2	Items to be brought to the attention of the Board and/or other Committees	Verbal	Chair
	8.3	Committee Reflections	Verbal	All
	8.4	Date of the next meeting: 15 September 2026 at 13:00 via Microsoft Teams		

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POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2026-27

Updated: May 2026

Position	Name	Interest Category	Interest Situation	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment
INDEPENDENT MEMBERS							
PTHB Chair	Carl Cooper	Indirect Interests	Loyalty Interests	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	Nil
		Indirect Interests	Loyalty Interests	2025	Ongoing	Family member is an employee of Cardiff & Vale University Health Board (non Director).	Nil
Vice Chair	Rhiannon Beaumont-Wood	Non Financial professional interests	Outside Employment	Jun-23	Ongoing	Director and Owner of RBW Executive and Professional Coaching	Salaried Employment
		Non Financial personal interests	Loyalty Interests	May-23	31/05/2026	Non-Executive Member Dorset ICB (In the process of forming a cluster with Dorset ICB, Somerset ICB, Bath, East Somerset, Swindon and Wiltshire ICB)	Remunerated as per Non-Executive Member, Terms and Conditions
		Non Financial personal interests	Loyalty Interests	Jun-24	31/03/2027	Registrant Council Member - Nursing and Midwifery Council (NMC)	Remunerated as per Registrant Council Member Terms and Conditions
Independent Member (General)	Rhobert Lewis	Non Financial professional interests	Outside Employment	Nov-21	Current	Chair NPTC Group of Colleges	NIL
		Indirect Interests	Outside Employment	Nov-21	Current	External member Cross-party STEMM Group Welsh Government	NIL
Independent Member (Trade Union)	Cathie Poynton	NIL	NIL	NIL	NIL	NIL	NIL
Independent Member (finance)	Stephen Elliot	Non Financial professional interests	Loyalty Interests	17/04/2024	Current	Honorary Fellow and Lifetime Member of Healthcare Financial Management Association	NIL
		Non Financial professional interests	Outside Employment	04/02/2024	Current	Spouse Directorship of Oshi's World Private Limited Company and a Trustee of Oshi's World Charity	NIL
Independent Member (General)	Ronnie Alexander	Indirect Interests	Outside Employment	2012	Current	Partner Director of RA and CJ Consulting Limited	Dividend Payment only
		Indirect Interests	Outside Employment	Mar-21	Current to Dec-27	Independent Monitoring Authority (IMA) – Non Executive Director	Remunerated
		Indirect Interests	Shareholdings and other ownership interests	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only
Independent Member (University)	Simon Wright	Financial Interests	Outside Employment	2015	Current	Personal: Academic Registrar, Cardiff University-Variou Healthcare Programmes	Salaried Employment
		Indirect Interests	Loyalty Interests	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment
		Indirect Interests	Loyalty Interests	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment
		Non Financial professional interests	Loyalty Interests	02-Jan-20	Ongoing	Labour Party member	NIL
		Financial Interests	Outside Employment	09-Feb-26	Current	Head of Partner Engagement for JS Group working with HE sector	Salaried Employment
Independent Member (Third Sector)	Jennifer Owen Adams	Non Financial professional interests	Loyalty Interests	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None
		Non Financial professional interests	Loyalty Interests	01.09.2024	01.06.2028	Coopted Member of PAVO	None
		Non Financial professional interests	Loyalty Interests	Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None
		Non Financial professional interests	Loyalty Interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL
		Non Financial professional interests	Loyalty Interests			Member of Community Speed Watch Group Member of Society Genealogists Associate Member of the Association of Genealogists and Registered Archivists	NIL

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Independent Member (Local Authority)	Christopher Walsh	Financial Interests	Shareholdings and other ownership interests		Ongoing	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner:CTW Genealogy Research and Owner:Property in the County of Powys	NIL
		Non Financial professional interests	Loyalty Interests		Ongoing	Elected Member Powys County Council •Trustee/Chair: Brecon University Scholarship Fund •Brecon Town Council Elected Member •Governor of Priory Church in Wales School •Member Brecon Beacons National Park Authority SDF & Grant Advisory Panel •Member of the Community Speed Watch Group	NIL
		Non Financial professional interests	Loyalty Interests		Ongoing	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL
		Non Financial professional interests	Loyalty Interests		Ongoing	Labour Party member	NIL
Independent Member (Capital)	Michael Giannasi	Indirect Interests	Loyalty Interests	2019	Current	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated
Independent Member	Ian Thomas	NIL	NIL	NIL	NIL	NIL	NIL
EXECUTIVE MEMBERS							
Chief Executive Officer	Hayley Thomas	NIL	NIL	NIL	NIL	NIL	NIL
Executive Director of Finance, Capital and Support Services	Pete Hopgood	Non Financial Interests	Loyalty Interests	18/06/2018	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant
Executive Director of Allied Health Professions, Health Science and Digital	Claire Madsen	Financial Interests	Outside Employment	07-Jan-19	01-Apr-28	Occasional Lecturer for University of West of England.	Hourly rate
		Non Financial professional interests	Loyalty Interests	10-Jun-05	01-Mar-28	Member of the The Chartered Society of Physiotherapy	NIL
Executive Medical Director	Kate Wright	NIL	NIL	NIL	NIL	NIL	NIL
Executive Director of People and Culture and Transformation	Debra Wood Lawson	Indirect Interests	Outside Employment	01-Nov-24	01-Nov-27	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	Remunerated
			Outside Employment	01-Sep-25	Current	Relative employee and training in Aneurin Bevan Univeristy Health Board (non Director)	NIL
Executive Director of Public Health	Mererid Bowley	Non-Financial professional Interest	Loyalty Interest	NIL	NIL	Member of Faculty of Public Health	Previously declared on annual Declaration of Interest form issued by corporate team since commencement of role. (Transferring recording of declaration on to ESR from this date).
		Financial Interest	Shareholdings and other Ownership interests	NIL	NIL	Husband works for Mitie Engineering who hold contracts/work with some NHS bodies/organisations. Shares held by husband and myself and Mitie Company	Previously annually since start of employment through completion of declarations of interest form issued by corporate team annually.
Director of Corporate Governance/ Board Secretary	Helen Bushell	Non-Financial professional Interest	Outside Employment	Nov-21	Current	Self - School Governor – Langynwyd primary school (Bridgend)	Not remunerated
		Indirect Interests	Outside Employment	Aug-16	Current	Partner is the Chair of a Housing Association who provide social housing across a large geographical area (including Powys).	Remunerated part time role, 2-4 days per month
		Indirect Interests	Outside Employment	Jul-24	Oct-24	Partner is listed on the Bank for PTHB - working occasionally for the organisation by dual agreement.	Paid per hour/day of work
		Indirect Interests	Outside Employment	May-25	Current	Partner - Associate for Practice Solutions	

Director of Strategic Improvement and Transformation	Lucie Cornish	Nil	Nil	Nil	Nil	Nil	Nil
Executive Director of Planning, Performance & Commissioning	Nicola Johnson	Nil	Nil	Nil	Nil	Nil	Nil
Executive Director of Primary, Community Care and Mental Health	Elaine Lorton	Financial Interests	Outside Employment	Apr-24	Current	Independent Member – ateb - housing Association	Remunerated
		Non Financial professional interests	Outside Employment	Nov-19	Current	Chair of the Board - Wet Wales Care and Repair	Voluntary
		Indirect Interests	Outside Employment	Mar-23	Current	Family Member is an employee of Hywel Dda University Health Board (non Director)	Nil
		Indirect Interests	Outside Employment	Sep-23	15-May-26	Family Member employee of Aneurin Bevan Univeristy Health Board (non Director)	Nil
Executive Director of Nursing, Quality, Women and Family Health	Paul Hooton	Non Financial Professional Interests	Outside Employment	2018	Current	Member of the Royal College of Nursing	25/10/2025 Started with PTHB October 2025

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PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

(UN)CONFIRMED MINUTES OF THE MEETING HELD ON 03 FEBRUARY 2026 HELD VIA MICROSOFT TEAMS

MEMBERS		
Rhobert Lewis	RL	Independent Member (Committee Chair)
Ronnie Alexander	RA	Independent Member (General)
Stephen Elliot	SE	Independent Member (Committee Vice-Chair)
Jennifer Owen-Adams	JO-A	Independent Member (Third Sector)
IN ATTENDANCE		
Mererid Bowley	MB	Director of Public Health
Stuart Bourne	SB	Consultant in Public Health / Public Health Medicine
Carl Cooper	CC	Board Chair
Stella Gwynne	SG	Assistant Director Corporate Governance/Deputy Board Secretary
Nicola Johnson	NJ	Director of Planning
Luke Jones	LJ	Designated Education Clinical Lead Officer (DECLO)
Mathew King	MK	Deputy Director: Therapies and Health Sciences
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Adrian Osborne	AO	Deputy Director of Communication, Engagement & Corporate Governance
Joe Wellard	JW	Regional Partnership Board Coordinator
APOLOGIES FOR ABSENCE:		
Elaine Lorton	EL	Executive Director of Primary Care, Community & Mental Health
Hayley Thomas	HT	Chief Executive Officer
Debra Wood-Lawson	DW-L	Executive Director People, Culture and Transformation
1. PRELIMINARY MATTERS		
1.1 WELCOME AND APOLOGIES FOR ABSENCE (PPPH/25/061)		
The Chair welcomed everyone to the meeting. Apologies for absences were received as recorded above.		
1.2 DECLARATIONS OF INTEREST (PPPH/25/062)		
No declarations of interest were received in addition to those already recorded on the register.		
2. CONSENT AGENDA BUSINESS		

The Chair asked Members if they wished to bring forward any items from the Consent agenda to the main agenda.

No items were requested for inclusion in the main agenda.

3. ITEMS FOR APPROVAL / RATIFICATION

3.1 MINUTES OF PREVIOUS MEETING (PPPH/25/063)

The minutes of the meeting held on the 20 November 2025 were **CONFIRMED** as an accurate record, subject to the following amendments:

- Members' surname spelling error in attendance list (page 1)
- PPPH/25/049 – Strategic Change Report, page 6, the query 'Has the Health Board submitted its own comments regarding the key strategic changes.' It was noted that the associated Action should be included in the Committee Action Log.
- PPPH/25/049) p. 6 – Clarification on question response

3.2 ACTION LOG (PPPH/25/064)

The Committee **RECEIVED** the Action Log, and the following updates were provided:

PPPH/25/006 - Six-month Evaluation Framework report regarding Cwm Taf Morgannwg Stroke Temporary Service Change – Verbal update provided by NJ updating the Committee about the focus on the ongoing review and reporting of stroke services. It was suggested that a revisit of this area had previously been agreed and consolidation of all information relating to stroke services placed into a dedicated section of the strategic change report, rather than producing a separate document. This approach was intended to bring together the distributed information from various organisations and, if successful, would be adopted for future reporting.

The Committee **APPROVED** the extension of the following action target date to the May 2026 meeting of the Committee:

- PPPH/24/038 Strategic Change Report (Palliative Care)

The Committee **APPROVED** the closure of the following Actions:

- PPPH/25/047 Integrated Plan 2025/26
- PPPH/25/052 Public Service Board

4. ESCALATED ITEMS

4.1 ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK – LEVEL 4 PLANNING COMPONENT (PPPH/25/065))

NJ presented the report to the Committee and drew attention to the strategic and planning developments including a whole-board approach, Senior Responsible Officer (SRO) appointments, and ongoing engagement with Welsh Government. The 'Better Together' initiative had progressed, as noted in the January 2026 annual plan update.

The route map and strategy, including extending the Powys Health and Care Strategy to 2029, had been updated and approved by the Board. The Chief Executive Officer (CEO) had sent an Accountable Officer (AO) letter to Welsh Government in December 2025 regarding the plan delivery and finances, with the response still awaited. A further letter was supported for February 2026 to aid next year's financial planning. Grant Thornton's external analysis was

referenced, with an interim update received by Board members and a version suitable for wider publication expected in March 2026. The planning maturity matrix was submitted, with Welsh Government feedback emphasising its use for improvement. Ongoing collaboration with Welsh Government to improve planning and escalation was noted.

Independent Members asked the following questions for assurance:

Clarification was sought on the frequency of WG and PTHB meetings, and whether it was felt they lead to progress?

NJ noted that progress is reflected in the Annual Plan and through the Board reporting arrangements'

What there any indication of when a response from WG in response to the AO letter might be received, and would this be shared with Board members?

It was noted that based on the most recent feedback from the Director of Planning at Welsh Government the response was anticipated imminently. It was confirmed that the letters are shared with the Board.

What was the governance process for receiving the Grant Thornton reports, and would a formal management response be prepared and signed off by the Board, in the context of the Board's next meeting at the end of March 2026 and due to also consider the Annual Plan?

The concerns regarding the governance process for receiving the Grant Thornton reports were acknowledged, and it was agreed that a more formal approach before inclusion in the Annual Plan would be preferable. Discussions would take place to explore whether a Committee could review the report prior to the Board. It was agreed that this matter would be followed up outside the meeting.

Action: Director of Planning/Director of Corporate Governance/Board Secretary

The Committee:

- **RECEIVED** the report, and
- took **ASSURANCE** that appropriate mechanisms were in place to monitor and report to the Board (and its Committees) against the Level 4 de-escalation criteria (planning and strategy aspects).

5. ITEMS FOR ASSURANCE

5.1. ANNUAL PLAN (PPPH/25/066)

NJ gave the Committee a verbal update on key areas of the Annual Plan, and noted that the Board had already received the strategic framework update:

- A letter was approved for submission to WG on 13 February 2026, which highlighted the projected inability to achieve financial balance.
- Planning was ongoing despite delays in receiving the NHS Wales Performance Framework and productivity model, which caused some uncertainty.
- Work was continuing on savings and financial planning, with alignment to the Grant Thornton report expected by the end of the week.

- Medium-term planning and the route map would be presented to an additional Board Development session in February 2026, instead of the originally planned session, due to the timing of the Grant Thornton report.

The Committee took **ASSURANCE** from the update provided by the Director of Planning, Performance and Commissioning on the Annual Plan

5.2. STRATEGIC CHANGE REPORT AND ENGAGEMENT REPORT (PPPH/25/067)

NJ and AO presented the report to the Committee and drew attention to the recommended options from Hywel Dda University Health Board (HDUHB) Clinical Services Plan which would be presented to the Board on 18/19 February 2026, with PTHB monitoring potential impacts on patient flows, especially stroke care for north Powys.

It was noted that lessons learned from planning and consultation were shaping PTHB's 'Better Together' programme. Changes to Positron Emission Tomography Computed Tomography (PET CT) scanner access in Wrexham mean some Powys patients would travel further, with ongoing discussions about permanent provision in North Wales. PTHB continued regional involvement and a review of the Mid Wales Committee is forthcoming. HDUHB's updated proposals and consultation outcomes will be considered at their Board meeting on 18/19 February 2026, with further updates on Emergency Medical Retrieval and Transfer Service (EMERTS) expected soon. No further public engagement was planned until summer, except for key decisions regarding HDUHBs Clinical Services Plan and the PET CT business case.

Independent Members asked the following questions for assurance:

Was there mention of the scale of change happening across NHS Wales, not just in Powys, when engaging the public about our Better Together programme?

AO explained that PTHB continued to reassure the public during engagement events by collaborating with neighbouring Health Boards, sharing information relevant to local communities, and holding joint events such as the forthcoming session with Shrewsbury and Telford Hospital NHS Trust (SaTH) in Newtown. The efforts to keep communications targeted and current were highlighted, using tools such as the government delivery mail service to share updates with subscribers based on their locality. The complexity of coordinating service changes across Wales was noted.

How had PTHB incorporated consultation outcomes and developments from other Health Boards into its own strategic plans and transformation programmes?

NJ explained that the paper aimed to provide oversight and act as a strategic planning tool, especially through annual planning and the Better Together initiative. Tracking changes was unique to the Health Board and was crucial for planning for the local population due to Powys' complex nature. The team ensures local feedback is gathered and used, enabling proactive responses. Decisions about service patterns and potential alternative providers will be made from a commissioning perspective as options become clearer. The extended timeline allows for more planning and engagement.

What mechanisms are in place within the organisation to track progress around addressing issues that are subject to escalation?

NJ outlined that monitoring and oversight procedures were established within the Integrated Quality and Performance Framework (IQPF). Meetings were held with providers through Commissioning Quality Performance Review sessions, and findings were escalated to the Commission Oversight and Assurance group (COAG), particularly regarding quality issues. Service concerns, such as those identified with Aneurin Bevan University Health Board, were addressed through this process. Reporting from the oversight group to Executive teams on key issues had commenced, providing a structured mechanism for oversight as part of performance management in commissioning relationships.

The Committee:

- **NOTED** the report, and
- **DISCUSSED** the content.

5.3. PARTNERSHIP GOVERNANCE AND ASSURANCE FRAMEWORK REPORT (PPPH/25/068)

10:45 CL joined

CL presented the report highlighting annual and biannual reporting, strengthened collaboration between partnership coordinators, and significant changes to the Regional Partnership Board, including new regulations and accountability measures.

Key areas covered included the addition of a schedule for voluntary partnerships, the need for robust exit planning from Regional Integration Fund (RIF) funded projects, current funding streams and forecasted overspends, recent Cabinet Secretary statements, the introduction of the Junior Safeguarding Board, and ongoing challenges related to alcohol and substance misuse.

Independent Members asked the following questions for assurance:

Was Powys providing an appropriate level of input into the Area Planning Board (APB) for substance misuse, given the significant funding it receives and oversees on behalf of the board?

CL explained that the Assistant Director for Mental Health was working closely with the coordinator of the APB to improve collaboration. It was noted that the assessments have found that referrals from mental health services for patients with alcohol and substance misuse needs are lower than expected in Powys, despite the anticipated overlap. Efforts were underway to address this gap. Additionally, there was coordination with public health colleagues to tackle modifiable risks associated with alcohol and substance misuse.

MB outlined that mental health services had historically taken the lead on the APB. Last year, a consultant registrar contributed to a deeper review of APB plans. Looking ahead, there was the intention to increase support for the APB, with a focus on better understanding data and related insights. While the commissioning cycle was complete, future efforts will concentrate on evaluation and monitoring. Additionally, there were plans to revisit issues related to alcohol and substance misuse within the Committee's work plan next year. The

Committee discussed including greater emphasis on alcohol and substance misuse in the next report.

Action: Director of Public Health

How did the increasing number of joint committees and partnerships affect the Board's capacity to participate and provide support, especially given possible overlaps, conflicting priorities, and the handling of cross-border issues?

CL and NJ noted that not all committees and partnerships could be supported equally, with adjustments made so that certain areas, such as housing, only involved the health division when necessary. There was ongoing work to improve alignment. Regarding cross-border matters, it was explained that participation in the cross-border network was primarily policy focused. Discussions within the network included issues like dispute resolution, which informed conversations with providers across the border. However, the network did not have a direct impact on commissioning activities with providers.

The Committee took **ASSURANCE** from the report.

5.4. REGIONAL PARTNERSHIP BOARD – ANNUAL DELIVERY PLAN (PPPH/25/069)

11:05 JW joined

JW updated the Committee on the Regional Partnership Board's (RPB) delivery and resource plan for 2026–2027 and drew attention to the following matters:

- The plan's alignment with strategic priorities, a focus on evaluation and continuous improvement, and robust governance through partnership boards.
- Development of a single point of access for children and families, ongoing prevention and early intervention for adults, targeted support for older people especially around hospital discharge and integrated workforce and accommodation developments.
- Management of risks linked to the end of RIF funding, ensuring sustainability or planned closure of projects, and sharing learning across the system.

Independent Members asked the following questions for assurance:

Further detail was sought about the End-Point Assessment (EPA) exercise.

CL explained that the Health Board undertook a thorough review of all funded projects, totalling around £7–8m, assessing the strategic alignment, evidence base, population coverage, and outcomes. Some projects were merged to strengthen their impact, while one was discontinued. The main finding was that exit planning had not been sufficiently rigorous, with insufficient focus on how activities would continue or end after funding stopped. This issue was identified as a risk last year, prompting a renewed emphasis on robust exit planning and reprioritisation to address wider system pressures. Insights from this exercise have directly shaped the development of the current plan.

Reassurance was sought that the plan for next year includes the financial and organisational backing required to advance the North Powys Wellbeing project.

JW confirmed that the North Powys Wellbeing Programme was a priority, with resources allocated to support its progress. A decision from Welsh Government

was expected soon, after which the team can advance the project. The programme faces risks linked to RIF funding ending, but discussions are ongoing to secure its future.

How did the Health Board plan to manage expectations regarding the continuation of projects, and had consideration already been given to whether some of these projects could be partially integrated with existing activities rather than being wholly adopted or discontinued?

CL and MB explained that the process prioritised projects with high patient numbers, substantial funding, and Health Board involvement. Projects with clear benefits could be mainstreamed via the Investment Benefit Group (IBG), while others would be discontinued. The approach for third sector projects was still under review. Planning for the next year has identified funding risks in March 2027, with steps being taken to strengthen project goals, support staff, and address the future of voluntary sector programmes.

The Committee:

- Took **ASSURANCE** that the approach and process in developing the robust RPB Delivery and Resource Plan aligns with the jointly agreed health and social care priorities.
- **NOTED** the key delivery and resource commitments of the plan in 2026/27, including and the focus on exit planning.

11:22 JW left

5.5. HEALTH PROTECTION SUMMARY REPORT (PPPH/25/070)

11:29 SB joined

MB provided the Committee with a summary of the Annual Health Protection Report for January to December 2025 and drew attention to the following matters:

- Release of the first Health Protection Framework for Wales, centred on preparation, prevention, response, and recovery.
- Work in Powys to prepare for and prevent health threats, including regular surveillance and multi-agency planning.
- Effective collaboration through the Regional Health Protection Group, with local authority and Public Health Wales, meeting regularly to manage incidents.
- Details of significant outbreaks and clusters dealt with during the year, alongside day-to-day public health surveillance activities.

Independent Members asked the following questions for assurance:

An explanation was sought on the numbers reported for whooping cough in table one, and how this compared with the previous year?

SB explained that whooping cough cases fluctuate in a three-year cycle, with a spike in 2024 followed by a reduction in 2025. This was mainly due to decreasing vaccine immunity, especially among adolescents and older children. Overall, Powys saw a 20% drop in notifiable disease notifications from 2024 to 2025, with whooping cough showing the biggest decrease.

When was the next review of the Communicable Disease Outbreak Plan for Wales scheduled, and had the document remained effective for managing local outbreaks in Powys?

MB confirmed the communicable disease outbreak plan for Wales was last reviewed in 2023 with multi-agency input, and another review began this year. The plan was well-established, regularly updated, and had been used successfully over the past decade. Recent reviews had focused on its practical application and capturing lessons learned, with a requirement to produce a lesson learned document after each outbreak. In Powys, the plan was applied last year to manage an *Escherichia coli* O157 (STEC) outbreak through effective multi-agency collaboration.

Regarding the response and management of local incidents and outbreaks, which issues had been the most time-consuming? Specifically, do outbreaks of scabies represent a substantial portion of the workload?

It was noted that significant resources were needed for the scabies outbreak, with hospital staff and a Newtown community nursing ward working beyond their usual duties, especially over a weekend. Laboratory and family cooperation was also appreciated. Outbreaks of respiratory infections in care homes were identified as particularly time-consuming, requiring proactive support, infection control efforts, and the development of health protection champions to build trust and provide statutory support to these settings.

The Committee:

- **RECIEVED** the contents of the report regarding health protection incidents/outbreaks responded to during the last 12 months
- Took **ASSURANCE** that a process was in place to collect and report the information.
- **NOTED** the proactive work undertaken to respond to wider health protection threats.

5.6. SUMMARY OF SCREENING PROGRAMMES (UPTAKE OF SCREENING PROGRAMMES) (PPPH/25/071)

SB presented the report to the Committee and drew attention to the following matters:

- Summary of the five main adult screening programmes: bowel, breast, cervical, abdominal aortic aneurysm, and diabetic retinopathy, with performance compared across Welsh health boards and neighbouring English areas.
- Uptake in Powys generally met national standards except for cervical and diabetic eye screening, which was lower compared to Herefordshire and Worcestershire.
- National initiatives include targeted lung cancer screening and discussions regarding prostate cancer screening.
- Local efforts to boost participation include appointing screening champions and introducing self-sampling kits for cervical screening.

Independent Members asked the following questions for assurance:

Confirmation was sought on whether diabetic eye screening would be picked up during routine visits to opticians?

SB confirmed that Diabetic eye screening in Wales was organised and delivered centrally by Public Health Wales, not through local optometrists.

What was the difficulty in comparing cervical screening uptake, especially self-test kit availability, with Herefordshire and Worcestershire, and were wider UK or international comparisons possible?

The cervical screening self-sampling kit enables women to test at home, improving access for those who do not attend appointments, though its accuracy is slightly lower. While UK-wide comparisons were possible due to a shared framework, comparisons were limited by differing age groups and programme structures. Future reviews should consider using UK and regional data.

11:59 LJ joined

Assurance was sought regarding recognition of stress and delays in diabetic retinopathy screening teams, the potential benefit of additional resources, and whether current operations meet expected timescales?

During the previous year, efforts had been made to establish a dedicated Mid Wales diabetic eye screening team to enhance access and coverage in the region. However, these attempts were hampered by recruitment difficulties, which affected the team's ability to operate as planned.

Was there data on screening uptake within different communities in Powys, especially where there have previously been issues and how are screening champions and volunteers applying their training in practice?

Powys has access to screening uptake data at cluster (North, Mid, South) level, though small numbers in some areas may affect reliability. Socioeconomic factors, especially in North Powys, likely influence coverage rates. The champions model and volunteer impact are still being evaluated, with updates promised as data becomes available. Public Health Wales was improving data access by developing dashboards with operational information and employing engagement officers to better target inequalities. More detailed and timely data should soon be available to support targeted efforts.

Was the Health Board doing enough to increase screening uptake among difficult-to-reach cohorts, or could we push further to improve our statistics given the small population sizes?

It was stated that access should not hinder participation in screening programmes, and Public Health Wales was responsible for improving both effectiveness and equity. Although Powys generally meets standards, concerns remain that overall data may hide inequalities in uptake. Ensuring fair access across all areas and backgrounds was a key focus. Uptake varies among different groups, so each programme needs individual assessment. The forthcoming lung cancer screening initiative was particularly important, as it could help reduce inequalities in cancer survival and mortality, especially given the links between smoking and socioeconomic status.

Was there confidence that Public Health Wales were thoroughly researching and understanding the reasons why eligible individuals were not attending screening, especially in hard-to-reach groups?

A national equity strategy for screening was under review, with efforts underway to improve the readability of information, enhance online resources, and introduce screening champions to boost participation. Measures such as greater appointment flexibility aim to address access issues and promote equity. While progress is being made, there is recognition that these initiatives may still fall short of fully addressing the challenges.

12:14 SB left

The Committee:

- **CONSIDERED** the uptake of adult population screening programmes and:
- Took **ASSURANCE** from the actions being undertaken to maintain and/or further increase uptake and reduce inequity.

5.7. ADDITIONAL LEARNING NEEDS (ALN) (PPPH/25/072)

⌋ presented a summary of the report to the Committee drawing attention to the following matters.

- Ongoing efforts to improve compliance with the Additional Learning Needs Act.
- Strengthened governance and collaboration with education partners
- Areas requiring improvement in information sharing.
- The expectation of achieving full assurance on legal duties within six months.

Independent Members asked the following questions for assurance:

How did PTHB's current position regarding compliance with the ALN Act compare to similar organisations?

It was explained that comparing compliance with the ALN Act across organisations was challenging due to the complexity and varied interpretations of the legislation in different areas. While there were differences in how the Act is being implemented, it is not believed PTHB was in a worse position than others.

Did the report anticipate achieving full assurance within six months, or were there significant challenges that may impede progress?

Key issues remain to be resolved around achieving a shared understanding between the Health Board and Powys County Council, but it was hoped these could be addressed within a few meetings and that full compliance would be achievable in the next six months. It was acknowledged that potential changes in legislation or its interpretation could introduce new challenges.

The Committee:

- **RECEIVED** the report as an accurate overview of activity from the Health Board to meet the requirements of the ALN Act.
- took **ASSURANCE** regarding the activity to date and plans moving forward to meet the requirements of the ALN Act.

5.8. COMMITTEE GOVERNANCE ACTION PLAN (PPPH/25/073)

SG presented a summary of the report to the Committee which served as a tracker for Committee actions stemming from the previous year's effectiveness review. Most actions across all Committees are either completed or in progress, except for training on systems working and transformation, which is currently paused due to financial constraints. For 2025/26, instead of a formal survey, a

more informal approach will be taken, with dedicated time at a Board Development session. Outstanding items from this year's process would be carried forward into 2026-27 for continued monitoring.

The Committee:

- **RECEIVED** the PPPH Continuous Development Plan 2025-26 and;
- Took **ASSURANCE** that the implementation of continuous development actions had been monitored throughout the year as a key principle of good Corporate Governance.

5.9. COMMITTEE TERMS OF REFERENCE REVIEW (ToR) (PPPH/25/074)

SG presented a summary of the proposed updates to the Committee's Terms of Reference, undertaken in line with Health Board's Standing Orders. It was highlighted that this year's approach being a light touch review, focusing on ensuring the terms remain current and reflective of organisations processes and practices. The only significant proposed change was the inclusion of a specific reference to the population Health Strategic Framework, as approved by the Board in September 2025. Members were invited to suggest further amendments via e-mail, with final approval required by the Board in May 2026.

The chair suggested that individual member to send suggestions in relation to the ToR to SG for recirculation prior to going to the Board.

Action: Assistant Director of Corporate Governance/Deputy Board Secretary

The Committee:

- **ENDORSED** the proposed amendments to the Terms of Reference
- **IDENTIFIED** any further potential amendments, and
- **AGREED** that the Chair of the Committee and Director of Corporate Governance will take any comments and finalise the revised Terms of Reference for presentation to the Board in May 2026 for approval.

6. CONSENT AGENDA (PPPH/25/075)

The reports below were taken under the Consent Agenda and recommendations supported:

- **FOR ASSURANCE:** 7.1 Committee Work Programme
- **FOR APPROVAL:** 7.2 Glossary
- **FOR INFORMATION:** 7.3 Primary Care Clusters Final Internal Audit Report

7. OTHER MATTERS

7.1 ANY OTHER BUSINESS (PPPH/25/076)

NJ proposed that Stroke be addressed as a distinct section within the Strategic Change Report instead of preparing a separate report in the 2026/27 Work Programme.

7.2 COMMITTEE REFLECTIONS (PPPH/25/077)

The following feedback was noted:

- Review time assigned to agenda items.

7.3 DATE OF NEXT MEETING (PPPH/25/078)

18 May 2026, 10:00 via Microsoft Teams.

Meeting closed at 12:42

03-Feb-26	PPPH/25/068	DoPH - MB	Partnership Governance and Assurance Framework Report	Include greater emphasis on alcohol and substance misuse in the Committees next report	18.05.2026 Update: This will be incorporated in on future paper which is the Governance Paper Report.	May-26		Completed
03-Feb-26	PPPH/25/074	ADoCG - SG	Committee Terms of Reference (ToR)	Committee individual members to send suggestions in relation to the ToR to SG for re-circulation prior to the Board in May 26	18.05.2026 Update: Suggestion sent to Board.	May-26		Completed
20-Nov-25	PPPH/25/049	DPP&C - NJ	Strategic Change Report	The Committee Strategic Change Report will consolidate information on stroke service changes in one part of the report with immediate effect	18.05.2026 Update - Title of action updated. NFA	May-26		Completed
CLOSED ACTIONS								Date closed

Lewis, Raychelle
14/05/2026 16:20:45

**Planning, Partnerships and Population Health Committee
2026-2027**

Theme	Item Title	Duration (mins)	Role of Committee	Onward Journey to Board (Y/N)	Exec Lead	Route to Committee	Route Date	May 18/05/2026	Route to Committee	Route Date	September 15/09/2026	Route to Committee	Route Date	November 19/11/2026	Route to Committee	Route Date	February 02/02/2027
Governance	Minutes of previous meeting		Approval	No	DCG	Chair		✓	Chair		✓	Chair		✓	Chair		✓
Governance	Declaration of Interests		Compliance	No	DCG	DCG		✓	DCG		✓	DCG		✓	DCG		✓
Governance	Action Log		Approval	No	DCG	DCG		✓	DCG		✓	DCG		✓	DCG		✓
Governance	Committee Reflections	5	All	No	DCG	Executive Lead		✓	Executive Lead		✓	Executive Lead		✓	Executive Lead		✓
Governance	Committee Risk Register	5	Assurance	No	DCG	DCG		✓	DCG		✓	DCG		✓	DCG		✓
Governance	Annual Work Programme	15	Recommendation to Board	Yes	DCG	Chair / Exec Leads		✓	Executive Lead		✓	Executive Lead		✓	Executive Lead		✓
Governance	Work Programme (updated through year)	0	Review	No	DCG	Executive Lead		✓	Executive Lead		✓	Executive Lead		✓	Executive Lead		✓
Governance	Annual Assessment of Committee Effectiveness	25	Review	Yes	DCG	Executive Lead		✓	Executive Lead		✓	Executive Lead		✓	Executive Lead		✓
Governance	Committee Governance Action Plan	10	Assurance	No	DCG	Exec Lead		✓	Executive Lead		✓	Executive Lead		✓	Executive Lead		✓
Governance	Committee Annual Report	10	Recommendation to Board	Yes	DCG	Executive Lead		✓	Executive Lead		✓	Executive Lead		✓	Executive Lead		✓
Governance	Review of Terms of Reference	10	Recommendation to Board	Yes	DCG	Executive Lead		✓	Executive Lead		✓	Executive Lead		✓	Executive Lead		✓
Planning	Approach for development of 27/28 Annual Plan, Health and Care Strategy update	25	Assurance	Yes	DPP&C	Executive Committee		✓	Executive Committee		✓	Executive Committee		✓	Executive Committee		✓
Planning	Integrated Plan 2025/2026 Development and Draft Maturity Matrix	25	Recommendation to Board	Yes	DPP&C	Executive Committee		✓	Executive Committee		✓	Executive Committee		✓	Executive Committee		✓
Planning	Strategic Change Report and Engagement Report	30	Assurance	No	DPP&C	Executive Committee	06/05/2026	✓	Executive Committee	05-Aug-26	✓	Executive Committee		✓	Executive Committee		✓
Planning	Primary Care Cluster Reporting against delivery 2025/26	20	Assurance	No	DoPCCMH	Executive Committee		✓	Executive Committee	05-Aug-26	✓	Executive Committee		✓	Executive Committee		✓
Partnerships	Regional Partnership Board - (Annual Report Aug) and (Annual Delivery Plan Feb 2027) -Invite JW	15	Discussion	No	DPH	Board		✓	Executive Lead	05-Aug-26	✓	Executive Lead		✓	Executive Committee		✓
Partnerships	Public Service Board Annual Report	15	Discussion	Yes	DPH	Executive Lead		✓	Executive Lead		✓	Executive Lead		✓	Executive Lead		✓
Estates / Environment	PTHB climate change / Decarbonisation	15	Assurance	No	DoFCSS	Executive Committee		✓	Executive Committee		✓	Executive Committee		✓	Executive Committee		✓
Partnerships	North Powys Wellbeing Programme	20	Assurance	No	ADoECP	Executive Committee		✓	Executive Committee	05-Aug-26	✓	Executive Committee		✓	Executive Committee		✓
Partnerships	NWSSP Performance Report	5	Assurance	No	DoFCSS	Executive Lead		✓ Year-end	Executive Lead		✓	Executive Lead		✓ Mid-year	Executive Lead		✓
Partnerships	Strategic Improvement and Transformation	25	Assurance	No	DoIaT	Executive Committee		✓	Executive Committee	05-Aug-26	✓	Executive Committee		✓	Executive Committee		✓
Partnerships	Partnership Governance Framework	10	Assurance	Yes	DCG	Executive Committee		✓	Executive Committee	05-Aug-26	✓	Executive Committee		✓	Executive Committee		✓
Population Health	Whole Systems Approach to prevention of obesity	15	Assurance	No	DPH	Executive Committee	06/05/2026	✓	Executive Committee		✓	Executive Committee		✓	Executive Committee		✓
Statutory Compliance	Pharmaceutical Needs Assessment - Kate Wright							✓	Executive Committee		✓	Executive Committee		✓	Executive Committee		✓
Population Health	Adult Weight Management Pathway Update	20	Assurance	No	DoPCCMH	Executive Lead	06/05/2026	✓	Executive Lead		✓	Executive Lead		✓	Executive Lead		✓
Population Health	Healthy Child Wales Programme (CR) Health visiting programme	15	Assurance	No	DoNQW&FH	Executive Committee	06/05/2026	✓	Executive Lead		✓	Executive Lead		✓	Executive Lead		✓
Population Health	Summary of screening programmes (uptake of screening programmes) *When published by PHW. Timeframe TBC	15	Assurance	No	DPH	Executive Lead		✓	Executive Lead		✓	Executive Lead		✓	Executive Lead		✓
Partnerships	Partnership Governance and Assurance Framework Report	10	Assurance	Yes	DPH	Executive Lead		✓	Executive Committee	05-Aug-26	✓	Executive Lead		✓	Executive Lead		✓
Population Health	Annual Report of Director of Public Health (including reducing inequalities)	15	Assurance	Yes	DPH	Executive Committee		✓	Executive Committee		✓	Executive Committee		✓	Executive Committee		✓
Population Health	Health Protection Summary Report	10	Assurance	No	DPH	Executive Lead		✓	Executive Lead		✓	Executive Lead		✓	Executive Lead		✓
Population Health	Child Immunisation Annual Report	10	Assurance	No	DPH	Executive Committee		✓	Executive Committee		✓	Executive Committee		✓	Executive Committee		✓
Population Health	Additional Learning Needs (ALN)	10	Assurance	No	DoNQ&FH	Executive Committee		✓	Executive Committee	05-Aug-26	✓	Executive Committee		✓	Executive Committee		✓
Population Health	Winter Plan 2026/27	15	Assurance	Yes	DPP&C	Executive Committee		✓	Executive Committee	05-Aug-26	✓	Executive Committee		✓	Executive Committee		✓
Population Health	Substance Misuse Review with deep dive on Alcohol and Controlled Drugs and Tobacco Control Plan Update	20	Assurance	No	DPH	Executive Committee		✓	Executive Committee		✓	Executive Committee		✓	Executive Committee		✓
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	DPP&C			✓			✓			✓			✓

Lewis Raychelle
14/05/2026 16:20:45



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item:5.1

Planning, Partnerships and Population Health Committee **18 May 2026**

Subject:	Strategic Change Report
Approved and presented by:	Nicola Johnson, Executive Director of Planning, Performance & Commissioning
Prepared by:	Assistant Director of Planning, Planning Managers, Deputy Director (Engagement, Communication and Corporate Governance), Assistant Director for Performance and Commissioning
Other Committees and meetings considered at:	Executive Committee – 6 May 2026

PURPOSE:

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

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

RECOMMENDATION(S):

The Committee is asked to:

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

Approve/Take Assurance	Discuss	Note
Y/N	Y/N	Y/N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

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

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

EXECUTIVE SUMMARY:

This report provides the Committee with an updated stocktake of Strategic Change programmes and a broad, whole system view of each area's strategic change ambitions.

