

Protocol and Toolkit for Receipt, Acceptance and Management of Public Petitions	PTHB/CGPXXX
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Summary:	This protocol and toolkit sets out the health board’s approach to the receipt, acceptance and management of public petitions. It helps to ensure that effective processes are in place to ensure that the legitimate expression of views by PTHB patients & service users, Powys residents, and others with an interest in the planning and delivery of services in Powys are heard appropriately.
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1. Purpose and Scope

A public petition represents the expression of the views of the people who sign it. For Powys Teaching Health Board (PTHB) petitions are an important mechanism for local people to have a voice on local health matters. To ensure that the voices are heard appropriately and in order to avoid the danger of listening only to active lobby groups, petitions will not be viewed in isolation but as one piece of evidence and information which contributes to an overall picture of public opinion. Petitions can be raised as a discrete statement by the signatories or as a response to a public consultation or proposal being made by the health board (either individually or in partnership, for example through the work of the NHS Wales Joint Commissioning Committee).

This protocol and toolkit outlines how the health board will handle any petitions received from the local community. There is currently no clear, legally binding guidance to the NHS on handling petitions. When considering the receipt and management of e-petitions, the health board wishes to ensure that it follows best practice, and has drawn on published terms and conditions for the submission of e-petitions to Senedd Cymru as well as policy and practice elsewhere in the NHS.

Petitions may be proactive/prospective (e.g. where there is strong public opinion regarding a perceived gap in service provision), or reactive/responsive (e.g. in response to a decision by the health board or in the context of service change engagement or consultation).

Petitions within the scope of this protocol include:

- Petitions directly related to the activities and responsibilities of Powys Teaching Health Board (including through joint arrangements such as the NHS Wales Joint Commissioning Committee)
- Petitions generated primarily by individuals who are PTHB patients, Powys residents, or otherwise have a direct and significant interest in the planning and delivery of health services in Powys
- Petitions submitted to other bodies (e.g. Senedd Cymru Petitions Committee) that relate directly to the activities and responsibilities of Powys Teaching Health Board

More information about petitions outside the scope of this protocol and/or that would not meet the criteria for consideration as a petition to PTHB can be found in Section 4. Petitions outside the scope of this protocol include those by staff or their representatives relating to terms & conditions and associated health board workforce policies and practices. These will normally be considered through existing staff engagement and consultation mechanisms, organisational change processes, and the Raising Concerns Policy (including the related policies identified therein).

Useful information and advice is available from the Petitions section of the Corporate Governance intranet service area:

https://nhs.wales365.sharepoint.com/sites/POW_comm_corporategovernance/SitePages/Petitions-Protocol.aspx

2. Petition Responsibilities

Individual / Group	Role
Chair and Chief Executive	The Chair and Chief Executive have ultimate accountability for the governance framework of the health board including the receipt, acceptance and management of petitions, delegating day to day responsibility as set out in this protocol. The Chief Executive is responsible for the health board's response to requests from the Senedd Cymru Petitions Committee to support its consideration of Senedd petitions that relate to the activities of PTHB and may delegate the response to the relevant Executive, Clinical or Operational lead.
Director of Corporate Governance	The Director of Corporate Governance has lead responsibility on behalf of the Chief Executive for the health board's response to petitions, including for ensuring the petitions are reported to Board and Committees as appropriate.
Executive Director of Planning, Performance and Commissioning	The Executive Director of Planning, Performance and Commissioning has lead responsibility in partnership with the Deputy Director (ECCG) for ensuring that petitions that relate to service change engagement and consultation are reflected appropriately as part of the conscientious consideration of patient, public and stakeholder voice.
Deputy Board Secretary	The Deputy Board Secretary is responsible on behalf of the Director of Corporate Governance for: <ul style="list-style-type: none"> • Ensuring that petitions are reported in the health board governance framework in line with this protocol • Acting as directed by the Director of Corporate Governance to coordinate the receipt, acceptance and management of petitions
Deputy Director (Engagement, Communication and Corporate Governance)	The Deputy Director (ECCG) in partnership with the Executive Director of Planning, Performance and Commissioning has lead responsibility for ensuring that petitions that relate to service change engagement and consultation are reflected appropriately as part of the conscientious consideration of patient, public and stakeholder voice. The Deputy Director (ECCG) is also responsible for ensuring that relevant information relating to the health board's protocol on petitions is published on the health board website.
All Executive Directors, Deputy Directors and Assistant Directors	All EDs, DDs and ADs are responsible for supporting the health board's response to petitions particularly as relate to their areas of accountability and responsibility. The Executive Director of People and Culture also has specific responsibilities for the management of petitions relating to staff terms and conditions.
All Managers	All managers have a responsibility for supporting the health board's response to petitions in line with this protocol. Where a petition is received in a health board premises or department it should be forwarded to the Director of Corporate Governance in line with this protocol.
All Staff, Volunteers and Contractors	All PTHB staff volunteers and contractors should act in accordance with this protocol and related policies to ensure that the expression of views via petitions is heard by the health board.