This assists the organisation in understanding the context and potential for existing and planned strategic changes across both Wales and England, which may individually or cumulatively impact on the provision of healthcare for Powys residents.

This report includes a summary of organisational plans and strategies for the new financial year and has been prepared during the pre-election period.

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

BACKGROUND:

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

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

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

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

Additional information in the slides for this quarter (highlighted in red font) includes:

- A summary of Plans submitted to Welsh Government by 31st March 2026
 - An update on the development of the 2026-27 Powys Teaching Health Board Plan
- Significant work continues on the "Better Together" and "North Powys Wellbeing Programme" which are reported separately in more detail through other mechanisms

- Betsi Cadwaladr University Health Board are reviewing provision of their PET-CT scanning service
- The outcome of Hywel Dda University Health Board Clinical Services Plan discussions including an alternative option for Stroke services
- Key deliverables for Hywel Dda and Swansea Bay Regional Joint Committee
- Engagement on ABUHB enhanced local general hospitals has concluded and the outcome is awaited
- An update on the Southeast Wales Regional Joint Committee
- Headline information on national and regional stroke programmes
- NHS Wales Performance and Improvement Fragile Services Framework and Community by Design Programme
- Changes to the Welsh Government/NHS Wales National Oversight and Interface Arrangements
- An update on the Joint Commissioning Committee and the Emergency Medical Retrieval Transfer Service
- Progress on the National Assurance Assessment of Maternity and Neonatal Services in Wales
- NHS England Planning and Priorities for 2026/27
- The new National Provider Improvement Programme in NHS England
- Wye Valley Trust annual objectives 2026/27
- A summary of Hereford and Worcester Integrated Care Board Operational Delivery and Transformation Plans 2026-2031
- Shropshire Telford and Wrekin Integrated Care Board Health and Care: Five-Year Plan (2026–2031)
- Developments at Shrewsbury and Telford Hospital NHS Trust include exiting from special measures.

The report has previously been shared with Directors and Assistant Directors of Planning across Wales, where it was positively received as a valuable reference document.

NEXT STEPS:

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

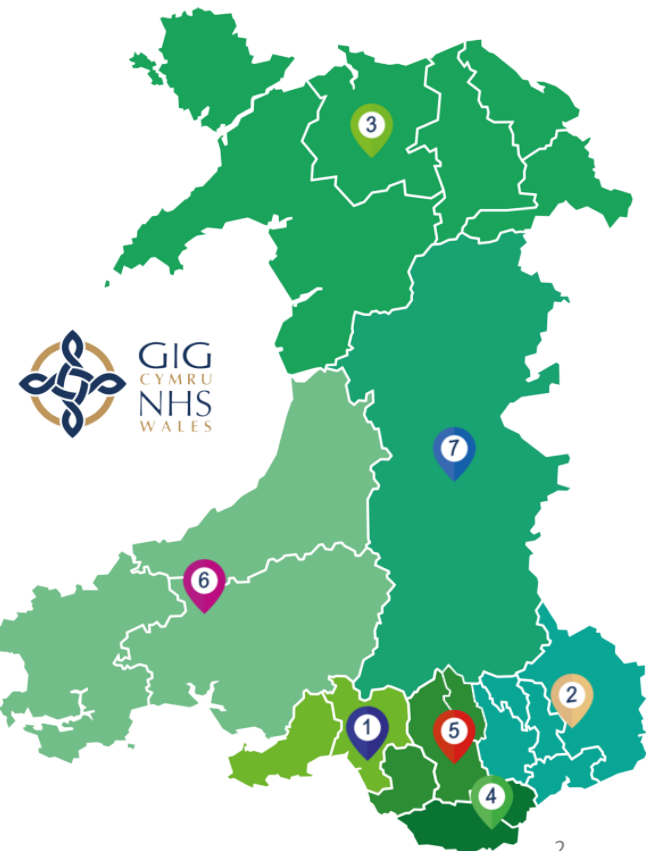
Strategic Change Update

Planning, Partnership and Population Health Committee
18 May 2026

Lewis, Raychelle
14/05/2026 16:20:45

Purpose

- This report provides an update and broad, whole system view of each area's strategic change ambitions.
- This assists the organisation in understanding the context and potential for existing and planned strategic changes across both Wales and England, which may individually or cumulatively impact on the provision of healthcare for Powys residents.
- The report includes a summary of organisational plans and strategies for the new financial year and has been prepared during the pre election period. (new information this quarter is highlighted in red font)



Lewis, Raychelle
14/05/2026 16:20:45

Overview

PTHB developed a Five Year Integrated Plan 2024-29, aligned to the Ten-Year Health and Care Strategy 'A Healthy Powys'. An Annual Plan was submitted for 2026-27. Transformation is also progressing via 'Better Together' and North Powys Wellbeing Programme. A Population Health Strategic Framework was also published in 2025.

The Mid Wales Joint Committee for Health and Care have annual priorities and programmes of work in the context of a Strategic Intent. They are currently reviewing the role and purpose of the committee.

Hywel Dda UHB have developed an Annual Plan for 2026-27 and are consulting on their Clinical Services Plan.

Swansea Bay UHB have developed an Annual Plan for 2026-27 and launched a refreshed organisational strategy, 'A Healthier Swansea Bay'.

Regional Joint Committee of Swansea Bay and Hywel Dda University Health Boards established; PTHB is an associate member

Cardiff and Vale UHB have developed an Annual Plan for 2026-27 and are engaging on their Clinical Plan 'Shaping Services for the Future, Together – Shaping our Future Wellbeing' later this year.

Betsi Cadwaladr UHB have developed an Integrated Medium Term Plan for 2026-29 and commenced a major change programme, 'Foundations for the Future'.

Cwm Taf Morgannwg UHB have developed an Integrated Medium Term Plan 2026-29 supporting their strategy 'Building Healthier Communities Together'.

Robert Jones and Agnes Hunt Orthopaedic Hospital have developed a 5 year Trust strategy 2023-28.

Shrewsbury and Telford Hospital NHS Trust Transformation Programme is underway in line with outcomes of 'Future Fit' consultation.

WAST have submitted an Integrated Medium Term Plan 2026-29 and have a long term strategic framework 'Delivering Excellence' up to 2030.

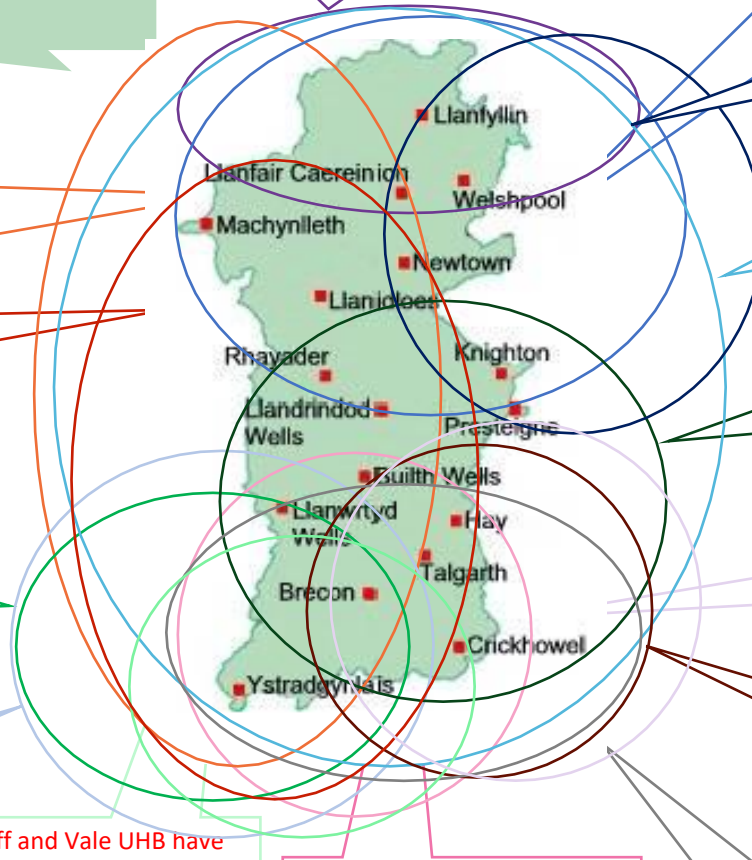
Herefordshire & Worcestershire Stroke Programme is ongoing with further engagement / consultation expected on the clinical model.

Velindre NHS Trust have developed an Integrated Medium Term Plan for 2026-29 and have a long term strategy "Destination 2033"

Aneurin Bevan UHB have developed an Annual Plan with 3 year intent 2026-29 and have a ten year strategy 'Gwent 35: Better Health, Better Care, Better Lives'.

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

South East Wales Regional Portfolio Board in place.



Welsh Government Escalation and Intervention Arrangements

(Latest updates published 9th April 2026)

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

Powys Teaching Health Board – Strategies

Organisation	Key developments
PTHB Annual Plan 2026-27	<ul style="list-style-type: none"> The Board approved Annual Plan was submitted to Welsh Government on 31st March 2026 and responds to the NHS Wales Planning Framework including the refreshed Ministerial Priorities. The Plan was written as Year 3 of the 5-year Plan submitted last year and continues to set out the Vision, Wellbeing Objectives and Strategic Priorities for the organisation. The Health Board enters 2026/27 with a deficit Plan.
North Powys Wellbeing Programme	<ul style="list-style-type: none"> The combined Strategic Outline Case / Outline Business Case for the North Powys Wellbeing Programme was approved by Welsh Government in March 2026. A work plan is being prepared for delivery of the Full Business Case during 26/27 – this includes tender and appointment of contractor, formal planning application (including pre-application consultation), detailed facility planning, and service planning.
Better Together	<ul style="list-style-type: none"> An independent strategic assessment on Planned Care services has been undertaken by the Getting It Right First Time Team and a final report is being prepared with recommendations for future services. The period of engagement to gather insights in relation to Planned Care and Women & Children’s has closed and the engagement report has been finalised. A revised date for consultation to commence on Phase 1 Adults Physical and Mental Health services has been proposed for September 2026 (subject to board approval). Work continues on the finalising of options and preparation of the Pre-Consultation Business Case. Service changes which don’t require public consultation are being progressed to strengthen existing community services to prevent people from being admitted to hospital and reduce use of out of county community beds and placements.
Population Health Strategic Framework	<ul style="list-style-type: none"> PTHB have developed a Population Health Strategic Framework which was used to inform the PTHB Plan.

Lewis, Raychelle
14/05/2026 16:20:45

Powys Teaching Health Board – Plan on a Page



To 2027 AND BEYOND



Plan on a page

2026/2027

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



A whole system approach to wellbeing & prevention

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



A responsive community based model of care

- Enhanced Primary and Community Care including Phase 2 Better Together
- Planned Care and Diagnostics including Phase 2 Better Together; Referral Optimisation
- Complex and Continuing Healthcare



Effective care across the Big Four

- Major Conditions
 - Cancer
 - Cardiovascular including Stroke and Diabetes
 - Respiratory
- Mental Health including Phase 2 Better Together



Sustainable and resilient health care

- Improve System Resilience including Phase 2 Better Together and Six Goals / Pathways of Care/ Building Community Capacity
- Commissioning for Value including Strategic Commissioning Framework

Wellbeing Objectives



Strategic Priorities



Enablers



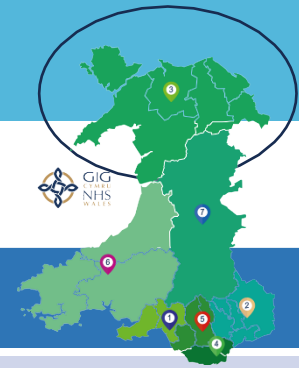
Powys Teaching Health Board

Organisation	Key developments
Powys Cluster Plans	<ul style="list-style-type: none"> • The newly formed South & Mid Powys Cluster model will create a larger, more resilient footprint that can drive innovation, improve access, and enhance outcomes. • They will focus on four key priorities to deliver integrated, person-centred care: <ul style="list-style-type: none"> • Community services, with a particular emphasis on frailty • Prevention, particularly in diabetes and respiratory health • Urgent care will be improved by ensuring timely and appropriate access within the community • Mental health will be prioritised through early intervention and community-based support for mild-to-moderate conditions
Regional Partnership Board	<ul style="list-style-type: none"> • Powys Regional Partnership Board (RPB) has launched its 2026-27 Delivery and Resource Plan, backed by funding from the Welsh Government's Regional Integration Fund. • This is the final year of guaranteed funding for several integration projects, with a focus on transitioning successful schemes to mainstream funding. Key investment areas include: <ul style="list-style-type: none"> • Start Well: Dedicated to children and young people, including emotional health and wellbeing support. • Live Well: Includes mental health initiatives and adult social care integration. • Age Well: Focused on supporting independence, fall prevention, and helping people return home from hospitals. • North Powys Wellbeing: Specifically for the development of the Newtown Wellbeing Campus. • Workforce Futures: Targeted at local recruitment, training, and retention of health and care staff
Public Service Board Annual Report 2024-25	<ul style="list-style-type: none"> • Three priorities have been identified as the most important focus to help achieve the well-being objectives: responding to climate emergency, taking a whole systems approach to healthy weights and shaping the future by improving our understanding of what matters to the people of Powys through evidence and insight. Working groups have been established to coordinate delivery across the partnership to deliver on the joint priorities. Powys Teaching Health Board leads on the whole systems approach to healthy weight objectives and has representatives actively participating in partnership in the Climate Working Group through the Health Boards Environment and Sustainability Manager. • An updated Wellbeing assessment will require approval by March 2027 (within this financial year) , in order for the updated Wellbeing Plan to be approved by 2028.

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Betsi Cadwaladr University Health Board

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



Strategy

- "Foundations for the Future" is BCUHB's major change programme, to build a stronger, more capable, and future-ready health service for North Wales through robust leadership, planning, and development. It seeks to create a sustainable, equitable health and care system for Wales. It also supports the Health Board's efforts to overcome long-standing issues with governance and leadership, which had previously led to it being under special measures.

Integrated Medium Term Plan 2026-29

- Across the next year, the organisation will start to benefit from major strategic and transformational programmes that will reshape how the organisation works. The Foundations of the Future (FFTf) programme and developing Clinical Services Plan (CSP) will unlock the potential for genuinely pan North Wales service planning, modernised workforce models, and redesigned clinical pathways. These enablers will create the conditions for long-term change, bringing together strategy, culture, people, processes and structures to support a more effective, sustainable and future focused Health Board.
- The Health Board enters 2026/27 with a deficit Plan.

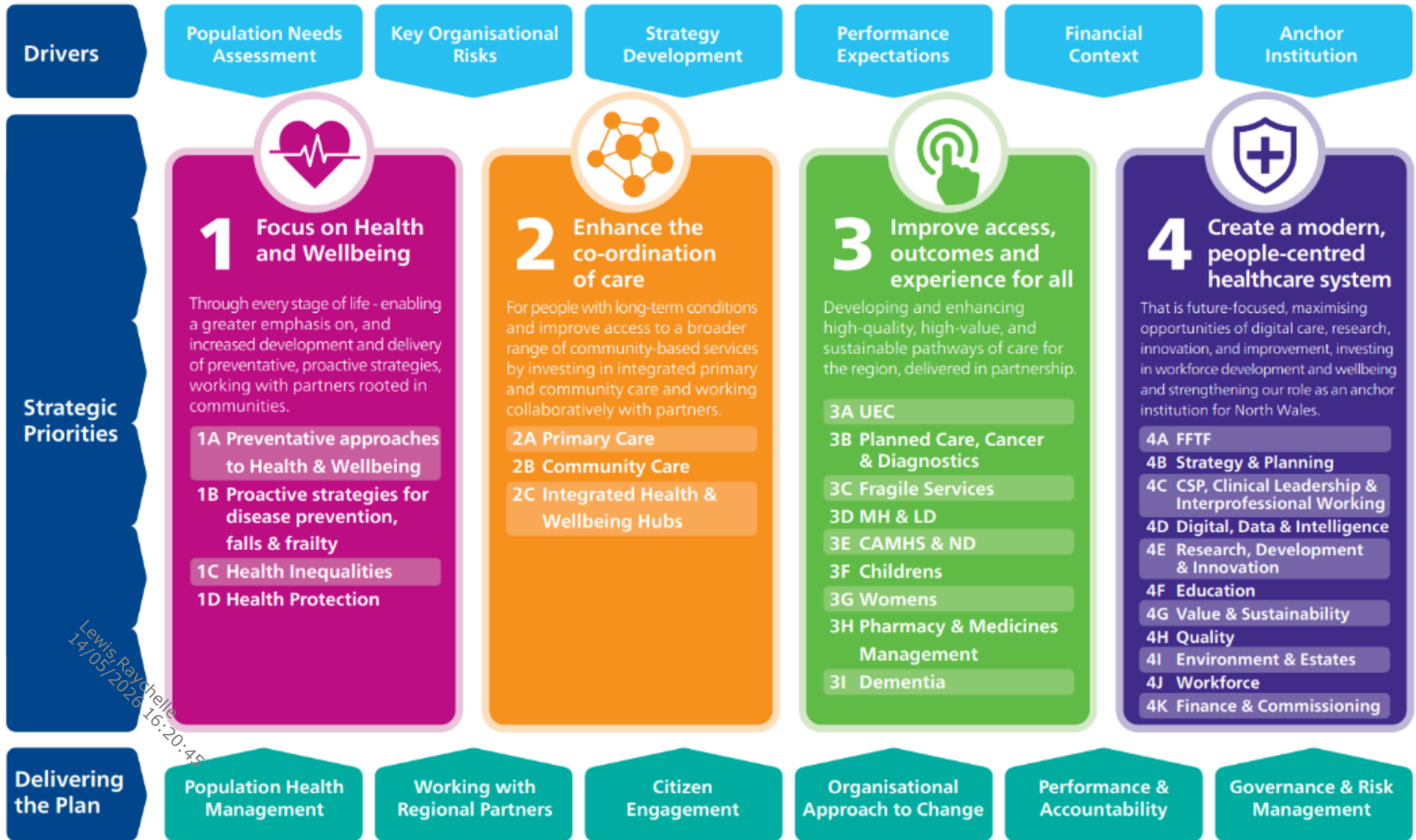
Strategic Change

- Engagement has been under way on community hospital provision including Tywyn Community Hospital, with options in development. Shaping the Future of Tywyn Community Hospital - Betsi Cadwaladr University Health Board
- The longer term plan for PET-CT includes submission of a Full Business Case to Welsh Government which will see PET-CT close in Wrexham with a permanent PET-CT centre established in Bodelwyddan (increase in distance by around 37.5 miles from Wrexham). This is currently being discussed with Joint Commissioning Committee who have committed to exploring the options for Powys patients.

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Betsi Cadwaladr University Health Board

Plan on a Page 2026-29



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

Clinical Services Plan outcome:

Decisions regarding the nine services within the Clinical Services Plan (Emergency General Surgery, Critical Care, Stroke, Ophthalmology, Orthopaedics, Dermatology, Urology, Endoscopy and Radiology) were taken at the Extraordinary Board Meeting held on 18 and 19 February 2026. Day 1 focused on considering the impacts of the options, and presentations from clinical and operational teams, while Day 2 focused on agreeing next steps for each service.

Final decisions were confirmed for all services except Stroke which has been a key area of interest and impact for Powys residents. For Stroke, a new merged option was explored, combining elements from two proposals to progress towards a 24-hour specialist Acute Stroke Unit in Carmarthen and an Acute Stroke Rehabilitation Unit in Bronglais. Due to the scale of change, further engagement with staff, communities and stakeholders will be undertaken. The programme team will also establish a process for the Options Development Group to assess the new merged option for stroke, with a second phase of formal consultation currently anticipated from May 2026 subject to discussion and approval by HDUHB Board.

For the remaining eight services, decisions included:

- Emergency General Surgery – centralising the emergency on-call rota at GGH and strengthening Surgical Same Day Emergency Care starting at GGH and Withybush Hospital (WGH);
- Critical Care – developing an Enhanced Care Unit at Prince Philip Hospital (PPH), supported by additional recruitment;
- Ophthalmology – consolidating some services at GGH while increasing activity at community sites;
- Orthopaedics – making temporary changes permanent, supporting regional working and increasing activity at sites including BGH;
- Dermatology – making temporary changes permanent, bringing services together at PPH supporting site reconfiguration;
- Urology – making temporary changes permanent, bringing together services at PPH to support a Urological Investigations Unit;
- Endoscopy – increasing activity at PPH through an additional procedure room;
- Radiology – developing seven-day routine diagnostics, with a cancer focus, at PPH and WGH, and responding to urgent needs in the service.

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**Annual Plan
2026-27
“Healthier Lives,
well lived”**

Hywel Dda University Health Board’s Annual Plan for 2026/27 is set within the three-year planning horizon for 2026/29. Following Board approval of the refreshed long-term strategy in January 2026, the Clinical Services Plan continues to guide the medium term transformation of services.

Four key areas have been identified to progress to the aspiration of healthier lives, well lived. thriving teams, healthier communities, great care, positive futures.

Key priorities for 2026/27 are:

- Workforce Enabling Plan
- Population Health and Prevention
- Primary Care and Community Services
- People First, Digital Always (inc. Clinical Coding Standards)
- Quality and Safety
- Urgent and Emergency Care inc. Six Goals
- Planned and Specialist Care / Cancer
- AHP, Diagnostics and Cancer Delivery
- Mental Health and Learning Disabilities
- Women’s Health
- Perinatal
- Palliative and End of Life Care
- Capital and Estates
- Estates and Facilities

- The Health Board enters 2026/27 with a deficit Plan.

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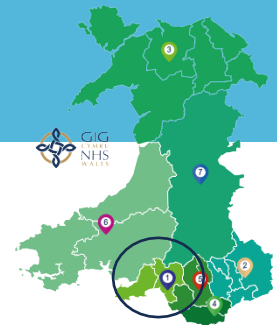
The Regional Joint Committee (RJC) was set up on 15 January 2025 as a joint committee between Swansea Bay and Hywel Dda University Health Boards.

The RJC will provide joint leadership for the regional planning, commissioning, and delivery of services for both health boards. The RJC will consider the service challenges, financial challenges and population health needs of both organisations and the work previously undertaken through A Regional Collaboration for Health (ARCH).

The delivery of operational services through the Regional Clinical Services Planning Subgroup ambitions are to: -

- Deliver a more resilient, safer, and equitable services.
 - Improve equity of access across the region through a single regional waiting list and standardised Pathways
 - Reduce waiting times and backlogs by increasing activity and optimising end-to-end diagnostic Capacity
 - Improve patient outcomes through timely diagnostics, targeted pathways and clearer follow-up
 - Strengthen workforce capacity and sustainability - Standardise protocols to reduce unwarranted variation.
- Key deliverables for 2026/27**
- Orthopaedics - Includes hip, knee, foot and ankle, shoulder and elbow, and hand and wrist—with a current focus on reducing long waits for hip and knee arthroplasty.
 - Diagnostics – Cellular Pathology - Develop the case for a new single site and transition to a SWW Regional Pathology Operational Delivery Network
 - Eye Care - The South West Wales Regional Eye Care Programme is focusing initially on Glaucoma, Cataracts, Medical Retina, and Paediatric Ophthalmology.
 - Vascular & Interventional Radiology - To develop and deliver a quality vascular service, across the whole pathway and in line with the agreed service specification for the South West Wales Vascular Network, on behalf of its constituent health boards, Swansea Bay (host organisation), Hywel Dda, Cwm Taf Morgannwg UHB (Bridgend area only) and Powys THB (south Powys only)
 - South West Wales Cancer Centre Programme Regional radiotherapy and oncology outpatient services modernisation.

Swansea Bay University Health Board



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

Strategy:

A refreshed Organisational Strategy “A Healthier Swansea Bay ” has been launched. The vision is to create a healthier Swansea Bay where people live longer, happier, and more independent lives, with timely access to high-quality, compassionate, and equitable care close to home.

Work is continuing on the Clinical Services Plan, with an engagement event scheduled for June, wider engagement in the summer of this year followed by more formal engagement from November into Spring 2027.

Annual Plan 2026-27:

SBUHB have submitted an Annual Plan for 2026-27 shaped by the Health Board’s mission: “Better Health, Better Care, Better Lives” and is aligned to the refreshed Organisational Strategy “A Healthier Swansea Bay “(2025), with a clear focus on three organisational priorities:






1. Safe & Effective Care – improving timely access and reducing avoidable delays
2. Financial Sustainability – strengthened financial discipline, reduced variable pay and improved productivity
3. Transforming for the Future – delivering the Clinical Services Plan and progressing Organised for Success.

The Plan is structured across the key system areas: Urgent and Emergency Care, Planned Care and Cancer, Primary Care, Mental Health, Learning Disabilities, Women’s Health/ CYP/ Perinatal; and describes the delivery plans detailing the actions, outcomes, and impacts to be delivered in 26/27. The Plan does present risks and is explicit that delivery, particularly in Planned Care, Cancer and UEC, remains fragile without non-recurrent and targeted funding similar to that provided in 2025/26.

- The Health Board enters 2026/27 with a deficit Plan.

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Swansea Bay University Health Board Annual Plan Summary

Strategic Objective	Long Term Success	By 2028 years	Breakthrough Objective 2026/27
Better Health for all 	People of Swansea Bay live healthier, fairer and more prosperous lives	<ul style="list-style-type: none"> 90% of children are protected from communicable diseases 88% of children are protected from non-communicable disease Fewer adults are smoking: 5% of adult smokers make a quit attempt via smoking cessation services Fewer deaths from cancer: 65% of eligible adults participate in bowel screening 	<ul style="list-style-type: none"> Flu vaccine uptake improved in most deprived areas by 10% Bowel screening rates up 10%
Improved patient safety 	Care is high quality, safe, efficient and delivers the best possible outcomes for people in partnerships	<ul style="list-style-type: none"> Avoidable Mortality: Best in Wales European Age-standardised rate (EASR) per 100,000 Achievement of 6/9 access targets for both Emergency and Planned Care Year on year reduction in concerns 	<ul style="list-style-type: none"> No more than 2000 patients waiting more than 104 weeks for referral to treatment. Reduce the number of adults placed out of area for mental health inpatient treatment by 50% 30% reduction in avoidable pressure ulcers Reduce the number of patients waiting 12 hours or more in ED by 10%
Care is delivered in partnership 	Care is delivered in partnership with our communities in safe and appropriate settings, supported by innovation	<ul style="list-style-type: none"> Year on Year reduction of backlog maintenance relative to Estates risk register and strategic priority HIMSS Digital maturity assessment outcome score 3 Time to Open Studies - 75% set up within 90 days 	<ul style="list-style-type: none"> Clinically Optimised patients reduced to <100 at any one time Increase in the take up of the NHS App by 25% (from a March 2026 baseline)
A great place to work 	The health board is a great place to work where all staff feel valued and work together towards a common goal	<ul style="list-style-type: none"> >75 % Engagement score, reported via the NHS Wales Staff Survey >70% NHS Staff Survey respondents that feel their line manager takes effective action to help them with any problems they face >68% NHS Staff Survey respondents agreeing that the organisation respects individual differences 	<ul style="list-style-type: none"> Improvement in staff engagement score by 5% Improvement in staff health & wellbeing by 1%
Use every NHS £ wisely 	The health board is a resilient, sustainable and responsible organisation	<ul style="list-style-type: none"> Financial position against allocation Delivery of financial savings Reduction in Annual emissions carbon footprint 	<ul style="list-style-type: none"> Deliver savings plan of £65m of which £50m is recurrent

Cardiff & Vale University Health Board



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

Strategy: “Shaping Our Future Clinical Services” looks to develop new service models that integrate care and deliver outcomes that are significant to the individual by listening to what matters most to the populations we serve. As part of the ambition to improve health outcomes and reduce health inequalities, all programmes need to include prevention and early intervention. As we look to the future of the health care system, the need for change is not an option but a necessity.

The Strategy was approved at March board and the organisation is aiming for a formal launch on 22nd June.

The Annual Plan sets out the collective priorities for the year ahead, bringing together strategic transformation objectives and the near term actions required to stabilise and improve operational performance.

Annual Plan 2026-27

Strategic Intent & Priority Actions:

- Clinical Services - Deliver a sustainable, future-ready clinical model by moving the Clinical Services Plan into coordinated delivery and service-level planning, enabling integrated, system-wide redesign and improved outcomes for the population.
- Quality - Create a health board-wide system and culture for quality in its broadest sense, using Shaping our Future Quality Excellence to eradicate avoidable harm and integrate quality, safety, governance and value.
- Population Health - Improve lives and reduce unfair differences in health outcomes through targeted, whole-system prevention and population health interventions.
- People & Culture - Strengthen, stabilise and support the workforce through a refreshed People and Culture plan, creating conditions for a healthy, engaged, inclusive and sustainably staffed organisation that enables the future model of care.
- Future Generations - Embed a coherent, forward-looking approach to sustainability and innovation by establishing the Shaping Our Future Generations Portfolio and delivering coordinated decarbonisation, research and innovation.
- Infrastructure – Digital - Deliver user-centred, interoperable digital systems, real-time data insights and resilient infrastructure that improve patient and staff experience, reduce harm and enable delivery of the Clinical Services Plan.
- Infrastructure – Estates - Optimise and future-proof the Health Board estate across acute and community settings by maximising utilisation, addressing critical infrastructure risk, and working with partners to deliver sustainable estates aligned to the Clinical Services Plan

The Health Board enters 2026/27 with a deficit Plan.

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Cardiff & Vale University Health Board Annual Plan on a Page



Our Key Priorities for 2026-2027



1. Mobilising the Clinical Services Plan and Enabling Organisational Readiness

We will move from strategy development into full CSP delivery by establishing priority programmes, consistent service-level planning frameworks and initiating the implementation work needed to translate the future care model into operational delivery across all domains. This will be supported by activating the organisational redesign and aligning enabling strategies such as workforce, estates, digital and finance to create the conditions for effective and sustainable delivery.



2. Engage and Build Will Across Our Organisation and Partnerships

Transforming health and care requires collective effort. This priority focuses on engaging staff and partners to renew our emphasis on prevention and reducing inequalities, aligning with our long-term vision and the Wellbeing of Future Generations Act. By fostering collaboration from community through to tertiary services, we will embed sustainable ways of working and deliver care that improves population health.



3. Accelerate Collaborative Working, Quality Improvement, and Best Practice

This priority directly supports our mission to eradicate avoidable harm and our strategic shift toward utterly consistent quality and outcomes for all. By accelerating quality improvement approaches and adopting best practice, we will meet operational demand challenges while improving safety, experience, and efficiency. This is essential for building trust and delivering outstanding care.



4. Implement Improvements Identified Through Cultural Reviews

Our values - kindness, respect, trust, and personal responsibility - are at the heart of this priority. Cultural improvements will strengthen teamwork, accountability, and staff engagement, creating the conditions for continuous improvement. This aligns with our strategic objectives and supports the transformation required to achieve our vision.



5. Deliver Ambitious but Realistic Recovery Trajectories

This priority addresses the need for tight cost control, efficiency, and good outcomes for patients, moving the organisation toward a sustainable operational, workforce, and financial position. It reflects the strategic shift from firefighting today to planning for a sustainable tomorrow, ensuring recovery plans are safe, achievable, and aligned with our long-term goals.



6. Create the conditions for success

Transformation cannot happen without the right foundations. This priority focuses on enabling factors such as digital innovation, infrastructure, workforce development, and governance. It supports our strategic shift from analogue buildings to digitally connected people and places, ensuring that enablers are prioritised and facilitated to deliver maximum impact.



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

<p>“Gwent 35: Better Health, Better Care, Better Lives “</p>	<p>The Health Board has launched their new strategy which has three aims to help ensure everyone has the best healthcare, environment, and lifestyle to be healthy: https://abuhb.nhs.wales/about-us/gwent-35-our-ten-year-strategy/</p>
<p>Annual Plan</p>	<p>ABUHB have submitted an Annual Plan with 3 year intent (2026-29) which sets out what will be achieved for the population over the next three years, with a greater level of detail on the next 12 months. Following the launch of the new organisational strategy “Gwent 35” the plan outlines the targeted actions the Health Board will take against the three strategic aims - Better Health: Together support people to be healthy, active, & happy. Better Care: Together deliver what matters to people – supporting staff to thrive & achieving quality, kind, & sustainable care. Better Lives: Together create strong, safe, & connected communities The Health Board enters 2026/27 with an underlying recurrent deficit.</p>
<p>Business Case for the re-development of Nevill Hall Hospital</p>	<p>A Strategic Outline Case has been submitted to Welsh Government for the development of Nevill Hall Hospital to include:</p> <ul style="list-style-type: none"> • Planned elective care services, including day surgery for orthopaedics, ophthalmology and general surgery • Outpatients, integrated with on-site diagnostics, same-day treatment space and pre-assessment for surgery • An integrated urgent care “front door”, meeting the needs of older people closer to home • Inpatient beds to support a range of medical and surgical conditions requiring hospital admission • Children’s services for young people with specific or complex needs • A Women’s Health Hub, providing coordinated outpatient, diagnostic and treatment services in one location • Mental health and learning disability services • Diagnostic services, including X-ray, MRI, CT, ultrasound, nuclear medicine and endoscopy • An expanded cancer services offer, including advanced anti-cancer therapies, haematology, and specialist radiotherapy delivered in partnership with Velindre • A Minor Injury Unit providing care for non-critical conditions such as fractures, dislocations, wounds and dressings • Inpatient and outpatient therapy services, including occupational therapy, speech and language therapy and physiotherapy, alongside enhanced community provision nearer to home

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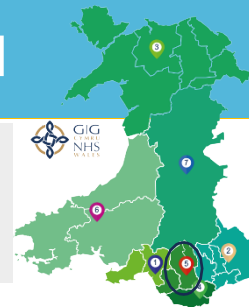
Aneurin Bevan University Health Board Plan on a Page



Plan on a Page



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

Integrated Medium Term Plan 2026-29

Strategy:

“CTM 2030: Our Health, Our Future” is the organisational strategy to deliver the vision of ‘building healthier communities together’ and is built around a recognition that to do this requires seismic shifts in the nature of service provision – to a digitally delivered, prevention focussed, community based and population need informed service.

Integrated Medium Term Plan 2026-29

The IMTP describes major programmes of transformation which have been grouped into the following 4 strategic initiatives:

- Strategic Clinical Services Planning - including ‘Community by Design’, integrated community care services, addressing fragile secondary care services and transforming mental health care.
- Digital First recognises that data and digital are more than simply enablers of transformation, but a cornerstone of how the population expect to receive services and a route to ensure that people can deliver care more effectively, to a higher quality when the population are empowered with their own information in a seamless way.
- Working in partnership acknowledges the interconnectedness of peoples’ wellbeing and strategic intent of ‘building healthier communities together’ with statutory partners, the voluntary sector and communities themselves.
- South East regional working will ensure that those services that are best planned and delivered at a scale are designed and provided in a way that best serves the collective needs of the 1.5 million people living in the areas served by CTM, Cardiff & Vale, Aneurin Bevan and Powys Health Boards. Emphasising the collective opportunity offered by working at scale this programme of work includes the state-of-the-art development of the Llantrisant Health Park and work to secure world class outcomes and facilities for more complex hospital-based specialties (for example, ophthalmology, pathology and orthopaedics)

- A key “unknown” is the next steps on CTMUHB clinical services plan and the degree to which this honours the commitments made through the South Wales Programme recognising the strategic importance of PCH for South Powys communities following the downgrading of Nevill Hall Hospital.

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Cwm Taf Morgannwg University Health Board CTM 2030 "Our Health Our Future"



Integrated Medium Term Plan 2026-29

Strategy: The Long-Term Strategic Framework ‘**Delivering Excellence**’ sets out the future vision for the organisation up to 2030. The strategy is framed around the transformation of the clinical services model to ensure that patients receive the ‘**right advice and care, in the right place, every time**’.

The strategic objectives are:

- Providing the right care or advice, in the right place, every time
- Enabling people to be the best they can be
- Being at the forefront of innovation and technology
- Developing services in collaboration
- Being quality driven and clinically led
- Delivering exceptional value

Integrated Medium Term Plan

This three-year planning cycle will see the conclusion of the current long-term strategy ‘Delivering Excellence’. The strategy was developed in 2019 and continues to be the strategic anchor for the organisation, setting out a clear vision and roadmap for the organisation up to 2030. Whilst ‘Delivering Excellence’ has served the organisation well, it is now recognised that as the right time to refresh for 2030 and beyond.

The plan is framed around the 6 strategic objectives included below:



Reducing harm
and improving
clinical outcomes
and **patient**
experience



Greater focus on
embedding,
evaluating change
and **benefits**
realisation



Improving
organisational
and service
productivity
and **efficiency**



Less
transformation,
focus on
smaller scale
improvements



Greater focus
on **financial**
sustainability
and **income**
generation



Consolidation
(reduction) in the
number of IMTP
priorities



Remaining
agile for wider
opportunities
(in year)

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Velindre NHS Trust

The Trust provides a range of specialist services at the national and regional level with two main clinical divisions - Velindre Cancer Service and Welsh Blood Service in addition to corporate functions. Velindre is also responsible for hosting two further All Wales Services on behalf of Welsh Government and NHS Wales, namely NHS Wales Shared Services Partnership and Health Technology Wales.

Organisation	Key developments
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**Strategy
“Destination
2033”**

The long-term strategy, ‘Destination 2033’ sets out the future vision for the organisation. The strategy is based around the transformation of clinical services to ensure provision of treatment and care which is as good as the best elsewhere within the United Kingdom and Europe.
Destination 2033 is an organisational strategy which is not only focused on clinical services but also how support functions will support the provision of world class care and support to patients, donors and partners.

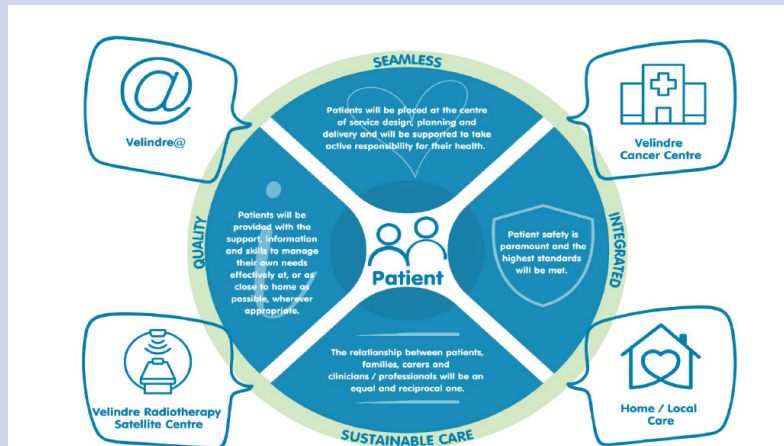
**Integrated
Medium Term
Plan 2026-29:**

The Integrated Medium Term Plan (IMTP) sits within the context and framing of the longer-term strategy, setting out what action will be taken over the coming three years to contribute to the realisation of the strategic goals and objectives:

1. Outstanding for quality, safety and experience
2. An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations
3. A beacon for research, development and innovation in stated areas of priority
4. An established University Trust which provides highly valued knowledge and training for all
5. A sustainable organisation that plays its part in creating a better future for people across the globe

Clinical Model:

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Destination 2033: Our strategic goals and objectives

Strategic Goal 1: Outstanding For Quality, Safety and Experience



Our objectives are to:

- Provide harm free care, the best outcomes and a great patient and donor experience
- Listen to and learn from the experiences patients and donors have of our care to drive continuous improvement
- Be an organisation which consistently demonstrates Compassionate Leadership in everything we do
- Be recognised as 'Outstanding' by Health Inspectorate Wales, the Medicines and Healthcare Products Regulatory Authority and UK and international peers for the services we provide

Strategic Goal 2: An Internationally Renowned Provider of Exceptional Clinical Services That Always Meet and Routinely Exceed Expectations



Our objectives are to:

- Achieve nationally and internationally recognised standards of care which keep pace with emerging evidence
- Be a trusted and influential partner across Wales to deliver great local health services which meet the needs of the public
- Become a 'Centre for Excellence' and leading provider across the UK for the highly specialist services we deliver
- Become a system leader in our areas of expertise nationally and internationally
- Identify a range of new services that the Trust could deliver to improve quality, experience and outcomes across Wales

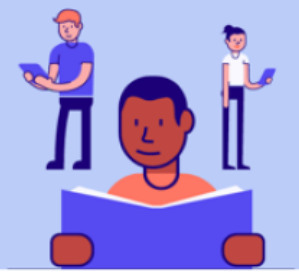
Strategic Goal 3: A Beacon for Research, Development and Innovation in our Stated Areas of Priority



Our objectives are to:

- Deliver world class research, development and innovation to improve tomorrow's care
- Accelerate the implementation of research and new discoveries to improve our patients' and donors' experiences and outcomes
- Prioritise research, development and innovation that is clinically relevant and patient and donor centred
- Build a sustainable culture of multi professional research, development and innovation involving the whole organisation
- Publish and promote research of the highest quality which achieves UK and international recognition

Strategic Goal 4: An Established University Trust Which Provides Highly Valued Knowledge and Learning For All



Our objectives are to:

- Deliver inspirational teaching which is enhanced and informed by world class research and professional practice
- Create a supportive and enriching learning environment for all of our learners
- Provide a learning experience that learners rate as excellent
- Be rated as a high-quality provider of education and learning nationally and internationally in a number of priority areas
- Raise the profile of the University Trust on a UK and international stage

Strategic Goal 5: A Sustainable Organisation that Plays Its Part in Creating a Better Future for People Across the Globe



- Our objectives are to:
- Strategic Goal 5: A Sustainable Organisation that Plays Its Part in Creating a Better Future for People Across the Globe
- Be recognised as a leading NHS Trust for sustainability nationally
- Become an anchor organisation in the communities we serve to enhance their economic, social, environmental and cultural well-being
- Be a carbon 'Net Zero' NHS organisation by 2030
- Support the transformation from ill-health to well-being across Wales

South East Wales Regional Joint Committee

Organisation	Key developments
South East Wales Regional Joint Committee	<ul style="list-style-type: none">• The South-East Wales Regional Joint Committee (RJC) brings together Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board to oversee regional planning and service delivery for a catchment population exceeding 1.5 million, noting the service provision of these organisations reaches beyond this. (Powys is an associate member.)• The second meeting of the Committee was held recently and discussed the approach to clinical service planning and identifying regional priorities, recognising all organisations are engaged in the early stages of Clinical Service Plan development. There was agreement to use a consistent framework/methodology across the region for assessing acute services. This would enable a common approach to scoring against a set of criteria and lead to identifying service areas where regionalisation may provide a solution.• Other areas discussed related to developing clear principles, ensuring the quality narrative was driving change, clinical leadership and engagement, cultural challenges, resourcing the work and ensure collective responsibility to support each other's estate challenges.• Recent progress reported includes:<ul style="list-style-type: none">• The Llantrisant Health Park (LHP) Phase 1 Case (Diagnostic Centre and enabling works) was approved by Welsh Government and the procurement of the Managed Service Contract partner has now concluded with the contract awarded, marking a significant milestone for the programme• LHP Phase 2 (Orthopaedic Centre) business case has been submitted for Ministerial approval• Lower Limb Arthroplasty Plan - There has been significant clinical engagement with principles developed with the clinical body around the outline model, regional performance accountability and progressing refreshed demand and capacity to pull together a theatre utilisation model. There will be significant work over the next month to develop the detail around these principles.• Cataracts - 4 new suppliers engaged at the end of 2025, the Programme remains on track to deliver the 12,492 additional cases requested by Welsh Government which will deliver over 25,000 cases this year. In addition, Health Boards are rolling out both Open Eyes and OPERA in the spring of this year.

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National and Regional Stroke Programmes

Stroke will be one of the key areas within the National Clinical Plan [reflecting the vision set out in the Quality Statement for Stroke in February 2026](#). Several organisations are making decisions around stroke service provision. PTHB will need to understand implementation timelines and monitoring arrangements and link with WAST to understand any potential changes in catchment areas. We will maintain a Powys First approach to rehabilitation services and make commissioning assessments as plans progress. PTHB are preparing a readiness assessment is also being undertaken for stroke and neurological conditions. There is an initial draft of the framework and will require further input from the clinical leadership team to ensure alignment on timeframes and strategic direction.

BCUHB	Acute stroke units currently at Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor Hospital. Review and development of stroke services is under way to reflect the Quality Statement.
South West Wales Regional Joint Committee (SBUHB and HDdUHB)	Development of a regional model, including hyper acute stroke unit (HASU)
Mid Wales Joint Committee	The Mid Wales Joint Committee for Health and Care is actively overseeing the reconfiguration of stroke services in the region, focusing on regional solutions for Hywel Dda University Health Board (HDdUHB), Powys Teaching Health Board, and Betsi Cadwaladr University Health Board (BCUHB).
HDUHB	Acute stroke units currently located at BGH, GGH, PPH and Withybush. HDUHB undertook formal consultation on its Clinical Service Plan during 2025 including future options for stroke services. Following consultation their Board agreed on 19 th February 2026 to further test an alternative idea put forward as part of the consultation. This option would see the 24 hour specialist stroke unit at Glangwili Hospital, with Bronlais General Hospital providing “treat and transfer” and stroke rehabilitation. Work is under way on careful consideration and detailed business planning with a view to commencing a second phase of consultation from June 2026 subject to discussion and approval by HDUHB Board in May 2026.
CTMUHB	Acute stroke units currently located at RGH following temporary changes made in December 2024 to stroke services provided by CTMUHB, with consolidation of acute stroke provision at the Royal Glamorgan Hospital, temporarily ceasing the service at Prince Charles Hospital but retaining the initial response for self presenters prior to onward transfer for the acute stroke service. CTM are evaluating the delivery of the temporary model ahead of determining next steps.
ABUHB	Acute stroke unit currently located at the Grange University Hospital. Engagement has concluded on the future plans for Nevill Hall and other enhanced local general hospitals (Royal Gwent Hospital and Ysbyty Ystrad Fawr) which may affect how and where some south Powys residents access hospital services in Gwent. The outcome is awaited.
South East Wales Regional Joint Committee (ABUHB, CTMUHB, CAVUHB)	Stroke Programme formally stood down in February as not a current priority for the Committee.
Herefordshire and Worcestershire:	Powys residents currently access acute stroke unit at Hereford County Hospital. Stroke programme is under way and identified preferred option as HASU in Worcester with Treat-Triage-Transfer in Hereford. Archus Consulting now engaged and the business case is expected at the May Stroke Programme Board. A period of Public Consultation for the proposed clinical model (acute element) will be undertaken when funding for the case has been achieved, with public consultation not currently expected to commence in 2026.
Shropshire and Telford & Wrekin:	Powys residents currently access acute stroke unit at Princess Royal Hospital. Hospitals Transformation Programme includes relocation of HASU from PRH Telford to RSH Shrewsbury from 2028.

Mid Wales Joint Committee for Health and Care

Organisation	Key developments
Mid Wales Joint Committee for Health and Care	<ul style="list-style-type: none"><li data-bbox="291 282 1883 625">• The Chief Executives of the three Mid Wales Health Boards asked that a workshop be held to review the future role and purpose of the Mid Wales Joint Committee. This was in response to work currently being undertaken by the Joint Committee to review its governance arrangements and strategic intent and vision. Also, the landscape for health and care services in Wales has changed significantly since the publication of the Mid Wales Healthcare Study (in 2014) and will continue to change with a number of strategic service change programmes which are now being progressed.<li data-bbox="291 686 1883 882">• The workshop will assess whether the issues and challenges identified in the Mid Wales Healthcare Study continue to be relevant today, consider the current position across Mid Wales, reflect on the achievements and lessons learnt since the establishment of the MWHC / MWJC, and determine the future needs of the Mid Wales population.<li data-bbox="291 939 1497 982">• The workshop took place on 20th April and the outcome is awaited.

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NHS Wales Performance and Improvement

The establishment of NHS Wales Performance and Improvement (formerly the NHS Wales Executive) was completed on 31 March 2024. The programme brought together existing national bodies, national strategic programmes and networks, to operate as the NHS Wales Executive. In April 2025, the Cabinet Secretary for Health and Social Care announced the intention to approve the recommendations from the Ministerial Advisory Group on Performance and Productivity. These recommendations would further strengthen the renamed NHS Wales Performance and Improvement (NHS Wales P&I) – reforming and refocusing its role to be better aligned with Welsh Government priorities and expectations to drive up performance.

Areas of focus

Annual Plan

- Performance and Improvement have submitted an Annual Plan with a focus on five mission-critical priorities: stabilising urgent and emergency care; progressing planned care; delivering credible system plans and strengthening the position for 2026/27; embedding Community by Design; and supporting the development of the National Clinical Services Plan. Alongside these sits a further priority essential to accountability and driving improvement: Integrated Performance Management.

Fragile Services Framework

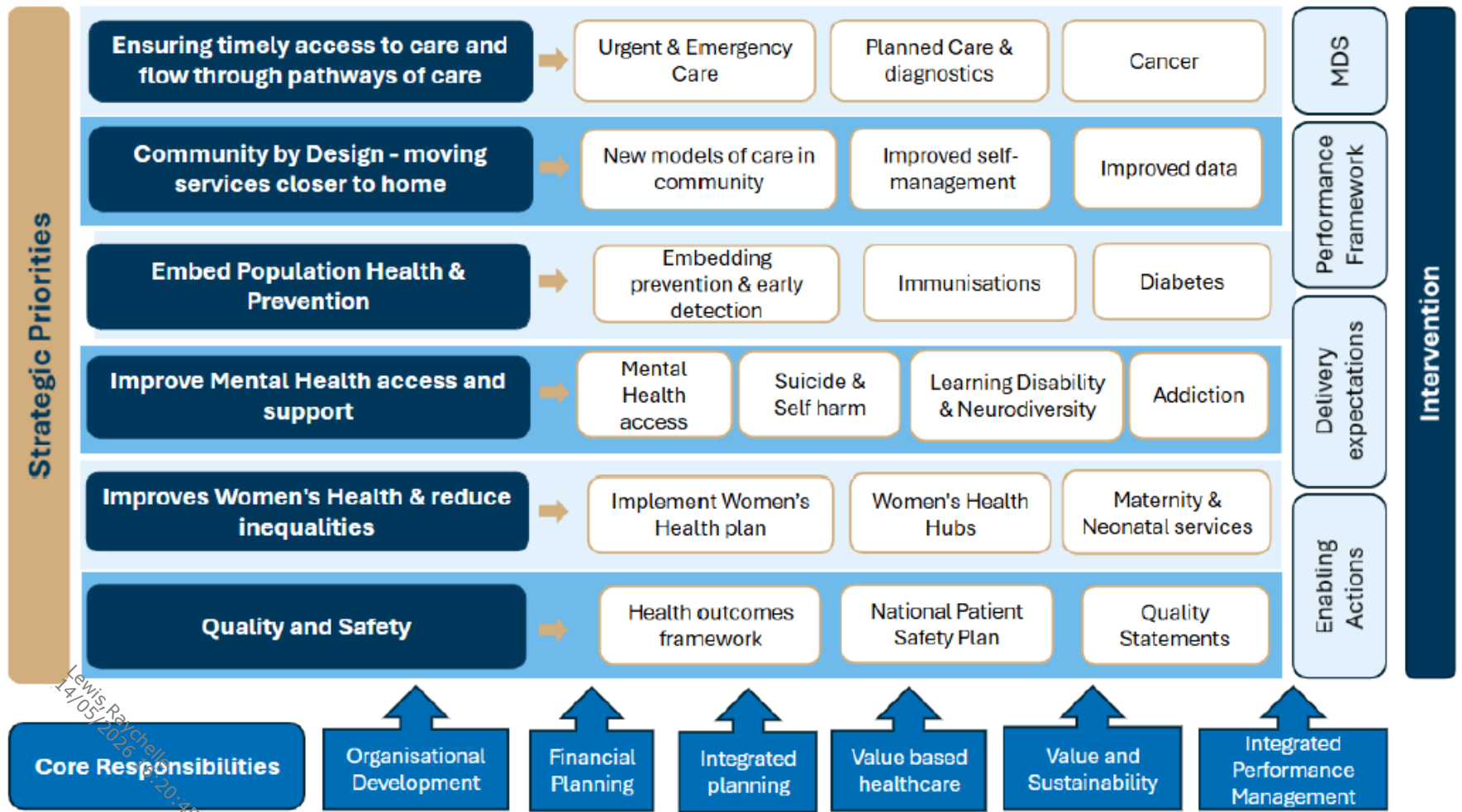
- In 2024, the Value and Sustainability Board asked the NHS Wales Executive to review services that may be fragile or unsustainable, identifying a large cohort within an initial Phase 1 assessment. Given the scale of this, a further prioritisation exercise was undertaken to identify the most fragile services across Wales by June 2025 and to consider opportunities for regional solutions. Using the National Clinical Framework definition, fragility was assessed against consistent criteria including patient safety and outcomes, ability to meet professional standards, workforce sustainability, professional consensus for change and public or democratic support. Engagement took place across the system and resulted in unanimous agreement to prioritise Haematology and Stroke, alongside the previously identified Pathology and Endoscopy programmes, with a draft operating framework setting out key steps to guide the next phase of work.

Community by Design

- Community by Design is a national, whole system transformation programme led by Welsh Government and NHS Wales to accelerate the shift toward integrated, sustainable community-based care. It responds to rising need, growing complexity, inequalities, and system pressures by embedding a 'community by default' planning principle and strengthening prevention closer to home. The programme addresses fragmentation, inconsistent urgent care models, digital gaps, and unclear accountability through a unified Once for Wales approach. NHS Wales P&I supports national leadership and local delivery by improving primary and community care data, aligning networks, and advancing work across the programme's three transformational shift groups

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NHS Wales Performance and Improvement Plan on a Page







NHS Wales Shared Services

Organisation	Key developments
Independent Review of the NHS Wales Shared Services Partnership (NWSSP) Accountability and Governance Arrangements	<ul style="list-style-type: none">• In April 2025, the former Director General of Health, Social Care and Early Years (HSCEY) and NHS Wales Chief Executive commissioned an independent review into the governance and accountability arrangements of NHS Wales Shared Services Partnership. The review engaged Velindre, NWSSP, and other NHS stakeholders. It concluded that the framework for governance and accountability for the Shared Services Partnership Committee/NHS Wales Shared Services Partnership is fundamentally sound, although it would benefit from some adjustments and strengthening. The report and initial response have now been published. Independent review of the NHS Wales Shared Services Partnership GOV.WALES• The next phase of the Independent Review will focus on progressing and refining this work and developing a more detailed understanding of the areas identified for strengthening. This will be done through a collaborative programme of work between both organisations and Welsh Government to implement the recommendations aimed at strengthening governance and accountability.
Integrated Medium Term Plan 2026-29	<p>Principles of the Plan:</p> <ul style="list-style-type: none">• Digital Transformation and Innovation - recognising the transformative potential of digital technologies in improving service quality, efficiency, and the experiences of both staff and partners across NHS Wales.• Workforce Development, Leadership & Culture – developing a confident, skilled and compassionate workforce that is empowered to lead change and deliver high quality services.• Operational Efficiency & Service Modernisation to deliver greater value, improve performance and increase consistency across Wales.• Collaboration, Governance & Strategic Partnerships with Health Boards. Trusts, Welsh Government and national partners to ensure alignment, transparency and shared accountability.• Sustainability, Decarbonisation and Resilience - Through more sustainable practices, procurement, and energy-efficient estate planning, we will contribute to national climate goals while improving resilience across our services.

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NHS Wales Shared Services Plan on a Page

Year 1 Plan on a Page - Aligned with our strategic objectives and outcomes

 Our People	 Our Services	 Our Value	 Our Partners
<p>Embed the Inclusive Culture Action Plan to ensure a sexually safe, anti racist, inclusive and compassionate workplace.</p> <p>Deliver the Welsh Strategy and Policy across the organisation with support from a Welsh Language Tutor and the appointed Welsh Language Facilitation Officer.</p> <p>Evaluate a new Welsh Pharmacy Medicines Procurement Induction Training package for roll out to all HB and Trust Pharmacy Departments for medicines procurement.</p> <p>Develop, implement and embed divisional workforce plans that align with the Talent Management Framework, the Corporate Workforce Strategy and succession planning for critical roles.</p> <p>Implement any recommendations from the Single Lead Employer operational service review.</p> <p>Launch the staff benefits portal across NHS Wales.</p> <p>Award Workforce Systems on an All Wales Basis.</p>	<p>Work with other nations to share knowledge and good practice about the management of clinical negligence claims.</p> <p>Continue to advance our service efficiencies across the division through innovation and digital automation of legacy and new systems to better support a shared service model.</p> <p>Develop the MES data reporting tool to assist WG in understanding mortality data by adding ICD11 coding to allocate deaths into chapters.</p> <p>TRAMS Digital System Project.</p> <p>Modernise National Distribution Centres, warehousing, hospital inventory management, Transport & Logistics Model for NHS Wales, and expand the Nationally stocked product range.</p> <p>Undertake a strategic review of future capital project procurement for the NHS in Wales.</p> <p>Review audit approach to ensure it remains in line with NHS Wales Requirements and The Global IIA Standards in readiness for External Quality Assessment.</p>	<p>Introduction of Scan4Safety as part of the modernisation programme for Wales.</p> <p>Re-procurement of Once for Wales Concerns Management System (OFWCMS).</p> <p>Transforming Access to Medicines (TRAMS) develop operational model for Radiopharmacy unit.</p> <p>Delivery of agreed Foundational Economy workplan for NHS in respect of Procurement.</p> <p>Development of agreed national, local, financial and non-financial savings and reporting strategy with ongoing delivery.</p> <p>Commence the NHS Wales Financial Management System (FMS) Managed Service Tender preparation.</p> <p>Delivery of agreed long term PPE Plan for Health and Social Care sites in Wales.</p>	<p>Lead the development of the People Portal Transformation Programme; moving from procurement to planning and mobilisation stage.</p> <p>Support the National Agency Reduction Programme.</p> <p>Continue the design, implementation, evaluation and analysis of the impact of Safety & Learning programmes.</p> <p>Delivery of seasonal vaccination programmes via a national model for vaccine delivery.</p> <p>Support health boards in the management of medicines shortages and supply chain issues and reduce duplication of effort.</p> <p>Provide guidance and support to NHS organisations with the introduction of revised national guidance for Putting things Right (PTR), to be renamed Listening To People (LTP).</p> <p>Community By design: Continue engagement with the programme to determine what estate data is available and may support programme.</p>

Welsh Government National Oversight and Interface Arrangements

Organisation	Overview
Welsh Government	<p>Welsh Government have reviewed and updated their arrangements as a result of recent discussions at NHS Leadership Board and the responses to the two Ministerial Advisory Group (MAG) reports - MAG Accountability (November 2024) and MAG Performance and Productivity (April 2025).</p> <p>The first phase of the changes is to simplify the current interface arrangements and align assurance meetings with the organisational levels of escalation.</p> <p>NHS Wales organisations will be expected to meet the following requirements to support these changes:</p> <ul style="list-style-type: none">• Provide timely, accurate data and updates via the common reporting pack• Utilise the single reporting pack within Board papers and discussions• Maintain delivery plans (IMTP/annual plan) and corrective action plans aligned to escalation requirements.• Participate in risk-based Chief Executive/Executive Review Meetings with the NHS Wales Chief Executive Officer (cadence set by escalation level) to reinforce earned autonomy. <p>As a result, monthly Integrated Quality Planning and Delivery Board meetings and the twice-yearly JET meetings will be removed and replaced with an NHS Wales CEO led Executive review meetings.</p> <p>The escalation and intervention framework will set out the criteria and align the support provided to organisations through Welsh Government and NHS Performance & Improvement. The Framework's intent is to simplify the interface, with NHS Performance & Improvement acting as the single operational conduit for Welsh Government.</p> <p>The role of NHS Performance & Improvement in the NHS Wales system is set out below:</p> <ul style="list-style-type: none">• Acts as the single operational assurance interface with each NHS organisation.• Consolidates data and narrative against the four pillars (quality, workforce, finance, performance).• Operates a structured support offer (diagnostic, targeted support, improvement plans) matched to escalation level.• Provides monthly system synthesis to Welsh Government, including risks, mitigations and recommended actions.

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Joint Commissioning Committee 2026-27 Annual Plan

The plan is structured around the NWJCC's Strategic Objectives, to:

- Maximise Value
- Ensure Quality
- Reduce Duplication
- Improve Equity and Population Health
- Facilitate Integration

The plan will continue delivery of many of the strategic priorities set out in the NWJCC Foundation Plan in 2025/26, and the Joint Committee has agreed that immediate focus is needed on a number of areas through a collaborative approach, delivering changes and improvements at pace to mitigate the financial challenges in the plan whilst maintaining safe, equitable and high-quality services.

There will be programmes of work across the immediate priorities for 2026/27:

Deep Dives

- Renal and kidney services
- Individual patient funding requests
- Thrombectomy

Strategic Reviews:

- Neonatal services (including NICU)
- Cardiac services
- Mental Health, Learning Disabilities and Vulnerable Groups
- Ambulance Service Commissioning Enabling projects
- Pathways and referral management transformation project

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Strategic Priorities for 2026/27

Reduce Duplication



Collaborative Commissioning

- Reducing duplication through contracting and benchmarking, and collaborative approaches to commissioning at an all-Wales level

Intended Outputs

- Commissioning frameworks for EMRTS, ACCTS, Hospices and parts of the Voluntary Sector
- Demand and capacity review for 111
- Repatriation of service commissioning such as Plastics
- Commissioning approaches for Immunology, Welsh Blood Service, and Sexual Assault Referral Centres
- PET and MRT programme delivery

Improve Equity & Population Health



Population Health Perspective

- Establishing a work programme for Population Health and embracing existing opportunities across the pathways we commission

Intended Outputs

- Associate Medical Director for Population Health appointed
- Welsh Kidney Network driving primary and secondary prevention for kidney patients
- Population Needs Assessments to support strategic reviews

Facilitate Integration



Strategic and Organisational Development

Establishing the environment, workforce, and skills to achieve the NWJCC vision of becoming the 'Centre of Excellence for Collaborative Commissioning'

Intended Outputs

- NWJCC Strategy
- NWJCC Organisational Effectiveness Review
- NWJCC Organisational Development
- Commissioning education and training
- NWJCC Accommodation Review

Ensure Quality



Maximise Value



Deep Dives

- Welsh Kidney Network Services
- Individual Patient Funding Requests
- Thrombectomy services for South Wales

Intended Outputs

Reports with recommendations and next steps to deliver system value and improve efficiency and sustainability focussing on:

- Review of current spend
- Review of policies and contracts
- Analysis of current flows and activity
- Pathway impacts and interdependencies

Enabling Projects

The Pathways and Referral Management project aims to improve referral control, optimise pathways, and reduce inappropriate cross-border activity to achieve efficiency and sustainability

Intended Outputs

Implementation of Phase 1 outputs:

- Commissioning and contract dashboards
- Improved referral oversight and data quality
- Reduced inappropriate non-designated provider activity
- Agreement of targeted reductions in new and follow-up outpatient appointments
- Collaboratively agreed pathway recommendations for LHBs

Strategic Reviews

- Neonatal Services including NICU
- Cardiac Services
- Mental Health, Learning Disabilities and Vulnerable Groups
- Ambulance Services Model

Intended Outputs

Review reports and recommendations to Joint Committee to inform future commissioning decisions focussing on:

- Population need
- Demand and capacity analysis
- Recommended commissioning models
- Opportunities to deliver system value and improve productivity and efficiency
- Reduced OOA referrals and placements
- Benchmarking analysis

JCC – Emergency Medical Retrieval Transfer Service

Update on Emergency Medical Retrieval and Transfer Service (EMRTS)

- Powys Teaching Health Board met in April 2024 to discuss and consider updated recommendations from the NHS Wales Emergency Medical Retrieval and Transfer Service (EMRTS) Review. The Board accepted the case for change and recognised the critical importance of addressing the level of unmet need identified by the review, and also to ensure that the proposed approach sufficiently addressed the concerns that had been raised by residents and stakeholders including by Llais. The Board agreed that further detail was needed in relation to Recommendation 4 and that they were not currently in a position to support the recommendations.
 - All seven health boards met to consider the EMRTS review, and their respective views were considered at a meeting in public of the NHS Wales Joint Commissioning Committee on 23 April 2024. The Committee approved the following recommendation by majority decision:
 - **Recommendation 4** – the development of a commissioning proposal for bespoke road based enhanced and / or critical care services in rural and remote areas to enhance the core service model. Alongside this, the Charity is pursuing its work to secure the new operational base. In July, a Claim form was lodged with the Court and sent to a number of organisations including Powys Teaching Health Board bringing a Judicial Review (JR).
 - **The Judicial Review of the Emergency Medical Retrieval and Transfer Service (EMRTS) Review took place on 22 and 23 January 2025, with an extended day on the 7 February 2025. The High Court dismissed a judicial review in June 2025 regarding the restructuring of Wales' Emergency Medical Retrieval and Transfer Service (EMRTS). The decision allows the consolidation of bases in Welshpool and Caernarfon into a single North Wales site. The judge rejected all challenges, ruling the NHS Wales Joint Commissioning Committee's plan to improve service coverage was lawful.**
 - **As previously reported, recommendation 4 was the development of a commissioning proposal for bespoke road based enhanced and / or critical care services in rural and remote areas to enhance the core service model.**
 - **The Joint Commissioning Committee held on 17 March 2026 approved to reengage the rural communities and Llais during the period before the consolidated EMRTS base opens. To clarify Recommendation 4 is about improving rural ambulance response, not EMRTS bases and to further understand current and emerging rural concerns.**
- A comprehensive rural ambulance improvement proposal will be developed drawing on WAST rural response assessment, National Ambulance Performance Framework, potential enhancements to recruitment, deployment, pathways, workforce mix, and clinical support. The work programme and timetable will be shared at the next Joint Commissioning Committee.**

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Digital Health and Care Wales (DHCW)

Integrated Medium Term Plan 2026-29

DHCW are awaiting confirmed programme/project funding allocation. This is a significant challenge in drafting a plan which is deliverable. Programme and project milestones are included in the IMTP, reflecting the funding requested and/or indicated by Welsh Government, and based on current project plans.

Our Organisational Strategy

The DHCW Organisational Strategy covers 2024-2030 and captures our role in the future Welsh health and care system. Our strategy has the same 5 Missions as our IMTP, and within these are 20 strategic objectives.

Our Vision

To provide world leading digital services, empowering people to live healthier lives

Our Purpose

To make digital a force for good in health and care

Our Principles

- PRINCIPLE 1 Put people first
- PRINCIPLE 2 Simplify everything we do
- PRINCIPLE 3 Design for more data, more digital
- PRINCIPLE 4 Find more value
- PRINCIPLE 5 Learn from the past, embrace the future

1

Provide a platform for enabling digital transformation

- Move all our data stores and services to the NDR platform to create a single national clinical data repository
- Redesign our applications and services to a clean architecture which is secure by design and is based on open standards
- Extend data standards and data components to social care and other partners
- Establish an all-Wales framework for sharing health and social care data
- Move all our live services to the cloud and close our datacentres

2

Deliver high quality digital products and services for health and care professionals

- All prescribing and medicines management in Wales is digitally enabled
- All our digital health systems and major social care systems flow data to and from the NDR platform
- Our core health services are consolidated into a single all-Wales electronic health record application
- Our core social care services are consolidated into a single all-Wales electronic social care record application
- A comprehensive single digital health and care record is used across all settings throughout Wales
- Users report a top-quartile satisfaction for our products and services

3

Deliver high quality digital products and services for patients and the public

- The NHS Wales App is used regularly by over a million people

4

Drive better values and outcomes through innovation

- An NDR secure data environment which provides access for research while protecting privacy
- A national information and data insights service which demonstrates net benefit and value
- Deploy AI and automation, safely and ethically, to deliver year-on-year productivity improvements across NHS Wales

5

Be the trusted partner and a high performing, inclusive organisation

- An academy approach to developing people through talent and leadership development programmes, aligned to Digital and Data Profession Capability Framework
- A secure, long term financially stable position
- At least a 34% lower carbon footprint with a clear route to achieving net-zero
- Work with partners and stakeholders to deliver a prioritised pipeline of future programmes and projects
- Top-quartile staff and stakeholder engagement

Digital Health and Care Wales (DHCW) Plan on a Page

Portfolios

Plan on a Page 2026-29

	QTR1	QTR 2	QTR 3	QTR 4
1.1 Integrated Data Platform	Diagnostics data into the Care Data Repository / Analytics migrations			
	Build redesigned terminology service / Launch beta national data collaboration platform / AI enabled Clinical Coding			
	National Digital Architecture documents and results developments / new integration service flows			
1.2 Sharing Data Safely	WASPI Code of conduct for public services - implementation		National Audit Tool replacement roll out	
1.3 Sustainable Infrastructure	Migrate services to the Cloud , reduce datacentre footprint and end of life infrastructure / New M365 enterprise agreement			
1.4 Cyber Security and Resilience	Cyber Resilience Bill plan	AI Monitoring and Assurance Framework / national incident response exercise		Advanced cyber analytics and automation
2.1 Prevention and Public Health	Discovery - school age vaccines into Welsh Immunisation System		Supporting screening services and public health partners	
2.2 Primary Care	Dental dashboards	Eyecare referrals rolled out	Choose Pharmacy re-platform go-live	GP analytics MVP (all practices)
	GP system migration complete	Discovery - electronic transfer of GP records cross border		
2.3 Community and Mental Health	Support delivery of Digital and Data Plans (Mental Health and Community by Design) / Support health boards with Connecting Care plans			
	Respond to outcome of Integrated Care Record case		MVP Community operational data set	Start exit from current community system
2.4 Planned Care	Planned care data sets / extend hospital initiated referrals / expand cancer, diabetes, palliative care functionality			
	Paediatric nursing care record launch / New requirements : perioperative, e-consent			
2.5 Urgent and Emergency Care	Emergency care app roll out and emergency care data set development / implement intensive care system			
		Explore use of hospital initiated referrals from urgent care settings		
2.6 Diagnostics	Support remaining new radiology system go lives and exit legacy system	Welsh Point of Care start procurement	Handover new laboratory system to service / decommission legacy system	
	Discovery , business case and procurement of national Cardiac PACS solution			
2.7 Digital Medicines	Electronic prescription service rollouts / Connect health board e-prescribing and medicines admin systems to national architecture / options for meds stock control			
3.1 Patient Facing Products and Services	Complete priority NHS Wales App functionality such as hospital referrals, appts, documents and tests. Discovery of new items / Platform performance and scalability.			Reach 350k monthly distinct users of NHS Wales App
4.1 Research, Innovation and Knowledge Management	Delivering the refreshed R&I strategy / Increase usage and collections of E-Library / Increase DHCW authored Open Access publications			
4.2 Value from Data	Transition data to National Data Analytics Platform / Strategic programmes, DHCW products and clinical networks analytics / Official statistics publications			
4.3 AI and emerging technology	AI opportunities throughout all portfolios		Improving AI capability and skills	AI Governance and Assurance Framework
5.1 Our People and Culture	Workforce Planning	Digital Learning Portal	Support growth of Digital profession in Wales	Culture Roadmap delivery
5.2 Stakeholder Engagement and Partnerships		Strengthen public voice to provide feedback on products	DHCW Engagement Strategy 2026-29 launch (including stakeholder review learning)	Digital inclusion Playbook / embed user centred design

National Assurance Assessment of Maternity and Neonatal Services in Wales

Key developments

Welsh Government: all-Wales maternity services assessment

The Cabinet Secretary for Health and Social Care commissioned the assessment in May 2025 following significant concerns raised in recent reviews, including those relating to Swansea Bay University Health Board. These reviews highlighted unacceptable experiences, cultural issues, safety risks and variation in care.