3. Criteria for consideration of petitions

We normally expect that the following criteria are met before consideration by the health board:

- A petition amounting to at least 20 signatures will be considered by the health board subject to the criteria below.
- Petitions must relate to the activities and responsibilities of Powys Teaching Health Board including to activities undertaken in partnership (e.g. NHS Wales Joint Commissioning Committee). Petitions that do not meet this criterion will be considered as correspondence.
- The petition organiser must be either who must be either (a) resident within Powys (b) registered with a Powys GP or (c) holding the office of MS, MP or County Councillor representing any area within Powys.
- Petitions may be received in paper or electronic (e.g. email, web based or social media) format including via an external petitions platform.
- Petitions should include a statement of petition which should include:
 - the organisation to which the petition is being addressed
 - the proposition which is being promoted by the petition
 - the timeframe over which the petition has been collected
- The following information about each petitioner should normally be included:
 - Name
 - Postcode
 - Signature (in the case of a written petition)
 - Email address (in the case of an electronic petition). If this data is not collected due to the data controller not sharing the data e.g. a social media (e.g. Facebook) or 38 degrees petition, the petition will be acknowledged as correspondence providing an indicator of public sentiment but cannot necessarily be considered as a formal petition given that the health board is not able to validate whether the petitioners are resident or registered in Powys.
- The name and address of the petition organiser should be provided on the first page of the petition.

4. Criteria for refusal of a petition

Petitions will not normally be considered by the health board in the following circumstances:

- They do not call for action directly related to the duties or responsibilities of Powys Teaching Health Board (including to partnership arrangements such as the NHS Wales Joint Commissioning Committee).
- They are repeated:
 - either covering the same or substantially similar subject matter to another petition received in the preceding six months, or
 - presented by the same or similar individuals or groups as another petition received within the previous six months.
- They are vexatious, focus on individual grievances, or focus on the actions or decisions of an individual not the organisation.
- The petition organiser is not either (a) resident within Powys (b) registered with a Powys GP (c) holding the office of MS or MP representing any area within Powys or (d) a member of staff employed by PTHB or contracted to provide primary care services within Powys.
- The petitioners are not verifiably either (a) resident within Powys or (b) registered with a Powys GP.
- The information contained is confidential, libellous, false, defamatory or offensive (e.g. it contains information which may be protected by an injunction or court; it contains information that is potentially confidential, commercially sensitive, or which may cause personal distress or loss; it accuses an identifiable individual or organisation of a crime; or, it contains language that may cause offence, is provocative or extreme in its views).

Representations that do not meet the criteria for consideration will normally be treated as correspondence, although the health board reserves the right not to engage in correspondence relating to matters that are libellous, false, defamatory or offensive.

Petitions by staff or their representatives relating to terms & conditions and associated health board workforce policies and practices are also outside the scope of this protocol. These will normally be considered through existing staff engagement and consultation mechanisms, organisational change processes, and the Raising Concerns Policy (including the related policies identified therein) under the direction of the Executive Director of People and Culture.

The Director of Corporate Governance has responsibility for confirming whether a petition meets the criteria for consideration. Where further clarification of eligibility is required then consultation may take place with the Chief Executive and/or Chair to confirm the health board's approach.

5. Receipt of Petitions including Media and Photo Opportunities

Petitions may be submitted to the health board as follows:

- By post to: Director of Corporate Governance, Powys Teaching Health Board, Headquarters, Glasbury House, Bronllys Hospital, Bronllys, Brecon LD3 0LY
- By email to: powysdirectorate.corporategovernance@wales.nhs.uk FAO Director of Corporate Governance

In certain circumstances submission of a petition in person may be agreed, including requests for a photo opportunity. The health board recognises that petitions are an important expression of voice and that the petitioner may request a photograph record to demonstrate that a petition has been submitted and received.