An independent expert panel oversaw the work and led a whole-system, multi-method approach across Wales between September 2025 and January 2026.

Powys Teaching Health Board participated fully in the process through structured self-assessment, executive sign-off, and engagement with the national review team, including direct engagement with clinical teams.

The assessment indicates that maternity services in Powys are operating without immediate safety concerns.

A report has been submitted to PTHB Patient, Experience, Quality and Safety Committee in April 2026 confirming the Health Board has implemented a structured and prioritised improvement programme aligned to national expectations and embedded within existing governance and escalation frameworks.

Work is ongoing with partner organisations to strengthen oversight of care pathways for Powys residents, including data sharing, escalation processes, and quality assurance. This includes specific actions to strengthen assurance of commissioned and cross-border maternity and neonatal services, through clearer escalation arrangements, strengthened partnership governance, improved data visibility and information sharing (supported by BadgerNet), and the development of shared standards and assurance metrics across care pathways.

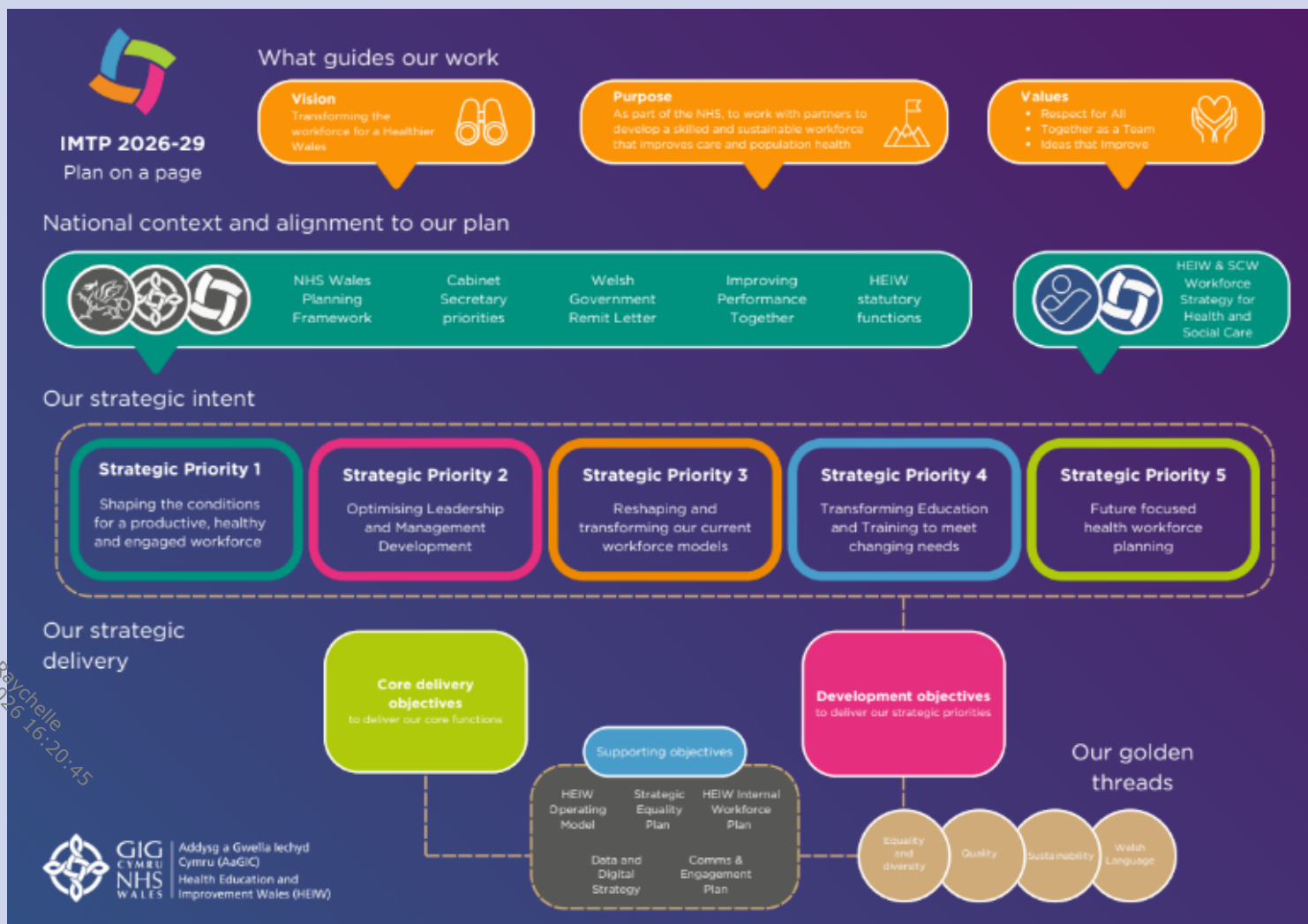
<https://pthb.nhs.wales/about-us/the-board/committees-partnerships-and-advisory-groups/powys-teaching-health-board-committees/patient-experience-quality-safety/>

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Health Education and Improvement Wales (HEIW)

Integrated Medium Term Plan 2026-29

- HEIW have submitted an Integrated Medium Term Plan for 2026-29. HEIW is the national strategic workforce organisation for NHS Wales and is part of the NHS. They work with other NHS Wales organisations, Welsh Government and a range of partners to develop a skilled and sustainable workforce that improves care and population health.



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Public Health Wales

Strategic Plan (IMTP) 2026-29

- The Strategic Plan 2026-29 outlines how to deliver a healthier Wales focussing on six strategic priorities set out in the Strategy “Working Together for a Healthier Wales (2023-35)” and the overarching outcomes, which are to increase healthy life expectancy and narrow the gap in healthy life expectancy between the least and most deprived areas in Wales.
- This will be by delivering a range of core clinical public health services to the public and partners, working in partnership across the public health system to advise on key public health data and evidence, advocate for evidence based action to improve and protect health and mobilise the translation of evidence into practice. This will support the strategic direction set out by Welsh Government and reflected in the Remit Letter for 2026/27.
- This plan also sets out how to address specific service and quality improvements issues identified within Breast, Bowel and Diabetic Eye Screening Programmes, and Sexual Health Test and Post Service.



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NHS in England

Planning and Priorities for 2026/27 (published 1st April 2026)

NHS England is implementing a major restructuring of Integrated Care Boards (ICBs), featuring the establishment of 6 new ICBs through the merger of 12 existing ones and updated boundaries for a more streamlined, cost-effective model. This aligns with the 10-Year Health Plan, focusing on strategic commissioning, neighbourhood care, reduced operational costs, and enhanced digital services.

A new NHS Oversight Framework will be updated for 2026/27 to align with the new ICB operating model, focusing on eight key areas of delivery:

1. Outpatient transformation
2. A step-change in reducing hospital bed-days for highest-risk cohorts
3. Scheduling and access reform for urgent care
4. Technology-enabled productivity improvements
5. Accelerating efforts to expand the role of the App
6. Payment reform – realigning the payment system to the service changes including new payment models for urgent and emergency care.
7. Quality –including the publication of a new quality strategy
8. Capability building and a focus on people

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Escalation and Assurance Arrangements in NHS England

NHS Trusts in England are assessed and rated by the Care Quality Commission (CQC) which is the independent regulator for health and care services in England.

Current ratings for the main providers of services for Powys residents are shown in the table:

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

National Provider Improvement Programme

The National Provider Improvement Programme (NPIP) is NHS England's new mandated intensive improvement offer for the most challenged NHS providers.

A combination of being allocated to NHS Oversight Framework (NOF) segment 4, and receiving a 'red' provider capability score, will identify a provider as being among the most challenged. These organisations will receive the NPIP support offer. The NPIP will determine whether these providers have the conditions in place to deliver sustainable improvement, supported by a deliverable integrated improvement plan.

Based on evidence and experience of supporting challenged organisations, these conditions are an effective board and organisational leadership, effective and insightful governance arrangements, engaged staff and shared approach to, and capability for, improvement. Providers with single issue operational challenges (for example, in urgent and emergency or elective care) may also be in receipt of targeted support via the Getting It Right First Time (GIRFT) programme.

Wye Valley NHS Trust

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

Strategy	Key Points
<p>Trust annual objectives 2026/27</p> <p>(included in Board papers March 2026)</p> <p><small>Lewis, Raychelle 14/05/2026 16:20:45</small></p>	<p>The Trust have developed a new five-to-ten-year Strategy which sets the tone for the future approach of the Trust.</p> <p>In terms of the strategic priorities, the Trust has developed five domains:</p> <p>Being a supportive employer</p> <ul style="list-style-type: none">• Develop and deliver a staff health and wellbeing programme• Continue to reduce staff sickness levels <p>Innovating to improve care</p> <ul style="list-style-type: none">• Continue to embed AI in services to improve efficiency and reduce costs• Deliver a business case for re-procuring an electronic patient record <p>Strengthening our services</p> <ul style="list-style-type: none">• Improve urgent and emergency care pathway, increasing capacity and navigating away from Emergency Department• Deliver an outpatient transformation programme to reduce patient waiting times• Build additional theatre capacity to reduce patient waiting times <p>Treating people in the right place</p> <ul style="list-style-type: none">• Implement the Neighbourhood Health programme with partners• Develop a plan for the future of community hospital beds <p>Ensuring a sustainable future</p> <ul style="list-style-type: none">• Improve financial sustainability by delivering transformation plans• Develop a business case setting out the Trust's plan for the end of the Private Financial Initiatives contract• Deliver the final phase of Integrated Energy Scheme, reducing carbon emissions

Wye Valley Trust (WVT) Trust Strategy 2026



Compassion • Accountability • Respect • Excellence



WHO WE ARE

Wye Valley is proud to offer compassionate hospital and community services, helping people live healthier lives. As an ambitious trust covering a wide geographical area, we are committed to delivering the best joined-up care in partnership with others.

WHY WE EXIST

OUR PURPOSE

To improve the wellbeing, independence and health of the people we serve.

WHAT WE DO EVERY DAY

OUR MISSION

We give everyone the quality of care we would want for ourselves, our families and friends.

WHERE WE WANT TO GET TO

OUR VISION

Together with our partners, we will shape the future of healthcare alongside our communities - ensuring everyone experiences outstanding, seamless care in our hospitals and closer to home.

Being a supportive employer

- Attracting and retaining great talent
- Developing and valuing people
- Promoting health and wellbeing
- Nurturing our caring, inclusive culture

Innovating to improve care

- Connecting patient records
- Maximising the benefits from our digital tools
- Putting data insight and research at the heart of change
- Adopting smarter, more efficient technologies

Strengthening our services

- Reforming urgent & emergency care
- Streamlining referral pathways with general practice
- Transforming outpatient services
- Improving surgery waiting times

Treating people in the right place

- Enhancing our community and prevention services with partners
- Optimising the role of community hospitals
- Collaborating on fragile pathways
- Co-ordinating out-of-county pathways

Delivering on our responsibilities

- Being an effective host for our One Herefordshire partnership
- Spending wisely within our means
- Transitioning our PFI services smoothly
- Contributing to a more sustainable Herefordshire

Coventry and Warwickshire, Herefordshire and Worcestershire Integrated Care Board Cluster

Strategy	Key Points
Operational Delivery and Transformation Plans Summary 2026-2031	<p>The Integrated Care Board operates a disciplined performance and delivery framework aligned to organisational priorities, commissioning intentions, and NHS England standards, with a strong focus on reducing long waits, improving access and flow, supporting financial sustainability, and contributing to NHS 10-Year Plan transformation.</p> <p>Over the next 3-5 years, the organisation will focus on delivering safe, effective, and financially sustainable services through the transformation of core service models. The overarching aim is to support people to live independently at home, with access to the right support—both digitally and in person—when they need it.</p> <p>Ahead of April 2026, the Board is establishing a transformation team who will assess future service requirements and determine how to meet patient need safely within the financial envelope. Working alongside operational teams, they will identify best practice, map current services and processes, and design new models of care that deliver improved outcomes, supported by appropriate digital tools and technologies. They will develop three-year plans collaboratively with commissioners and partners, ensuring alignment with commissioning intentions, coordinated multi-year investment, and a shared focus on agreed outcomes. Patient and carer voice will be central to this work, particularly as they expand selfcare technologies and increase the use of patient initiated follow up. This approach will reduce unnecessary handovers and create a more seamless experience for people moving between services.</p> <p>A number of programmes are already underway including Community Hospital Transformation, Neighbourhood Health developments, Urgent and Emergency Care Interface, Children and Young Peoples Services Transformation and Mental Health Redesign.</p>

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Shrewsbury and Telford Hospital NHS Trust

Organisation	Key developments
The Shrewsbury and Telford Hospital NHS Trust (SaTH)	<p>Work is progressing on The Shrewsbury and Telford Hospital NHS Trust's (SATH) Hospital Transformation Programme. The most recent development includes the opening of the third phase of the Royal Shrewsbury Hospital (RSH) Emergency Department refurbishment. The redesigned area now houses Ambulatory Majors, providing timely assessment and treatment for patients who are stable, able to walk, and do not require an overnight stay. The full redevelopment of the emergency department is set for completion in 2027, with RSH fully established as the Trust's emergency and critical care site by 2028. These developments will see services such as consultant maternity, neonatology, paediatrics and acute stroke services relocated from Princess Royal Hospital in Telford to RSH.</p>
Exit from special measures	<p>In an important development for the safety and sustainability of the services we commission for Powys residents, SATH has exited NHS England special measures. It follows a review by NHS England, which recognised the Trust has delivered significant, sustained and demonstrable improvements including in finance, performance and governance.</p> <p>We continue to work with SATH through our Strategic Commissioning Framework and welcome this positive progress www.sath.nhs.uk/news/milestone-as-sath-exits-special-measures-after-sustained-improvement/</p>
Governance arrangements	<p>The Boards of Shropshire Community Health NHS Trust (Shropcom) and SATH are forming a new Group model from April 2026. The two organisations have appointed a Chief Executive (CEO) in Common, Jo Williams, who will lead both organisations working with Andrew Morgan, as Chair in Common. The trusts will remain as separate statutory organisations, while having a shared leadership to oversee strategy and service delivery.</p>

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Staffordshire, Stoke on Trent, Shropshire, Telford and Wrekin Integrated Care Board Cluster

Health and Care: Five-Year Plan (2026–2031)

The Five-Year Plan was published on 1 April 2026 and aims to improve services for over 500,000 residents by shifting focus from treating illness to proactive prevention.

The strategy outlines five core delivery changes:

- Neighbourhood Health Model: Shifting more care away from hospitals and into local communities and homes.
- Prevention First: Focusing on health and wellbeing to reduce future demand
- Digital Transformation: Using the NHS App as the "front door" for appointments and self-management
- Life Stage Approach: Priorities are structured around five stages: Start Well (0-5), Grow Well (6-18), Live Well (19-64), Age Well (65+), and End Well.
- Financial Sustainability: Implementing a Finance Strategy (2025-2030) to ensure every pound spent delivers maximum benefits

Building on the Joint Forward Plan and the ambitions of the NHS 10 Year Plan for England, the Plan sets out the key health challenges in communities, five major changes to deliver, commissioning intentions and how they will be delivered, how partnership working will improve coordination of care, access, quality and financial sustainability.

The plan and its commissioning intentions have been developed by clinicians, commissioners and other specialists working together to turn local needs and evidence into clear actions and priorities.

The Joint Forward Plan is a rolling 5-year system plan created to deliver the Integrated Care Strategy, focussing on the following areas:

- Person centred care.
- Place, neighbourhoods and collaboration.
- Improving access to services – General Practice, Dentistry, Elective and Diagnostics, Urgent and Emergency Care, and Cancer.
- Clinical transformation priorities – Hospital Transformation, Diabetes, CVD, Musculoskeletal (MSK), Mental Health, Children and Young People, Healthy Ageing and Frailty, and End of Life.

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Agenda item: 5.2

Planning, Partnerships & Population Health Committee		Date of Meeting: 18 May 2026	
Subject:	Adult Weight Management Pathway update		
Approved and presented by:	Elaine Lorton, Director of Primary & Community Care and Mental Health		
Prepared by:	Head of Powys Living Well Service with input from, Business Manager, Powys Living Well Service and Clinical Lead, Level 2 Weight Management		
Other Committees and meetings considered at:	Executive Committee - 06 May 2026		
PURPOSE:			
The purpose of this paper is to provide an update on the development and delivery of adult weight management services in Powys.			
RECOMMENDATION(S):			
The Planning, Partnerships & Population Health Committee is asked:			
<ul style="list-style-type: none"> • RECEIVE the report and NOTE: <ul style="list-style-type: none"> ○ the data provided by the level 2 and level 3 services relating to the weight management pathway; ○ the developments highlighted within the report, including the delivery of weight management medication as part of the level 3 service; and ○ opportunities described in this report for closer integration of the level 2 and level 3 services, particularly in the context of national work related to the Obesity Pathway Innovation Programme being led by Public Health Wales. • TAKE ASSURANCE that appropriate reporting mechanisms are in place. 			
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	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 Welsh Government requires health boards to provide clinical weight management pathways for adults, children, and families. Powys established level 2 dietetic-led and level 3 multidisciplinary services for adults following approval of the Strategic Weight Management Pathway Development Plan in 2021. Progress has been recognised by Executive Committee, with further work requested to maximise use of national funding, understand demand and capacity, strengthen outcome monitoring, and integrate with related services such as diabetes management.

DETAILED BACKGROUND AND ASSESSMENT:

1. Background

The Level 2 (dietetic-led) and Level 3 (multi-disciplinary) services created following publication of the national Healthy Weight: Healthy Wales strategy are now fully embedded as business as usual. Level 4 services (bariatric surgery) are commissioned nationally and provided out of county.

Although previous business cases for expanding adult services and developing provision for children and families were supported in principle, funding constraints have prevented further investment.

2. Update: Level 2 Provision

2.1 Overview of service

The Level 2 weight management service is a multi-component, dietetic-led programme. It begins with an initial consultation with a dietetic assistant practitioner to agree a personalised action plan.

Individuals can access group based interventions including **Get Cooking** and **Foodwise for Life** (both 8-week programmes delivered by PTHB Public Health Dietetic Assistant Practitioners, average group sizes of 7 people), along with externally delivered options such as **Slimming World** (12-week vouchers) and **NERS** (a 16-week, twice-weekly programme delivered in local leisure centres).

Foodwise groups are offered as morning, afternoon or evening sessions and are either face-to-face or virtual. Feedback from PTHB-led groups is positive, with

100% of Get Cooking attendees reporting feeling 'more' or 'much more' confident about preparing healthy foods.

The service also provides tailored resources and signposting to tools such as Healthy Weight Healthy You, SilverCloud, and Community Connectors. Ongoing reviews and a managed discharge plan help individuals maintain progress over time. The service accepts referrals via a self-referral form, or from GPs via electronic referral.

2.2 Capacity and demand

The capacity for "end to end" treatment in 2025/2026 is 280 individuals. Demand remains high, with 450-500 referrals being received each year. This year has seen a focus on reducing waiting times, prioritising initial appointments and offering additional clinics. The impact of this has been a reduction in follow-up capacity, which has temporarily reduced the overall capacity of the service.

At the end of March, the average waiting time was 12.5 weeks with 204 waiting for their initial assessment. The longest wait is currently 32 weeks, up from 23 weeks at the same point in 2025, despite an increase in activity and a decrease in total referrals year-on-year.

Based on current levels of demand and capacity, if nothing changes, the average wait time will increase from 12.5 weeks to 23 weeks by next April. In order to stabilise waiting times, it is projected that an additional 1wte member of staff will be required.

2.3 Activity

In the period April 2025 to March 2026 the service provided 349 new appointments and 307 follow-ups – an overall increase of 16.93% compared to activity in 2024/5. These were delivered across 116 clinics. 150 Slimming World vouchers were issued.

2.4 Outcomes

Weight is recorded at multiple points in the pathway but follow-up data is often limited because it relies on patients' self-reporting. Waist circumference is measured at the start and end of treatment where possible, and PROMs are gathered through pre- and post-programme questionnaires.

The average weight loss at the end of Foodwise was 2.95% on average per quarter. The average weight loss in Level 2 overall was 6.78% based on an average of 158 people who reported weight loss.

Caution is advised when interpreting the weight loss data due to the low response rate. In addition, the weight loss data does not capture whether the individual is using GLP-1 medication – this is now being captured but is only available for the most recent six months.

3. Update: Level 3 Provision

3.1 Overview of service

The level 3 provision is delivered by a multi-disciplinary team as part of the Powys Living Well Service. The provision includes a tailored, multidisciplinary package of support following a 60-minute assessment. Individuals then access a bespoke set of interventions based on their needs. The majority of referrals are received electronically via GPs; however, referrals are also accepted from other Health Care Professionals.

The service includes several digital and group-based options. **Invest in Your Health** is a six-module e-learning programme focused on general self-management skills to improve wellbeing. The **Introducing Six Pillars** online programme provides six introductory sessions covering core wellbeing principles relevant across all PLWS pathways, including weight management.

A series of group programmes explore health and wellbeing themes in depth through six pre-recorded videos, interactive workbooks, and weekly online group workshops. The programmes support people to improve their health through themes such as **Be Well, Choose Well, Connect Well, Eat Well, Move Well** and **Sleep Well**. Each programme focuses on building skills and confidence to manage long-term conditions, make healthier choices and strengthen overall wellbeing. Together, they create a holistic approach that empowers individuals to take control of their health and daily habits.

Since 2025/26, the service also offers weight loss medications, with access dependent on prioritisation using the position statement from the Society for Endocrinology and Obesity Management Collaborative UK and at least 12 weeks of demonstrated behaviour-change engagement as recommended in the NICE guidance. The service currently prescribes to approximately 4 new people each month. The current capacity is for 20 places on the medication pathway, which has now been reached. An increase of capacity to 40 people is feasible, subject to approval of the associated increase in medication costs. A business case for this is in development.

If clinically appropriate, individuals are referred out of county to other providers for level 4 input i.e. bariatric surgery.

The service is also actively engaging with weight management researchers, participating in the LightWAY study (Oxford University) and the SWiM study (Cambridge University).

3.2 Demand and capacity

Capacity at level 3 is currently 132. The open caseload for this aspect of the Living Well Service is seeing a sustained increase of 30% each year, with 260 individuals open in March 2026. Supporting this caseload has been achieved by sharing resource from all pathways delivered by the Powys Living Well Service.

At the end of March 2026, the average wait for first appointment across all pathways delivered by PLWS was 10 weeks, with the longest wait at approximately 13 weeks. The number of referrals for level 3 weight management has increased by approximately 5% in 2025/6 compared to the previous year.

3.3 Activity

In the period 1 April 2025 to 1 April 2026, the service offered an average of 39 new level 3 weight management appointments per month – an increase of 39% on the previous year. Follow-up activity for 1-1 appointments was slightly reduced, with an average of 29 appointments offered per month. This reflected the introduction of the new group programmes and a reduction in un-necessary follow-ups being offered. The service also promoted the use of PIFU for individuals requiring limited support to maintain their weight. The 1-1 follow-ups included appointments for prescribing and monitoring weight management medications.

3.4 Outcomes

Although delivered as part of the Powys Living Well Service, the level 3 pathway is identified and recorded separately within clinical systems. This allows accurate data to be maintained for RTT purposes and when combined with the additional subspecialties implemented in WPAS to track individual interventions/programmes, allows the service to monitor progress of individuals and waiting times at an intervention level.

The service has developed a PROMS “Dashboard” to allow monitoring of key measures over time at both person, pathway, and service level (height, weight, waist circumference, BMI, EQ5d-5L).

Significant work has been undertaken to improve and standardise the way in which outcomes are being collected and recorded across pathways. PROMS are collected at key points in all pathways delivered by PLWS, including on discharge or self-management outcomes. Automation has been implemented to

send out key letters via email (and post) using our WPAS system improving the quality and timeliness of data.

Anonymised PREMS data is collected across the service using the Civica platform. Collection of baseline data is well established using existing surveys and systems.

4. Summary and conclusions

Population needs remain high; however, both level 2 and 3 services are meeting the current level of demand.

The services remain engaged in the development of a national Minimum Data Set for weight management services being led by Public Health Wales (PHW). In addition, the services are engaging with PHW to support the Obesity Pathway Innovation Programme to further improve access to weight management services. Representatives from both services also continue to play an active role in professional networks to share experience and good practice between services across Wales.

NEXT STEPS:

The following next steps are proposed subject to approval by the Planning, Partnerships & Population Health Committee:

- Level 2 and 3 services will continue to improve the availability and effectiveness of weight management services in Powys.
- Level 2 and 3 services to ensure that patients referred for weight management are aware of/signposted to as appropriate, the national online support for weight management (Healthy Weight Healthy You).
- To develop a business case to increase the capacity of the Level 3 medication pathway to 40 places.



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Agenda item:5.3

Planning, Partnership and Population Health Committee		May 2026
Subject:	Delivery and Performance of Health Child Wales Programme (Early Years & School Age Children) and the immunisation programme	
Approved and presented by:	Paul Hooton, Executive Director Nursing, Quality, Women & Family Health	
Prepared by:	Susan Dinsdale, Head of Nursing Children's Services Wendy Day, Assistant Head of Children's Public Health Nursing	
Other Committees and meetings considered at:	Executive Committee – 13 May 2026 who supported the paper to PPPH Committee.	
PURPOSE:		
This Public Health Nursing Paper is submitted to the committee as an update of the planning needs and developments within the services over the coming year, highlighting current challenges and potential opportunities to deliver the objectives under the Healthy Child Wales Programme (HCWP).		
RECOMMENDATION(S):		
The Planning, Partnership and Population Health Committee are asked to RECEIVE the report and take ASSURANCE in relation to:		
<ul style="list-style-type: none"> - Provision of Children's Public Health Nursing in PTHB - Progress of implementation of the HCWP for school age children - Governance and reporting arrangements in place locally and nationally for the programme - Progress of the immunisation programme - Statutory responsibilities regarding safeguarding 		
Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	Public Health Nursing aligns with all the Health Board's Wellbeing
2. Provide Early Help and Support	Y	

3. Tackle the Big Four	Y	objectives due to the preventative nature of the model
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	

Lewis, Raychelle
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EXECUTIVE SUMMARY:

The Children's Public Health Nursing (PHN) services in Powys provide a vital role in promoting the health and well-being of children and young people, from birth through to 18 years. These services are delivered through Health Visiting (a Generic Health Visiting team plus a Flying Start Health Visiting team) and School Nursing teams across Powys, each offering tailored support to meet the needs of their communities.

PHN are nurse led services and are the responsibility of the Head of Nursing Children's Services and Assistant Head of Children's Public Health Nursing.

Consideration is required in relation to the model of PHN in Powys particularly the rurality of its geography and the impact that it has operationally in the ability to deliver what is needed; and the current establishment with any opportunities to consider formulating that differently.

Furthermore, whilst Children's Public Health Nurses were not named within the Nurse Staffing levels Wales Act (2016) as a directed area for implementation, we are advised that the services fall under the overarching principle of providing sufficient nurses to care for patients sensitively, this is now planned to have due consideration under Section 25a of the Act.

The services are stretched thinly and unable to provide the full requirements of the model of care in a timely way. It has been identified that there is no uplift within the services to cover annual leave, sickness and training needs (advised being 26.9% by the CNO). As such the team experience pressure, resulting in challenges to deliver all domains of the programme.

A workforce review is scheduled to commence imminently and will consider all opportunities to re-focus resources within the team where it is needed most and to consider different models of delivery.

HEALTH VISITING MODEL:

Health Visitors are specially trained nurses or midwives (Specialist Community Public Health Nurse Qualification {SCPHN} with qualification registered with the NMC) who offer support and guidance in various areas, including

- infant and child nutrition, including breastfeeding support
- Child growth and development monitoring
- Parent-infant relationship support
- Managing behaviour (e.g., sleep, toilet training)
- Illness prevention and management
- Accident prevention and safety
- Immunisation promotion

- Support for children at risk or in need
- Emotional health support (e.g., antenatal and postnatal depression)
- Smoking cessation advice
- Public health promotion
- Nurse prescribing

A national programme “Healthy Child Wales Programme” advises of standardised contacts for universal provision for all children, and a risk assessment for those that may need an individualised enhanced or intensive provision of support. These services are provided through home visits, clinics and community-based groups, aiming to ensure every child gets the best start in life, promoting healthy development and early intervention when needed. The National Healthy Child Wales Programme commissioned a research company to review the programme which was completed at the end of March 2026. Due to the upcoming Senedd election, the review will be published in June 2026, where there are anticipated recommendations will require consideration.

It is anticipated that the national review will consider how the early years programme can be delivered sustainably in the context of current workforce pressures. Potential options that may be explored to support Health Visiting capacity include: reducing the number of mandated universal contacts (while protecting the ability to provide enhanced/intensive support based on assessed need); relaxing or widening the national compliance windows to better reflect service delivery realities (including rurality and travel time); and adopting a greater skill-mix approach, with appropriate delegation of elements of some contacts to wider team members (e.g., nursery nurses/healthcare support workers) under Health Visitor oversight and within clear clinical governance arrangements. Once the review is published, PTHB will assess the recommendations and incorporate any agreed national changes into local delivery and workforce planning.

Currently, through an initial birth visit, the family is assessed, using an acuity tool known as the Welsh Levels of Care to determine whether they require universal, enhanced or intensive level of support. This informs the necessary contact and support structure going forward. Families can move between different levels of support during early years. Universal families are initially offered the 8 universal contacts of the HCWP and the opportunity to contact the HV for additional support as necessary. Families with concerns or a greater level of need will have additional support from HV and nursery nurses on an individual or group basis. Children identified on the child protection register will receive a minimum of monthly visits for support and surveillance.

The **Flying Start** initiative is a Welsh Government-funded programme targeting families with children under four in specific disadvantaged areas. It offers enhanced health visiting services, parenting support, and early language development programs. Flying start areas are identified by WG on the basis of the post code being in an identified area of deprivation.

Current Caseload Analysis HV North Powys 2279

South Powys 1583
Flying Start 928

Between September 2025 and February 2026, we carried out a pilot of blending both Generic and Flying Start caseloads within Newtown allowing for a mix of both flying start children and HCWP children for each health visitor within the region. This was to allow for the burden of travelling to be reduced for those traveling furthest and to ensure all health visitors maintain the skills to support those in most need. At the completion of the pilot, we sought evaluation from both service users and staff. We received positive evaluation from both groups, and we have recently presented our findings of the pilot to the local authority. They are in agreement to blend all Flying Start areas with generic caseloads, and there are plans in place to commence rolling out the blended approach to other teams in the coming year.

Caseloads are generally benchmarked at 250 children per WTE HV for Generic HV and 110 per WTE for Flying start. This is a historic baseline calculation and needs to be considered in light of the acuity of the caseload and indeed the support available from the MDT e.g. delegation to Nursery nurses etc. The pilot provided caseloads of approximately 30 children/day and therefore equated to 150-180 children per full-time member of staff. During the pilot, the team had to manage a period of maternity leave and vacancy.

Risk

Long Term Sick/Maternity Leave/ Training within the service has a direct impact on the ability to deliver care. Currently when this happens, the vacant caseload policy is initiated to risk assess the situation and initiate a priority plan, indicating what can be safely stepped down and what must be prioritised in the knowledge that it is impossible to meet all needs and is demonstrable in the reduced HCWP contacts in the HV performance tables on page 7 & 8 below.

The roll out of the blended model of Health Visiting with Flying Start will go some way to ensuring support to all families can be better achieved, and oversight of those with greater need is being met. The wider workforce review will support the full mitigation of this risk.

SCHOOL NURSING MODEL

For children aged 5-16, the programme is delivered through School Nursing services and includes

- School Entry Health Review: Assessing health needs at the start of school.
- Population Health Needs Assessments: Conducted annually to identify and address health priorities.
- Screening and Surveillance Vision and Hearing
- Public Health Interventions: Focusing on areas such as nutrition, hydration, weight management, smoking cessation,

- Emotional & Wellbeing Support at a school health level
- Relationships and Sexuality Education: Providing age-appropriate information on relationships and sexual health.
- Transition Support: assisting children moving between key educational stages
- School immunisation programme

These services are designed to promote informed choices, reduce health inequalities and support children through their school years.

Number of Schools in Powys Supported by School Nursing Service

38 Primary School
 8 Secondary Schools
 3 All age Schools
 3 Special Schools

New Advancements and Developments

- 1) School Nursing has implemented e-consent to support the teenage immunisation programme and is developing an improvement programme to increase vaccination rates, which will continue to use paper consent to maximise opportunities for vaccination uptake.
- 2) The school nursing has progressed a new role within the team to specifically support children receiving education other than at school. The JD has been successfully Job matched and will progress to recruitment a little later in the year in readiness for the new school year.
- 3) Since September 2025, the Welsh Immunisation System (WIS) has added Influenza onto the system. The system allows for write-back from CYPrIS and GP systems and aims to have a one system for all vaccinations in the future. DHCW is prioritising all school-age vaccinations to be added to WIS, along with an All-Wales E-Consent process.

Risk

Children's Nursing are holding a significant number of safeguarding cases – currently 130 children of school age are on the Child Protection Register which requires the school nurses to be attending case conferences and providing additional support to the school.

The safeguarding team are providing localised support when able and the leadership team retain oversight of the risk with escalation where appropriate.

Lewis, Raychelle
 14/05/2026 16:29:45

PUBLIC HEALTH NURSING:

Role	Generic HV		Flying Start	School nursing		Totals
	North	South		North	South	
B7 Team Leader	0.8	0.8	1.0	0.8	1.0	4.4
B7 Practice Dev HV/SN	0.8		0.8	1.0	1.0	3.6
B6 HV/SN	9.8	9.12	7.89	6.04	5.7	38.55
B4 Nursery Nurse	4.82	3.05	2.4	0	0	10.27
B3 HCSW	0	0	0	0.7	0.7	1.4
B3 Administrator	0.67		0.13	0	0	0.8
B2 Administrator	1.00	1.00	0.93	0.75	0.75	3.5
B4 TL Child HealthAdmin	0.8					0.8
B2 Child Health Admin	1.5			1.5		3.0
Vacant Posts						
B6 HV (Secondment)			0.6			
B6HV (Vacancy)	1.0	0	0.8			

The service is fragile due to its small teams and rurality factor of Powys. There is some assurance to be taken from the current service delivery model and improvement plans; and support needed for future risks within the team including:

- Consideration for future application of the Nurse Staffing Levels (Wales) Act 2016 to encompass Public Health Nursing Services
- Uplift requirements (CNO principle of 26%) and consideration of rurality factor

There was a review of Administration support within Children's Services towards the end of last year which was implemented in early January 2026. The review resulted in an increase in administrative support within Children's Public Health Nursing.

Establishment is reasonably stable, with current vacancies identified in the table above.

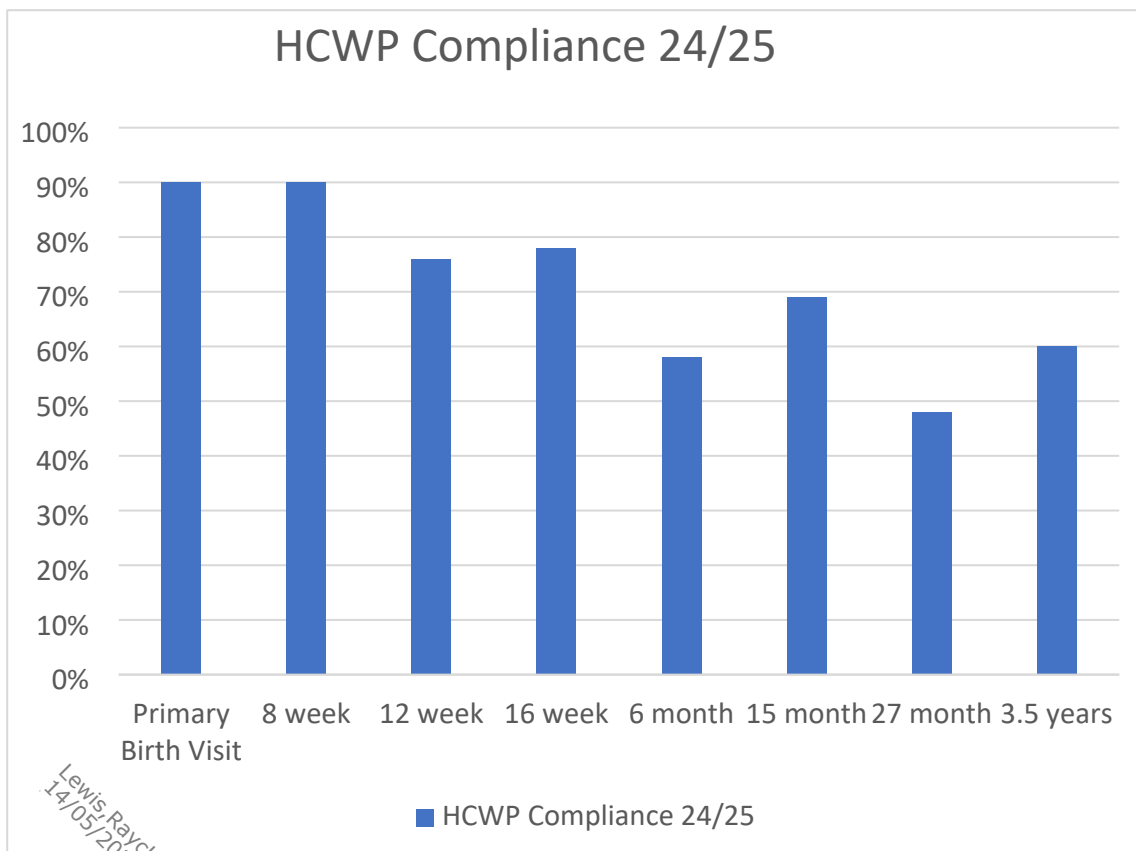
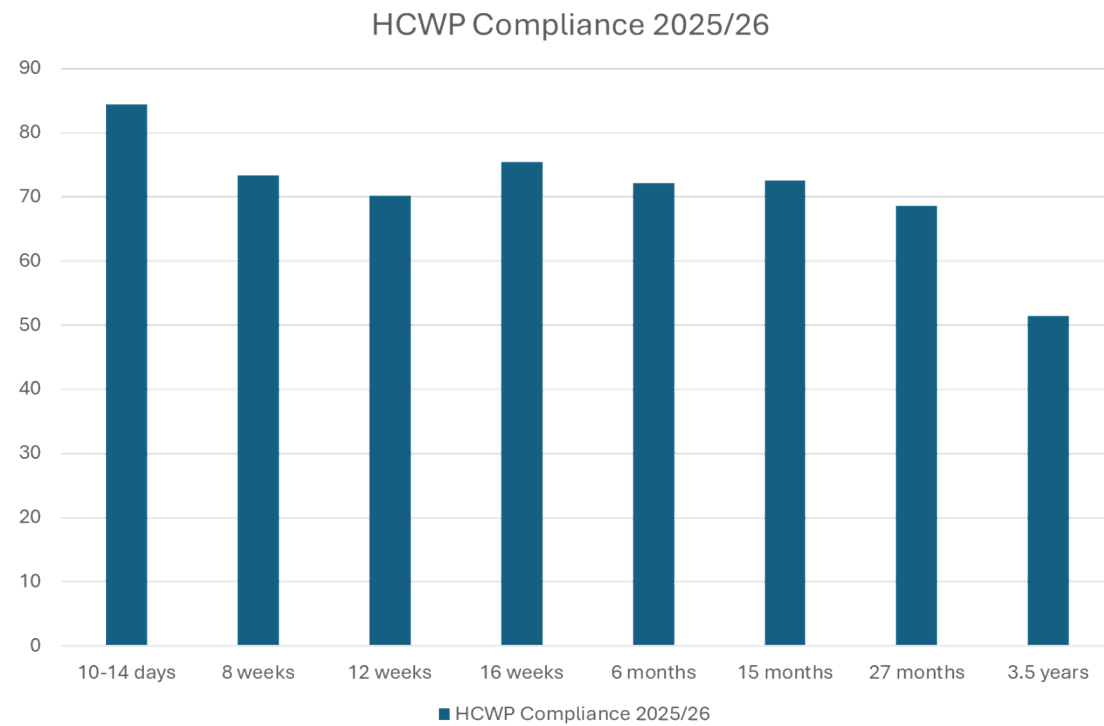
There is a Strategic Workforce Review underway (supported by WOD and Finance) for the whole of children's health services where this will be reviewed later in the year.

It is important to note that the Flying Start posts are commissioned by Local Authority.

Lewis, Raychelle
14/05/2026 16:29:45

QUALITY AND PERFORMANCE:

PTHB Localised Data for 24/25



Lewis, Raychelle
14/05/2026 16:29:45

Validated All Wales Compliance Reports (Q1, Q2 & Q3 2025)

Q2 July – Sept 24

Q1 2025

Contact	Wales	Betsi Cadwaladr	Powys	Hywel Dda	Swansea Bay	Cwm Taf Morgannwg	Aneurin Bevan	Cardiff & Vale
Contact at 10-14 days	95.4	93.1	85.2	97.5	98.0	96.9	93.9	97.7
Physical examination at 6 weeks	82.3	90.3	86.8	83.4	87.6	84.1	83.0	65.9
Weight and Measurement at 8 weeks	86.9	90.3	86.5	71.6	96.8	83.4	84.8	90.7
Weight and Measurement at 12 weeks	81.8	89.9	76.5	73.7	93.1	85.6	64.0	89.3
Weight and Measurement at 16 weeks	82.3	91.7	79.6	72.1	95.4	82.5	64.6	90.5
Contact at 6 months	93.8	92.4	87.9	97.0	97.0	94.3	91.6	94.4
Health Visitor contact at 15 months	90.6	88.7	77.5	93.6	95.1	92.4	86.7	94.1
Health Visitor contact at 27 months	88.6	87.8	69.4	92.1	93.4	91.5	81.7	94.2
Contact at 3.5 years pre-school	81.5	79.8	76.9	87.2	85.3	74.9	74.6	91.7

Q2 2025

Contact	Wales	Betsi Cadwaladr	Powys	Hywel Dda	Swansea Bay	Cwm Taf Morgannwg	Aneurin Bevan	Cardiff & Vale
Contact at 10-14 days	94.6	92.4	94.8	96.4	91.4	96.0	93.7	97.9
Physical examination at 6 weeks	81.9	90.1	87.9	84.1	88.3	83.9	85.9	59.2
Weight and Measurement at 8 weeks	87.5	89.3	92.6	69.3	92.8	85.3	90.1	91.0
Weight and Measurement at 12 weeks	82.5	86.8	81.0	70.3	93.4	86.1	69.1	90.7
Weight and Measurement at 16 weeks	81.9	88.4	90.4	68.9	90.7	83.2	67.7	90.4
Contact at 6 months	93.3	91.4	93.2	95.5	93.5	94.3	92.8	94.1
Health Visitor contact at 15 months	89.6	83.8	82.5	94.6	90.8	90.5	89.6	93.4
Health Visitor contact at 27 months	87.3	85.0	62.7	91.9	91.3	89.6	83.2	92.7
Contact at 3.5 years pre-school	82.2	80.3	83.9	88.1	76.1	77.9	79.2	92.3

Q3 2025

Contact	Wales	Betsi Cadwaladr	Powys	Hywel Dda	Swansea Bay	Cwm Taf Morgannwg	Aneurin Bevan	Cardiff & Vale
Contact at 10-14 days	95.0	93.4	93.0	96.6	91.0	96.6	95.2	97.6
Physical examination at 6 weeks	81.7	89.8	91.4	81.8	86.1	83.6	82.6	64.6
Weight and Measurement at 8 weeks	88.9	91.0	93.2	77.3	89.4	85.5	92.5	91.2
Weight and Measurement at 12 weeks	83.0	88.4	84.1	69.5	89.2	81.7	74.6	90.9
Weight and Measurement at 16 weeks	82.4	89.7	90.3	69.9	88.0	79.5	72.4	91.2
Contact at 6 months	93.6	90.8	95.8	96.7	93.7	93.9	94.2	93.4
Health Visitor contact at 15 months	90.3	85.1	74.8	92.2	89.7	91.6	91.5	95.9
Health Visitor contact at 27 months	88.9	86.5	81.5	91.0	88.0	90.8	88.1	92.1
Contact at 3.5 years pre-school	82.2	80.3	82.8	82.9	78.6	77.3	81.9	91.2

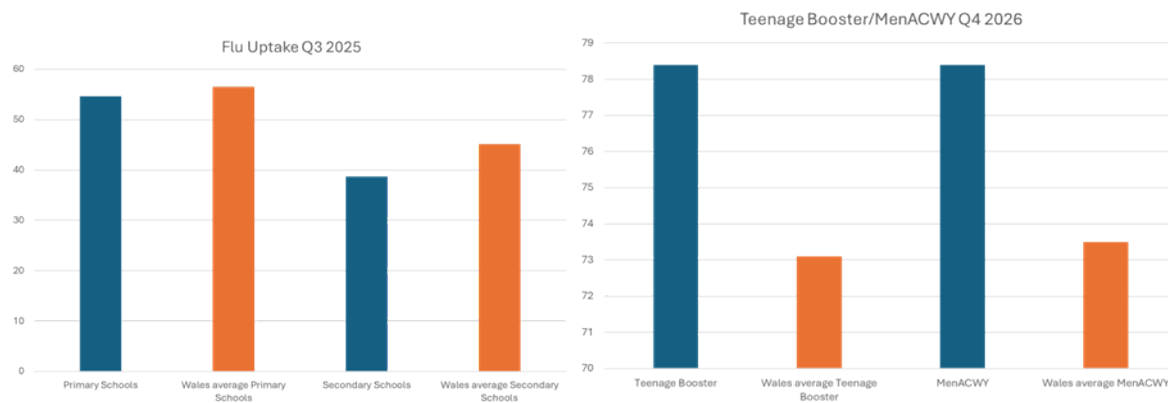
No further validated and published data is available at an All-Wales level. Since we have introduced auditing of inputting of data collection forms, we have seen a gradual increase in compliance with core contacts as we have progressed through 2025. Priority plan in the north resulted in reduced visits at 15 months.

The data published is particular and visits will only be determined to be compliant if completed within the specified compliance window. This is a challenge for Powys due to the rurality and geographical parameters of caseloads. It is advised that whilst safe it can be operationally preferable to complete the visit slightly out of time frame if

enabling multiple visits to be made within the same area, thus reducing the travel time of staff. Such visits, marginally outside the compliance window are not included in the above statistics.

Immunisations

The flu campaign was challenging in Q3 2025/26 due to the late decision to introduce the Welsh Immunisation System (WIS) for the flu campaign which required last minute staff training on the new system and issues with the system up to half term in October 2025. This resulted in a slowing down of time taken to administer each vaccine, having to reschedule school slots and a lack of time to chase up non-receipt of consents – this would usually result in a much better uptake.



HPV vaccination campaign for 2026 commenced on 20 April – no validated figures at this stage. Local information is positive.

NEW HCWP (SCHOOL AGED CHILDREN)

Health Boards in Wales have been working together to move forward the implementation of the Healthy Child Wales Programme for School Age Children, due for completed implementation by September 2026. It is anticipated, simply due to the number of training places available and the number of staff PTHB can operationally support to be on training programmes, our final staff will qualify in Spring of 2027, so anticipate a brief delay in the compliance against the current implementation date of September 2026. There are concerns around the delivery of the new programme without funding to resource more staff.

The implementation of HCWP Schools is being monitored and overseen by the new Child Health Network (NHS P&I). PTHB current compliance is captured in the table below:

Workforce	
Each secondary school has a uniquely named SCPHN School Nurse attached	
Each special school has an identified SCPHN School Nurse	

Dedicated SCPHN School Nurse for children educated other than school	Yellow
Service delivered via a UEI model (Universal, Enhanced and Intensive)	Yellow
School Nursing Service completely digital	Yellow
Digital	
E consent for School based Immunisation Programme	Green
Public Health Programme	
Population health needs assessments / Community Profile tool	Yellow
Relationships and sexuality education: Puberty / Growing Up / Periods (Year 5 or 6)	Green
Population - Public health intervention: High Impact area 1 (1 year group in Primary)	Green
Population - Public health intervention: High Impact area 2 (1 year group in Primary)	Green
Population - Public health intervention: High Impact area 3 (1 year group in Primary)	Green
Transition into secondary school session: ages 10 to 11 (year 6).	Yellow
Healthy relationships: 11 to 12 years old (year 7).	Yellow
Population - Public health intervention: High Impact area 1 (1 year group in Secondary)	Red
Population - Public health intervention: High Impact area 2 (1 year group in Secondary)	Red
Transition to further education, employment: (year 11).	Red
Screening & Surveillance	
All reception children receive welcome pack including Electively home educated	Yellow
School entry health review: Height, Weight & Vision screening programme (Reception)	Green
CMP surveillance (reception)	Green
Transfer of care from HV to SN (Aged 5)	Green
Immunisation Reviews	
Immunisation review (reception)	Yellow
Immunisation review (Year 7)	Green
Immunisation Programme Public Health briefing / education sessions	
Flu education / leaflets	Green
HPV (year 8) education / leaflets	Green
DTP & Men ACWY (Year 9) education / leaflets	Green
Immunisation Programmes	
Fluenz nasal spray (Reception - Year 11)	Green
HPV (year 8)	Green
DTP & Men ACWY (Year 9)	Green
Catch up programmes	
Fluenz nasal sprays (reception - year 11)	Green
HPV (year 8 - 11)	Green
MMR catchups (year 7-11)	Green
DTP & Men ACWY (Year 9 -11)	Green
Single Point of Access (5-16)	
Single point of access for parents/carers and families set up for families / parents/ carers	Yellow
Safeguarding	
Health Assessment document	Green
Initial Health Assessments completed by ICC or latest 1st Core Group	Green
Review Case conferences attended (If outstanding health needs)	Green

Confidential Drop Ins sessions	
Primary School (Parent / Carer)	
Offered Secondary School (CYP)	
C Card offered via secondary school drop ins	
Community drop-ins	
C Card offered via secondary community drop ins	
Relationship & Sexuality Education	
Relationships and sexuality education: Puberty / Growing Up / Periods (Year 5 or 6)	
STI's Relationships and sexuality education: 13 to 14 years old (year 9).	
Contraception- Relationships and sexuality education: 13 to 14 years old (year 9).	

NEXT STEPS:

- 1) Proceed with a blended model of Generic and Flying start HV across Powys.
- 2) Continue efforts to continually improve the uptake of teenage immunisations – through active chasing of non-return consent forms and building positive relationships with schools. Improvement Plan in consultation for teenage vaccinations, awaiting approval.
- 3) Continue workforce review and consider any opportunities that may arise to support the future needs of the workforce in a re-balancing exercise, particularly in the need to work towards resourcing more HV's /SN's to work towards the CNO uplift requirements.
- 4) Continue the implementation phase of HCWP School-aged Children to be completed by September 2026. Plans are in place to meet this requirement, however, due to the need for additional SCPHN school nurses, we won't be fully compliant until September 2027. The delivery of the programme will continue. There is a risk of not being compliant due to the significant additional workload required in the new programme. There will be a need to focus on priorities within the programme in the first instance whilst we understand work pressures more.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

Subject:

Whole System Approach to Healthy Weight in Powys – briefing and update on progress in 2025/2026

Approved and Presented by:

Mererid Bowley, Executive Director of Public Health

Prepared by:

Head of Service, Public Health Programmes and Projects
Principal Public Health Practitioner

Purpose:

The purpose of this paper is to provide an update on the Whole System Approach to Healthy Weight programme in Powys and assurance about the progress made on delivery during 2025/26.

Recommendations:

Committee Members are asked to:

- **NOTE** the contents of this briefing
- Take **ASSURANCE** about progress made on implementing a whole system approach to the prevention of overweight and obesity in Powys targeting 'Children, Families and Access to Healthy Food'.

Committee Summary:

Key achievements in 2025/26 include:

- Expanded creation of environments and systems that support and promote breastfeeding, with over 400 businesses enrolled on the Breastfeeding Welcome Scheme (BWS)
- Health Board midwifery team achieved UNICEF Baby Friendly Initiative Stage 1 formal accreditation
- Revised PTHB Return to Work Policy to create supportive environments for breastfeeding for staff and visitors
- Implementing roll-out of the Gold Snack Healthy Snack Award to Childcare Settings to increase children's exposure and access to healthy snacks
- Undertaking behavioural insight/parental engagement with local families to gain insight on the root causes preventing access to healthy food and sharing this widely with local and national partners, to inform action planning and delivery.

Whole System Approach to Healthy Weight

The Whole System Approach (WSA) to Healthy Weight is a population level prevention programme.

It forms part of the local implementation of the Welsh Government Obesity Strategy *Healthy Weight: Healthy Wales*. An updated Delivery Plan was published in September 2025. Locally this work is led by Public Health practitioners, funded by an annual grant of £102k until March 2027.

Governance (illustrated in Appendix 1)

- WSA to Healthy Weight reports to the PSB as one of the three priority areas.
- Work is also reported to RPB Start Well group via the Early Prevention and Play group.
- WSA to Healthy Weight is a priority in PTHB Annual Plan and for 2026/7 a Ministerial priority.

Methodology

- Local multi-agency delivery in Powys continues to follow the 'Whole Systems Approach 9-step methodology' (Appendix 2).
- During 2025/26, the work has focused on 'Step 8: Mobilise and Manage' and 'Step 9: Review'. As the 9 steps are not linear in nature, 'Step 7: Action Planning' has been revisited to inform forward planning around the identified system focus of Early Years Nutrition and Accessibility of Healthy Foods.



Whole System Approach to Healthy Weight

Population level approach, including addressing wider determinants

Strategic Delivery Plan monitored through PSB

System of Focus

Children (aged 0-5 years), Families and Access to Healthy Food

Priorities identified through stakeholder engagement

Powys Whole System Approach Early Nutrition Group

Powys Whole System Approach Accessibility of Healthy Food Group

Breastfeeding

Introduction to Solid Foods

Cooking Skills

Affordability of Healthy Food

Vision:

Breastfeeding mothers continue to breastfeed for as long as they wish within a supportive environment

Vision:

Children (aged 0-5) have access to healthy and age-appropriate foods

Vision:

All parents and the network associated with 0-5's have good nutritional knowledge and cooking skills

Vision:

Children and families have access to affordable healthy food

Background: Breastmilk is the best source of nutrition for babies in the first six months of life. Breastfed babies have a lower risk of obesity, asthma, type 1 diabetes, common infections and sudden infant death syndrome. Breastfeeding also has benefits for mothers including reduced risk of obesity, breast and ovarian cancers, osteoporosis and heart disease, and supporting their mental wellbeing.

Vision: Support mothers to breastfeed for as long as they wish within a supportive environment

The following actions focus on creating systems and environments that normalise breastfeeding and support mothers to breastfeed as long as they wish.

UNICEF Baby Friendly Initiative Stage 1 formal accreditation has been achieved by PTHB Midwifery team in July 2025. This stage focuses on establishing foundations required to support high-quality infant feeding care. This includes having robust policies, staff training programmes, governance and audit systems, in place to delivery evidence-based infant feeding and relationship-building support.

PTHB Breastfeeding Return to Work Policy has been reviewed and amended to enable and support mothers returning to work to breastfeed for as long as they wish. (Policy awaiting formal approval). This work is also informing policy development on an all-Wales level.

Breastfeeding Welcome Scheme: The aim of the scheme is to:

- support and empower mothers and families to feel confident breastfeeding when out and about
- normalise breastfeeding and offer an easy way for communities and businesses to show that they welcome and support breastfeeding



418 businesses signed up to date to the Powys Breastfeeding Welcome Scheme, over 170 businesses registered during the last 12 months. The Scheme continues to be promoted through a communications plan for wider reach, including the distribution of 3 short films featuring local breastfeeding mothers and businesses sharing their experiences and benefits of being involved in the scheme.

Next steps: Continue to engage businesses to create breastfeeding friendly and supportive environments, share Health Board Policy with PSB Partners and progress work towards achievement Stage 2 of UNICEF Baby Friendly Initiative.

Lewis, Ray, Jelle
14/05/2026 11:20:45

Standard Healthy Snack Award

Background: Childcare practitioners and early years settings contribute significantly to the well-being of growing children. The food and drink offered in childcare settings plays a vital role in children's health and can help establish positive eating habits from an early age. Giving children healthy food and drink whilst they are young makes an important contribution to giving them the best possible start in life.

The **Gold Standard Healthy Snack Award aims** to improve the nutritional standards within childcare settings. It encourages a whole setting approach to healthy eating including availability of healthy snacks and drinks, creating a positive eating environment, good food policies, and hygiene practices. Achieving this award demonstrates a commitment by childcare settings in making healthy food choices available to children that they care for. It shows that a setting is putting recommendations from the national [Food and Nutrition for Childcare Settings](#) into practice.

Childcare settings in Flying Start areas have been prioritised during 2025/26 as part of the initial roll-out phase, with settings supported to implement changes on food environment. This has been supported with training to staff on 'Early Years Food and Nutrition' and 'Fussy Eaters Training'.

- 14 pre-settings have implemented and embedded changes, demonstrated that they have achieved the Gold Standard Healthy Snack Award, reaching over 1,324 childcare places so far.
- A further 30 settings are actively working and being supported to implement and embed changes towards achievement of the Award.
- Early Years Nutrition training delivered to 23 participants from Early Years' settings.
- A case study has been produced involving staff from pre-school setting describing their experiences and how the award framework supports settings in delivering excellence in early years nutrition. This has evolved into a film which is being used to with early years settings to further roll-out the Award to additional settings.

Introduction to Solid Foods

HealthVisiting teams deliver regular weaning sessions to families of newborns which meet national nutritional standards. Feedback shows that these are well attended with increased parental confidence in recognising hidden sugars within foods.



Priority Area: Accessibility of Healthy Food and Cooking Skills

Background: Cooking and nutritional skills were highlighted as issues as part of the earlier stakeholder engagement. However, it was recognised that there was a gap in the understanding of what the actual issues and challenges were, and that we needed to engage with families to gain that understanding.

Aim: To undertake parental engagement with local Powys families to gain insight into the root causes preventing access to healthy food and a better understanding of the decisions families make, to inform WSAHW action planning and future delivery.

Method:

5 focus groups in 4 communities across Powys examined barriers and facilitators to parent's experiences with cooking and food.

Provided rich qualitative data around cooking skills and food affordability, including 15 "day in our food life" food map journeys of what families eat day-to-day and why.

Online survey looking into cooking skills, food affordability, and choice of healthy foods. 66 responses.



Findings:

- Affordability isn't just about price - it's about **access**. Families have the skills but lack the infrastructure to use them effectively. Transport poverty is a hidden cost on healthy eating.
- Gender inequality in food work creates impossible situations where mothers must balance competing demands with little support.
- Cooking capability isn't just about skill, it's about resources, relationships, and confidence working together. Those without childhood cooking exposure or supportive networks face steeper barriers.
- Convenience isn't the absence of care, it is the presence of overwhelming constraints. Families need support that works within their reality, not interventions that assume unlimited time and energy.

Next steps:

Learning has been shared with WSA partners, now informing action planning development and implementation.

Review of cooking skills offer and methods to support families to prepare and access healthy food.

'It Starts with Food' Pilot

Bwyd Powys Food led on implementing a pilot project (between September 2025-February 2026) to offer families the opportunity to pick-up a weekly subsidised vegetable box and recipe cards from the nursery setting along with the opportunity for cooking classes and shared meals. The pilot project was implemented in partnership between a local grower, Flying Start setting in Brecon and Newtown, Powys County Council and Powys Teaching Health Board.

This has provided 202 vegetable boxes. Cooking classes offered as part of the pilot which is being evaluated to help shape cooking skills offer going forward.



Healthy Start Scheme

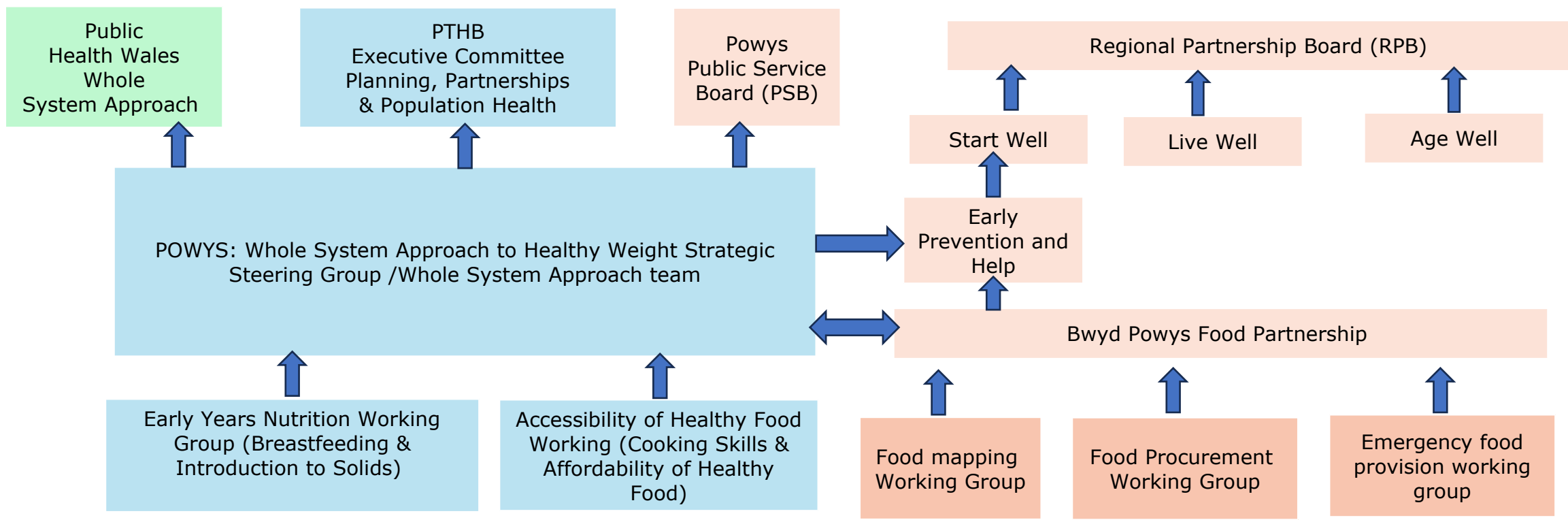
The Healthy Start Scheme is a targeted nutritional support scheme that provides low-income pregnant women and families with young children access healthier food and vitamins to improve early-life health outcomes. It provide access, via a prepaid card (formally vouchers) with regular payments to buy: milk, fruit and vegetables from local shops who have signed up the scheme.

Uptake across Wales is constrained by awareness, access and system design (digital access being a barrier). Participation continues in national working groups, providing feedback on local challenges to uptake and influence improvements to the scheme.

A review of the Healthy Start vitamin distribution process in Powys is underway to inform local roll-out.



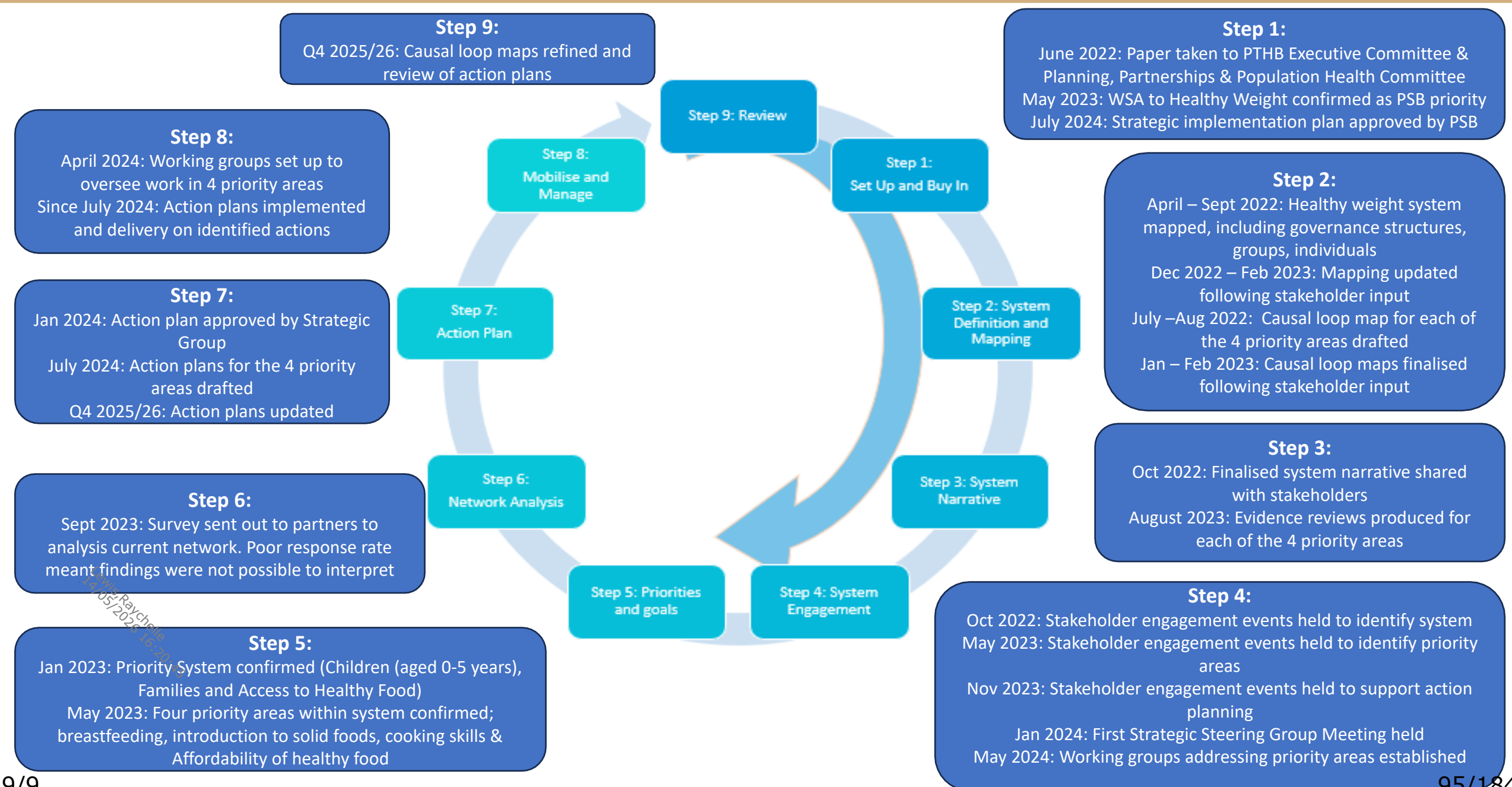
Appendix 1: Whole System Approach to Healthy Weight: Governance Structure



Lewis, Raydelle
14/05/2026 15:20:19

	WSA team (PTHB)
	Local groups (Powys)
	External to Powys

Appendix 2: Progress Overview Against Whole System Approach 9-Step Methodology



Subject:

PTHB Commissioned Third Sector Services Review

Approved and Presented by:

Nicola Johnson, Executive Director of Planning, Performance and Commissioning

Prepared by:

Assistant Director Partnership Development

Recommendations:

The PPPH Committee is asked to:

- **RECEIVE** the report as an **UPDATE** on progress in relation to the third sector services commissioned by Powys Teaching Health Board (PTHB) which were reviewed between September and December 2025.

Executive Summary:

To provide an overview to the Committee of how the third sector services commissioned by Powys Teaching Health Board (PTHB) were reviewed between September and December 2025. It summarises the insights and recommendations and provides an update on progress. As the review involved contracts and information which is "commercial in-confidence" the full Review Report was presented to an In-Committee meeting of PPPH on the 03 February 2026.

PTHB Commissioned Third Sector Services Review – Planning, Partnerships and Population Health (PPPH) 18 May 2026

- ❖ This presentation confirms how the third sector services commissioned by Powys Teaching Health Board (PTHB) were reviewed between September and December 2025.
- ❖ It summarises the insights and recommendations and provides an update on progress.
- ❖ As the review involved contracts and information which is “commercial in confidence” the full Review Report was presented to an In-Committee meeting of PPPH on the 3rd February 2026.

PTHB Commissioned Third Sector Services Review

- ❖ Over 12 weeks to December 2025, an Executive Working Group and an Internal Co-ordinating Group, reviewed **24** third sector providers commissioned by PTHB covering a wide range of services.
- ❖ Existing information received by PTHB as the commissioner, during the most recent full year of 2024/25, was reviewed. Information which was “Commercial In Confidence” was handled carefully.
- ❖ PTHB spends just over £3m on third sector services. The review did not include any services commissioned in partnership with other agencies or other NHS bodies. In 2024/25 the services in scope of the review had a budget of approximately £1.5m.