The health board aims to accommodate such "in person" submissions and photo opportunities for petitions that meet the criteria for consideration by the health board as set out in Sections 3 and 4, but recognises that this may not always be possible due to operational demands.

It is the responsibility of the Director of Corporate Governance or an individual nominated on their behalf including the Deputy Director (Engagement, Communication and Corporate Governance) to consider requests for "in person" submissions and photo opportunities, to make decisions on such requests, and to make arrangements for the receipt where agreed.

Where "in person" submission (with or without a photo opportunity) is agreed, the petition will normally be received by a representative on behalf of the Director of Corporate Governance.

A statement on behalf of the health board is not normally required but by exception a statement may be made to the following effect:

A spokesperson for Powys Teaching Health Board said: "The health board recognises petitions as an important expression of the voice of people in Powys. We confirm receipt of the petition regarding [include subject of petition] on [date]. This petition will be considered [brief details of relevant process e.g. as part our review and analysis of public voice to agree the way forward on a particular service proposal]."

Any statement should be agreed in line with the health board's Media Policy and Procedure (CGP012).

6. Petitions internal process

Following receipt of a petition, the Director of Corporate Governance or an individual nominated on their behalf will recommend whether the petition meets the criteria for consideration by the health board. Exceptionally if further clarity is needed, consideration may be escalated to the Chair and/or Chief Executive to confirm the position of the health board.

The principal dispensations are:

- Petition declined
- Petition accepted as a response to an ongoing process of engagement or consultation – See Section 6.1
- Petition accepted as a discrete representation in relation to health board policy – See Section 6.2
- Petition accepted as relating to partnership arrangements (e.g. NHS Wales Joint Commissioning Committee) – See Section 6.3

An acknowledgement of receipt will normally be issued by the Director of Corporate Governance (or an individual nominated on their behalf) to the petition organiser within 10 working days explaining what will happen next. Where a petition is rejected, the reasons will be set out clearly and explicitly.

The health board reserves the right not to engage in correspondence relating to matters that are libellous, false, defamatory or offensive.

Senedd Cymru Petitions Committee fall outside the main provisions of this protocol and are discussed in Section 6.4.

6.1 Petitions relating to Engagement or Consultation

Petitions may be received during a formal consultation period relating to a subject, proposal or matter about which the health board is actively seeking public opinion. If the petition is submitted before the publicised close date of the engagement or consultation process, the petition will be considered as representation, in the same way that any other response would be considered.

When a report on the outcome of engagement or consultation is prepared, the following issues will be taken into account when considering a petition:

- Engagement or consultation is not a public referendum or public vote. The purpose of engagement includes to identify new and cogent ideas and arguments based on factors such as clinical effectiveness, quality, patient safety, cost effectiveness.
- The petition should be relevant to the subject of the consultation. It may not necessarily use the same words, but it should have a bearing on the proposal(s) that the health board has put forward.
- The petition should reflect the latest proposals and policy statements being made by the health board and not relate to issues that are no longer under consideration. This is particularly relevant when considering the timescale during which signatures have been collected.
- The petition should provide an accurate reflection of the proposals in the engagement or consultation, rather than including misleading information or statements.
- The petition should relate to the engagement or consultation and to the proposed action of the health board (and/or its stakeholders), rather than to the broader policy agenda beyond the scope of the engagement or consultation.
- The petition's concerns will be assessed in relation to the aims being put forward in the engagement or consultation, and the rationale and constraints behind it. For example, a petition that proposes a realistic alternative option will normally be given greater weight than a petition that simply opposes an option that has been put forward.
- The petition's concerns will also be assessed in relation to the impact on other populations if these demands were accepted. This assessment could take into account views expressed in other petitions (which may conflict) or in more direct responses to the engagement or consultation.
- Where a report on engagement or consultation is produced, the report will normally contain a list of the petitions received, the proposition, the timeframe, and the number of valid signatures. The report may also identify whether petitions with potential relevance to the engagement or consultation were received and rejected, including reasons for the rejection.

The organiser of the petition will receive correspondence from the health board, in the same manner as other respondents to the engagement or consultation.