Action on Hearing Loss (RNID)
Brecon & District Mind (all funding streams)
Brecon Volunteer Bureau
Builth Wells Community Support [Volunteer Bureau]
Care and Repair
Community Action Machynlleth and District (CAMAD) [Volunteer Bureau]
Crickhowell Volunteer Bureau
Cruse Bereavement Support
Gerddj Bro Ddyfi
Home from Hospital (British Red Cross)
Hope House Hospice
Marie Curie
Mid Powys Mind (all funding streams)
Pont Hafren Association (all funding streams)
Powys Association of Voluntary Organisations PAVO (1)
PAVO – Mental Health Information Service
Powys Citizens Advice (1)
Powys Citizens Advice (Mental Health)
Rhayader & District Community Support (Volunteer Bureau)
RNIB ECLO service
Severn Hospice
St. Davids Foundation Hospice Care
St Michaels Hospice
Mind Ystradgynlais (all funding streams) [Now called The Bloom Space Foundation]

Approach

The Review aimed to provide:

- A summary of the range of services commissioned
- An assessment per commissioned service; across key parameters; and across Powys
- The degree of alignment with PTHB's strategic priorities
- An assessment of the evidence base
- The coverage within Powys, including areas of deprivation
- The coverage of vulnerable groups
- An assessment of the impact on health
- An assessment of the preventative components
- The total spend on third sector services within the review
- The existing activity
- What is known about benefits and outcomes
- An assessment of the impact on quality
- An assessment of the impact on equality
- What is known about the experience of people using services from existing information
- An assessment of compliance with Future Generation Act requirements
- An assessment of compliance with commissioning governance requirements
- An assessment of risk management

The compliance scoring considered:

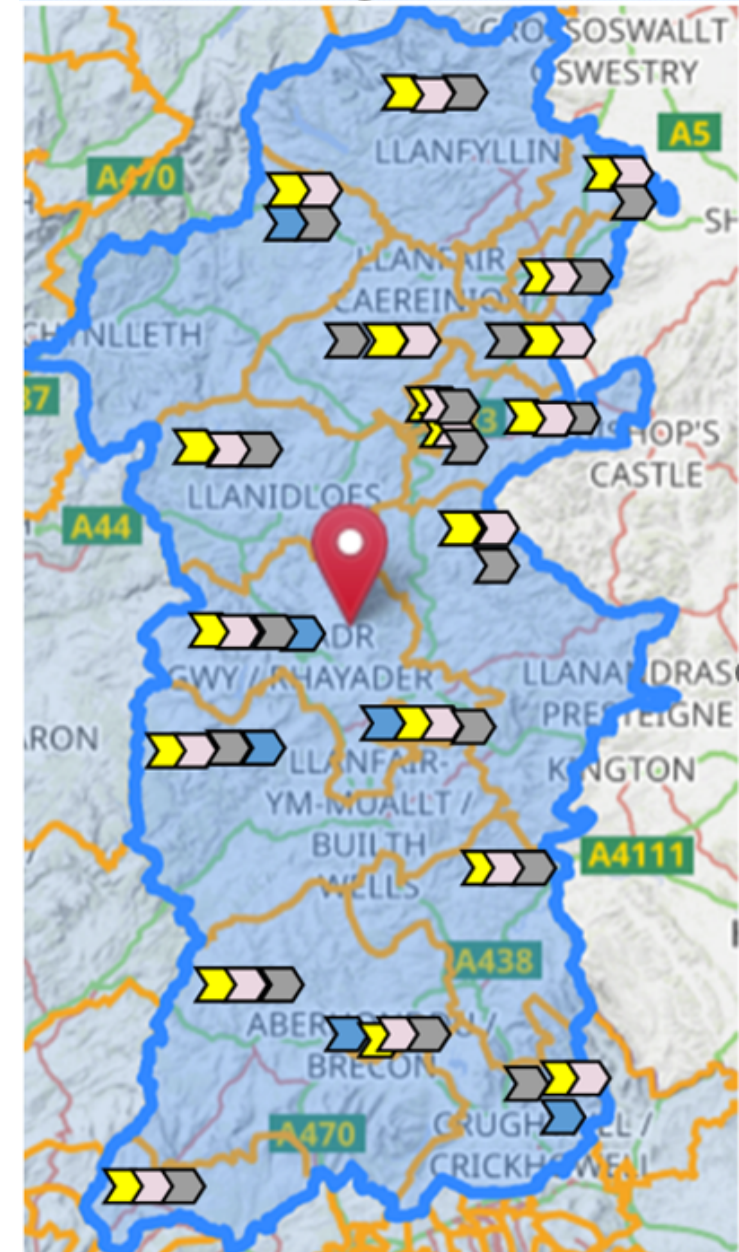
- Strategic alignment
- Quality of the Evidence
- Population Impact
- Individual Impact
- Financial Appraisal
- Quality Impact
- Equality Impact
- Prevention & sustainability
- Commissioning Governance
- Risk Management

The subject scoring was undertaken by the Executive Working Group and considered the following parameters:

- Operational
- Planning
- Public Health
- Commissioning
- Clinical
- Financial

Insights – Strategic

- The evidence-base was variable (e.g. most robust for End of Life and some Mental Health services).
- There were few providers covering the whole of Powys, with potential for some gaps, overlap and inequity within this. The commissioning approach was not geared towards collaboration *within* the third sector, which could improve sustainability.
- Few services were commissioned to specifically target the areas of greatest multiple deprivation.
- PTHB third sector commissioning partially aligns to its strategic priorities, but some are not covered.
- Expenditure in terms of prevention is largely secondary and tertiary - not primary.
- Some services are components within broader patient/client pathways.
- There is fragility within the sector including recruitment difficulties. Some providers are reporting risks in relation to financial sustainability. Funding is generally year to year.
- There are opportunities to recommission more in line with the strongest evidence, forecast need, new ways of working and the future models.
- Some third sector Service Level Agreements are very small in value and fragmented presenting opportunities for streamlining.

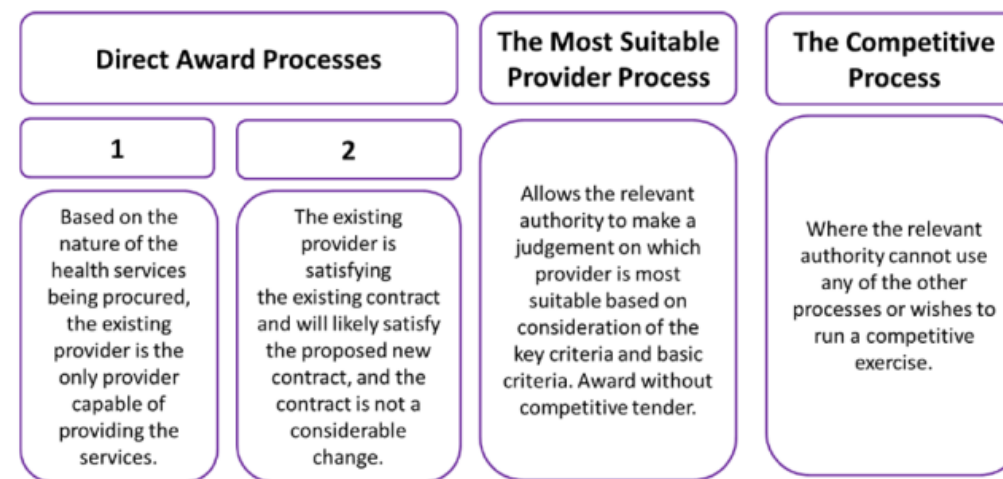


Insights – Governance & Process

- The health board is not compliant with the revised Procurement Act (PA) and Provider Selection Regime (PSR) legislative framework. Recommissioned/compliant contracts offering a good service could be offered for longer and enhance sustainability.
- The financial information is generally very basic within the Service Level Agreements – with no explicit “value” case.
- There were gaps in commissioning requirements such as the receipt of some complete performance reports.
- There is little information about measurable outcomes or experience in some contracts.
- No concerns or serious incidents were received in relation to the services reviewed in 2024/25.
- There is significant underperformance in some contracts (caused by, for example, recruitment difficulties within the third sector).
- No further immediate recurrent savings opportunities for 2025/26 were identified.

The Health Service Procurement (Wales) Act 2024 and The Health Services (Provider Selection Regime) (Wales) Regulations 2025

- The revised processes include determining whether the services needed are “health care services” (based on Common Procurement Vocabulary codes) to which the Provider Selection Regime applies; which are “non health care services/social services/goods to which the Procurement Act applies; and how to handle mixed services. Differing award processes or a competitive process then follows.



- The health board will need to publish its non compliance in an annual report by 31st Oct 2026.
- It is anticipated that it will take up to 18 months to address in full.

Conclusions of the Review and Progress

Recommendations of the Review

The recommendations of the review set out:

- ❖ How PTHB would achieve compliance with The Health Service Procurement (Wales) Act 2024 and The Health Services (Provider Selection Regime) (Wales) Regulations 2025.
- ❖ PTHB would need to work closely with NHS Wales Shared Services which leads on procurement.
- ❖ The work would involve updating specifications, baselines, key performance indicators, value cases, and the model contract.
- ❖ There would be discussion with Powys County Council (PCC) about potential areas for future joint commissioning.

Conclusions of the Review

- ❖ There are opportunities to streamline.
- ❖ There is underperformance, but further work is needed in relation to this.
- ❖ Understandably some of the existing providers are concerned. PTHB will work with NHS Wales Shared Services Partnership (NWSSP) to ensure appropriate communication as processes progress.

- ❖ It is anticipated that it will take up to 18 months to achieve full compliance.
- ❖ Whilst there is significant work needed to achieve compliance there are opportunities to improve outcomes, alignment to the Better Together model, sustainability and equity through a strategic commissioning population-based approach.

Implementation Progress

- ❖ Each current provider was sent a specific letter relevant to their circumstances about the outcome of the review and next steps.
- ❖ The NHS Wales Shared Services Partnership is working with PTHB to ensure the necessary procurement expertise is available.
- ❖ A provisional phased Implementation Plan has been developed but some timings are yet to be confirmed as interdependencies nationally and locally are worked through (for example in relation to the new national specification in relation to hospices and the clarification of hospice funding streams.)



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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.6

Planning, Partnerships and Population Health Committee	Date: 18 May 2026
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Subject:	Committee Risk Register
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Corporate Governance, Risk and Assurance Officer
Other Committees and meetings considered at:	
Appendices :	Appendix A – Committee Risk Register

PURPOSE:

The purpose of the Committee Risk Register is to draw together relevant risks for the Committee from the Strategic Risk Register (SRR), to provide a summary of the significant risks to delivery of the health board’s strategic objectives. This copy of the Committee Risk Register is based upon the SRR received by the Board on 25 March 2026.

RECOMMENDATION(S):

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

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

Approve/Take Assurance	Discuss	Note
Y	Y	X

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

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

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COMMITTEE RISK REGISTER

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

This copy of the Committee Risk Register is based upon the received by the Board on 25 March 2026.

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

NEXT STEPS:

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

The next Strategic Risk Register update is due to the Board on 20 May 2026.

Lewis, Raychelle
14/05/2026 16:20:45



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Committee Risk Register

Planning, Partnerships and Population Health Committee

May 2026

Lewis, Raychelle
14/05/2026 16:20:45

PPPH Committee Risk Register

STRATEGIC RISK DASHBOARD

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Planning, Partnerships and Population Health Committee

18 May 2026

Agenda Item: 5.6a

Appendix A

Risk Lead	Risk ID	Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	At Target ✓/✗	Lead Board Committee	Link to Strategic Priorities:
EDP&C	SRR 002	Innovation and Strategic Change	The Health Board is unable to successfully deliver and realise the benefits of transformation	4 x 4 = 16	→	Eager	*	Planning, Partnerships and Population Health Committee	Several SPs and WBOs 4 and 8
EDPCC MH	SRR 005	Performance and Service Sustainability	Primary Care is unable to respond to demand.	4 x 4 = 16	→	Open	*	Planning, Partnerships and Population Health Committee	Several SPs and WBOs 4 and 8
EDPH	SRR 008	Innovation and Strategic Change	The Health Board is unable to shift to a primary prevention focused health care system	4 x 4 = 16	→	Eager	*	Planning, Partnerships and Population Health Committee	SP 1 and WBO 1
EDPH	SRR 010	Safety	The Health Board is unable to respond in a timely, efficient, and effective way to a major incident, or critical incident	3 x 4 = 12	→	Averse	*	Planning, Partnerships and Population Health Committee	Cross-cutting (All SPs and WBOs)

KEY:

Lewis Haydelle
14/05/2026 16:20:45


Executive Lead	
<i>EDoFC&E</i>	Executive Director of Finance, Capital and Estates
<i>EDP&C</i>	Executive Director of People, Culture and Transformation
<i>EDPP&C</i>	Executive Director of Planning, Performance and Commissioning
<i>EDPCCMH</i>	Executive Director of Primary Care, Community and Mental Health
<i>EDPH</i>	Executive Director of Public Health
<i>EDAHPHS&D</i>	Executive Director of Allied Health Professionals, Health Sciences and Digital
<i>DCG</i>	Director of Corporate Governance/Board Secretary
<i>CEO</i>	Chief Executive
Trend	
*	New risk
→	Risk score unchanged since last report
↓	Risk score decreased since last report
↑	Risk score increased since last report

Lewis, Raychelle
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RISK HEAT MAP

Almost certain 5					
Likely 4				SRR 002 – Transformation SRR 005 – Primary Care SRR 008 – Health Care System	
Possible 3				SRR 010 – Emergency Response	
Unlikely 2					
Rare 1					
LIKELIHOOD X IMPACT	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5

Lewis Raychelle
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<p>SRR 002</p>	<p>There is a risk that: The Health Board is unable to successfully deliver and realise the benefits of transformation</p>													
<p>Current Risk Score:</p> <p>16</p>	<p>Risk rating detail: (likelihood x impact)</p> <p>Current: 4 x 4 = 16 Inherent: 4 x 4 = 16 Target: 2 x 4 = 8</p>	<p>Risk Category: Innovation and Strategic Change</p> <p>Boards Risk Appetite: Eager</p>												
<p>Executive Lead: Executive Director of People and Culture</p>		<p>Assuring Committee: Planning, Partnerships and Population Health</p>												
<p>Latest review date: February 2026</p> <p>Added to register: July 2025</p> <p>Link to Strategic Priorities and Wellbeing Objectives: Cross-cutting risk relevant to all SPs and WBOs</p>	 <table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 25</td> <td>8</td> <td>12</td> </tr> <tr> <td>Nov 25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Mar 26</td> <td>8</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 25	8	12	Nov 25	8	16	Mar 26	8	16	<p>Risk cause/source:</p> <ul style="list-style-type: none"> • Insufficient capacity to deliver across the Better Together Portfolio • Insufficient cognition and capability to deliver the level of transformational change across the Better Together Portfolio • Lack of organisational and public readiness for change • Timescales are too challenging to deliver • Inability to invest in estate and infrastructure required to deliver level of transformational change across the Portfolio • Financial recovery plan FY25/26 and FY26/27 impacts on ability to deliver the Better Together portfolio • Unable to access reliable data and/ or deliver digital transformation and infrastructure to support change • Misalignment with key dependencies both external and internal to the portfolio
Month	Target Score	Risk Score												
July 25	8	12												
Nov 25	8	16												
Mar 26	8	16												

		<p>Risk materialising would result in:</p> <p>Will not deliver improved quality and sustainability of services or make better use of resource. Health Board will remain in escalated measures.</p> <p>Services remain fragile with significant variation / inconsistency in service provision creating inequity and gaps</p> <p>Unable to develop clinical services plan required as part of Level 4 de-escalation criteria. Commissioning spend continues to escalate.</p> <p>Unable to realise wider benefits of transformation in a timely manner</p> <p>Reputational damage</p>		
<p>Controls (What has been implemented to manage the risk?)</p>		<p>Sources of Assurance</p>	<p>Level of Assurance</p>	<p>Highest Assurance provided to:</p>
<p>2.1</p>	<p>Transformation programmes in place under the Better Together Portfolio, in line with PTHB Strategic Priorities, to provide the capacity to deliver the transformational deliverables required to support delivery of a balanced financial plan within 3-5 years.</p>	<ul style="list-style-type: none"> Transformation updates provided to Executive Committee Portfolio Highlight report, Portfolio and Programme workbooks, minutes and assurance reports from the Better Together Portfolio 	<p>Reasonable</p>	<p>Executive Committee</p>

Lewis, Rachelle
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		including North Powys Wellbeing Programme, Frailty & Community Model incorporating the Six Goals for Urgent & Emergency Care Programme, Planned Care & Diagnostics Programme, Mental Health Transformation Programme, Business Efficiencies Programme and Temporary Service Change Programme		
2.2	Better Together Portfolio Board established as a Sub—Group of the Executive Committee	<ul style="list-style-type: none"> Regular reporting to the Executive Committee 	Substantial	Executive Committee
2.3	Oversight of Better Together and Transformation integrated into Terms of Reference of F&P, P&C and PPPH Committees	<ul style="list-style-type: none"> Regular reporting to Board Committees and onwards assurance provided to Board 	Substantial	Multiple Board Committees
2.4	Better Together Stage 2 engagement programme has been developed and commenced concluded including staff roadshows and workshops as well as several public events across Powys. The Stage 2 engagement report has been published with Board papers. Continuous engagement activity is underway.	<ul style="list-style-type: none"> Review and report on outcomes arising from engagement 	Reasonable	Better Together Portfolio Board
2.5	Monthly informal Planning update meetings with WG including Better Together update	<ul style="list-style-type: none"> Regular informal discussion with WG leads 	Substantial	N/A

2.6	Wider stakeholder engagement plan in place with regular Primary Care, PCC, PAVO and Llais interface.	<ul style="list-style-type: none"> Inputs and reporting from primary care workshops and meetings. Inputs and outputs from wider stakeholder engagement meetings. 	Reasonable	Better Together Portfolio Board
2.7	Ongoing assessment of delivery capacity as portfolio plan develops. Monitored through Portfolio Board and reported to Executive Committee	<ul style="list-style-type: none"> Portfolio Board reporting to Executive Committee 	Reasonable	Better Together Portfolio Board

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Revised timeline in development, including consideration of alignment for future phases and resourcing plan to strengthen delivery confidence	DI&T	NEW	Complete End Nov 2025	Complete On track
Continued implementation of transformational programmes aligned to the PTHB Strategic Priorities to deliver agreed benefits and deliverables	DI&T	This continues	Ongoing	On track
Implementation of Strategic Change deliverables to support achieving financial sustainability	DI&T; Executive Director Programme Leads; Programme SROs	Approved Temporary Changes implemented for 6 month period and further decision making aligned with Better Together.	Ongoing	Aligned to extension of Better Together timeline

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Ongoing public, staff and stakeholder communication & engagement	DI&T; Director of Corporate Governance	ODEC workstream established to oversee delivery of Comms & Engagement activity to support portfolio delivery Resource plan supported and in implementation.	Ongoing	On track
Map dependencies within portfolio and external to portfolio including strategic change being enacted on PTHB borders and assess impact and areas for close monitoring	DSI&T; Director of Planning, Performance & Commissioning	This continues	Ongoing	On track
Development of Estates Strategy	Associate Director of Capital, Estates & Property	Close working with Better Together programme to support strategy development	Ongoing	On track
Assess dependencies with digital work plan	DSI&T; Director of AHPs, Health Science and Digital	Dependencies and interdependencies under ongoing assessment	Ongoing	On track
Additional information:				
N/A				

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SRR 005	There is a risk that Primary Care is unable to respond to demand																									
Current Risk Score: 16	Risk rating detail: (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L3 x I4 = 12	Risk Category: Performance and Service Sustainability Boards Risk Appetite: Open																								
Executive Lead: Executive Director of Primary Care, Community and Mental Health		Assuring Committee: Planning, Partnerships and Population Health Committee																								
Latest review date: February 2026 Added to register: July 2024 Link to Strategic Priorities and Wellbeing Objectives:	<p style="text-align: center;">Risk Score Trajectory</p> <table border="1"> <caption>Risk Score Trajectory Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Jan 25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Mar 25</td> <td>12</td> <td>20</td> </tr> <tr> <td>July 25</td> <td>12</td> <td>16</td> </tr> <tr> <td>Nov 25</td> <td>12</td> <td>16</td> </tr> <tr> <td>Mar 26</td> <td>12</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 24	8	16	Nov 24	8	16	Jan 25	8	16	Mar 25	12	20	July 25	12	16	Nov 25	12	16	Mar 26	12	16	Drivers/causes of risk: <ul style="list-style-type: none"> Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures Risk materialising would result in: <ul style="list-style-type: none"> Related workforce challenges may lead to services becoming unsustainable
Month	Target Score	Risk Score																								
July 24	8	16																								
Nov 24	8	16																								
Jan 25	8	16																								
Mar 25	12	20																								
July 25	12	16																								
Nov 25	12	16																								
Mar 26	12	16																								

SP 4 and WBO 8				
Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
5.1	<p>Monitoring and liaison with GP practices to offer support including weekly review of the escalation tool, reviewing the sustainability matrix, and considering sustainability funding applications. Regular discussions with Cluster Lead and LMC regarding ongoing demands and additional actions to manage peaks.</p> <p>25/26 negotiation agreed in December 2025, confirming additional national investment. Includes 4% DDRB uplift and additional 5.8% recurrent uplift supporting a Workforce Fund, Change Fund and Resilience Fund. These new additional funding streams will provide practices with financial certainty to invest in resources needed for ongoing reform, including workforce expansion, service redesign and administrative support as part of the Community by Design transformation programme. The detail around access to these funds is being worked through in readiness for 26/27</p> <p>Sustainability Assessment Panels being held following practice application submission. Targets discussions and action plans and support packages in place with specific practices.</p> <p>National 25/26 negotiations have been delayed; however the</p>	<ul style="list-style-type: none"> Escalation Tool Sustainability matrix score National Sustainability Assessment Framework Primary Care Information Portal – access standards 	Reasonable	Executive Committee

	<p>expectation is additional national investment will be announced.</p> <p>Sustainability Assessment Panels being held following practice application submission. Targets discussions and action plans and support packages in place with specific practices.</p> <p>3 non-recurrent ortho contracts completed as of September 2025. Crickhowell contract award, approved by the Board in November 2025.</p>			
5.2	<p>National Contract Assurance Framework embedded to support contract assurance.</p> <p>24/25 Practice reviews ongoing. 5 practice visits currently being undertaken and 11 practices progressing practice improvement plans. evidence reviews commenced, including a comparison of clinical indicators across the 2 years for consistency/improvement assurance. Outstanding actions from 23/24 being followed up as part of the 24/25 review process</p> <p>GMS Contracts Management Group confirming practice action plan requirements or targeted practice visits required as part of the 24/25 cycle.</p> <p>GDS End of year review visits with all contract holders completed in August 2025.</p>	<ul style="list-style-type: none"> • Contract Assurance Framework • Annual Return • Supplementary Service Audits • Prescribing Data • Practice Declarations • GP Clinical Governance Self-Assessment Tool • Information Governance Toolkit 	Reasonable	Executive Committee / Finance & Performance

5.3	<p>Implementation and maturity of Accelerated Cluster Development Programme and associated cluster projects of local pathways will support practice sustainability.</p> <p>26/27 Cluster IMTP plans currently being progressed, for presentation to RPB Executive Group by end of Q3 completed and agreed at RPB Executive Group. The mid and south cluster will merge from 1st April 2026. Newly formed cluster currently working in shadow form and developed a joint 26/27 IMTP</p>	Cluster Plan progress reported to RPB Executive Group	Reasonable	Executive Committee / Finance & Performance
5.4	<p>OOH APMS contract is in place with Shropdoc from 01/04/25 to 05/06/26 (including extensions). PTHB Board have approved Direct Award to continue with current specification from 01/07/26 to 30/09/27. Direct Award being progressed.</p> <p>SBUHB 25/26 SLA signed, with ongoing discussions to resolve outstanding issues in readiness for 26/27. Conversations being led at Director level between PTHB and SBUHB. SBUHB continue to provide a service.</p> <p>Resolve and secure current commissioning arrangements with SBUHB for 25/26 to ensure ongoing provision of OOH cover for Ystradgynlais patients and Ystradgynlais Community Hospital. Conversations being led at Director level between PTHB and SBUHB. SBUHB continue to provide a service.</p> <p>GMS out of hours review and future model appraisal group with multiple stakeholder representation set up, to consider</p>	<ul style="list-style-type: none"> • Weekly Rota (triage & base cover) • Monthly achievement against OOH Performance Standards • Quarterly Performance Review Commissioning Assurance Framework 	Reasonable	Executive Committee / Finance & Performance

	<p>various options for the future OOH GMS service delivery and model across Powys was approved by the Board in September 2025.</p> <p>GMS out of hours multi stakeholder workshop undertaken in January 2026 to consider the future OOH clinical model. This work is moving at pace to develop a revised specification to commence an open market tender in Q3/Q4 26/27.</p> <p>Quarterly Performance Reviews continue to monitor out of hours services.</p>			
5.5	<p>Allocating patients from the Dental Access Portal is in place. DAP is fluid with regular 'on and offs'. List is currently at circa 4000 patients due to recent terminations of Llandrindod, Knighton and Crickhowell GDS contracts.</p> <p>Patient urgent access demand has sufficient capacity in the system to address patient need and this is monitored very closely on a weekly basis. Urgent access pathways in place in all contract reform practices, further supported by the Community Dental Service pathway when needed.</p> <p>Mobile Dental provision, salaried PTHB service working well. Pathways in place to support patients following completion of course of treatment. Current location is Bronllys.</p> <p>Potential purchase of an additional Mobile Dental Unit to support GDS access in areas of need. Procurement</p>	<ul style="list-style-type: none"> • Dental Access Portal • Contract Reform new patient and historic patient metrics. • GDS monitoring Group 	Limited	Executive Committee / Finance & Performance

<p>underway to recommission general dental services in Crickhowell and Knighton. Successful Contract award for Crickhowell GDS. Crickhowell GDS contract award.</p> <p>Procurement underway to recommission general dental services in Knighton and Llandrindod. A PTHB salaried service for both these areas is being progressed to offer access through a hybrid model, this will add resilience and sustainability to both areas.</p> <p>New Dental Contract being implemented from 01/04/27. National model contract not yet published; therefore, it is difficult to quantify how many practices will sign up to the new contract or terminate NHS services. This is a national risk.</p>			
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Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
To complete GP Practice visits following outcome of Desktop Reviews. These will take place in Q4	Assistant Director Primary Care (ADPC)	<p>Desk top reviews completed and follow/up actions being progressed. 5 practice visits to be undertaken and 11 practice improvement plans to be progressed</p> <p>Desk top reviews to commence in July</p>	<p>March 2026 November 2025</p>	<p>On track Commenced</p>
Review and assess completion of General Practice Improvement Plans	ADPC	<p>Linked to the above.</p> <p>Not yet commenced - linked to</p>	March 26	On track

		desktop reviews above.		
Undertake GDS Mid-Year Review visits	ADPC	Will be undertaken in October/November 2025 All required visits undertaken in October/November 2025	November 25	Completed On track
Review of GMS sustainability matrix	ADPC	To be undertaken in Q4 2	25 March 26 November 25	On track Commenced
Procure additional recurrent GDS access in mid Powys	ADPC/ Dental Director	Knighton and Llandrindod contract procurement commenced	March 26	On track
Complete Procurement of direct award for future provision of GMS OOH services	EDPCCMH/ADPC	Will commence following Board approval in September to proceed. Commenced and linking in with NHSSSP Procurement Services	March 26	On track
Ensure future provision of general medical services for patients registered at Rhayader Medical Practice post 30 th September 2025	EDPCCMH/ADPC	Procurement process concluded and APMS contract award issued. To be implemented on 01/01/26	January 2026	Completed On track
Additional information:				
Rationale for current score:				

- Sustainability assessment and escalation tool of GP Practices identifying consistently high-risk practices across Powys. Practices may not be able to provide sustainable GMS services. Approx. 50% of GP Practices reporting level 3/level 4 currently confirming the ongoing pressure. Appointment/contact activity data confirms continued high patient demand.
- Practice Sustainability support in place for Llanfyllin and Knighton
- ~~Practice Sustainability applications for support being considered Llanidloes and Welshpool.~~
- Financial sustainability of practices may influence the termination of Local Supplementary Services
- Dental access continues to be challenging in areas with recruitment and workforce challenges. Mid cluster particularly affected currently.
- **DAP waiting list currently increasing due to loss of 3 contracts in mid/south Powys.**
- ~~DAP waiting list currently at 3,500 patients on the waiting list.~~
- Orthodontic demand continues to exceed capacity across Powys.
- **Implementation of WGOS4 challenging due to complex secondary care pathways and implementation is further compromised by information governance complexities.**
- ~~New Optometry Regulations and implementation of WGOS4 challenging due to complex secondary care pathways and implementation is further compromised by information governance complexities~~

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<p>SRR 008</p>	<p>There is a risk that: The Health Board is unable to shift to a primary prevention focused health care system</p>													
<p>Current Risk Score:</p> <p>16</p>	<p>Risk rating detail: (likelihood x impact)</p> <p>Current: L4 x I4 = 16 Inherent: L5 x I4 = 20 Target: L2 x 3I = 6</p>	<p>Risk Category: Innovation and Strategic Change</p> <p>Boards Risk Appetite: Eager</p>												
<p>Executive Lead: Executive Director of Public Health</p>	<p>Assuring Committee: Planning, Partnerships and Population Health</p>													
<p>Latest review date: February 2026</p> <p>Added to register: July 2025</p> <p>Risk source: SP 1 and WBO 1</p>	<p style="text-align: center;">Risk Score Trajectory</p> <table border="1"> <caption>Risk Score Trajectory Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 25</td> <td>6</td> <td>16</td> </tr> <tr> <td>Nov 25</td> <td>6</td> <td>16</td> </tr> <tr> <td>Mar 26</td> <td>6</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 25	6	16	Nov 25	6	16	Mar 26	6	16	<p>Cause of risk and rational for current score:</p> <ul style="list-style-type: none"> • NHS historically structured around acute and reactive care. • The NHS is under immense pressure with escalating acute care demand; means it's a challenge to 'shift left' to reallocate resources to redesign care models around primary care and prevention. • NHS Wales priorities and performance measures respond to rising health care pressures and are predominantly focused on activity and acute care rather than broader system change and population health outcomes. • Predominately community-based prevention services undertaken by the Health Board for tobacco control/smoking cessation and preventing childhood obesity is currently reliant on external grant funding.
Month	Target Score	Risk Score												
July 25	6	16												
Nov 25	6	16												
Mar 26	6	16												

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		<p>Risk materialising would result in:</p> <ul style="list-style-type: none"> • Without increased focus and resources on prevention and shifting of healthcare system towards a preventative model risks: more people will develop avoidable chronic conditions, and live more years in poorer health, and further increased unsustainable demand on acute care/services and escalating healthcare costs. • Preventable disease disproportionately affects disadvantaged communities and groups, widening health inequalities. 		
Controls (What are we currently doing about the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
8.1	The Health Board <i>Annual Plan 2025/26</i> contains a number of prevention focused activities under the strategic priority 'Focus on Wellbeing'.	PTHB Annual Plan internal performance reporting procedures.	Reasonable	Board/Committee/Executive Committee/Group
8.2	The Powys Public Services Board <i>Wellbeing Plan</i> has the objective that 'People in Powys live happy, healthy, and safe lives' with the associated delivery step 'Taking a whole systems approach to healthy weight'.	Powys Public Services Board internal and external reporting requirements.		
8.3	The Powys Regional Partnership Board <i>Area Plan 2023-28</i> includes 'Priority 1.3 Population health improvement, including health inequalities'.	Powys Regional Partnership Board internal		

8.4	PTHB is required to report against vaccination uptake and smoking cessation targets contained in the <i>NHS Wales Performance Framework 2025-26</i> .	and external reporting requirements.		
8.5	A Population Health Framework for Powys (DPH Annual Report) was approved and published by the Board in September 2025.	NHS Wales Planning Framework reporting procedures. PTHB Annual Plan internal performance reporting procedures.		

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
The <i>Better Together</i> consultation on adult physical and mental health community services in Powys contains the ambition that 'Together we want to create a future that helps people to stay healthy'.	Director of Improvement and Transformation	Detailed work is underway to make sure the right timeline is in place for the work ahead	To be confirmed	On track
The 2026/27 planning process in the Health Board will be used to take forward actions in the Population Health Framework.	Executive Director of Public Health	Work is underway to understand the 2026/27 planning process and how actions in the Framework can be included. Proposed set of actions to take forward the framework in year 1 identified for Board consideration on choices on inclusion ded in the draft PTHB Annual Integrated Plan 2026/27.	March'26.	On track.


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<p>Implement Welsh Government's <i>Community by Design</i> healthcare transformation programme with the stated aim of making population health management and prevention business as usual, systematically embedded into every contact.</p>	<p>Executive Directors</p>	<p>First meeting of Welsh Government's Community by Design Transformation Programme Board on 10/12/25.</p> <p>National Draft delivery plan for phase 1 published.</p> <p>National Draft Delivery plan (Phase 2) to be agreed by end of March'26.</p>	<p>Timeline to be confirmed.</p>	<p>On track.</p>
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Additional information:

Rationale for current score:
 The controls currently in place are considered sufficient to reduce the inherent score to a current score of 16.

Lewis, Raychelle
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SRR 010	There is a risk that: The Health Board is unable to respond in a timely, efficient, and effective way to a major incident, or critical incident													
Current Risk Score: 12	Risk rating detail: (likelihood x impact) Current: 3 x 4 = 12 Inherent: 4 x 4 = 16 Target: 2 x 3 = 6	Risk Category: Safety Boards Risk Appetite: Averse												
Executive Lead: Executive Director of Public Health		Assuring Committee: Planning, Partnerships and Population Health Committee												
Latest review date: February 2026 Added to register: July 2025 Link to Strategic Priorities and Wellbeing Objectives: Cross-cutting risk relevant to all SPs and WBOs	 <table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 25</td> <td>12</td> <td>16</td> </tr> <tr> <td>Nov 25</td> <td>6</td> <td>12</td> </tr> <tr> <td>Mar 26</td> <td>6</td> <td>12</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 25	12	16	Nov 25	6	12	Mar 26	6	12	Cause of risk and rational for current score: <ul style="list-style-type: none"> • Due to emergency planning arrangements at both the corporate level and operational level not being sufficiently robust to respond to the incident or emergency. Risk materialising would result in: <ul style="list-style-type: none"> • Adverse impacts on delivery of care to patients • Inability to respond to a major incident to meet needs of those affected • Harm or injury to population, patients and/or staff • Health Board breaches statutory duties under the Civil Contingencies Act 2004 • Litigation & financial penalties • Reputational damage and loss of public confidence • Staff absence (injury, wellbeing)
Month	Target Score	Risk Score												
July 25	12	16												
Nov 25	6	12												
Mar 26	6	12												

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Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
10.1	Major Incident and Emergency Response Plan and Corporate Business Continuity Plan are in place and updated on an annual basis.	<ul style="list-style-type: none"> Plan approved by Executive Committee Civil Contingency Annual Report 	Substantial	Executive Committee
10.2	Business Continuity Policy in place, with supporting 'Business Continuity Toolkit' available for operational services to develop service level business continuity plans.	<ul style="list-style-type: none"> Policy approved by Executive Committee 	Substantial	Executive Committee
10.3	PTHB Pandemic Framework is in place to guide the Health Board's response to a new or emerging pandemic. The Health Board is currently awaiting the publication of updated UK Pandemic Guidance, prior to completing a further review of the Framework.	<ul style="list-style-type: none"> Framework approved by Executive Committee 	Substantial	Executive Committee
10.4	PTHB Adverse Weather Arrangements is in place and is updated on an annual basis.	<ul style="list-style-type: none"> Arrangements approved by Executive Committee 	Substantial	Executive Committee
10.5	Internal protocols are in place for the management of patients self-presenting with a suspected High Consequence Infectious Diseases	<ul style="list-style-type: none"> Protocols in place 	Substantial	Executive Director

	(HCID) are in place and are subject to regular review.			
10.6	PTHB Civil Contingencies Training Plan in place and updated on an annual basis.	<ul style="list-style-type: none"> Plan approved by Executive Committee 	Substantial	Executive Committee
10.7	Corporate level Business Continuity arrangements subject to internal audit 2023/24.	<ul style="list-style-type: none"> Audit Report – substantial assurance (Dec 2023) 	Substantial	Audit Committee
10.8	Operational level Business Continuity arrangements subject to internal audit 2024/2025.	<ul style="list-style-type: none"> Audit Report – substantial assurance (May 2025) 	Substantial	Audit Committee
10.9	The Health Board is fully engaged in Dyfed Powys Local Resilience Forum’s planning and response structures.	<ul style="list-style-type: none"> Minutes of meetings Training and exercise records 	Substantial	Executive Director
10.10	The Health Board is fully engaged in the NHS Wales Emergency Preparedness, Resilience and Response planning structures.	<ul style="list-style-type: none"> Minutes of meetings Training and exercise records 	Substantial	Executive Director
10.11	<p>The Health Board has participated in a variety of exercises. Examples of these exercises are included below (not inclusive):</p> <ul style="list-style-type: none"> Exercise Mighty Oak (National Power Outage) Exercise Pen Y Darren (Mass Casualty) 	<ul style="list-style-type: none"> Exercise Reports 	Substantial	Executive Director

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	<ul style="list-style-type: none"> • Exercise CYD (Communicable Disease) • Exercise Fad Fellin (Mpox/HCID) • Exercise Solaris (Pandemic) • Exercise Redstreak (Water disruption) • Exercise Wales Connect (Regular Pan Wales Response Plan activation test) • Walkthroughs of the operational response to major incidents/Mpox arrangements • Exercise Pegasus (Pandemic Response) 			
10.12	Testing of internal major incident and business continuity response plans through response to incidents, including: Powys Train Collision (October 2024) Storm Darragh (December 2024)	<ul style="list-style-type: none"> • Debriefs from internal responses to incidents 	Substantial	Executive Committee
10.13	Internal repository in place for all internal Response Plans	<ul style="list-style-type: none"> • Internal repository 	Substantial	Executive Director
10.14	Strengthened cross-border multi-agency working through the establishment of regular meetings to share information on identified areas of risks, preparedness activities and response.	<ul style="list-style-type: none"> • Six monthly meetings in place 	Substantial	Executive Director
Mitigating Actions (What more will we do?)				
Action	Lead	Action update	Deadline	Action on Target

Deliver programme of work in place to strengthen identified areas of risk.	Civil Contingencies Manager		31 st March 2026	On Track
Complete cycle of work to ensure that PTHB internal response plans remain up to date.	Civil Contingencies Manager		31 st March 2026	On Track
Continue to provide regular update reports to the Executive Committee on programmes of work in place to strengthen identified areas of risk	Civil Contingencies	Regular updates on Exercise Pegasus (pre and during Exercise) to Executive Committee during August/September/October 2025. Debrief learning report will be incorporated into update report.	February 2025	On Track
Complete internal operational review of clinical governance arrangements for operational major incident response arrangements	Civil Contingencies Manager/ Urgent and Emergency Care Clinical Transformation Lead	Mass Casualty Incident Arrangements for Wales updated and approved at NHS Wales Executive Civil Contingencies Group (October 2025). This is informing update of HB review of arrangements underway. Recommendations following the review of the operational major incident	30th April 2026 December 2025	On Track

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		arrangements to be presented to the Executive Committee for approval by the 31 st March 2025, with plans to undertake an early review of the PTHB Major Incident and Emergency Response Plan to incorporate the changes included within the updated <i>Mass Casualty Arrangements for NHS Wales</i> to be completed by 30 th April 2026		
Additional training and exercise opportunities to support PTHB's staff preparedness in response to an incident or emergency to be made available	Civil Contingencies Manager		31 st March 2026	On Track
Continue to engage in, and actively promote preparedness activities (including planning, training, exercising) taking place with multi-agency partners, including NHS Wales Emergency Preparedness, Resilience and Response networks and Dyfed Powys Local Resilience Forum	Civil Contingencies Manager		31 st March 2026	On Track
Continue to incorporate lessons identified from other incidents and exercises into internal plans and procedures	Civil Contingencies Manager	PTHB's Pandemic Framework will be updated to incorporate internal lessons identified following	31 st March 2026	On Track

to strengthen the Health Board's future response to incidents		PTHB's participation in Exercise Pegasus.		
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Additional information:
The Executive Director of Public Health holds the overall responsibility for Civil Contingencies Planning within PTHB, however all Executive Directors are responsible for ensuring business continuity for the services that sit within their portfolio areas, as outlined within the PTHB Business Continuity Policy. Cyber resilience and response sits within the responsibility of the Executive Director of Allied Health Professions, Health Sciences and Digital

Rationale for current score: There are a number of control measures in place, however further work is required to strengthen identified areas of risk and test internal response capabilities.

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NWSSP SUMMARY PERFORMANCE REPORT

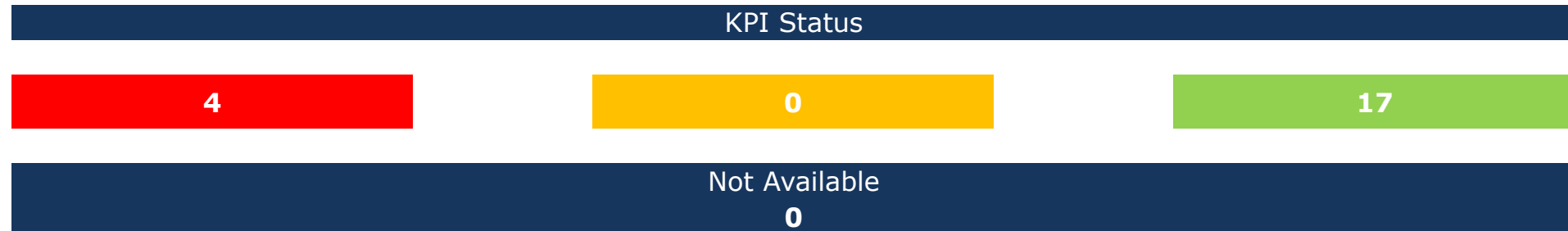
POWYS TEACHING HEALTH BOARD

Period 1st July 2025 – 30th September
2025

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*Delivering Value, Innovation
and Excellence through
Partnership*





Points of Contact

Rebecca Nelson – Director of Planning, Performance & Informatics (Rebecca.Nelson2@wales.nhs.uk)

Richard Phillips – Assistant Director of Planning & Performance (Richard.phillips@wales.nhs.uk)

Lewis Raycheil
14/05/2024 11:20 AM

The purpose of this report is to provide summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 30th September 2025.

As part of the approval of our Year 1 of our IMTP for 2025-26, the Shared Services Partnership Committee (the Committee) reviewed our Key Performance Indicators. We then identified a number of Lead indicators for each division. There are 21 Lead indicators in total.

The Quarter 2 performance for the organisation was generally on target with 17 out of 21 KPIs showing as green.

The time to hire target was achieved in September.

Further action will continue to be taken forward to address the performance in areas of underperformance.

Of the 4 KPIs that did not achieve the targets:

- 1 is the responsibility of the health organisation.
- 3 are a combination of both NWSSP and our customer's processes.

NWSSP continue to support the organisation in relation to recruitment, audit and accounts payable performance.

The main financial benefits accruing from NWSSP relate to professional influence benefits derived from NWSSP working in partnership with Health Boards and Trusts. These benefits relate to savings and cost avoidance.

- Legal Services – Settled Claims savings, damages and cost savings.
- Procurement Services – Cost reduction, catalogue management etc. (Heads of Procurement discuss with Director of Finance of Health Orgs)
- Specialist Estates Services – Property management/lease/rates negotiated reductions and Build for Wales framework savings.
- Counter Fraud Services – Financial Recoveries and prevention.
- Accounts Payable - statement reconciliation, priority supplier programme (PSP) and the prevention of duplicate payments

The indicative financial benefits arising in the period April – September 2025 for the organisation is £0.5M with the breakdown in the following table.

Service	YTD Benefit £m
Specialist Estates Services	0.03
Procurement Services	0.51
Legal & Risk Services*	-
Accounts Payable	0.00
Oxygen Finance – PSP	0.00
Counter Fraud Services**	0.01
Total	0.5

* Not available at the time of writing

** Q1 only

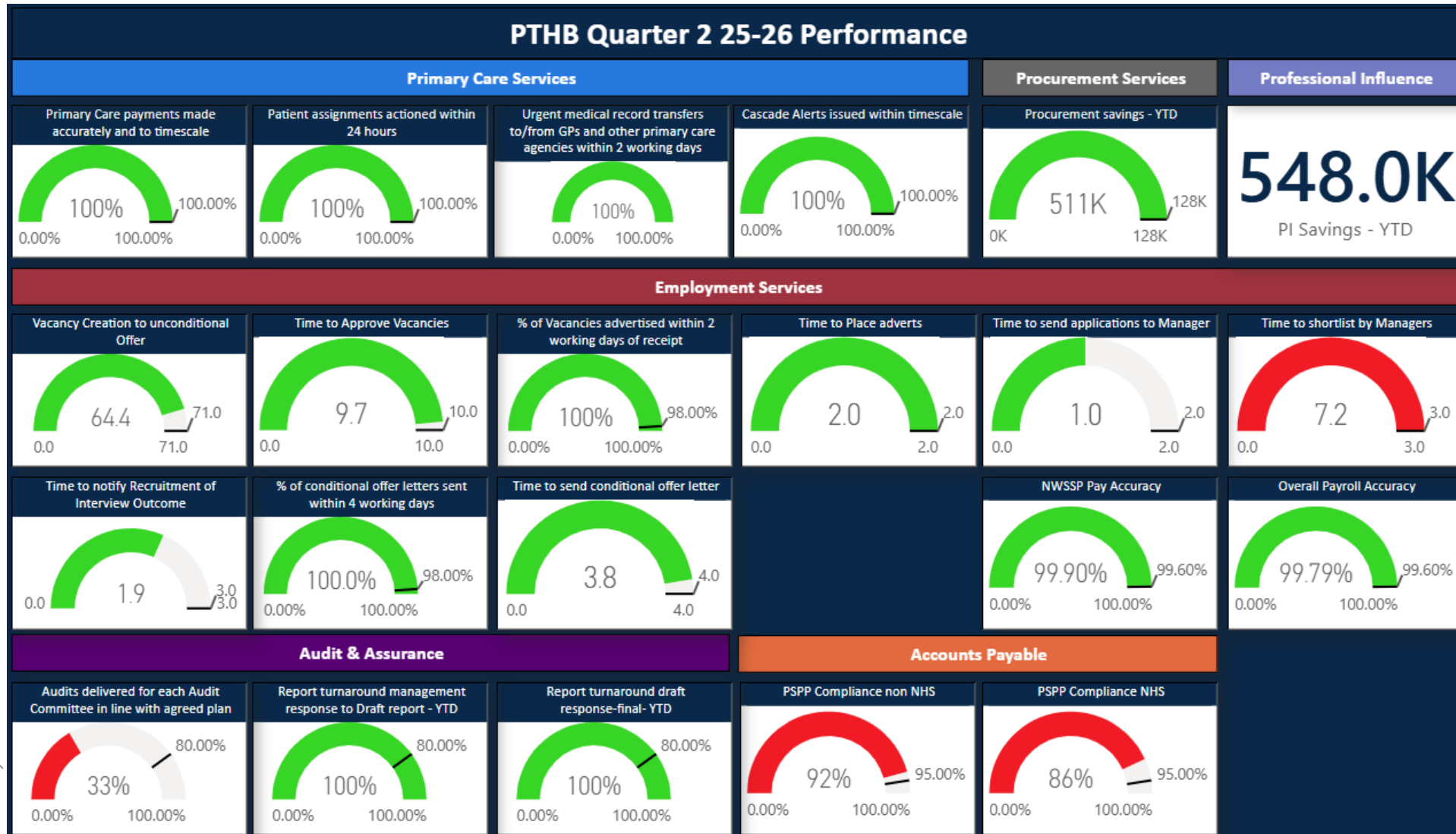
Appendix 1 to this report provides the September performance for your health organisation against the Lead indicators with comparison data for the rolling twelve-month period to 30th September 2025.

Appendix 2 provides September performance against All Wales KPIs which cannot be attributed to a specific health organisation but report an All-Wales position with comparison data for the rolling twelve-month period to 30th September 2025.

Appendix 3 then highlights the position for all health organisations at the end of September 2025.

Appendix 4 highlights the Outcome measures reporting we have been working on at the end of September 2025.

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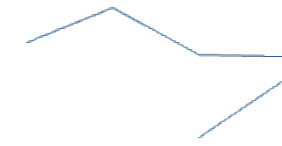
Action Plan for Lead Indicators

There were four KPIs showing as red for the in-month September position.

There were no KPIs showing as amber for the in-month September position.

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PTHB High Level - KPIs Sep 2025

	Target	31/12/2024	31/03/2025	30/06/2025	30/09/2025	Trend
Accounts Payable						
PSPP Compliance non NHS	95%	92.2%	93.8%	91.6%	91.5%	
PSPP Compliance NHS	95%			79.3%	86.3%	

What is happening?

PSPP Compliance non-NHS failed to reach the 95% target during quarter 2 reporting 91.5%, PSPP Compliance NHS also missed the 95% target reporting 86.3%

What are we doing about it?

Accounts Payable continues to support NHS and non-NHS PSPP reporting by providing regular updates and invoice on hold data to help address the performance.

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Accounts Payable

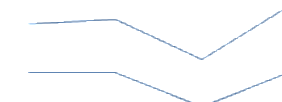
All Wales performance in relation to P2P as at the end of September 2025.

All Wales Accounts Payable data @ end September 2025													
	AB	BCU	C&V	CTM	DHCW	HEIW	HD	POWYS	PHW	SBU	VEL	WAST	TOTAL
Number of Invoices on Hold	6,317	7,825	7,641	6,742	219	518	2,833	693	1,171	5,719	2,538	695	42,911
Value of Invoices on Hold £m	9.690	15.486	25.796	12.788	2.285	5.166	8.427	10.400	6.836	17.821	6.605	2.736	124.036
Number of Invoices on hold, older than 30 days	4,406	5,166	5,042	4,613	86	105	1,647	428	731	3,641	1,664	360	27,889
Number of invoices on No PO No Pay Hold	1,037	820	297	770	12	13	145	85	115	1,152	99	101	4,646
Number of invoices - Top 15 suppliers for NPNP	522	300	68	337	3	1	29	15	23	618	14	12	1,942
Number of invoice lines on a Receipting hold	4,502	5,003	5,704	4,911	102	77	2,649	554	415	3,929	1,956	426	30,228
Priority Supplier Programme - Rebate income to date	£20,951	£57,651	£26,313	£56,444	£2,511	£526	£15,578	£2,574	£2,239	£48,643	£30,483	£25,510	£289,423
Agreed Invoice Exception approval implementation	Mar-26	No	No	Sep-25	Live	No	No	No	Jan-26	Oct-25	Live from Jun 25	No	
Reviewed governance of data load submissions	No	No	No	No	No	No	No	Yes	Yes	Yes	No	Yes	

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Key

- Deterioration on Previous Month
- Same as Previous Month
- Improvement on Previous Month

PTHB High Level - KPIs Sep 2025	Target	31/12/2024	31/03/2025	30/06/2025	30/09/2025	Trend
Audit & Assurance						
Audits reported to agreed Audit Committee (Excluding External Factors)	80%	67%	71%	Not Applicable	33%	
% of audit outputs in progress		20%	25%	8%	13%	
Report turnaround management response to Draft report - YTD	80%	67%	75%	Not Applicable	100%	
Report turnaround draft response-final- YTD	80%	100%	100%	Not Applicable	100%	

What is happening?

Audits reported to agreed Audit Committee failed the 80% target reporting 33% during September. 1 of the 3 reports were submitted on time. The delays were primarily caused by a team member being ill and a slight hold-up in brief sign-off.

What are we doing about it?





Heads of Audit discuss any delays directly with the health orgs and are made aware of any revised timings of reports and submission to committees.

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Audit & Assurance performance at end of September 25.

Client	Total Reviews Planned	Audits Reported (Draft / Final)	Audits in Progress	On Track/ Achieved Proposed Audit Committee	Report turnaround fieldwork to draft reporting [10 days]	Report turnaround management response to draft report [15 days]	Report turnaround draft response to final reporting [10 days]
Aneurin Bevan	28	14.3%	28.6%	88.89%	100.0%		
Betsi Cadwaladr	33	27.3%	18.2%	77.78%	100.0%	60.0%	100.0%
Cardiff & Vale	35	11.4%	20.0%	100.00%	100.0%	100.0%	100.0%
Cwm Taf Morgannwg	32	9.4%	15.6%	100.00%	100.0%	100.0%	100.0%
DHCW	13	30.8%	23.1%	100.00%	100.0%	66.7%	100.0%
HEIW	11	27.3%	36.4%	85.71%	100.0%	100.0%	100.0%
Hywel Dda	30	23.3%	26.7%	87.50%	100.0%	85.7%	100.0%
Joint Commissioning Committee	4	0%	0%				
NHS Wales Performance & Improvement	4	25.0%	0%	100.00%	100.0%		
NWSSP	19	15.8%	15.8%	100.00%	100.0%	100.0%	100.0%
PHW	12	25.0%	33.3%	100.00%	100.0%	100.0%	100.0%
Powys THB	24	16.7%	12.5%	33.33%	100.0%	100.0%	100.0%
Swansea Bay	27	18.5%	25.9%	100.00%	100.0%	0%	100.0%
Velindre	17	23.5%	17.6%	100.00%	100.0%	100.0%	
WAST	20	15.0%	35.0%	100.00%	100.0%	100.0%	100.0%
Total	309	18.4%	22.0%	91.76%	100.0%	79.4%	100.0%

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PTHB High Level - KPIs Sep 2025						
	Target	31/12/2024	31/03/2025	30/06/2025	30/09/2025	Trend
Employment Services Organisation KPIs Recruitment						
% of vacancy creation to unconditional offer within 71 days		56.0%	41.4%	65.6%	63.0%	
Vacancy creation to unconditional offer	71 days	70.2	81.3	70.8	64.4	
% of vacancies shortlisted within 3 working days		32.1%	36.4%	51.9%	49.0%	
Time to Shortlist by Managers	3 days	9.2	9.1	5.6	7.2	

What is happening?

The overall time to hire target was achieved however, time to shortlist missed the target taking on average 7.2 days against the 3-day target.

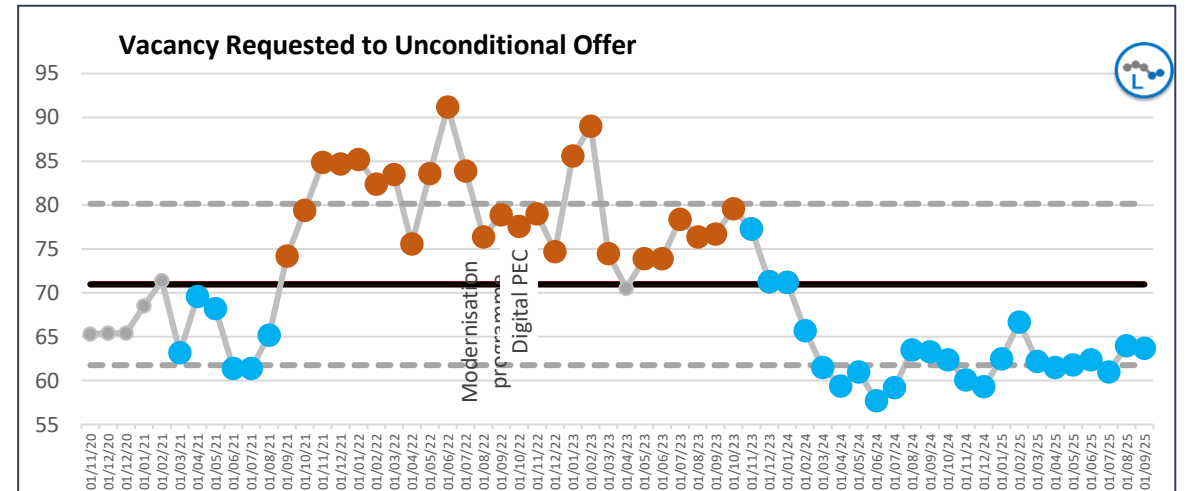
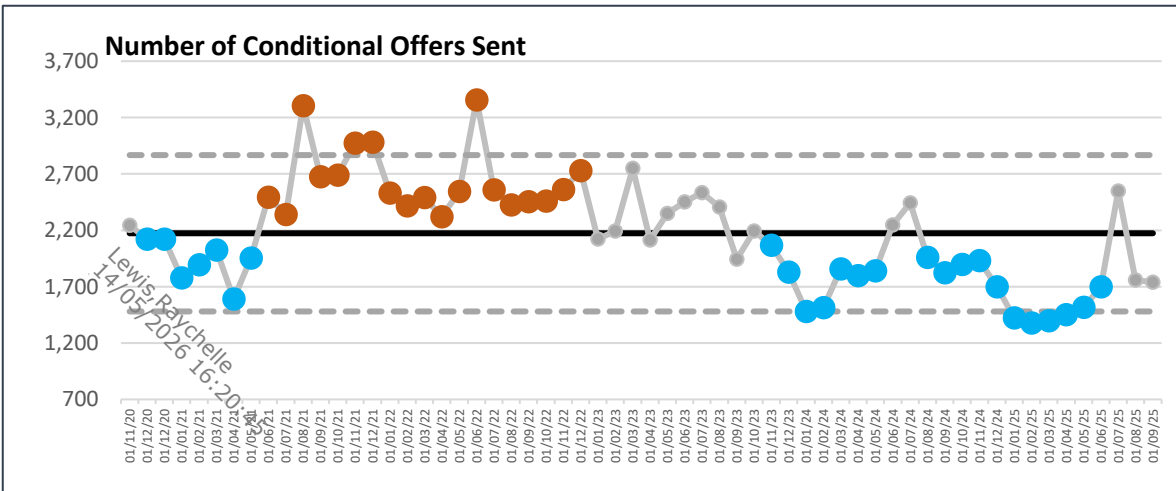
Recruitment Modernisation Process changes have been implemented. We are starting to see improvements in both the manager and candidate experience as well as reductions in the time to hire in individual elements of the process.

What are we doing about it?

The Recruitment team continue to work with managers and organisations in relation to their responsibilities as part of the recruitment journey, to reduce the time to hire and ensure their applicant is engaged in the process.

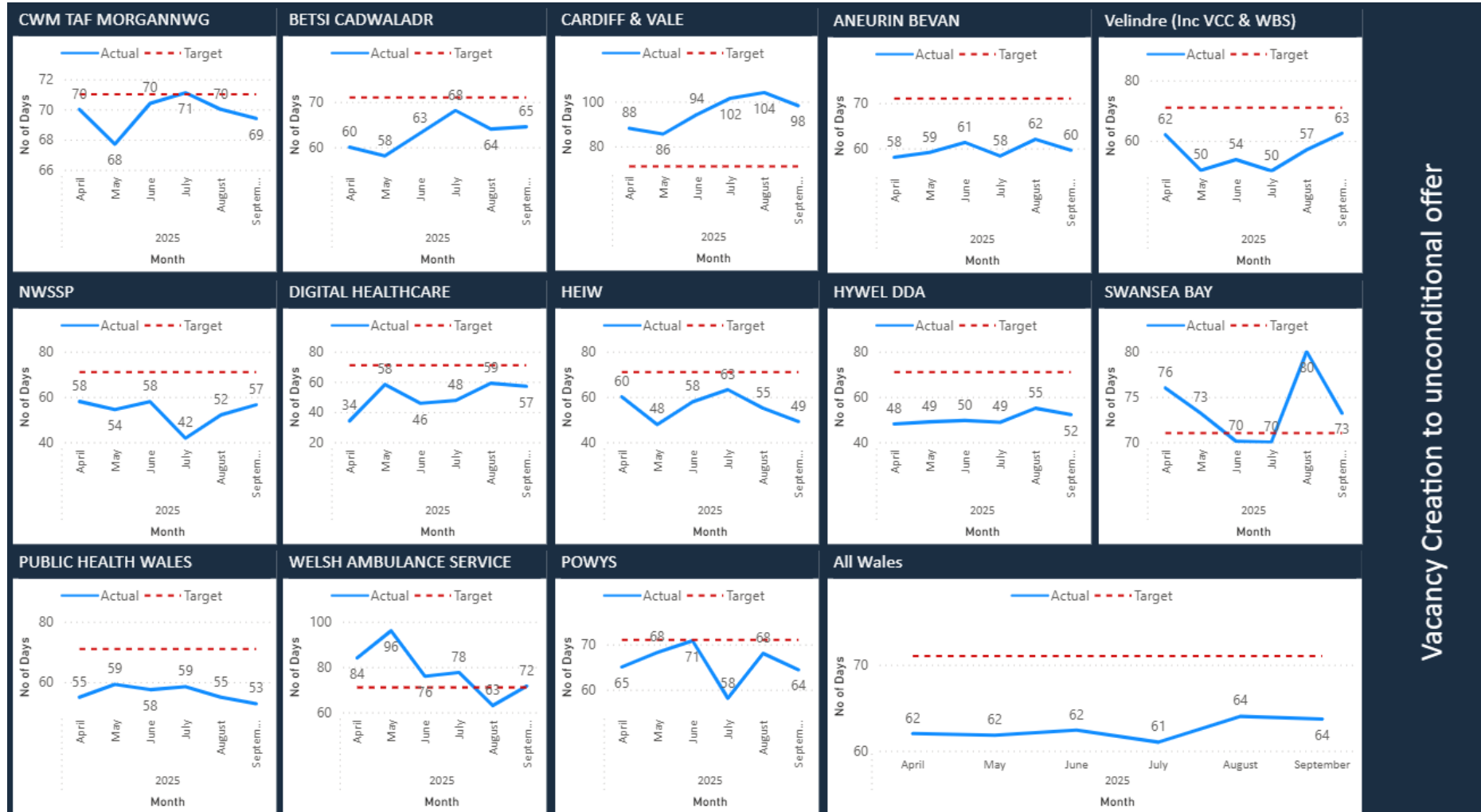
Employment Services – Recruitment

Recruitment		Vacancy Creation to Unconditional Offer													
Org	Target	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Trend	
AB	71	67	76	68	70	64	64	58	59	61	58	62	60	↑	
BCU	71	66	61	57	58	58	56	60	58	63	68	64	65	↓	
CV	71	87	82	75	81	88	95	88	86	94	102	104	98	↑	
CTM	71	72	72	75	74	76	74	70	68	70	71	70	69	↑	
HD	71	52	55	50	56	48	51	48	49	50	49	55	52	↑	
HEIW	71	62	53	44	61	66	47	60	48	58	63	55	49	↑	
DHCW	71	46	39	45	57	53	32	34	58	46	48	59	57	↑	
NWSSP	71	60	49	50	61	56	61	58	54	58	42	52	57	↓	
PTHB	71	72	70	70	76	70	81	65	68	71	58	68	64	↑	
PHW	71	58	52	55	52	59	63	55	59	58	59	55	53	↑	
SBU	71	65	65	63	68	71	72	76	73	70	70	80	73	↑	
VEL	71	51	50	55	49	67	54	55	50	54	50	57	63	↓	
WAST	71	76	79	72	77	76	76	84	96	76	78	63	72	↓	
All Wales	71	62	60	59	63	67	62	62	62	62	61	64	64	↑	



Employment Services – Recruitment

The charts below show the Vacancy creation to unconditional offer performance for the individual organisations April – September 25.



Vacancy Creation to unconditional offer

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Appendix 1 – Performance for the period to 30th September 2025



PTHB High Level - KPIs Sep 2025	Target	31/12/2024	31/03/2025	30/06/2025	30/09/2025	Trend
Financial Information						
Professional Influence Savings - YTD		£0.714 m	£1.935 m	£0.366 m	£0.548 m	
Employment Services						
Payroll services						
NWSSP Pay Accuracy	99.6%	99.75%	99.96%	99.93%	99.90%	
Overall Pay Accuracy	99.6%	99.68%	99.75%	99.87%	99.79%	
Organisation KPIs Recruitment						
% of vacancy creation to unconditional offer within 71 days		56.0%	41.4%	65.6%	63.0%	
Vacancy creation to unconditional offer	71 days	70.2	81.3	70.8	64.4	
% of vacancies approved within 10 working days		66.7%	43.2%	53.8%	61.8%	
Time to Approve Vacancies	10 days	8.2	16.3	12.5	9.7	
% of vacancies shortlisted within 3 working days		32.1%	36.4%	51.9%	49.0%	
Time to Shortlist by Managers	3 days	9.2	9.1	5.6	7.2	
% of interview outcomes notified within 3 working days		81.3%	78.3%	79.3%	80.4%	
Time to notify Recruitment of Interview Outcome	3 days	1.8	1.8	2.0	1.9	
NWSSP KPIs Recruitment						
% of Vacancies advertised within 2 working days of receipt	95.00%	100.0%	100.0%	100.0%	100.0%	
Time to Place Adverts	2 days	1.9	1.6	1.6	2.0	
% of applications moved to shortlisting within 2 working days of vacancy closing		100.0%	100.0%	100.0%	100.0%	
Time to Send Applications to Manager	2 days	0.9	0.9	1.0	1.0	
% of conditional offer letters sent within 4 working days	95.00%	100.0%	100.0%	100.0%	100.0%	
Time to send Conditional Offer Letter	4 days	3.9	3.9	3.7	3.8	
Procurement Services						
Procurement savings - YTD		Target £0.200m	Target £0.298m	Target £0.104m	Target £0.128m	
		Actual £0.392m	Actual £0.388m	Actual £0.360m	Actual £0.511m	
Accounts Payable						
PSPP Compliance non NHS	95%	92.2%	93.8%	91.6%	91.5%	
PSPP Compliance NHS	95%			79.3%	86.3%	
Primary Care Services						
Primary Care payments made accurately and to timescale	100%	100%	100%	100%	100%	
Patient assignments actioned within 24 hours	100%	100%	100%	100%	100%	
Urgent medical record transfers to/from GPs and other Primary Care agencies within 2 working days	100%	100%	100%	100%	100%	
Cascade Alerts issued within timescale	100%	100%	100%	100%	100%	
Audit & Assurance						
Audits reported to agreed Audit Committee (Excluding External Factors)	80%	67%	71%	Not Applicable	33%	
% of audit outputs in progress		20%	25%	8%	13%	
Report turnaround management response to Draft report - YTD	80%	67%	75%	Not Applicable	100%	
Report turnaround draft response-final- YTD	80%	100%	100%	Not Applicable	100%	

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Appendix 2 – All Wales Performance for the period to 30th September 2025



ALL WALES KPIs		31/12/2024	31/03/2025	30/06/2025	30/09/2025	Trend
Primary Care Services						
Prescription - Payment Month keying Accuracy rates	99%	99.77%	99.84%	99.69%	99.81%	
Prescriptions processed (Apr - Sept)		43.2m	73.1m	7.03m	42m	
Welsh Risk Pool						
Time from submission to consideration by the Learning Advisory Panel	95%	100%	100%	100%	100%	
Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	100%	100%	100%	100%	
Holding sufficient Learning Advisory Panel meetings	90%	100%	100%	100%	100%	
Legal and risk						
Advice acknowledgement- 24hrs	90%	100%	100%	100%	100%	
Advice response – within 3 days	90%	100%	100%	100%	100%	
Student Awards						
% of NHS Bursary Applications processed within 20 days	100%	100%	100%	100%	100%	
Student Awards % Calls Handled	95%	97.7%	98.9%	98.9%	98.4%	
CTeS						
P1 incidents raised with the Central Team are responded to within 20 minutes	80%	100%	100%	100%	Not Applicable	
BACS Service Point tickets received before 14.00 will be processed the same working day	92%	100%	100%	100%	99%	
Digital Workforce						
DWS % Calls Handled	85%	91%	96%	96%	98%	
SMTL						
% of Monitoring reports completed within 14 days from receipt into the laboratory	91%	100%	100%	100%	100%	
% of Monitoring reports completed within 40 days from receipt into the laboratory	91%	100%	100%	100%	100%	
% delivery of Audited reports on time (NHS)	92%	Not Applicable	100%	100%	100%	
Pharmacy Technical Services						
Complaints	0	0	0	0	0	
Medical Examiner						
Deaths Scrutinised		100%	100%	100%	100%	
All Wales Laundry						
Orders dispatched meeting customer standing orders	90%	95%	94%	94%	97%	
Microbiological contact failure points	85%	100%	97%	97%	95%	
Number of pieces of returned linen by customer not meeting quality standards	<100	1	0	0	0	

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Appendix 3 – Health Org Performance comparison 30th September 2025

KPIs Sep 25	KFA	Target	SB	AB	BCU	C&V HEALTH ORG KPIs Financial Information	CTM	HD	PHW	PTHB	VEL	WAST	HEIW	DHCW
Professional Influence Savings- YTD	Our Value		£5.669 m	£8.284 m	£8.249 m	£7.443 m	£5.684 m	£4.398 m	£0.743 m	£0.548 m	£1.787 m	£0.338 m	£0.014 m	£0.173 m
Employment Services														
Payroll Services														
NWSSP Pay Accuracy	Our Services	99.6%	99.98%	99.99%	99.96%	99.90%	99.95%	99.98%	99.81%	99.90%	100.00%	99.94%	99.72%	99.92%
Overall Pay Accuracy	Our Services	99.6%	99.81%	99.81%	99.81%	99.78%	99.66%	99.91%	99.72%	99.79%	99.78%	99.77%	99.37%	99.84%
Calls Handling % Quarterly Average	Our Services	95%						98.8%						
Organisation KPIs Recruitment														
Vacancy creation to unconditional offer	Our Services	71 days	73.2	59.6	64.5	98.2	69.4	52.2	52.8	64.4	47.9	71.6	49.1	57.0
Time to Approve Vacancies	Our Services	10 days	19.7	9.2	4.7	20.6	22.5	5.9	10.6	9.7	0.9	8.7	3.6	0.0
Time to Shortlist by Managers	Our Services	3 days	7.3	6.1	6.2	7.5	5.1	1.7	8.3	7.2	10.8	6.5	3.8	11.3
Time to notify Recruitment of Interview Outcome	Our Services	3 days	4.5	2.8	1.8	2.4	3.1	1.6	5.4	1.9	2.3	6.9	4.1	4.2
NWSSP KPIs Recruitment														
Time to Place Adverts	Our Services	2 days	1.4	1.5	1.6	1.4	1.4	1.8	1.9	2.0	1.3	1.3	1.3	1.6
Time to Send Applications to Manager	Our Services	2 days	1.0	1.1	1.0	0.9	0.8	1.1	1.0	1.0	1.0	1.0	1.1	1.0
Time to send Conditional Offer Letter	Our Services	4 days	3.7	3.5	3.7	3.5	3.7	3.6	3.6	3.8	3.4	4.0	3.7	3.4
Calls Handling % Quarterly Average	Our Services	95%						98.9%						
Procurement Services														
Procurement Savings- YTD	Our Value		Target £2.815m Actual £4.204m	Target £5.061m Actual £7.569m	Target £3.339m Actual £6.522m	Target £4.291m Actual £6.396m	Target £2.913m Actual £4.564m	Target £2.046m Actual £3.973m	Target £0.409m Actual £0.536m	Target £0.128m Actual £0.511m	Target £0.255m Actual £1.406m	Target £0.005m Actual £0.055m	Target £0.001m Actual £0.000m	Target £0.000m Actual £0.000m
Accounts Payable														
Call Handling % - Quarterly Average	Our Services	95%						98.6%						
PSPP Compliance non NHS	Our Services	95%	96.7%	96.9%	96.9%	96.6%	96.2%	96.2%	97.8%	91.5%	96.4%	98.8%	98.3%	99.0%
PSPP Compliance NHS	Our Services	95%	94.4%	91.5%	87.8%	76.4%	86.8%	85.8%	93.6%	86.3%	81.7%	91.0%	95.5%	95.4%
Audit & Assurance														
Audits reported to Agreed Audit Committee (Excluding External Factors)	Our Services	80%	100%	89%	78%	100%	100%	88%	100%	33%	100%	100%	86%	100%
% of Audit outputs in progress	Our Services		26%	29%	18%	20%	16%	27%	33%	13%	18%	35%	36%	23%
Report turnaround (15 days) management response to Draft report - YTD	Our Services	80%	0%	Not Applicable	60%	100%	100%	86%	100%	100%	100%	100%	100%	67%
Report turnaround (10 days) draft response - final YTD	Our Services	80%	100%	Not Applicable	100%	100%	100%	100%	100%	100%	Not Applicable	100%	100%	100%
Primary Care Services														
Primary Care payments made accurately and to timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Patient assignments actioned within 24 hours	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Urgent medical record transfers to/from GPs and other Primary Care Agencies within 2 working days	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Cascade Alerts Issued within timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A

Our Services

Driving the pace of innovation and consistently providing high quality services

Outcomes

We will enable our customer facing teams to close the majority of enquiries at first contact, by improving service speed, quality, and experience.

We will drive innovation, setting the standard for good practice, and enhance our processes through automation.

We will cultivate partnerships with industry leaders and academic institutions and seek University status.

We will be data driven, sharing intelligence with our partners to influence decision making across NHS Wales.

Our Services

Our People

Our Value

RPA Processes

Division

- Central Te... 57
- Employm... 14
- Accounts ... 9
- Other 9
- Primary C... 5



Legal & Risk Services

Case Closure Client Satisf...

100% 95.0%

*July 25 Data



DWS

Customer Satisfaction

94% 95.0%



Primary Care Services

Customer Satisfaction re...

97% 75.0%



Central Team

Annual Customer Satisf...

82% 90.0%



Specialist Estates

Annual Customer Satisf...

99% 95.0%



Website Bounce Rate

35%

Website Users

13K

Website Page Views

37K

Website Pages - September 25 (Top 3)

1. Current Vacancies - 5,383
2. Student Award Services - 3,746
3. How do I apply for a bursary - 2,907

Customer Service Excellence



NWSSP Assurance Overview - 25/26



Volume of Calls



Calls Answered



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Appendix 4 – Outcome Reporting (Our People)

Our People

Working together to be the best that we can be



Our Services

Our People

Our Value

Outcomes

We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.