6.2 Petitions relating to other policies and commissioning decisions of PTHB

Where a petition raises an issue of concern with the health board that directly relates to the health board's activities and responsibilities and is not related to a current process of engagement or consultation, the process to be followed will include:

- The corporate governance team will receive the petition as outlined in this protocol.
- Acknowledgement of receipt of the petition will be provided to the petition organiser within ten working days of receipt with a clear explanation about what will happen next.
- Large petitions (defined as 250 signatories or more):
 - All petitions amounting to 250 signatories or more will be notified to the Chair and reported to the Board, in the report of the Director of Corporate Governance.
 - A lead Executive Director or other clinical or operational lead will be identified as the responsible individual for preparing a response on behalf of the health board.
 - The health board's response will be approved by the Chief Executive or an individual nominated on their behalf.
 - The response of the health board will also be reported to the Board, which may be through the Chief Executive's Report, the report from the Executive Committee, or by another means as agreed.
 - Exceptionally, by agreement with the health board chair, the subject of the petition may be included as an agenda item for discussion at the Board or at an agreed Committee.
- Smaller petitions (defined as 20-249 signatories)
 - All petitions amounting to 20 signatories or more but less than 250 signatories will be reported to the Executive Committee by the Director of Corporate Governance. They will also form a report to the Board on an annual basis.
 - A clinical or operational lead will be identified as the responsible individual for preparing a response on behalf of the health board.
 - The health board's response will be approved by the Director of Corporate Governance or an individual nominated on their behalf.
 - The response of the health board will also be reported to the Executive Committee.
 - Reference to all smaller petitions will be included the Director of Corporate Governance's report to the Health Board at least annually, or more frequently as appropriate .
- In all circumstances, the response and outcome will be advised to the petition organiser in writing via the corporate governance team within ten working days from the date the response is agreed.

6.3 Petitions relating to partnership arrangements (e.g. NHS Wales Joint Commissioning Committee)

The health board may also be petitioned on activities that it undertakes through partnership arrangements, such as the NHS Wales Joint Commissioning Committee.

In such circumstances the health board will liaise with the Board Secretary or equivalent for the relevant partnership arrangement, and with other stakeholders as appropriate (for example, this may include the Board Secretary of other health boards, NHS Trusts or special health authorities involved in the partnership arrangement).

Through these arrangements a process will be put in place to ensure that the partnership can demonstrate that the public voice as represented via the petition has been heard, that a mechanism for ensuing a response is in place, and that there is agreement regarding the process for reporting the petition within the health board's governance framework.

6.4 Senedd Cymru Petitions Committee

Senedd Cymru has established a Petitions process by which individuals and organisations with an address in Wales can petition the Welsh Parliament.

Further information is available from the Welsh Parliament Petitions website: <https://petitions.senedd.wales/help>

Notification of the health board

Senedd Cymru does not have a process in place by which organisations are notified of petitions in which they may have an interest. However, the health board may become aware of such petitions through local intelligence and insight including media enquiries and correspondence. Where the health board becomes aware of such petitions they will normally be monitored through a weekly update to Executive Committee members. This is currently undertaken via “The Week in PTHB” weekly briefing.

Response from the health board

As part of their consideration of petitions, the Petitions Committee may ask for evidence from the Welsh Government or other relevant people or organisations.

The Chief Executive is responsible for the health board’s response to requests from the Senedd Cymru Petitions Committee to support its consideration of Senedd petitions that relate to the activities of PTHB and may delegate the response to the relevant Executive, Clinical or Operational lead.

Where the health board has supported a response to a Senedd Cymru petition this will normally be reported to the Executive Committee and may be reported to the Board through the Chief Executive’s report or through the report from the Executive Committee if appropriate.

The health board will not normally response to a Senedd Cymru petition other than as indicated above.

7. Archiving

It is recommended that petitions that meet the criteria for consideration set out in this protocol are retained for a period of five years.

This reflects NHS Wales guidance for the management of health and care records as set out in IGP017 and specifically the expectation that records of public consultations should be retained for five years. Whilst it is recognised that not all petitions relate to public consultations, this retention period is recommended given the potential public interest in the outcome of the petition.

In addition, where petitions are reported to the Board or its major Committees, the records of these meeting via the minutes and/or associated papers is normally retained for up to 20 years.

8. Related Policies and Guidance

Related policies and guidance include:

Policy / Guidance	Relationship
CGP003 Standards of Behaviour Policy	General standards of behaviours including specifically arrangements in relation to potential conflicts of interest, and for arrangements during election campaigns
CGP012 Media Policy and Procedure	General responsibilities in relation to media liaison
ICP0017 Records Management Code of Practice for Health and Social Care	Requirements in relation to retention of records including petitions