We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do.

We will promote physical, social, mental, and financial wellbeing throughout the organisation to support our staff.

We will listen and learn from our staff to co-produce innovative solutions with our partners.

Sickness



● Sum of Actual ● Sum of Target

NHS Wales Staff Survey



● NWSSP ● All Wales

Staff Award Submissions



Top 3 Sickness Reasons

1. Cold, Cough, Flu - Influenza
2. Anxiety/ stress/ depression/ other psychiatric illness
3. Gastrointestinal problems

Annual Turnover (Excluding SLE)

9%

September 25 - Reasons for Leaving (Excluding SLE) (Top 3)

1. Voluntary
2. Retirement
3. Other

NWSSP Internal Promotion excl SLE (October 23 - September 24)

179

Response Rate - 2024



Sum of Actual

Division

Response Rate 2024 excluding SLE

38%


Engagement Score - 2024

77%

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Appendix 4 – Outcome Reporting (Our Value)

Our Value
Maximising the benefit, efficiency, and social impact of what we do for our partners



Our Services

Our People

Our Value

Outcomes

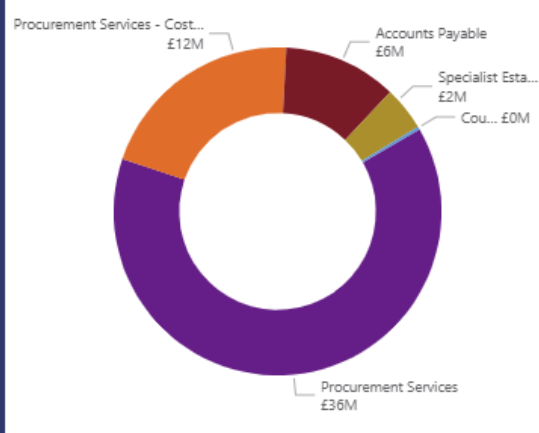
We will make bold investment decisions that drive transformation and add value.

We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets.

We will utilise our resources efficiently and make a positive impact on a social and sustainable basis.

We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.

Professional Influence Benefits
2025 YTD



Procurement Services - Cost... £12M
Accounts Payable £6M
Specialist Esta... £2M
Cou... £0M
Procurement Services £36M

£ Spend in with Welsh Suppliers (Q2)

£1.06bn

% Spend in with Welsh Suppliers (Q2)

43%

£ Spend in Wales

Year ● 2023 ● 2024 ● 2025

£2.3bn £2.1bn £2.1bn

% Spend in Wales

Year ● 2023 ● 2024 ● 2025

44% 44% 43%

NWSSP Employee Electric Miles (% of Total Miles)

21%

NHS Employee Electric Miles (% of Total Miles)

7%

NWSSP Employee Electric Miles

4K

NHS Employee Electric Miles

222K

Supply Chain Logistics - Electric Miles %

12%

% of Electric Salary Sacrifice Cars

76%

Project/Improvement Work Packages

49

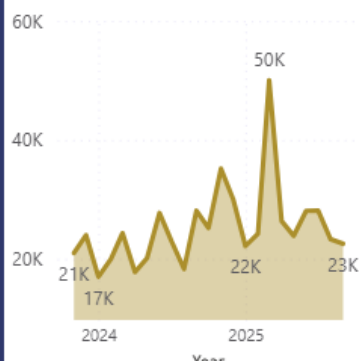
NWSSP Procurement Savings - In Year 2025

£0K **£67K** **£43K**

NWSSP Procurement Savings - Cost Avoidance 2025


£0K **£370K** **£340K**

Travel & Subsistence (Excluding SLE)
(£'s)



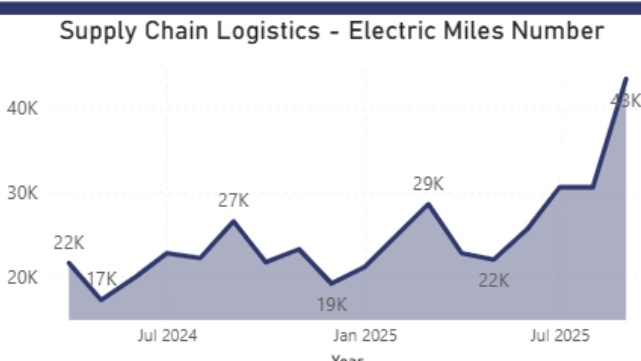
2024: 21K, 17K, 22K, 23K
2025: 50K

All Wales Salary Sacrifice Cars



Jul 2024: 3.83K, 4.04K
Jan 2025: 4.22K, 4.45K
Jul 2025: 4.89K, 5.05K

Supply Chain Logistics - Electric Miles Number



Jul 2024: 22K, 17K, 27K
Jan 2025: 19K, 29K, 22K
Jul 2025: 43K

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Delivering Value, Innovation and Excellence through Partnership

20

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The table below provides an overview of the total mileage claims by organisation, along with the proportion that are electric miles in September 25.

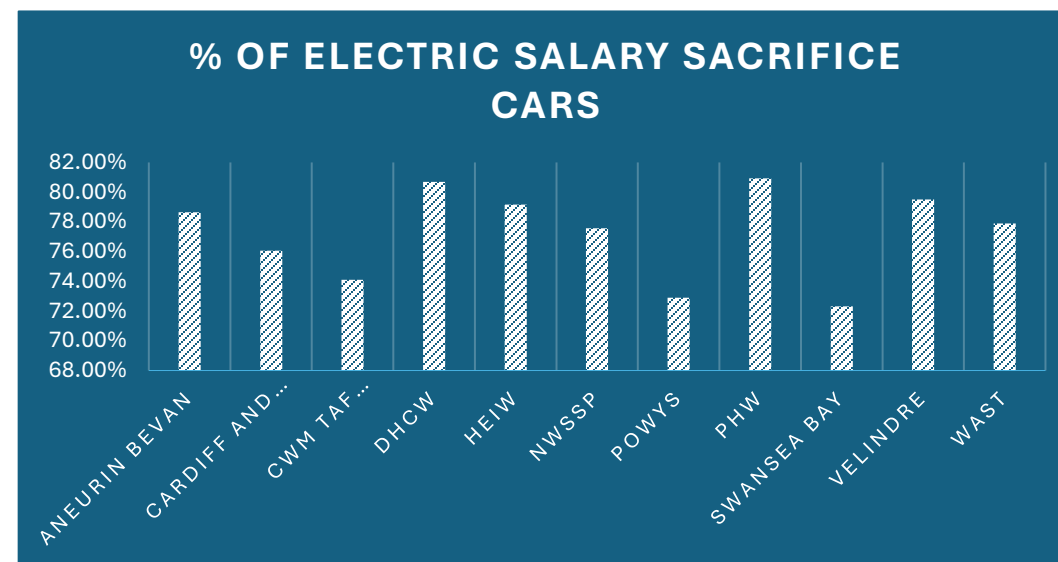
Organisation	Total Miles Claimed	Electric Miles	
		Claimed	Electric Miles %
Cardiff & Vale	190,700	9,434	5%
WAST	137,695	15,218	11%
DHCW	10,282	2,087	20%
CVB	8,124	0	0%
Public Health	72,845	6,403	9%
AB	410,869	28,742	7%
NWSSP SLE	286,670	16,864	6%
NWSSP exc SLE	18,246	3,894	21%
BCU	569,107	51,029	9%
Powys	157,527	6,134	4%
HEIW	12,228	1,264	10%
Hywel Dda	434,042	32,642	8%
Cwm Taf	398,693	27,707	7%
Velindre	16,180	702	4%
Swansea Bay	352,847	19,625	6%
Total	3,076,054	221,747	7%

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Salary Sacrifice Cars

The table and chart below provide an overview of the total number of vehicles managed under the NWSSP scheme, along with the proportion that are electric as of September 25.

Organisation	Total Cars	Live Electric	Live Hybrid	Live Petrol	% Electric
Aneurin Bevan	932	733	172	27	78.65%
Cardiff and Vale	990	753	192	45	76.06%
Cwm Taf Morgannwg	857	635	182	39	74.10%
DHCW	145	117	24	4	80.69%
HEIW	72	57	13	2	79.17%
NWSSP	312	242	68	2	77.56%
Powys	107	78	24	5	72.90%
PHW	152	123	26	3	80.92%
Swansea Bay	943	682	209	52	72.32%
Velindre	122	97	22	3	79.51%
WAST	416	324	81	11	77.88%
TOTAL	5,048	3,841	1,013	193	76.09%

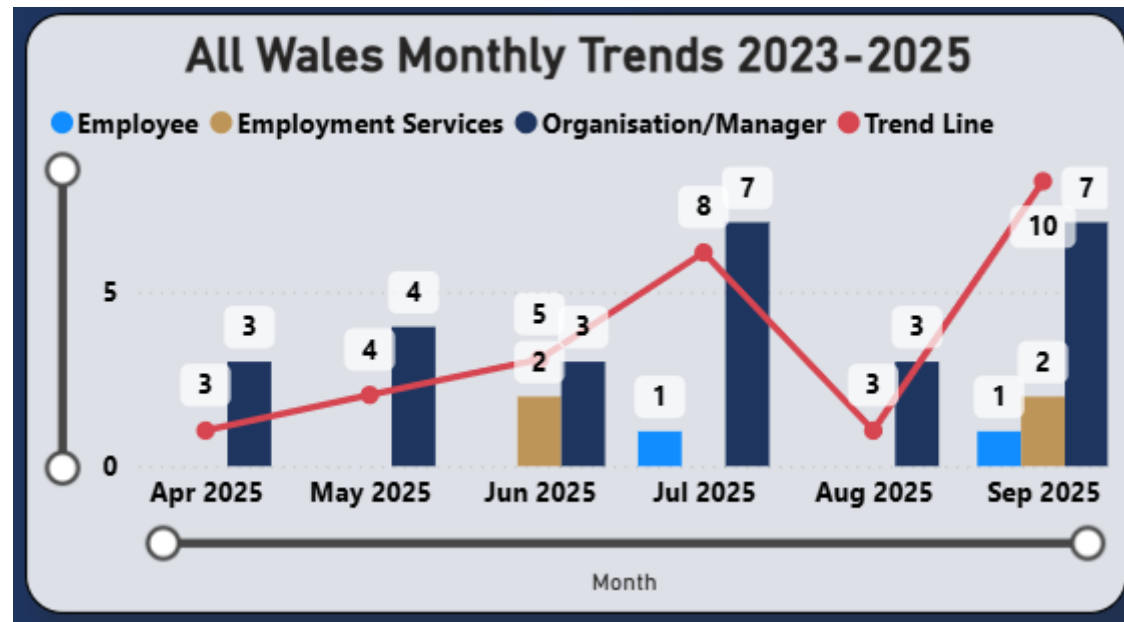


The table below provide an overview of the identified cash releasing procurement savings by procurement team for April – September 25.

HB	POW	
	Target	Actual
TEAM DELIVERING SAVINGS		
NATIONAL - CLINICAL	£0	£20,513
NATIONAL - COMMISSIONING	£0	£90,505
NATIONAL - ENERGY	£67	£264
NATIONAL - HOTEL SERVICES AND TEXTILES	£0	£16,168
NATIONAL - MAINTENANCE	£103	£0
NATIONAL - MEDICAL	£3,966	£15,493
NATIONAL - PHARMACY	£106,250	£360,739
NATIONAL - PROVISIONS	£6,525	£2,590
POWYS PROCUREMENT TEAM	£10,700	£5,100
	£127,611	£511,371

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The chart below provides a summary of the payroll overpayment amounts for the organisation, based on data from the overpayments dashboard covering the period from April to September 25.



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Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	17/03/2026
Statws Cyhoeddi / Publication Status	Open/Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Helen Tyler, Head of Governance and Risk, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Huw George, Chief Commissioner, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Huw George, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards	April 2026	Noted

1. SITUATION/BACKGROUND

This report has been prepared to provide Health Board (HB) Chief Executive Officer Members of the Joint Committee with a summary of the key issues considered by the NHS Wales Joint Commissioning Committee (JC) at its public meeting on 17 March 2026.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the JC is set out in Paragraphs 2.18 and 2.20 of the NWJCC [Standing Orders \(SOs\)](#).

3. HIGHLIGHT REPORT

(Links to reports highlighted [March 2026 - NHS Wales Joint Commissioning Committee](#)).

Status	Update
Alert / Escalate	<p data-bbox="395 398 1316 432"><u>Director of Commissioning for Specialised Services</u></p> <ul style="list-style-type: none"> <li data-bbox="395 439 1428 667">• An update was provided on the increased Obesity Surgery Services Risk (Risk 61 - Current score red 20). Members noted that an interim arrangement was in place with Swansea Bay University Health Board (SBUHB) for access to obesity services for patients based in North Wales and efforts continued to find an alternative provider in North Wales. <li data-bbox="395 712 1428 1361">• Members also noted the on-going risk concerning Joint Accreditation Committee of the European BMT Society (JACIE) certification for BMT and CAR-T services at Cardiff and Vale University Health Board (CVUHB) and SBUHB, with an early July 2026 deadline for meeting accreditation requirements. Assurance on revenue needs was required from a commissioning standpoint. A review of previous funding will be conducted, and a business case will be submitted through the NWJCC governance processes to confirm whether the necessary revenue for the production facility was available. There is a requirement for capital plans to be approved by July 2026. CVUHB continued to collaborate closely with Welsh Government to meet this timeline. This remains a significant risk, noted in the organisational risk register (Risks 80 and 81 – red 15), and as the capital situation evolves, ongoing review of the risks will be required. <li data-bbox="395 1406 1428 1597">• Inconsistent Health Board attendance at Individual Patient Funding Request (IPFR) Panel meetings had led to more Chair’s Actions, which affected how decisions were made. CEOs will review their HB participation, to ensure improved attendance.
Advise	<p data-bbox="395 1635 1200 1668"><u>Recommendation 4: Rural Response Options</u></p> <ul style="list-style-type: none"> <li data-bbox="443 1675 1428 1865">- The report provided an update and options regarding Recommendation 4 – Rural Response. Previous updates had highlighted the need for public engagement, considering operational improvements such as ambulance handover times and availability. <li data-bbox="443 1872 1428 1973">- The earliest projected timeframe for establishing a new consolidated air ambulance base was the first quarter of the 2027/2028 financial year.

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Status	Update
	<ul style="list-style-type: none"> - The report outlined three options and the JCC approved Option 3 which included re-engaging with the public and providers to revisit and potentially revise commissioning intentions, given the extended planning window before the consolidated base becomes operational. - The work will be brought into the organisations planning structures and would feature in prioritisation discussions and the development of the next Integrated Medium-Term Plan (IMTP). A standalone report containing a proposal will be scheduled for the November 2026 JCC meeting and in the meantime updates on progress will continue to be provided in the Director of Commissioning for Ambulance Services and 111 reports. <p style="text-align: center;">-</p> <p><u>Approach to the Commissioning of Hospices Services in Wales</u></p> <ul style="list-style-type: none"> - The co-produced report aimed to establish a consistent baseline and explore national, local, or regional commissioning models. The report set out options to be considered during the next year about where commissioning sits, whether that's nationally, locally, or regionally. Committee members acknowledged the complexity of the hospice sector, the patchwork of providers, and the unpredictability of voluntary income, with the JCC's role as a system leader and convener highlighted. The JCC endorsed the commissioning approach outlined in the report.
Assure	<p>The Committee received the following sub-committee assurance reports:</p> <ul style="list-style-type: none"> - <u>Quality, Safety and Outcomes Sub-Committee</u> - <u>Planning, Performance and Finance Sub-Committee</u> - <u>CTMUHB Audit & Risk Committee</u> <p>IPFR HB attendance was highlighted as a concern. See Alert/Escalate section above.</p> <p>Governance & Risk Management:</p> <ul style="list-style-type: none"> - The <u>Organisational Risk Register</u> as of 31 January 2026 was received. Risks had been reviewed and scrutinised by the NWJCC Sub-Committees prior to the JC. Members noted a reduction in reported risks. This progress was attributed to a comprehensive re-basing exercise and improved risk descriptions as opposed to a reduction in the risk held by the NWJCC.

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Status	Update
	<ul style="list-style-type: none"> - An intention was shared to present the NWJCC Joint Commissioning Assurance Framework, an updated Risk Appetite Statement, and a revised Risk Management Procedure (aligned to the Cwm Taf Morgannwg University Health Board policy) at the July JC meeting. See Alert/Escalate section for updates on two specialised services commissioning risks that were highlighted as areas of concern. <p>The Corporate Governance Report including updates on the internal audit programme, hosting arrangements and Welsh Health Circulars was shared.</p> <p>The JC endorsed QSOC and PPF Terms of References for HB approval; and approved JC Annual Effectiveness Survey questions and QSOC, PPF and JC Forward Plans of Business.</p>
<p>Inform</p>	<p>The Chair's Report summarised the JC Strategy Session held on 16 February 2026, which covered topics including the development and key issues emerging through the development of the NWJCC IMTP.</p> <p>The Chief Commissioner's Report included updates on:</p> <ul style="list-style-type: none"> - The NWJCC Welsh Government Scrutiny Session - Collaborative Commissioning Leadership Group (CCLG) IMTP Development sessions and the approach to in-year Financial Risk. - The progress made in relation to implementing the new organisational structure for the NWJCC; and - National Programmes of Work, including the Sexual Assault Referral Centre programme. <p>Reports from each of the Commissioning Directors:</p> <p>Director of Commissioning for Ambulance Services and 111</p> <p>Members noted:</p> <ul style="list-style-type: none"> - An update on the implementation of the new ambulance performance framework and the independent evaluation by Edge Hill and Swansea Universities, with plans for health board input into the evaluation methodology and interim evaluations to monitor both short-term and long-term outcomes. <p>Director of Commissioning for Specialised Services</p> <p>Members noted:</p>

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Status	Update
	<p>- In addition to the update provided in relation to the JACIE and Obesity Surgery risks, plastic surgery waiting times in South Wales had improved significantly, with SBUHB treating all patients waiting over 104 weeks by March 2026. The need for appropriate commissioning of this service was recognised.</p> <p><u>Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups</u></p> <p>Members noted:</p> <ul style="list-style-type: none"> - The NWJCC's continuing oversight of the St Andrew's mental health facility which included attendance at weekly Gold and Silver meetings and multi-agency involvement to manage service quality. Eleven Welsh patients currently remain in St Andrew's, with no concerns reported, and coordination remained ongoing between the NWJCC, alternative providers, and health boards in Wales to repatriate these patients. - The Welsh Gender Service review will proceed in two phases: an internal review beginning in quarter one of 2026/2027, followed by an independent external review in quarter three, subject to funding and alignment with English reviews, with patient involvement and the selection of a credible specialist reviewer highlighted as essential. - Members discussed delays in the Royal College of Psychiatrists' review of eating disorder inpatient care, emphasising the need for system-wide cooperation and forthcoming meetings with Welsh Government and service leads. <p>The JC received the <u>Month 10 and 11 Finance Reports</u> and the <u>Operational Performance Report</u>. The month 11 financial position forecast a £6.7 million overspend, improved from earlier in the year, with all known risks and opportunities included, and efforts underway to ensure a stable year-end outcome.</p> <p>Members also welcomed on-going and continued improvements to performance reporting, including enhanced data quality, user friendly formats and the integration of key metrics. New key performance metrics for 2026/27 will significantly impact Welsh providers, with modelling underway to assess implications and ensure shared understanding of risks, to be fed back to the JC.</p> <p>The <u>NWJCC Foundation Plan update for Quarter 3</u> was received and members noted that most priorities were moving</p>

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Status	Update
	forward as intended, albeit some areas had experienced delays due to capacity limitations and dependence on external organisations. There were plans to in place to strengthen delivery confidence assessments and improve early risk identification in upcoming reports.
Appendices	None.

4. 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	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>

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

5. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 3 of this report.

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Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	23/03/2026
Statws Cyhoeddi / Publication Status	Open/Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Helen Tyler, Head of Governance and Risk, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Huw George, Chief Commissioner, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Huw George, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting
---	------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards	April 2026	Noted

1. SITUATION/BACKGROUND

This report has been prepared to provide Health Board's with a summary of the key issues considered by the NHS Wales Joint Commissioning Committee (JC) at its public Extraordinary meeting on 23 March 2026.

Key highlights from the meeting are reported in Section 2.

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2. HIGHLIGHT REPORT

(Links to reports highlighted [March 2026 - NHS Wales Joint Commissioning Committee](#)).

Status	Update
Alert / Escalate	<p>Since the 23 March 2026 Extraordinary public meeting wording for the recommendation approving the Annual Plan has been agreed via Chair's Action.</p> <p>The NWJCC Annual Plan for 2026-27 has been <u>approved subject to the requirement for the JCC to work collaboratively with Local Health Boards to urgently develop the 2026/27 priorities to maximise cost improvement efficiencies and savings to improve the additional financial requirement of £16.2m in year.</u></p>
Advise	<p>The NWJCC Annual Plan for 2026-2027 was presented for approval.</p> <p>Welsh Government (WG) had initially required the preparation a full three-year Integrated Medium-Term Plan, however clarification had been received that a one-year plan set within a three-year context should be submitted. This resolved the previous governance concerns about committing to multi-year plans when Health Boards (HBs) were only submitting one-year plans.</p> <p>Financial Overview -</p> <ul style="list-style-type: none"> • The year started with a major deficit that was reduced through the efforts of NWJCC and HB colleagues. • Activity growth, especially in specialist and NHS England services, increased costs which were addressed in the Plan. • A 1.1% funding pass-through (non-pay) had been passed to providers. • The NWJCC would expect providers to deliver 2% efficiency savings equating to £12 million. • Commissioners would collectively contribute a £16.2 million uplift across seven HBs. • The Plan contained inherent risk, and Members noted that work would continue with HBs during 2026/27 to mitigate commissioning risks and to identify further savings opportunities. <p>Members discussed how to describe and present the £16.2m in year risk. Various options were proposed in relation to the</p>

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Status	Update
	<p>wording, but members opted to approve the plan in principle subject to allowing a short period to refine the wording around the treatment of the £16.2 million risk for consistency across HBs. There was a commitment to engage all Lay Members and HB representatives in the decision-making process, with the objective of reaching a conclusion within the following 48 hours.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Approve the Annual Plan for 2026-27 in principle, subject to urgent further discussion and consensus on the wording regarding the £16.2 million deficit.
Assure	N/A
Inform	N/A
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	Effective
	Efficient; Equitable; Person-centred; Timely; Safe

(Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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 <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	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 Health Board is asked to:

- **Note** the highlights outlined in Section 3 of this report.

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Powys Teaching
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Powys Teaching Health Board Glossary (Last updated April 2026)

Acronym	
ADoECP	Associate Director of Estates, Capital & Property
CEO	Chief Executive Officer
DCG	Director of Corporate Governance
DIT	Director of Improvement & Transformation
EMD	Executive Medical Director
ED PH	Executive Director of Public Health
ED P&C	Executive Director of People and Culture
ED PP&C	Executive Director of Planning, Performance and Commissioning
ED FCSS	Executive Director of Finance, Capital & Support Services
ED AHPHSD	Executive Director of Allied Health Professions, Health Sciences and Digital
ED NQW&FH	Executive Director of Nursing, Quality, Women and Family Health
EDPCCMH	Executive Director of Primary Care, Community & Mental Health
ABUHB	Aneurin Bevan University Health Board
AFC	Agenda for Change
AGW	The Auditor General for Wales
AHPs	Allied Health Professionals
ALN	Additional Learning Needs
AO	Accountable Officer
ARAC	Audit, Risk and Assurance Committee
ASM	Accelerated Sustainable Model
AR	Audit Recommendations
APB	Area Planning Board
BAF	Board Assurance Framework
BCUHB	Betsi Cadwaladr University Health Board
BMA	British Medical Association
CAAP	Clinical associate in applied psychology
CAMHS	Child and Adolescent Mental Health Services
CCN	Childrens Community Nursing
CEMT	Chief Executive Management Team
CHC	Continuing Health Care
CIW	Care Inspectorate for Wales
CLIP	Collaborative Learning in Practice
CNO	Chief Nursing Officer

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

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

MEG	Main Expenditure Group
MH	Mental Health
MHD	Mental Health & Learning Disability
MIU	Minor Injury Unit
MOU	Memorandum of Understanding
MOA	Memorandum of Agreement
MSK	Musculoskeletal
MV	Mass Vaccination
NHSE	National Health Service England
NHS	National Health Service
NHSWE	NHS Wales Executive
NICE	National Institute of Health and Clinical Excellence
NRI	Nationally Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
NNA	Nursing Needs Assessment
OBC	Outline Business Case
OCP	Organisational Change Process
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
PEQS	Patient Experience, Quality and Safety Committee
PHE	Public Health England
PHW	Public Health Wales
PMVA	Prevention and Management of Violence and Aggression
PPPH	Planning, Partnerships and Population Health Committee
PSB	Public Service Board
PSOW	Public Services Ombudsman for Wales
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
P&C	People and Culture Committee
QA	Quality Assurance

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RaTS	Remuneration and Terms of Service Committee
RCN	Royal College of Nursing
RIIC	Research, Innovation & Improvement Coordination
RIF	Regional Investment Fund
RISP	Radiology Information System Procurement
RJAH	Robert Jones and Agnes Hunt
RN	Registered Nurse
RPB	Regional Partnership Board
RTT	Referral to Treatment
RTS	Routemap To Sustainability
Q1 Q2 Q3 Q4	Quarter 1 (April, May, June), Quarter 2 (July, August, September), Quarter 3 (October, November, December), Quarter 4 (January, February, March)
QSEG	Quality, Safety and Experience Group
SAR	Subject Access Request
SAS	Specialty and Specialist
SBAR	Situation, Background, Assessment, Recommendation
SBUHB	Swansea Bay University Health Board
SDEC	Same Day Emergency Care
SLA	Service Level Agreement
SOC	Strategy Outline Case
SOP	Standard Operating Procedure
SaTH	Shrewsbury and Telford Hospital NHS Trust
SPB	Strategic Programme Board
SRO	Senior Responsible Owner
TaODEC	Tactical Organisation Development, Engagement and Communication
TI	Targeted Intervention
ToR	Terms of Reference
TRAC	Online Recruitment Management System
T&V	Transformation & Value
TUPE	Transfer of Undertakings Protection of Employment
VERS	Voluntary Early Release Scheme
WAST	Welsh Ambulance Services NHS Trust
W&C	Workforce and Culture Committee
WCCIS	Welsh Community Care Information System
WG	Welsh Government
WHC	Welsh Health Circular
WHSSC	Welsh Health Specialised Service Committee
WNB	Was Not Brought
WOD	Workforce and Organisational Development

WPAS	Welsh Patient Administration System
WPOCT	Welsh Point of Care Test System
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
WVT	Wye Valley Trust
YTD	Year to Date

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Agenda item: 7.4

Planning, Partnerships and Population Health Committee **Date: 18 May 2026**

Subject:	Planning, Partnerships and Population Health Committee Annual Report 2025/2026
Presented & Approved by:	Helen Bushell, Director of Corporate Governance/Board Secretary
Prepared by:	Corporate Governance Business Officer
Other Committees and meetings considered at:	N/A

PURPOSE:
The purpose of this item is to provide the Planning, Partnerships and Population Health (PPPH) Committee Annual Report for 2025/2026.

RECOMMENDATION(S):
It is recommended that the Planning, Partnerships and Population Health Committee:

- **CONSIDER** the Planning, Partnerships and Population Health Committee Annual Report for 2025/2026 summarising the key areas of business activity undertaken;
- **TAKE ASSURANCE** that the PPPH Committee is fit for purpose and operating effectively in fulfilling its Terms of Reference;
- **RECOMMEND** the report to the Board for the 20 May 2026 meeting.

Approve/Take Assurance	Discuss	Note
Y	Y	N

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	Y
4. Enable Joined up Care	Y
5. Develop Workforce Futures	Y

6. Promote Innovative Environments	Y	
7. Put Digital First	Y	

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1. Introduction

The Planning, Partnerships and Population Health Committee has been established by the Board in order to provide advice and assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales.

This report summarises the key areas of business activity undertaken by the Planning, Partnerships and Population Health Committee over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

2. Roles and Responsibilities

The Terms of Reference for the Planning, Partnerships and Population Health Committee were reviewed and agreed by the Board in May 2025. The purpose of Committee is to:

Provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of development of the following matters consistent with the Board's overall strategic direction:

- a. Strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction;
- b. Business cases and service planning proposals;
- c. the alignment of supporting and enabling strategies, including workforce, capital, estates digital;
- d. The implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board; and
- e. The Health Board's priorities and plans to improve population health and wellbeing.

Committee will seek assurances:

- a. that Health Board planning arrangements are appropriately designed and operating effectively to monitor the provision of high quality, safe healthcare and services across the whole of the Health Board's responsibilities (directly provided and commissioned);

- b. plans and arrangements for the following matters are adequate, effective and robust and achieving intended outcomes:
 - (i) Joint committee and partnership planning;
 - (ii) Engagement and communication; and
 - (iii) Civil Contingencies and Business Continuity;
- c. that partnership governance and partnership working is effective and successful; and
- d. that those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

The Committee will play a key role in the development of the Health Board's aims, objectives and priorities, and in doing so will:

Strategic Planning

- a. Seek assurance that the health board's Planning Framework is robust and fit for purpose, including the approach to developing the Integrated Medium-Term Plan and Annual Plan
- b. Seek assurance that the health board has sufficient enabling plans to support the achievement of strategic objectives
- c. Seek assurance that the health board's arrangements for engagement and consultation in respect of service change matters are robust and effective
- d. Seek assurance that national and regional planning guidance is used to inform the development of strategic plans;
- e. Seek assurance on the process for the development of the Board's Capital Discretionary Programme and Capital Business Cases;
- f. Seek assurance that the Health Board's Strategic Commissioning Framework is robust and fit for purpose;
- g. Seek assurance on the effectiveness of the Health Board's Civil Contingency Plans and Major Incident Planning;
- h. Seek assurance that plans respond to the Wellbeing of Future Generations Act (Wales) 2015; and
- i. Seek assurance that the Health Board's plans give due regard to the Socio-economic Duty for Wales.

Partnership Working

- a. consider the development of strategies and plans developed in partnership with key strategic partners
- b. monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need

- c. seek assurance that partnership governance and partnership working is effective and successful.

Population Health

- a. consider population health needs assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans;
- b. consider plans for whole-system pathway development and re-design;
- c. seek assurance on the adequacy of programmes to promote healthy lifestyles to the Powys population;
- d. seek assurance on the work of the Health Board to reduce health inequalities.

The Committee reviews its terms of reference at least annually, and an updated iteration, as supported by the Committee on 3 February 2026, is due to be presented to the Board in May 2026 for approval and adoption into 2026/27.

2.1 Membership of the Committee

The membership of the Committee during 2025/26 was:

Name	Role	Attendance
Rhobert Lewis	Independent Member (General) and Committee Chair	4/5
Stephen Elliot	Independent Member (Vice Chair) (from 09/06/2025)	4/4
Simon Wright	Independent Member (to 09/06/2025)	1/1
Kirsty Williams*	Independent Member	1/1
Jennifer Owen Adams	Independent Member	5/5
Ronnie Alexander	Independent Member (General)	4/5

* attended to ensure meeting was quorate.

2.2 Others in Attendance

During 2025/26, the following staff attended the Committee:

Name	Role	Attendance
-------------	-------------	-------------------

Pete Hopgood	Executive Director of Finance, Capital and Support Services	4/5
Nicola Johnson	Executive Director of Performance and Commissioning	4/5
Hayley Thomas	Chief Executive Officer	2/5
Mererid Bowley	Executive Director of Public Health	5/5
Helen Bushell	Director of Corporate Governance/Board Secretary	2/5*

* All meetings are attended by the Board Secretary or, in their absence, the Deputy Board Secretary, to ensure appropriate governance advice is provided.

Other Directors and officers attended during the year to present reports which related to their areas of responsibility as required.

The Chief Executive, Hayley Thomas was also invited to attend every meeting and attends at least annually.

The Chair of the Board, Carl Cooper, attended two meetings. The Chair has a standing invite to attend Board Committees.

The Director of Corporate Governance or their representatives attended every meeting.

2.3 Meeting frequency

During 2025/26 the Committee met four times with a fifth meeting joint with Finance and Performance Members and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held four times a year and in line with the Health Board's annual plan of Board Business.

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3. Activity in 2025/26

3.1 Main Areas of Committee Activity 2025/26

ITEMS FOR ASSURANCE	
Strategic Change Report and Engagement Report	Each meeting
Whole Systems Approach to prevention of obesity	May 2025
Adult Weight Management Pathway	May 2025
Healthy Child Wales Programme Evaluation Health Visiting Programme	May 2025
Partnership Governance and Assurance Framework	May 2025
Primary Care Cluster Plans	May 2025
Organisational Escalation Status: Planning and Strategy	August 2025
Partnership Governance and Assurance Framework	August 2025
Transformation and Change: Better Together	August 2025
Winter/System Resilience Planning	August 2025
Approach to the Annual Report of the Director of Public Health	August 2025
Regional Partnership Board Annual Delivery Plan 2025/26	August 2025
Additional Learning Needs	August 2025
Integrated Plan 2025/26 Development and Draft Maturity Matrix	November 2025
Approach for development of 2026/27	November 2025
Child Immunisation Annual Report	November 2025
Vaping Deep Dive/Tobacco Control Action Plan	November 2025
Public Service Board Annual Report	November 2025
Organisational Status (NHS Wales Escalation framework) Level 4 Planning Component	November 2025
Regional Partnership Board - Annual Delivery Plan	November 2025
Health Protection Summary Report	November 2025
Summary of screening programmes (uptake of screening programmes)	November 2025

Additional Learning Needs (ALN)	November 2025
ITEMS FOR INFORMATION	
Internal Audit Reports:	
<ul style="list-style-type: none"> NWSSP Performance Report Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Highlight Report Additional Learning Needs (ALN) Legislation Partnership Governance Framework Primary Care Optometry Eye Health Needs Assessment Primary Care Clusters Final Internal Audit Report 	<p>May 2025, November 2025 May 2025</p> <p>May 2025 May 2025 August 2025 November 2025</p>
CORPORATE GOVERNANCE	
Committee Risk Register	Every meeting
Committee Work Programme	Every meeting
IN-COMMITTEE ITEMS	
North Powys Wellbeing Programme	August 2024
Third Sector Commissioning Review	November 2025

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3.2 Work programme and action log

The Committee Work Plan ensures that the Committee discharges its responsibilities in a planned manner. It assists with agenda planning and is updated during the year to ensure that the Committee considers any additional items which may arise during the year.

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee reported to the Board through a Committee Chair's report, providing an overview of items considered by the Committee and highlighting any cross-committee issues / themes or items needing to be brought to the Board's attention. The Committee Chair's report and confirmed minutes are published on the website.

4. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2025/26, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs report or that are already visible in the strategic risk register.

The Chair of the Committee reports into the Board via a report from Committee Chairs, where any significant issues are brought to the attention of the Board. The reporting template was developed in year and made consistent across all committees.

5. Committee Effectiveness

During the year, the Committee has continued to review and revise its ways of working to ensure its effectiveness. Including a robust governance approach, the effective use of time and ensure it fulfilled its role to provide assurance to the Board. The Committee received regular updates tracking the implementation of actions arising from the 2024/25 Committee effectiveness review process. The key adaptations made this year included:

- Risk-based approach to planning agendas, prioritising high-risk/high-impact items.
- Revised Committee Membership and Terms of Reference, with specific action to ensure clarity of the role of the Committees role in relation to the Better Together Programme.
- Standardised reporting template for clear upwards assurance to the Board.
- Greater focus on partnerships, partner presence and use of external evidence to be further developed into 2026/27.

The Committee annual effectiveness review for 2025/26 was undertaken via an informal, facilitated discussion at the Board Development held in March 2026. The findings and actions arising from the discussion are due to be reported to the Board in Q1 2026/27, with a further report due to be presented to the Committee in Q2 2026/27.

6. Planned Activity in 2026/27

The Committee has developed its annual work programme and is committed to continuing to develop its function and effectiveness as per its terms of reference. The Committee welcomes any feedback from the Board in relation to its annual work programme.